

Medicines Policy Annexe 3, Appendix 4 Joint Formulary Management Group (FMG) TERMS OF REFERENCE v.2.1

Approved by the FMG, DTC and APC
Version 2 approved: September 2013
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BACKGROUND

The Formulary Management Group (FMG) was established in 2004 to make decisions regarding the Buckinghamshire Healthcare NHS Trust (BHT) formulary. In 2009, the scope of the committee widened after the decision was taken to make the formulary a 'joint' one, applicable both to secondary and primary care, and to integrate it with the Buckinghamshire traffic light system. To emphasise the joint nature of this committee, its title has been revised to be the 'Joint' Formulary Management Group. All references to the 'formulary' refer to the Buckinghamshire 'joint' formulary

PURPOSE of the JOINT FORMULARY MANAGEMENT GROUP

To meet the requirements of the NHS constitution and our statutory responsibilities by ensuring safe, cost-effective and equal access to medicines **for all patients registered with a GP practice which is a member of Aylesbury Vale CCG or Chiltern CCG**

FUNCTIONS OF THE FMG:

1. Develop and maintain the Policy for Managed Entry of New Medicines (including the traffic light system).
2. Review appraised evidence of efficacy and, safety and cost impact of new and existing formulary medicines in order to consider:-
 - applications for addition or deletion of formulary medicines
 - choice of medicines and place in therapy (e.g. 1st, 2nd and 3rd line choices) for each BNF category of the formulary and related therapeutic guidelines
3. Implement its budgetary responsibilities as laid out in the Policy for Managed Entry of New Medicines
4. Take account of the views of local specialists, GPs and the patient perspective.
5. Make decisions regarding the addition or deletion of formulary medicines, their place in therapy and restrictions for use.
6. Review and recommend the traffic light position of new and existing formulary medicines for ratification at the Area Prescribing Committee (APC)
7. Identify where a guideline, care pathway or shared care protocol is required to ensure the safe and effective use of formulary medicines and to ensure that these are developed and implemented in a timely manner.
8. Review and agree guidelines, care pathways and shared care protocols for the effective use of formulary medicines identified in 6 above.

9. Highlight issues regarding changes to the formulary and revised care pathways which require further discussion and agreement by local commissioners outside of the meeting.
10. Respond to important new information on drug safety eg. MHRA safety updates and new evidence of efficacy by amending the formulary and related guidelines, care pathways or shared care protocols.
11. Request audit forms to ensure compliance of high cost medicines with NICE and locally agreed criteria. These are usually agreed and approved outside of the meeting.
12. Request and review audit reports in order to monitor the impact of specific decisions
13. Ensure that medicines with a positive NICE Technology Appraisal are processed for formulary inclusion within statutory time frames
14. Ensure that medicines with commissioned MOBBB policy recommendations are processed for formulary inclusion or deletion
15. Ensure that the formulary is as comprehensive as possible, encompassing decisions made by local specialist external bodies – usually where a local specialist service does not exist within BHT e.g. Oxford Health (for mental health medicines), ORH Renal Service, Specialist Commissioning

OUTPUTS

16. Communicate decisions regarding changes to the formulary and related guidelines effectively and ensure that they are accessible including the maintenance and publication of an electronic joint formulary
17. Maintain reports of FMG decisions and workload

2. MEMBERSHIP and PROCESS

2.1. Roles and responsibilities of committee members

The overall role of all members is to actively contribute to the discussions and decisions of the Committee. Their responsibility is to provide assurance that the overall purpose of the group is met. **The Chair will have a named deputy. Ideally all other members should also have a named deputy**

2.2 Membership

Title	Number of members	Role / responsibility
Chair	From the membership	
Formulary Manager, BHT (secretary)	1	Professional secretary to the group. Prepares the agenda in conjunction with CCG Interface pharmacist. Ensures that consultants/relevant persons to support agenda items are invited. Prepares independent reviews. Finalises minutes and jointly agrees them with CCG MMT Represents the views of BHT Pharmacy
Director of Pharmacy, BHT	1	Represents the views of BHT Pharmacy
Head of Medicines Management, MMT, AVCCG/CCCG	1	Represents the views of AV & Chiltern CCG primary care professionals

