NOTTINGHAMSHIRE AREA PRESCRIBING COMMITTEE
TERMS OF REFERENCE

Purpose of the Committee

- To accept delegated responsibility from the Integrated Care Board (ICB) and to represent the NHS and local health and care community in managing the entry of new medicines (including medical devices, wound care products and dietary products) into the NHS.

- To establish a collective strategic approach to prescribing and medicines management issues across the Nottinghamshire Integrated Care System (ICS), in relation to the safe, clinical, and cost-effective use of medicines.

- To develop and approve documents on prescribing and medicines optimisation issues at the interface between Primary Care, Secondary Care and accountable care organisations and identify associated resource implications for consideration by the commissioning organisations.

- To support and advise on robust governance arrangements for the effective delivery of medicine optimisation within a framework of the whole patient care pathway.

- To provide guidance on these issues for commissioners and providers within the ICS.

- To ensure all decisions are within agreed financial thresholds and support organisations to achieve efficiency targets for prescribing.

Duties

- To develop, approve and maintain prescribing documents including formularies, traffic light classifications, shared care agreements and prescribing guidelines for implementation across Primary Care, Secondary Care and accountable care organisations and to support and advise on a robust governance framework for the delivery of medicines optimisation.

- To ensure consideration is given to the impact of formulary and guideline decisions on patients and carers.

- To utilise horizon scanning to provide advice and input into the planning process for the introduction of new medicines and priorities for funding. Establish a consensus, based on the available evidence, regarding the place in treatment for relevant new medicines / formulations, or for existing medicines with new indications, and ensure that such advice is disseminated to all stakeholder organisations.

- To consider and appropriately implement national guidance such as that produced by NICE.

- To actively review formulary choices to ensure cost-effective products are available, to feedback on decisions and financial implications to stakeholders and to make available policies and guidelines relating to prescribing and medicines optimisation.

- To support the safe withdrawal and discontinuation of decommissioned or discontinued medication through the establishment of short life Task and Finish groups where applicable.

- To establish and maintain a Joint Formulary between the ICB, organisations that provide NHS services and organisations that interface with the NHS. Examine the clinical and cost effectiveness of different preparations within particular clinical areas and agree on ‘medicines of choice' to be applied consistently across both Primary and Secondary Care.

- To make evidence based, informed decisions on the inclusion of medicines in the Nottinghamshire Joint Formulary and classification of these medicines within the Nottinghamshire Traffic Light System, by utilising independent reviews, or by carrying out independent reviews if these are not available.

- To work within the restraints of the delegated authority with regards to decision making with financial implications. Ensuring that cost effectiveness is assessed and that all decisions are within agreed financial thresholds.

- To advise and assist the ICB in the formation, development and implementation of plans for the introduction of new pathways, treatments, local policies and national guidance with implications for prescribing.

- To highlight to the ICB finance and commissioning teams any resource implications identified through the development or review of prescribing guidelines. Ensuring that prescribing and issues of medicines use are given due weight in wider healthcare planning and service delivery agreements locally.

- To make recommendations to assist in the resolution of problems relating to prescribing at the interface between Primary, Secondary, Tertiary and Social Care.

- To develop effective communication channels with neighbouring APCs to enable sharing of proposed advice where this might impact significantly on another locality.

- To act as an independent body for appeals made against Derbyshire and Lincolnshore Area Prescribing Committee with regard to the process followed to reach a medicine related decision, with Derbyshire having a reciprocal agreement in place.

- To respond in a timely manner to local, regional and national changes in NHS policy that will affect prescribing, and medicines use locally e.g. NICE guidance, and provide advice on the local implementation of such policy within the health community.

- Review NICE Technology Appraisals to determine their significance to the Nottinghamshire health community and where applicable develop guidance to assist the implementation. Ensure that all NICE TA included medicines appear on the Nottinghamshire Joint Formulary (including a traffic light classification) within the necessary timescale following publication.

- To highlight to commissioners any gaps in services which may prevent implementation of NICE TAs.

- To act as a focus for developing and refining local professional opinion on prescribable products and associated pharmaceutical issues, and to convey such opinions to all relevant organisations and bodies, including those not directly represented on the committee.

- To highlight all key safety concerns relating to medicines and devices issued via NHS England, Medicines and Healthcare Products Regulatory Agency publications or other patient safety organisations.

- To advise on policy and procedures for the clinically appropriate use of medicines outside their marketing authorisation.

