Liverpool Heart and Chest Hospital NHS
NHS Foundation Trust

Reference Number: FOI202223/379
From: Commercial

Date: 05 January 2023

Subject: Details of drugs which have a NICE Technology Appraisal. Details of committees

As per the rules pertaining to the Freedom of Information Act, I am writing to you to request the following information,

Q1 The process(es) for drugs which have a NICE Technology Appraisal?

A1 Notified by Clinical Audit and Effectiveness Group, added to Drug & Therapeutics Committee for discussion. If relevant to the Trust a new product request will be submitted. Formulary updated.

Q2 The name of the formulary committee(s) that will be reviewing this on behalf of your organisation?

A2 Clinical Audit & Effectiveness Group, and Drug & Therapeutics committee

Q3 The forthcoming dates of these committee(s) meetings as far as they have been scheduled?

A3 See attachments –
379 Meeting Dates for CAEG 2023 for Clinical Audit & Effectiveness Group
379 Meeting Dates for D&T 2023 for Drug and Therapeutics committee

Q4 Name of the committee(s) Secretary and contact details?

A4 Staff name exempted under Section 40: Personal Information. Disclosure of names of individuals may potentially have adverse consequences to the employees. Any names of staff that are available in the public domain are accessible via our website or previous FOI requests on our disclosure log.

- http://www.lhch.nhs.uk/
- http://www.lhch.nhs.uk/About-Us/information-governance/DisclosureLog.aspx

Q5 Name of the committee(s) Chair and contact details?

A5 Dr Dennis Wat dennis.wat@lhch.nhs.uk

Q6 Copies of any minutes where a Icosapent Ethyl has been discussed during the committee(s) meetings?

A6 Information not held - Discussed at December 2022 meeting. Minutes currently being typed up.

Q7 Copy of the Terms of Reference for the committee(s)?

A7 Please see attached – *379 FOI Response*

Q8 Copy of the application form which needs to be completed, where a different form is applicable for different committees, please send over each one?

A8 Information not held - Icosapent Ethyl was passed at December 2022 Drug & Therapeutics committee for formulary inclusion.

Q9 Has Icosapent Ethyl been reviewed?

A9 Yes

Q10 If not, has Icosapent Ethyl been allocated as an agenda item on an upcoming committee(s) meeting?

A10 As per A9

Q11 Name of the person who has completed the 'formulary paperwork' on behalf of the drug that will be shared with the committee(s)

A11 Information not held – As per A8

Drug & Therapeutics Committee

Terms of Reference

For completion by Author				
Author(s) Name and Title:	Marc Vincent, Deputy Chief Pharmacist, Danny Forrest, Chief Pharmacist			
Scope:	Trust	Classification:	Terms of Reference	
Version Number:	10.0	Review Date:	01/11/2024	
Replaces:	9.0			
To be read in conjunction with the following documents:	Document Control Policy			
Document for public display:	Yes			
Executive Lead	Dr Perry			

For completion by Approving Committee				
Equality Impact Analysis Completed:		No		
Endorsement Completed:	No	Record of Changes	No	
Authorised by:	Quality Safety Experience Committee	Authorisation date:		

For completion by Document Control					
Unique ID No:		Issue Status:		Issue Date:	
After this document is withdrawn from use it must be kept in archive for the lifetime of the Trust, plus 6 years.					
Archive:	Document Control	Date Added to Archive:			
Officer responsible for Archive:	IG and Document Control Facilitator				

Contents

[Document Control will insert this before the finished document is published]

1. Constitution and Remit

To be responsible for all aspects of Medicines Management including:

- Quality of Prescribing
- Cost Effective use of Medicines (drugs and therapeutic agents)
- Handling and Storage of Medicines
- Medicine Safety
- Medicines Legislation
- Education of staff on medicine matters
- Research

The Drug and Therapeutics Committee ensures the Trust:

- Protects patients through systems that identify and learn from all patient safety incidents and other reportable incidents covering medicines (drugs and therapeutic agents) and make improvements in practice based on local and national experience and information derived from the analysis of incidents.
- Keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely.
- Conforms to NICE technology appraisals and, where it is available, take into account nationally agreed guidance (including NPSA guidance) when planning and delivering treatment and care.
- Medicines are monitored, prescribed, administered and dispensed in a manner with safety of the patient and staff in mind, in line with the trust's "safe from harm" programme
- Aligns any new approved drugs that will impact on primary care with Pan Mersey Recommendations.

