

Sussex Area Prescribing Committee

Terms of Reference

1 Introduction and Authority

- 1.1 The Sussex Area Prescribing Committee is established by the NHS Sussex Board and has delegated authority from the Chief Executive Officer to make decisions on the commissioning of medicines and prescribed items for Sussex.
- 1.2 These Terms of Reference (ToR) set out the responsibilities, membership and reporting arrangements of the Sussex Area Prescribing Committee.

2 Purpose / Objective

- 2.1 The purpose of the Committee is to improve the health outcomes for the Sussex population by promoting safe, high quality, consistent, and transparent evidence-based decisions on medicines and prescribed items across the Sussex health economy.

3 Responsibilities / Remit

- 3.1 To make equitable decisions on the safe, evidence-based, and cost-effective use of medicines and prescribed items across the Sussex health economy.
- 3.2 To discharge the statutory duty to comply with recommendations within NICE Technology Appraisal Guidelines and Highly Specialised Technologies Guidance within the stipulated timeframe on behalf of NHS Sussex.
- 3.3 To consider the implementation of relevant NICE publications, national or regional guidance and recommendations where appropriate, and within relevant statutory requirements.
- 3.4 To oversee the results of audit data for medicines and prescribed items and recommend improvement programs where necessary.
- 3.5 To oversee the content of the [Sussex Formulary](#) and approve shared care guidelines, prescribing guidelines, and treatment pathways in line with national guidance and best practice.
- 3.6 To feedback to relevant Committees on key medicines optimisation issues e.g. NICE / Sussex Medicines Optimisation Programme Board (MOPB) / NHS Sussex Executive Committee Sub-Groups.
- 3.7 To oversee a surveillance function for horizon scanning of new medicines and prescribed items and their impact across Sussex.

- 3.8** To ensure decisions around funding medicines and prescribed items are equitable, rational, transparent, and affordable to the local health economy.
- 3.9** To ensure decisions are made in accordance with the NHS constitution and the agreed decision-making framework.
- 3.10** To provide guidance and decisions on potential disinvestment in medicines and prescribed items.
- 3.11** To make recommendations to commissioners on the need for new services associated with the provision of medicines and prescribed items.
- 3.12** To support an integrated approach to medicines optimisation across organisational boundaries.
- 3.13** To make decisions to mitigate serious medicine shortages and discontinuations in Sussex where these significantly impact patient care.

4 Membership, Quorum and Decision Making

4.1 Membership:

Partners are encouraged to provide all relevant members as articulated in the table below, but it is recognised that capacity challenges may mean some partners can only provide one representative member.

Represented Organisation	Members	Representation Responsibilities	Voting
Chair / Vice Chair	Trust Medical Director ICB Clinical Director	Represent and summarise the views of the Sussex APC	✓
General Practice	GPs Practice / PCN Pharmacist Practice Nurse / Non-Medical Prescriber	Represent the views of prescribers in general practice	✓
Integrated Care Board (NHS Sussex)	Director / Associate Director of Medicines Optimisation	Represent the views of NHS Sussex ICB	✓
Acute Trust (UHSx, ESHT, QVH)	One Consultant from each trust One Chief Pharmacist / Deputy Chief Pharmacist from each trust*	Represent the views of the trust including the Trust Formulary / Medicines Governance Committees	✓
Community Trust (SCFT, ESHT)	One Chief Pharmacist / Deputy Chief Pharmacist from each trust*	Represent the views of the trust including the Trust Formulary / Medicines Governance Committee	✓
Mental Health Trust (SPFT)	One Chief Pharmacist / Deputy Chief Pharmacist from each trust*	Represent the views of the trust including the Trust Formulary /	✓

		Medicines Governance Committees	
Local Medical Committee	One LMC member representing all organisations	Represents the view of the LMC and GP as contractors	✓
Local Pharmaceutical Committee	One LPC member representing all organisations	Represents the views of Community Pharmacy	✓
Public Health	One Public Health Consultant / Advisor representing all organisations	Represents the views of Public Health	✓
Community Ambassador	One Community Ambassador	Provides a view from a member of the public	✓
<i>* Should also be a member of the Trust Formulary / Medicines Governance Committee</i>			

