



City and Hackney

Homerton University Hospital 
NHS Foundation Trust

NHS City & Hackney & Homerton University Foundation Hospital NHS Trusts – Joint Prescribing & Medicines Management Group (JPG) Terms of Reference & Operational Procedures

Terms of Reference September 2009

Aims

The JPG is an Area Prescribing Committee (APC). An APC is a 'strategic' local group whose 'member' organisations are clinicians, providers and commissioners working together to ensure that patients have a consistent approach to medicines in the context of care pathways which cross multiple providers.

The overall aims of the JPG are to promote the cost-effective and equitable access and provision of medicines, and to facilitate consistency of approach in prescribing and medicines management within the City and Hackney region of London. It is an opportunity to engage both primary and secondary care clinicians at a central point leading to mutually agreed decisions and practice.

The benefits to patients and the two organisations of having an effective and integrated JPG include:

- Promote co-operation and consistency of approach in the commissioning process within and across different care pathways
- Prevent duplication of professional and managerial effort by ensuring local joint working
- Ensure that robust standards and governance underpin and provide accountability for community wide decision-making
- Enable key stakeholders, working in the NHS locally, to exert an influence on the prioritisation, improvement and development of healthcare delivery
- Co-ordinate the safe and cost effective use of medicines across a health community to improve outcomes for patients.

The main functions of the JPG are:

- medicines commissioning
- interface management
- governance
- patient safety

Objectives

MEDICINES COMMISSIONING:

1. Plan for and manage the introduction of, and disinvestment in, medicines in the local health economy
2. Ensure that decisions taken about medicines usage are consistent with wider commissioning frameworks, for example, the annual commissioning round and prioritisation frameworks
3. To oversee the process and be instrumental in the commissioning of high cost drugs from the Homerton Hospital. To review high cost drug prescribing practice and make recommendations as to which drugs should be commissioned in the future through local SLA negotiations.
4. Consider funding pathways and work with commissioners and contractors to ensure that systems are in place to manage high cost medicines and / or interventions within the context of existing (and future) financial frameworks
5. Management of the financial implications of medicines usage across the health community
6. Highlight to PCTs and provider Trusts the potential impact (cost saving or cost generation) of medicines usage
7. Make recommendations to commissioners about medicines linked to care pathway design and changes in service delivery
8. Establish/contribute to commissioning policy for which medicines, devices and appliances will be used across a health community (this may include, development of formularies and generic policies, for example, use of medicines for unlicensed indications)

PATIENT SAFETY:

9. Ensure patient safety is incorporated as a specific issue in all decisions and recommendations made by the JPG, including the safety aspects of the way medicines are used in practice
10. Consider the impact of NPSA patient safety alerts on medicines usage across care interfaces
11. Support safe medicines usage across care interfaces, this may include, identifying the need for and/or developing shared care protocols and treatment guidelines, contributing to traffic light systems, discharge prescribing policies and processes
12. Provide a forum for informed discussion between clinicians from both primary and secondary care to ensure that the implications of any significant changes in practice are defined and understood
13. To advise on public health issues relating to the use of medicines in City and Hackney.

GOVERNANCE:

14. Ensure that robust standards and governance arrangements underpin area wide decision-making / advice related to medicines
15. Provide guidance for appropriate working with the pharmaceutical industry including guidance for PBC consortia and non-medical prescribers
16. Develop effectiveness measures against the main priorities of the JPG
17. Ensure advice, once agreed, is implemented and / or endorsed by relevant organisations, for example, by an implementation and monitoring plan
18. Develop/contribute to quality standards around medicines usage to be included in provider contracts
19. Monitor medicines use in the health community and feedback to local organisations
20. Advise on the appropriate route of supply for medicines across care interfaces (e.g. non-medical prescribing, patient group directions)
21. To ratify drug related treatment guidelines and protocols.
22. To encourage evidence based, cost effective and safe prescribing across the interface.

INTERFACE MANAGEMENT:

23. Provide guidance on medicines management issues that have an effect on clinical practice and the overall delivery of healthcare in the local health economy
24. Provide a forum for informed discussion between clinicians from both primary and secondary care to ensure that the implications of any significant changes in practice on the management of healthcare resources are defined and understood
25. Facilitate local implementation of national policy and/or guidance across care interfaces (e.g. NICE guidance, Better Care, Better Value Indicators). To consider local strategic implications of NICE guidance related to medicines, agree a process for implementation locally and suggest recommendations on how to monitor implementation of NICE recommendations in City and Hackney.

