NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

CAMBRIDGESHIRE & PETERBOROUGH CLINICAL COMMISSIONING GROUP JOINT PRESCRIBING GROUP

Terms of Reference

- The Terms of Reference outline the Group's purpose, responsibility, scope, membership, roles and responsibilities, accountability, reporting mechanism, frequency of meeting and quorum.
- These terms of reference will be reviewed annually, or when organisational changes occur.

Background

The NHS Constitution for England provides patients with the right that:

- Medicines (and treatments) that have been considered by the National Institute for Health and Clinical Excellence (NICE) through the technology appraisal (TA) process and given a positive assessment should be made available to patients, where appropriate, and therefore be included in the formulary.
- Medicines (and treatments) that have not yet been considered by or have not received a positive recommendation for use in the NHS through a NICE TA process should be considered by the local NHS using a robust assessment of the best available clinical and cost effectiveness evidence.

After publication of the original NHS Constitution, the following key documents were published to support rational local decision-making:

- NICE. Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes [NG5]; 2015.
- NICE. Medicines practice guideline (MPG1) on developing and updating local formularies; 2015
- NPC/DH. Defining guiding principles for processes supporting local decision making about medicines; 2009
- NPC. Supporting rational local decision-making about medicines (and treatments); 2009

Purpose of the Group

The Cambridgeshire and Peterborough Joint Prescribing Group is a strategic medicines optimisation advisory committee consisting of representatives from across the Cambridgeshire and Peterborough health economy.

Its primary aim is to develop an overview of prescribing policies across Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) and NHS Trusts, to recommend overall policies and practices to participating organisations.

Objectives

- Forecast developments in healthcare which involve the use of medicines and provide effective advice on the local implications of such developments and their management.
- Advise on the effectiveness and cost-effectiveness of new drug therapies in conjunction with Trust Drug & Therapeutics Committees (DTC), Cambridgeshire and Peterborough CCG, and NICE.
- Advise on the affordability of drug therapies having considered their effectiveness and cost-effectiveness.
- Reach a consensus, based on available evidence, regarding the place in treatment locally of relevant new drugs/formulations, or of existing drugs with new indications.
- Advise on the formation, development and implementation of medicines optimisation policies/formularies and guidelines, co-ordinated across primary and secondary care as a STP system.

- Seek to clarify prescribing responsibilities between primary and secondary care, making recommendations to assist in the resolution of problems.

Operate in a complementary way with other clinical advisory networks. Act as a focus for developing and refining local professional opinion on medicines, therapeutics and associated pharmaceutical issues, and to convey such opinions to all relevant organisations and bodies, including those not directly represented on the Committee**.**

Main functions

- Identify prescribing issues, and develop policies, procedures and guidelines to promote safe, appropriate and efficient therapy and to inform the commissioning process.
- Work with specialists in primary and secondary care in formulating advice on locally agreed approaches to drug treatment (e.g. shared care guidelines).
- Derive a common and considered approach with relevant specialists to the adoption of new drug products, wherever possible in advance of their launch.
- Improve mutual understanding of the pressures and influences on prescribing in Primary and Secondary Care and resolve interface issues.
- Make recommendations to the Integrated Performance and Assurance Committee (IPAC) regarding approved medicines related business cases to gain commissioning approval.
- Facilitate local implementation of NICE Technical Appraisal Guidance (TAG) with agreement from provider trusts.
- Disseminate information or advice through the most appropriate medium, to all stakeholder organisations, developing effective communications to CCG, Boards and prescribing subgroups, Clinical Policies Forum or equivalent.
- Develop an effective communication strategy with relevant organisations.
- Liaise with providers of primary health care as necessary to develop or implement policies.
- Receive, consider and provide decisions and guidance on medicines management issues that have an effect on clinical practice and the overall delivery of healthcare in support of the QIPP agenda.
- Liaise with the hospital and primary care audit teams, and CCG Prescribing Committees in monitoring aspects of prescribing practice.
- Liaise with hospital DTCs within Cambridgeshire and Peterborough, and neighbouring CCGs.
- Liaise with Local Research Ethics Committees and R&D Committees, and advise on prescribing repercussions of research applications, particularly in relation to new drug developments.
- Examine arrangements for control on sponsorship and clinical trials in CCGs and Trusts.
- Develop monitoring and implementation of agreed policies.
- Develop effective communication channels with neighbouring area prescribing committees to enable sharing of proposed advice where this might impact significantly on another locality.
- Assess commissioning recommendations based on risk assessment.
- The following system-wide sub-groups provide support and contribute to the JPG:
    - Antimicrobial stewardship group
    - Formulary sub-group
    - System-wide out of stock working group
    - Shared care working group

  Terms of Reference for these groups are available separately at request.

Budgetary responsibility

CCGs have a statutory duty to break even within their allocated annual financial budget.

Except where a policy in respect to a particular treatment is laid down by the NICE as a TA, CCGs have to set their own priorities and policies at board level in order to guide their officers as to how the CCG's resources should be allocated between different and conflicting demands for treatment.

CCGs have a statutory obligation to make funding available within 3 months for medicines that have been recommended by a NICE TA, unless they are directed otherwise by the Secretary of State for Health.

Accountability and reporting arrangements

The group reports to the IPAC and is accountable to the CCG Governing Body (see Appendix 1.)

Members' roles, responsibilities, and deputising arrangements

The membership of the group includes key local stakeholders and specialists (see table, page 3).

