



Area Prescribing Group (APG)

Terms of Reference

1. Background

Medicines are the most common healthcare intervention. Patients generally have their care delivered by more than one healthcare organisation, for example, many medicines are initiated in acute/specialist hospitals and subsequently prescribed in primary care.

Ensuring that medicines are well managed across a health community, in terms of entry of new medicines and interventions, safe and effective choices, and equitable access for patients, requires the input of all stakeholder organisations.

The clinical and financial risks and benefits associated with medicines are best managed using a collaborative, co-ordinated, area wide approach to medicines optimisation. The implementation of this approach in Powys Teaching Health Board (PTHB) is supported by the Area Prescribing Group (APG)

2. Accountability

The APG is accountable to the Quality Governance Group

3. Functions

a. Overarching functions

- Provide a forum for informed discussion between clinicians from primary, community and secondary care; structured to ensure that the implications of any significant changes in practice on the management of healthcare resources overall, are defined and understood.
- Ensure that robust standards and governance arrangements underpin area wide decision-making / advice related to medicines.

b. Core functions

- Plan for and manage the introduction of new medicines and new indications for existing medicines into the local health economy.
- Plan and facilitate local implementation of national policy, e.g. NICE guidance, AWMSG guidance, patient safety alerts and other national guidance.
- Develop and/or approve medicines related shared care protocols, medicines related treatment and/or prescribing guidelines and medicines/prescribing care pathways.
- Provide guidance on medicines management issues that have an effect on clinical practice and the overall delivery of healthcare in the local health economy, e.g. developing and keeping a formulary up-to-date; agreement of prescribing policies.
- Ensure patient safety is incorporated as a specific issue in all decisions and recommendations made by the APG, including the safety aspects of the way medicines are used in practice.
- Review patient safety incident reports and ensure that learning is appropriately cascaded.
- Make recommendations on medicines linked to interventions commissioned from external providers e.g. bariatric surgery for morbid obesity, peripheral DEXA scanning

- Support budget holders to manage financial resource allocated for medicines across the health board.
- Support the value based healthcare agenda
- Co-ordinate community-wide initiatives, e.g. safety campaigns, patient awareness, medicines related admissions
- Support the development of non-medical prescribing across PTHB, ensuring that robust monitoring arrangements are in place.
- Health community-wide patient group direction development
- 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.
- Highlight the potential impact (cost saving or cost generation) of approved medicines to the health board
- Provide guidance for appropriate working with the pharmaceutical industry including guidance for clusters and non-medical prescribers
- Consider changes in service delivery that impact on medicines management across the interface
- Consider social and local authority issues relating to medicines management (e.g. issues relating to care homes and domiciliary care)
- Monitor medicines use across the health economy
- Review performance against national prescribing indicators and make recommendations to improve performance where necessary.
- Ensure that decision making processes relating to medicines are robust and transparent and made in accordance with a health board approved decision-making framework
- Support the development, review and implementation of the PTHB Medicines Policy

4. Membership

PTHB	Medical Director/Associate Medical Director
	Chief Pharmacist
	Head of Primary Care Medicines Management
	Head of Community Services Medicines Management
	Head of Secondary Care Medicines Management
	Medicines Management Nurse
	Commissioning representative
	Community services medical representative
	Mental Health representative
	Children's services representative
	Non-medical prescriber
	Lay representative
	Senior nurse representative
	Finance representative
Medicines Management data analyst	
Independent contractors	3 x GP representatives (one from each cluster)
	Community Pharmacy representative
	LMC representative
	WCP representative
Public Health Wales	Consultant in Public Health
Social Services	Local authority representative
Patient/public engagement	Lay member

- a. The APG will be chaired by the Medical Director/Deputy Medical Director.
- b. Members, where possible, will have a nominated deputy to attend APG meetings in their absence.
- c. Other possible members, through invitation, include:
 - Representatives from neighbouring strategic medicines decision making committees (i.e. neighbouring CCG and LHB Area Prescribing Groups)

Observers may from time to time be invited to attend but may be excluded where confidential issues are discussed.

5. Responsibility of APG members

- a. Accept ownership of APG decisions
- b. Undertake work as necessary between meetings
- c. Promote two-way communication between the APG and relevant NHS colleagues/organisations
- d. Take specific views from the APG, back to their own organisations for comments, and then to feed back responses to the APG, as appropriate.
- e. Commit to regular attendance at APG meetings to ensure continuity and balance of input into decision making.
- f. Be an enthusiastic, motivated and active participant of the group.
- g. Declare prior to each meeting any outside interests, which may have a bearing on involvement in discussions within the committee.

6. Quoracy

The meeting will be considered quorate if six members are in attendance, including the Chair or Deputy Chair, the Chief Pharmacist or nominated deputy and at least one medical representative from primary care or the health board.

7. Secretariat

The secretariat for the APG will be provided by the Medicines Management Team.

8. Frequency of meetings

APG meetings will be held quarterly.

9. Agendas

The agenda for each meeting will be prepared by the Chief Pharmacist in collaboration with the Medical Director/Deputy Medical Director.

The agenda will be shared at least one week before the meeting is due to take place.

10. Minutes

Minutes will record actions and decisions and be supported by an action tracker. Unconfirmed minutes will be circulated within 4 weeks of the meeting by the Medicines Management Team.