26. Advise on social and local authority issues relating to medicines management
27. Advise new and emerging organisations / groups who will have an impact on medicines management in the health community, e.g. PBC consortia, private providers
28. Co-ordinate community-wide initiatives, e.g. antibiotic usage, safety campaigns, patient awareness, medicines wastage
29. To work in line with the two Trusts' Interface Prescribing Framework and Ethical Framework.
30. To ratify, agree and oversee the review of the contents of the Joint Formulary and related documents.

Operational Procedures of the Joint Prescribing & Medicines Management Group

Membership: September 2009

NAME	TITLE
Mr. Chris Barnick	Homerton Consultant Obs & Gynae, Joint Chair of JPG
Dr. Haren Patel	GP, CHTPCT Clinical Governance/Prescribing Lead, Joint Chair of JPG
Jas Khambh	Interface Pharmaceutical Adviser/NMP Lead/SMS Manager, CHTPCT Joint Secretary to the JPG
Dr. Jonathan Gore	GP
Dr. Jenny Darkwah	GP
Dr. Rajiv Goel	GP
Jonathan Mason	CHTPCT Chief Pharmacist
Barbara Brese	CHTPCT Joint Chief Pharmacist
Joshua Jameson	CHTPCT Prescribing Adviser
Saloni Thakrar	CHTPCT & HUH Interface Pharmacist Joint Secretary to the JPG
Roshan Jayaseelan	Interim Pharmaceutical Adviser
Iola Williams	CHTPCT Homerton Chief Pharmacist
Mousumi Guha	Homerton Medicines Information Pharmacist
Maddy Woods	Homerton Nurse Consultant
Dr. Louise Abrams	Homerton Consultant Clinical Pharmacologist
Dr. Rajakulasingham	Homerton Respiratory Consultant
Dr. Richard Bull	Homerton Consultant Dermatologist
Dr. Anderson	Homerton Consultant Endocrinologist
Dr. Rajiv Sood	Homerton Consultant Paediatrician
Dr. Alleyna Claxton	Homerton Consultant Microbiologist
Mukhtar Manji	Community Pharmacist
Anna Anderson	Homerton Director of Finance
Keeley McSweeney	CHTPCT nurse representative Lead Nurse First-Response
Vacant	Lay representative
Members that attend as & when required only:	
Suman Barbhaya	CHTPCT Interim Community Pharmacy Adviser
Raj Radia	Community Pharmacist, Chair, CHTPCT pharmacy forum
Eugene Staunton	Senior Commissioner for hospital services, CHTPCT

Other people to whom the minutes and documents of the JPG are circulated for information are:

- East London Foundation Trust Chief Pharmacist
- BLT Chief Pharmacist
- Tower Hamlets PCT Chief Pharmacist
- Newham PCT Chief Pharmacist
- CHTPCT Director of Public Health
- Other members will be co-opted as necessary to discuss relevant items, e.g. where a specialist opinion is required for a particular discussion, the appropriate specialists would be invited.
- Doctors making new drug applications will be invited to the meeting to discuss their applications.
- If a finance or commissioning opinion is required, then they would be invited to the meeting as appropriate.

Membership Requirements

Excluding the 2 Chairs and the Secretarie(s) of the JPG, the membership may include:

- Senior medical representative from each member organisation, e.g. provider Trust medical director, PCT medical director
- Senior pharmacy representative from each member organisation, e.g. acute Trust chief pharmacist, PCT head of medicines management
- Senior nurse representative
- Lay representative
- PCT commissioning and finance representatives
- Professional secretary
- Other pharmacists, for example, acute, medicines information, formulary, community
- Other medical representatives, for example, GPs, provider Trust clinicians, clinical pharmacologists
- Public health representative
- Mental health representative (if not a core organisation)
- Non-medical prescribing representative
- PBC consortia representative
- Local Medical Committee (LMC) representative
- Local Pharmaceutical Committee (LPC) representative
- PCT professional executive committee chair
- Social services
- Ethics committee representative, academic representative

Note: some of these specialists that do not form the core membership, would be invited to the JPG as and when required.

There are more hospital consultant members than general practitioners on the JPG to account for the fact that hospital consultants are more sub-specialised. The consultant membership therefore needs to reflect the various specialities

within the hospital, i.e. membership must include pharmacological, surgical, medical and microbiological representation.

Specific directorate pharmacists may be required to attend a particular meeting if issues/new drug applications arise that relate to their directorate.

Membership will be reviewed on an annual basis.

If a member has poor attendance or has not attended for 3 consecutive meetings without any explanation, they will be contacted to determine if they still wish to continue their membership.