Member	Role	Responsibility	Deputising arrangement
GP Prescribing Lead, Cambridgeshire and Peterborough CCG	Chair of the group	To facilitate and ensure effective stakeholder participation	CCG Chief Pharmacist
Chief Pharmacist, Cambridgeshire and Peterborough CCG	Represent their organisation	Provide a Medicines Optimisation overview for CCG	Head of Medicines Optimisation Policy
Head of Medicines Optimisation Policy, Cambridgeshire and Peterborough CCG	Secretary of the committee and represent their organisation	To oversee inputs and outputs for each meeting including ensuring that papers meet the need of the Cambridgeshire and Peterborough system. Provide a Medicines Optimisation overview for the CCG for both medicines commissioning and policy.	Formulary pharmacist
Trust Medical Directors/Chairs of local Trust DTCs	Represent their organisations and their clinicians	To provide an overall view from the provider perspective including view of the consultant body in the provider; To ensure that the mechanism for implementing the final recommendations from CPJPG is robust, comprehensive and within defined timescale.	Another senior consultant must be identified.
Chief Pharmacists from local provider organisations	Represent their organisations	To facilitate meetings with specialists as part of pre-meeting preparation; ensure comments are received from all relevant specialists prior to meeting; to oversee the governance of implementation of recommendations.	To identify a senior member who can deputise.
CCG GP Prescribing leads	Represent their locality	To obtain engagement from GPs in their locality; to network with other GP prescribing leads within the CCG to obtain wider views. To be able to explain to locality GPs how decisions were arrived.	To make arrangements with other LCG GP prescribing leads.
Local Pharmaceutical Committee representative/Pharmacist	Represent community pharmacists	To give a wider view of community pharmacy.	To identify a deputee.
Public Representative/Lay Person (PAL)	Provide a lay perspective	To give the perspective from a lay person	N/A
Specialists / Business case authors (as and when required*)	Represent their organisation and/or business case	Provide specialist knowledge/expertise and/or ensure business cases are complete and submitted in the correct format, having undergone their local Trust scrutiny process	N/A
Business Support Officer Medicines Optimisation	Administrative support	Distribute papers and document minutes of the meeting.	Another admin support person must be identified

** When considered appropriate, the committee will invite specialist representation for specific topics so that the views of specialists may be considered, and any clarification sought. The specialist may be present during the decision-making process. It should be noted that whilst specialists may be present, this will be for clarification purposes only and they will not be able to participate in the decision-making process.*

Quorate

For the group to be quorate the following members need to be present:

- Chair of the group
- One member of the CCG Medicines Optimisation Team (MOT)
- Representatives from two provider Trusts
- Two CCG Prescribing leads or GP representatives

If the committee is not quorate, the meeting will still take place. However, no decisions shall be made, and such matters will be deferred until the next quorate meeting.

Declaration of interests

Any potential conflicts of interest should be declared, recorded and a report made available for public scrutiny. See CCG Conflicts of Interest Policy for further information.

In the case of committee members, if appropriate, they may be asked to leave the room during the decision-making process if a potential conflict of interest arises. Members of the group are asked to complete Conflict of Interest forms at each meeting and are retained by the MOT.

Work programme

The work programme for the committee is generated by "horizon scanning" for new medicines or new uses for existing medicines, drug exclusions to contracts, business case applications from local healthcare specialists, Individual Funding Request applications to the commissioners and the publication of NICE TAs and Clinical Guidelines. Items are prioritised for consideration by the group based on the cost impact, publication of a NICE TA, and where affordability is an issue.

An outline of those medicines expected to be licensed during the financial year and commissioned by the CCG will be presented at the March meeting annually.

Treatment requests

In October 2015, NICE updated "Good Practice Guidance on Developing and updating local formularies". The purpose of the guidance is to provide good practice recommendations for the systems and processes needed to ensure that NHS organisations develop and update local formularies effectively and in accordance with statutory requirements which reflect local needs, reduce variation in prescribing and allow rapid adoption of new medicines and treatments.

NICE Technology Appraisals
In December 2011, "Innovation, Health and Wealth: Accelerating Adoption and Diffusion in the NHS" was published (IHW). It signalled the introduction of a NICE compliance regime for TAs.

One of the IHW actions is that all NICE TA recommendations are incorporated automatically into relevant local NHS formularies in a planned way that supports safe and appropriate clinical practice.

All organisations were required to publish information by 1st April 2013 which sets out which NICE TAs are included in their local formularies. These must be online, clear, simple and transparent so that patients, the public and stakeholders can easily understand them.

The process for adopting NICE TAs is outlined in Appendices 2 and 3.

Request for new treatment from local clinicians
The process for new treatment requests is outlined in Appendices 4 and 5.

No request for new treatment from local clinician
Where a submission is not received from a local clinician, the Formulary Pharmacist/Head of Medicines Optimisation Policy will submit a paper to obtain a local decision.

A submission form is available for clinicians to complete (Appendix 6).

All specialists will be consulted prior to papers being sent out to committee members.