- To work within the principles of local policy on working with the Pharmaceutical Industry and register declarations of interest for committee members.

- To make recommendations for methods of implementing APC approved guidelines and receive feedback on the implementation of APC guidelines to current practice.

- To consider the impact of decisions on all protected characteristics covered by the Equality Act 2010 and to uphold the NHS constitution

Working Arrangements

Membership

Nottingham and Nottinghamshire ICB – Primary Care	• Senior medicines Optimisation pharmacist x2 • GP prescribing lead x3 • Commissioning manager • Deputy Medical Director
Public Health County or City	Currently vacant
NUH	• Senior pharmacist • Clinician – currently vacant
NHCT*	• Senior pharmacist
SFHFT	• Senior pharmacist • Clinician
Community Services Provider representative	Non-Medical Prescriber, preferably of a profession other than pharmacy
Lay representative	
Nottinghamshire Local Medical Committee (LMC) representative	
Nottinghamshire Community Pharmacy England representative	Currently vacant
PCN pharmacist representative	
Primary Care non-medical prescriber	

*NHCT representation includes Community General Healthcare Services

Co-option

Additional members will be co-opted from clinical networks, specialist services/ organisations, working groups as required according to agenda items under discussion.

Member Responsibilities

Membership is drawn from senior positions within each organisation represented and must fulfil the following responsibilities:

- Represent the views of their constituent organisations and professional groups.

- Ensure adequate consultation has been undertaken within their organisation where appropriate.
- Ensure that decisions taken by the committee are communicated and implemented by their organisation and professional groups.
- Commit to attend meetings regularly.
- Nominate a deputy if they cannot attend wherever possible.
- Contribute to agenda items.
- Commit to working outside the meeting where required.
- Come to meetings prepared with all documents and be ready to contribute to the debate.
- Declare any outside financial or personal conflicts of interest at the start of each meeting and annually.
- To abide by the meeting code of conduct (Appendix ONE).

Lay members are expected to represent the views of patients and where necessary may be asked to seek such views via external patient groups. Lay members are also responsible for supporting the dissemination of key messages and outputs to external patient groups, being mindful of the confidentiality of papers and minutes until decisions are ratified.

Chair

The Chair and deputy chair will be elected democratically from within the membership of the committee.

The Chair and deputy Chair will serve for a period of 3 years, with an annual review of the appointment to take account of changes within year.

The Chair will ensure there is a written report on an annual basis. This will be submitted to the relevant ICB committee as part of the Medicines Optimisation assurance process.

Voting Structure

The Committee will seek to make decisions by consensus and agreement of its membership. However, on those occasions when the committee cannot reach a consensus, decisions will be made by a simple majority of those present. In the case of an equal number of votes, the Chair will have the casting vote.

Quorum

The meeting will be deemed quorate where there is representation from the ICB (primary care) and Secondary Care Trusts (SFHT, NUH, NHCT). At least two Doctors are required, one of whom should be a GP.

Document ratification

New and updated documents which are to be hosted on the APC website will, in most cases, be presented and ratified at a meeting. Where a document has reached its expiry, had a full review but received only minor changes, classed as:

- minor wording update
- update to links
- contact detail update
- NO change to medication or dosage
- NO change to monitoring requirements

the document may be circulated to members for virtual ratification outside the meeting with a fixed time for response of 2 weeks. Members are expected to review the changes and either approve or reject these to the author. Approval must be returned by members required for quoracy before the virtual ratification is complete. This will be noted and captured in the minutes of the next meeting.
Further information on document development and ratification can be found in Appendix 2.

Relationships and Accountability

Each organisation will need to agree accountability arrangements for the Committee.

The Committee will need to determine links with Primary Care prescribing/ commissioning subcommittees, Trust Drugs and Therapeutics Committees and other neighbouring Area Prescribing Committees.

The Committee will need to ensure clear links/accountability with ICB Commissioning, Finance groups and Governance Groups.

Administration

- Meetings will take place monthly, with the focus on guidelines one month and formulary the next.
- The administrative services to the Committee will be provided by the Medicines Optimisation Interface Team, employed by the ICB.
- Meeting agenda and papers will be circulated to members one week prior to each meeting.
- Minutes of the meeting will be circulated to members within two weeks of each meeting.
- A summary bulletin will be produced and circulated every other month.
- The venue chosen for the meeting will be accessible for the whole health community, to ensure attendance by all members of the Committee.

