The Devon Formulary and Referral

NHS Devon

http://www.devonformularyguidance.nhs.uk/

Devon Formulary Interface Group (FIG)

Terms of Reference

1 Purpose of the Formulary Interface Group

1.1 To provide a forum for NHS Devon Integrated Care Board (ICB) to work with the provider trusts it commissions to incorporate national and local treatment choices and guidance into a Joint Formulary.

2 Functions

The Devon Formulary Interface Group (FIG) will:

2.1 Work together for Devon to support safe, evidence-based, cost effective prescribing to make the best use of valuable health resources.

2.2 Produce, maintain and review a formulary for use across Devon. The formulary will comprise the output of processes to support the managed introduction, utilisation and withdrawal of treatments within the local health economy.

2.3 Ensure treatments approved by local decision-making groups are included in the Joint Formulary. Local decision-making groups include:

- Devon Clinical Policy Recommendation Committee
- Devon Partnership NHS Trust Drugs and Therapeutics Committee
- Livewell Southwest Medicines Governance Group
- Royal Devon University Healthcare NHS Foundation Trust New Drugs Group
- Torbay and South Devon Healthcare NHS Foundation Trust Medicines Approval Committee (MAC)
- University Hospitals Plymouth NHS Trust Drugs and Therapeutics Committee

2.4 Ensure treatments recommended by a NICE Technology Appraisal or a Highly Specialised Technology are included in the Joint Formulary in line with the ICB's statutory responsibility to commission within the timeframe recommended in that guidance.

2.5 Support secondary care use of treatments commissioned by NHS England.

2.6 Adopt treatment focused care pathways and develop formulary guidance to support the safe and appropriate use of treatments included in the formulary.

2.7 Engage with local specialists, generalists, clinical groups and networks to ensure guidance is clinically appropriate and locally relevant.

2.8 Review and update the Joint Formulary, which will be guided by national clinical guidance, new drug technologies and consultation with local clinicians.

2.9 Receive drug safety update information and consider how this information should be reflected in the formulary.

2.10 Agree the clinical content of shared care guidelines and whether a medicine is appropriate for shared care.

3 Membership

3.1 The Devon Formulary Interface Group is a multi-stakeholder group whose membership is intended to reflect the needs of the local population and organisations involved. The core membership comprises:

- Eight GP representatives selected from NHS Devon ICB
- Two consultant representatives, Royal Devon University Healthcare NHS Foundation Trust (RD&E & NDDH)
- Consultant representative, Torbay and South Devon NHS Foundation Trust
- Consultant representative, University Hospitals Plymouth NHS Trust
- Pharmacist representative, Royal Devon University Healthcare NHS Foundation Trust (NDDH)
- Pharmacist representative, Royal Devon University Healthcare NHS Foundation Trust (RD&E)
- Pharmacist representative, Torbay and South Devon NHS Foundation Trust
- Pharmacist representative, University Hospitals Plymouth NHS Trust
- Pharmacist representative, Devon Partnership NHS Trust
- Pharmacist representative, Livewell Southwest
- Medicines Optimisation Pharmacist, NHS Devon ICB
- Nurse / Non-medical prescriber representative, NHS Devon ICB
- Clinical Effectiveness Pharmacist (Joint Formularies), NHS Devon ICB
- Joint Formulary Specialist Pharmacy Technician, NHS Devon ICB
- Joint Formulary Pharmacy Technician, NHS Devon ICB
- Clinical Evidence Manager, NHS Devon ICB

The FIG Chair will be selected from the core membership of the Formulary Interface Group. When absence is anticipated the Chair will nominate an existing FIG member to deputise for that meeting. Otherwise the FIG will nominate a Chair from those core members present on the day.

The membership may be supplemented by a number of co-opted members appointed because of their level of knowledge and experience.

3.2 A current membership list will be maintained by the FIG secretariat.

3.3 It is the role of the FIG Chair to confirm that the membership has all relevant competencies to enable the FIG to undertake the business on the agenda.

3.4 Attendance will be monitored on a rolling annual basis by the secretariat and any identified low attendance (below 66%) highlighted to the Chair to follow up with the member.

3.5 Follow up will be at the Chair's discretion but will take into consideration such matters as the reasons for non-attendance and any issues with fulfilling the role.

3.6 Where members are failing to consistently attend meetings, the Chair or their representative will discuss a way forward with the member.

3.7 If members are unable to attend, they are not expected to arrange a deputy. There may be occasions when the secretariat in conjunction with the Chair consider that representation from the member's organisation would be beneficial to the discussion of a particular item, and the member will be requested to nominate a deputy to join the discussion. It is the responsibility of the FIG member to ensure that the deputy is appropriately briefed, possesses the required competencies, and has the authority to agree decisions at the meeting on behalf of their organisation.

