

# Surrey Heartlands

## Area Prescribing Committee

### Terms of Reference

#### Surrey Heartlands Pharmacy and Medicines Optimisation Meeting Structure



“Place” definition - Places bring together health, local government, and wider partners into Integrated Care Partnerships (ICPs) designed to work across organisations to use their collective resources and expertise for the ultimate benefit of local people, generally serving populations of 250,000 – 300,000. Surrey Heartlands has four Place systems – Guildford and Waverley, East Surrey, North-West Surrey, and Surrey Downs

### Terms of Reference

#### 1. Introduction

- 1.1. The above listed organisations resolved to establish a committee known as the Area Prescribing Committee (known as the Committee) in accordance with Schedule 1A of the National Health Service Act 2006 (as amended) ("the NHS Act"), the NHS Constitution 2012 and NICE guideline MPG1.
- 1.2. The Committee is established in accordance with each of the individual bodies' governance arrangements. The Terms of Reference set out the membership, remit, responsibilities, and reporting arrangements of the Committee.

#### 2. Purpose & Objectives

Surrey Heartlands Integrated Care System Area Prescribing Committee V1 July 2022  
Review Date: July 2023

## Purpose

- 2.1. A decision-making committee with regards to the use of medicines / prescribed items and their place in pathways, ensuring equity of access to medicines across Surrey Heartlands
- 2.2. Ensure decisions around funding medicines and treatments are rational and transparent, in accordance with the NHS Constitution and lead to improved patient outcomes
- 2.3. Foster engagement in medicines management issues at the highest level within member organisations and improving collaboration
- 2.4. Promotion of patient safety around medicines use
- 2.5. Have a consistent approach across Surrey Heartlands to value for money and opportunities for investment and disinvestment
- 2.6. Make recommendations to Surrey Heartlands around the provision of services and care pathways associated with the provision of medicines / prescribed items
- 2.7. Monitor the impact of its decisions
- 2.8. Consider NICE TAs and support provider organisations to implement within statutory timeframes
- 2.9. To promote seamless medicines management across organisational boundaries

## Objectives

- 2.10. To develop and maintain a Surrey Heartlands wide medicines formulary
- 2.11. To understand the financial impact of decisions
- 2.12. To consider and implement recommendations from national guidance in relation to medicines where appropriate e.g., RMOC, Medicines Value Programme, Medicines Safety Programme, Antimicrobial Stewardship, NICE CKS & guidance
- 2.13. To decide, based on available evidence, the place in therapy of new and existing medicines
- 2.14. To consider the cost-effectiveness of existing medicines and make decisions with regards to formulary changes where appropriate
- 2.15. Ensure all decisions are appropriately communicated to member organisations and stakeholder
- 2.16. To provide guidance on medicines management issues that influence clinical practice and the overall delivery of healthcare in the local health economy
- 2.17. Advise, when required, on the appropriate methods of supply and procurement of medicines and other items that can be prescribed

- 2.18. Share good practice in relation to relevant pharmacy and medicines optimisation issues
- 2.19. To approve shared care agreements in line with national framework criteria
- 2.20. To establish sub-groups and formal links to clinical networks to ensure specified actions are delivered and implemented.
- 2.21. To have a targeted audit programme to monitor and audit the implementation of key decisions and feedback progress.
- 2.22. Medicines which are commissioned by NHS Specialised Commissioning fall outside of the scope of this committee

