

# **BEDFORDSHIRE AND LUTON JOINT PRESCRIBING COMMITTEE (JPC) ANNUAL REPORT**

**April 2019 to March 2020**



**“To promote the rational, evidence-based, high quality, cost-effective medicines optimisation across the whole of the Health Economy for Bedfordshire and Luton residents.”**

**Bedfordshire Clinical Commissioning Group  
Luton Clinical Commissioning Group**

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### **Introduction**

The Bedfordshire and Luton Joint Prescribing Committee, locally known as the “**JPC**” is an area prescribing committee which promotes rational, evidence-based, high quality, cost-effective medicines optimisation across the whole of the Health Economy for Bedfordshire and Luton residents.

The JPC performs this work on behalf of Bedfordshire Clinical Commissioning Group (BCCG) and Luton Clinical Commissioning Group (LCCG). The role of the JPC includes discussion on county wide implementation of national guidance on the use of medicines, such as NICE Technology Appraisals/Guidelines where drugs are included, assessment of the clinical and cost-effectiveness of drug products and drugs excluded from the National Tariff, discussion and agreement of local therapeutic guidelines where there is a large medicines component and assisting in the resolution of problems relating to prescribing at the primary and secondary care interface. The focus of the Committee has changed in recent years. There has been a shift away from evaluation of new drugs, to production of therapeutic guidelines/pathways and shared care guidelines to assist safe, effective and cost-effective prescribing. This reflects the changing role of Area Prescribing Committees which now focuses more on implementation of drug related guidance.

Where new drugs (with a potential impact on primary care) are considered, the JPC is now undertaking this role across the whole of the Bedfordshire and Luton Health Economy, allowing Acute Trust Drugs and Therapeutics Committee’s to focus on reviewing hospital only drugs. A joint Formulary was launched (in July 2019) across Bedfordshire and Luton and this is managed by the Formulary sub-group which reports to the JPC.

The JPC works to its terms of reference, which now incorporates a generic Committee Member Job Description (Appendix 1) and follows an Ethical and Commissioning Principles framework, incorporating an Equality and Diversity Impact Assessment where applicable (Appendix 2) when producing recommendations on drugs/guidelines. JPC members are asked to complete declarations of conflict of interest (Appendix 3) and do not take part in decision-making where a conflict of interest arises.

To make rational decisions about the relative merits of different therapies the JPC considers:

- How clinically effective the treatment is?
- The risk of adverse reactions.
- How cost effective the treatment is?
- How it compares with current treatments and where (if at all) the proposed new medicine would fit into current treatment pathways?

These points are all related to the group of patients likely to receive the medicine were it to be approved.

When assessing medicines, whenever possible, the Committee uses evidence reviews produced by national, regional medicines management/optimisation Committees (e.g. NICE, Scottish Medicines Consortium, East of England Priorities Advisory Committee {EoE PAC}, All Wales Medicines Strategy Group, Regional Medicines Optimisation Committees) and other Area Prescribing Committees.

### Membership

The JPC serves the following participating NHS organisations:

- Bedford Hospital NHS Trust
- The Luton and Dunstable Hospital NHS Foundation Trust
- East London Foundation NHS Trust (ELFT) (Provides Mental Health Services to BCCG and LCCG and Community Health Services to BCCG)
- Cambridgeshire Community Services NHS Trust (Provides Community Health Services to LCCG)
- Bedfordshire Clinical Commissioning Group
- Luton Clinical Commissioning Group

Representation on the JPC comes from the participating organisations and is included in the JPC Terms of Reference in Appendix 1.

### Meeting Attendance Figures

JPC meetings are held bi-monthly and a total of five business meetings and one additional training meeting (to review the structure and function of the Committee) were held from April 2019 to March 2020. Meetings were held in a central location (Silsoe, Bedfordshire) and at dates and times that members have said they would be available. Dates and times of meetings are set at least 6 months in advance of the meeting. The table below illustrates JPC member and participating NHS organisations JPC attendance from April 2019 to March 2020 for the five normal business meetings. (Some members deputise for each other and % attendance reflects this fact.)

