MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST

DRUGS, THERAPEUTICS & MEDICINES MANAGEMENT COMMITTEE (DTMMC)

TERMS OF REFERENCE & CONSTITUTION

Purpose

The Drugs, Therapeutics and Medicines Management Committee (DTMMC) is a sub- committee, which reports to the Patient Safety Oversight Group of the Trust Quality Committee. The DTMMC will support medicines optimisation and improve patient care by promoting the safe, clinical and cost-effective use of medicines within the Trust through formulary management, medicines policy development, promoting good prescribing practices, ensuring compliance with national guidance and local procedures, and identifying and reporting key medicines management risks.

Sub-groups

The sub groups of DTMMC are

- Medication Safety Group
- Non-medical Prescribing and Patient Group Direction Group
- Antimicrobial Stewardship Group (ASG)
- Local Chemotherapy Group
- Kent & Medway Immunoglobulin Sub Regional Assessment Panel

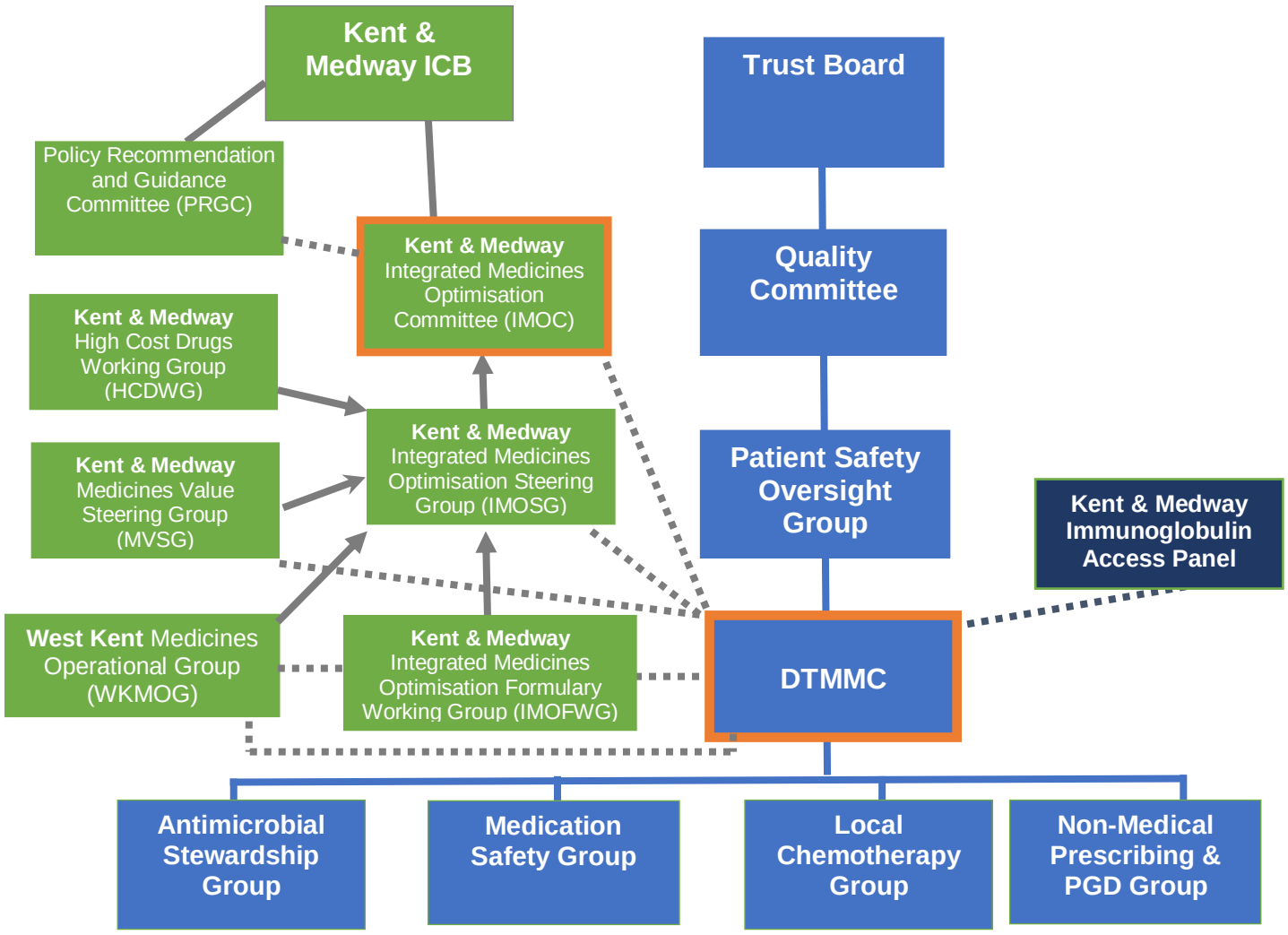
Other groups may be formed as and when the need arises.

