Introduction

The Policy describes the committee/working group structure and responsibilities required to deliver a safe system of practice. Central to the structure is the emphasis on patient safety, and the monitoring role of the medicines management governance committee.

Scope

This policy applies to all those directly engaged in the structures described within.

Aims

This policy describes the assurance framework for medicines management; ensuring the safe, secure, economical and effective use of medicines within the Trust.

Duties (Roles and responsibilities)

4.1 Duties of the Director of Pharmacy

The Director of Pharmacy is responsible for ensuring that all practice relating to medicines management throughout the Trust complies with the current legislative framework and, where practice is found to be non compliant, this is addressed through the relevant Trust processes. Where professional standards do not exist, practice should be based on best available evidence and orientated towards the protection of patients.

This includes:

- Ensuring that the Pharmacy Department is effective in its functions as described below and that these are subject to regular internal and external audit:
  - Cost effective procurement of pharmaceuticals
  - Quality of pharmaceuticals both procured and prepared in the Trust
  - Secure handling in the distribution and supply of pharmaceuticals
  - Provision of services involving sterile pharmaceutical products
  - Management of Investigational Medicinal Products and associated research governance
• Supporting safe prescribing and administration of medicines
• Monitoring medicines use for safety and cost-effectiveness according to available evidence
• Ensuring safe and secure handling of medicines in clinical areas
• Ensuring safe and secure handling of medical gases
• Advising on the waste management of pharmaceuticals

• Ensuring that all Pharmacy staff are competent to deliver Pharmacy services through a programme of Continuous Professional Development (CPD) and competency based assessment, together with Individual Performance Review (IPR).

• Ensuring that the Pharmacy Department has sufficient staff to deliver a comprehensive Pharmacy service and makes a significant contribution to the Trust Medicines Management Programme.

• Promoting safe medicines practice through the Trust Medicines Management Programme.

• As Trust Accountable Officer for Controlled Drugs, the Director of Pharmacy is a member of the North Cumbria, Northumberland Tyne & Wear Controlled Drugs Local Intelligence Network.

• Ensuring that all processes involving storage, distribution, prescribing, preparation, administration and monitoring of medicines in clinical areas within the Trust are governed by well-disseminated up to date medicines management policies.

• Ensuring that all medicines management policies, clinical guidelines and technical information are subject to approval by the Trust’s Medicines Management Governance Committee. The reporting and accountability structure for the Trust’s Medicines Management Governance Committee and other Committees which consider medicines related issues is shown in Appendix 1. All Medicines Management Related Policies and clinical guidelines are maintained on the Trust website.

• Construction of an annual Medicines Management Programme and Report, which is subject to review by the Trust Board. The Medicines Management Programme will outline the Medicines Management Agenda for the Trust, describing the following:
  • An in-house education and training programme to improve medication safety within the Trust
  • Medication related policy development
  • Pharmacy work-force management and development
  • Audit and research priorities for medicines management
• The Director of Pharmacy is a member of the Trust’s Clinical Policy Group advising on matters relating to Pharmacy Services and Medicines Management.

• Ensuring that the Trust education and training programme for Medicines Management, as outlined in the Medicines Management Policy (next update), describes a co-ordinated approach to improving medication safety within the Trust. Delivery will be via a variety of media, such as corporate, nursing and medical inductions and e-learning (computer based competency assessment).

4.2 Chair of the Medicines Management Governance Committee

The Chair of the Medicines Management Governance Committee is responsible for ensuring that there is multi-professional support for the delivery of the Medicines Management Strategy. Responsible for ensuring that the Committee functions in accordance with its terms of reference.

4.3 Medical Director

The Trust Medical Director, the line manager of the Director of Pharmacy, is the nominated executive lead for Medicines Management.

5 Definitions

Medicines-

“.. all products that are administered by mouth, applied to the body, or introduced into the body for the purpose of treating or preventing disease, diagnosing disease or ascertaining the existence, degree or extent of a physiological condition, contraception, inducing anaesthesia, or otherwise preventing or interfering with the normal operation of a physiological function. It follows from this definition that infusions or injections of sodium chloride 0.9% and water for injection are included as are all medicinal products covered by the European Directive on Medicines. (The Safe And Secure Handling Of Medicines: A Team Approach, RPSGB, 2005)
6 Medicines Management Governance Committees

6.1 Trust Medicines Management Governance Committees

The Medicines Management committee structure is detailed in Appendix 1. Each subcommittee submits minutes to the Medicines Management Governance Committee. The Trust committees are described in outline as follows;

6.1.1 Medicines Management Governance Committee (MMGC)
Reports to: Clinical Governance and Quality Committee
Meeting frequency: Quarterly

The remit of the Trust’s Medicines Management Governance Committee is to ensure that medicines are managed safely, effectively and economically through good practice, risk assessment and other control mechanisms, and to advise the Trust Board accordingly.

