FormularySubgroup

Terms of Reference
November 2014

GMMMG Greater Manchester Medicines Management Group NHS

Terms of Reference for the Greater Manchester Medicines Management Group Joint Formulary Subgroup

BACKGROUND

The Formulary Subgroup (FSG) brings together medical and pharmaceutical representation from relevant Clinical Commissioning Groups CCGs and acute trusts and independent advice from North West Commission Support Unit (NWCSU) and the Wolfson Unit to manage and maintain a Greater Manchester Joint Formulary which is evidence-based, considers clinical and cost-effectiveness and reflects the needs of the local population and local affordability in order to make recommendations to the parent Greater Manchester Medicines Management Group GMMMG and local Drug and Therapeutics Committees of Greater Manchester NHS organisations.

The FSG will also consider the following drugs for addition or removal to the formulary:

- all NICE assessed medicines i.e. within technology appraisals and where appropriate clinical guidelines
- drugs used for the treatment of adult patients
- Medical technologies/devices only used in primary care prescribing as deemed appropriate by GMMMG or the FSG.

The recommendations of the Formulary Subgroup are advisory and it is the responsibility of individual health economies to implement these recommendations as they feel appropriate.

AIMS OF THE GROUP

- To manage and maintain a Greater Manchester Joint Formulary which is evidence-based, considers clinical and cost-effectiveness and reflects the needs of the local population and local affordability.
- To maintain a 'Do Not Prescribe' list which is evidence based, and takes into consideration decisions made by Greater Manchester Medicines Management Group (GMMMG) and the Interface Prescribing (IPS) and New Therapies Subgroup (NTS).

RESPONSIBILITIES

1. To ensure systematic review of the Greater Manchester Joint Formulary and to manage ongoing updates.
2. To maintain a 'Do Not Prescribe' list and a "Not Suitable for Routine Prescribing" (or Grey List) which is evidence based and takes into consideration decisions made by GMMMG, the Interface subgroup (IPS) and the New Therapies Subgroup (NTS).
3. To maintain a list of medicines recommended by NICE and indicate the place of approved medicines in the GMMMG formulary.
4. To highlight and support the development of specific treatment pathways to complement the joint formulary
5. To liaise with the New Therapies and Interface Prescribing groups in matters affecting these groups.
6. To seek ratification of FSG recommendations by the Greater Manchester Medicines Management Group (GMMMG)
7. To communicate FSG recommendations across Greater Manchester via agreed routes.
8. Liaise with Greater Manchester CCG Medicines Management Groups, secondary care trust Drug and Therapeutics committees and other relevant bodies to ensure that any new drug with wider health economy implications is passed on to the formulary subgroup for a Greater Manchester wide recommendation.
9. The FSG will ensure that formulary chapters are kept up to date and all relevant links are included within an agreed period of time. The formulary will be reviewed on a regular basis to consider new evidence or guidance issued i.e. to include NICE and the MHRA in particular.
10. Ensure continued governance procedures e.g. Compliance with NICE Good Practice Guidance for formulary development
11. Provide access to the reasoning behind decisions made by the group upon individual request to the group.
12. Undertake decision-making in a timely manner and communicate decisions to prescribers within an agreed timeframe.
13. Ensure the formulary and 'Do Not Prescribe' list will be readily-accessible to prescribers via the GMMMG website.

DECISION MAKING

Application or amendments to the formulary can be submitted via the Formulary subgroup requests page on the GMMMG website. This page illustrates the request process.

How decisions are made for the Formulary

- New evidence is presented that shows superiority over an existing formulary drug
- Evidence is fully published in a peer reviewed journal or equivalent such as NICE, SMC etc.
- Clinical input from both generalists and specialists in primary, secondary and tertiary care is considered where appropriate

How decisions are made for the Do Not Prescribe (DNP) list and the Grey List

- NTS drugs that have an absolute 'not recommended' status will be individually discussed with regards to potential addition to the DNP list

The FSG uses a set of criteria to aid in their decision – making for both the formulary and the DNP and Grey lists; these tools can be found on the decision-making criteria page of the website.