Job Title	Organisation representing	2019/20 % attendance
Chair	BCCG	100%
GP Representative	LCCG	60%
GP Representative (1)	BCCG	80%
GP Representative (2)	BCCG	100%
GP Representative (3)	BCCG	20%
Pharmacist Representative	Bedford Hospital Trust	100%
Pharmacist Representative (1)	The Luton & Dunstable Hospital Trust	20%
Pharmacist Representative (2)	The Luton & Dunstable Hospital Trust	20%
Pharmacist Representative (3)	The Luton & Dunstable Hospital Trust	80%

Public Health Representative	Bedford Borough	40%
Medical Representative	The Luton & Dunstable Hospital Trust	60%
Medical Representative - Deputy	The Luton & Dunstable Hospital Trust	40%
JPC Professional Secretary	Working on behalf of BCCG.LCCG	100%
Pharmacist Representative	Assisting the Professional Secretary working on behalf of BCCG and LCCG	100%
Lay Representative	Bedford	80%
Medical Representation	Bedford Hospital Trust	40%
Executive Team Member	BCCG	40%
Assistant Head of Medicines Optimisation	BCCG	100%
Assistant Director and Head of Medicines Optimisation	BCCG	100%
Medical Representative	Keetch Hospice	100%
Head of Medicines Optimisation	LCCG	20%
Head of Medicines Optimisation - Deputy	LCCG	40%
Pharmacist Representative	LCCG	100%
Pharmacist Representative	ELFT (Bedfordshire Community Services Provider)	60%
Pharmacist Representative	CCS (Luton Community Services Provider)	80%
Medical Representative	ELFT (Mental Health Provider for LCCG/BCCG)	0%
Pharmacist Representative	ELFT (Mental Health Provider for LCCG/BCCG)	40%
Pharmacist and CEO	Bedfordshire and Luton LPC	20%

## Committee's Activities and Achievements

### • Communication and consultation

Key stakeholders are identified and consulted when drugs/pathways within specialist areas are discussed. As many views as possible are sought and considered during the JPC meeting. Specialists/staff with specialist input are invited to attend JPC meetings to contribute to the meeting or make presentations. A total of 16 presentations were made over the 5 business meetings held from April 2019 to March 2020.

In addition, where complex guidelines are discussed, clinicians are invited to participate in subgroup meetings prior to full discussion at JPC.

A consensus recommendation is reached by JPC members and these are presented in the form of JPC recommendations and more detailed JPC bulletins/Guidelines which are communicated to key stakeholders either individually (via email) or through newsletters.

The JPC has produced a variety of guidance on the appropriate and cost-effective use of medicines during the 2019/20 financial year and these are outlined below.

- **Guidelines and Pathways**

The following Guidelines and Pathways were produced or updated and ratified during the 19/20 Financial Year:-

- Vitamin D Pathway (Adults and Children)
- Pain Guideline Update
- Antimicrobial Guideline Update
- Primary Headache Pathway (approved for BCCG only)
- Treatment of Severe Psoriasis Pathway – 3<sup>rd</sup> line Biologic Update
- COPD Guideline Update
- Inflammatory Bowel Disease Biologic Treatment Pathways
- Primary Care Asthma Guideline Update
- Primary Care Management of Adult Female Urinary Incontinence and Prolapse – Pharmacological Management
- Luton and Bedfordshire Continence Appliance Prescribing Guidelines
- Bedfordshire and Luton Prescribing Guideline for Dry Eye Management
- Revised Dietetics Guidance (Oral Nutritional Supplements and Infant Feeding)
- Ophthalmology Intravitreal Pathway Update

Copies of the Guidelines and Pathways are available on the GP Ref website (<http://www.gpref.bedfordshire.nhs.uk>).

- **Shared care guidelines**

During 2019/2020 the following shared care guidelines were produced/ updated and ratified:-

- Shared Care/Transfer of Care – Drugs for the treatment of Alzheimer’s Disease
- Apomorphine Shared Care Guideline Update (ELFT)
- Alemtuzumab Shared Care Guideline Update (Cambridgeshire JPC)
- Lanthanum and Sevelamer Shared Care Guidelines
- GLP1 Shared Care Guideline Update
- Dementia Shared Care Guidelines Update
- Inflammatory Bowel Disease Shared Care Guidelines Update
- Amiodarone Shared Care Guideline (BCCG, Bedford Hospital and Luton and Dunstable Hospital)
- Drug Monitoring for Aminosalicylates in IBS in Primary Care Update

These are available on the GP Ref website

(<http://www.gpref.bedfordshire.nhs.uk>) along with previously produced shared cared guidelines for practitioners to access when needed.

- **Drug bulletins**

JPC drug bulletins (assessing drugs) provide information of the clinical effectiveness, cost-effectiveness, safety, impact on the NHS of the drug being examined. In addition to bulletins assessing specific drugs and indications, other bulletins consider choice of treatment and provide supporting material relating to use and choice of drugs within a treatment pathway.

