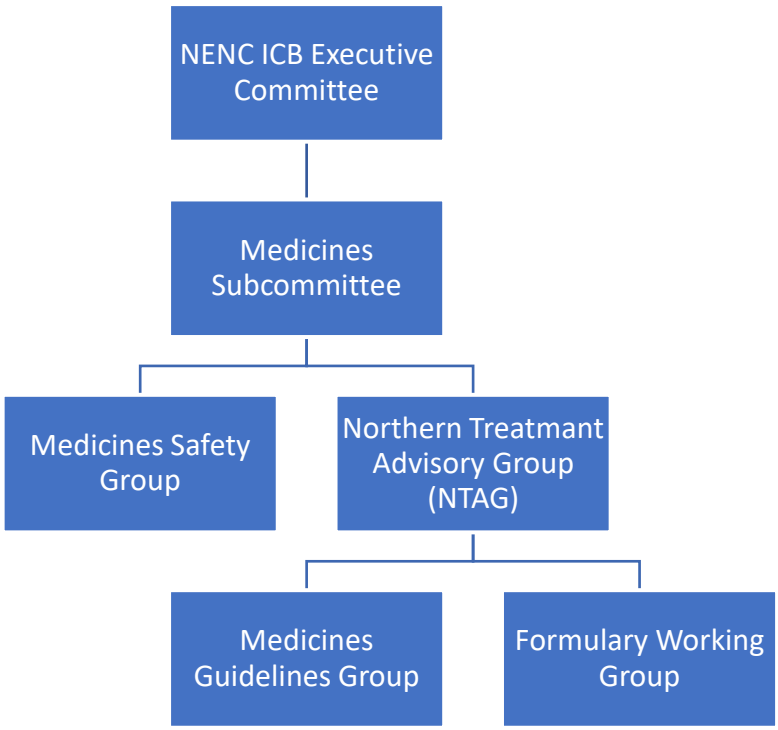
NHS
North East and North Cumbria

NENC ICB Medicines Governance Process

NENC ICB Medicines Governance Structure



Standard Governance Process for Guidelines

1. Topic submitted or identified and completion of the guideline development checklist requested. Checklist is provided to author(s)
2. Template submitted to professional secretariat (nuth.nyrdtc.rxsupp@nhs.net) who will assign a priority and a subgroup to support development and approval.
3. Subgroup professional secretary contacts author(s) to co-ordinate and support the development and governance of the topic. This may include the setup of a working group.
4. Declarations of interest should be submitted by author(s) to the subgroup (Chair and professional secretary as a minimum) who will discuss and decide if any mitigation is required and provide authorisation to proceed.
5. First draft of document(s) is submitted to subgroup professional secretariat. Assurance of a clinical check must also be provided.
6. Draft document is considered and approved by the nominated subgroup for a public consultation via NTAG website. This is for a standard duration of 4 weeks. The availability of consultations will be communicated via email to the stakeholders within the ICS.
7. Consultation comments are collated by the professional secretariat and shared with author(s) for review and action. The professional secretariat may highlight areas of the document(s) which require attention based on the comments received. If there are deemed to be significant issues to resolve the subgroup may wish to review the documentation before submitting to NTAG.

8. A “post-consultation” version of the document(s) is provided to be considered by NTAG for recommendation to Medicines Subcommittee. This should include the intended outcomes of the guidance and detail where there is likely to be a commissioning and financial impact.
9. Medicines Subcommittee consider the document(s) and the recommendations from NTAG and agree to approve for implementation. Where the financial impact exceeds the threshold that Medicines Subcommittee is authorised to approve (£250k) or there are significant commissioning or other issues, a further submission to the ICB Executive committee is required.
10. The ICB Director of Medicines and Pharmacy will support the submission to the ICB Executive Committee, the executive sponsor for which will be the ICB Medical Director.
11. Following approval by the Medicines Subcommittee and/or ICB Executive Committee the decision summary will be uploaded to the NTAG website and its availability communicated to stakeholders

Minimum Timescales for Approval of Guidelines

Process Stage	Minimum timescale
Submit draft guidance/request to subgroup	Week 0
Subgroup provides approval for consultation	Week 1
Consultation closes	Week 5
Comments collated, shared with authors and a post consultation draft is submitted to NTAG for approval	Week 8
Medicines Subcommittee considers NTAG recommendation for approval	Week 12
ICB Executive Committee considers recommendation from Medicines Subcommittee (where applicable)	Week 14
Publication to NTAG website and communication to stakeholders	Week 12 (16 if exec decision required)

Consultation Process

Consultations are hosted on the NTAG website and run for 4 weeks as standard. A shorter 2-week consultation is run for NICE TAs which have a 30 day implementation period. Consultations are open to all ICS stakeholders as well as the general public and pharmaceutical industry, and provide an opportunity for the identification of barriers to implementation.

Guidelines which are already approved for ICB-wide use but which require minor updates to align with changes to national guidance or medicines safety alerts should not be required to undergo consultation. This will be determined by the relevant subgroup.

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Template for new guidelines

Please complete the below table and submit alongside new guidance that is to be submitted to the Medicines Guideline s Group.

Note: This template can also be completed prior to the development of new guidance, should the applicant wish to confirm guidance is required.

Please contact the MGG professional secretary Susan Turner on susanturner4@nhs.net with any queries.

Guideline topic/title:	
Is this a new guideline or an existing guideline under review?	
Please name the clinician and organisation who will lead on the development or review of this guideline. Please provide an email address and contact phone number	
Date of submission	
Background information	
Who is the guideline intended to be used by? i.e. primary care, secondary care, both	
What is the intended outcome of introducing this guideline?	
How will the success of this guideline be measured?	
Please list any current guidelines of this nature in use across the NENC and indicate which are to be retired. (please enclose copies)	
Please list any current guidelines of this nature in use nationally (e.g.NICE guidelines)	
How will the proposed guideline differ from those currently available and why is this required?	

Are all medications included in this guideline formulary approved with the appropriate RAG rating? If not, please provide details about formulary applications and/or plans to address this.	
Please highlight any commissioning or financial implications expected from this guideline	
Please highlight any pathway implications expected from this guideline	
Has there been consideration of, or discussion about, any potential sustainability issues in the development of this guideline? Please give brief details of considerations.	
Please provide details of any difficulties anticipated with the development of this NENC. For example it may be useful here to include any known differences in commissioning arrangements or monitoring services across the ICB	
Authors, including any declarations of interest	
List of organisations/colleagues/networks that have been consulted during the development of this guideline. N.B. Consultation should also include representatives from intended users of the guidance.	

The function of the Medicines Guidelines Group is to advise, support and coordinate rather than lead on development of guidelines, shared care guidelines or information leaflets.