New members will only be elected with approval from the whole group and provided there is a vacant position on the group e.g. if a member drops out.

For meetings to be quorate, at least 6 members should be present at each meeting, with a reasonable representation of the PCT and the hospital.

Chairing of Meetings

Since the JPG is an Area Prescribing Committee that covers the local acute trust and the PCT, the chairing of meetings is alternated between the PCT Chair (the GP prescribing lead) and the Homerton Hospital Chair (a Homerton clinician). This is in order to reflect the cross-trust nature of the group and to ensure proper representation.

Election of Chairs

- Chairs will be elected or re-elected on a 3 yearly basis if necessary.
- The PCT Chair will be the GP Prescribing lead that has been elected by the PCT, provided the JPG votes in favour of this person chairing the group.
- The Hospital Chair will be a Hospital clinician elected by the group.
- The same Chairs may continue into the next year provided that the JPG members vote in favour of those particular Chairs and provided that the individuals concerned wish to continue chairing.

Role of Chairs

Strong leadership from the Chairs is generally seen as one of the key success factors for the group. The committee's chairpersons need to be committed to the group's functions and able to command the professional respect of his / her peers locally.

The role of the Chairs is to facilitate the JPG meetings to ensure that all members of the group have an opportunity to contribute constructively and that decisions are reached by agreement or consensus.

The Chairs must also liaise and engage with the Secretary of the JPG prior to meetings for any relevant discussions required before meetings, e.g. scanning of new drug applications to ensure that they are of good quality and sufficient standard to be submitted to the JPG.

Role of Group Members

A strong facet of the group is its multidisciplinary membership. In order to maximise the expertise of the members and to address timeliness issues, members will be expected to:

- Accept ownership of any guidance/recommendations produced by the JPG
- Undertake work as necessary between meetings
- Commit to actively participate at meetings in the preparation of the recommendations to achieve consensus based on the multidisciplinary expertise of the individuals
- Commit to active participation in finalising guidance documents, recommendations and decisions by providing timely feedback on drafts of any documents circulated
- Any additional items for a meeting must be forwarded with all relevant information to the Secretary of the JPG at least 2 weeks prior to the next meeting
- Communication between meetings should primarily be via email.
- The role of group members is also to represent their own profession and colleagues and therefore communicate and liaise with their colleagues as required by the group.
- Promote two-way communication between the JPG and relevant NHS colleagues / organizations
- Take specific views, from the JPG, back to your own organisation for comment, and then to feed back the responses to the JPG, as appropriate
- Commit to regular attendance of JPG meetings to ensure continuity and balance of input into decision-making
- Be an enthusiastic, motivated and active participant in the group
- Declare prior to each meeting any outside interests, which might have a bearing on your actions, views and involvement in discussions within the group.

Meetings

- Regular meetings will be held on a monthly basis, the dates of which will be circulated at the beginning of each year.
- At least 6 members will have to be in attendance for a meeting to be quorate, with a reasonable representation of the PCT and the hospital.
- Additional, extraordinary meetings may be convened at more frequent intervals, at the discretion of the Chair, to consider urgent issues.
- Records will be kept of the proceedings, decisions and advice of the JPG. These will be circulated as minutes by the Secretary of the group.
- Discussions at meetings should be confidential, unless stated otherwise and not disclosed to any unauthorised person. Views and opinions should not be attributed to any member by name.
- A 6 – 12 monthly away-day of the JPG will be held that all members of the JPG will be invited to attend. This will be dedicated to developing the role of the group and its members as necessary, for the purposes of ensuring that we have a highly effective group.

Format and Function of Meetings

- Meetings should last a maximum of 1.5 hours. They will be scheduled to take place approximately every month on the 2nd Monday of each month. Dates for the whole year will be circulated at the beginning of the year.
- Meetings will be held at the Homerton University Hospital.
- Lunch will be provided at all meetings.
- At least 30 minutes will be allocated to the discussion of any new drug applications.
- In general, only 2 new drug applications will be discussed at each meeting.
- If there are any particular urgent new drug applications then these may be tabled for discussion at the discretion of the Secretary/Chair depending on the agenda.
- No new drug application will be an agenda item for more than 2 consecutive meetings, i.e. a decision must be reached by the 2nd meeting except in situations out of our control e.g. if the group is waiting for a particular piece of information from an external body e.g. HIV group, cancer group, mental health trust.
- If members feel that additional information on a new drug application is required before a decision can be reached, wherever possible this should be communicated to the JPG Secretary BEFORE the meeting rather than AT the meeting so that this information is available at the meeting allowing speedy decisions.
- If a new drug application is not completed appropriately, or if proper representation is not made at the meeting, then the application will not be formally considered.
- The purpose of the meetings is to:
 1. discuss draft documents circulated before the meeting
 2. agree recommendations following comments from members
 3. agree recommendations on new drug applications
 4. discuss any other relevant issues e.g. prescribing issues, NICE, NPSA, formulary management, education and training.
 5. with contentious areas where decisions are hard to reach – agree consensus based decisions.
- In general, the standing items for the agenda at each meeting will be:
 - Notes of previous meeting
 - Declaration of conflicts of interest
 - NICE / NPSA guidance
 - Replies to letters / correspondence
 - New drug applications
 - Shared care guidelines/Interface issues
 - Monitoring and feedback from previous decisions/activities.
 - AOB
 - Forward planning and agenda items for next meeting

