

**NCL Joint Formulary Committee meeting held at 4:30pm to 6:30pm on
Thursday, 20th September 2012, Boardroom, UCLP**

MEETING MINUTES

Present

Prof Raymond MacAllister	RM	UCLH Consultant, Chair,
Prof Liam Smeeth	LS	GP, Vice-chair
Dr Robert Urquhart	RU	UCLH Chief Pharmacist
Wendy Spicer	WS	RFH Chief Pharmacist
Dr Michael Kelsey	MK	Whittington DTC Chair
Dr Helen Taylor	HT	Whittington Chief Pharmacist
Toby James	TJ	Moorfields Chief Pharmacist
TF Chan	TFC	BCF Chief Pharmacist
Sarla Drayan	SD	NMUH Chief Pharmacist
Dr Rik Fox	RF	RNOH DTC Chair
Ashik Shah	AS	RNOH Chief Pharmacist
Dr Henrietta Hughes	HH	NCL Medical Director
Priya Shah	PS	NCL Pharmacist
Allan Karr	AK	NCL Procurement Consortia Chair
Dr Anita Jolly	AJ	Health Economics
Dr Nicola Trevor	NT	Health Economics
Dr Lyndon Wagman	LW	Barnet CCG
Rachel Clark	RC	Camden Medicines Management
Amalin Dutt	AD	Islington Head of Medicines Management
Paul Gouldstone	PG	Enfield Head of Medicines Management
Colin Daff	CD	Barnet Head of Medicines Management
Pauline Taylor	PT	Haringey Head of Medicines Management
Dr Ekaterini Boleti	EB	Oncologist
Prof Alison Jones	AJ	Oncologist

Apologies

Dr Philip Ancliff	PA	GOSH DTC Chair
Dr Denise Bavin	DB	Camden CCG
Dr Sharon Bennett	SB	Islington CCG
Judith Cope	JC	GOSH Chief Pharmacist
Prof Nick Freemantle	NF	Biostatistics
Prof Aroon Hingorani	AH	Clinical Pharmacologist
Glenn Irvine	GI	Lay Member
Dr PavanSardana	PS	Enfield CCG
Dr Adnan Tufail	AT	Moorfields DTC Chair or Chief
Dr Tim Peachey	TP	RFH DTC Chair
Dr Sylvia Tang	ST	C&I Mental Health Trust
Lucy Reeves	LR	C&I Mental Health Trust
Dr C Stavrianakis	CS	Haringey CCG
Dr William Zermansky	WZ	Haringey CCG

In Attendance

Cheryl Kwok	CK	UCLP Work-stream Board Secretary
Kashyap Thakrar	KT	UCLH Formulary Pharmacist
Dr Anthony Grosso	AG	UCLP Lead Pharmacist
Dr A Bakhai	AB	Observer

This was the first meeting of the NCL JFC meeting.

1. Welcome and Introductions

1. The Chair welcomed everyone and introductions were made.

2. Presentation from the Chair

1. The Chair gave a brief overview of the purpose of setting up the North Central London Joint Formulary Committee (NCL JFC) outlining its scope/objectives and the possible challenges. He also gave an update of progress to-date. This included proposed timescales of the setting up of the JFC, stating that it should be fully operational by the end of 2012 and also highlighting the key priority of assessing new medicines.
2. TFC reiterated his point on the need to agree and establish a standardised matrix of success that outlines how progress/success would be measured within the NCL JFC.
3. There was general support expressed for the purpose of the NCL JFC and the following points were noted in order to ensure a successful and effective set up:
 - engage with primary care to ensure standardisation of decision-making
 - take into consideration the different resourcing / budget systems adopted across the range of hospitals and CCGs
 - consider economic as well as scientific arguments
 - take into account NICE guidance