4.2 Membership responsibilities:

- Commit to regular attendance of APC meetings and their attendance to be regularly informed by the considered views of their service area / organisation and their peers.
- Read relevant papers / discussion documents as supplied for the meeting prior to attendance at the APC meeting so that discussions can be informed and as concise as possible, and agreement can be reached.
- Gather their service area / organisation's view on the evidence for clinical and cost effectiveness in the papers circulated to the Committee in advance of the meeting.
- Members must be prepared to represent their organisations decision at the meeting, to prevent delays in a decision being made.
- Ensure appropriate consultation has taken place with relevant stakeholders.
- Have the authority to make clinical and commissioning (where appropriate) decisions on behalf of their constituent organisations or professional groups.
- Accept ownership of the Committee's decisions.
- Promote two-way communication between the APC meetings and relevant service area / organisation and communicate/champion decisions from the APC to these organisations for implementation.
- Attend regular stakeholder forums with the Secretariate team to feedback progress on implementation of APC decisions.
- Undertake actions / work as necessary between meetings.
- Complete an annual declaration of interest form. The Chair will request any additional declarations at the beginning of each meeting, which might have a bearing on their actions, views and involvement in discussions within the APC.
- Be a committed, motivated and active participant in the Committee.
- Clinicians are responsible for critically appraising the evidence and testing the rationale in the case for change, using their clinical and/or management knowledge to consider the impact on patient care.

4.3 Chair and Vice-Chair /arrangements:

- The Chair of the Committee will be elected by the membership and the position will be reviewed every two years
- The Vice Chair of the Committee will be elected by the membership and the position will be reviewed every two years and stand in for the Chair as necessary.

4.4 Meeting attendees:

- The meeting will be attended by members of the APC Secretariate who facilitate and oversee the operational running of the Committee.
- The meeting may be attended non-members i.e. authors or presenters of papers, new starters on induction, trainees on rotation or as a development opportunity for colleagues. In this instance the APC Secretariate will co-ordinate and support their attendance.

4.5 Quorum

- A quorate meeting will consist of 8 Committee members and must include:
 - The Chair or Vice Chair
 - A medical doctor
 - A pharmacist
 - A representative from *both* primary and secondary care
- Nominated deputies attending Committee meetings, on behalf of substantive members, will count towards quorum.
- If any member of the APC is unable to participate in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.
- If the quorum has not been reached, then the meeting may proceed if those attending agree. Recommendations may be made for approval virtually by members.

4.6 Decision making

- Decisions will be made following consideration of the evidence in conjunction with the approved decision-making framework.
- Recommendations will consider outcome data, safety, clinical effectiveness and affordability of the intervention compared to similar treatments where possible.
- Medicine optimisation principles will apply.
- Decisions will be assessed against relevant legal and ethical frameworks.
- A colour coding system will be used to denote the relevant area for prescribing of each medicine related decision.
- If there is no unanimous agreement, then a vote will be held. The decisions voted by the majority (>50% of members) will stand. Where there is a split vote (=50%), the Chair will have the casting vote.
- The APC may conduct Committee business virtually when necessary and members will use the FutureNHS workspace to electronically consider items.
- In cases where the decision-making criteria is unmet, the author may be invited to re-present their item with further information. The Committee will then only consider the newly presented information to assess if the unmet criteria is now met.

5 Appeals

- 5.1** On application to the Sussex APC Secretariate, applicants may make an appeal for the following reasons:
- Vital evidence was not considered, or incorrect information was considered in the original application (new evidence that becomes available subsequent to a decision will require a new application)
 - Sussex APC's procedures and policies were not followed.
- 5.2** Once an appeal application is received, the Secretariate will aid in the establishment of an independent Sussex APC appeals panel with the following statement of purpose:
- To ensure that all appeals of SHCP decisions are considered in line with NICE MPG1 section 1.15 (reconsidering and appealing local formulary decisions)
- 5.3** An independent Sussex APC appeals panel will comprise of the following individuals and will be recruited by the Sussex APC Secretariate with the Chair's approval:
- A provider medical doctor who is not a member of the SHCP APC
 - A GP who is not a member of the SHCP APC
 - An NHS Sussex pharmacist who is not a member of the SHCP APC
 - Representative(s) from other Southeast region ICBs.
- 5.4** The independent Sussex APC appeals panel will confirm and agree the reason for the appeal or reject the appeal if it does not meet the appeal criteria.
- 5.5** The APC appeals panel will report an appeal decision to the Sussex APC Chair and the appeal applicant as follows:
- Original decision stands
 - Original decision is overturned
 - Where the original decision is overturned the application together with any supplemental information will be submitted back to the next available Sussex APC meeting for review without prejudice.
- 5.6** Notification of Sussex APC decisions to appeal applicants should be in line with the Sussex APC ToR and should normally happen within 90 days of the appeal application being considered by an independent Sussex APC appeals panel.