Pre-meeting arrangements

- The Chair, Chief Pharmacist, Head of Medicines Optimisation Policy and Formulary Pharmacist will meet two weeks before the next meeting to set the agenda.
- For treatments for which policy decisions are required by the CCG, the Formulary Pharmacist/Head of Medicines Optimisation Policy will produce/ review documents (which include critically appraised published evidence) as prioritised within the work plan.
- If a local specialist applies for a treatment, a business case and/or review document, with the critical review of all relevant and up to date evidence, presented in CPJPG format, to be submitted by providers to their formulary pharmacist, no later than 14 working days before the meeting.
- Hospital pharmacy representatives are responsible for organising meetings with relevant specialists to enable the CCG pharmacy representative and GPs to discuss evidence and place in therapy of a treatment under consideration PRIOR to the paper being circulated.
- Papers will be sent out to provider pharmacists, to obtain views of wider specialists, at least one weeks in advance of meetings.
- Final papers will be sent out electronically to members 7 days in advance of meeting.
- **All members are expected to read and review all paperwork and bring comments to the committee for discussion.**

Decision making at the meeting

All members of the group have a responsibility to ensure that when considering new treatment requests/business cases, the following checklist should be applied consistently to aid decision-making:

- What is the impact on patient safety?
- What is the clinical effectiveness of this intervention?
- What is the cost effectiveness or resource impact of this intervention?
- What is the strength of evidence that the intervention is based on?
- What is the intervention's place in therapy relative to other available treatments?
- Is the intervention in line with/support national guidance and priorities?
- Is the intervention in line with/support local health priorities?
- What impact does this development have on equity and fairness?
- Have the views of stakeholders been sought?

The new treatment/business cases will then be assigned a classification (Appendix 7).

Post-meeting arrangements/actions

- The meeting minutes are used to document the deliberations and actions from the meeting, outcomes of decisions, the rationale for each decision and all formulary policies thoroughly.
- The CPJPG Actions Log is updated after the meeting.

- Within 21 working days of the meeting, a report is submitted to the IPAC as all CPJPG recommendations require IPAC approval.
- Communication to applicants will be sent out within 10 working days of the IPAC meeting outlining the position of the application and to advise on when final recommendation will be sent **(if applicable)**.
- Final recommendations will be sent out to all participating organisations, 10 working days after approval from IPAC (where needed) and the system-wide formulary platform, netFormulary will be updated. Appendix 7 outlines the classification of recommendations.
- Final recommendations to be communicated using a variety of methods as shown below:

Method	Target Audience	Action	QA
Optimise Rx	GPs at point of prescribing	Specialist Pharmacy Technician and Formulary Pharmacist	Formulary Pharmacist
Neighbouring CCGs	Luton Bedfordshire Suffolk Hertfordshire North Essex Mid Essex	Head of Medicines Optimisation Policy	N/A
Priorities Advisory Committee	CCG Pharmacists	HCD Commissioning and Contracting Medicines Optimisation Pharmacist	N/A
CPJPG website	, NICE TAs, GPAs	Formulary Pharmacist	Formulary Pharmacist and Head of Medicines Optimisation Policy
IPAC	N/A	Specialist Pharmacist - CPJPG/HCDs	Chief Pharmacist/CPJPG Chair
netFormulary	Healthcare professionals within CCG, outside CCG, patients	Formulary Pharmacist	Formulary Pharmacist and Head of Medicines Optimisation Policy
JPG Newsletter	Healthcare professional within CCG and outside of CCG	Formulary Pharmacist	Formulary Pharmacist and Head of Medicines Optimisation Policy

Actions of the Chair

To ensure that any recommendations relating to treatments that confer a cost pressure incorporate the decision of the IPAC.

Appeals

- Applicants can appeal to have a recommendation reviewed where they believe the process has not been followed. The first appeal will be considered by CPJPG.
- If applicants are not happy with the outcome of the first appeal and wish to re-appeal, they can apply to the CCG Governing Body for the process of decision making to be reviewed.
- Applicants can re-apply for a recommendation to be reviewed if there is new published information, using the application process.

Frequency of meetings

- Meetings are held monthly to ensure that decision-making is robust and made in a reasonable and practical time frame.
- Additional meetings may be held at the discretion of the Chair.

