



NORTH LONDON PARTNERS
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North Central London's sustainability
and transformation partnership



**North Central London
Medicines Optimisation Network**

Medicines Optimisation Committee Terms of Reference

Document control

Date	Version	Amendments
7Sept17	1	New document
Feb18	1.1	Added link to RMOC Secretariat support listed as JFC (no change to expiry date)
Feb20	2.0	Revision of ToR Amendment to Co-Chairs tenure Addition of section outlining affiliate organisations Update of appendix 1: schematic of Medicines Optimisation Network

Document management

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1. Target audience

This document has been written to support the NCL Medicines Optimisation Committee (MOC) in executing its role effectively.

2. Introduction

The NCL Medicines Optimisation Committee (MOC) provides strategic medicines optimisation leadership across North Central London (NCL) by sharing work and decision making. This relies on collaboration between primary care, secondary care, tertiary care, community care, and social care. See Appendix 1 for information on how the MOC interacts with other NCL committees.

The MOC is made up of Chief Pharmacists from each NCL acute, specialist and mental health trust, Heads of Medicines Management from each CCG, representation from NEL CSU, and JFC support pharmacists.

There are two Co-Chairs, selected from within the group's membership. These Co-Chairs come from different sectors of the health system. Each is appointed for a period of two years. At the end of the term the Committee may vote to renew the tenure if the incumbent is agreeable to continue otherwise the position will be re-selected.

3. Objectives

- Provide medicines expertise to the NCL Sustainability and Transformation Plan Health & Care Cabinet
- Liaise with the JFC, Acute and Mental Health Trust DTCs, and CCG Medicines Management/Optimisation Committees to promote alignment with health economy priorities and processes
- Identify opportunities to harness expertise of all stakeholders (e.g. hospital pharmacists, community pharmacists) to contribute to improving patient understanding of and adherence to medicines
- Work across organisations to reduce avoidable medication waste to ensure NHS resources are used efficiently in NCL
- Review output from the NHS England RMOCs to identify actions that can be tackled at an STP level. Contribute to RMOCs by sharing work and experiences from within NCL.
- Ensure all organisations and individuals involved in or affected by NCL MOC and JFC decisions are aware of and aligned to prescribing priorities and policies agreed for primary, secondary and tertiary care
- Support horizon scanning, with a particular focus on, but not restricted to, high cost PBR-excluded medicines
- Enable implementation of service redesign and identifying potential opportunities for decommissioning ineffective services and medicines
- Share and review expenditure on medicines across the health economy
- Provide over-sight for the roll-out of the Joint Formulary across NCL

4. Responsibilities of the MOC

- Ensure that NCL patients are at the centre of all decisions that are made by the MOC
- Ensure most efficacious, safe, and cost-effective medicines are made available within NCL and promote their appropriate use

- Support the implementation of medicines optimisation and formulary decisions agreed by either the MOC or JFC
- Provide oversight and support issues arising from the Share Care Group
- Improve Medicines Optimisation by reviewing the NHSE Medicines Optimisation, LPP and other appropriate dashboards and identifying where action can be taken locally
- Share information to identify opportunities for maximising efficiencies across the health economy (e.g. provider business cases, CIPs for PBR-excluded high cost drugs, QIPP plans)
- Identify and share medicines optimisation opportunities for NCL. Work across sectors to implement opportunities locally, that have been identified as leading to improved patient outcomes, using established structures where possible (e.g. medicines reconciliation, New Medicines Service, Medicines Use Reviews)
- Use specialist expertise available within your organisation to support patient experience of medicines across NCL
- Identify, review and respond to prescribing and medicines optimisation opportunities (e.g. RPS guidance, RMOC, NHS England, NICE guidance) relevant to NCL
- Identify and support implementation of opportunities for medicines optimisation related audits
- Review and support implementation of outputs from RMOCs. This will include referring to the NCL Joint Formulary Committee where an assessment of the evidence-base is necessary prior to implementation.
- Report back to the RMOC where there are significant barriers or concerns about implementation of their decisions.

5. Responsibility of the Chairs

There are two Co-Chairs, selected from within the group's membership. These Co-Chairs will share the responsibilities of being a Chair between them.

The Chairs are key members of the MOC, taking responsibility for its effective functioning. The Chairs should provide clear leadership and direction to the committee. They should ensure a focussed and balanced debate at meetings, which enables a decision with a clear way forwards to be reached. The Chairs are fundamental in creating an environment of team work.

The Chairs will deputise for each other, ensuring all the expected roles of a Chair are carried out before, during and after the meeting they are looking after.

A Chair has a number of roles that they must perform to allow the committee to achieve its objectives. These include:

- Spokesperson – sharing and summarising the views of others
- Organiser – help to ensure the right people are in the right place discussing the right things
- Communicator – ensures that everyone knows what is going on before, during and after a meeting
- Action person – makes sure actions are generated appropriately and followed up
- Mediator – finds compromise between two people in a way that does not let their own feelings get in the way

The Chair may delegate some of these roles to others (e.g. the committee's secretariat), but must maintain overall responsibility for them.