6 Behaviours and Conduct

- 6.1** Members and those attending the meeting, shall behave in accordance with the NHS Sussex Constitution.
- 6.2** All members of the APC are expected to comply with all relevant policies and procedures relating to confidentiality and information governance.
- 6.3** Members and attendees must demonstrably consider the equality and diversity implications of any decisions they make.

7 Attendance

- 7.1** Members should attend each meeting of the Committee, and a register of attendance will be taken.
- 7.2** Committee members may nominate a suitable deputy when necessary. All deputies should be fully briefed, and the Secretariate informed of any agreement to deputise so that quoracy can be maintained, access to NHSFuture APC workspace arranged and Declaration of Interest requested.
- 7.3** Where members are failing to consistently attend meetings or send a deputy, the Chair or their representative will discuss a way forward with the member.
- 7.4** Specialists and other guests will be invited to attend the meetings as needed to present and answer questions from the Committee on specific agenda items.
- 7.5** The Committee may co-opt additional members.
- 7.6** No person attending the meeting in one role can additionally act on behalf of another person as their deputy.

8 Conflicts of Interest

- 8.1** The members of the Committee must comply with national (i.e. NHS England) guidance on managing conflicts of interest.
- 8.2** Members must complete their declaration of interest on joining the Committee and annually thereafter or when an update needs to be made.
- 8.3** All members of the Committee, guest speakers and attendees must declare any conflict of interest at the start of meetings and will be invited to do this as a standing agenda item.
- 8.4** Members with a conflict of interest may be excluded from decision making at the Chair's discretion.
- 8.5** The Chair is responsible for managing conflicts of interest at a meeting of the Committee.
- 8.6** If the Chair has a conflict of interest, then the Vice Chair will deputise. If the Vice Chair has a conflict, another member of the Committee who is not conflicted shall be nominated by Committee members.
- 8.7** Any declared conflicts of interest will be recorded in the minutes along with any action taken, in a form as advised by the relevant Conflict of Interest Policy.

9 Secretariate and Administration

- 9.1** NHS Sussex will provide the administration and clinical Secretariate for meetings (the Sussex APC Secretariate) including providing a Senior Responsible Officer, a Clinical Lead and an Operational Lead for the Committee.
- 9.2** APC Secretariate functions will be supported by a small team of pharmacy technicians and / or administrators.
- 9.3** A forward-looking rolling agenda programme will be developed and maintained by the Secretariate.
- 9.4** APC members are invited to attend a stakeholder forum with the Secretariate team to discuss the progress of items for APC consideration and any potential issues affecting implementation.
- 9.5** Agenda items will be prioritised by the Secretariate and the Chair in conjunction with

Committee members where needed.

9.6 The following standing agenda items will be discussed at each meeting:

- Declarations of interest
- Previous Minutes and Actions Log
- NICE Technology Appraisals (TA). Medicines or prescribed items with a positive NICE TA will be adopted automatically onto the Sussex Partner Formulary within the specified implementation deadline i.e. 30 or 90 days following the NICE TA publication. NICE Highly Specialised Technologies (HSTs) will also be added, noting the responsible commissioner.
- Medicines or prescribed items not recommended in a NICE TA to be discussed and plans made to withdraw and decommission the medicine in line with the NICE TA recommendations if applicable.
- Medicine horizon scanning to support the Committee's agenda setting and work priorities when details become available (as and when required).
- Patient safety including medicines safety advice from regulatory authorities.
- Discontinuations
- Regional updates and recommendations.
- Subgroup updates

10 Medicines / prescribed items formulary applications and new shared care guidance agreements

10.1 Any partner organisation (including GPs) may apply for a medicine to be added to the formulary, or for existing formulary options to be extended or re-coded, or for shared care guidance to be considered for agreement.

