

# NHS Castle Point & Rochford CCG and Southend CCG

## Draft Terms of Reference – Drugs and Therapeutics Committee

### Drugs and Therapeutics Committee

#### 1. Terms of Reference

The following terms of reference govern the operation of the Drugs and Therapeutics Committee.

<b>Date of adoption:</b>	January 2020
<b>Approved by:</b>	XXXXXXXXXXXXXXXXXXXX
<b>Responsible to:</b>	Primary Care Co-Commissioning Committee
<b>Date at which Terms of Reference will be reviewed:</b>	January 2022

#### 2. Membership

The membership of the committee was approved by XXXXXXXXXXXXXXXXXXXXXXX of NHS Castle Point and Rochford CCG and Southend CCG on INSERT DATE OF APPROVAL. The last change of membership took place on INSERT DATE

Membership of the members of the body are listed below:

<b>Full members of the body</b>	CCG Governing Body Members GP Prescribing Leads Head of Medicines Management Senior Prescribing Advisors (Medicines Management) EPUT Lead Pharmacist Representative Southend University Hospital Pharmacist Representative
<b>Chair</b>	CCG Governing Body Member GP
<b>Vice Chair</b>	CCG Governing Body Members GP Prescribing Leads
<b>Executive Lead</b>	Director of Integration and Partnership
<b>Clerk</b>	Senior Pharmacist with support from Medicines Management Team Administrator

<p><b>Others who should be invited to meetings</b></p>	<ul style="list-style-type: none"> <li>* CCG Quality and Governance Team Representative</li> <li>* A representative of the Local Medical Committee (LMC)</li> <li>* A representative of the Local Pharmaceutical Committee (LPC)</li> <li>* Secondary Care Consultant</li> <li>* GP Clinical Leads</li> <li>* Executive directors or senior officers of the CCG</li> <li>* where there are relevant agenda items as appropriate</li> </ul>
<p><b>Others who should be sent the minutes and papers of meetings</b></p>	<p>All the above (*Others)</p> <p>The Primary Care Co-Commissioning Committee (PCCC)</p> <p>Quality, Finance and Performance Committee (QFPC)</p> <p>*where there are relevant agenda items</p>
<p><b>Substitutes</b></p>	<p>Substitutes at deputy level will be permitted. Such deputies should be at an appropriate level to both represent and make decisions on behalf of their respective organisation and should be agreed by the Chair in advance.</p>
<p><b>Quorum</b></p>	<p>The Committee will be quorate with four members present, at least two of which must be pharmacist from the CCGs medicines management team and two full body member GPs</p>

### 3. Common Provisions

#### **Committee Management – General Provisions**

1. Each of the listed committees, and any other body established within the CCG structure, is obliged to abide by these general provisions for committee management set out in this schedule and any specific provisions set out within the relevant committee section.
2. The Committee will conduct its business in accordance with National Guidance, and relevant codes of conduct / good governance practices for example Nolan's seven principles of public life and the agreed vision and values of the two CCGs.

#### **Membership**

3. The Committee shall be appointed by the CCGs Primary Care Co-Commissioning Committee on behalf of the Governing Body as set out in the constitution and may include individuals who are not on the governing body.
4. The Accountable Officer, Chief Operating Officer and other executive directors or senior officers of the CCG may be required to attend upon request of the committee, particularly when the Committee is discussing issues that are the responsibility of that director.
5. The Executive Lead shall designate a member of staff to be Clerk to the Committee.
6. The Clerk to the Committee shall collate and prepare the agenda and supporting papers for meetings of the committee and attend to take minutes of the meeting and provide appropriate support to the Chair and committee members during and outside of committee meetings.

#### **Committee Chair**

7. Unless there is specific provision in the individual committee's terms of reference, in the event of the chair of the committee being unable to attend all or part of the meeting, he or she may nominate a replacement from within the membership to deputise for that meeting. In the absence of any such notification, the members of the committee present shall agree who shall take the chair for the meeting.
8. In the event of a vote being taken and the result of the vote being tied, the person chairing the meeting will have a second, casting.

#### **Lead Executive**

9. The nominated officer who shall act as Lead Executive is recorded in the terms of reference for each committee. The Lead Executive will be responsible for supporting the chair in the planning and management of committee business and for drawing the committee's attention to best practice, national guidance and other relevant documents as appropriate.

10. In executive bodies, the Lead Executive may also be the chair; this should not be the case in governance bodies. The Southend and Castle Point and Rochford CCGs Drugs and Therapeutics Committee is a sub-group of **The Primary Care Co-Commissioning Committee**.