The Co-Chairs must work closely together, therefore need to respect each other and agree respective roles.

5.1. Before the meeting

The MOC meets on a quarterly basis and has large agendas, which require careful planning. Resultantly there is a large element of work that must take place outside the meeting.

The Chair is responsible for meeting with the secretariat in advance of the meeting 1–4 weeks before the agenda is sent out) to finalise the agenda and discuss any papers that have arisen since the previous meeting. A telephone conference may be sufficient for this meeting.

The secretariat will endeavour to circulate papers one week in advance of each meeting.

5.2. At the MOC meeting

The Chair's role at the meeting is crucial, but will be facilitated by effective planning before the meeting. At the meeting, the Chair is responsible for ensuring the agenda runs to time, encouraging discussion, helping the committee reach an agreement and clarifying action points to be achieved by the next meeting. To support effective committee decision making, the Chair may need to act as a negotiator, influencer or diplomat.

The Chair will be responsible for establishing a project Task and Finish Group where necessary, making it clear when they are expected to report back.

The Chair must be able to handle disagreements in the meeting and to deal with all of the personalities around the table, whilst ensuring they do not become the source of the disagreement.

5.3. After the meeting

The Chair is responsible for ensuring the minutes are produced in a timely manner. The minutes must be accurate and provide sufficient detail for the committee to follow up actions and hold each other to account. The secretariat will ensure actions are circulated once draft minutes are available.

The Chair may need to approve certain documents by Chair's action where minor amendments have been suggested during the meeting.

The Chair will ensure there are links with the associated committees, answering questions on MOC activity and ensuring the MOC work plan is consistent with medicines optimisation expectations from across NCL.

5.4 Outside the meeting

The Chair may need to take action outside of meetings to ensure that local discussion and decisions about Medicines Optimisation outputs from external groups are not delayed. This will include referring items to the Joint Formulary Committee or established Task and Finish groups between meetings.

6. Member Responsibilities

- Provide professional leadership on medicines optimisation across NCL
- Represent the views and take decisions on behalf of their organisation, professional group and patients
- Take ownership of MOC decisions within own organisation
- Chair or participate in Task and Finish Groups established by the MOC, providing update reports to the MOC as necessary
- Regularly attend the meeting, nominating a deputy with sufficient authority if unable to attend
- Participate in telephone conferences and on-line working to achieve objectives between meetings within agreed timeframes
- Contribute to agenda items, ensure appropriate preparation and follow through on actions to completion
- Be sufficiently aware of agenda items to be able to drive forward points under discussion
- Be aware of the wider health economy and provision of health care when making decisions

- Declare any financial and personal conflicts of interest

7. Member organisations

- Barnet, Enfield & Haringey (Mental Health) NHS Trust
- Camden & Islington (Mental Health) NHS Foundation Trust
- Central and North West London NHS Foundation Trust
- Central London Community Healthcare NHS Trust
- Great Ormond Street Hospital for Children NHS Foundation Trust
- Moorfields Eye Hospital NHS Foundation Trust
- NEL Commissioning Support Unit
- North Middlesex University Hospital NHS Trust
- Royal Free London NHS Foundation Trust
- Royal National Orthopaedic Hospital NHS Trust
- The Tavistock and Portman NHS Foundation Trust
- University College London Hospitals NHS Foundation Trust
- Whittington Hospital NHS Trust
- NHS Barnet CCG
- NHS Camden CCG
- NHS Enfield CCG
- NHS Haringey CCG
- NHS Islington CCG

8. Membership

- Chief Pharmacists* from each NCL acute, specialist and mental health trust
- Heads of Medicine Management* from each NCL CCG
- Assistant Director, Medicines Management Acute Services from NEL CSU
- JFC Support Pharmacists (Secretary)
- Local Pharmaceutical Committee Representation
- Patient representative

* Or nominated deputy with decision making authority and capability.

9. Invited attendees

The Committee welcome members of regional NHS organisations such as NHSE community pharmacy lead, Local authority attendees and London Procurement Partnership to attend the MOC meetings

10. Quorum

- Chair
- 2 x CCG representatives
- 3 x Provider Trust representatives

11. Affiliate Groups

Responsibility of MOC towards affiliate groups	Provision of oversight	Provision of governance
NCL Shared Care Working Group	✓	✓
NCL Antimicrobial Stewardship Group	✓	✓
NCL Nutrition Group	✓	✓
NCL Integrating Pharmacy & Medicines Optimisation / Medicines Efficiency Programme	✓	✗

12. Acknowledgements

Thanks to the National Institute for Health and Care Excellence for providing access to their documents, which have formed the basis for the guidance in this document.

- National Institute for Health and Care Excellence. Good Practice in Charing: Guidelines Best Practice.
- National Institute for Health and Care Excellence. Guideline Committees: A guide for members

Appendix 1: Schematic of the Committees and Working Groups within NCL forming the Medicines Optimisation Network