Title	Number of members	Role / responsibility
Interface pharmacist, MMT, AVCCG/CCCG	1	Prepares independent reviews. Liaises closely with Formulary Manager re. agenda items. Agrees draft minutes with Formulary Manager. Provides primary care perspective. Represents the views of primary care professionals within AV CCG and Chiltern CCG
Consultant Physician, BHT	3	Represents the views of the SDU
Consultant anaesthetist / surgeon, BHT	1	Represents the views of the SDU
GP x 2 representing each Bucks Clinical Commissioning Group (CCG)	4	Represents the views of the CCG GPs
LMC representative GP	1	Represents the views of the GP providers
Assistant Director of Pharmacy, Governance and Effectiveness, BHT	1	Represents the views of BHT Pharmacy
Assistant Director of Pharmacy, Clinical Services or Patient Services, BHT	1	Represents the views of BHT Pharmacy
Assistant Director of Nursing, BHT	1	Provides an integrated Trust nursing perspective
Formulary support pharmacist, BHT	1	Prepares minutes and supports the FMG in preparatory and follow up actions re. cost impact , guidelines and updating of the formulary
Lay person	1	Provides a view as a member of the public
Representation on invitation e.g.: BHT Contracts CCG Commissioning LPC	1 1 1	No voting rights Provides input from a contract perspective. Represents the views of the LPC

2.3 Chairing of the committee

The Chair will be appointed by the committee from the membership for a two year term which is renewable.

2.4 Quoracy

The FMG meetings will be considered quorate if, as a minimum, the following members (or their deputies) are present:

- at least two consultants
- at least two GPs (one representing each CCG - Aylesbury Vale CCG & Chiltern CCG)
- at least two BHT pharmacists
- at least two CCG pharmacists – one representing each CCG - Aylesbury Vale CCG & Chiltern CCG

2.5 Conflicts of interest

Each member of the committee will be required to complete a written declaration annually. In addition, declarations of interest will be requested at the start of each committee meeting

2.6 Decision-making

The Committee's decisions are made by a consensus of members, at a quorate meeting. On occasions, a vote is taken; a simple majority decides. In the event of no majority, the Chair has the casting vote.

In circumstances agreed in advance at an FMG meeting e.g. for minor amendments to guidelines, documents will be circulated via e-mail to all Committee members, seeking a majority approval or a minimum approval from the quorum. The electronically approved document will subsequently be noted

at the next FMG meeting. If no consensus can be reached electronically, then the item will not be approved and will instead be re-considered at the next meeting.

2.7 Accountability and reporting arrangements

Prior to 2009, the FMG (as a subcommittee of the DTC) reported only to the DTC. With the establishment of the joint formulary and its integration with the traffic light system, FMG decisions now impact on the whole health economy. FMG therefore reports both to the DTC (which provides a governance role) and to the APC (for ratification of decisions which involve amendment of the traffic light list and formulary related guidelines). Thus FMG minutes are presented both to the DTC and the APC.

3. MEETING LOGISTICS

The FMG will meet every two months, Meetings location and date / time to be agreed by the members. Currently, meetings are agreed to take place on Wednesday mornings at Wycombe Hospital

The meetings will be managed and administered by the BHT formulary team. The agenda will be agreed in advance with the AVCCG/CCCG medicines management team. The BHT Formulary Manager is responsible for generating the agenda and sending out papers for each meeting. The papers will be distributed to Committee members at least five working days in advance of each meeting.

Minutes will be drafted by BHT Formulary Manager – for details of timelines and review / approval processes see Bucks Formulary Policy 7.5 Documentation.,