Recommendations made by the JPC can be positive, negative, within agreed criteria or advisory. Once the JPC has agreed a recommendation on a drug, this is added to the beginning of the bulletin. Seventeen JPC drug bulletins were produced or reviewed during the 2019/20 financial year. Of these 12, were recommended for use within agreed criteria, 4 were not recommended for routine use and 1 was advisory. A summary of the bulletins discussed is given below. Copies of the bulletins can be found on the GPref website (<http://www.gpref.bedfordshire.nhs.uk>).

1. Camouflage creams – Position statement
2. Oral bisphosphonates for post-menopausal women in Early Breast Cancer
3. Semaglutide for the Treatment of Diabetes Mellitus
4. HCD Idarucizumab Injection and Liothyronine excluded from National Tariff – Position statement
5. Safinamide for Parkinson's Disease
6. Iron Chelators for the treatment of Myelodysplastic Syndrome (MDS)
7. Umeclidinium bromide (Incruse®Ellipta®) for the treatment of COPD
8. Umeclidinium / Vilanterol (Anora®Ellipta®) for the treatment of COPD
9. Fluticasone/vilanterol 92/22 micrograms inhalation powder (Relvar® Ellipta®) for the treatment of COPD
10. Fluticasone furoate/ umeclidinium/ vilanterol 92/55/22 micrograms inhalation powder (Trelegy® Ellipta®) for the treatment of COPD
11. Fluticasone furoate/ Vilanterol (Relvar®Ellipta®) for the treatment of Asthma (select group of patients)
12. Doxylamine succinate and pyridoxine for nausea and vomiting in pregnancy
13. Aviptadil / phentolamine Intracavernosal Injection (Invicorp) for Erectile Dysfunction
14. Rasagiline for Parkinson's Disease
15. Infliximab for the management of diarrhoea or colitis associated with Immune Checkpoint Inhibitor
16. EoEPAC Novel Nicotine containing Devices
17. Low Molecular Weight Heparin – Information and Commissioning Responsibilities (Update)

Copies of the Bulletins are available on the GP Ref website (<http://www.gpref.bedfordshire.nhs.uk>).

- **Miscellaneous Documents**

The following miscellaneous were approved or noted (for information) by the Committee during 2019/20:-

- Anticoagulants in Atrial Fibrillation Resources – Drug interactions with NOACs (approved)
- Criteria for the use of Flash Glucose Monitoring System (Freestyle Libre®) (noted)
- Linezolid GP Fact Sheet (approved)
- Growth Hormone GP Fact Sheet (approved)
- Continuous glucose monitoring (CGM) in children and young people <age 19 (noted)
- Continuous glucose monitoring (CGM) in adults (noted)
- JPC Terms of Reference (approved)

This information can be found on the GP Ref website (<http://www.gpref.bedfordshire.nhs.uk>).

- **NICE Guidance**

NICE Technology Appraisal Guidance (NICE TAs) and guidelines were noted by the JPC from April 2019 to March 2020. NICE TAs which are the commissioning responsibility of CCGs are noted for implementation. NICE Guidelines are noted for information and action where appropriate and NICE TAs where the commissioning responsibility rests with NHS England (NHSE) are noted for information only. As a result of the issue of NICE Guidance, updates to existing JPC guidance and Bedfordshire and Luton Joint Formulary are undertaken.

Only the CCG commissioned NICE TAs are outlined below:-

**Certolizumab pegol for treating moderate to severe plaque psoriasis,** Technology appraisal guidance [TA574] Published date: 17 April 2019, <https://www.nice.org.uk/guidance/ta574>

**Tildrakizumab for treating moderate to severe plaque psoriasis** Technology appraisal guidance [TA575] Published date: 17 April 2019, <https://www.nice.org.uk/guidance/ta575>

**Urinary incontinence and pelvic organ prolapse in women: management,** NICE guideline [NG123] Published date: April 2019. <https://www.nice.org.uk/guidance/ng123>

**Ertugliflozin with metformin and a dipeptidyl peptidase-4 inhibitor for treating type 2 diabetes** Technology appraisal guidance [TA583] Published date: 05 June 2019 <https://www.nice.org.uk/guidance/ta583>

**Crohn's disease: management,** NICE guideline [NG129] Published date: May 2019. <https://www.nice.org.uk/guidance/ng129>

**Fluocinolone acetonide intravitreal implant for treating recurrent non-infectious uveitis**, Technology appraisal guidance [TA590] Published date: 31 July 2019

<https://www.nice.org.uk/guidance/ta590>

**Risankizumab for treating moderate to severe plaque psoriasis**, Technology appraisal guidance [TA596] Published date: 21 August 2019,

<https://www.nice.org.uk/guidance/ta596>

**Dapagliflozin with insulin for treating type 1 diabetes**

Technology appraisal guidance [TA597] Published date: 28 August 2019.