3.8 Members are responsible for communicating outputs and recommendations of meetings within their organisations. Recommendations published on the Joint Formulary website are summarised in the Formulary Update produced by the Formulary Team after each meeting and circulated to FIG members for onward dissemination.

3.9 Members are encouraged to promote the use of the formulary within their organisation.

4 Meetings and Conduct of Business

4.1 Meetings will be conducted regularly at a frequency agreed by the FIG, but it is expected that there will be six meetings per year.

4.2 Meeting dates will be set annually and circulated to FIG members by the secretariat.

4.3 Meetings of the FIG will be formal and an appropriate agenda and minutes produced.

4.4 Draft minutes will be sent initially to the Chair and subsequently to FIG members for comment.

4.5 Meeting papers are written by or in conjunction with the Formulary Team. Meeting papers will be disseminated to FIG members prior to the meeting.

4.6 Administrative support will be provided by the Clinical Effectiveness Team, NHS Devon ICB.

4.7 Meetings will be held virtually (using Microsoft Teams), with occasional face-to-face meetings.

4.8 For the FIG meeting to be quorate there will be at least four medical practitioners, (of whom at least three are General Practitioners) and two pharmacist representatives, (of whom at least one must be from the Clinical Effectiveness team, NHS Devon ICB).

4.9 If meetings are not quorate, they may still go ahead as planned at the Chair's discretion, but any recommendations must be confirmed with a quorate of members before any guidance is issued.

4.10 Decisions are taken via a consensus approach after taking into account an assessment of the information which is known about the proposed guidance or intervention. The following will be considered, as appropriate, according to the item under discussion: national strategic direction, clinical effectiveness, safety, cost effectiveness, financial impact, and feedback from stakeholder engagement.

4.11 Clinical specialists and other stakeholders can be invited to attend meetings as needed to discuss specific agenda items.

4.12 In addition to the virtual (Microsoft Teams) face to face meetings with formal agendas and minutes, e-FIG meetings will be held as required for appropriate items. The progression of an item through this process includes:

- FIG members will be sent an e-mail requesting an e-FIG decision. The FIG discussion paper will be attached to the e-mail for consideration.
- There will be a period of at least two weeks for members to submit responses to an e-FIG request. A shorter consultation period may be required in exceptional circumstances.
- If it becomes apparent during the e-FIG process that a detailed discussion of the item is required, no decision will be taken and the item will be included on the agenda of the next FIG meeting for discussion
- Members must submit a declaration of interests with their response to the e-FIG consultation.
- Quoracy for e-FIG meetings is the same as for FIG meetings. If quoracy is not achieved during the consultation period, there may be a further consultation, or the item may be taken to a FIG meeting
- The outcomes of e-FIG meetings will be reported and recorded in the minutes of the subsequent FIG meeting.

5 Governance/Reporting arrangements

5.1 The Devon FIG reports to the ICB Executive Committee or appropriate group with delegated authority via the Devon Clinical Policy Recommendation Committee.

5.2 Meeting minutes are approved by FIG members at the following meeting. The approved minutes of the Devon FIG will be made available on the Joint Formulary website.

5.3 The FIG approves an annual report which is submitted to the Devon Clinical Policy Recommendation Committee. The annual report is published on the Joint Formulary website.

5.4 The Terms of Reference will be reviewed annually and made available on the Joint Formulary website.

6 Declaration of Interests

6.1 All members of the FIG and attendees are required to complete and submit a declaration of interests prior to the meeting. The Chair will ask that any declaration of interests be made known to the members to indicate the nature and extent of any potential conflict of interest. These are recorded in the minutes of the appropriate meeting and in the Annual Report.

6.2 The Chair has responsibility for agreeing how to manage any conflict of interest in the context of the meeting. Possible actions may include, but are not limited to:

- Asking conflicted individuals to leave the meeting when the relevant matter(s) are being discussed.
- Allowing conflicted individuals to participate in some of the discussion but excluding them from developing recommendations and decision-making on the matter(s). For example, this may be appropriate where the individual has important relevant knowledge and experience of the matter(s) under discussion, which it would be of benefit for the meeting to hear.
- Noting the interest but allowing the individual to remain and participate in both the discussion and in any decision-making.

6.3 Declaration of interests are required for items discussed via e-FIG meetings. The Chair has responsibility for agreeing how to manage any conflict of interest. Any interests declared and actions taken in relation to these will be formally recorded at the next FIG meeting.

7 Observers

7.1 The FIG is not a public meeting and as such is not open to general members of the public and commercial representatives.

7.2 Attendance at a FIG meeting as an observer is by prior agreement with the secretariat and subject to certain considerations including the items for discussion and the number of attendees. It is expected that this would be at the request of, and accompanying, a FIG member. Observers are required to complete and submit a declaration of interest prior to the meeting.

7.3 Observers should be healthcare professionals or individuals otherwise involved in supporting the local health community, who are able to demonstrate that an understanding of FIG meetings is fundamental to their role in the local health care community.

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