5. RELATIONSHIP with other DECISION MAKING BODIES

The FMG works with several committees both within and outside of Buckinghamshire

Buckinghamshire Committees

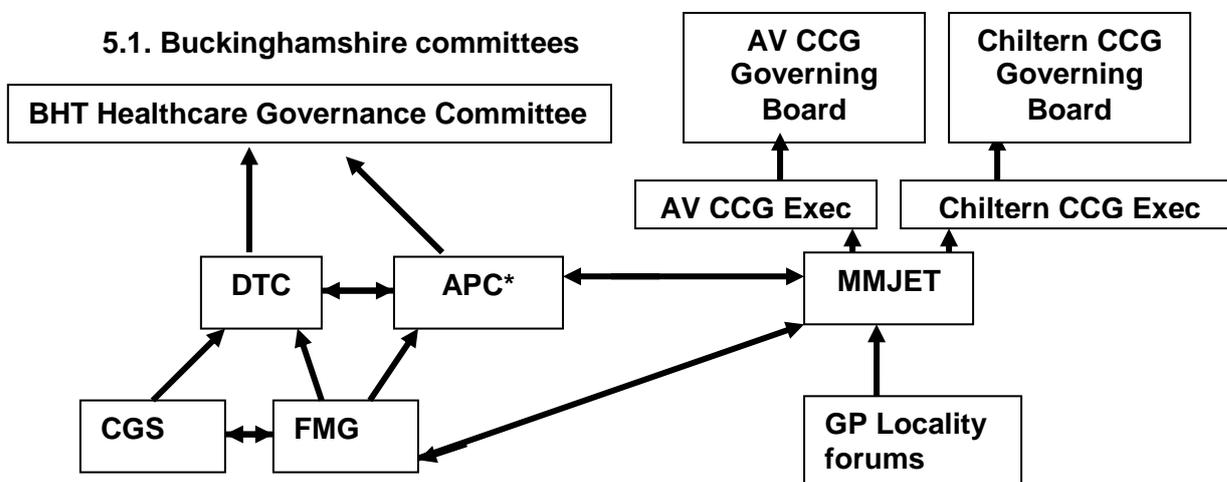
- BHT Drug and therapeutics committee (DTC)
- BHT Clinical Guidelines Subgroup (CGS), a subcommittee of the BHT DTC
- Buckinghamshire/AVCCG/CCCG Area Prescribing Committee (APC)
- Medicines Management Joint Executive Team (MMJET), a subcommittee of the APC

Non Buckinghamshire Committees

- Oxford Health DTC (for mental health medicines)
- ORH Renal service (for renal medicines)
- Bedfordshire Joint Prescribing Committee*
- Hertfordshire Joint Prescribing Committee*
- Heatherwood & Wexham Park DTC*

*for sharing of agendas, minutes and decisions in a reciprocal arrangement

5.1. Buckinghamshire committees



* APC reports to both the AV CCG and Chiltern CCG executives

A flow chart depicting the links between the FMG and related Bucks committees can be seen above

BHT Healthcare Governance Committee (HGC)

The HGC is responsible for overseeing all health related issues and committees of BHT including key outputs of the APC. It reports directly to the Trust Executive Board

BHT Drug and Therapeutics Committee (DTC)

The DTC is responsible for overseeing all aspects of medicines management within BHT. Its subcommittees are responsible for the management of antimicrobials, drug errors, injectables, non medical prescribing, medical gases, the formulary and clinical guidelines.

BHT Clinical Guidelines Subgroup (CGS)

The CGS is responsible for developing and ensuring that standards related to medicines in clinical guidelines are met. AVCCG/CCCG MMT sits on the CGS. All clinical guidelines (including FMG approved guidelines) receive a final independent technical check and approval at CGS before circulation. FMG decisions which require amendments to existing guidelines are flagged and amended

AV/CCCG Area Prescribing Committee (APC)

The APC exists to co-ordinate and manage prescribing issues across the prescribing interface both within and outside of Buckinghamshire. It has both a directive and advisory role. It has delegated authority from AVCCG/CCCG executives

AV/CCCG Medicines Management Joint Executive Team (MMJET)

It's role is to provide a GP commissioning perspective on all medicines management issues. It also provides a GP view on joint or 'primary care only' guidelines in advance of their discussion at FMG and/or CGS so that primary care comments can be fully incorporated

GP Locality Forums

GP locality forums are used by the CCG MMT and CCG GP prescribing leads to update GP practices on current changes in medicines management. The forums also provide a means for GP practices to provide feedback and for the MMT and prescribing leads to canvas GP practice views on issues related to medicines management