NHS
Cheshire and Merseyside

Terms of reference

Medicines Value Subgroup

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Introduction

The NHS Cheshire and Merseyside Area Prescribing Group (APG) will provide a platform for consensus decision-making processes relating to the use of medicines across Cheshire and Merseyside.

The Cheshire and Merseyside APG will promote joint working and ensure a consistent and transparent approach to local decision-making for medicines across the local health and care system, in compliance with the principles of the NHS Constitution, and equity in access to medicines and optimisation of medicines use. The medicines value working group Medicines Value Subgroup(the subgroup), when making recommendations to the APG, will ensure that patient outcomes, safety considerations and cost-effectiveness are at the forefront of the decision-making-process.

The APG will make recommendations to NHS Cheshire and Merseyside integrated care board (ICB) for ratification and adoption in order to ensure the best use of medicines and associated resources across the local health and care system.

The Medicines Value Working Group will also report directly to NHS Cheshire and Merseyside integrated care board (ICB) via the Medicines Optimisation and Pharmacy (MOP) Group regarding implementation of medicines value workstreams.

Role of the subgroup

Medicines Value

1) The medicines value subgroup will focus on tariff excluded medicines and selected in tariff medicines contained within related specialist treatment pathways. This includes:
    a) Use of horizon scanning to prioritise and plan the Secondary Care introduction of new drugs, and new indications and formulations of existing drugs into the Cheshire and Merseyside health economy.
    b) Support the NMSG with the timely introduction of NICE Technology Appraisals into the Cheshire and Merseyside health economy.
    c) Prioritise and assist with planning for the introduction of new medicines, changes in license of existing medicines, and implementation of national guidance which has the potential for significant clinical or financial impact on the Cheshire and Merseyside health economy.
    d) Collate and appraise the evidence then provide evidence-based recommendations and proposed RAG rating to the Cheshire and Merseyside APG regarding the introduction of medicines into the Cheshire and Merseyside health economy.
    e) Receive and prioritise in-year applications from healthcare professionals within the Cheshire and Merseyside health economy for a new medicine or new indication for an existing tariff excluded medicine or an in-tariff medicine within a treatment pathway including a tariff excluded medicine.
    f) Identify any need for medicines guidelines in Cheshire and Merseyside health economy which may have significant clinical or financial impact and produce such guidelines.
    g) Review all guidelines relating to tariff excluded drugs to ensure incorporation of NICE-approved therapies and guidelines.

h) Make recommendations to the Cheshire and Merseyside APG for managing medicines in relation to the NHS Payment Scheme tariff and exclusions.

2) Consider cost-effectiveness alongside clinical-effectiveness where robust cost-effectiveness information is available, and to provide an estimate of potential cost-impact for recommendations where possible.

3) Ensure that member organisations are consulted according to local arrangements when recommendations are in development, with particular relation to their place in therapy and RAG rating within the Cheshire and Merseyside health economy.

4) Liaise with the other Cheshire and Merseyside APG subgroups as appropriate to ensure consistency of recommendations and within formulary and guidelines, and to inform the on-going updating of the Cheshire and Merseyside APG website and formulary.

5) Ensure that any recommendations taken to the Cheshire and Merseyside APG comply with the principles of the NHS Constitution.

6) Ensure that member organisations are consulted according to local arrangements when recommendations are in development.

7) Review and update existing documents at appropriate intervals.

8) Provide updates of the Subgroup work programme to the Cheshire and Merseyside APG when requested.

9) Identify additional sources of specialist advice in the appropriate fields, including hospital specialists and GPs with a special interest as required.

10) Have oversight of key sources of data, provided by the national team to understand where there are opportunities, areas of concern and challenges and to inform work streams for Medicines Value improvement work.

11) Work collaboratively to identify priority workstreams for improvement for Cheshire and Merseyside.

12) Produce, prioritise, and implement a work plan, to deliver Medicines Value improvements and address prescribing issues which may have significant clinical or financial impact on the health economy.

13) Report progress and escalations to the Cheshire and Merseyside MOP group.

14) Share best practice from Provider improvement programmes for wider implementation across Cheshire and Merseyside.

15) Disseminate information from other meetings including the Chief Pharmacists meeting and Cheshire and Merseyside HCD Task and Finish group to the membership.

16) Ensure a risk register is maintained, and mitigating actions implemented.

