­­**Bedfordshire, Luton and Milton Keynes Area Prescribing Committee (BLMK APC) – Formulary Subgroup**

**xx month 20xx**

**Agenda item xx**

**Proposal for Amendment to the Joint Medicines Formularies**

**How to use this form**

* Only for use where there are no safety concerns or clinical risks associated with the drug
* Only for licensed products
* Where there is an increase in financial impact, complete relevant section below

I wish to propose that the following medication be amended in the Joint Medicines Formularies:

|  |  |
| --- | --- |
| Date:Name, form & strength of medicine:BNF Section:Addition / Deletion / Substitution / Change of formulary status (delete as appropriate) | If a substitution, please specify names of drugs:……………………….…… to be replaced by: ………..……………If change of Formulary traffic light status, please specify colour change:From …………………… to ……………………… |

|  |
| --- |
| Reason for proposal |
|  |
| Evidence to support the proposal |
|  |
| Financial information (if applicable) |
|  |
| Financial authorisation signature (if applicable): | Financial authorisation obtained from (Include name, role and place of work): |
| Application submitted by (Signature): | Occupation, Profession and Place of work: |
| Application submitted by (Print name): | Contact number and email address: |

**Please ensure the Assessment against Ethical and Commissioning Principles (if appropriate) and the Declaration of Interests section are completed before sending the form to the place-based Lead/Formulary Pharmacist:**

* **Gemma McGuigan –** **gemma.mcguigan@bedfordhospital.nhs.uk** **– Bedfordshire Hospitals NHS FT**
* **Candy Chow –** **candy.chow@mkuh.nhs.uk** **– Milton Keynes University Hospital NHS FT and CNWL-MK**
* **Jacqueline Clayton –** **jacqueline.clayton@nhs.net** **– BLMK CCG / CCS / ELFT**

**Bedfordshire, Luton and Milton Keynes (BLMK) Area Prescribing Committee (APC) and Formulary Subgroup Assessment against Ethical and Commissioning Principles**

***Note:*** *It is unlikely that an**assessment of proposals for amendment to the joint medicines formularies against the ethical and commissioning principles will be required for most applications. If in doubt, please contact your place-based Lead/Formulary Pharmacist for advice.*

|  |
| --- |
| **Treatment assessed (Month and Year):** |
| **Formulary Subgroup/APC Recommendation** TBC post meeting |
| 1. **Clinical Effectiveness**

e.g. according to national guidelines… |
| 1. **Cost Effectiveness**

e.g. most appropriate and cost- effective products have been recommended |
| 1. **Equity & Equality Impact Assessment\***
 |
| Will this decision of the Formulary Subgroup/APC have an impact for patients or staff in regard to Equality, Inclusion and Human Rights legislation?Such impacts (negative) could include:* Restriction of a drug which could benefit those with certain conditions1,2

1NB Equality and Diversity is only one part of an assessment of the new drug/indication.2It should be noted that where the BLMK APC/Formulary Subgroup is following national guidance, these have been developed with consultation and are required to have been subject to Equality Analysis and Due Regard. |
| **YES** If the proposal is likely to impact patients or staff, please set out those impacts and any mitigations that have been identified.Examples include a process where the needs of exceptional cases can be met.Should a significant impact be identified an EQIA should be completed |
|  |
| If **NO**, please state that the decision has been reviewed with regard to Equality, Inclusion and Human Rights and no issues have been identified. |
|  |
| 1. **Needs of the community**

e.g. prevalence and incidence of disease being treated? |
| 1. **Need for healthcare (incorporates patient choice and exceptional need**)

e.g. are there alternative therapies available or is this a completely new treatment option? |
| 1. **Policy drivers:**
 |
| 1. **Disinvestment:**

|  |
| --- |
| * + - How will this medicine help to address local health priorities?
		- By using this medicine, what disinvestment in other medicines, interventions and services may be possible?
		- How much would this save?
		- Affordability considerations?
		- Will this medicine help to address local health priorities?
 |

 |
| 1. **Environmental impact of decision (if applicable)**
 |

\***Equality Impact Assessment**

Where the implementation of the decision of the BLMK APC/Formulary Subgroup may impact on one or more equality group differently to others, an equality impact assessment will need to be completed if advised by the BLMK Equality and Diversity Lead.

|  |
| --- |
| **Protected Characteristics (under the Equality Act):-**Age; Disability; Gender reassignment; Marriage & Civil Partnership (in employment only); Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual orientation; carers; other identified groups. |

|  |
| --- |
| **Declaration of Interest**Members of BMLK APC and Formulary Subgroup declare interests prior to discussing items relating to individual products. It is therefore requested that applicants do the same. Examples of potential conflicts of interest include support or sponsorship (for staff, clinical trials, other research etc) received or likely to be received from the manufacturer of this product within the last/next 12 months.Please refer to detailed guidance on Declaration of Interests before completing the declaration – [Click here to access the information](https://medicines.blmkccg.nhs.uk/wp-content/uploads/2021/08/Declaration-of-Interests-Form-%E2%80%93-Template-%E2%80%93-BLMK-Area-Prescribing-Committee.docx)If there are no conflicts of interest – please state **none** |
| Please outline the conflict of interests that apply (or complete the full form if none appropriate):  |
| **Signature of Applicant:-** | **Date:-** |

|  |
| --- |
| For decision by the BLMK APC |
| Approved / Rejected*(delete as appropriate)* | Date: | Comments: |