Conflict of Interest

All members of the JPG and any other people attending the meetings will be asked to declare any conflicts of interest that may influence any decisions or recommendations of a particular meeting. Any action to be taken on the basis of these declarations will be at the discretion of the Chair.

Recommendations

The recommendations of the JPG will be reached by consensus in the group based on the available evidence and expert advice. It is important to note that the JPG is a decision-making group and not just advisory. These decisions will decide what drugs and treatments are funded locally. Where available, the JPG uses nationally recognised sources of synthesised information to inform local decisions.

The NHS Constitution (January 2009)

The constitution gives the public guidance on what they can expect about how decisions are to be made locally. It states *“You have the right to expect local decisions on funding of other drugs and treatments to be made rationally following a proper consideration of the evidence. If the local NHS decides not to fund a drug or treatment you and your doctor feel would be right for you, they will explain that decision to you.”*

In line with this, the JPG have developed an ethical framework which is used for making decisions on all new drugs and treatments. The following checklist is used as a checklist for all drugs and treatments that are considered. This will allow us to audit the group’s activities in terms of internal functions and outcome of decisions/recommendations.

Ethical Values to help with Decision making

1. RESPECT FOR PEOPLE	<i>1.1 Responsiveness</i> To what extent does this intervention reflect the wishes or preferences of the public, the people at whom it is aimed or other stakeholders?
	<i>1.2 Accessibility</i> Will it be easy for the people who need this intervention to actually use it?
	<i>1.3 Appropriateness</i> Can we be sure that the intervention will be delivered to the right people, at the right time, in the right place, by the right personnel?
2. PRODUCING BENEFIT	<i>2.1 Size of the Problem</i> Roughly how many people in the population are directly affected?
	<i>2.2 Severity of the Problem</i> To what extent are people who suffer from the problem at risk of death or incapacity (physical or psychological) because of it?
	<i>2.3 Outcome of Intervention</i> How much improvement in quality and/or length of life is the intervention likely to produce?
	<i>2.4 Likelihood of Benefit</i> How likely is it that the improvement will happen? What is the number needed to treat (NNT)?
	<i>2.5 Evidence of Effectiveness</i> How strong is the evidence that this service or intervention actually works? What is the strength of the evidence?
3. NOT CAUSING HARM	<i>3.1 Risks</i> What chance is there that unintended harm could result to those who use the service or intervention or to others? What are the risks of not taking action in this area?
	<i>3.2 Quality</i> What certainty is there that accepted standards of good practice (if any exist) will be met?
4. JUSTICE	<i>4.1 Use of Resource</i> What will be the cost benefit (£ spent vs £ saved) cost effectiveness (£ per unit of health outcome) cost utility (£ per QALY) opportunity cost of using this drug (what could have done instead?)
	<i>4.2 Equity</i> How much of a contribution will this make to reducing the gap between the best off and the worst off?
	<i>4.3 In accordance with identified values & priorities</i> How closely does the use of this service or intervention correspond to existing national, regional or local priorities, policies or activity?

Urgent Requests at the Hospital

From time to time, the hospital specialists may make urgent requests for drugs that are not on the local formulary. In such cases, the patients usually require a treatment promptly that cannot wait until the next JPG meeting. In this situation, the Homerton Chair of the JPG is asked to take Chairs action and make a decision based on the evidence presented at that time. This is done in conjunction with the directorate pharmacist, the JPG secretary and

the specialist consultant responsible for the patient. The same criteria used by the JPG for new drug applications is used, but in the context of an individual patient and their specific needs. The ethical values described above are considered and in addition the following questions are also addressed:

- What is the indication/purpose of the drug?
- Is this drug urgent?
- Are there alternative drugs on the formulary that can be used?
- Have all other treatment options been considered?
- What is the cost of treatment?
- Is this a one-off request?

