

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 28 November 2022
Title:	NHS Ayrshire & Arran Drug & Therapeutics Committee remit and constitution and appointment of a new Chair
Responsible Director:	Dr Crawford McGuffie, Medical Director
Report Author:	Roisin Kavanagh Director of Pharmacy & Tracy Love Principal Pharmacist on behalf of the Area Drug & Therapeutics Committee

1. Purpose

This is presented to the Board for:

- Decision

This paper relates to:

- Local policy

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

The Area Drug & Therapeutics Committee's (ADTC) remit and constitution requires to be reviewed and approved by the NHS Board every two years, with the current version last approved on 25 March 2019.

The current ADTC Chair (Dr Jon Staines) retired in August 2022 and a replacement requires to be appointed by the NHS Board.

2.2 Background

The ADTC is the professional advisory group for medicines governance within NHS Ayrshire & Arran. The ADTC's remit and constitution is based on the recommendations from the review of ADTC roles carried out by Professor Charles Swainson in 2013 ([link](#)), which as part of this recommended that *"The Board should appoint the Chair"*.

In addition the ADTC's remit and constitution (section 17.3) states that the NHS Board requires to approve any amendments to this before implementation.

2.3 Assessment

The proposed amendments to the ADTC remit and constitution are indicated in red in appendix 1, with the main changes being:

- refreshed duties and functions
- updated membership to reflect new job roles and to increase nursing representation on the group.
- structure of the ADTC committee, incorporating the new Safe Sedation working group.
- change to the wording regarding specialist advisors to the committee
- updated quorum
- refresh of the addendum layout to illustrate the ADTC structure and the links with other groups/ committees

The current ADTC Vice Chair, Dr Joellene Mitchell (Consultant Anaesthetist) has been nominated by the ADTC as their new Chair.

2.3.1 Quality/patient care

The remit of the ADTC is to ensure through good medicines governance the delivery of high quality care and treatments to our local population.

2.3.2 Workforce

There is impact on workforce from the changes proposed.

2.3.3 Financial

There is no financial impact from the changes proposed.

2.3.4 Risk assessment/management

Not required.

2.3.5 Equality and diversity, including health inequalities

An impact assessment has not been completed because this is not required.

2.3.6 Other impacts

- Best value
 - Effective Partnerships
 - Governance and accountability
 - Use of resources

2.3.7 Communication, involvement, engagement and consultation

Representatives from the Area Pharmaceutical Professional Committee and the GP Subcommittee are members of the ADTC who have been consulted on the update to the remit and constitution and the Chair nomination.

2.3.8 Route to the meeting

The proposed changes to the ADTC's remit and constitution, as well as the nomination for Chair have been considered and supported by:

- Area Drug & Therapeutics Committee, 9 May 2022
- Healthcare Governance Committee, 6 June 2022

2.4 Recommendation

For decision. Members are asked approve:

- the proposed changes to the Area Drug & Therapeutics Committee's remit and constitution (appendix 1).
- Dr Joellene Mitchell as the new Chair of the Area Drug & Therapeutics Committee.

3. List of appendices

The following appendices are included with this report:

- Appendix 1, NHS Ayrshire & Arran Area Drug & Therapeutics Committee remit and constitution (draft)

