



Milton Keynes Community Health Services

Terms of Reference

Milton Keynes Prescribing Advisory Group (MKPAG)

Purpose	 The Milton Keynes Prescribing Advisory Group (MKPAG) is a strategic local decision-making group with responsibility for promoting appropriate, safe, rational and cost-effective medicines use across Milton Keynes. Each of the MKPAG member organisations benefits from co-ordinated working to support integrated care delivery for patients in relation to medicines use. MKPAG will deliver benefits for patients, clinicians and the MK Health Economy. FUNCTION AND PROCESSES OF MKPAG Review and critically appraise the evidence to establish, with local and other specialists, the proposed place in therapy of new drugs or a new use for a drug. Make recommendations for medicines use in MK based on safety, cost and patient benefit, including information on which group of prescribers need to be involved in monitoring therapy and how learning about new medicines and new uses for medicines will be shared across the health system. Approve summaries for specialists and local clinicians of recommendations for place in therapy e.g. starting criteria and stopping criteria; first - second- or thrid-line, only patient groups defined by measurable clinical criteria or only after other named drugs have been given a full therapeutic trial, limited to named clinicals. Define and ensure the completion, analysis and reporting of audits of use across the health system of formulary additions, against anticipated place in therapy. To inform the development of and ratify local clinical guidelines and shared care guidelines, co-ordinating care across primay and secondary care. Horizon-scan systematically in patrenship with clinicans, to anticipate changes over the following year or two; link to contracting arrangements to facilitate timely implementation of NICE TA recommendations. Network with other local and national prescribing groups so that work, including eviden
	SUCCESS CRITERIA
	 To improve outcomes for patients, clinicians and all MK organisations. Actively engage consultants, GPs and other specialists, using their expertise to prepare algorithms showing where treatments fit in relation to one another, with explicit, clinically appropriate starting and stopping criteria. Systems and processes provide clear and accessible information for both consultants and GPs and help clinical leaders to plan for and manage the spend on prescribing. Use a systematic approach to whole therapeutic areas, not looking at single

Adapted by: Dupe Fagbenro, Principal Pharmacist MKPAG Status: Approved Date written: May 2015; Updated: Nov 2017





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	 drugs in isolation from the care pathway; include consideration of other health-system costs and so support and facilitate service redesign. Responsive through clear leadership and facilitation by the MKUHFT Clinical Director of Pharmacy and specialist MKPAG Principal Pharmacist with time dedicated to this task. Make decisions in ways that are clear, consistent and defensible and challenged under the NHS Constitution; have an explicit ethical framework and decision-criteria that clinicians are aware of when submitting applications for clinical support and for funding. Take account of current national best-practice guidance. Prompt ideas to make systems safer, and where possible more convenient for patients and more efficient e.g. by use of homecare or care closer to home or direct hospital supply where that is best value. Demonstrate awareness of the impact of drug decisions on all other parts of the health care system. Publish documents that make it easier for clinicians to explain to patients the decisions made by the group and by CCG or specialist commissioners e.g. by preparing decision-aids and patient information sheets. Make their evaluation documents available on the internet, as well as decisions and formularies, so that the evidence and points considered are readily available to both clinicians and patients. Support clinicians and patients to understand Individual Funding Request processes , prioritisation policies, and additional private care, and facilitate appropriate applications and/or management of expectation and link these directly to MKPAG systems and processes.
Responsibility of MKPAG	 To MKUH, MKCCG and CNWL- MK for agreeing the contents of the joint formulary. For reviewing and agreeing requests for the unlicensed use of medicines where they may be passed across prescribing interfaces For reviewing formulary and compliance with the formulary For agreeing shared care guidelines (SCG)
Membership	MKUH Clinical Director of Pharmacy (Chair) MKUH Principal Pharmacist (MKPAG Professional Secretary) MKUH Medical Director / Associate Medical Director MKUH Deputy Chief Pharmacist MKUH Formulary Services Lead MKUH Medicines Information / Safety / Governance Lead MKUH Medicines Optimisation Lead, General Medicine MKUH Medicines Optimisation Lead, General Surgery MKUH Medicines Optimisation Lead, Children's Services MKUH Medicines Optimisation Lead, General Surgery MKUH Medicines Optimisation Lead, General Surgery MKUH Advanced Nurse Practitioner representative MKUH Advanced Nurse Practitioner representative MKUH Clinical Governance representative CCG : A GP representative CCG Head of Medicines Management CCG Finance/ Contract representative CCG Finance/ Contract representative CCG Formulary Services representative CCG Formulary Services representative CNWL-MK Senior Pharmacist - Community and Mental Health Services CNWL-MK Clinician – Community and Mental Health Services Lay representation and public health have an open invitation to be present at MKPAG or their views heard for relevant agenda items. <u>Corresponding members where discussions affect organisation activity</u> MKUH Senior Nurse representative MKUH Divisional and Operational Managers Additional members will be co-opted for example from clinical networks, specialist services /

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	organisations.
Quorum	 MKPAG will be quorate when at least one-third of members are in attendance, including at least one from each member provider and commissioner organisation. Each member will have a nominated deputy with appropriate authority and experience who is expected to attend if the member is unable to do so. In the light of non-attendance by members / organisations resulting in the meeting not being quorate, the chair may determine that there are appropriate people in the room to make decisions and allow the meeting to proceed. Some agenda items may be rescheduled if necessary.
Committee Secretariat	MKPAG Principal Pharmacist – professional secretary supported by administrative staff
Frequency of Meetings	 Meetings will be held every other month on the 4th Wednesday of every odd number month. Minutes of meetings will be posted on the joint formulary website (<u>www.formularymk.nhs.uk</u>) within two weeks of ratification. Annual meeting schedule will be available on the joint formulary website
Duties/ Responsibilities	 CHAIRMAN To ensure that the case supporting recommendations is consistent with the critical appraisal of the evidence and that the rationale for the recommendations are clearly captured for the record of the meeting. To clarify and ensure that the rationale for each MKPAG recommendation is documented and followed up. MEMBERS Commit to regular attendance of MKPAG meetings and their attendance to be regularly informed by the considered views of their service area / organisation and their peers. To gather their service area / organisation's view on the evidence for clinical and cost effectiveness in the papers circulated to the group in advance of the meeting. To critically appraise the evidence and test the rationale in the case for change, using their clinical and/or management knowledge to consider the impact on patient care. Promote two-way communicate decisions from MKPAG to these organisations for implementation. Must read relevant papers / discussion documents as supplied for the meeting prior to attendance at the MKPAG meeting so that discussions can be informed and as concise as possible, and agreement can be reached Undertake work as necessary between meetings. To complete an annual declaration of interests and the Chair will request any additional declarations at the beginning of each meeting which might have a bearing on their actions, views and involvement in discussions within MKPAG
Further Information	MKUH Clinical Director of Pharmacy and MKPAG Chairman, Helen Chadwick at <u>Helen.chadwick@mkuh.nhs.uk</u> MKPAG Principal Pharmacist & Professional Secretary, MKUH, Dupe Fagbenro at <u>Dupe.fagbenro@mkuh.nhs.uk</u> MKCCG Head of Prescribing and Medicines Management, Janet Corbett at <u>Janet.corbett@nhs.net</u> for queries from or about drugs in primary care CNWL-MK Chief Pharmacist, Anne Tyrrell at <u>Anne.tyrrell@nhs.net</u> for queries from or about drugs in Community and/or Mental Health Services.