After consideration of the above issues, the Chair may decide to approve the use of a drug in a particular patient. At this point, the Chair will also request that the Consultant submits a formal JPG application if they are likely to use the drug again in other patients. The Chair will update the JPG on any decisions taken in this way so that they can be formally minuted. If the drug or intervention requested is more controversial or extremely costly, the consultant will be asked to put in an individual funding request to the PCT.

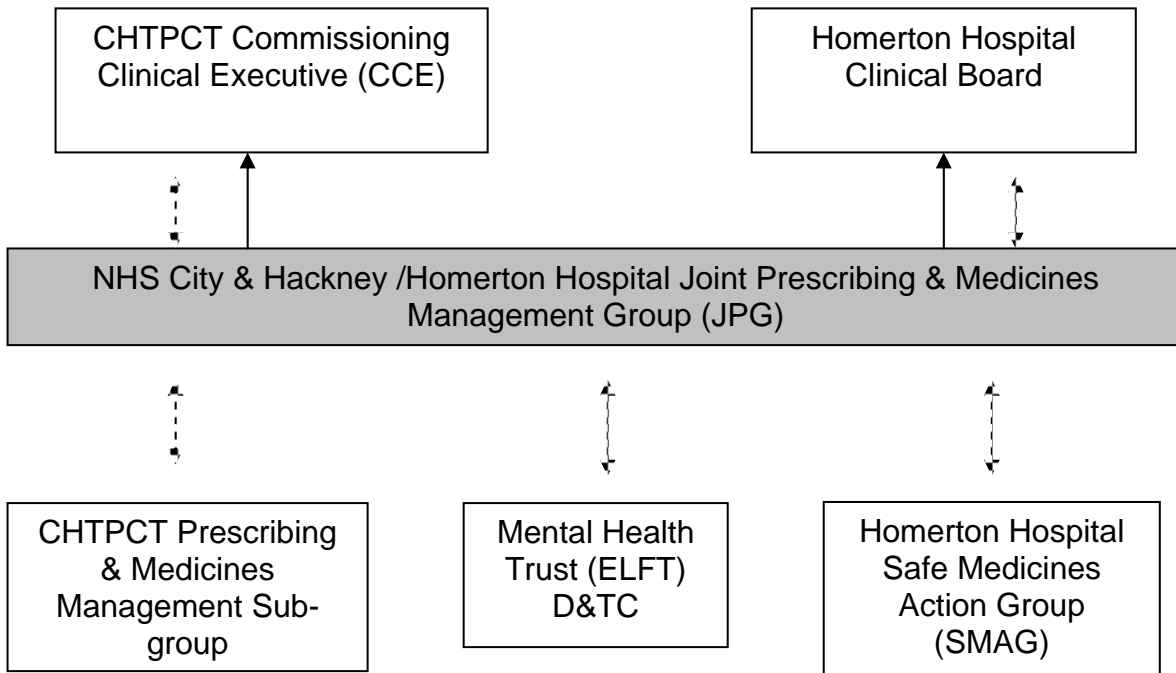
Individual Funding Requests (IFRs)

Most decisions about the funding of medicines and treatments should be taken on a population basis by PCTs with cooperation from Provider Trusts and other stakeholders. Proactive horizon scanning and early identification of potential service developments is crucial to achieving this aim.

An IFR is a request to fund, **for an individual patient**, a treatment or medicine which falls outside existing contracts or policy. An IFR should not be used to bypass usual commissioning processes.

IFRs fall outside the remit of the JPG and are considered using a separate process. However, the PCT will continue to monitor the IFR requests received and provide feedback to the JPG where necessary. E.g. if an IFR is received for a particular drug on a number of separate occasions, the JPG may need to consider this drug formally for the local population through the JPG.

Accountability



- The PCT prescribing sub-group discusses issues that are specific to the PCT e.g. PCT PGDs, GP prescribing patterns, community pharmacy etc. This group will liaise with the JPG when necessary.
- The East London Foundation Trust (ELFT) discusses issues specific to Mental Health and will liaise with the JPG when necessary.
- The Homerton Hospital SMAG discusses safety issues regarding medicines specific to the hospital. This group will provide information to and liaise with the JPG when necessary.
- A JPG annual report will be sent to the PCT CCE and the Homerton hospital Clinical Board.

Note: the single black arrows indicate accountability.
The checked double arrows indicate flow of information.