REMIT & CONSTITUTION

1. This Committee will be known as the NHS Ayrshire & Arran - Area Drug & Therapeutics Committee (ADTC).
2. **DUTIES AND FUNCTIONS**
 - 2.1 The core function of the Area Drug & Therapeutics Committee will be to support the work of the NHS Board by:
 - Providing strategic advice on prescribing and medicine use
 - ~~Producing a prescribing strategy for NHS Ayrshire & Arran~~
 - Acting as the link with the Scottish Medicines Consortium and ~~the Health Improvement Scotland hosted~~ ADTC Collaborative
 - Advising and supporting the processes for the managed entry of new medicines
 - Maintaining the NHS Ayrshire & Arran Joint Formulary
 - ~~Advising on clinical prioritisation of medicines~~
 - Advising on medicines related issues at the primary/secondary care interface
 - Advising on relationships with the pharmaceutical industry
 - Advising on use of unlicensed medicines ~~and approving policies and guidelines relating to their use~~
 - ~~Advising on changes to legislation affecting and widening rights to prescribe~~
 - ~~Provide guidance on how non-medical prescribing can be implemented effectively and safely within NHS Ayrshire and Arran~~
 - Promoting, developing and supporting non-medical prescribing.
 - Approving shared care protocols
 - Approving local prescribing guidelines
 - Endorsing national developed guidelines relating to the prescribing of medicines and agreeing a process of local implementation.
 - Approving policies related to prescribing or the use of medicines
 - Approving documentation systems ~~for relating to the~~ prescribing of medicines
 - Approving medicine related information for patients
 - Approving patient group directions and patient specific direction templates
 - Advising on issues relating to safety and risks from the use of medicines
 - Supporting the reporting and review of adverse drug reactions/ incidents related to prescribing or the use of medicines
 - Responding to advice from the Medicines & Healthcare products Regulatory Agency (MHRA)
 - Delivery of a comprehensive approach to National policy regarding medicines, linking with regional and National groups where appropriate

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Written By	G Caldwell R Kavanagh, Director of Pharmacy/ T Love Principal Pharmacist	Review Date	March 2021
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- Identifying the need for education and training in prescribing and medicine use
- Supporting appropriate safe and cost effective prescribing and use of secondary care speciality medicines via third party homecare service providers including specialist homecare companies and community pharmacies
- Supporting ~~special interest/ specific~~ subgroups (including any associated working groups) and working groups who directly report to the ADTC ~~Formulary Management group, Non Medical Prescribing Group, Medicines Guidelines and Protocols Group, Antimicrobial Management Group, Safer Medicines Group and Medicines Homecare Management Group,~~
- Supporting audit and review of existing patterns of prescribing
- Communicating with clinicians regarding medicine related matters

2.2 This remit will be reviewed every two years.

3. MEMBERSHIP OF THE AREA DRUG & THERAPEUTICS COMMITTEE

3.1 The membership of the Committee will be:

- Consultants ~~or senior hospital clinicians~~, ensuring broad representation from ~~medical practice~~ (minimum of four, ~~with at least one based within the Community Health, preferably representing each Clinical Governance group~~)
- General Practitioners (minimum of four – three nominees from each of the Health and Social Care partnerships and one nominee from the GP sub committee)
- Medical Director or nominee
- Director of Pharmacy
- Director of Nursing ~~and/or nominees~~ (minimum of two representatives ensuring broad representation from nursing practice)
- Consultant in Dental Public Health ~~or nominee~~
- ~~Lead Pharmacist – Public Health & Community~~
- ~~Lead Pharmacist – Medicines Utilisation & Education~~
- Associate Director of Pharmacy
- Principal Pharmacist - Medicines Information Service
- Community pharmacist
- Hospital pharmacist
- Primary care pharmacist
- Ayrshire Hospice representative
- Representative from the prison service
- Chairs of each of the sub groups of ADTC - Formulary Management Group, Non Medical Prescribing Group, Medicines Guidelines and Protocols Group, Antimicrobial Management Group, Safer Medicines Group and Medicines Homecare Management Group
- Public Representative

3.2 Method of Appointment

- The NHS Board will appoint the Chair of the ADTC
- The Medical Director will nominate Consultants
- Each Health and Social Care partnership (North, South, East) will nominate one General Practitioner
- The GP Sub-Committee will nominate one General Practitioner
- The Director of Pharmacy will nominate the ~~hospital~~ pharmacists (excluding the community pharmacist representative)
- The Area Pharmaceutical Professional Committee will nominate the Community Pharmacist
- Named deputies will be arranged.

4. SUB COMMITTEES

4.1 The direct duties and responsibilities of the ADTC are outlined in Addendum 1.

4.2 The ADTC will oversee the work of six standing Sub-Groups and associated working groups, namely

1. Formulary Management Group (FMG) (associated workgroups : Mental Health Prescribing Group)
2. Non Medical Prescribing Group (NMPG) (associated working group:-Patient Group Directions working group)
3. Medicines, Guidelines and Protocols Group (MGPG)
4. Antimicrobial Management Group (AMG) (associated workgroup:- Antimicrobial Management Team)
5. Safer Medicines Group (associated workgroups: Datix Medicines Review Group, ~~National patient safety programme~~), ~~The SPS Medicines Clinical Advisory Group, which has a local NHS Ayrshire & Arran representative, also links.~~
6. Medicines Homecare Management Group