Terms of Reference

Strategic

1. To provide advice on the safe and effective use of medicines within Maidstone and Tunbridge Wells Hospital and to relevant partner agencies e.g. commissioning groups.
2. To monitor progress with, and support delivery of, the Trust's Medicines Management strategy and external standards monitoring.
3. To regularly review and audit medicines management and related policies and update them to reflect current good practice, national guidance and legislation.
4. To provide assurance reports to the Patient Safety Oversight Group of the Trust Quality Committee at each meeting.

The medicines optimization reporting structure for the Trust and ICB is:



= reports to

= information shared or at least one member cross-attendance

Formulary

5. To manage and implement the West Kent Interface Adult Formulary. When this is replaced by a joint Kent & Medway formulary, to manage entry of drugs and guidance that will be for use at MTW.

6. To maintain and update (DTMMC) procedural documents which outline the arrangement for implementation. These procedures can be found here Drug Request Forms & Procedures (formularywkccgmtw.co.uk). They include:

    a. Procedure for the addition of a new drug or drug use to formulary

    b. Procedure for requesting the one-off use of a non-formulary drug (includes arrangement for chairperson's action for urgent requests)

    c. Procedure for making amendments to the electronic formulary

7. To evaluate Consultant requests for new hospital only drugs and products regulated by the Medicines and Healthcare products Regulatory Agency (MHRA).

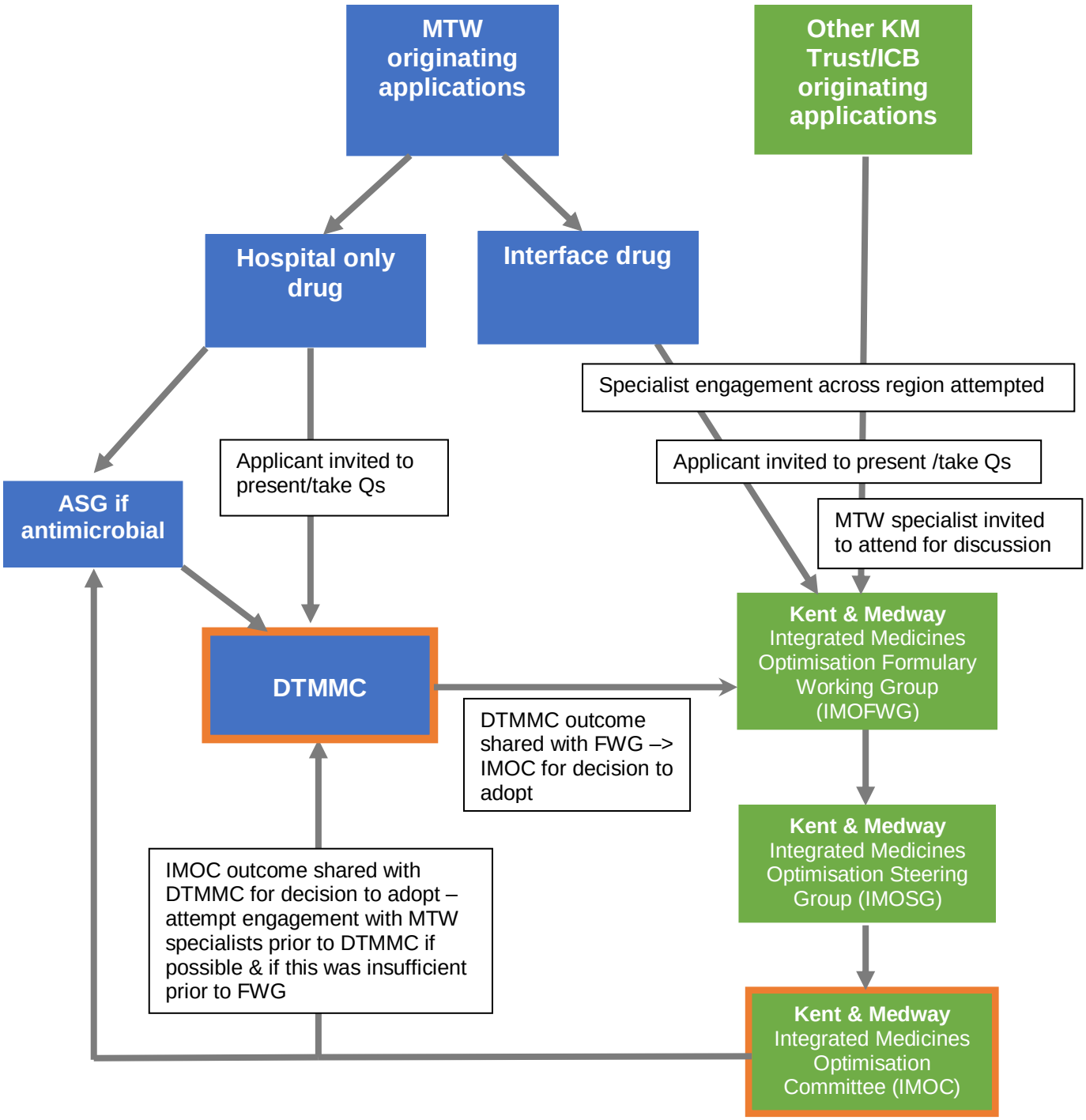
   Requests to add a licensed or unlicensed hospital only medicine to the MTW Formulary for specialist use require a full formulary submission to DTMMC. Requests may be progressed without a full formulary application only where use has been historic and is in accordance with national guidelines and/or evidence that provides clear rationale for use and place in therapy. The relevant clinical team must provide this detail clearly for raising with the DTMMC. If this information is unclear, a full formulary submission will be required.