### **3. Accountability/ Delegated Authority**

- 3.1. The Committee is accountable to the Surrey Heartlands Medicines Optimisation Board which reports to the ICS executive via the Health & Care Professional Committee (HCPC)
- 3.2. The Surrey Heartlands Director of Pharmacy and Medicines Optimisation has delegated authority to enable the Committee to be a decision-making committee providing the impact of any single decision does not exceed £100,000 within an individual Place per annum. Decisions with a cost impact of over £100,000 within an individual Place per annum require authorisation from Surrey Heartlands Health & Care Professionals Committee at their next meeting. Exception to this will be for any decision made in relation to a NICE Technology Appraisal (which are subject to requiring mandatory funding by commissioners) and other urgent items. These exceptions will be taken to the next Executive Meeting (which meets weekly) for authorisation.
- 3.3. The minutes of Committee meetings shall be formally recorded and submitted to the Surrey Heartlands Medicines Optimisation Board. The Chair and / or individual representatives shall take forward any issues that require consideration by another forum or require executive action.
- 3.4. The Committee is authorised to undertake any activity within these Terms of Reference. It is authorised to seek any information it requires from any member, officer or employee who are directed to co-operate with any request made by the Committee. The Committee is authorised to obtain independent professional advice and to secure the attendance of other individuals with relevant experience and expertise if it considers necessary and subject to clarity about the costs of this being agreed.
- 3.5. The Committee (via the Secretariat and Chairpersons) shall provide an annual report of its activity and decisions to the ICS executive via the Health & Care Professional Committee (HCPC) and Places

- 3.6. The Committee (via the Secretariat and Chairpersons) shall provide monthly minutes and a quarterly report to the Medicines Optimisation Board. Report to highlight any barriers to APC work being completed as planned.

## 4. Sub Committees & Delegation

- 4.1. 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.
- 4.2. The Committee will work collaboratively across Surrey Heartlands and have formal sub-committees including:
- Surrey Heartlands medicines optimisation networks (e.g. dermatology, gastroenterology, rheumatology & ophthalmology)
  - Wound formulary group
  - APC Operational Group
  - Appeals Committee
- 4.3. The Committee will work closely with wider ICS clinical reference groups (e.g., Cardiology, Respiratory, Diabetes, MSK), forming subgroups to focus on medicines optimisation within the priority clinical areas.

## 5. Responsibilities

- 5.1. The Committee is responsible for making decisions with regards to the use of medicines and their place in pathways up to a threshold of £100,000 per Place. Decisions with a cost impact of over £100,000 within an individual Place require authorisation from Surrey Heartlands Health & Care Professional Committee (see section 3.2)

## 6. Membership

- 6.1. The membership of the committee shall consist of:
- 6.1.1. **Voting members** (or nominated deputies):
- Director of Pharmacy and Medicines Optimisation, Surrey Heartlands
  - ES Place Chief Pharmacist
  - G&W Place Chief Pharmacist
  - NWS Place Chief Pharmacist
  - SD Place Chief Pharmacist

- ICS Associate Director of Pharmacy
- GP prescribing lead for ES
- GP prescribing lead G&W
- GP prescribing lead NWS
- GP prescribing lead SD
- Chief Pharmacist or Formulary Pharmacist, Surrey & Borders Partnership NHS Foundation Trust
- Lead Pharmacist, Central Surrey Health
- Lead Pharmacist, First Community Health & Care
- Lead Pharmacist, Surrey Downs Health & Care
- Medical Director / Chair of Drugs Committee or nominated Consultant: Ashford & St Peter's Hospitals NHS Foundation Trust
- Medical Director / Chair of Drugs Committee or nominated Consultant: Surrey & Sussex Healthcare NHS Trust
- Medical Director / Chair of Drugs Committee or nominated Consultant: Royal Surrey Hospital NHS Foundation Trust
- Medical Director / Chair of Drugs Committee or nominated Consultant: Epsom & St Helier University Hospitals NHS Trust
- Medical Director / Chair of Drugs Committee or nominated Consultant: Surrey & Border Partnership NHS Foundation Trust
- NMP representative (not a pharmacist)
- Local Medical Committee representative
- Local Pharmaceutical Committee representative
- Two Patient Representatives
- SECAMB Chief Pharmacist
- Surrey Heartlands ICB finance representative
- Surrey Heartlands ICB planned care representative
- Surrey Heartlands ICB Multi Professional Leadership directorate Clinical Advisor (quality representative)
- Public Health Consultant, Surrey County Council
- One of above members to link to (be Chair of) APC OG

- 6.2. The members of the Committee shall be appointed with approval of the constituent bodies.
- 6.3. The Chair and Vice Chair of the committee will be elected by the membership. Consideration should be given to a senior representative who has strong qualities and is able to command the respect of their peers. Both Chair and Vice-Chair will be selected for a two-year term. Within the two-year term the Chair and Vice-Chair will rotate office after one year.
- 6.4. Members of the Committee should aim to attend all scheduled meetings. The Chair of the Committee will review with the Chair of the Governing Body any circumstances in which a member's attendance falls below 75% attendance.
- 6.5. The Committee may co-opt additional members
- 6.6. Committee members may nominate a suitable deputy when necessary and subject to the approval of the Chair prior to the meeting. All deputies should be fully briefed,

and the secretariat informed of any agreement to deputise so that quoracy can be maintained.

