NHS
North Central London
Clinical Commissioning Group

NHS North Central London
Clinical Commissioning Group
Medicines Management Committee
Terms of Reference

1. Introduction

1.1 The Medicines Management Committee ('Committee') is established in accordance with the Constitution of NHS North Central London Clinical Commissioning Group ('CCG').

1.2 The Committee is a sub-committee of the Quality and Safety Committee and reports to it.

1.3 These Terms of Reference set out the membership, remit, responsibilities and reporting arrangements of the Committee.

2. Purpose

2.1 The purpose of the Committee is to:
- 2.1.1 Provide oversight and assurance on the CCG's statutory functions on medicines;
- 2.1.2 Provide oversight and assurance on medicines to ensure:
  - 2.1.2.1 Safe and clinically effective use of medicines;
  - 2.1.2.2 Improved clinical outcomes;
  - 2.1.2.3 Best value of medicines use; and
  - 2.1.2.4 The promotion of proper use of medicines;
- 2.1.3 Oversee the development and implementation of the CCG's medicines management strategy and procedures;
- 2.1.4 Oversee the arrangements for sponsorship and/or joint working with the pharmaceutical industry.

3. Role

3.1 The Committee will:
- 3.1.1 Ensure that the committee is patient focussed and that patients have been engaged in the development of relevant proposals;
- 3.1.2 Oversee and monitor implementation of the CCG's medicines management strategy, policies and procedures;
- 3.1.3 Ensure the CCG meets its constitutional requirements in making treatments available to patients and has the appropriate governance and systems in place to support treatment decision-making;
- 3.1.4 Provide advice, guidance and/or instructions to the CCG on medicines optimisation, medicines safety, medicines related quality improvements, medicine management and pharmaceutical and prescribing matters;
- 3.1.5 Provide advice and support on cost effective, evidence based, best value prescribing to the CCG;
- 3.1.6 Monitor prescribing spend and efficiencies, inform and provide advice to the CCG on budget pressures, budget setting and financial forward planning in relation to medicines and prescribing;
- 3.1.7 Identify quality, innovation, productivity and prevention ('QIPP') opportunities and form solutions to enable QIPP initiatives to be successful;
- 3.1.8 Approve CCG medicines policies, prescribing guidelines, clinical pathways and any other information, including information for patients, involving medicines. Engage

relevant clinical opinion from stakeholder organisations in the development of proposals and recommendations on the management of medicines;

3.1.9 Oversee and advise on the impact and implementation of relevant medicines related national, regional and system policies and guidance;

3.1.10 Consider recommendations from the NCL Joint Formulary Committee ('JFC') and the NCL Medicines Optimisation Committee ('MOC').

3.1.11 Approve the NCL CCG prescribing recommendations list for GP practices and relevant commissioned services as appropriate;

3.1.12 Consider and make recommendations on the introduction and impact of new medicines as appropriate and their impact on CCG policies, resources, services and commissioning. This includes the implications for services arising from the managed introduction of a new medicines or the use of an established medicine for a new indication;

3.1.13 Advise on the management of entry of new medicines, or new indications for existing medicines, into the health and social care economy. Make prescribing recommendations for the use of medicines incorporating recommendations from NICE and commissioning decisions for drugs and advise on medicines use in order to ensure the best use of medicines and associated resources across the healthcare system locally, resulting in a clear commissioning framework for medicines use;

3.1.14 Ensure the CCG works collaboratively with partner organisations across the North Central London Integrated Care System ('ICS') and Integrated Care Partnerships ('ICPs') as appropriate and particularly in regards to:

- 3.1.14.1 Population health and prevention, reducing variation and optimising outcomes for our populations;
- 3.1.14.2 Advising on pharmacy and prescribing related workforce developments, including within GP practices and Primary Care Networks ('PCNs') and ensuring collaboration with the NCL workforce programme regarding integration and modernisation of the workforce to deliver new care models, educating and training;
- 3.1.14.3 Ensuring the provision of care in respect of medicines is delivered within the most appropriate care setting to meet the pharmaceutical and medicines optimisation needs of the local population;
- 3.1.14.4 Supporting the reduction in avoidable medication waste to ensure NHS resources are used efficiently;

3.1.15 Ensure that processes underpinning local decision-making about medicines and treatments are consistent with the NHS Constitution and in accordance with common law, and that NICE recommendations and good practice guidance are taken in to consideration;

3.1.16 Consider NICE recommendations, impact for the CCG as a commissioner and advise on implementation;

3.1.17 Ensure principles of medicines optimisation are embedded in to practice, ensuring medicines deliver value, are clinically-effective and cost-effective and ensure people get the right choice of medicines, at the right time, and are engaged in the process by their clinical team;

3.1.18 Promote prescribing practice standardisation and reduce variation to ensure optimal outcomes for patients and reduce risk and support patient safety with regard to medicines.