Dates for your diary

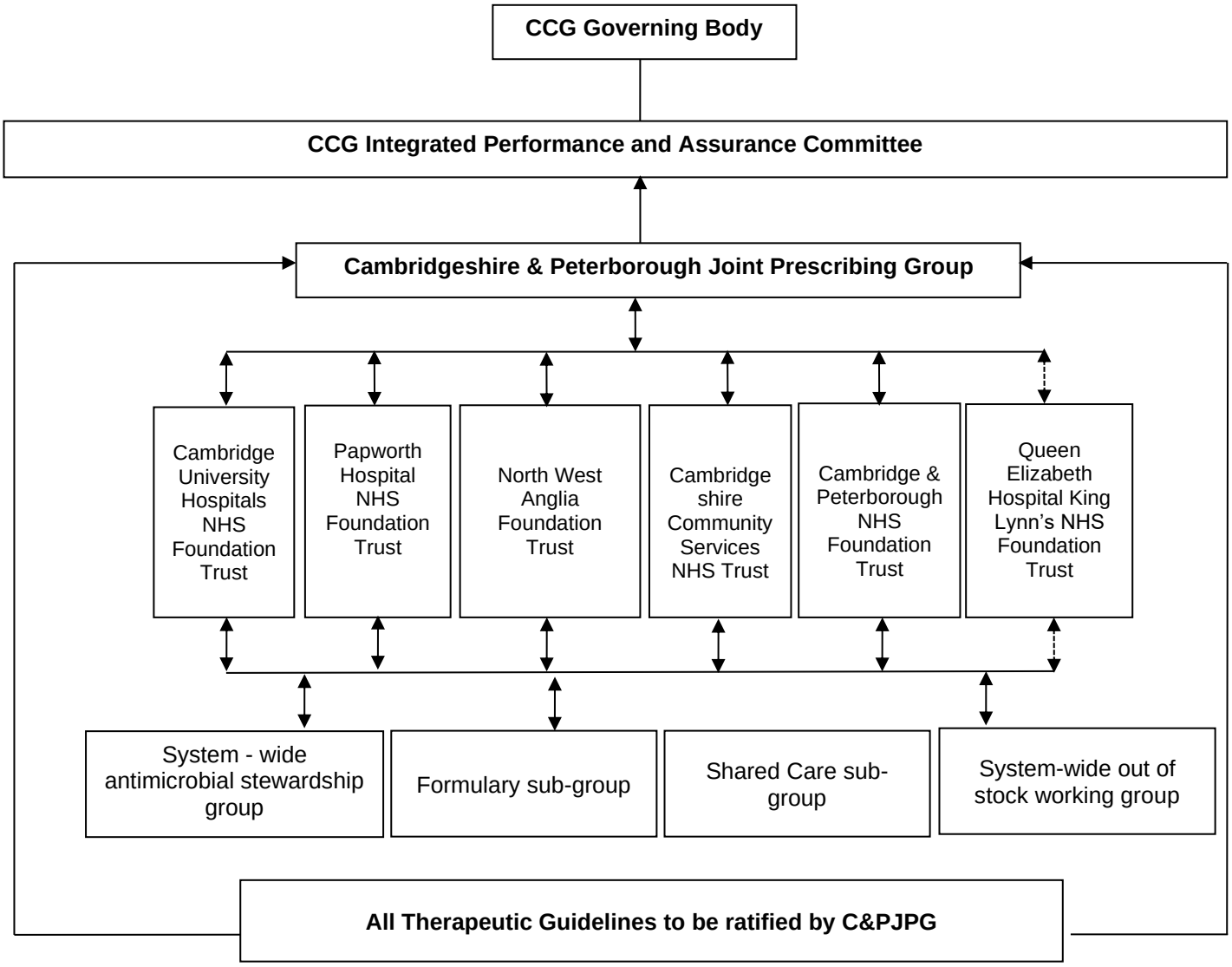
CPJPG meetings will be held virtually via Teams, on the 1st Thursday of each month for 1 hour.

Standing Agenda items

The following are standing agenda items (some of which may be for noting):

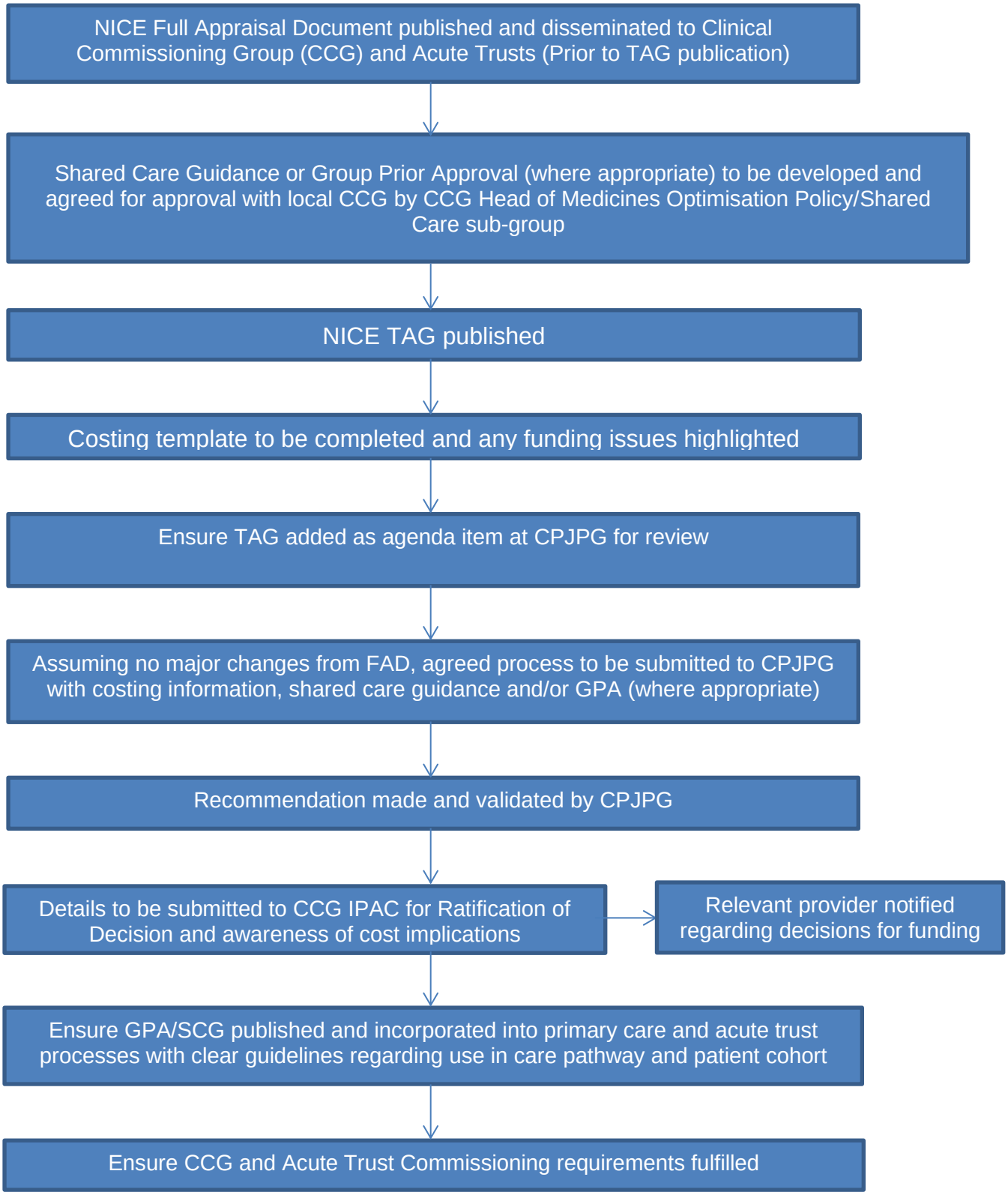
- Previous meeting minutes
- Chairman's action
- C&P CCG JPG Matters/Issues
- Regional Medicines Optimisation Committee recommendations
- Recommendations of the East of England Priorities Advisory Committee (PAC)
- Prescribing Guidance
- Formulary reviews and additions
- Horizon scanning
- New Drugs/New Indications
- Feedback from the Joint Clinical Group
- NICE Clinical Guidelines, Technology Appraisals & Quality Standards
- Group Prior Approvals
- Drug Safety Updates and MOT Safety Newsletters
- Patient safety alerts for information from the medical and device safety group
- Current stock shortages
- Research