<https://www.nice.org.uk/guidance/ta597>

**Sodium zirconium cyclosilicate for treating hyperkalaemia**

Technology appraisal guidance [TA599] Published date: 04 September 2019

<https://www.nice.org.uk/guidance/ta599>

**Dapagliflozin with insulin for treating type 1 diabetes**

Technology appraisal guidance [TA597] Published date: 28 August 2019

<https://www.nice.org.uk/guidance/ta597>

**Xeomin (botulinum neurotoxin type A) for treating chronic sialorrhoea**

Technology appraisal guidance [TA605] Published date: 09 October 2019

<https://www.nice.org.uk/guidance/ta605>

**Rivaroxaban for preventing atherothrombotic events in people with coronary or peripheral artery disease**, Technology appraisal guidance [TA607] Published date: 17 October 2019

<https://www.nice.org.uk/guidance/ta607>

**Pentosan polysulfate sodium for treating bladder pain syndrome**

Technology appraisal guidance [TA610] Published date: 13 November 2019, <https://www.nice.org.uk/guidance/ta610>

**Fluocinolone acetonide intravitreal implant for treating chronic diabetic macular oedema in phakic eyes after an inadequate response to previous therapy**

Technology appraisal guidance [TA613] Published date: 20 November 2019, <https://www.nice.org.uk/guidance/ta613>

**Lusutrombopag for treating thrombocytopenia in people with chronic liver disease needing a planned invasive procedure**

Technology appraisal guidance [TA617] Published date: 08 January 2020

<https://www.nice.org.uk/guidance/ta617>

**Dapagliflozin with insulin for treating type 1 diabetes**



Technology appraisal guidance [TA597] Published date: 28 August 2019  
Last updated: 12 February 2020.

<https://www.nice.org.uk/guidance/ta597>

**Sotagliflozin with insulin for treating type 1 diabetes**, Technology appraisal guidance [TA622] Published date: 12 February 2020,

<https://www.nice.org.uk/guidance/ta622>

**Patiromer for treating hyperkalaemia**, Technology appraisal guidance [TA623] Published date: 13 February 2020,

<https://www.nice.org.uk/guidance/ta623>

**NICE CCG Commissioned Appraisal Withdrawn: Collagenase clostridium histolyticum (CCH) for treating Dupuytren's contracture (TA459) (Guidance withdrawn)**

<https://www.nice.org.uk/guidance/ta459/chapter/1-Recommendations>

This information can be found on the GPref website

(<http://www.gpref.bedfordshire.nhs.uk>).

- **Bedfordshire and Luton Wound Management Formulary**  
The Bedfordshire and Luton Wound Management Formulary Steering Group (a sub group of the JPC) has produced a formulary which is available in an electronic format via a website and as an APP via a mobile device. It contains cost-effective choices of wound care products. The electronic format allows the formulary to be updated immediately after formulary decisions are taken, thus ensuring that healthcare staff are using the latest information available. The JPC ratifies the formulary recommendations of the Bedfordshire and Luton Wound Management Formulary Steering Group.
- **Bedfordshire and Luton Joint Formulary**  
A joint Formulary has been developed for use across the Bedfordshire and Luton Health Economy. It is managed by a Formulary subgroup which reports into the JPC. Drugs requested for addition to the Formulary which will be prescribed in primary and secondary care, or are CCG commissioned (high cost drugs excluded from the National Tariff), are reviewed by the JPC. Drugs which are subject to a NICE Technology Appraisal Guidance (see above) are automatically added to the Formulary. Drugs which are for hospital only use (not excluded from the National Tariff) are considered by the relevant Trust Drugs and Therapeutic Committee and the decision of these Committees noted for information at the JPC. [Click here](#) for the link to the Joint Formulary.

- **Drug Safety Updates**

The Committee receives Drug Safety Updates produced by the MHRA and actioned as appropriate.