   Applicants must attend the relevant DTMMC meeting where their requested item will be heard (or send a representative) for it to be included on the agenda.

   MTW Trust Consultant requests for new drugs that will be used in both primary and secondary care will be evaluated through the Kent & Medway Integrated Medicines Optimisation governance process, and not by DTMMC. IMOC outcomes will be fed-back to DTMMC where decision to adopt for MTW use will be accepted/declined. The process flowchart below outlines the route of different applications through the governance processes between MTW and K&M ICB

   Products licensed as medical devices will be evaluated by DTMMC only where they contain a drug or medicine, otherwise selection and procurement shall follow the process detailed in the medical devices policy.

The formulary application governance process for the Trust and ICB is:



For applications heard at FWG, an MTW specialist from the relevant directorate will be invited to attend for the detailed discussion on the item where possible.

Any concerns identified at FWG for MTW to challenge will be escalated to MTW IMOS members prior to the next IMOS meeting. If a challenge fails through this process, it will be raised at the next DTMMC meeting.

8. To monitor prescribing developments and to anticipate changes that may have a financial effect on the Trust (horizon scanning).

9. To identify prescribing that might constitute experimentation as necessary and refer to other appropriate Trust Committee e.g. Research Committee

10. To provide 'evidence based' advice on the safe and effective use of medicines within the Trust.

11. To monitor and regulate the use of unlicensed medicines and licensed medicines used outside of the terms of their Product Licence.

12. To evaluate & monitor the use of Early Access to Medicines Scheme (EAMS) and /or Compassionate supply medicines

13. To consider prescribing issues that may affect the Trust from items raised at the Kent & Medway Integrated Medicines Optimisation Formulary Working Group (IMO-FWG), Integrated Medicines Optimisation Steering Group (IMOSG) and Integrated Medicines Optimisation Committee (IMOC)

14. To monitor MHRA Bulletins, Hazard Warnings and safety publications with respect to our choice of formulary products.

15. To ensure all NICE Technology Appraisal recommendations are incorporated automatically into the Trust formulary if clinically appropriate and relevant to the services provided by the organisation. This should be done in a planned way that supports safe and clinically appropriate practice.

16. To consider, manage and review non-formulary requests in accordance with policy.

17. Part-NHS and part-private or ‘top-up’ treatments will not be authorised via DTMMC. However, it is within the remit of this committee that all treatments, NHS or private, are appropriate in terms of efficacy & safety. For private patient use at the Fordcombe site, drugs or drug-containing medical devices that are licensed in the UK will be assumed to have sufficient safety & efficacy established through gaining a UK license. These will be automatically approved for private patient use at the Fordcombe site where this use is according to a consultant’s choice and recommendation. However, if an unlicensed drug/drug-containing medical device is requested for private use then an application and an efficacy/safety review is required to be submitted to DTMMC prior to approval and use. All drugs/drug-containing medical devices (licensed or unlicensed) used for NHS patients require a full formulary submission and DTMMC/IMOC approval prior to use.

18. To consider any matters appropriate to the Committee as may be referred to it.

Safety

19. To support the Trust risk management agenda related to medicines management and medication safety.

20. To provide advice to the Clinical Governance Committee via feedback and reports from the Medication Safety Group on: medication safety, medication incidents (via the InPhase system), Central Alerting System (CAS) alert, local audits (e.g. Controlled Drugs, Medicine Security, prescribing) and recommendations related to medication safety from external agencies such as MHRA, NHS England and Environmental Agency.

