

DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE (JAPC)

TERMS OF REFERENCE

INTERIM JAPC TERMS OF REFERENCE (ToR)

Due to the current Covid-19 pandemic an interim JAPC ToR has been devised to ensure that there is continuity of JAPC meetings during these extraordinary times. The increased pressures that are currently being experienced by the CCG and providers has necessitated the need to temporarily modify existing arrangements for the running of JAPC meetings and the work-up behind the review/production of clinical guidelines.

The interim arrangements involve the running of JAPC on a skeleton model, which has been detailed below.

JAPC CONTINUITY INTERIM ARRANGEMENTS

The CCG acknowledges that there may be circumstances where the usual business of running JAPC meetings might be compromised. Such circumstances include Levels 3 & 4 of the Business Continuity Plan, where there are major pressures experienced in CCG. During these circumstances business continuity is important and will be maintained where possible.

JAPC meetings held under these circumstances must meet the JAPC ToR with the exception of the following:

1	JAPC operates to make decisions virtually
2	Frequency of JAPC virtual agreements will be approximately once a month.
3	In acute need for time critical decisions, which include for example a guideline, policy or PGD it will be at the discretion of the Professional Secretary, APC Chair and Director of Medicines Management (two of the three in case of absences) that these will be disseminated virtually for approval, adoption and circulation. Whilst all provider views will be sought, the turnaround time necessitates rapid decisions and so these decisions may be adopted in the absence of a complete response but should include at least one medic from the prescribing leads or CCG Medical Director/deputy.
4	<p>Due to the limited capacity of clinician involvement only guidelines/papers requiring a minor change that is non-controversial and requires minimal/no clinician engagement should be shared virtually. This includes items that are core to the business of JAPC.</p> <p>Items that require comprehensive clinician engagement should not be tabled into the agenda. Instead, these should be deferred to a future meeting when the business of JAPC returns to the normal arrangements. Such items include:</p> <ul style="list-style-type: none"> • New guidelines (not national guidelines) • Changes to existing guidelines/papers that would result in a fundamental change in practices • Changes to guidelines/papers that might be considered controversial.
5	<p>Minimum core membership for JAPC virtual agreement to be quorate is reduced to:</p> <ul style="list-style-type: none"> • APC GP Chair (or deputy). • Professional Secretary to the APC (or deputy-Head of MMCP and HCD) • Director of Medicines Management (or deputy-Assistant Director of Medicines Management)
6	JAPC approved governance/operational papers requiring ratification to be submitted to an executive level ratifying decision making group. JAPC approved clinical guidelines/papers requiring ratification to be submitted to CLCC for ratification.

1. STATEMENT OF PURPOSE

The JAPC is a strategic local decision-making committee with responsibility for promoting appropriate, safe, rational and cost-effective medicines use across Derbyshire. Each of the JAPC's member organisations benefits from co-ordinated working to support integrated care delivery for patients in relation to medicines use and prescribeable medical devices.

The JAPC makes recommendations about the local use of medicines and prescribeable medical devices are in line with the requirements of the NHS Constitution in its decision making process. JAPC has delegated responsibility from Derby & Derbyshire CCG with representation from committee members of strategic positions within their organisations to deliver the objectives as set out in the table below. There is an expectation that recommendations made by the JAPC will normally be implemented. JAPC has no delegated responsibility for resource allocation

2. OBJECTIVES OF JAPC

1	To horizon scan and assess the impact of new medicines developments in healthcare which involve prescribing, upcoming NICE guidance and key clinical trials to inform the annual JAPC work programme.
2	To maintain a Derbyshire wide prescribing formulary of relevant new and existing medicines, formulations and devices. This includes the removal of medicines from the formulary when appropriate.
3	To advise CCGs on the commissioning and provision of new medicines and new indications for medicines, including the financial implications.
4	To maintain the traffic light classification for prescribing responsibility (including medical devices listed in the drug tariff).
5	To inform the development of and ratify local clinical guidelines and shared care guidelines, co-ordinating care across primary and secondary care.
6	To prevent and assist in the resolution of problems relating to medicine provision at the interfaces of care.
7	To advise on the implementation of NICE guidance and guidelines that concern prescribing.
8	To advise on the outputs from the Regional Medicines Optimisation Committee for local consideration and adoption.
9	To communicate recommendations and outputs effectively to all relevant member and stakeholder organisations and encourage implementation.
10	To work with equivalent groups in neighbouring health communities on areas of mutual interest.
11	To work with local Drug and Therapeutics Committees, by considering minutes of meetings, evidence reviews and providing assistance with formulary decisions.
12	To act as a focus for developing and refining local professional opinion on prescribing, therapeutics and associated pharmaceutical issues.
13	To respond to and prioritise NHS policy developments impacting on prescribing and medicines use, including medicines safety issues.
14	To contribute to the CCG and Local Authority commissioning processes to ensure that prescribing issues are given due weight in wider healthcare planning and service delivery agreements locally.
15	To work with providers to develop prescribing policies that take account of the secondary/primary care interface and the overall cost implications of hospital-led prescribing.
16	To develop prescribing specifications that form part of the contract with the acute and community providers.
17	To agree patient group directions commissioned by the CCG are fit for purpose and the process for development/updating is clinically robust.
18	Act as an independent body for appeals made against Nottingham's area prescribing committee with regards process of a drug decision. A reciprocal agreement is in place for Nottingham's area prescribing committee to review Derbyshire's appeals of drug decision.
19	JAPC will have oversight of the working groups and receive regular feedback on their work