- 6.7. No person attending the meeting in one role can additionally act on behalf of another person as their deputy.
- 6.8. Members of the Committee are required to:
  - Accept ownership of APC decisions
  - Undertake work as necessary between meetings
  - Ensure appropriate consultation with relevant stakeholders within your own organisation
  - Take specific views, from the APC, back to your own organisation for comment, and then to feed back the responses to the APC, as appropriate
  - Be a committed, motivated, and active participant in the committee

## 7. Attendees

- 7.1. Non-Voting Associate Members (agenda will be distributed to these members but they will not routinely attend meetings):
  - Chief Pharmacist or Formulary Pharmacist Kingston Hospital NHS Trust
  - Southwest London ICS Joint Formulary Committee representative
  - Chief Pharmacist or Formulary Pharmacist Sussex Partnership Foundation Trust
  - Chief Pharmacist or Formulary Pharmacist Queen Victoria Hospitals NHS Foundation Trust
  - Associate Director of Medicines Optimisation West Sussex CCG
  - Lead Pharmacist Sussex Community Trust
  - Frimley Health and Care ICS Prescribing Governance Lead
  - Lead Pharmacist Practice Plus Group
  - Surrey Heartlands Patient Safety Lead for Medicines
  - APC Operational Group Secretary

## 8. Quorum

- 8.1. A quorum shall be 10 Committee members, which must include:
  - Chair or Vice Chair
  - One hospital consultant
  - One GP prescribing lead
  - At least one representative from each Place
  - One representative from Surrey & Border Partnership NHS Foundation Trust (only for agenda items pertaining to mental health)
- 8.2. For decisions with any financial impact the Surrey Heartlands Director of Pharmacy and Medicines Optimisation, who has delegated authority for decision making, or an associate director of medicines optimisation as deputy, (must not also be Chair/Vice Chair) must be present. If they are not present and the Committee is quorate then

decisions can be made but these must be ratified by the Director of Pharmacy and Medicines Optimisation, or an associate director of medicines optimisation as deputy, before proceeding for implementation.

- 8.3. The Chair will need to re-establish if the meeting remains quorate should any members leave at any point of the meeting
- 8.4. Nominated deputies attending committee meetings, on behalf of substantive members, will count towards quorum.
- 8.5. If a meeting is not quorate, the Chair may adjourn the meeting to permit the appointment or co-option of additional members if necessary. The Committee Chair will have the final decision as to their suitability. The Chair may also decide to proceed with the meeting with any decisions needing to be ratified by members (which must include the Surrey Heartlands Interim Director of Pharmacy and Medicines Optimisation if decisions have any financial impact) virtually.
- 8.6. Any decisions put to a vote at a Committee meeting shall be determined by a majority of the votes of members present (For clarity: members may be physically attending the meeting or participating by an agreed telecommunications link). In the case of an equal vote, the Chair shall have a second and casting vote. The Chair will declare the result of the vote.

## 9. Meetings

- 9.1. The committee will meet monthly and have an annual rolling programme of meeting dates and agenda items.
- 9.2. The Committee will operate in a way that does not conflict with the Governance of the constituent bodies. Agreement will be recorded as to who will be responsible for ensuring administrative support to the Committee. This will include:
  - Giving notice of meetings (including, when the Chair of the Committee deems it necessary in light of the urgent circumstances, calling a meeting at short notice)
  - Issuing an agenda and supporting papers to each member and attendee no later than 5 working days before the date of the meeting; and
  - Ensuring an accurate record (minutes) of the meeting
- 9.3. The committee will meet in private, but this does not provide exemption from legal Freedom of Information requirements. Agendas and papers will be sent to members at least 5 working days in advance of the meeting except where confidential or sensitive information is likely to be disclosed. This may include:
  - information given to any of the partners in confidence,
  - information about an individual that it would be a breach of the Data Protection Act to disclose, or
  - information the disclosure of which could prejudice the commercial interests of any of the partners or third parties.