All Medicines Management related policies and guidelines are subject to regular review and approval by Medicines Management Governance Committee prior to Trust wide dissemination.

The Director of Pharmacy attends the Medicines Management Governance Committee meetings, and provides input in matters relating to the use of medicines within the Trust.

6.1.2 Medicines Management Strategy Group
Reports to: Trust Board
Meeting frequency: Monthly (when business exists to attend to)

The Medicines Management Strategy Group is a committee with delegated responsibility from the Trust Board for aspects of Medicines Management Strategy in particular approving planned expenditure relating to the introduction of new medicines following approval at the North of Tyne Area Prescribing Committee.

6.1.3 Medication Safety Group (MSG)
Reports to: Medicines Management Governance Committee
Meeting frequency: Bimonthly

The Trust’s Medication Safety Working Group is a subcommittee of the Medicines Management Governance Committee and is led by the Assistant Director of Pharmacy, Medicine Safety Officer. It comprises representatives from Pharmacy, Medical, Nursing, CGARD and Education.

The Medication Safety Working Group has the following overall remit:
- To promote medication safety across the Trust to all staff and patients.
• To promote an open and just culture of drug incident reporting within the Trust.
• To oversee and ensure a co-ordinated approach to medication safety across the Trust.
• To promote appropriate reporting of safeguarding issues associated with medication incidents within the Trust.

6.1.4 Medical Gas Committee
Reports to: Medicines Management Governance Committee
Meeting frequency: Three times a year

The Medical Gas Committee is a subcommittee of the Medicines Management Governance Committee, led by the Assistant Director of Pharmacy, Quality Assurance, which aims to ensure the availability and safety of medical gases within the Trust.

The Medical Gas Committee is responsible for:

• Production and review of standard operating procedures and manuals in relation to medical gases.
• Ensuring only registered personnel carry out work and testing of medical gas pipelines in accordance with national registers.
• Monitoring of all incident reports that refer to piped medical gases or medical gases in cylinders
• Establishing an audit programme to ensure safe and appropriate use of medical gases
• Establishing training and development requirements
• Ensuring appropriate planning has taken place where high hazard work is required

6.1.5 Antimicrobial Steering Group
Reports to: Medicines Management Governance Committee & Infection Control Executive Group
Meeting frequency: Quarterly

The Anti-microbial Steering group, chaired by an Infectious Diseases Consultant is responsible for formulating and disseminating antimicrobial clinical guidance. It is also a sub-committee of the Infection Control Executive Group.

The main aims of the group are to:

• Promote high quality, cost effective prescribing of antimicrobial agents across the Trust.
• To develop and promote antimicrobial policy consistent with the aim of reducing rates of hospital acquired infections.
• Prioritise the activities of the antimicrobial pharmacist in his work towards encouraging optimal use of antimicrobials in the Trust.
Facilitate the review of current practice, development, implementation and audit of new policies and protocols related to antimicrobial prescribing.

Advise, as required, the Medicines Management Governance Committee on issues relating to antimicrobial prescribing.

Liaise with the North of Tyne Area Prescribing Committee in relation to antimicrobial prescribing as required.

6.1.6 Intravenous Immunoglobulin Committee

Reports to: Medicines Management Governance Committee
Meeting frequency: Biannually

In accordance with the Department of Health Demand Management Plan for Immunoglobulin Use, the Intravenous Immunoglobulin Committee, a subcommittee of the Medicines Management Governance Committee, will:

- Develop a local policy to implement the Demand Management Plan.
- Review and approve applications for use of immunoglobulins with reference to the Department of Health Clinical Guidelines.
- Ensure that all data are recorded on the national immunoglobulin database.
- Review annual immunoglobulin use.
- Ensure that all prescribers understand the decision process.
- Ensure that National and local guidelines are available to all clinicians
- Receive and communicate information on shortages within the Trust.
- Inform the DH of any local supply shortages.
- Respond to shortages by providing a management plan in line with national guidance, prioritizing supplies for red indications and reducing use for blue and black indications.