- In addition there are ~~three~~ five specific workgroups who report directly to ADTC;

1. Code of Practice for Medicines Governance ~~Group~~, ~~(associated workgroup—~~
2. Infusion Therapy working group,
3. Polypharmacy working group ~~and the~~
4. Analgesic Prescribing working group
5. ~~Safe Sedation working group.~~

4.3 Details of the duties, functions and suggested minimum compositions of the standing Sub-Committees are outlined in their remit and constitutions.

4.4 The Committee may appoint additional ad hoc sub groups as appropriate to consider and provide advice on specific issues.

4.5 The Chairs of the Sub Groups will be appointed as ADTC members if they are not already a member.

4.6 The ADTC organisational chart is outlined in [Addendum 2](#)

5. SPECIALIST ADVISORS

- 5.1 ~~Where appropriate the Committee will establish a register of specialist advisors, representing Managed Clinical Networks and other clinical specialties.~~
- 5.2 The ADTC or any of its standing Sub-Committees will communicate and consult with ~~such~~ specialist advisors ~~through either the speciality Clinical Director or Managed Clinical Network~~ when deemed appropriate.

6. TENURE OF OFFICE FOR NOMINATED MEMBERS

- 6.1 Nominated members will serve for a maximum of four consecutive years and will be eligible for re-nomination. If a nominated member resigns or retires, a replacement will be provided by the appropriate nominating body. The replacement will hold office for the remainder of the period for which the member he/she replaces would have held office.
- 6.2 The immediate past Chair, if not a member of the Committee, will serve in an ex officio capacity for 2 years following the termination of his/her chairmanship.

7. OFFICE BEARERS

- 7.1 A Chair and a Vice Chair will be elected from the membership of the Committee. The appointment of the Chair will be approved by the NHS Board
- 7.2 The Chair will have discretionary powers to act on behalf of the Committee but in doing so will be answerable to the Committee.
- 7.3 The Director of Pharmacy will undertake the duties of Professional Secretary to the ADTC.

8. NOTICE OF MEETINGS

- 8.1 The Professional Secretary will arrange to send agenda, minutes and notices of meetings to every member of the Committee 5 working days before the day of the meeting. Failure by one or more members to receive papers will not invalidate proceedings.

9. MINUTES

- 9.1 The Professional Secretary will arrange for minutes to be prepared and draft copies will be sent to each member no later than 5 days before the next meeting. The draft will be approved at the next meeting of the Committee.
- 9.2 Once approved, the minutes will be lodged on the NHS Ayrshire & Arran intranet site on AthenA.

10. REPORTING MECHANISM

- 10.1 The Committee shall provide the Healthcare Governance Committee of NHS Ayrshire & Arran with a retrospective report of activities and a prospective work plan on an annual basis.
- 10.2 The Committee shall advise the Healthcare Governance Committee of any factors that the Committee believe to be relevant.

10.3 The Committee shall also advise the Clinical Governance structures when operational action is required in relation to a medicine or therapeutics related issue.

11. MEETINGS

11.1 Meetings will usually be held every 2 months.

The Committee has the right to alter or vary these arrangements.

11.2 **Committee Members** - In the event of a member of the Committee being unable to attend, apologies for absence should be sent to the Professional Secretary and wherever possible deputies should be arranged.

11.3 Where a member of the committee has not attended for 3 consecutive meetings, then the committee secretary will write to the individual member to ask whether they wish to remain on the committee or suggest an alternative nomination

11.4 **Persons not Members of the Committee** - The Committee will have the power to invite persons who are not members of the Committee to attend meetings.

12. QUORUM

12.1 The Committee Quorum is ~~ten eleven~~ members. ~~At least two must be medical practitioners.~~ **At each meeting at least two medical practitioners, two pharmacists and one nursing representative must be present.**

13. COMMITTEE DECISION

13.1 Where the Committee is asked to advise on a matter and a majority decision is reached, the Chair will report the majority view to the Healthcare Governance Committee of NHS Ayrshire & Arran but will also make known any minority opinion and present the supporting arguments for all view points.

