

Area Prescribing Committee Oxfordshire (APCO)

TERMS OF REFERENCE

1. PURPOSE AND REMIT

APCO will provide a safe, consistent and cost effective health community approach to the effective use of medicines in Oxfordshire, within primary care and across the interface with secondary care.

2. MEMBERSHIP

APCO shall include the following voting members:

- OCCG GP Clinical Lead for Medicines Optimisation (Chair)
- Lead for Medicines Optimisation and APCO, OCCG Medicines Optimisation Team
OCCG GPs –
- GP representatives (three) from within the OCCG localities (in addition to the chair)
- OCCG Head of Urgent Care and Medicines Optimisation (Deputy Chair)
- Oxford University Hospitals – one medical Trust representative and one pharmacy representative
- Oxford Health – two representatives; one from Mental Health and one from Community Health Services
- OCCG Clinical Effectiveness Manager/Quality Team representative
- LMC representative (does not need to attend in person)
- LPC representative
- Lay representation

The Chair of APCO will normally be the GP Clinical Lead for Medicines Optimisation and the deputy Chair the OCCG Head of Urgent Care and Medicines Optimisation.

Members must nominate a deputy from their organisation to represent them should they be unable to attend a meeting.

If members, and their agreed deputies, are absent from two consecutive meetings the Chair will consider the course for resolution.

Individuals can attend meetings in more than one capacity as an exception. Only one voting right will be retained.

3. IN ATTENDANCE

The following shall also be invited to attend:

- NHS England South (South Central)
 - Strategic Clinical Networks
 - Clinical Senates
 - Public Health England

The following shall be invited to attend when the agenda dictates:

- Oxfordshire County Council (OCC)
 - Public Health
- NHS England Wessex Area Team specialised commissioning
- Oxford Academic Health Science Network

APCO may extend invitations to other clinicians and managers with relevant skills, experience or expertise as necessary to deal with the business on the agenda.

Those 'in attendance' will have no voting rights.

4. QUORUM

APCO will be quorate when at least 8 voting members of the Committee as listed above are present including:

- Two GPs
- One representative from the OCCG Medicines Optimisation Team
- One representative from Oxford University Hospitals NHS Foundation Trust
- One representative from Oxford Health NHS Foundation Trust

If a meeting is not quorate members will be contacted via correspondence to confirm endorsement of decisions and add post-hoc notes will be added to the minutes. Responses, meeting quoracy criteria, must be received within one week. The Chair will consider the course for resolution if there is inadequate member response.

5. FREQUENCY

Meetings will normally take place bi-monthly on the second Tuesday of the month.

6. AUTHORITY

APCO is an advisory committee; decisions must be ratified by Oxfordshire Clinical Commissioning Group (OCCG) Clinical Ratification Group. Public Health commissioned services and drugs must be reviewed at APCO to agree appropriateness of GP initiation and prescribing. OCC have responsibility for final ratification of Public Health commissioned services.

7. GUIDING PRINCIPLES FOR APCO

- APCO will have strong clinical leadership.
- Decisions and recommendations from APCO will be in accordance with the agreed Ethical Framework.
- APCO members must represent the views of their constituent organisations and/or professional groups.
- APCO members must have the appropriate authority to ensure decisions can be made and endorsed.
- APCO members must ensure that decisions taken by the committee are communicated and implemented by their organisation and/or professional groups.

8. DUTIES / PROGRAMME OF WORK

The programme of work is delivered in line with the APCO Standard Operating Procedure.

APCO is authorised by OCCG to:

- Ensure patient safety is at the forefront of medicines use.
- Provide a framework for commissioning medicines management from provider organisations.
- Ensure robust standards and governance arrangements for managing the risks associated with medicines.
- Prioritise work schedule and agenda items in line with the Standard Operating Protocol
- Consider clinical and cost effectiveness use of new medicines or new indications for existing medicines and assign a 'traffic light' classification where appropriate.
- Develop and agree clinical and cost effective prescribing guidelines for primary care.
- Develop and agree commissioning policy statements in accordance with Short Protocol for production of Oxfordshire Only Clinical Commissioning (Lavender) Statements
- Develop and agree appropriate, robust shared care protocols between secondary and primary care.
- Refer topics for wider review and consideration to the Regional Medicines Optimisation Committee or Thames Valley Priorities Committee

- Utilise the agreed Fast-track process for time limited reviews e.g. NICE TAGs with 30 day implementation or safety issues.
- Assess submissions for potential impact (resource, funding, commissioning), formulate appropriate recommendations and facilitate actions to manage or mitigate via the APCO Impact Assessment Group.