2. Authority

Designated authority from the Operational Board.

3. Objectives and Duties

1. Developing and maintaining policies for the prescribing and administration of medicines within the Trust.

- Updating and maintaining the Medicines Policy.

- Monitoring the use of unlicensed medicines within the Trust.

- Approving policies, protocols and procedures involving drug therapy for the Trust.

2. Producing a formulary and prescribing policies for the Trust.

- The formulary will be reviewed every three years and regular audits will be carried out to measure compliance within the Trust.

- NICE guidelines will be incorporated into the formulary guidelines when necessary.

3. Monitoring medicine (drugs and therapeutic agents) expenditure and the introduction of new medicines within the Trust.

- A list of new medicines introduced into the Trust will be maintained and reviewed regularly.

4. Addressing prescribing issues between the Trust, secondary and primary care.

5. The incorporation, where appropriate, of NICE guidelines and NPSA alerts relevant to the Trust's area of work into policies and procedures.

6. To monitor and evaluate medication errors through the Medication Errors Review Sub-Committee.

7. To monitor a step down programme of antibiotic prescribing as part of the trust's Safe from Harm initiative. Within the antibiotic policy there is a section regarding the switching of i/v to oral that can be suggested by pharmacists. A list of antibiotics will be targeted and the success of getting antibiotics switched would then be monitored, reducing risks from i/v cannulation etc. and missed doses due to blocked venflons. This will be monitored on a six monthly basis.

Individual Committee members Responsibilities

Chairman:
1. To chair meetings and prepare agendas in collaboration with the pharmacy.
2. To represent the Drug and Therapeutics Committee at relevant committees.
3. To liaise with Clinical Leads to support the process of managing the introduction of new medicines.

Consultant representation from each division:
1. To represent colleagues with their division.
2. To liaise with colleagues in their division on all aspects of medicines management.
3. To provide feedback to colleagues on matters arising at committee meetings.
4. To advise the committee regarding issues in medicines management affecting their division.

Chief Pharmacist:
1. To advise the committee on legal and statutory controls on the prescribing, supply and administration of medicines.
2. To assist the formulary pharmacist in managing the implementation of the formulary.
3. To ensure only approved medicines of suitable quality are purchased and made available.
4. To ensure medicine audit work is supported by clinical pharmacists within available resources.
5. To support the development of patient group directions submitted to the committee.
6. To support the role of non-medical prescribers within the trust in conjunction with the director of nursing.
7. To support the chairman of the Safe Medication Practice sub-committee.

Deputy Chief Pharmacist / Senior Clinical Pharmacist:
1. To manage implementation of the formulary.
2. To ensure that new drug applications are completed correctly and references to support the application are supplied.

3. To liaise with divisional pharmacists where applications for new drugs have been requested.
4. To maintain the hospital formulary and ensure that this is regularly updated electronically.
5. To ensure that all aspects of the hospital formulary are reviewed every 3 years.
6. To prepare annual reports.
7. To liaise with divisional pharmacists and clinical committees with regards to the development of clinical guidelines.
8. To manage medicines audits in liaison with the appropriate medical/pharmacy/nursing staff.
9. To support the development of Patient Group Directions submitted to the committee and ensure that these are reviewed every 2 years.
10. To ensure that all staff working under Patient Group Directions receive appropriate training and complete necessary documentation.
11. To keep a record of all Non-medical prescribers prescribing at Liverpool Heart & Chest Hospital NHS Foundation Trust.
12. To support the role of Chief Pharmacist and Formulary Pharmacist in all aspects of Medicines Management.