6.1.7 Non Medical Prescribing Group

Reports to: Medicines Management Governance Committee
Meeting frequency: Bimonthly

This Sub Committee of the Medicines Management Governance Committee will:

- Advise on training requirements for Non Medical Prescribers
- Review applications from Non Medical Prescribers and make recommendations to the Medicines Management Governance Committee regarding authorization.
- Review Patient Group Directions and make recommendations on approval to the Medicines Management Governance Committee

6.1.8 Sedation Advisory Group (SAG)

Reports to: Medicines Management Governance Committee Meeting frequency: Biannual
The Sedation Advisory Group (SAG) is comprised of Trust wide representatives with a role in sedation. It leads on sedation-related topics for the Trust, including audit, policy development, response to national guidance and alerts and training issues.

6.1.9 **Thrombosis Committee**
Reports to: Medicines Management Governance Committee
Meeting frequency: Three times a year

The Thrombosis committee develops policies and clinical guidelines relating to the prevention and management of Thrombosis including responsibility for the VTE policy.

6.1.10 **Cancer Chemotherapy Committee**
Reports to: Medicines Management Governance Committee
Meeting frequency: Bimonthly

The Cancer Chemotherapy Committee is tasked to facilitate a standardised approach to the management of chemotherapy / oncology systemic and supportive therapies within the Trust. Its main aims are:

- To act in an advisory capacity for issues pertaining to chemotherapy and oncology systemic therapies and liaise with organisations, externally agencies, groups and committees
- To evaluate, advise and support the implementation of local and national policies / guidelines pertaining to chemotherapy / oncology systemic therapies e.g. NPSA, Cancer Peer Review, NICE etc
- To horizon scan and contribute to planning
- To promote evidence-based practice in relation to the management of chemotherapy and oncology systemic therapies within the Trust.
- To facilitate communication, joint decision making and effective working relating to chemotherapy / oncology systemic therapies across the Trust i.e. intra professional / speciality.
- To develop and promote the use of shared Trust chemotherapy and oncology systemic therapies guidelines, procedures, supportive documentation and education and training.
- To identify issues and recommend change in policy to improve safety, quality, effectiveness and economy throughout the chemotherapy and oncology systemic therapies medicine management process.
- To provide a clinical governance framework to support the management of chemotherapy / oncology systemic therapies within the Trust (this includes the monitoring of non-approved / one off drugs / regimens, Trust procedures and guidelines etc)

6.2 **North of Tyne Medicines Management Governance Committees**

The Medicines Management Committee structure is detailed in Appendix 1 and each of the North of Tyne committees are described in outline as follows;
6.2.1 **Area Prescribing Committee**
The Area Prescribing Committee (APC) role is to facilitate cross-organisational approaches to medicines management issues and clinical decision making which affect primary care, acute hospitals, mental health, learning disabilities and social care.

6.2.2 **Formulary Sub-Committee**
The Formulary sub-committee is a subcommittee of the North of Tyne Area Prescribing Committee, which reviews applications for medicines (but also including some additional products, such as dressing and nutritional products) to be including in the North of Tyne Formulary and, where appropriate, to recommend their use. A recommendation is made to the APC which makes the final decision to adopt a new medicine or a new indication. The Medicines Management Strategy Group approves all new drug expenditure as per Standing Financial Instructions.

6.2.3 **Shared Care Group**
The Shared Care Group, a subcommittee of the APC is responsible for reviewing and approving shared care guidelines and managing the traffic light list of hospital only drugs and those suitable for shared care.

6.2.4 **Controlled Drugs Local Intelligence Network**
The role of Controlled Drugs Intelligence Network is to share intelligence regarding the use and potential abuse of controlled drugs which are prescribed, dispensed, administered or purchased in the North Cumbria, Northumberland Tyne & Wear area.

The network will cover all hospitals, private hospitals, care homes, PCT employed staff and primary care contractors, in North Cumbria, Northumberland Tyne & Wear geographic areas.

Its terms of reference are as follows;

- To share intelligence as defined in the North Cumbria, Northumberland Tyne & Wear Local Intelligence Network “information sharing code”.
- To review all patterns of prescribing, ordering, purchasing, and administration of controlled drugs using quarterly e pact data of prescribed controlled drugs in primary care and other prescribing/ordering/ administration/usage data as appropriate. Prescribing of both medical and non-medical prescribers (as defined by department of health guidance march 2006) will be reviewed. Ordering, purchasing, administration, storage and record keeping by all professionals will be reviewed.
- To closely scrutinise patterns of prescribing which may be a cause for concern.
- To review the occurrence reports for each organisation and the action taken by each of the organisations within the network.
• To advise accountable officers on areas which require further audit or investigation in accordance with the North Cumbria, Northumberland Tyne & Wear local intelligence network memorandum of understanding for serious concerns and incident panels.
• To advise accountable officers of issues to be taken for consideration to the relevant performance advisory review process.
• To advise on the appropriateness of standard operating procedures.
• To share best practice.