MEMBERSHIP

The Subgroup will draw membership from all 12 GM health economies and support will be provided by the RDTC (Wolfson Unit) and the NWCSU. Each member of the group is nominated by the relevant professional or management group with the understanding that those nominated should be recognised by their peers as representing their views.
Membership of the group has been organised in such a manner as to ensure representation across all health economies from pharmacist, GP & consultant representation Each health economy is invited to provide one group member and can appoint a nominated deputy to attend the meetings on their behalf, where attendance in person is not possible and upon agreement by the group remote representation may be provided via email.
Specialist practitioners will be invited to comment on the content of the formulary when appropriate. In the absence of the chair, a member will be asked to chair on their behalf.

RESPONSIBILITIES OF INDIVIDUAL MEMBERS

- Accept ownership of FSG decisions**.**
- Undertake work as necessary between meetings.
- Promote communication between FSG and relevant NHS colleagues / organisations.
- Take specific views, from FSG back to localities for comment, and then to feed back the responses back to FSG as appropriate.
- Commit to regular attendance of FSG meetings to ensure continuity and balance of input into decision-making.
- Be an enthusiastic, motivated and an active participant in the committee.

Appointments will be reviewed every year. Members must complete a 'declarations of interest' (DOI) form on joining the group and adhere to the GMMMG DOI policy. In addition members are required to declare any

relevant interests relating to the agenda at each meeting. Members may be excluded from decision making (to be judged by the Chair) where appropriate.

IN ATTENDANCE

Clinical staff from localities may be invited to attend the meeting for the purpose of providing advice and/or clarification to the Group, to include:

- Public Health representative
- Procurement representative
- Health Economic Specialist

Clinical Specialists

QUORUM

For the group to be quorate there should be a total of **five** members present including the following that must attend each meeting;

- Chair (or deputy)
- 1 GP
- 1 CCG representative
- 1 Secondary Care representative

When there are conflicting opinions within the group then the decision will be put to a majority vote, non-voting members are highlighted in the accompanying membership list.

If the group is not quorate then agreement (via email) from group members not present must be sought on any decisions made.

MEETING FREQUENCY

The group will normally meet on a monthly basis
Occasionally, the group may meet virtually via teleconference when it is appropriate to do so.

COMMUNICATION

Draft minutes and recommendations will be circulated after the meeting to membership and confirmed in the subsequent meeting. Once confirmed and signed off by the main GMMMG group they will be made available on the GMMMG website. The majority of communication will be via the website and through membership to their locality.

PHARMACEUTICAL INDUSTRY

The Subgroup does not accept requests from the pharmaceutical industry to attend meetings or to present information to group members. However the subgroup does engage with the industry via the ABPI. Any new information on medicines that may affect any decisions made by the group can be forwarded either to the Chair or Professional Secretary of the Subgroup. Applications from the pharmaceutical industry cannot be accepted as any drugs discussed need to be identified as being of relevance to the Greater Manchester health economy.

REPORTING

The group will report and is accountable to the Greater Manchester Medicines Management Group (GMMMG).
A repository of Joint Formulary Subgroup minutes and other supporting documents will be held on the GMMMG website www.gmmmg.nhs.uk. The RDTC are responsible for updating and managing the website, but not for the website content.

Please note there may be a delay in the minutes appearing on the website due to the time lag in approval.

APPEALS

Applicants who wish to appeal against the decision of the subgroup will be required to present substantial new evidence as to the merits of a medicine.
The right to appeal will be at the Chair's discretion.
Applications can only be resubmitted to the group if substantial and significant new evidence becomes available.
It is important to note that if an appeal is related to a decision by a Trust or CCG to adopt a Formulary Subgroup recommendation the appeal needs to go to that organisation.

Date TOR Agreed:

November 2014

Review Date:

October 2015