The Director of Nursing, or their representative:

1. To support the role of non-medical prescribers within the trust in conjunction with the Chief Pharmacist.
2. To advise on the nursing implications of matters arising at committee meetings.
3. To assist with the management of Patient Group Directions.
4. To be responsible for approving Patient Group Directions relating to nurses.
5. To feedback to nursing staff all relevant medicines management issues discussed.

Ward Manager representative:

1. To advise on the nursing implications of matters arising at committee meetings.
2. To represent nursing staff at ward level.

A Pharmaceutical Advisor from Primary Care:

1. To represent the views of Primary care.
2. To communicate between Primary CarePrescribing Committees and the Trust.

A General Practitioner nominated by a local medical committee:

1. To represent the views of General Practice.

Finance representative:

1. To ensure decisions are taken within known financial allocations.

Medical Microbiologist:

1. To advise the committee on all matters relating to the use of anti-infectives in the Trust.
2. To liaise with external agencies with regards to antibiotic policy.
3. To lead on the development of guidelines or policies on anti-infectives use within the Trust.

Junior Doctor representative

1. To advise on the prescribing implications of committee decisions from a junior doctor perspective.

4. Integration

Copies of approved minutes will be sent to the three divisional governance meetings; Surgery, Medicine and Clinical Services.

5. Membership

- Chairman appointed by the Medical Director (as their representative)
- Consultant representation from each division: Medicine, Surgery and Clinical Services
- The Chief Pharmacist.
- Formulary Pharmacist / Deputy Chief Pharmacist.
- Senior Clinical Pharmacist / Deputy Chief Pharmacist.
- The Director of Nursing, or their representative e.g Head of Nursing – Clinical Services
- Ward Manager representative.
- A Pharmaceutical Advisor from primary care
- A General Practitioner nominated by a local medical committee.
- Finance representative-by invitation as per agenda
- Medical Microbiologist
- Junior Doctor representative.

6. Attendance

Members [or deputies] are expected to attend in the region of 75% of meetings.

7. Quorum and Frequency

60% attendance shall be considered quorate.
The Committee will meet monthly.
To include members joining via Microsoft Teams website application

8. Reporting

Minutes of the meetings will be presented to all members of the committee.
and also Governance committees for Medicine, Surgery and Clinical Services.

9. Conduct of Committee Meetings

- Apologies
- Minutes.
- Matters arising.
- Declarations of interest
- Action Log
- Clinical Governance – Policies/protocols for approval, Audits, Reports, Medicines Safety Alerts, NICE .
- New product requests.
- Divisional matters.

- Pan Mersey APC Report
- Any other business.
- The agenda and supporting papers will be sent out to committee members 5 working days prior to the meeting, unless authorized by the Chairman for exceptional circumstances.
- Authors of papers presented must use the required template.
- Presenters of papers can expect all committee members to have read the papers and should keep to a summary that outlines the purpose of their paper/report and key issues. Committee members may question the presenter.

10. Other Matters

The Committee will recommend action plans where appropriate. It will produce an annual report for review by QSEC.

Clinical Audit & Effectiveness Group (*CAEG) DATES FOR 2023-2024*

Date	Time	Location
6th April 2023	09:00	MS Teams
4th May 2023	09:00	MS Teams
1st June 2023	09:00	MS Teams
6th July 2023	09:00	MS Teams
3rd August 2023 (TBC)	09:00	MS Teams
7th September 2023	09:00	MS Teams
5th October 2023	09:00	MS Teams
2nd November 2023	09:00	MS Teams
7th December 2023	09:00	MS Teams
4th January 2024	09:00	MS Teams
1st February 2024	09:00	MS Teams
7th March 2024	09:00	MS Teams

Drug & Therapeutics Committee

Meeting Dates for 2023

Date	Day	Location
18 January	Wednesday	Teams
15 February	Wednesday	Teams
15 March	Wednesday	Teams
19 April	Wednesday	Teams
17 May	Wednesday	Teams
21 June	Wednesday	Teams
19 July	Wednesday	Teams
20 September	Wednesday	Teams
18 October	Wednesday	Teams
15 November	Wednesday	Teams
13 December	Wednesday	Teams

- **There will be no meeting in August.**
- **All meetings will commence at: 08:15**