14. REQUESTING MEETINGS

14.1 Two members may, by writing to the Chair, request an extraordinary meeting of the Committee and should specify the business to be discussed at such a meeting.

14.2 The Chair's decision on whether to accede to the request will be final, and must be reported to the next ordinary meeting of the Committee.

15. ADMINISTRATIVE SUPPORT

15.1 The office of the Director of Pharmacy will provide administrative support to the Committee.

16. CONDUCT OF MEETINGS

16.1 The Chair will be responsible for the conduct of the meetings and for ensuring that the agreed recommendations of the Committee are conveyed to the NHS Board.

17. ALTERATIONS TO THE CONSTITUTION AND STANDING ORDERS

17.1 The constitution will be reviewed by the Director of Pharmacy every two years

17.2 Proposals for in term alterations will be progressed only by a majority of not less than two thirds of the member committee at a special meeting of the Committee

called for purpose, of which, at least 21 days notice will be given setting out the proposed alteration or amendment. Such alterations or amendments so agreed will be intimated to each member of the Committee.

- 17.3 The proposals must be submitted to the NHS Board for approval before implementation.

18. DELEGATED POWERS OF SUB-COMMITTEES

- 18.1 Sub-Committees will have delegated to them such powers as may be agreed by the Committee.

- 18.2 These will be specified in the Constitution of each sub committee

19. CONFIDENTIALITY

- 19.1 All members of the Committee will be responsible for maintaining the confidentiality of NHS Board and Divisional documents.

- 19.2 The Chair will rule where necessary to advise on the confidentiality of documents.

20. CONFLICT OF INTEREST

- 20.1 Members are expected to act objectively and will declare any personal or non-personal interests in accordance with the agreed Code of Practice for members of the Drug and Therapeutics Committees.

- 20.2 A register of declared interest will be kept by the Secretary of the Committee.

- 20.3 This register of interests will be updated annually.

21. EXPENSES

- 21.1 Members of the Committee who incur reasonable expenses will have travelling and other allowances, including compensation for the loss of remunerative time, defrayed by the NHS Board, subject to the procedures of the Board. Payments will only be made as respects the exercise of function conferred and where they are not met by any other body.

This list should be read in conjunction with the full ADTC Constitution. This list represents the duties directly undertaken by the ADTC. Other duties as specified are delegated to the respective sub committee.

The ADTC will retain **direct** responsibility for the following aspects of work.

- The provision of strategic advice on prescribing and medicine use
- ~~The production of a prescribing strategy for NHS Ayrshire & Arran~~
- The development of strong links with the Scottish Medicines Consortium & the ADTC Collaborative
- The provision of advice and support for the managed entry of new medicines
- ~~The provision of advice on clinical prioritisation of medicines~~
- The provision of advice on medicine related issues at the primary/secondary care interface
- The provision of advice regarding relationships with the pharmaceutical industry
- Approval of initial group (blanket) requests for unlicensed medicines **and any new prescribing guidelines associated with their use**
- Responding to advice from the Medicines and Healthcare products Regulatory Agency (MHRA)
- The provision of suitable responses to national policies relating to prescribing or the use of medicines
- The identification of education and training needs in prescribing and medicine use
- Supporting the **ADTC special interest/specific** subgroups (including any **associated working groups**) and working groups **who directly report to the ADTC**
- Supporting audit and review of existing patterns of prescribing **ADTC**
- The communication of ADTC issues with clinicians

These responsibilities will be discharged by ongoing work programmes or the establishment of short life working groups.

The ADTC will delegate other key responsibilities to standing sub groups and **the ADTC direct reporting working groups** as outlined in their **individual** constitutions of each sub group.

Sub groups **the ADTC direct reporting working groups** have full delegated authority to act on behalf of the ADTC.

Sub groups and **the ADTC direct reporting working groups** are required to report their activity to the ADTC on a regular basis.

Sub groups ~~the ADTC direct reporting working groups~~ can refer items they cannot resolve to the main ADTC for review and decisions.

The ADTC will consider and ~~accept~~ ~~advise on~~ recommendations ~~of from~~ the sub groups and the ADTC direct reporting working groups.

DRAFT 03 (09 May 2022)