9. IMPACT ASSESSMENT GROUP

The APCO Impact Assessment group will meet prior to the scheduled APCO meeting to assess submissions for potential impact and formulate appropriate mitigating actions and recommendations.

Consideration will be given to cost, resource and practical impact of all submissions.

Members

- OCCG GP Clinical Lead for Medicines Optimisation
 - OCCG Head of Urgent Care and Medicines Optimisation
 - Two Leads for Medicines Optimisation (primary and secondary care), OCCG
 - Medicines Optimisation Pharmacist, OCCG, APCO role
 - Primary Care team representative, OCCG (Strategy and Governance Manager)
- Representatives of other OCCG teams will be invited/consulted as appropriate e.g. finance.

10. REVIEW OF NICE 'FAST TRACK APPRAISAL' MEDICINES AND TECHNOLOGIES

This process will be utilised when the timeline for NICE 'Fast Track' technology appraisals, which mandate 30 day implementation, cannot be met within the usual APCO meeting schedule.

The Medicines Optimisation Team will facilitate consultation with committee members, via correspondence, on papers relating to the technology appraisals.

- There will be a joint process with providers.
- A summary of the paper and committee decision and comments will be submitted to the next scheduled CRG meeting.
- Committee response to the consultation will be required to meet normal quoracy criteria.
- Responses are required within one week.

Where a 'Fast Track' consultation has been carried out a report will be made to the next meeting of the committee.

11. DECISION MAKING

APCO will seek to make decision by consensus and agreement of its membership; however on the occasions when APCO cannot reach consensus decisions will be made by a simple majority of those present. In the case of equality of votes, the Chair will have a casting vote.

Criteria for decision making are outlined in the Standard Operating Protocol.

12. CHAIR'S ACTIONS

The committee delegates authority to the chair to act on its behalf, in consultation with the Head of Medicines Optimisation, between meetings in the following circumstances.

- detailed implementation of matters already agreed by the committee
- consulting the members of the committee by correspondence for matters judged to be of sufficient urgency and importance that it would be detrimental to await the next scheduled meeting
- formulary amendments based on price changes or Patient Safety Alerts and MHRA alerts
- minor amendments agreed at Medicines Optimisation Programme Board meetings or APCO Impact Assessment Group meetings.

Where Chair's Action is taken, a report will be made to the next meeting of the committee.

13. KEY RELATIONSHIPS

APCO works closely with OUH MMTC, OH DTG and OCCG Savings Taskforce. The committee also considers recommendations from RMOC and may refer topics to TVPC

14. REPORTING

APCO will have the following reporting responsibilities:

- a summary of APCO minutes is submitted to OCCG CRG for formal approval. Any changes required by CRG will be discussed at the next APCO meeting under "Matters Arising".
- Committee members and their deputies receive full minutes
- A summary of decisions (APCO Bullet Points) is uploaded onto the OCCG website and circulated to GP practices, pharmacies and key stakeholders

15. CONFLICTS OF INTEREST

All APCO members must complete an annual declaration of interest; a register of interests will be systematically maintained by the OCCG Governance Team. These details may be made available if requested. All members of APCO have an obligation to declare actual or potential conflicts of interest both annually and at the start of the meeting. All authors of external submissions must provide a completed declaration. Those declared within a meeting will be noted and managed accordingly by the Chair. Guest presenters must be asked to declare any conflict of interest.

16. REVIEW AND REVISION

This document will be revised annually in line with the further development of the OCCG, legislative changes and will be formally reviewed not later than May 2018. The committee membership will be reviewed annually.