Appendix 1 – Accountability/Reporting



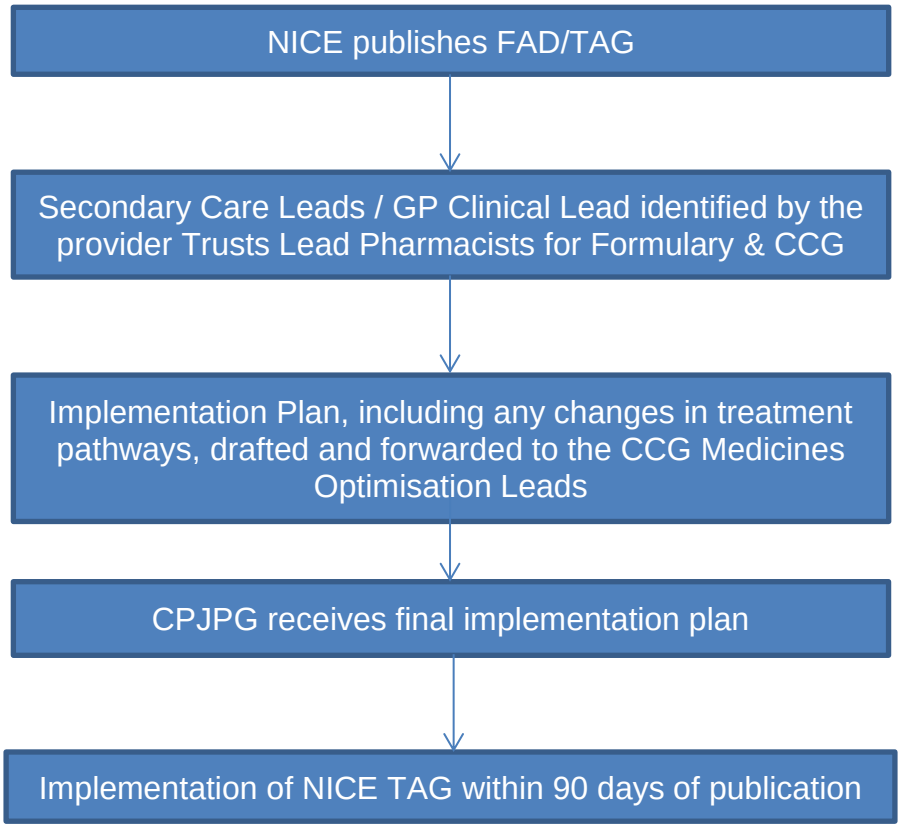
Appendix 2 Process for Inclusion of NICE Approved TAGs (Out of Tariff) on CCG Formulary

(To be implemented within 90 days after publication of NICE TAG)