3. Membership

1. RU queried how the NCL JFC intends to recruit the remaining positions. In response, the Chair asked the members to forward their recommendations for consideration.
2. It was also agreed that both DTC Chairs and Chief Pharmacists attend the NCL JFC meetings and that this was adequate representation from each hospital.
3. The immediate remit of the NCL JFC was discussed; that it is a single centralised entity that governs the approval of new drugs, associated costs and prescribing process for the NCL sector. A stringent evaluation process for deciding which drug should make the list should be agreed. Implementation of this remit should be staged and carried out in a timely manner so as to allow adequate time for buy-in and adaptation from the relevant participants.
4. It was clarified that once fully operational, the JFC should take full responsibility to oversee the approval/recommendation of drugs in the NCL sector. In the case when a CCG should not agree to fund an approved drug, it would present their case at the JFC committee meetings for it to be taken into consideration.
5. It was further clarified that all drugs, including specialist drugs, and drugs used as components of devices should be included in the NCL JFC approval/recommendation process in order to ensure consistency and conformity in decision-making.

4. Terms of Membership

1. The Chair clarified that the funding is for a limited period and is provided on a 50/50 funding split between NCL and the partner trusts. PS agreed to confirm with NCL on this commitment.

5. Conflict of Interest Policy

1. It was agreed that members should declare relevant conflicts of interests at each meeting according to the policy circulated.

6. Terms of Reference (ToR)

1. It was noted that the ToR should be clearly communicated to ensure a consistent and standardised message.
2. It was further noted that an appeals process remains to be agreed. The Chair proposed that a robust procedure should be established and that there should be two grounds of appeals, based on 1) evidence and 2) process.
3. It was noted that the minutes of the JFC would be made public once approved.
4. Several other minor comments relating to the ToR were discussed. AG agreed to incorporate these changes and re-circulate to JFC members.

7. NCL DTC Activity 2011 - 2012

1. It was noted that currently, there is too much activity at each DTC for the JFC to take over all the functions of individual DTCs immediately. The JFC would prioritise new medicines, considering those with the potential to have a major impact in NCL. In the short term, drugs with a lower priority would be assessed by Trust DTCs though the JFC would have oversight of this process.

8. Remit & Process

1. It was noted that a standard presentation of application need to be agreed. The Chair proposed that applicants should be invited to attend the NCL JFC meeting for the panel to take a view on the application. It follows that a sub-committee should be appointed to screen/filter and direct the applications accordingly (i.e. for local or JFC review) so as enable a swift and effective process.
2. HH added that urgent decisions are required for cancer drugs and a prompt referral process should be in place to facilitate this.

9. Workflows

1. AG agreed to update the JFC regarding actual workflows in due course.

10. Application Forms

1. It was noted that the Formulary Group should produce a standardised application form that would be used by the eight partner trusts (i.e. WH, RFL, GOSH, MEH, NM, BCH, UCLH and RNOH) and that this should be actioned promptly so as to minimise duplication. As an interim solution, trusts would use the proposed application form but that current paperwork is also acceptable.

11. Formulary Group Assessments

1. A proposed formulary assessment template was circulated for information only.

12. Decision Recording & Formulary Display

1. A draft formulary display was circulated for information only.

13. Meeting Times, Dates & Venues

1. It was agreed that meetings will be held every third/fourth Thursday of the month in the Boardroom of the UCLP office. Meeting dates for the next 12 months are confirmed and will be circulated upon finalisation of the membership / distribution list. Use of a centralised venue will be re-evaluated after one year.

14. NICE Formulary Consultation

1. AG asked for any comments on the draft NICE formulary consultation paper to be forwarded to him before the end of the month.

15. AOB

1. The Chair agreed to circulate a soft copy of the presentation to the members
2. The minutes of the meeting will be discussed and agreed before the next NCL JFC meeting scheduled on the 18th October 2012.

With no other business, the meeting adjourned at 18:30hrs.

Date of next meeting is scheduled on Thursday, 18th October at 17:00hrs, Boardroom, UCLP.