- 9.4. Meetings may be held by conference call or by electronic means, so long as the technology provides live and uninterrupted conferencing facilities.
- 9.5. An extra meeting of the Committee can be called with the agreement of the chair.
- 9.6. Where an extra meeting needs to be scheduled, every endeavour will be made to give at least 10 working days' notice. Notification will be given by email.
- 9.7. Non-voting individuals and attendees may be required to withdraw from the confidential part of any meeting
- 9.8. 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.
- 9.9. The Committee values clinician input and welcomes their attendance at the meeting. It is requested that one clinician is nominated to represent a group of clinicians when presenting a paper. Presenting clinicians will not have voting rights and will be asked to leave the room/call when the decision is being made. Vice chair or secretary to confirm they are no longer on the call.

## **10. Managing Conflicts of Interest**

- 10.1. The members of the Committee must comply fully with NHS England Guidance and the Surrey Heartlands ICB Policy regarding Conflict of Interest<sup>1</sup>.
- 10.2. Any conflicts or potential conflicts and mitigating actions should be identified in advance of the meeting, with advice from the Corporate Governance Team
- 10.3. The Chair is responsible for managing conflicts of interest at a meeting of the committee. If the Chair has a conflict of interest, then another member of the committee shall be nominated by a majority of those present to take the role of chair for all or part of the meeting as appropriate.
- 10.4. At the start of the meeting, the Chair will invite members to declare if they have any conflicts of interest with the business to be conducted, including previously declared interests.
- 10.5. The Chair will decide any necessary course of action to manage a declared conflict of interest as advised by the ICB Conflict of Interest Policy.
- 10.6. Any declared conflicts of interest will be recorded in the minutes along with any action taken, in a form as advised by the ICB Conflict of Interest Policy. In summary the information recorded is
  - the name of the person noting the interest.

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<sup>1</sup> The Management of Conflicts of Interest is included in the Standards of Business Conduct Policy. Surrey Heartlands Integrated Care System Area Prescribing Committee V1 July 2022  
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- the nature of the interest and why it gives rise to the conflict.
- the item of the agenda to which the interest related.
- how it was agreed that the conflict should be managed.
- evidence that the conflict was managed as intended.

## 11. Decision-making

- 11.1. The aim of the Committee is to achieve consensus decision-making wherever possible, and voting should be the exception rather than the norm.
- 11.2. Consensus decision-making will be reached using an agreed ethical decision-making framework
- 11.3. Should a vote be required each voting member of the Committee shall have one vote.
- 11.4. If the Chair determines that there is no consensus or one member disputes that consensus has been achieved, a vote will be taken by the Committee members. The vote will be passed with a simple majority the votes of members present. In the case of an equal vote, the Chair shall have a second and casting vote.
- 11.5. The result of the vote will be recorded in the minutes
- 11.6. All decisions taken in good faith at a meeting of the Committee shall be valid even if there is any vacancy in its membership or, it is discovered subsequently, that there was a defect in the calling of the meeting, or the appointment of a member attending the meeting
- 11.7. Except for items requiring HCPE approval, decisions taken at a meeting of the Committee will be confirmed for communication and implementation when the Chairperson has agreed the meeting minutes. Usually within 28 days of the meeting.
- 11.8. Decisions with any financial impact require the attendance of the Surrey Heartlands Director of Pharmacy and Medicines Optimisation (who has delegated authority for decision making) or their deputy (an Associate Director of Medicines Optimisation). If the Surrey Heartlands Interim Director of Pharmacy and Medicines Optimisation or their deputy is not present, but the meeting is quorate, then the Committee decisions will need to be ratified by the Director (or deputy) after the meeting (usually within 7 days) before proceeding to implementation.
- 11.9. In urgent circumstances whereby it is not possible to wait for the next Committee meeting for an urgent decision, the Chair may decide that Chair's action is required. In these circumstances if there is any financial impact the Chair will liaise with the Surrey Heartlands Director of Pharmacy and Medicines Optimisation to seek

agreement. If a situation arises that necessitates Chair's action this will be added to the agenda for the next Committee meeting

- 11.10. If an appeal is made against a decision made by the Committee this will be considered by the Appeals Committee. Appeals can only be made on the grounds that:
- there was procedural irregularity in the original decision-making process
  - there is evidence to suggest that the Committee failed to consider and take into account relevant information when reaching its recommendation.