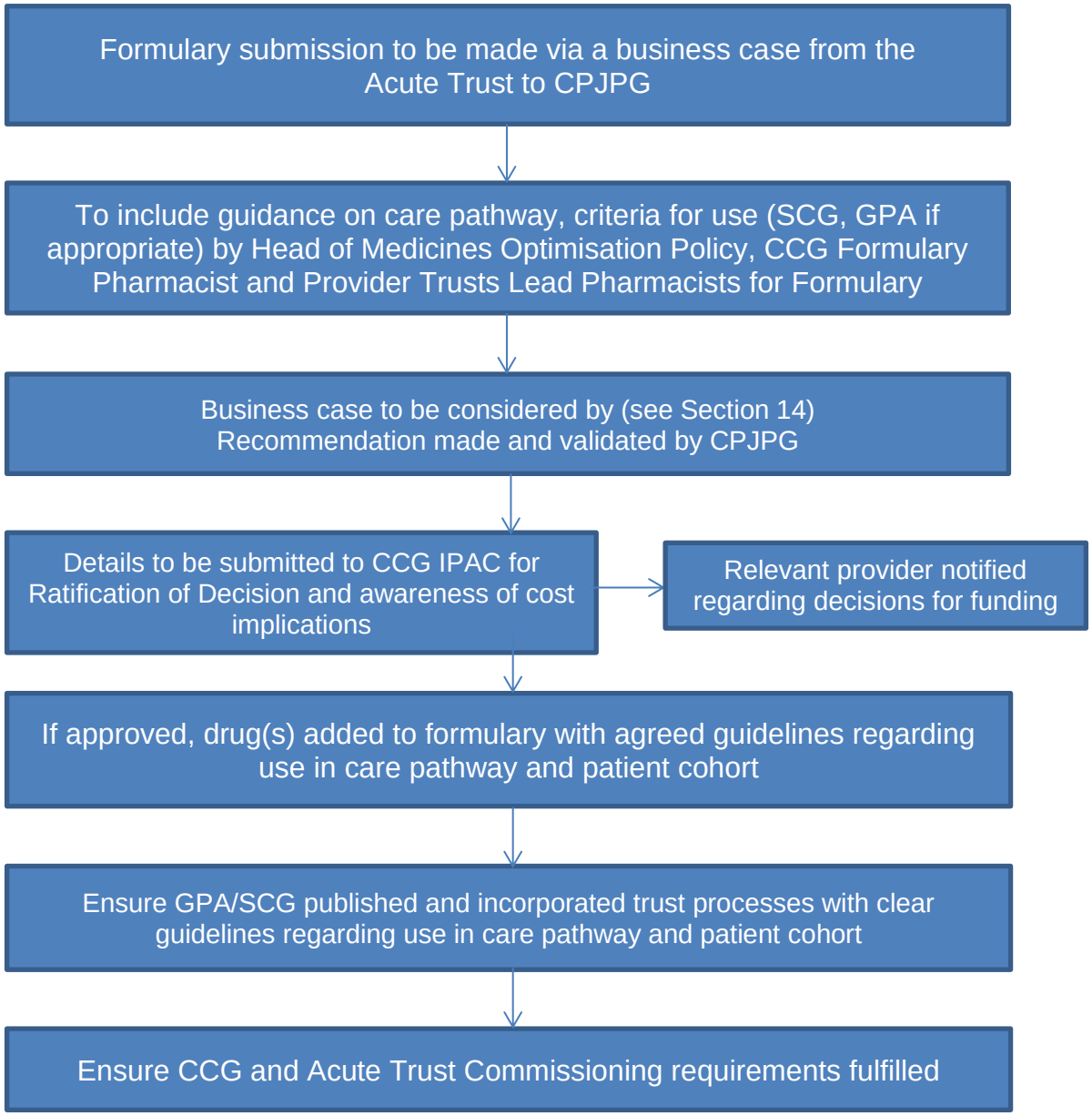


Appendix 3 Process for in-tariff NICE/TAG

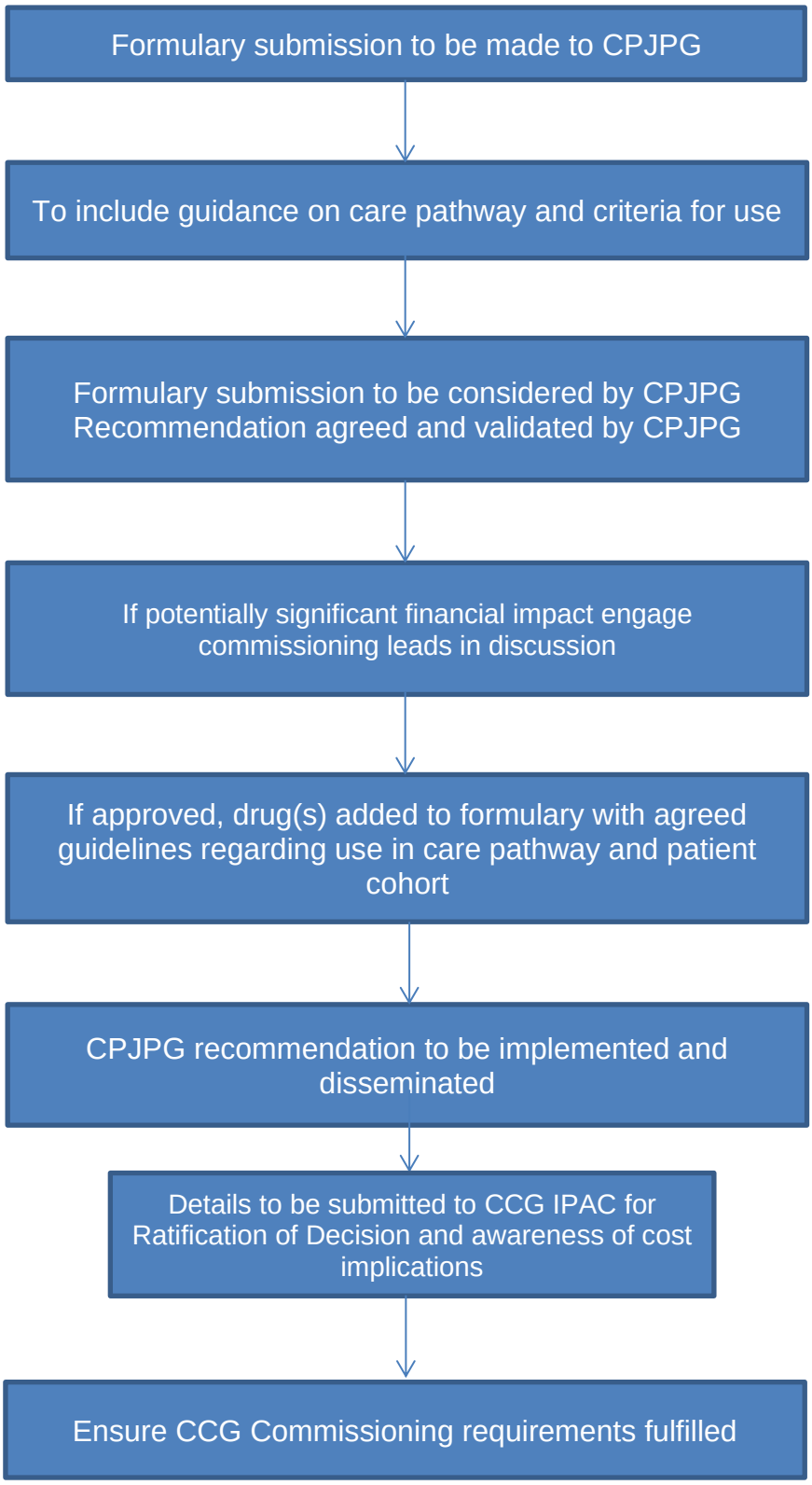
(To be implemented within 90 days after publication of NICE TAG)