3.1.19 Monitor inappropriate prescribing and, where appropriate, advise on steps to manage this;

3.1.20 Advise on strategies to support self-care and prevention of ill health.

3.1.21 Review reports on assurance and performance against the NHS Oversights Framework and the results of controlled drugs prescribing monitoring, investigation, and actions to prevent inappropriate or fraudulent prescribing;

3.1.22 Contribute to the development of solutions to medicines or prescribing issues identified;

3.1.23 Provide support on medicines management issues to all relevant directorates, teams, and groups within the CCG;
3.1.24 Ensure that medicines management issues are fed into the wider clinical and corporate governance of the CCG as appropriate;
3.1.25 Have an overview of implementation of MHRA, National and local drug / patient safety alerts within the local health economy;
3.1.26 Support risk management, assurance, audit and research relevant to medicines-related issues;
3.1.27 Review and make decisions on sponsorship and/or joint working with the pharmaceutical industry as per the CCG's Sponsorship and Joint Working With The Pharmaceutical Industry Policy (the policy is approved by the Audit Committee);
3.1.28 Oversee and monitor the arrangements agreed under the Sponsorship and Joint Working With The Pharmaceutical Industry Policy;
3.1.29 Make recommendations for amendments to the Sponsorship and Joint Working With The Pharmaceutical Industry Policy to the Audit Committee.

4. Membership

4.1 The Committee shall comprise of the following voting members:
4.1.1 Three elected Clinical Representative(s);
4.1.2 Governing Body Registered Nurse;
4.1.3 Governing Body Secondary Care Specialist;
4.1.4 One Governing Body Lay Member;
4.1.5 Executive Director of Clinical Quality.

4.2 The roles referred to in the list of voting members above describe the substantive roles and any equivalent successor roles and not the individual title or titles.

4.3 The list of voting members is set out in Schedule 1. Schedule 1 does not form part of the Terms of Reference and may be amended without the need to formally amend these Terms of Reference.

4.4 Voting members may nominate deputies to represent them in their absence

5. Attendance

5.1 The following people shall attend Committee meetings as standing attendees:
5.1.1 Executive Director of Performance and Assurance;
5.1.2 Two patient representatives;
5.1.3 Heads of Medicines Management as appropriate;
5.1.4 Clinical Leads for Medicines Management as appropriate.

5.2 Attendees at Committee meetings are non-voting.

5.3 The roles referred to in the list of attendees above describe the substantive roles and any equivalent successor roles and not the individual title or titles.

5.4 The list of standing attendees is contained in Schedule 1. Schedule 1 does not form part of the Terms of Reference and may be amended without the need to formally amend these Terms of Reference.

5.5 Attendees may nominate deputies to represent them in their absence.

5.6 The Committee may invite or allow additional people to attend meetings as attendees. Attendees may present at meetings and contribute to the relevant discussions but are not allowed to participate in any formal vote.

5.7 The Committee may invite or allow people to attend meetings as observers. Observers may not present at meetings, contribute to any discussion or participate in any formal vote.

5.8 The Committee may call additional experts to attend meetings on a case by case basis to inform discussion.

6. Chair

6.1 The Committee Chair shall be an Elected Clinical Representative**.** The Chair may nominate a deputy to represent them in their absence.

7. Voting

7.1 Each voting member of the Committee shall have one vote with resolutions passing by simple majority. In the event of a tied vote the Committee Chair shall have the casting vote.

8. Quorum

8.1 The Committee will be considered quorate when at least 3 voting members are present, which must include the following or their nominated deputy:
- 8.1.1 The Committee Chair;
- 8.1.2 A Governing Body Clinician;
- 8.1.3 Executive Director of Clinical Quality.

8.2 If any representative is conflicted on a particular item of business they will not count towards the quorum for that item of business. If this renders a meeting or part of a meeting inquorate a non-conflicted person may be temporarily appointed or co-opted onto the Committee to satisfy the quorum requirements.

8.3 If a meeting is not quorate the Committee Chair may adjourn the meeting to permit the appointment or co-option of additional members if necessary.