The North East London Medicines Management Network and other Specialist Groups

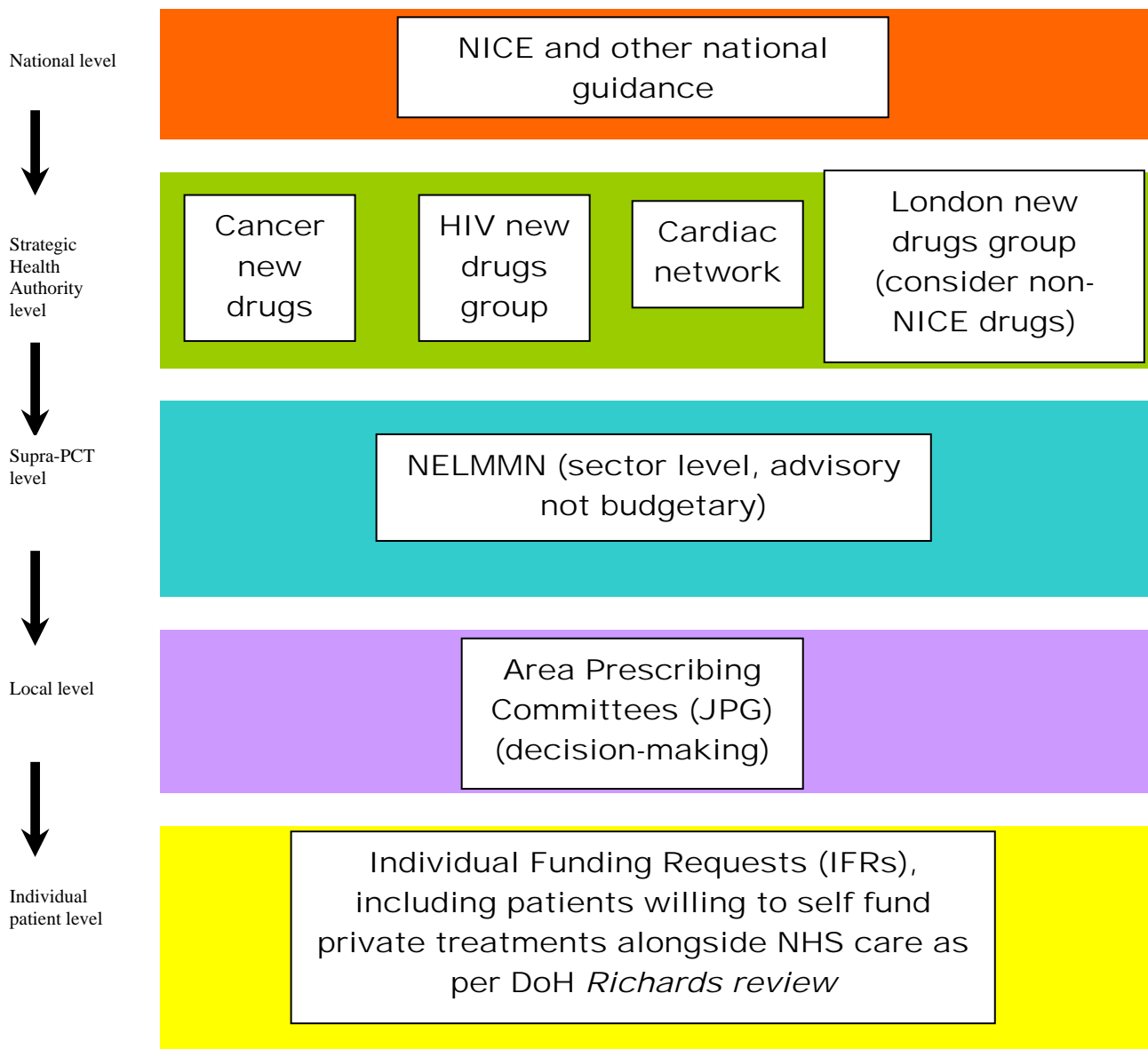
In April 2008, the NEL Medicines Management Network (NELMMN) was formed. One of the main objectives of the network for 08/09 was to provide recommendations to advise commissioners in NEL about the commissioning of high cost drugs and the managed entry of new medicines into the NEL Health Economy. The network has representation from all NEL PCTs Prescribing and Medicines Management teams and acute trusts Pharmacy Departments, PCT Commissioning, acute trust commissioning leads, chairs of local acute trust and primary care Drug and Therapeutics Committees (or their equivalent).