### **Notice of meetings**

11. The agenda and papers for the meeting will be circulated to members and observers, at least seven days before the date of the meeting.
12. Late papers may be submitted to the meeting at the sole discretion of the chair of the meeting.

### **Minutes and Committee Papers**

13. The minutes of committee meetings shall be formally recorded by the designated Clerk and submitted to the body to which this body reports. The chair of the committee shall draw to the attention of that body any issues that require disclosure to another group, the full Governing Body, or which require executive action.
14. When minutes of a meeting are submitted to the Governing Body or any other body, care shall be taken to ensure that where matters have been discussed in private session (part II meetings) those minutes are considered in private session unless the reason for privacy no longer applies.

### **Decision Making/Policy and Best Practice**

15. In making decisions the committee will apply best practice in the decision making processes.

### **Authorisation**

16. The Committee is authorised to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.
17. Subject to the CCGs' scheme of delegation, the Committee is authorised to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary. Minutes of each meeting will be presented to the next meeting of the Governing body for Information.

### **Virtual Meetings**

18. The body may choose to meet virtually either by use of video/teleconferencing facilities or, at the discretion of the chair, by electronic circulation of a matter for discussion/decision.

#### **4. Minutes and Committee Papers**

The minutes of the Drugs and Therapeutics Committee will be formally recorded and submitted to PCCC and QFPC monthly.

#### **5. Framework**

The Drugs and Therapeutics Committee will have all decisions ratified by PCCC before implementation.

The members acknowledge that the committee is subject to any directions made by the CCGs PCCC

#### **6. Reporting & Review**

The Committee will report to the PCCC monthly on its work. The Committee will conduct an annual self-assessment of its effectiveness and report the findings of the assessment to PCCC

#### **7. Remit**

The Drugs and Therapeutics Committee is established in accordance with the constitution of NHS Castle Point & Rochford CCG and Southend CCG, its standing orders and scheme of delegation. These terms of reference set out the membership, remit responsibilities and reporting arrangements of the committee and shall have effect as if incorporated into the CCG's Constitution and Standing Orders. The Committee is a standing committee of the CCGs PCCC.

The Drugs and Therapeutics Committee has been set up to support collaborative working and decision making that improves health outcomes for the patients and public in Castle Point & Rochford CCG and Southend CCG, including Benfleet, Rayleigh & District, Canvey, Rochford West Leigh, West Central, North Road Plus, Southend East and Southend Central Primary Care Networks.

#### **8. Purpose of the Committee**

##### **A Purpose:**

The Drugs and Therapeutics Committee is the committee with overarching responsibility for prescribing, therapeutics and medicines management across Castle Point, Rochford and Southend CCGs.

##### **B Objectives:**

1. To establish a performance indicator framework for prescribing, in order to be able to monitor qualitative and quantitative patterns of prescribing within the CCG, allowing for emerging trends in drug usage, to identify potential cost pressures, and to confirm that progress is being made towards local and national standards
2. To be aware of the need to consider patient/public opinion and identify when consultation is required and included in decision making.
3. To identify prescribing related issues within national policy documents, and to advise the CCGs on strategies for implementing these at a local level (may require liaison with other CCG bodies, e.g. Quality Committee).

4. To consider the supply and use of medicines, and to develop innovative proposals for new ways of working that could improve patient care, reduce wastage and/or reduce the risk of adverse events related to medication.
5. To receive reports on QIPP, primary care prescribing performance and trends, budgetary and financial performance, the Prescribing Incentive Scheme and medicines safety on a monthly basis.
6. To ratify or validate recommendations from the South Essex Medicines Management Committee, EPUT, NELFT and others as relevant, e.g. East of England Priorities Advisory Committee and the Regional Medicines Optimisation Committee (RMOC)
7. To consider use of new drugs or new indications and amend formulary/Traffic lights as appropriate.
8. To ensure consistency of prescribing policies across the South East Essex health economy
9. To undertake horizon scanning and to advise on the managed entry of new drugs (and indications) or devices to the CCG.
10. To promulgate information on medicines and prescribing within the CCG through recognised CCG media.
11. To consider and make a decision on propositions in relation to pharmaceutical industry rebates as per CCG policies.
12. To undertake other activities as required by the CCG, e.g. policy relating from NICE Technology Appraisals and other NICE publications, MHRA etc
13. To champion good antimicrobial stewardship across the South East Essex health economy
14. To give initial consideration to interface issues with a view to local resolution before onward referral to the South East Essex Medicines Management Committee, EPUT, NELFT etc.
15. Input into all service/pathway redesign where appropriate.
16. To advise the CCG on the setting and management of the primary care prescribing budget.