9. Secretariat

9.1 The Secretariat to the Committee shall be provided by the Corporate Services Directorate.

10. Frequency of Committee Meetings

10.1 Committee meetings will be held bi-monthly but may hold additional meetings as and when necessary. The Committee Chair may call additional meetings or cancel meetings as necessary.

11. Notice of Meetings

11.1 Notice of a Committee meeting shall be sent to all Committee members no less than 7 days in advance of the meeting.

11.2 The meeting shall contain the date, time and location of the meeting.

12. Agendas and Circulation of Papers

12.1 Before each Committee meeting an agenda setting out the business of the meeting will be sent to every Committee member no less than 7 days in advance of the meeting.

12.2 Before each Committee meeting the papers of the meeting will be sent to every Committee member no less than 7 days in advance of the meeting.

12.3 If a Committee member wishes to include an item on the agenda they must notify the Committee Chair via the Secretariat no later than 7 days prior to the meeting. The decision as to whether to include the agenda item is at the absolute discretion of the Committee Chair.

13. Minutes of Meetings

13.1 The minutes of the proceedings of a meeting shall be prepared by the Secretariat and submitted for agreement at the following meeting.

13.2 Following approval the minutes shall be presented to the subsequent meeting of the Quality and Safety Committee for noting.

14. Authority

14.1 The Committee is accountable to the Quality and Safety Committee and will operate as one of its sub-Committees. The Committee must act within the remit of these terms of reference and has no executive powers other than those specifically set out in these terms of reference.

15. Reporting Responsibilities

15.1 The Committee will report to the Quality and Safety Committee on all matters within its duties and responsibilities.

15.2 The Committee may make recommendations to the Quality and Safety Committee it considers appropriate on any area within its remit.

16. Delegated Authority

16.1 The Committee may agree to delegate its authority to a Committee member or members to make decisions on the Committee's behalf outside of a Committee meeting at its absolute discretion on a case by case basis.

16.2 There are circumstances where time-critical decisions need to be made and it is not possible and/or reasonably practicable and/or a good use of resources to hold a physical meeting in sufficient time. In these circumstances decisions may be made virtually using the protocol for virtual decision making.

17. Sub-Committees

17.1 The Committee may appoint working groups to advise the Committee and assist it in carrying out its duties. It may not appoint any sub-committees. The Committee may not delegate any of its functions, powers or decision making authority to a working group or to a sub-committee.

18. Conflicts of Interest

18.1 Conflicts of Interest shall be dealt with in accordance with the Conflicts of Interest Policy and NHS England statutory guidance for managing conflicts of interest.

18.2 The Committee shall have a Conflicts of Interest Register that will be presented as a standing item on the Committee's agenda. In addition, an opportunity to declare any new or relevant declarations of interest will be listed as a standing item on the Committee's agenda

19. Gifts and Hospitality

19.1 Gifts and Hospitality shall be dealt with in accordance with the Conflicts of Interest Policy, and NHS England statutory guidance for managing conflicts of interest.

19.2 The Committee shall have a Gifts and Hospitality Register and Committee members will have an opportunity to declare any new or relevant declarations of relevant gifts and hospitality as a standing item on the Committee's agenda

20. Standards of Business Conduct

20.1 Committee members and any attendees or observers must maintain the highest standards of personal conduct and in this regard must comply with:

20.1.1 The law of England and Wales;
20.1.2 The NHS Constitution;
20.1.3 The Nolan Principles;
20.1.4 The standards of behaviour set out in the CCG's Constitution;
20.1.5 The Standards of Business Conduct Policy;
20.1.6 The Conflicts of Interest Policy
20.1.7 The Counter Fraud, Bribery and Corruption Policy,
20.1.8 Any additional regulations or codes of practice relevant to the Committee.

20.2 The Committee will have access to sufficient resources to carry out its duties and Committee members will be provided with appropriate and timely training.

21. Review of Terms of Reference

21.1 These Terms of Reference will be reviewed from time to time, reflecting the experience of the Committee in fulfilling its functions and the wider experience of the CCG.

21.2 These Terms of Reference will be formally reviewed annually. These Terms of Reference may be approved, varied or amended by the Quality and Safety Committee.

Date Approved: 18th June 2020.
Approver: Governing Body.
Date of Next Review: 17th June 2021.

Schedule 1
List of Members

The voting members of the Committee are:

Position	Name

Committee Chair:

Position	Name

The standing attendees are:

Position	Name