17) Identify the need for new or updated Blueteq forms in response to NICE and other locally commissioned pathways and produce such forms.

18) Provide a consistent reporting process for CRES delivery

Allocation of work between subgroups

Work will be allocated to NMSG or Formulary and Guidelines Subgroup (FGSG) according to the principles below:

MVSG will action:

- New chemical entities for tariff excluded medicines and selected in tariff medicines contained within related specialist treatment pathways outside of NICE Technology Appraisals.
- Clinical commissioning pathways relating to tariff excluded medicines and selected in tariff medicines contained within related specialist treatment pathways

NMSG will action:

- New chemical entities except:
    - fourth or subsequent member of a drug class with several representatives in formulary already when the emphasis is on comparison with existing drugs in the class and will be actioned by FGSG
    - Tariff excluded medicines and selected in tariff medicines contained within related specialist treatment pathways which will be actioned by MVSG
- All drugs / new indications subject to NICE TAs.
- Major new indication in new therapeutic area* for existing drug (e.g. dexamethasone intravitreal implant, inhaled insulin).
- Newly licensed versions of previously unlicensed products that were not in the formulary previously.

FGSG will action:

- New formulations of products already in the formulary for the same indication e.g. additional brands, devices, combination products, m/r formulations – including licensed products of previously unlicensed products already in formulary for that indication.
- New indications (licensed) for existing formulary products (except where indication is a major new indication in new therapeutic area* and constitutes NMSG point 3 above).
- Fourth or subsequent member of a drug pharmacological class with several representatives in formulary already.
- Unlicensed indications for existing formulary products N.B. FGSG cannot cover all potential unlicensed uses for all drugs so priority given to common or problematic uses.
- Clinical commissioning pathways/guidelines with the exception of tariff excluded medicines and selected in tariff medicines contained within related specialist treatment pathways which will be actioned by MVSG.

N.B. Items marked * require an element of interpretation, and allocation to NMSG / FGSG / MVSG after discussion between subgroup Chairs.

Responsibilities of members

Members who are unable to attend should send a nominated deputy where possible.

If attendance by subgroup member or nominated deputy is not possible, the subgroup member should ensure they submit comments relevant to agenda items on behalf of their organisation, by email to the Chair prior to the meeting.

Members represent their organisation in a professional capacity and are expected to reflect their organisation's position in their input to discussions. Primary care place members are expected to reflect the wider Cheshire and Merseyside primary care perspective, not just that of their own Place.

There is an expectation that attending members engage with subgroup business:

- Members should be familiar with and adhere to the APG policy.
- Providing insight and information as requested to support document authors.
- Familiarise themselves with the agenda and supporting documents before the meeting.
- Represent their organisation's perspective where relevant.
- Undertake work to agreed timescales as necessary between meetings.
- Discussing agenda items with colleagues and recognised specialists before and after the subgroup meeting, where relevant.
- Discuss consultation feedback as necessary with relevant colleagues to get a better understanding and to inform discussion at the next subgroup meeting.
- Document authors review consultation feedback and recommend amendments or a response for agreement at the next subgroup meeting.
- Relay the subgroup's response to consultation feedback to relevant colleagues within their organisation.
- Inform subgroup Chair of any updates to circulation lists.
- The subgroup and Chair can agree to invite non-member specialists to attend the meeting as guests to support discussions and the development of documents.
- Identify potential implementation issues and escalate via appropriate route to ICB in advance of APG meeting.
- Task and finish groups will be convened where required for relevant items.
- All members are expected to participate in appropriate document authoring and proof reading.

Relevant colleagues may be clinician specialists, consultation responders, and APG attendees.

APG secretariat responsibilities

- Scheduling subgroup meetings, informing subgroup members and circulating calendar invites.
- Maintaining up to date circulation lists.

- Compiling and circulating meeting agendas within agreed timescales.
- Chairing meetings and arranging deputy when subgroup Chair isn't available.
- Produce minutes that clearly specify actions and circulate in a timely manner.
- Differences of opinion and subsequent decision should be clearly documented in the minutes and include the rationale.
- Co-ordinate requests for additional information from members in order to support development of subgroup documents.
- Maintain standardised document templates for all document types.
- Provide templates / previous Word versions to document authors.
- Maintain list of contacts in specialist networks and facilitate their inclusion where relevant.
- Ensure that subgroup documents are added to the consultation email.
- Collate consultation feedback and send to the document author and other subgroup members before the next subgroup meeting.
- Circulate the subgroup's response to consultation feedback with subgroup members
- Ensure the Decision Support Summary has been completed, with input from the subgroup, prior to the APG meeting.
- Present subgroup documents at APG meetings.
- Finalise agreed documents for formulary upload.