### ***D Responsibility***

The Committee will prepare and operate to an annual work plan that will be determined in order to support the delivery of the CCG's Objectives/ Strategy. Within the context of the CCG's Vision, Strategic Plan and Primary Care Strategy the Committee will ensure that national policy is implemented at the local level.

The CCGs are committed to ensuring the public voice is reflected in the decisions taken through the Drugs and Therapeutics Committee. This committee will therefore take steps to promote relevant agenda items to Patient Participation Groups and other groups whose role is to enhance patient involvement and engagement. This is enabled through regular communication with the CCG's Communications and Engagement team.

### ***E Authorisation***

The committee has delegated to it the authority to constitute any working groups it deems appropriate to support the discharge of its Terms of Reference. The committee may not delegate executive powers to any working groups.

## **9. Conduct and Conflicts of Interest**

The CCG's rules on the management of conflicts of interest as set out in the CCG Constitution, Standing Orders and Standing Financial Instructions apply to the work of this Committee.

Members or those in attendance must, at the outset of the meeting, declare any interest that they may have in a matter and withdraw from the discussion on that item.

In carrying out its remit, the Committee shall ensure that it is able to benefit from the best available clinical advice by:

- Receiving the advice of the clinically qualified members of the committee and its regular attendees who have not declared any conflict and
- Receiving reports on the performance of the various primary care providers whose services have already been procured by the CCG and making recommendations about any necessary response to issues arising from those reports.
- Ensuring that all conflicts of interest are declared and recorded and that any clinicians with a conflict of interest are excluded from the decision making process in line with the CCG's conflict of interest policy.

In order to promote the highest standards of conduct and transparency and openness in the use of public funds, the Committee shall ensure that it conducts its business in such a way that any potential conflict of interests that might arise are minimised and that the actions taken by the Committee to manage those conflicts are recorded.

## **10. Delegated Authority**

The Drugs and Therapeutics Committee will not have delegated authority to take decisions. All decisions ratified by PCCC before implementation.

## **11. Emergency Decisions**

Should there be a requirement to make decisions between meetings the following process should be followed:

- Full details of the decision required will be set out in a clear proposal with rationale as to why an urgent decision is needed
- Proposal will be submitted via e-mail to Committee members from the clerk
- Minimum support required from at least 4 members of the Committee including the Chair.
- Summary of proposal will be escalated virtually to PCCC for final ratification Report of the decision made presented to next scheduled D&T and PCCC meeting for information.

## 12. Conduct of Meetings

### A. Frequency

The Committee will meet at least 10 months a year on dates to be agreed by the Committee.

### B. Conduct of Meetings

Members of the committee have a collective responsibility for the operation of the committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

The committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.

The committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

Members of the committee shall respect confidentiality requirements as set out in the Standing Orders referred to above unless separate confidentiality requirements are set out for the committee in which event these shall be observed.

## 13. Quoracy and Voting

In the event that a scheduled meeting is not quorate then the meeting shall stand adjourned until a future date but any urgent matters may, with the agreement of the chair, be referred to the procedure for emergency decisions set out above.

The aim of the committee will be to have consensus opinion on proposals by discussion and agreement but where necessary the chair may determine that a vote should be taken as below with the chair having the casting vote in the event of a tie.

Designation	Role in Committee	Vote
Head of Medicines Management	Professional / technical support	Yes
Senior Prescribing Advisor x 2	Professional / technical support	Yes x 2
Prescribing Administrator	Administration / meeting arrangements / minute-taking	No



GP Chair	Primary care CCG implementation	Yes
CCG Governing Body Members GP Prescribing Leads x 3	Primary care CCG implementation	Yes x3
EPUT Lead Pharmacist	Professional (community Services) advice Community Service Implementation	No
Quality and Governance Team Representative	Professional (Quality and governance) advice	No
Southend University Hospital Pharmacist	Professional (Acute) advice Acute/Interface Service Implementation	No
LPC member	Professional (community pharmacy) advice Community Pharmacy issues and implementation	No
LMC Member	Professional (medical) advice Primary care implementation – general practice	No

<b>Version</b>	0.1
<b>Developed by</b>	Zafiat Quadry, Head of Medicines Management
<b>Date ratified</b>	
<b>Review date</b>	

#### Document Version

Date	Version Number	Description of Changes	Edited by