



North East and North Cumbria Medicines Management Committee

Formulary Working Group

Terms of Reference June 2023 – Version 1.1

1. Aims

The Formulary Working Group (FWG) is a subgroup of the Northern Treatment Advisory Group (NTAG).

NTAG is a strategic Medicines Management group for the NENC ICB with responsibility to promote rational, evidence-based, high quality, cost effective medicines optimisation across North East and North Cumbria in order to ensure equity of access to medicines for all residents.

The FWG reports to the NTAG and will make recommendations decisions in ways that are clear, consistent and defensible and take account of regional and national recommendations using an explicit ethical framework and decision-criteria that clinicians are aware of when submitting applications for clinical support and for funding.

The role of the group is to advise, support and coordinate, rather than complete formulary applications.

2. Key Functions

- Recommend changes (additions/deletions) to the NENC ICB Formulary (including medical devices listed in the drug tariff) that are prescribed only in primary care or secondary care and in both settings. Maintain the traffic light classification for prescribing responsibility.
- Work with local Provider Committees across NENC to ensure a common approach.
- Review and critically appraise the evidence and place in therapy for the commissioning of new medicines which are not being considered by NICE but have been proposed for inclusion in the NENC ICB Formulary. Review NICE clinical guidelines and Drug Safety alerts to identify any issues that impact the formulary, liaising with the ICB Guidelines Group and Medication Safety Group as required.

3. Membership

The core membership of the FWG will include representatives from:

Position	Nominated member			
Chair	Dr Shafie Kamaruddin (Consultant) CDDFT			
Professional Secretary	Matthew Lowery Formulary and Audit Pharmacist NUTH			
4 x Acute trust reps (4 x clinician)	Dr. Nirmalan Arulanantham Consultant in General Medicine and Clinical Pharmacology North Cumbria Integrated Care NHS Foundation Trust	Andrew Berrington Consultant Microbiologist	Dr. Christopher Coe Consultant in Anaesthesia and Pain Management Northumbria Healthcare NHS Foundation Trust	Awaiting nomination from South Tees Hospital
4 x Acute trust reps (4 x pharmacist)	Beverley Walton CDDFT formulary pharmacist	Mohammed Naheem Majid (formulary pharmacist)	Venessa Echanique Deputy Chief Pharmacist, QE Gateshead	Awaiting nomination from North Cumbria FT
2 x Mental health trust reps	Richard Morris TEVV Deputy Chief Pharmacist	Matthew Haggerty CNTW Lead Pharmacist – Quality and Safety		
MO Pharmacist x 2	Rachel Berry ICB Senior Pharmacist	Hannah Willoughby ICB Senior Pharmacist		
GP Clinical leads x 2	Rupert Smith	TBC		
LMC	TBC			

LPC	TBC			
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Other members will be invited as appropriate. Examples include, but are not limited to, communications, Local Authority, Public Health.

Membership responsibilities

The Chair is expected to CHAIR

- The Chair should consider any known interests of members in advance and begin each meeting by asking for declaration of relevant interests. The Chair should take appropriate action in relation to declarations of interest.
- Ensure that the case supporting recommendations is consistent with the critical appraisal of the evidence and that the rationale for the recommendations are clearly captured for the record of the meeting.
- Clarify and ensure that the rationale for each recommendation to NTAG is submitted to the RDTC for consultation.

Members are expected to:

- Declare DOI for applications to the formualry within the current meeting and complete a yearly DOI form.
- Liaise with colleagues from organisations in the sector they have been elected to represent and ensure appropriate consultation has taken place prior to referring formulary application approval.
- Ensuring timely response from clinicians within their organisations to requests for assistance in views on formualry applications from other member organisations.
- Ensure that approved formulary updates are disseminated within, and readily available to health care professionals in the organisations they represent and that steps are in place to ensure implementation is supported and mandated.

4. Meetings

The Formulary Working group will normally meet at two monthly intervals, but additional meetings will be arranged if necessary.

To be quorate, the chair (or vice chair), the professional secretary (or nominated deputy) and at least 3 other members of the Group (including at least one primary care and one FT representative) must be present.

Recommendations from the FWG should be, as far as possible, evidence based and arrived at by general consensus. If a vote is taken this should be on the basis of one member one vote with the chair having a casting vote if necessary.

5. Reporting and Accountability

The FWG will report to the Medicines Optimisation Group (NTAG).

6. Review

The Terms of Reference will be formally reviewed every 12 months, or earlier if the need arises, and reflected in annually updated Terms of Reference.