7 Training

Staff engaged within the structure outlined in this policy should be familiar with this policy.

8 Equality and diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This document has been appropriately assessed.

9 Monitoring compliance

On an annual basis, the Director of Pharmacy will ensure that each committee/group described in this policy is continuing to practice in accordance with their terms of reference.

<table>
<thead>
<tr>
<th>Standard / process / issue</th>
<th>Monitoring and audit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Method</td>
</tr>
</tbody>
</table>
| Confirmation that each Trust committee/group is practicing in accordance with their terms of reference. | 1. Frequency of meetings  
2. Reporting arrangements | Steve Brice          
Medicines Management Governance Committee | Annually |

10 Consultation and review

This Policy was developed in conjunction with Medicines Management Committee (now the Medicines Management Governance Committee). Further consultation has been undertaken directly with the following:

Consultation: Members of the Medicines Management Governance Committee  
Medicines Management Strategy Group  
Clinical Policy Group  
Director of Nursing and Patient Services
Medical Director  
Pharmacy Directorate Strategy Group  
Existing Subcommittee Chairs  

The Policy will be reviewed and approved by the Medicines Management Governance Committee and ratified by the Clinical Policy Group. It is intended that review of this document will begin in December 2019, with a view to reissue in January 2020.

11 Implementation (including raising awareness)

The policy will be circulated to all members of the Medicines Management Governance Committee and cascaded to all sub groups. In addition, the revised policy will be announced in the Trust Policy Newsletter.

12 References

Nil

13 Associated documentation

ALL medicines related policies  
Medicines Management Governance Committee terms of reference  
Terms of Reference of all Medicines Management Committee subcommittees
Appendix 1:

Clinical Governance and Quality Committee

Medicines Management Governance Committee

North of Tyne & Gateshead Area Prescribing Committee with Formulary Sub-committee.

Medical Gas Committee

Non-medical Prescribing Group

Medication Safety Group

Intravenous Immunoglobulin Committee

Antimicrobial Steering Group

Sedation Advisory Group

Thrombosis Committee

Cancer Chemotherapy Committee

North Cumbria, Northumberland Tyne & Wear Controlled Drugs Local Intelligence Network

Medicines Management Strategy Group

Trust Board

North of Tyne & Gateshead Area Prescribing Committee with Formulary Sub-committee.
The Newcastle upon Tyne Hospitals NHS Foundation Trust

Equality Analysis Form A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

PART 1

1. Assessment Date: 061217

2. Name of policy / strategy / service:
   Governance Arrangements for Medicines Management

3. Name and designation of Author:
   Neil Watson, Director of Pharmacy

4. Names & designations of those involved in the impact analysis screening process:
   Neil Watson, Director of Pharmacy

5. Is this a: Policy [x] Strategy [ ] Service [ ]
   Is this: New [ ] Revised [x]
   Who is affected: Employees [x] Service Users [x] Wider Community [ ]

6. What are the main aims, objectives of the policy, strategy, or service and the intended outcomes? (These can be cut and pasted from your policy)
   This policy describes the assurance framework for medicines management; ensuring the safe, secure, economical and effective use of medicines within the Trust.

7. Does this policy, strategy, or service have any equality implications? Yes [ ] No [x]
   If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:
   This over-arching Policy states the assurance framework for medicines management.
8. **Summary of evidence related to protected characteristics**

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Evidence</th>
<th>Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address (by whom, completion date and review date)</th>
<th>Does the evidence highlight any areas to advance opportunities or foster good relations. If yes what steps will be taken? (by whom, completion date and review date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race/Ethnic origin (including gypsies and travellers)</td>
<td>Over-arching Policy</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Sex (male/female)</td>
<td>Over-arching Policy</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Religion and Belief</td>
<td>Over-arching Policy</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Sexual orientation including lesbian, gay and bisexual people</td>
<td>Over-arching Policy</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Age</td>
<td>Over-arching Policy</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section</td>
<td>Over-arching Policy</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Gender Re-assignment</td>
<td>Over-arching Policy</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Marriage and Civil Partnership</td>
<td>Over-arching Policy</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Maternity / Pregnancy</td>
<td>Over-arching Policy</td>
<td>No</td>
<td>No</td>
</tr>
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</table>

9. Are there any gaps in the evidence outlined above? If ‘yes’ how will these be rectified?

No

10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement? Yes [ ] No [x]

11. Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)

No
PART 2

Name: Neil Watson

Date of completion: 6th December 2017

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)