Virtual meetings hosted by Microsoft Teams will also be utilised to ensure maximum attendance.

- The Committee will have the ability to establish time-limited task groups as and when required, to undertake specific tasks. See Appendix 3 for Delegated authority to short life task and finish groups/
- In the event of urgent decisions being required between scheduled meetings, e-mail communication will be used. Where this fails, an emergency meeting may be called.

Appendix ONE

Board and Committee Etiquette

Introduction

1. As a publicly funded organisation, the Integrated Care Board (ICB) has a duty to set and maintain the highest standards of conduct and integrity and, this should be demonstrated through the appropriate behaviours of members and attendees (hereafter referred to as 'individuals') of our Board, committees and sub-committees. The purpose of this document is to provide guidance on the behaviours expected at formal meetings; regardless of whether the meeting is in open or closed session or held in person or virtually.

Prior to meetings

2. Attendance at meetings should be prioritised in diaries; however, if providing apologies, members must inform the Committee Secretary of this as soon as possible and (where terms of reference permit) arrange for a deputy to attend in their place. Members are responsible for ensuring their deputy is well-briefed and able to contribute effectively at the meeting.
3. Individuals should make sure they are fully prepared for the meeting by:
    a) Being clear as to the purpose of the meeting and the role you play at the meeting (this is particularly important for individuals deputising for absent members).
    b) Reading the agenda and papers; being clear on the purpose of items being presented (e.g. any decisions requested) and considering any questions/points that you may wish to raise.
    c) Advising the Committee Secretary of any conflicts, or potential conflicts of interest, in relation to the agenda (if these haven't been identified already).
    d) Arriving at the meeting, or joining online if being held virtually, in plenty of time. This will allow the meeting to start promptly (for example, enabling individuals time to resolve any connectivity issues).
    e) Informing the Chair if you need to leave during the meeting (however, this should be avoided if possible).
    f) For virtual meetings, ensuring that you have the corporate background on, particularly if the meeting is in open session.

Position yourself so that you are close to the camera, so that your face fills most of the screen and can be clearly seen by anyone

watching and make sure (as far as possible) that you/the meeting won't be disturbed by other members of your household.

g) Ensuring that you have everything you need for the meeting, such as a drink, pen and paper etc. and by ensuring that your device is fully charged or that you are quickly able to connect to a power source if needed.

During the meeting

4. During meetings, individuals should:
   a) Stay fully engaged and dedicate your attention to the purpose of the meeting, refraining from performing other duties that will distract you (or could appear to distract you), for example, by responding to emails.
   b) For virtual meetings, ensure that your video function is on throughout the duration of the meeting so that other members/attendees can always see you. You should also ensure that your microphone is always muted (unless you are speaking) to reduce background noise interference and minimise the risks of people speaking over one another.
   c) Turn off your mobile phone/electronic communications device. When an electronic device must be kept on, turn to silent/vibrate and excuse yourself from the meeting should you need to answer an urgent call. Excusing yourself means leaving the room if the meeting is in person or temporarily turning your camera off if the meeting is virtual. During your absence, you will not be included in the meeting quorum.
   d) Raise your hand to indicate that you wish to speak. For virtual meetings, this can be done by pressing the 'Raise Hand' button on the Participants Panel. In both cases, wait until the Chair states that you may speak to avoid interrupting a fellow Board/committee member. When invited to speak, do so clearly, concisely and at a volume that all attendees can hear (especially the minute-taker).
   e) Refrain from private conversations with other members, even if this is considered relevant to the meeting discussion (in which case, it should be raised as described above). This also applies during virtual meetings, where the 'Chat' function can be considered the equivalent of talking directly/privately with other members. This can

be distracting and comments made in this way will not be recorded in the meeting minutes. As such, this function should only be used when you need to speak directly to the Chair or Committee Secretary (e.g. if you need to leave the meeting).

f) Listen attentively and respectfully to others and be constructive and professional when providing critique and/or challenge.

g) Speak up if you disagree. Silence will be taken by the Chair as your agreement/approval and the members in attendance have collective responsibility of any decisions made or actions agreed.

Appendix 2

Nottinghamshire Area Prescribing Committee

Standards for Developing and Ratifying

APC Medicines and Prescribing Guidelines

1. Introduction Medicines and prescribing guidelines are systematically developed statements that assist healthcare practitioners and patients in making informed decisions about the safe and appropriate use of medicines. Developing and ratifying these guidelines requires a structured approach to ensure they are evidence-based, practical, and widely accepted. In Nottinghamshire the Area Prescribing Committee (APC) are responsible for the development, maintenance and governance of such documents as per their Terms of Reference.

