Brighton and Hove CCG and High Weald Lewes Havens CCG

Terms of Reference – Brighton Area Prescribing Committee

1. Mission Statement:

To identify and act as champions for the appropriate use of medicines across the Brighton Area Prescribing Committee interfaces, considering cost and clinical effectiveness, quality and equality, patient safety and experience, and outcomes.

2. Purpose

- To ensure decisions around funding medicines and treatments are rational and transparent, in accordance with the NHS Constitution
- To promote equity of access to medicines across our health communities
- To foster engagement in medicines management issues at the highest level within member organisations
- To promote patient safety by encouraging the provision of accurate information on medicines and taking into account decisions of national bodies i.e. MHRA, NICE, patient safety alerts
- To consider the patient experience when making decisions
- To have a consistent approach to value for money
- To make decisions on commissioning policy for medicines in member organisations in accordance with agreed ethical framework (appendix 1) and criteria for making decisions (appendix 2)
- To help to ensure that the requirements of healthcare monitoring organisations are met, particularly with respect to timeliness and equity of access to new medicines and formulary development / management.

3. Objectives

- To consider patients' experience at the heart of all decisions made around the commissioning of medicines and related services
- To promote medicines optimisation across organisational boundaries by encouraging common decisions on the introduction of new treatments, disinvestment in treatments and implementation of national guidance
- To consider the cost-effectiveness of existing treatments and make decisions for prescribing changes where appropriate
- To provide guidance on medicines related issues that have an effect on clinical practice and the overall delivery of healthcare in the local health economy
- To highlight prescribing outside of decisions to align implementation of commissioning decisions
- To collaboratively horizon scan to assess the likely impact of new drugs and new indications for existing drugs on member organisations and to provide a consensus view. Member organisations to prioritise APC workplan
- Public health is an important concern of the APC and it will seek to make decisions that promote the health of the entire community
- The APC supports effective policies to promote preventive medicine and will ensure consultations with relevant public health bodies where appropriate
- To maintain oversight of member organisations' prescribing guidelines, clinical pathways and formularies agreed at APC
- To advise on the appropriate methods of supply and procurement of medicines and other prescribable items where relevant for the local health economy
- To make recommendations to assist in the resolution of problems relating to prescribing at the boundaries of care interface
- To oversee the frameworks for shared care guidelines and approve for decision the medicine specific arrangements
- To establish sub-groups (when needed) to ensure specified actions are delivered and implemented

4. Chairperson

The Chair and Vice Chair of the Committee shall be nominated by membership commissioning organisations. Responsibilities are noted in section 5.

5. Membership, delegation and responsibilities

Members: Organisation represented & role (It is expected that these members attend all meetings (or send a deputy) and are voting members)	
Brighton and Hove Clinical Commissioning Group	Head of Medicines Management or equivalent
	Prescribing Lead or nominated GP representative
High Weald Lewes Havens Clinical Commissioning Group	Head of Medicines Management or equivalent
	Prescribing Lead or nominated GP representative
Brighton and Sussex University Hospitals NHS Trust	Director of Pharmacy or nominated deputy
	Lead Clinician or nominated deputy
Queen Victoria Hospital Foundation NHS Trust	Chief Pharmacist or nominated deputy
Sussex Partnership Foundation NHS Trust	Chief Pharmacist or nominated deputy
Sussex Community Foundation NHS Trust	Chief pharmacist or nominated deputy
Lay Members	Patient representation from any of the member organisations

Associate members: Organisation represented & role (Agenda and minutes will be distributed to these members however, they are not required to attend all meetings and are non-voting members)	
Horsham and Mid-Sussex Clinical Commissioning Group	Head of Medicines Management or equivalent
	Prescribing Lead or nominated GP representative
Crawley Clinical Commissioning Group	Head of Medicines Management or equivalent
	Prescribing Lead or nominated GP representative
Eastbourne, Hailsham and Seaford Clinical Commissioning Group	Head of Medicines Management or equivalent
Hastings and Rother Clinical Commissioning Group	Head of Medicines Management or equivalent
Coastal West Sussex Clinical Commissioning Group	Head of Medicines Management or equivalent
Local Medical Committee	Nominated representative
Local Pharmaceutical Committee	Nominated representative
Public Health England	Nominated representatives from the areas covering commissioning CCGs
Nursing representative	Nurse prescriber
Medicines Management from CCGs	Specialist Interface / Commissioning Pharmacist
	Medicines management pharmacists from member CCGs
Clinicians from other providers	Nominated representative