3. RULES OF WORKING

1	JAPC will be quorate when at least one-third of members are in attendance, including at least one from each member provider, two of the four GP members and commissioner organisation.
2	Deputies are expected to attend if the appropriate member is unable to do so.
3	Each member will have a nominated deputy.
4	There will be annual conflicts of interest declaration, at the start of each year in January which will be recorded in a register. It will be the responsibility of the member to declare any change to his/her status at the start of the next APC meeting.
	Chairs should consider any known interests of members in advance, and begin each meeting by asking for declaration of relevant interests
5	<p>If a member has an actual or potential interest the chair should consider the following approaches and ensure that the reason for the chosen action is documented in minutes or records:</p> <ul style="list-style-type: none"> • Requiring the member to not attend the meeting • Ensuring that the member does not receive meeting papers relating to the nature of their interest • Requiring the member to not attend all or part of the discussion and decision on the related matter • Noting the nature and extent of the interest, but judging it appropriate to allow the member to remain and participate • Removing the member from the group or process altogether
6	The Chair will be from a commissioning and not from a provider organisation. The committee will approve the appointments and review on an annual basis.
7	The JAPC will work according to the processes and criteria outlined on the JAPC website.
8	JAPC will review and have oversight of the work plan and decisions made by the guideline group (operational function of JAPC).

4. MEMBERSHIP OF JAPC

Clinical Commissioners

NHS Derby & Derbyshire CCG GP Prescribing Lead member as Chair
 Assistant Director of Clinical Policies & Decisions as Secretary
 High Cost Interventions Pharmacist
 Director of Medicines Management & Clinical Policy Team
 Assistant Director of Medicines Optimisation & Delivery
 Three NHS Derby & Derbyshire CCG GPs
 CCG Finance
 CCG Contract Representative

University Hospitals of Derby and Burton NHS Foundation Trust

UHDB Drugs and Therapeutics Chair
 Chief Pharmacist

Chesterfield Royal Hospital Foundation Trust

Chief Pharmacist and Head of Medicines Management

Derbyshire Healthcare Foundation Trust

DTC Chair
 Chief Pharmacist

Derbyshire Community Health Services Trust

Head of Medicines Management

DHU Health Care

Lead Clinical Pharmacist

***Lay representation**
Health-watch Derbyshire

***Public Health**
Derbyshire and Derby City Public Health Consultants

***LMC**
Derbyshire Local Medical Committee

Additional members will be co-opted for example from clinical networks, specialist services/organisations, social services, and community pharmacy as required according to agenda items under discussion.

*Lay representation, Public Health and LMC have an open invitation to be present at JAPC or their views heard for relevant agenda items.

5. CHAIRMANSHIP

The chair will be democratically elected from within the membership of JAPC. The Chair will usually service for a period of 3 years, with time committed to Guideline Group – to be agreed by consensus of JAPC members present. All JAPC meeting will be overseen by the Chair and in the Chairs absence, by their appointed deputy.

6. JAPC MEMBERS RESPONSIBILITIES

Members of JAPC are expected to:

1	Commit to attend meetings regularly.
2	Nominate a deputy with appropriate authority and experience whenever possible if unable to attend.
3	Contribute items for the agenda as appropriate, with supporting material, stated purpose and action required (to the JAPC secretary no later than 14 days before date of next meeting).
4	Come to meetings prepared with all documents and contribute to the debate.
5	Represent their organisation and/or professional group and take views from JAPC back to their own groups/organisations for comment and then for feeding back responses to JAPC, as appropriate.
6	Before each meeting seek and represent the views of their organisation and/or professional groups by consultation.
7	Communicate the decisions/advice from JAPC to their own groups/organisations for implementation (as examples; for provider trusts to report back to their respective Drugs and Therapeutic Committees and clinicians, GPs to their CCG Prescribing groups, Clinical Improvement groups or Clinical Reference Groups).
8	Declare any conflicts of interest which might have a bearing on their actions, views and involvement in discussions within the committee.
9	Consider the impact of any decision on all groups covered by the Equality Act 2010. Where there is a negative impact every possible action to mitigate that impact must be considered.
10	Have sufficient knowledge and understanding of Equality Inclusion and Human Rights to ensure relevant aspects are properly considered in any decisions. In particular this must include an understanding of section 149 of the Equality Act 2010 in order to apply this to the functions of the JAPC.

7. ADMINISTRATIVE SUPPORT AND AGENDA SETTING

The administrative services to JAPC will be provided by the Derbyshire Clinical Policy and Decisions team.

Meeting agenda and papers will usually be circulated to members one week prior to each meeting.

Ratified minutes of the previous JAPC meeting and bulletin will usually be circulated and uploaded to the Derbyshire Medicines Management website within one week following a JAPC meeting.

Items for the agenda will be proposed by membership or through applications received from member organisations.

8. REPORTING STRUCTURE

The Joint APC is accountable to the Clinical Lay Commissioning Committee. The JAPC will provide an annual report and annual work programme to the Board which will be available on the Derbyshire medicines management website.

JAPC oversees the work of its subgroup, The Shared Care and Guideline Group, and High Cost Drug Biosimilar Group.

9. FREQUENCY OF MEETINGS

The Joint APC will meet on a monthly basis.