- **East of England Priorities Advisory Committee (EoE PAC)**

Bulletins produced by the JPC have been submitted to the EoE PAC to help inform production of East of England wide policies on drugs where it is appropriate to have these. Outputs from EoE PAC are considered and ratified by the JPC as appropriate.

- **Regional Medicines Optimisation Committees (RMOCs)**

The output from RMOCs is included as a standing agenda item on the JPC and are actioned as appropriate.

- **JPC Newsletter**

A JPC Newsletter is produced following each Business meeting of the Committee providing a brief summary of JPC recommendations and is widely circulated within the Bedfordshire and Luton health economy (GPs, Community Pharmacists, and Secondary Care). Five Newsletters have been produced from April 2019 to March 2020.

- **Horizon scanning for 2019/2020**

An in-depth local analysis (using the national horizon scanning data) was undertaken of likely new products/national guidance to impact on prescribing and medicines management during 2019/2020. This document was used by the Clinical Commissioning Groups (CCGs) to aid financial planning and prioritisation work. It was also used to inform the JPC work programme for 2020/2021.

- **Future Work Programme**

The horizon scanning and Joint Formulary work has informed the JPC work programme for 2020/2021. Some of the key products/issues that will be discussed over the coming year include:

- Prucalopride – use in men
- Somatostatin analogue update
- Sodium oxybate for narcolepsy and cataplexy in adults aged 19 years and over
- Community Antimicrobial guidelines
- Lithium Shared Care Guidelines
- Unlicensed Cannabis based medicinal preparations
- Lipid Guidelines
- Paediatric Asthma Guidelines
- Gonadotrophin Review
- Rituximab for AIIA
- Subcutaneous Biologics
- Low Carbon Inhalers

- Inhaled levodopa

## **Summary**

The Bedfordshire and Luton Joint Prescribing Committee has, during the 2019/20 financial year, continued to provide recommendations on the safe, clinical and cost-effective use of medicines to Bedfordshire and Luton CCGs and provider Trusts to improve patient outcomes of the Bedfordshire and Luton population. The meetings have been well attended with good representation from primary care, secondary care and lay members. With the Bedford Hospital/Luton & Dunstable Hospital Trusts merger and merging of BCCG, LCC and MKCCG in the coming years, the work of the JPC will become even more crucial to ensure consistency of approach across the whole Integrated Care System.

Finally, we hope you find this annual report helpful. Any comments on this document are welcomed by the JPC Secretary.

### **JPC Secretary contact details:**

E-mail: [Jacqueline.clayton@nhs.net](mailto:Jacqueline.clayton@nhs.net)  
Tel: 01525 624382  
Bedfordshire Clinical Commissioning Group  
Suite 2, Capability House  
Wrest Park  
Silsoe  
Beds  
MK45 4HR

## **BEDFORDSHIRE AND LUTON JOINT PRESCRIBING COMMITTEE (JPC) TERMS OF REFERENCE**

### **1. PURPOSE OF THE JOINT PRESCRIBING COMMITTEE**

- To promote rational, evidence-based, high quality, cost-effective medicines optimisation across the whole of the Health Economy for Bedfordshire and Luton residents.
- To include all providers and all stakeholders (including patients).
- To provide county wide prescribing advice to GPs, CCGs and Trusts (Acute/Mental Health/Community Health Services).
- To collaborate with other neighbouring Health Economies in line with service redesign and developing care pathways.
- To make recommendations to assist in the resolution of problems relating to prescribing arising at healthcare interfaces( e.g. primary/ secondary care)
- To assess (utilising existing reviews where possible) the clinical effectiveness, safety and cost-effectiveness and relative priority of all medicines of significant clinical and financial impact. This will be assessed using an agreed ethical framework and will result in the development of policies for their use (if appropriate) in Bedfordshire and Luton.
- To review and participate in the development of treatment pathways which involves the use of medication where appropriate.
- To foster relationships with existing (and emerging) prescribing and / or Drugs and Therapeutics Committees across the whole of the Integrated Care System.
- To promote sharing of Drug Formularies within the Health Economy and to manage the Bedfordshire and Luton Joint Primary and Secondary Formulary.
- To provide guidance on the local implementation of national guidance on the use of medicines, such as NICE and RMOC guidance.
- To ratify the recommendations of relevant subcommittees.
- To promote and facilitate seamless care relating to medicines optimisation across interfaces in the local health economy. This will

include participation in the development of integrated care pathways and production of shared care guidance as necessary.