The membership is outlined above. Each constituent organisation will nominate their own representatives and deputies and notify this to the committee secretary. The membership will take account of professional and organisational representation as well as involving other stakeholders. The Committee will aim to reach decisions by consensus opinion wherever possible – if a decision cannot be made, a majority of 75% of votes will be required to make a decision. If a majority of 75% could not be reached, a further round of voting would take place involving those members who were not present at the meeting to give them an opportunity to vote. After this, if a 75% majority is still not reached, then the decision will not carry

Responsibilities of APC members

The Chair

- Work with the secretary in setting the agenda
- Facilitate the committee meeting by:
    - understanding the key discussion points
    - ensuring that all APC members' views are taken into account
    - reflecting the consensus view when summing up the decision
- Approve the draft minutes
- Communication decisions

The Vice Chair

- Will have the same responsibilities as the Chair when deputising

Members

- Accept ownership of APC decisions
- Undertake work as necessary between meetings
- Promote two-way communication between the APC and relevant NHS colleagues / organisations
- Disseminate papers to relevant clinicians within their organisations for comment in a timely manner
- Feed any comments regarding papers back to the author for inclusion and discussion
- Take specific views from the APC back to your own organisation for comment
- Feed any responses regarding APC items back to the Committee, as appropriate
- Commit to regular attendance of APC meetings
- Send an appropriate deputy or representative when necessary, to ensure continuity and balance input when decision-making
- Disseminate APC decisions within their organisation

Members are expected to attend at least 75% of committee meetings in one year (or to send suitable representation for the meetings they are unable to attend). A register of attendance at the committee will be maintained are reviewed by the Chair on an annual basis.

6. Quoracy

The meeting will be considered quorate if all of the following are met:

- A representative from each of the full member CCGs are present, of which out of the 2 must include at least 1 Prescribing Leads or nominated GP representative
- A representative from BSUH are present
- A minimum of 4 full APC members are present
- Sussex Partnership Foundation Trust Chief Pharmacist or deputy must be in attendance when decisions regarding mental health are on the agenda
- Sussex Community Trust Chief Pharmacist or deputy must be in attendance when decisions regarding community care are on the agenda

7. Potential conflicts of interest

- All attendees must declare at the start of each meeting any outside interests, which might have or may be perceived as having a bearing on your actions, views and involvement in discussions within the Committee.
- The Chair will ask members to declare their interests and ensure that declarations are formally recorded. Interests that must be declared include:
    - Remuneration such as expenses or remuneration for work undertaken. The source of remuneration must be declared from any organisation or individuals with whom NHS trusts have a commercial relationship, relevant to the work of the Committee
    - Sponsorship such as attendance at meetings and conferences
    - Individual shareholdings in relevant companies
    - Employment by relevant companies (including employment of relatives or significant others)

All individuals attending a meeting, whether as a member or in attendance, must declare any potential conflicts of interest. It will be for the Chair of the meeting to decide how this is managed, including asking the individual to withdraw from the meeting or abstain from voting in some cases where issues are discussed or decisions taken.

All APC members and associate members must complete and submit a Declaration of Interest Form annually and submit any additional declarations of interest at each meeting (see declaration forms embedded below).

8. Clinician input

The APC values non-member clinician input and welcomes their attendance at the meeting. Due to limited meeting room capacity, we would recommend the nomination of one clinician to represent the specialty for specific agenda items. The APC Secretary must be notified of any planned attendance. Presenting clinicians will not have APC voting rights.

Clinical experts attending the meeting will be asked to declare any interests relating to the item for which they have been invited. This will normally be done in advance of the meeting.

Clinician experts will be asked to withdraw from the meeting prior to a decision being made by the committee.

9. Frequency of meetings

The Brighton Area Prescribing Committee will meet monthly on a Tuesday from 2pm – 5pm at Brighton and Hove Clinical Commissioning Group offices, Hove Town Hall, Hove. If the meeting is not quorate or there is insufficient business, then the Chair will decide if the Committee will sit or not. In the event that the Committee does not sit, urgent matters for decision will be made virtually following the same decision making principles outlined in the terms of reference.

10. Resubmission of APC papers

Resubmission of applications will not be considered unless additional information or evidence that may influence the decision was not considered when discussing the original decision is provided. If provided, this additional information will be taken to the APC along with the original paper and previous minutes where this was discussed.

