

**Terms Of Reference,
NHS Lambeth CCG Borough Prescribing Committee (LBPC)**

DOCUMENT CONTROL

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Author name, job title and contact details	Vanessa Burgess, Chief Pharmacist NHS Lambeth CCG Vanessa.burgess@nhs.net
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Version / Change History

Version	Date	Author	Approving Committee / Group	Reason
V2	23/6/14	V Burgess	NHS CCG Governing Body	Update of TOR
V3	01/09/14	V Burgess		Further amends
V3	21/11/2018	V Burgess	Lambeth Borough Prescribing Committee	Review date extended to May 2019
V3	20/09/2019	V Burgess	Lambeth Borough Prescribing Committee	Review date extended to September 2020

Consultation History

Consultation Body / Person	Area of expertise	Date sent	Date returned	Comments	Changes
NHS Lambeth CCG Borough Prescribing Committee	Medicines Optimisation				
Catherine Flynn	Patient and Public Engagement	01/09/14			
Tony West	GSTT Chief Pharmacist	01/09/14			
Hiten Dodhia/ Sarah Corlett	Public Health	01/09/14			
Moira McGrath/ Maria Millwood	Local Authority	01/09/14			

Appendices

- Appendix 1* Declaration of Personal and Financial Interests – Prescribing Committee Member
- Appendix 2* Equality and Equity Impact Assessment Checklist

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1. Introduction

The Lambeth Borough Prescribing Committee (LBPC) will be responsible for the prescribing budget, NHS Lambeth Commissioned Services for medicines optimisation and any Lambeth specific initiatives such as ScriptSwitch.

The Committee will be chaired by clinical commissioners for Lambeth CCG, and have Governing Body representation to ensure its decisions are widely consulted and clinically led.

2. Membership

- 3 General Practitioners from NHS Lambeth (one to act as Chair), one from each locality when possible, one from LMC.
- NHS Lambeth CCG Governing Body member – lead for medicines.
- Finance Representative
- Practice nurse
- Lambeth CCG Chief Pharmacist (Deputy Chair)
- Lambeth CCG Senior Prescribing Advisor/s
- 2 Community Pharmacists ; one must be from LPC.
- Medicines Optimisation Intelligence (minutes)
- Consultant in Public Health medicine.
- Lay representative (Healthwatch)
- Local authority commissioning lead
- Acute Trust representative (GSTfT)
- Community Services representative (GSTfT)

By invitation as needed to the committee or working groups.

Practice manager (via practice manager forum)
Expert patients or lay representatives from PPG groups

3. Attendance

Each member is representative of a “constituency (e.g.: organisation)” and is accountable to the constituency for ensuring that representation reflects its view.

Any potential conflicts of interest should be declared, recorded and a report available for public scrutiny. 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.

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In the event any regular attendee of the Committee is unable to make a meeting, every effort must be made for a representative to be in attendance.

Where appropriate the Committee will invite and actively seek the views of appropriate service leads for specific issues in order that decisions reflect the need of the local health economy.

4. Secretarial arrangements

Secretarial support to the Committee will be provided by Medicines Optimisation Intelligence:

- Timely collation of papers for distribution ahead of Committee meetings;
- Taking the minutes
- Keeping a record of action points and their implementation; and
- Supporting the Committee and its members.

5. Quorum

The Committee will be considered quorate when at least 2 GPs, and one CCG Chief Pharmacist (or deputy) and one other LBPC clinician are present.

6. Frequency and notice of meeting

Meetings will be held every 2 months. The dates will be agreed at least 10 working days in advance and notice will be given of any revisions to meeting schedules.

Lambeth Borough Prescribing Committee meetings will be held jointly with Southwark Medicines Committee every 4-6 months when agenda items affect both boroughs and the Chairs of the committees agree that a joint discussion would be in the best interests. When joint meetings are held, any decisions will be subject to Chairs ratification if the Chair is absent from the meeting.

7. Remit and responsibilities of the Committee

Members of LBPC are responsible for:

- Contributing to and participating in the delivery of the medicines Committees' scope.
- Taking lead responsibility for bringing a clinical and operational perspective to decisions affecting medicines optimisation services within the CCG.
- Communicating decisions and issues between the LBPC and peers/colleagues.
- Interpreting national, professional and clinical guidance in relation to Medicines Optimisation.
- Working with members of the LBPC, the Chair and the Medicines Optimisation team.
- Undertaking substantial CPD in prescribing/Medicines Optimisation and including in personal PDPs.
- To be available to attend LBPC meetings lasting 2 hours on designated days, six times a year and other times as required.
- To keep up to date and maintain an active interest on Medicines Optimisation issues.