Appendix 4 Process for Inclusion of Non-NICE Approved Acute Trust Drug Requests (Out of Tariff) on CCG Formulary



Appendix 5 Process for inclusion of non-NICE approved drugs on CCG Primary Care Formulary



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Appendix 6 New drug/new indication Submission template

(Currently being reviewed – A system-wide new drug/new indication submission template is in development)

Cambridgeshire and Peterborough Joint Prescribing Group

New Medicine Report

SUMMARY

Name of Medicine (generic and brand)	*Generic (brand)*
Intended indication(s) for use	
Purpose of Document	To review information currently available on use of the drug, give guidance on potential use and assign a prescribing classification [URL to classification table].
Recommendation for Consideration	It is recommended to Cambridgeshire and Peterborough CCG JPG members, and through them to local NHS organisations, that the arrangements for use of [insert drug name] are in line with restrictions agreed locally for drugs designated as [NOT RECOMMENDED; HOSPITAL ONLY; RECOMMENDED (WITH SHARED CARE; RECOMMENDED – amend accordingly], i.e. [insert sentence from classification table for what this means in practice]. **Rationale for Recommendation** • *Brief sentences* • *Brief sentences* • *Brief sentences*
Status	Ratified by the C&P CCG JPG at the *dd/mm/yy* meeting.
Prepared by	***Author, Job Role, contact email***
Date of last revision	***dd/mm/yy***
Review Date	***dd/mm/yy [2 years from publication unless earlier due to new information]***

DETAILS OF MEDICINE	
Name of Drug (generic and brand)	*Generic (brand)*
Drug Class	
Strength(s) and formulation(s)	
Licensed indication(s)	
Intended indication(s) for use (if different from above)	
Place in therapy	*e.g. first line, second line*
Monitoring requirements	*Drug and/or patient*
Current treatment alternatives (where applicable)	*If not applicable, please state none.*

Future treatment alternatives	*If not applicable, please state none.* *If not known, please state not known*
Drug(s) that can be decommissioned (where applicable)	
EVIDENCE FOR USE & SAFETY	
Summary of evidence (Clinical Efficacy including any comparisons with existing treatments)	*Supporting references should be cited in the relevant section (see end of document)*
Numbers Needed to Treat (NNT)	
Safety profile	*Include contraindications, cautions and adverse effects*
Numbers Need to Harm (NNH)	

FINANCIAL IMPLICATIONS	
Impact for NHS Cambridgeshire and Peterborough CCG	*e.g. in tariff, NHSE commissioned, estimated number of patients and use, any tensions between primary and secondary care budgets*
Costs (prices from *Reference*)	
Comparative cost (prices from *Reference*)	

DECISION FROM OTHER LOCAL/NATIONAL ORGANISATIONS		
Is the drug on local provider formularies?	Cambridge University Hospitals NHS Foundation Trust	Y/N
	Cambridgeshire and Peterborough NHS Foundation Trust	Y/N or N/A
	Hinchingbrooke Healthcare NHS Trust	Y/N
	Papworth Hospital NHS Foundation Trust	Y/N or N/A
	Peterborough and Stamford Hospitals NHS Foundation Trust	Y/N
Was this drug approved by other local area prescribing committees?	Bedfordshire & Luton JPC	Y/N
	Hertfordshire MMC	Y/N
	Lincolnshire Prescribing and Clinical Effectiveness Forum	Y/N
	Norfolk & Waveney TAG	Y/N
	Northamptonshire Prescribing Advisory Group	Y/N
	Suffolk D&T	Y/N
Has the drug been considered by other bodies and what were their recommendations?	*e.g. SIGN, NICE Clinical Guideline, All Wales Medicines Strategy Group, Professional organisation, e.g. BTS*	