11. Appealing against APC decisions

An intention to appeal should be made in writing to the APC Secretary within 4 weeks of notification of the original decision. An appeal will only be considered in-line with national guidance. Coastal West Sussex (CWS) Area Prescribing Committee will act as an independent body for appeals made against the Brighton APC. A reciprocal agreement is in place for Brighton APC to review CWS APC appeals. In the event of the mental health or community chief pharmacist (or deputies) being present at both committees, independent specialist advice will be sought.

12. Timescales

Papers requiring consultation will be sent out to APC members for review and dissemination within their organisations to allow at least 10 working for comment. Authors are requested to provide final papers to APC Secretary 7 working days before the meeting. Agenda with papers will be sent out 1 week before the committee meeting.

Draft minutes of the meeting will be forwarded to attendees within 5 working days of the meeting for comment. Attendees will be given 5 working days to comment/suggest amendments. Any comments or suggested amendments should be shared with all attendees. After this point, the minutes will be considered as final. Decisions will then be forwarded to respective boards of the member organisations for information and ratification (where required).

Decisions will also be communicated to providers through the stakeholder organisations' pharmacy teams or drug & therapeutics committees as appropriate.

13. Accountability / dependencies with other committees and group (formal and informal)

The Area Prescribing Committee is a decision making committee.

On some occasions, the Chair may ask that the Committee make a decision outside of the meeting. This may be done virtually and it is expected that all members participate/contribute.

Decisions are communicated to relevant member organisations as per local arrangements by relevant representatives.

14. Process for Monitoring Effectiveness of the Committee in relation to expectations set out in the terms of Reference.

Following NHSLA standards, the below will be reviewed as detailed in the table.

NHSLA standard	Method of review of effectiveness	Lead	Frequency of review
Duties of the committee	Review of TOR	Chair	Annually
Reporting arrangements into high level committees (if appropriate) and Board	Review of TOR	Chair	Annually
Membership including nominated deputy	Review of TOR	Chair	Annually
Required frequency of attendance	Attendance figures	Chair	Annually
Quoracy of meeting	Review of minutes	Chair	Per meeting

APPENDIX 1. BRIGHTON APC ETHICAL FRAMEWORK FOR DECISION MAKING

Purpose of the Ethical Framework

The purpose of the ethical framework is to support and underpin the decision making process of the APC to support production of consistent policy decisions by:

- Providing a coherent structure for discussion, ensuring all important aspects of each issue are considered
- Promoting fairness and consistency in decision making from meeting to meeting and with regard to different clinical topics, reducing the potential for inequity
- Providing a means of expressing the reasons behind the decisions made
- Reducing risk of judicial review by implementation of robust decision-making processes that are based on evidence of clinical and cost effectiveness and an ethical framework

Formulating policy decisions involves the exercise of judgment and discretion and there will be room for disagreement within the APC. Although there is no objective or infallible measure by which such decisions can be based, the Ethical Framework enables decisions to be made within a consistent setting which respects the needs of individuals and the community. The APC recognise that their discretion may be affected by National Service Frameworks, National Institute for Health and Clinical Excellence (NICE) technology appraisal guidance and Secretary of State Directions to the NHS.

The Ethical Framework is especially concerned with the following:

1. EVIDENCE OF CLINICAL AND COST EFFECTIVENESS

The APC will seek to obtain the best available evidence of clinical and cost effectiveness using robust and reproducible methods. Methods to assess clinical and cost effectiveness are well established. The key success factors are the need to search effectively and systematically for relevant evidence, and then to extract, analyse, and present this in a consistent way to support the work of the APC. Choice of appropriate clinically and patient-defined outcome needs to be given careful consideration, and where possible quality of life measures and cost utility analysis should be considered.

The APC will promote medicines for which there is good evidence of clinical effectiveness in improving the health status of patients and will not recommend medicines that are shown to be ineffective. Issues such as safety and drug licensing will also be carefully considered. When assessing evidence of clinical effectiveness the outcome measures that will be given greatest importance are those considered important to patients' health status. Patient satisfaction will not necessarily be taken as evidence of clinical effectiveness. Trials of longer duration and clinically relevant outcomes data may be considered more reliable than those of shorter duration with surrogate outcomes. Reliable evidence will often be available from good quality, rigorously appraised studies. Evidence may be available from other sources and this will also be considered.