2. Steps in Developing Clinical Guidelines

Step 1: Identify the Need

- Assess gaps in healthcare practices or emerging new medicines or indications.
- Consider stakeholder feedback, including healthcare professionals, policymakers, commissioners and patient advocacy groups.
- Consider available national resources and why development of a local version is required.

Step 2: Formulate the Guideline Development Group (GDG)

- Include multidisciplinary experts such as consultants, nurses, pharmacists, GPs and where applicable commissioning representatives.
- APC guidelines should be relevant to stakeholders across the Integrated Care System (ICS), therefore adequate representation from all should be ensured.
- Where a guideline may have workload implications for Primary Care, consultation with the Local Medical Committee (LMC) should be conducted as well as commissioning and Primary Care representation from the Integrated Care Board (ICB).
- Secondary Care representation should include pharmacy, any division implicated within the guideline and where appropriate finance and procurement.
- Ensure representation from patient advocacy groups to incorporate patient perspectives if appropriate.

Step 3: Define the Scope and Objectives

- Clearly state the clinical questions the guidelines will address.
- Define the target population and healthcare setting.

Step 4: Conduct a Review of Available Resources

- Review any national guidelines or recommendations which are relevant such as NICE, BTS, NHS England.
- Review the work of other ICS areas, particularly within the East Midlands region and consider adoption of existing documents.
- If not available within national resources, gather and analyse high-quality research evidence, including randomised controlled trials, meta-analyses, and systematic reviews.

Step 5: Draft the Guidelines

- Develop recommendations based on the evidence and expert consensus.
- Ensure clarity and feasibility of recommendations for practical implementation.
- Use a format which is accessible to screen readers and easy to edit for future iterations, as well as being simple to follow and unambiguous.

Step 6: External Review and Stakeholder Consultation

- Seek feedback from the GDG. The members of the GDG are responsible for seeking and representing the views of their organisation or speciality.
- Where implementing the guideline is likely to result in a cost implication to any stakeholder, this should be highlighted and where necessary approval sought from the organisations finance leads.
- Where it is considered that the guideline will result in the need for additional work within Primary Care this should be highlighted to the ICB Primary Care and commissioning teams.
- Where the guideline is likely to result in additional workload to other stakeholders, the GDG representative from those organisations should escalate and seek approval from the relevant departments.

Step 7: Finalisation and Ratification

- Address feedback and refine the recommendations
- A log of comments and suggestions along with the outcomes after consideration should be maintained by the guideline lead.
- The final version along with a summary front sheet should be presented at the next available APC Guidelines meeting. If required, the document may be circulated to APC members for comments ahead of the formal meeting papers being sent out to allow additional time for feedback to be addressed.
- The document should be ratified via the APC process according to the committee Terms of Reference.

Step 8: Dissemination and Implementation

- The guideline will be checked for accessibility to screen readers, version control added, converted to a PDF version and uploaded to the relevant section of the APC website.
- Information will be shared via TeamNet, the APC Bulletins and Webinars and disseminated via the relevant e mail contact groups. GDG and APC members are expected to disseminate within their own organisations.

Step 9: Monitoring and Updating

- A review date of 3 years as standard will be given to all clinical guidelines unless the APC are aware of emerging new evidence or national guidance ahead of that time.
- An earlier review will be conducted where new evidence or national recommendation is available ahead of the stated review date.
- Consideration of feedback post publication will be addressed by the document lead via the GDG with ultimate approval via the APC.
- Reviewing and updating existing guidelines should follow the above process.

3. Conclusion Developing and ratifying clinical guidelines is a rigorous process that ensures best practices in patient care. By following a structured approach, the Nottinghamshire APC can produce high-quality, evidence-based guidelines that improve clinical outcomes and enhance patient safety.

Nottinghamshire Area Prescribing Committee

Delegated Authority to Short-Life Task and Finish Groups

1. **Purpose**
   The Area Prescribing Committee (APC) may establish short-life task and finish groups (SLTFGs) as necessary to address specific issues, projects, or tasks that fall within the remit of the APC e.g. guidance for clinicians during medication shortages. These groups will be given delegated authority to develop, review, and, where applicable, ratify documents related to their assigned objectives, in accordance with the following provisions.