- To ensure that NICE Technology Appraisal Guidance (in relation to drugs) is discussed and noted before passing to the appropriate organisation for ratification and implementation.

## **2. MEMBERSHIP**

This is representative of all relevant parties, including:

### **Trusts (Bedford Hospital; The Luton and Dunstable Hospital; ELFT {Mental Health}):**

- Three Medical Directors or their nominated representatives
- Three Trust Chief Pharmacists or their nominated representatives

### **Community Healthcare Services:-**

- One representative (medical, pharmaceutical or nursing) from each Community Healthcare Service (Luton and Bedfordshire)

### **Primary Care:**

- One GP representative from LCCG and three GP representatives from BCCG (to include a CCG Executive Team Member). Each should have a nominated deputy.
- Medical Director for Bedfordshire, Luton and Milton Keynes Integrated Care System (Vice Chair)
- LMC representative
- LPC representative
- Public Health Specialist.
- A Head of Prescribing and Medicines Management (or nominated representative) from each CCG
- Professional Secretary to the Committee (Pharmaceutical Adviser working on behalf of Bedfordshire and Luton CCGs) or nominated deputy

### **Lay Representation**

- A Lay Representative from Bedford, Central Bedfordshire and Luton (from Health watch or equivalent Body)

### **Meeting Chair**

Currently this is a former GP member of the Committee (retired). In the absence of the nominated chair and vice chair, any voting member of the Committee may deputise.

**In addition to regular committee members, other clinicians are invited to attend as necessary to provide expertise, necessary to the deliberations of the Committee.**

The **Committee** will be **quorate** to make recommendations if the following are Committee members are present:-

- Three medically qualified doctors, of whom at least two should be practising general practitioners.
- Two clinicians from Secondary Care (of whom at least one should be a pharmacist)
- One CCG Head of Medicines Management
- Professional Secretary to the Committee

**N.B. All of the above representatives must have a nominated deputy.**

If the meeting is not quorate, the meeting can still go ahead at the Chairs discretion, but any decisions made must be confirmed with Committee members prior to issue.

### **3.RELATIONSHIP TO OTHER BODIES**

The Bedfordshire and Luton Joint Prescribing Committee makes recommendations to the whole Health Economy (CCGs and Trusts) about the effectiveness, cost-effectiveness and relative priority for funding of medicines.

### **4.MEETINGS OF THE BEDFORDSHIRE AND LUTON JOINT PRESCRIBING COMMITTEE**

Meetings take place bimonthly, and last approximately two and a half hours.

### **5.CONFLICT OF INTEREST**

Each member of the Committee will be required to complete a written declaration every 6 months. In addition, declarations of interest will requested prior to the circulation of full meeting papers, when papers are circulated for 'virtual approval' and at the start of each meeting of the Committee. Committee members are expected to comply with recognised

NHS Codes of Conduct and Accountability. It is essential that all Committee members comply with these requirements.

## **6. OUTPUT AND COMMUNICATION**

Recommendations from the JPC are presented as bulletins. They are produced in a uniform style, sequentially numbered and accumulated into a series of recommendations. Revised bulletins are issued when these are reviewed. The current New Drug Bulletin template is attached as appendix 1.

JPC recommendations are summarised and issued in the form of a Newsletter to all GPs, Community Pharmacists, Committee Members and any other healthcare professional who has asked to receive a copy of the recommendations. JPC Bulletins/information (to include notes of meetings) produced from September 2012 may be accessed via a Public Facing website (unless there are confidentiality issues).

It is the responsibility of all Committee members to ensure that they communicate the JPC recommendations in an appropriate manner to the organisation that they represent.

## **7. SUPPORT ARRANGEMENTS AND SETTING THE**

### **AGENDA**

BCCG administratively supports the Committee.

All the organisations represented on the Committee will be able to request agenda items for discussion at the meeting. The agenda for future meetings will, as far as possible, be decided by the Committee itself.

Specialists are invited to attend meetings to present a case for a new medicine wherever possible.

## **8. NATURE OF RECOMMENDATIONS AND REPORTING MECHANISMS**

Recommendations made by the Committee are presented to Bedfordshire and Luton CCGs for ratification in accordance with CCG procedures. The Bedfordshire and Luton Joint Prescribing Committee is decision-making with respect to BCCG.

Where rapid evidence reviews are required between JPC meetings, these may be produced and interim position statements issued by the relevant CCG Prescribing Committee, prior to formal discussion at the next JPC meeting.