SCRIPTSWITCH MESSAGE	
Suggested wording for ScriptSwitch message	

Requesting Clinician details	
Full Name	
Job role	
Date of request	
Declaration of Interests	
Where a clinician has not submitted a request, comments obtained from appropriate local clinicians/specialists are included	

References

1. To be populated

Written by and comments to	***Author, Job Role, contact email***

Appendix 7 Classification of decisions

Status	Description
OTC	Available Over the Counter. Consider Self Care
GREEN	Formulary - Can be prescribed in both secondary and primary care.
ADVICE	Formulary - Specialist Advice, secondary care advice provided for primary care initiation.
NO SCG	Formulary - Specialist initiation without shared care guidance.
SCG	Formulary - Specialist initiation with shared care guidance.
Hospital	Restricted - Hospital only, not to be prescribed in primary care.
SWITCH	Not recommended for prescribing. Switch to alternative cost-effective option.
BLACK	Not recommended for prescribing in primary or secondary care.
GREY	Not recommended as no formal application made for addition to the formulary. Contact relevant pharmacy team for further information.

OVER THE COUNTER: This medicine is available over the counter and patient should consider self-care where willing and able in line with our self-care policy.

GREEN: Reviewed and recommended by CPJPG and considered for suitable for prescribing in Primary Care and Secondary Care.

ADVICE: Secondary care advice provided by a specialist for primary care initiation.

SPECIALIST INITIATION (WITHOUT SHARED CARE): Reviewed and recommended by CPJPG and considered suitable for initial prescribing by specialists in Secondary and Tertiary Care with prescribing continued by GPs and Primary Care clinicians in conjunction without a Shared Care Agreement.

SPECIALIST INITITATION (WITH SHARED CARE): Reviewed and recommended by CPJPG and considered suitable for initial prescribing by specialists in Secondary and Tertiary Care with prescribing continued by GPs and Primary Care clinicians in conjunction with a Shared Care Agreement.

HOSPITAL ONLY: Not routinely funded for prescribing in Primary Care because of clinical issues and/or in line with Cambridgeshire and Peterborough CCG policy, not a priority for funding. Prescribing may be subject to challenge

BLACK SWITCH: Not recommended for prescribing in Primary or Secondary Care as there is a more cost-effective option available which will be listed within the individual medicine monograph.

BLACK: Not recommended for prescribing in Primary or Secondary Care as CPJPG advises that the clinical case for use of drugs classified as Not Recommended is not proven.

GREY: Any new drug or new indication for a drug should be regarded as Not Recommended (GREY) until a formal application is made for addition to the formulary and this is considered by the CPJPG

Prescribing Classification	Prescribed by?	Used in a:	Diagnosis	Patient selection	Initiation of treatment	Dose titration	Monitoring of treatment effect	Monitoring of side effects	Method of administration	Discontinuation of treatment
OTC	Patient recommended to self-care.	Common minor illness or condition that a community pharmacist would have knowledge of or prior experiencing of treating and would provide appropriate advice for the patient as part of self-care including when to seek further support from a healthcare professional when symptoms to not improve.	Straightforward.	Easy	Easy	Easy	Easy	Easy	Normal	Easy
GREEN	GPs and Clinicians in Primary Care.	Common condition that a GP would have knowledge of or prior experience of treating.	Relatively straightforward	Easy	Easy	Easy	Easy	Easy	Normal	Easy
NO SCG	Initially prescribed by Specialists in Secondary and Tertiary care with prescribing continued by GPs and primary care Clinicians.	Specific condition	Specific	Specific to a particular group	May require expertise	Easy	Easy	Easy	Normal	Easy
SCG	Initially prescribed by Specialists in Secondary and Tertiary care with prescribing continued by GPs and primary care Clinicians in conjunction with a Shared Care Guideline.	Specific condition	Specific	Specific to a particular group	May require expertise	Specific	Specific	Easy	Normal	Complex
HOSPITAL ONLY	Primary care clinicians are **NOT ROUTINELY FUNDED** to prescribe these drugs even where initiated in secondary care.	Specific condition not judged by CPJPG to be suitable for primary care prescribing Or Classified by CPJPG not to be highest priority for funding. May be used in exceptional cases but such prescribing may be subject to challenge by CCGs in line with BMA guidance on Potentially Excessive Or Inappropriate Prescribing.								
BLACK	**CPJPG advises that the clinical case for use of drugs classified as NOT RECOMMENDED is not proven. Therefore, not recommended for prescribing in Primary or Secondary Care.**									
BLACK SWITCH	Not recommended for prescribing in Primary or Secondary Care as there is a more cost-effective option available which will be listed within the individual medicine monograph.									
GREY	Any new drug or new indication for a drug should be regarded as not recommended until a formal application is made for addition to the formulary and this is considered by the CPJPG.									

Version Control Schedule

Version	Date	Author	Status	Comment
0.1	December 2013	Mark Cheeseman/Kathy Duff	Draft	
0.2	January 2014	Mark Cheeseman	Draft	Comments received from Richard Spiers. Further amendments made
0.3	February 2014	Kathy Duff	Draft	Proof read and amendments on pre-meeting representation.
0.4	March 2014	Mark Cheeseman	Draft	Amendments made following feedback at CPJPG & SCPG
1.0	March 2014	Mark Cheeseman	Approved	Approved at CPJPG & SCPG
2.0	January 2020	Stephanie Ransom	Approved	Approved at CPJPG
2.1	June 2020	Kelly Broad	Approved	Minor change to meeting schedule due to COVID-19.