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- Where appropriate, to be regularly involved in the prescribing process either as a current prescriber or undertake training to be a prescriber in the near future.
- To be an active participant of the LBPC and take responsibility for the decisions made by the Committee.
- To be accountable to the LBPC Chair and participate in an annual review.
- To represent the LBPC as required at Locality meetings.
- To represent the views of your peers in the directorate or uni-professional group
- To have regular access to a communication network with your peers within the CCG which would allow you to :
 - i. assess and scope opinions on topics to be discussed at the LBPC
 - ii. bring relevant items to the attention of the LBPC
 - iii. communicate information out to colleagues from the LBPC
- To follow Lambeth's corporate policies as appropriate (e.g. Equal Opportunities, Data Protection etc.).

The decision making process by the Committee will be based on the Department of Health guiding principles¹ the purpose of which are to improve the consistency and quality of local decision making and reassure patients that there will be a common and rational framework for decisions.

The LBPC is a decision making Committee with delegated responsibility from Lambeth CCG Governing Body regarding medicines as listed in the scope below ;

The Committee's remit is as listed in appendix 1

Key relationships to the function of the Committee:

- Lambeth Clinical Commissioning Group Governing Body and Programme Boards
- General Practitioners, practice nurses and community nurses and non-medical prescribers (provider roles)
- Community pharmacists
- Local Pharmaceutical Committee
- Local Medical Committee
- Local Professional networks
- SEL Area Prescribing Committee
- Southwark Medicines Optimisation Committee
- Local Provider Drugs and Therapeutics Committees
- Lambeth CCG Programme Boards

¹ *DH guiding principles* checklist for all decision-making or advisory Committees/groups.

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8. Accountability

The LBPC reports to the Lambeth Clinical Commissioning Group Governing Body. All members of LBPC will be asked to complete a Register of Interest annually, and declare conflicts of interest on agenda items as appropriate. The LBPC has overarching responsibility for managing the prescribing budget in Lambeth CCG.

9. Policy and best practice

The LBPC will seek to apply best practice in the decision making processes and an evidence informed approach. The Committee will make decisions in line with; NICE guidelines, Medicines Prescribing Centre best practice advice, Area Prescribing Committee and SEL interface Prescribing policy, Drugs and devices policy and all national legislation regarding medicines.

10. Conduct of the Governing Body

The Committee will conduct its business in accordance with any national guidance and relevant codes of conduct / good governance practice, for example, Nolan's seven principles of public life. On an annual basis the Committee will review its own performance, membership and terms of reference. To be reviewed annually, agreed by the LBPC and ratified by the Lambeth Clinical Commissioning Group Governing Body.

Current LCCCB documentation must be completed and submitted to lamccg.medicinesoptimisation@nhs.net for all members. Members will not be required to complete an additional declaration of interest form (appendix 1) if an up to date form has been submitted to the BPC. Members will however be required to declare any conflicts of interest to agenda items where appropriate.

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Appendix 1. Remit of the LBPC

Prescribing and Medicines Optimisation is part of the regular report to the CCG Governing Body, through which the below functions are communicated either as advice or for information.

Item	Decision making	Advisory to CCG Governing Body
a) To advise on allocation of resources for prescribing and medicines related elements of commissioned contracts.		<input checked="" type="checkbox"/>
b) To identify areas for reducing medicines waste or improving cost effective prescribing and ensure that implementation plans are in place to contain expenditure within allocated budget.	<input checked="" type="checkbox"/>	
c) To approve medicines related clinical guidelines to support the safe and cost effective use of medicines.	<input checked="" type="checkbox"/>	
d) To approve the content and metrics for any commissioned medicines optimisation plans to maximize patient outcomes	<input checked="" type="checkbox"/>	
e) To advise the Clinical Commissioning Group Governing Body, and relevant Committees on appropriate resource levels for medicines optimisation cost pressures, savings or clinical risks within the commissioning cycle.		<input checked="" type="checkbox"/>
f) Point of care prescribing and medicines advice (eg ScriptSwitch) development, monitoring and approval of local clinical messages.	<input checked="" type="checkbox"/>	
g) Jointly with finance colleagues, to assess and approve medicines rebates schemes which have received a positive assessment by the LPP rebates assessment group, in line with the good practice guidelines. Provide an update on any approved schemes via the medicines and prescribing Governing Body report.	<input checked="" type="checkbox"/>	
h) To ensure that patient and public involvement is sought into medicines decisions as guidelines as required	<input checked="" type="checkbox"/>	
i) To support the CCG Medicines Safety Officer function by receipt of common error reports and any never events relating to prescribing to give advice on shared learning and best practice.		<input checked="" type="checkbox"/>
j) To approve the clinical guidelines and protocols which support improvement in medicines optimisation for people in Lambeth – to include improvements in the safety of medicines, improve adherence to medicines and self care relating to medicines use.	<input checked="" type="checkbox"/>	
k) To assess and approve any Patient Group Directions for use in Lambeth CCG commissioned services, where the provider service is not an authorising body.	<input checked="" type="checkbox"/>	