Confidentiality and information sharing

The subgroup does not control or process any data. Where a new function for the subgroup would be expected to require it to be a data controller or processor, a data protection impact assessment (DPIA) will first be undertaken.

Draft documents are confidential to the NHS and should not be otherwise shared.

Declaration of interest

As part of the APG commitment to openness and transparency in its work and decision making, all APG and subgroup members, guest attendees and relevant specialists are required to declare any actual or potential Conflicts of Interest during meetings, which will be recorded fully in the minutes and the decision support summary for transparency.

Membership

A total of 14 people will be members of the subgroup.

Member	Comments	Number
Chair	NHS Cheshire and Merseyside ICB senior pharmacist.	1
Deputy Chair	Pharmacist Team Leader Medicines Value	1
NHS trusts	One representative, or their nominated deputy, from each trust including acute and specialist providers.	8
ICB Central Medicines Management Team	NHS Cheshire and Merseyside ICB senior pharmacist.	1
ICB High Cost Drugs Team	NHS Cheshire and Merseyside ICB senior pharmacist.	1
Project Manager	Improvement Manager, Cheshire and Merseyside ICB	
SPS	SPS Procurement Service Specialist *** Non-voting**	1
Minute secretary	NHS Cheshire and Merseyside ICB **In attendance**	1

* Non-voting members can engage in and influence the subgroup discussions. However, in the case of the subgroup chair calling a formal vote they will not be able to cast a vote or further influence the subgroup decision.

Organisations represented at Cheshire and Merseyside APG

NHS acute and specialist trusts	
Alder Hey Children's NHS Foundation Trust	Mid-Cheshire Hospitals NHS Foundation Trust
Countess of Chester Hospital NHS Foundation Trust	Mersey and West Lancashire Teaching Hospitals NHS Trust
East Cheshire NHS Trust	North Cheshire and Mersey NHS Foundation Trust
The Clatterbridge Cancer Centre NHS Foundation Trust	Wirral University Teaching Hospitals NHS Foundation Trust
Liverpool University Hospital Group	

Frequency of meetings

Meetings will be held monthly or at a frequency determined by the subgroup.

Quorum

The subgroup will be quorate if four trust representatives are present and one APG representative. A member may represent more than one organisation.

Subgroup decisions require a majority consensus. Where the subgroup is unable to achieve this, it will be escalated to APG for further advice. The decision support summary will be used to capture the range of views expressed, which will be reported to APG.

If the meeting is not quorate, the subgroup will be made aware, and this will be clearly noted on the minutes. In the event, the subgroup may choose to satisfy its quorum either by email to absent members after the meeting or at the next quorate meeting.

Secretariat

Operational oversight and administrative duties will be provided by the APG secretariat.

Governance and accountability

The subgroup is responsible for providing unbiased advice to help the APG inform stakeholder organisations about using the most effective and efficient management of resources to achieve improved clinical outcomes.

Subgroup recommendations are subject to a consultation process to accommodate the views of NHS Cheshire and Merseyside stakeholders before being reported to an APG meeting.

Standing items

The agenda for each meeting will include the following standing items:

- Welcome and apologies
- Declarations of interest
- Quoracy
- Minutes of the last meeting
- Action log
- Workplan
- Forecasting
- New Applications
- Pathways / Guidance
- Clinical Updates
- Blueteq
- CRES
- Finance
- Updates from related meetings
- Any other business

- Date and time of the next meeting

Reporting and communications

The subgroup is accountable to and reports to the Cheshire and Merseyside APG and the Medicines Optimisation and Pharmacy (MOP) Group.

Before making recommendations to the APG, the subgroup will share draft documents with NHS trust stakeholders and primary care stakeholders as part of the APG consultation process. The subgroup may also contact stakeholders directly before consultation, for example, where a document is expected to court controversy or where greater insight is needed than subgroup members can provide.

Finalised draft documents will be reported to the APG before final approval for implementation at the NHS Cheshire and Merseyside ICB.

Minutes of the subgroup meeting are shared with members but are not made publicly available except upon request and in accordance with the NHS Cheshire and Merseyside ICB Freedom of Information policy.