21. To provide advice on medicine related Serious Incidents and all other matters referred from sub-committees.

22. To provide advice on systems for safe use of medicines e.g. procurement, storage, prescribing and dispensing systems.

Medicine usage and review

23. To ensure clinical and cost-effective management of medicines within the Trust through commissioning of relevant audits & review of medicines usage and expenditure reports as required (via Pharmacy). Following review of the above, to provide advice to clinical and management leads and committees as appropriate.

24. To monitor and support implementation of external guidance e.g. NICE, on medicines usage.

25. To support transfer of care arrangements through work with commissioners.

26. To provide advice on the commissioning of medicines.

27. To provide advice to the Trust Quality Committee and other committees on legislation associated with medicines.

28. To receive feedback from Pharmacy Clinical Governance Committee on the audit of Controlled Drugs and medication security audits.

Other

29. To refer to the appropriate authorities those issues not within the remit of this Committee.

Constitution

Chair	Chief Pharmacist
Deputies	MTW Consultant or Deputy Chief Pharmacist

The Consultant deputy chair will be appointed from the Consultant body of the Consultant Committee. They should be from different sites (Maidstone/Tunbridge Wells). In addition to these roles, they will also act as representatives for their respective directorates.

Administrative support	MTW Formulary Pharmacist & Pharmacy Secretary
Consultant representatives for	Medicine x 3 Surgery x 2 Critical Care/anaesthetics x 1 Paediatrics/obstetrics/gynaecology x 1 Microbiology x 2 Oncology x 1 Endocrinologist x1 Palliative Care x 1
Chief Registrars (or representative)	Surgery x 1 Medicine x 1
Pharmacy Department	Chief Pharmacist Deputy Chief Pharmacists Formulary Pharmacist Electronic Prescribing & Medicines Administration (ePMA) Pharmacist Medication Safety Pharmacist
Nursing	Representative appointed by Director of Nursing: Nurse Managers x 1 Matrons x 2 Midwifery rep x1 Practice Development nurse Head of Nursing for Paediatrics and Neonates
Healthcare Professions	Chief of Healthcare Professions Trust Lead for Advance Clinical Practice Head of Clinical Engineering
Non-Medical Prescriber (NMP) representatives	
Local Integrated Care Boards (ICBs)	Prescribing Leads & Pharmaceutical Advisors from: West Kent HCP Other local HCPs as appropriate
Patient representative	

(As required)

Finance department (As required)

Co-opted representative

Frequency of meetings

Meetings will be held every two months, with at least five meetings every year.

Frequency of the meetings will depend on progress made in between meetings and some work may be carried out via email and correspondence.

Frequency of attendance for members (or their nominated deputies) of the DTMMC should be no less than 50% of scheduled meetings.

Quorum

The DTMMC is quorate when at least 7 members are present of whom at least 2 should be MTW Consultants or Chief Registrars, 3 MTW Pharmacists (including Pharmacist Chair), 2 nurses and an ICB representative. Members may participate in the meeting via a suitable video-conferencing facility where available.

If less than 7 members of the full membership (as above) are present, the meeting can be held but any decisions made must be ratified at the next meeting where quorate is made. This can also be done via email if ratification is required sooner.

If members are unable to attend, they are required to send a nominated deputy.

Monitoring and Review

The DTMMC's performance will be monitored by the Trust Clinical Governance Committee. The DTMMC will provide assurance to the Clinical Governance Committee that compliance with these Terms of Reference is being monitored, by keeping accurate minutes of all meetings, keeping registers of attendance, and providing update reports every 2 months to coincide with the meeting times.

The minutes of each meeting will be circulated to each committee member, and the committee will receive minutes from all its subgroups, the Antimicrobial Stewardship Group and the Local Chemotherapy Group.

These Terms of Reference will be reviewed every 2 years.

Declarations of interest

All committee members are required to state in writing any interests they hold in the pharmaceutical industry be they direct interests (such as being a shareholder/director of a company or acting as a lecturer or as a consultant) or indirect interests (the individual or co- workers receiving money, equipment or a salary which has been used to contribute to the running of research or clinical activities).

Interests should be declared in accordance with the Trust's Conflicts of interest policy & procedure via the ESR ESS ('My ESR') portal, which is available on the internet.

A register of such interests will be held by the Trust Secretary.

Terms of office

Chief Pharmacist, Chair - On-going as Professional Lead for Medicines Management and Trust Medication Safety Officer

Chief Pharmacist Deputy - Annual rotation.