Some papers may receive virtual consideration by the Committee. Recommendations agreed by this process will need to be ratified at a full Committee meeting before they are issued.

JPC recommendations reported to Trust Drug and Therapeutics Committees within Bedfordshire and Luton. As representatives from these Trusts participate in the JPC decision-making process, it is expected that the JPC recommendations, once approved by the CCGs, will be adopted by CCGs and Trust Drug and Therapeutics Committees within Bedfordshire and Luton.

Recommendations made by the Joint Prescribing Committee are arrived at after careful consideration of the evidence available. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. However, the JPC guidance does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

## **9. EQUALITY AND DIVERSITY**

The Bedfordshire and Luton Joint Prescribing Committee commits to have due regard to Equality, Inclusion and Human Rights considerations in its decision making process.

## **10. APPEAL PROCESS**

The JPC is willing to re-consider recommendations made if new significant drug information on efficacy, safety or cost is provided to the Committee. If an appeal against a recommendation is made on the basis that due process has not been followed, this will be referred to the Hertfordshire Medicines Management Committee (HMMC) for consideration. The HMMC will not re-review the evidence presented, but will consider if due process has been followed. It will be for the JPC to reconsider its recommendations (or otherwise) in the light of any HMMC recommendations re process followed.

Revised and approved December 2019



**Appendix A****JOB DESCRIPTION****POST: COMMITTEE MEMBER, BEDFORDSHIRE AND LUTON JOINT PRESCRIBING COMMITTEE****JOB PURPOSE:**

To represent their organisation/locality on the Committee, provide input into the Committee and Champion/communicate the output of the Committee. Committee members are expected to take a strategic role when inputting into the Committee and feeding back Committee decisions to their respective organisations to ensure implementation of JPC recommendations.

**ACCOUNTABLE TO:**

Bedfordshire and Luton Joint Prescribing Committee

**RESPONSIBILITIES:**

- To attend Committee meetings regularly to represent the views of their respective organisation or group (E.g. GPs represent their locality; Acute Trust Representatives represent their Trust; CCG representatives represent the CCG etc).
- To read all papers in advance of the meeting and seek the views of other members of their organisation/locality where appropriate.
- To come to the meetings prepared with all documents and ready to contribute to the debate.
- To ensure that they have a deputy who is available to deputise when they are unable to attend a meeting where possible. (This applies to Committee members who are required for quoracy as per the Terms of Reference).
- To commit to work outside the meeting (e.g. subgroup membership) where appropriate.
- To have the authority to make clinical and commissioning (where appropriate) decisions on behalf of their constituent organisations or professional groups.
- To respond to consultations on specific papers when asked to do so and consult more widely within their organisation/locality.
- To communicate and champion the output of the Committee within their organisation/locality where appropriate.
- To contribute to the Committee agenda setting.

- To declare any financial or personal conflicts of interest at the start of each meeting, when asked to consider an issue virtually and every 6 months in writing.

### **TIME COMMITMENTS & REMUNERATION**

GP/chair remuneration – funded on a sessional basis at an agreed hourly rate.

## Appendix 2

Bedfordshire and Luton Joint Prescribing Committee (JPC)  
Assessment against Ethical and Commissioning Principles

<b>Treatment assessed (Month and Year):</b>
<b>JPC Recommendation</b>
<b>1) Clinical Effectiveness</b>
<b>2) Cost Effectiveness</b>
<b>3) Equity &amp; Equality Impact Assessment*</b>
<p>Will this decision of the APC have an impact for patients or staff in regard to Equality, Inclusion and Human Rights legislation? Such impacts (negative) could include:</p> <ul style="list-style-type: none"> <li>• Restriction of a drug which could benefit those with certain conditions<sup>1,2</sup></li> </ul> <p><sup>1</sup>NB Equality and Diversity is only one part of an assessment of the new drug/indication. <sup>2</sup>It should be noted that where the Bedfordshire and Luton Joint Prescribing Committee is following national guidance, these have been developed with consultation and are required to have been subject to Equality Analysis and Due Regard.</p> <p><b>YES</b> If the proposal is likely to impact patients or staff, please set out those impacts and any mitigations that have been identified.</p> <p>Examples include a process where the needs of exceptional cases can be met.</p> <p><u>Should a significant impact be identified an EQIA should be completed</u></p>
<p>If <b>NO</b>, please state that the decision has been reviewed with regard to Equality, Inclusion and Human Rights and no issues have been identified.</p>
<b>4) Needs of the community</b>
<b>5) Need for healthcare (incorporates patient choice and exceptional need)</b>
<b>6) Policy drivers:</b>

## 7) Disinvestment

The JPC agreed the following sections within the PCT Ethical and Commissioning Framework were not relevant to JPC discussions: Health Outcomes, Access, and Affordability.