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<p>l) To assess and advise Lambeth Borough Council on the suitability and clinical content of any submitted Patient Group Directions for Local Authority commissioned services.</p>		<input checked="" type="checkbox"/>
<p>m) To clinically assess and advise Lambeth Borough Council on any medicines guidelines and protocols which relate to local authority commissioned services.</p>		<input checked="" type="checkbox"/>

Appendix 1: Declaration of Personal and Financial Interests – Prescribing Committee Member

This form is required to be completed in accordance with the NHS Lambeth CCG and NHS Southwark CCG Constitutions.

Notes:

- Within 28 days of a relevant event, NHS Lambeth CCG Governing Body and its Sub Committees and Directors need to register their financial and other interests.
- If any assistance is required in order to complete this form, then the member or employee should contact the Director of Operations.
- The completed form should be sent by both email and signed hard copy to the Director of Operations.
- Any changes to interest declared must also be registered within 28 days of the relevant event by completing and submitting a new declaration form.
- The Register of Declarations of Interest will be reported to each meeting of the NHS Lambeth CCG Audit Committee.
- Members and employees completing this declaration form must provide sufficient detail of each interest so that a member of the public would be able to understand clearly the sort of financial or other interest the member or employee has and the circumstances in which a conflict of interest with the business or running of the CCG might arise.
- If in doubt as to whether a conflict of interest could arise, a declaration of the interest should be made.

Interests that must be declared:

- Roles and responsibilities held within member practices
- Directorships, including non-executive directorships held in private companies or public limited companies (with the exception of those of dormant companies)
- Ownership or part ownership of companies, businesses or consultancies which may seek to do business with the CCG
- Shareholdings (more than 5%) of companies in the field of health and social care;
- Membership of or a position of authority or trust in an organisation (e.g., charity or voluntary organisation) in the field of health and social care;
- Any connection with a voluntary or other organisation contracting for NHS services
- Research funding/grants that may be received by the individual or any organisation they have an interest or role in
- Interests in pooled funds that are under separate management (any relevant company included in this fund that has a potential relationship with the CCG must be declared)
- Formal interest with a position of influence in a political party or organisation
- Current contracts with the PCT/CCG in which the individual has a beneficial interest
- Any other employment, business involvement or relationship or those of a spouse or partner that conflicts, or may potentially conflict with the interests of the CCG.
- Any other role or relationship which the public could perceive would impair or

otherwise influence the individual's judgement or actions in their role within the CCG. Whether such interests are those of the individual themselves or of a family member or close friend of the individual.

- Other specific interests

Conflict of Interest – Declaration:

Organisation:			
Name:			
Position within the CCG			
Interests			
Type of Interest	Details	Personal interests or that of a family member, close friend	
Roles and responsibilities held within member practices	<i>Details</i>	<i>Materiality</i>	
		<i>Value</i>	
Directorships, including non-executive directorships, held in private companies or PLCs	<i>Details</i>	<i>Materiality</i>	
		<i>Value</i>	
Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the PCT/CCG	<i>Details</i>	<i>Materiality</i>	
		<i>Value</i>	
Shareholdings (more than 5%) of companies in the field of health and social care	<i>Details</i>	<i>Materiality</i>	
		<i>Value</i>	
Positions of authority in an organisation (e.g.	<i>Details</i>	<i>Materiality</i>	
charity or voluntary organisation) in the field of health and social care	<i>Details</i>	<i>Materiality</i>	

Any connection with a voluntary or other organisation contracting for NHS services	<i>Details</i>	<i>Materiality</i>	
		<i>Value</i>	
Research funding/grants that may be received by the individual or any organisation they have an interest or role in		<i>Materiality</i>	
		<i>Value</i>	
[Other specific interests?]		<i>Materiality</i>	
		<i>Value</i>	
Any other role or relationship which the public could perceive would impair or otherwise influence the individual's judgement or actions in their role within the PCT/CCG		<i>Materiality</i>	
		<i>Value</i>	

To the best of my knowledge and belief, the above information is complete and correct. I undertake to update as necessary the information provided and to review the accuracy of the information provided regularly and no longer than annually. I give my consent for the information to be used for the purposes described in the CCG Constitution.

