Appendix 1a: East Lancashire Medicines Management Board Terms of Reference

East Lancashire Medicines Management Board Terms of Reference

AIM

To act as the delegated body for approving recommendations and commissioning decisions in relation to medicines across the health economy in line with the responsibilities and terms of reference outlined below:

- To assess the evidence and evaluate the resource implications of the use of all medicines (including unlicensed medicines) prioritised for review by the Lancashire Medicines Management Group (LSCMMG) and other NHS bodies and clinicians. Requests from health care professionals will also be prioritised and reviewed by the Lancashire Medicines Management Group (LSCMMG) and ELMMB.
- To ensure that all recommendations are adequately considered at a Health Economy level with respect to: local clinical priorities; financial implications; clinical care pathways; service redesign issues and local demographics.
- With delegated authority from CCG Governing Bodies to develop and approve recommendations and policies on the use of medicines in both commissioning and decommissioning of services where appropriate across the health economy.
- To provide a forum for discussion and resolution of prescribing issues at the Primary and Secondary Care interface.
- To develop, monitor and make recommendations to update the East Lancashire Joint Medicines Formulary, Joint Wound Care Formulary, anti-microbial and other relevant prescribing guidelines.
- To provide guidance on which prescribers should initiate and/or maintain prescribing of medicines through the 'Traffic Light Scheme'.
- To support a Health Economy approach to the implementation and monitoring of all NICE guidance relating to medicines, ensuring that all local policies and guidance is aligned accordingly.
- To support a Health Economy approach for approval of medicine related protocols and guidelines, shared care guidelines and integrated care pathways and ensure that recommendations can be facilitated and implemented within local infrastructures and care pathways prior to ratification by individual organisation's internal governance processes.
- To receive safety alerts through the Medicines Interface and Safety Forum from organisations such as the MHRA (e.g. Drug Safety Update) and make recommendations to the organisations in responding to and implementing relevant actions.
- To receive recommendations from the Medicines Interface and Safety Forum to improve quality of care for patients on admission and discharge by ensuring patients receive seamless care through integrated care pathways.
- To support risk management, audit and research relevant to medicines-related issues.
- To ensure that decisions of the committee are reported to stakeholder Governing Bodies and Boards via appropriate mechanisms.
- To identify sub groups to undertake projects as necessary.
- To receive minutes from all sub-groups for discussion and ratification where appropriate.
- To ensure compliance with the appropriate Clinical Negligence Scheme for organisations' requirements.
- To contribute to organisational assurance and evidence in relation to all medicines aspects of governance frameworks.
- To ensure communication links with the Lancashire Medicines Management Group (LSCMMG), Regional Medicines Optimisation Committees (RMOCs), Specialised Commissioning teams, Local Area Teams, NHSE, PHE, Lancashire and South Cumbria Foundation (LSCFT) Trust DTC, the Cancer Network DTC, the Cardiac Network, CCG prescribing groups and other relevant committees where appropriate.

Minutes from the following groups go to the MMB:

Lancashire and South Cumbria Medicines Management Group (LSCMMG)
Pennine Lancashire Medicines Interface and Safety Forum (MISF) Lancashire
Care Drug and Therapeutics Committee (LCFT DTC)

Frequency of meetings:

Minimum of 8 per year; a quorum of 6 members is required, with representatives from the three stakeholder organisations (ELHT, ELCCG and BwD CCG)

Membership:

Chair and vice-chair elected from the membership. Nominated deputies (with full voting powers) should be sent where members are unable to attend, other members and guests by invitation.

- One Clinical Director ELHT
- Strategic Lead for Medicines ELCCG; BwD CCG or representative
- Four Practicing Consultants ELHT
- Director of Pharmacy ELHT
- Clinical Services Pharmacy Lead ELHT
- Governance Pharmacy Lead ELHT
- GP Members: ELCCG X 5 members: BwD x 2 members
- CCG Senior Commissioning Pharmacist
- Medicines Information Pharmacist ELHT
- Non-medical Prescribing Lead ELHT
- Senior Pharmacist representative LCfT
- Patient representative

Attendees: For specialist advice by invitation of the Chair

- CCG Commissioning Managers
- CCG Finance Managers
- ELHT Finance manager
- Contracting representatives from constituent organisations
- CSU by invitation
- Alternative specialists to present business cases/audits/trials where appropriate

Organisational consciousness for ratification of recommendations:

- The East Lancashire Health Economy Medicines Management Board reports to the Pennine Lancashire Committees in Common (PLCiC) which subsequently reports to the CCG Governing Bodies.
- The ELMMB reports to ELHT Trust Board via the Patient Safety and Risk Assurance Committee.
- Copies of minutes will be sent for acceptance and approval to the relevant groups outlined above on behalf of the Governing Bodies.

REVIEW OF TERMS OF REFERENCE: Every 2-3 years or as required

Next review: April 2023