The JPG works in collaboration with the NELMMN. The “NHS Next Stage Review” highlighted the fact that PCTs needed to collaborate with their neighbouring PCTs when making local decisions and we have been able to do this successfully through the network.

The JPG and the NELMMN are only a part of the whole map of decision making for individual NEL PCTs. The London New Drugs Group and Cancer New Drugs Group and other specialist groups are also consulted in order to further reduce duplication of effort and allow timely decisions.

Our map of decision making should therefore look something like the following:

OUR LOCAL MAP OF DECISION MAKING



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Author: Jas Khambh

City & Hackney Teaching PCT & Homerton University Foundation Hospital NHS Trusts – JPG Process for New Drug Applications

1. Consultant/GP identifies drug they want to add to the Formulary & contacts JPG Secretary or Homerton Medicines Information (020 8510 7000) or PCT (020 7683 4459) for an application form.

2. Medicines Information/JPG Secretary sends the applicant an application form, with a covering letter informing them of the directorate pharmacist/PCT pharmacist they need to liaise with. Covering letter/email also copied to the directorate pharmacist/PCT pharmacist. The covering letter must include a checklist of information required from the applicant (see checklist below).

3. Directorate pharmacist/PCT pharmacist contacts the applicant and assists them in filling out the application form (Part 1).

4. Once completed, the application form should be sent to the JPG Secretary. The form should always accompany any other supporting information (see checklist below).

5. When the JPG Secretary receives the application form, the Secretary & Chairs jointly considers the suitability of the application and if appropriate place it on the next available agenda of the JPG. A letter/email is sent to the applicant (copied to the directorate or PCT pharmacist) informing them that their application form has been received. The applicant and directorate/PCT pharmacist are invited to the JPG meeting.

6. Directorate pharmacist/PCT pharmacist completes parts 2 & 3 i.e. evidence based appraisal & cost of treatment & forwards this to Secretary of the JPG at least 2 weeks before the meeting.

7. Application discussed at JPG using a structured format (see criteria below & ethical framework), & recommendation made.

8. JPG Secretary informs applicant of decision in writing, with a clear explanation of why the drug has/has not been approved.

9. Drug added to formulary if appropriate. Recommendation communicated via formulary newsletters. Any guidelines e.g. shared care or protocols developed if required.

Checklist of Information Required from Applicants

Before the JPG Secretary/Chair can table an application for discussion at a meeting, the Secretary/Chair must determine the suitability of the application. When an applicant is sent an application form the covering letter will include the following list of information that is required before an application may be considered. The directorate/PCT pharmacist will assist the applicant in gathering this information if necessary.

Checklist

1. Appropriately completed application form (part 1).
2. Key clinical trial papers or any other evidence/information.
3. Be willing to attend the JPG meeting or send a representative
4. Declaration on the form (part 1) stating that the application is also supported by the other clinicians within the speciality/directorate/department concerned.
5. Any guidelines/protocols that will be necessary.
6. Declaration of conflict of interest.
7. Any other information as requested by the Secretary/Chair of the JPG.

Criteria to be considered by JPG when assessing a new drug

CRITERIA	COMMENTS
1. Is there evidence of clinical benefit? <ul style="list-style-type: none"> • Efficacy demonstrated in published RCTs • Better than placebo, equal or better than existing treatments • Health gain or improvement in health 	
2. How safe is the drug? <ul style="list-style-type: none"> • Potentially serious drug interactions • Tested in relevant groups of patients • Potential for abuse 	
3. Does the benefit outweigh the risk?	
4. What is the epidemiology of the disease being treated? <ul style="list-style-type: none"> • Patients with significant health need • How common is the problem? 	
5. What sort of specialist input is required? <ul style="list-style-type: none"> • Does it require a specialist to diagnose? • What are the monitoring requirements? 	
6. How should it be prescribed? <ul style="list-style-type: none"> • Are clinical guidelines or prescribing criteria needed? • Is it suitable for shared care? 	
7. What are the practical implications? <ul style="list-style-type: none"> • Legal • Future service provision • Implications for other agencies e.g. social services 	
8. What are the costs? <ul style="list-style-type: none"> • Cost implications of the drug • Can other drugs be stopped? • Will use mean potential reduction in other direct healthcare costs? 	
9. What are the implications for patients? <ul style="list-style-type: none"> • Does it improve concordance? • Will it improve quality of care? • Improve equity, or create inequity? 	
10. Views of interested parties <ul style="list-style-type: none"> • Specialists • Patient groups • Health panel 	
11. Has the applicant discussed the drug within their directorate and with their clinical director?	
12. Is further information needed, e.g. has the drug been reviewed by NICE?	