10.2 All applications will be prioritised by the Secretariate and appropriate support offered to the applicant.

10.3 There will be a collaborative approach with system partners, enabling provision of clinical expertise, system data, and service intelligence to optimise the quality of applications considered by the APC.

10.4 To ensure applications are known to key decision makers and influencers in all relevant system partner organisations, all applications are to be formally endorsed for progression to consideration by the APC by their internal governance Committees.

10.5 Applicants are expected to attend to present their application to the Committee and answer any questions posed by the Committee.

10.6 Applications submitted by pharmaceutical companies cannot be considered by the Committee.

11 Communication

11.1 The Sussex APC Secretariate will distribute draft minutes for virtual approval to members within two weeks of a meeting.

11.2 Any formulary changes, recommendations, guidelines or documents agreed at the meeting will be updated on relevant electronic platforms by the designated party.

- 11.3** Applicants will be notified regarding the outcome of any application once the relevant minutes have been approved, normally within 4 weeks of the meeting.
- 11.4** Meeting minutes will be posted via a publicly accessible web link once approved.
- 11.5** A summary of decisions will be produced by the APC Secretariate which will be uploaded onto the formulary platform and can be shared within partner organisations to aid communication and implementation.

12 Frequency of meetings

- 12.1** Meeting dates will be agreed annually for the following calendar year to maximise attendance.
- 12.2** Meetings will be held bi-monthly and last approximately two hours.
- 12.3** An agenda with all supporting documents (or links to) will be uploaded to FutureNHS for members to view no later than one week before the date of the meeting.
- 12.4** The Chair has the authority to call an additional meeting if necessary and where this happens at least 10 working days of notice will be given to Committee members.
- 12.5** Meetings will usually be held virtually by Microsoft Teams or another suitable platform that provides live and uninterrupted conferencing facilities.
- 12.6** Meetings will be held in private however they are still subject to legal Freedom of Information requirements.
- 12.7** Non-voting individuals and attendees may be required to withdraw from confidential or decision-making parts of the meeting.
- 12.8** Members of the Committee will have a collective responsibility for the operation of the Committee, this will include participation in discussion and providing objective expert input to the best of their knowledge to further the efficient use of public resources within the Sussex health economy.
- 12.9** The Committee will set up subgroups or task and finish groups as it sees fit to undertake operational duties of the Committee.

13 Accountability and Reporting Arrangements

- 13.1** The APC is accountable to NHS Sussex Executive Committee Commissioning Group. For the financial aspects of its decisions and accountability for reputational risk associated with certain decisions.
- 13.2** The minutes of the meetings will be formally documented and uploaded to the Sussex ICS website.
- 13.3** The APC Secretariate will submit a quarterly report to the NHS Sussex Executive Committee Commissioning Group, providing assurance that statutory duties have been successfully devolved and cost pressures of decisions have been appropriately considered and escalated where necessary.
- 13.4** The Chair or other meeting representatives can take forward any matters arising that require consideration by another forum or executive action.
- 13.5** The Committee is authorised to undertake any activity within the ToR, and it is authorised to seek any information it requires from any members directed to co-operate with the requests made by the Committee. The Committee is authorised to obtain independent professional advice if it considers this necessary.

14 Review

14.1 These ToR will be reviewed after two years (XX 20XX) and should be considered expired after three years (end of XX 20XX).

14.2 Any amendments will be approved by Sussex Area Prescribing Committee.

14.3 At the Chair's discretion, informed by the Secretariate, the ToR may be reviewed at any time before the intended review date.

Document Control

Version	V2
Senior Responsible Officer	Amy Herbert, Head of Medicines Governance and Value, NHS Sussex
Approval by	Sussex Area Prescribing Committee
Date last reviewed/ approved	July 2025
Next review date	July 2027 (Expiry July 2028)

Change Record

Date	Change	Comments
July 2022	V1	The Committee was established in July 2022 in response to the requirement to establish an Integrated Care System (ICS) wide Area Prescribing Committee (APC). A new ToR was developed and approved.
July 2025	V2	3 yearly review of ToR. Updated to reflect <ul style="list-style-type: none">• agreed improvements to committee efficiency• organisational changes within the ICS• enhance implementation of decisions at a local level• support the consideration of regional policy recommendations