Signed:

Dated:

Appendix 2: EIA Checklist.

This is a checklist to ensure relevant equality and equity aspects of proposals, policy or guidance have been addressed either in the main body of the document or in a separate equality & equity impact assessment (EEIA)/ equality analysis. It is not a substitute for EEIA/ equality analysis which is normally required unless it can be shown that a proposal has no capacity to influence equality. The checklist is to enable the policy lead and the relevant committee to see whether the EEIA has covered the ground and to give assurance that the proposals will not only be legal but also fair and equitable and lead to reduced health inequality.

	<i>Challenge questions</i>	<i>Yes / No / DK / N/A</i>	<i>Comments</i>
1	Does the document set out the health care needs of the groups intended to benefit from the proposal, including any differences in need in terms of the legally protected or other characteristics (such as socioeconomic position)	N/A	
2	Does the document set out any known existing inequality in access, quality, experience and outcome of care for populations relevant to the proposal (i.e. as defined in 1. and in relation to the existing health or care service)?	N/A	
3	Are there any particular public concerns about equality about the policy area than need to be addressed?	No	
4	Has the policy described any gaps in knowledge about 1 -3, and any action taken to fill gaps (or recommendations for action)	N/A	
5	Does the document set out risks to equity of access, quality, experience and outcomes including risk of direct or indirect discrimination , and risk to good relations between people of different groups?	N/A	
6	Does the document describe any specific opportunities to promote equality and human rights , good relations between people of different groups, to enhance participation, etc.?	N/A	
7	Does the document describe how the proposal, policy etc. will address the identified inequalities , and	N/A	
8	Does the document make recommendations to mitigate risks and enhance the opportunities to promote equality and equity?	N/A	
9	Does the document describe how monitoring and reporting will take place to assure equality and equity in the future including to stakeholders? [audit and monitoring table may be used]	N/A	

* Race/ ethnicity, gender (including gender reassignment) age, religion or belief, disability, sexual orientation, marriage or civil partnership, pregnancy and maternity. This will include groups such as refugees and asylum seekers, new migrants, Gypsy and Traveller communities; and people with long term conditions, hearing or visual

Equality & Equity Impact Assessment Checklist

This is a checklist to ensure relevant equality and equity aspects of proposals, policy or guidance have been addressed either in the main body of the document or in a separate equality & equity impact assessment (EEIA)/ equality analysis. It is not a substitute for EEIA/ equality analysis which is normally required unless it can be shown that a proposal has no capacity to influence equality. The checklist is to enable the policy lead and the relevant committee to see whether the EEIA has covered the ground and to give assurance that the proposals will not only be legal but also fair and equitable and lead to reduced health inequality.

	Challenge questions	Yes/No/ DK/NA	Comments
1.	Does the document set out the health care needs of the groups intended to benefit from the proposal, including any differences in need in terms of the legally protected or other characteristics (such as socioeconomic position)		
2.	Does the document set out any known existing inequality in access, quality, experience and outcome of care for populations relevant to the proposal (ie as defined in 1. and in relation to the existing health or care service)?		
3.	Are there any particular public concerns about equality about the policy area than need to be addressed?		
4.	Has the policy described any gaps in knowledge about 1 -3, and any action taken to fill gaps (or recommendations for action)		
5.	Does the document set out risks to equity of access, quality, experience and outcomes including risk of direct or indirect discrimination , and risk to good relations between people of different groups?		
6.	Does the document describe any specific opportunities to promote equality and human rights , good relations between people of different groups, to enhance participation, etc?		
7.	Does the document describe how the proposal, policy etc will address the identified inequalities , and		
8.	Does the document make recommendations to mitigate risks and enhance the opportunities to promote equality and equity?		
9.	Does the document describe how monitoring and reporting will take place to assure equality and equity in the future including to stakeholders. [audit and monitoring table may be used]		

* Race/ ethnicity, gender (including gender reassignment) age, religion or belief, disability, sexual orientation, marriage or civil partnership, pregnancy and maternity. This will include groups such as refugees and asylum seekers, new migrants, Gypsy and Traveller communities; and people with long term conditions, hearing or visual impairments, mental health problems or learning disabilities