The APC will compare the cost of a new medicine to the existing care provided and will also compare the cost of the medicine to its overall benefit, both to the individual and the community. They will consider technical cost-benefit calculations (e.g. quality adjusted life years), but these will not by themselves be decisive. The APC may use the ethical framework to guide context specific judgements about the relative priority that should be given to each topic.

2. EQUITY

The APC believe that people should have access to health care on the basis of need. There may also be times when some categories of care are given priority in order to address health inequalities in the community. However, the APC will not discriminate on grounds of personal characteristics, such as age, gender, sexual orientation, gender identity, race, religion, lifestyle, social position, family or financial status, intelligence, disability, physical or cognitive functioning. However, in some circumstances, these factors may be relevant to the clinical effectiveness of a medicine and the capacity of an individual to benefit from the treatment.

3. HEALTH CARE NEED AND CAPACITY TO BENEFIT

Health care should be allocated justly and fairly according to need and capacity to benefit, such that the health of the population is maximised within the resources available. The APC will consider the health needs of people and populations according to their capacity to benefit from health care interventions. So far as possible, it will respect the wishes of patients to choose between different clinically and cost effective treatment options, subject to the support of the clinical evidence.

This approach leads to three important principles:

- ***In the absence of evidence of health need, treatment will not generally be given solely because a patient requests it***
- ***A treatment of little benefit will not be provided simply because it is the only treatment available***
- ***Treatment which effectively treats "life time" or long term chronic conditions will be considered equally to urgent and life prolonging treatments***

4. COST OF TREATMENT AND OPPORTUNITY COSTS

Because each CCG is duty-bound not to exceed its budget, the cost of treatment must be considered. The cost of treatment is significant because investing in one area of health care inevitably diverts resources from other uses. This is known as opportunity costs and is defined as benefit foregone, or value of opportunities lost, that would accrue by investing the same resources in the best alternative way. The concept derives from the notion of scarcity of resources. A single episode of treatment may be very expensive, or the cost of treating a whole community may be high.

5. NEEDS OF THE COMMUNITY

Public health is an important concern of the APC and they will seek to make decisions which promote the health of the entire community. Some of these decisions are promoted by the Department of Health and Social Care (such as the guidance from NICE and National Service Frameworks). The APC also supports effective policies to promote preventive medicine which help stop people becoming ill in the first place.

Decisions are difficult when expensive medicines produce very little clinical benefit. For example, it may do little to improve the patient's condition, or to stop, or slow the progression of disease.

The decision to fund treatments such as this would mean that CCGs have less available funds to invest in other treatments where greater benefit would be gained. Decisions therefore need to be taken with awareness of the wider financial implications for the health community, and with the goal of prioritising interventions that produce the greatest benefit for our population.

Where it has been decided that a medicine should be considered as black on the traffic light system and cannot generally be supported, a patient's doctor may still apply to the CCG for funding for an individual patient explaining what the exceptional clinical circumstances are which mean that the individual patient should receive the treatment.

6. POLICY DRIVERS

The Department of Health issues guidance and directions to NHS organisations which may give priority to some categories of patient, or require treatment to be made available within a given period. These may affect the way in which health service resources are allocated by individual CCGs. The APC operates with these factors in mind and recognises that their discretion may be affected by NICE technology appraisal guidance, Secretary of State Directions to the NHS and performance and planning guidance.

Locally, choices about the funding of health care treatments will be informed by the needs of each individual CCG and these will be described in their Operational Plan.

7. EXCEPTIONAL NEED

There will be no blanket bans on treatment since there may be cases in which a patient has special clinical circumstances which present an exceptional need for treatment. Each case of this sort will be considered on its own merits in light of the clinical evidence following each CCGs Individual Funding Request Policies.

APPENDIX 2. BRIGHTON APC CRITERIA FOR MAKING DECISIONS

These criteria should be considered when reviewing APC submissions for drugs/ proposed indications.

A. Evidence to support therapy (Level of evidence, is it placebo controlled, or compared with standard treatment option/s)

B. Safety

C. Cost-effectiveness

D. Place in treatment pathway (alternative treatment or additional line of treatment and where should prescribing responsibilities lie?)

E. Patient oriented outcomes (is this supported by published evidence?)

APC Decision (approved/not approved):
APC Decision (traffic light status):

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