References

1. Next Stage Review Final Report (June 2008),
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085825
2. NHS Constitution for England (January 2009)
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093419
3. Guidance on NHS patients who wish to pay for additional private care (March 2009)
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_096428
4. Defining Guiding Principles for Processes Supporting Local Decision Making about Medicines. Final Report. (January 2009)
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093413
5. Handbook of Good Practice Guidance Supporting Rational Local Decision Making about Medicines (February 2009). http://www.npc.co.uk/policy/local/constitution_handbook.htm
6. City and Hackney Ethical Framework, 2009.

Produced: September 2009

Date of Review: September 2011

Approved by JPG: 14th September 2009

Author: Jas Khambh

**Joint Prescribing & Medicines Management Group
Application Form –Part 1**

(To be completed by Consultant & Directorate Pharmacist or GP/PCT pharmacist)

Request for Addition of Drugs to Homerton University Foundation Hospital/City & Hackney TPCT Joint Formulary

Consultant/GP Name:

**Directorate Pharmacist/
PCT Pharmacist:**

Directorate/Practice:

Consultant/GP Signature: **Date:.....**

<i>Name, strength & form of preparation</i>

(a) Please explain briefly why you wish to introduce this preparation, and the indication(s). Evidence should be provided for advantages in terms of safety, efficacy or cost compared with preparations already on the Formulary. Please cite published sources for this information where possible (e.g. NICE, NSFs, D&T bulletin etc).

(b) What is this drug’s place in therapy compared to existing treatments?

(c) Please indicate which, if any, alternative product(s) could be deleted from the Formulary as a result of introducing your request.

(d) Do you have previous experience with the drug?

(e) Will this drug be prescribed in primary or secondary care or both?

(f) Are there any other costs to using this product that should be considered or any potential cost savings?

(g) Number of patients likely to be treated from your Directorate/Care Group/ Practice each year:

(h) If this preparation is to be prescribed by non-consultants (e.g. GPs, Junior doctors), please attach prescribing guideline illustrating the drug's place in therapy and any monitoring required.

Attached

Not applicable

(i) Other likely users e.g. Directorates/Care Groups?

(j) It is Trust policy that you must declare any interest in, or financial associations with, the company producing this drug. Please declare any interest below including staff/research funding or gifts of equipment whether already in existence or pending. To deliberately withhold this information is a disciplinary offence.

(k) Does this application have the support of all the consultants / GPs in your department/ practice and is your Clinical Director aware of this application (where applicable)?

(l) Any other information?

Please continue on a separate sheet if necessary. Please return to Saloni Thakrar, Prescribing, St. Leonards, Louis Freedman Building, Nuttall Street London N1 5LZ; 020 7683 4459.

saloni.thakrar@chpct.nhs.uk

Joint Prescribing & Medicines Management Group - Part 2

(To be completed independently by Medicines Information/Directorate/TPCT Pharmacist. Attach relevant evidence if appropriate).

Evidence Based Appraisal

<i>Name of Preparation</i>

- (a) Summary of main clinical trial data on efficacy.

- (b) Summary of clinical data on safety.

- (c) Summary of clinical trial data comparing new drug to existing therapies.

- (d) What are the advantages of this preparation?

- (e) What are the disadvantages of this preparation?

- (f) Information sources used for evidence based appraisal?

This is just a checklist, so please continue on a separate sheet if necessary. Please return to Saloni Thakrar, Prescribing, St. Leonards, Louis Freedman Building, Nuttall Street London N1 5LZ; 020 7683 4459 at least 2 weeks before JPG meeting. saloni.thakrar@chpct.nhs.uk

Joint Prescribing & Medicines Management Group - Part 3

(To be completed independently by Medicines Information/Directorate/TPCT Pharmacist. Attach relevant evidence if appropriate).

Cost of Treatment

Name of Preparation

(a) **Primary and Secondary Care costs of this preparation:**

(b) **Primary and Secondary care costs of current therapy?**

(c) **Based on figures quoted in Part 1 (g) of application form, estimated annual extra cost of using this product for primary and secondary care OR estimated cost savings of using this product?**

(d) **Other costs associated with use of this product that need to be considered.**

(e) **Information sources used?**

This is just a checklist, so please continue on a separate sheet if necessary. Please return to Saloni Thakrar, Prescribing, St. Leonards, Louis Freedman Building, Nuttall Street London N1 5LZ; 020 7683 4459 at least 2 weeks before JPG meeting. saloni.thakrar@chpct.nhs.uk