DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE (JAPC)
TERMS OF REFERENCE

1. AUTHORITY AND ACCOUNTABILITY

These Terms of Reference, which must be published or signposted from the Integrated Care Board (ICB) website, set out the membership, the remit, responsibilities, and reporting arrangements of the Sub-Group and may only be changed with the approval of the ICB Sub Committee. JAPC is a sub-committee of and accountable to the ICB.

2. STATEMENT OF PURPOSE

The JAPC is a strategic local decision-making committee with responsibility for promoting appropriate, safe, sustainable, rational and cost-effective medicines use across Derbyshire to improve outcomes and equity of access for Derbyshire patients. 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, that are in line with the requirements of the NHS Constitution in its decision-making process. JAPC has delegated responsibility from Derby & Derbyshire ICB 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.

3. DUTIES AND RESPONSIBILITIES OF JAPC

The JAPC duties are as follows:

To contribute to the delivery of the four aims of ICSs:

- Improve outcomes in population health and healthcare.
- Tackle inequalities in outcomes, experience, and access.
- Enhance productivity and value for money
- Support broader social and economic development.

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 ICB 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).
	To improve medicines outcomes and ensure the equitable, safe, sustainable, appropriate, functional, and efficient use of medicines across the ICS.
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 support and engage with the work of the Regional Medicines Optimisation Committees in sharing best practice, understanding of the evidence base and patient perspectives to support the co-ordination of action to reduce unwarranted variation in clinical practice and improve equity of access to effective medicines.
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 ICB 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 ICB 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
20	JAPC will help to identify concerns and risks, diagnose, and highlight actions/improvement plans to mitigate and respond to risks. Areas where significant resource is identified, this will be escalated to PHSCC; raised by the Chair, finance, Director of Medicines Management or by group consensus.

4. 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 GP members (including the Chair) 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, 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. If any member has been disqualified from participating in an item on the agenda, by reason of a declaration of conflict of interest, then that individual shall no longer count towards the quorum.
5	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: • 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).

5. MEMBERSHIP OF JAPC

Clinical Commissioners
NHS Derby & Derbyshire ICB 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
NHS Derby & Derbyshire ICB GPs
ICB Finance
ICB Contract Representative

University Hospitals of Derby and Burton NHS Foundation Trust
UHDB Drugs and Therapeutics Chair and/or
Chief Pharmacist

Chesterfield Royal Hospital NHS Foundation Trust
Chief Pharmacist and Head of Medicines Management and/or
Drugs and Therapeutics Chair

Derbyshire Healthcare Foundation Trust
DTC Chair and/or
Chief Pharmacist

Derbyshire Community Health Services Trust
Head of Medicines Management

***Derbyshire GP Provider Board (GPPB)**
Medical Director GPPB

***DHU Health Care**
Lead Clinical Pharmacist

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

***LMC**
Derbyshire Local Medical Committee

***Lay representation**
Health-watch Derbyshire

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, DHU, GPPB and LMC have an open invitation to be present at JAPC or their views heard for relevant agenda items.

6. 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. The Chair has responsibility for providing effective leadership of meetings.

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7. 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 ICB 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.

8. ADMINISTRATIVE SUPPORT AND AGENDA SETTING

- The administrative services to JAPC will be provided by the Derbyshire Clinical Policy and Decisions team.
- Meeting time and date together with the agenda and supporting papers will usually be circulated to members one week prior to each meeting.
- Attendance of members is monitored, and the Chair is notified of those that do not meet the minimum requirements.
- Good quality minutes are taken and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept
- 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.

9. REPORTING STRUCTURE

The Joint APC is accountable to the Derby and Derbyshire Population Health and Strategic Commissioning Committee (PHSCC) which is a Non-Executive Member Sub Committee of the ICB Board and its members, including those who are not members of the ICB Board, are bound by the Standing Orders and other policies of the ICB. The JAPC will provide an annual report ensuring that all matters for which it is responsible are addressed in a planned manner, with appropriate frequency across the year.

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

This Subgroup (JAPC) may delegate responsibility for specific aspects of its duties to its working groups. This will include the delegation of decisions in line with the NHSE/I. The Terms of Reference of each such working group shall be approved by the PHSCC and shall set out specific details of the areas of responsibility and authority.

Any sub-groups or working groups will report via their respective Chairs following each meeting or at an appropriate frequency as determined by their Terms of Reference.

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10. DELEGATED AUTHORITY

The ICB Board has delegated authority for the oversight, decisions, compliance with the delegation agreement to the PHSCC. JAPC holds those powers as delegated in these Terms of Reference as determined by the PHSCC on behalf of the ICB Board.

11. ACCOUNTABILITY

The JAPC is directly accountable to the PHSCC that is directly accountable to the ICB Board. The bulletin of key decisions and minutes of the JAPC meetings shall be formally recorded by the secretary and submitted to the PHSCC in accordance with the Standing Orders.
The report will also include recommendations that are outside the delegated limits of the JAPC and matters which require escalation to, and approval from the PHSCC and/or ICB Board, if not already approved by them.

12. FREQUENCY OF MEETINGS

The Joint APC will meet virtually via MS Teams on a bi-monthly basis, with email correspondence for JAPC in between.

13. REVIEW

JAPC will review it effectiveness at least annually. These TOR will be reviewed at least annually and more frequently if required. Any proposed amendments to the TOR will be submitted to the Board for approval.