### **\*Equality Impact Assessment for BCCG only**

Where the implementation of the decision of the Bedfordshire and Luton Joint Prescribing Committee (JPC) may impact on one or more equality group differently to others, BCCG will require an equality impact assessment to be completed. The guidance on this can be found in the attached document. Please summarise the equality impact in the in the Equity & Equality Impact Assessment box above.



E and D BCCG.docx

### **Protected Characteristics (under the Equality Act):-**

Age; Disability; Gender reassignment; Marriage & Civil Partnership (in employment only); Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual orientation; carers; other identified groups.

**Appendix 3****Statement on Conflict of Interest**

**DECLARATION OF INTERESTS  
MEMBERS/ EMPLOYEES /TEMPORARY or AGENCY WORKERS  
NOTES**

A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role, is or could be impaired or otherwise influenced by his or her involvement in another role or relationship. Clinical Commissioning Groups (CCGs) manage conflicts of interest as part of their day-to-day activities. Effective handling of conflicts of interest is crucial to give confidence to patients, tax payers, healthcare providers and Parliament that CCG commissioning decisions are robust, fair and transparent and offer value for money. It is essential in order to protect healthcare professionals and maintain public trust in the NHS. Failure to manage conflicts of interest could lead to legal challenge and even criminal action in the event of fraud, bribery and corruption.

Section 14O of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) ("the Act") sets out the minimum requirements of what both NHS England and CCGs must do in terms of managing conflicts of interest. CCGs must make arrangements to ensure individuals declare any conflict or potential conflict in relation to a decision to be made by the group as soon as they become aware of it, and in any event within 28 days. CCGs must record the interest in the registers as soon as they become aware of it.

**A declaration must be made of any interest likely to lead to a conflict or potential conflict as soon as the individual becomes aware of it, and within 28 days.**

Please note the information contained within a Declaration of Interest form may be subject to the requirements of the Freedom of Information Act.

The Register of Interests will be published:

- On the CCG's website; and
- Upon request addressed to the Head of Governance.

Any individual – and in particular members and employees of the CCG and/or NHS England – must provide sufficient detail of the interest, and the potential for conflict with the interests of the CCG and/or NHS England and the public for whom they commission services, to enable a lay person to understand the implications and why the interest needs to be registered.

If there is any doubt as to whether or not a conflict of interests could arise, a declaration of interest must be made.

Interests can be captured in four different categories:

- **Financial interests**
- **Non-financial professional interests**
- **Non-financial personal interests**

- **Indirect interests**

See next page for description of the above.

Please read the Managing Conflicts of Interest Policy, which is available at <https://www.bedfordshireccg.nhs.uk/page/?id=3804> on the right hand corner.

Type of Interest	Description
<b>Financial Interests</b>	<p>This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:</p> <ul style="list-style-type: none"> <li>• A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations;</li> <li>• A shareholder (or similar owner interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations.</li> <li>• A management consultant for a provider;</li> <li>• In secondary employment (see paragraph 56 to 57);</li> <li>• In receipt of secondary income from a provider;</li> <li>• In receipt of a grant from a provider;</li> <li>• In receipt of any payments (for example honoraria, one off payments, day allowances or travel or subsistence) from a provider</li> </ul>
<b>Non-Financial Professional Interests</b>	<p>This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is:</p> <ul style="list-style-type: none"> <li>• An advocate for a particular group of patients;</li> <li>• A GP with special interests e.g., in dermatology, acupuncture etc.</li> <li>• A member of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defence organisation would not usually by itself amount to an interest which needed to be declared);</li> <li>• An advisor for Care Quality Commission (CQC) or National Institute for</li> </ul>

<b>Non-Financial Personal Interests</b>	<p>This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:</p> <ul style="list-style-type: none"><li>• A voluntary sector champion for a provider;</li><li>• A volunteer for a provider;</li><li>• A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation;</li></ul>
<b>Indirect Interests</b>	<p>This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above). For example, this should include:</p> <ul style="list-style-type: none"><li>• Spouse / partner;</li><li>• Close relative e.g., parent, grandparent, child, grandchild or sibling;</li><li>• Close friend;</li></ul>