2. **Scope of Delegated Authority**
   SLTFGs are empowered to:

- Undertake the development of documents and guidance related to medication and prescribing, relevant to the specific objectives assigned to them by the APC.
- Review and revise existing documents within their remit.
- Ratify documents that do not require further APC approval, as specified by the APC, or where the nature of the documents allows for independent ratification by the SLTFG.
- Provide updates as necessary on their work to the Committee, including the status of documents developed and ratified.

3. **Limitations**

- SLTFGs may only ratify documents that fall within the boundaries of the task assigned to them and are not considered high-risk or requiring higher-level approval (e.g., documents with significant financial or resource implications).
- The APC will specify any documents or types of documents that require full committee ratification and cannot be independently ratified by the SLTFG.
- All documents ratified by an SLTFG will be communicated to the APC for information and oversight purposes.

4. **Timeframe**

- SLTFGs will be established with a clearly defined timeframe and specific deliverables.
- The SLTFG will be dissolved upon completion of its task or project unless an extension is required by the APC.

5. **Reporting and Oversight**

- The SLTFG will report its progress to the APC, including sharing of any ratified documents for information.
- Final reports and outcomes of SLTFGs, including any ratified documents, must be submitted to the APC within the specified timeframe.

6. **Accountability**

- The SLTFG is accountable to the APC for the quality and appropriateness of all developed and ratified documents.
- In cases where document ratification may impact other committees or departments, the SLTFG will ensure appropriate consultation and collaboration.

Appendix 3

Nottinghamshire Area Prescribing Committee

Template Terms of Reference for a Short Life Task and Finish Group (SLTFG)

1. Name of the Group

[Insert Name of Group] – referred to as "the group"

2. Purpose

The group is established as a short-life, task-and-finish group with delegated authority from the Area Prescribing Committee (APC) to produce and ratify [specific document or guideline] as directed by the committee.

The need for this group has been identified due to ……..

3. Authority

The group is authorised by the APC to:

1. Develop, consult upon, and ratify [specific document or guideline].
2. Make decisions to ensure timely completion of its objectives.
3. Report progress and final outcomes to the APC.

The group operates under the APC and is accountable for its actions and decisions to this committee.

4. Objectives

The group is tasked with the following objectives:

1. Define the deliverables and their scope.
2. Gather and consider relevant evidence or input from all relevant stakeholders.
3. Draft, review, and refine and ratify the specific documents.
4. Submit the final deliverables for noting by the APC

5. Membership

The group will comprise the following members:

- Chairperson: [Name/Role]
- Members: [List of members and their roles]
- Support Staff: [Details, if applicable]

Membership should represent key stakeholders, specific expertise, or departments to ensure the effective delivery of the group's objectives. Representation should be included from both acute trusts within the ICB and where relevant Nottinghamshire Healthcare Trust also as well as Primary Care which should include:

- A CDA nominated clinician if appropriate.
- Medicines Optimisation team
- GP prescribing lead
- Where appropriate ICB commissioning lead

6. Roles and Responsibilities

Chairperson:

- Provide leadership to the group and ensure adherence to timelines.
- Act as the main point of contact with the APC.

Group Members:

- Contribute expertise and input as required.
- Actively participate in meetings and complete tasks within agreed deadlines.

Support:

- Provide administrative support, including scheduling meetings, preparing agendas, and recording decisions.
- Facilitate communication between the group and the APC.

7. Meetings

- **Frequency:** The group will meet [weekly/bi-weekly/monthly] or as necessary to achieve its objectives.
- **Quorum:** A minimum of [number or percentage] of members must be present to make decisions.
- **Agenda and Minutes:** Agendas will be circulated [timeframe] before meetings, and minutes will be distributed within [timeframe] following each meeting.

8. Deliverables and Timeline

The group is expected to complete the following deliverables within the specified timeframe:

1. To be completed by the SLTFG with agreement from the APC Chair

9. Reporting

The group will provide regular progress updates to the APC and submit a final summary with its recommendations and completed deliverables by [specific deadline].

10. Dissolution

The group will be dissolved upon:

1. The acceptance and ratification of its deliverables by the group itself or
2. A decision by the APC to terminate its work.

11. Review and Amendments

These Terms of Reference may be reviewed and amended by the group and the APC as necessary to ensure the group fulfils its mandate effectively.

Approval

Approved by: _____
Role: _____APC Chair_____
Date: _____