## **12. Emergency/ Chair's action**

- 12.1. In the event of an urgent decision being required, which cannot wait for the next scheduled meeting, the chair may conduct business on a virtual basis through the use of telephone, email or other electronic communication
- 12.2. Urgent decisions must be reported to the next Committee meeting following the urgent decision for ratification by the full meeting together with a report detailing the grounds on which it was decided to take the decision on an urgent basis and the efforts made to contact the relevant other members of the Committee prior to taking the decision.

## **13. Meeting Administration**

- 13.1. The agreed secretariat will ensure the provision of a Secretary to the meeting who shall attend to take minutes of the meetings and provide appropriate administrative support to the Committee Chair and Committee members.
- 13.2. They will be responsible for supporting the Chair in the management of the Committee's business and for drawing the Committee's attention to best practice, national guidance and other relevant documents as appropriate.
- 13.3. The Secretary will ensure minutes of the Committee will be presented to the next meeting for formal sign off and made available on constituent bodies' websites through schemes of publication as appropriate. Minutes or sections of MOGs which are of a confidential nature which would not be disclosed under a Freedom of Information Act request will not be made available on the ICB's website.

## **14. Review of Terms of Reference**

- 14.1. The Committee will self-assess its performance on an annual basis (normally starting each November) referencing its work plan to ensure that the business transacted in meetings has effectively discharged the duties as set out in the Terms of Reference.
- 14.2. The Terms of Reference will be reviewed annually by the Committee membership. Any proposed significant changes to the Terms of Reference and responsibilities will be presented as appropriate for approval.

**Committee Chair approval – Dr Stephen Cookson, Consultant Cardiologist**

**Royal Surrey NHS Foundation Trust and APC Chair**

Reviewed by	Date
Dr Stephen Cookson	06/07/2022

**Lead Director approval – Linda Honey, Director of Pharmacy and Medicines Optimisation, Surrey Heartlands.**

Reviewed by	Date
Linda Honey	06/07/2022

**Review History**

Date	Version no.	Reviewed by (Job Title)	Status (Draft or Final)	Comments/ Changes since last version
12/02/20	V0.1	Interim Director of Pharmacy SH	Draft	
20/02/20	V0.2	Interim Director of Pharmacy SH	Draft	Comments from JW / JD re review of ToR and reporting
26/05/20	V0.3	Interim Director of Pharmacy SH	Draft	Minor amendment to membership following pharmacy leadership review
16/07/20	V0.4	Interim Director of Pharmacy SH	Draft	Amendments post consultation feedback
08/10/20	V0.5	APC Lead Pharmacist	Draft	Lay member amended to patient rep. following advice from comms and engagement team.
16/10/20	V0.6	APC Lead Pharmacist	Draft	Minor amendment to membership – Care UK is now called Practice Plus (medical director associate member) and Patient Safety Lead for Medicines for Surrey Heartlands ICS added to associate members
03.12.2020	1.0	Interim Director of Pharmacy SH	Final	Approved by SH APC
September 2021	1.1	APC Lead Pharmacist	Draft	Annual Update
29/09/21	1.2	Core APC team meeting	Draft	Annual Update
01/12/2021	1.3	APC membership	Draft	Governance update
06/07/2022	1.4	APC membership	Draft	Governance update to reflect ICB & financial arrangements
Surrey Heartlands CCG transitioned to Surrey Heartlands ICB on 1 <sup>st</sup> July 2022				
06/07/2022	1	APC membership	FINAL	Agreed content using new ICB governance template. Version 1 denoting new ICB organisation.