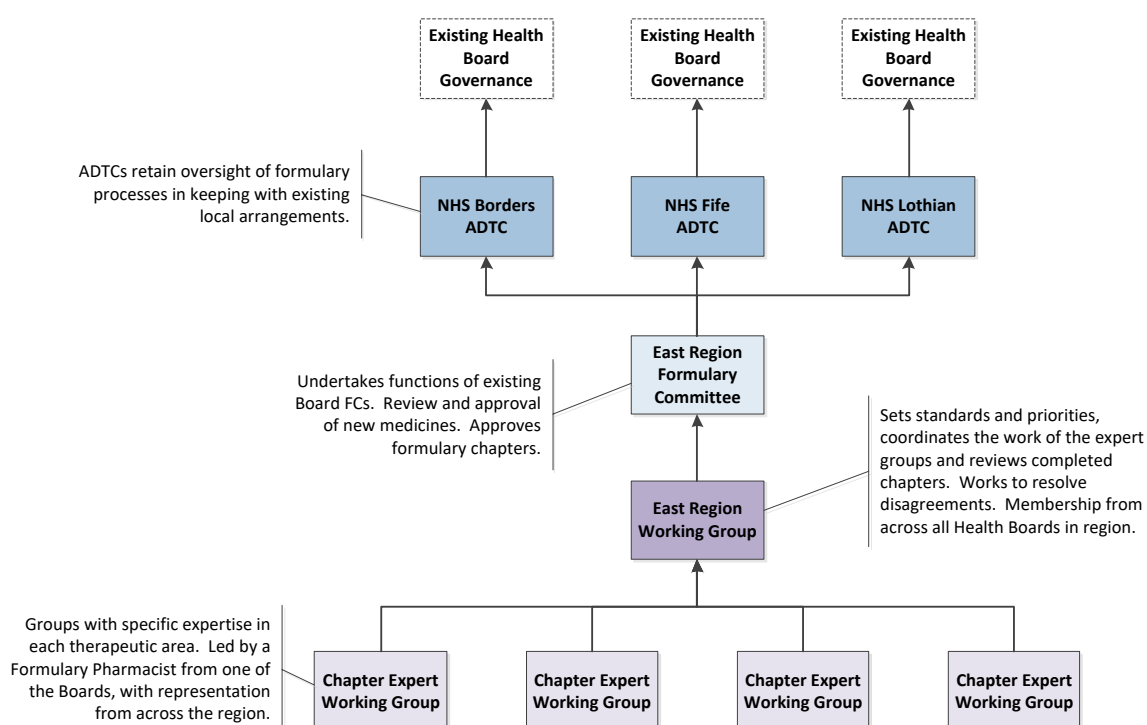




## East Region Working Group Terms of Reference

September 2021



The detail on the following pages outlines the draft terms of reference for the second of the following three new committees/groups:

1. ERFC - East Region Formulary Committee.
2. **ERWG - East Region Working Group.**
3. CEWG - Chapter Expert Working Group

# **East Region Working Group - Terms of Reference**

## **1. Purpose**

- The East Region Working Group (ERWG) is a sub-committee of the East Region Formulary Committee (ERFC), responsible for the development, maintenance and implementation of the East Region Formulary (hereafter known as the ERF) for the relevant NHS Boards (NHS Borders, NHS Fife and NHS Lothian).
- The ERWG considers proposed changes, additions and deletions to the ERF from the Chapter Expert Working Groups (CEWG)
- The ERWG co-ordinates the work of the CEWG, prioritising chapter reviews and amendments. It co-ordinates which Board formulary team leads on a chapter review, in conjunction with the operational board teams.

## **2. Remit**

- Responsibility for developing and coordinating the work of the CEWG's to maintain and update the ERF, which lists medicines choices, dosages and key prescribing information.
- Oversee the monitoring of formulary compliance and ensure processes are in place to proactively identify and respond to non-formulary prescribing. Formulary compliance remains a function of the individual board medicine management processes.
- Review medicine safety alerts to consider and propose any changes to the ERF or associated guidance documents e.g. MHRA drug safety alerts. Any suggested changes are proposed to the relevant CEWG.
- Oversee the communication of key clinical and cost-effective medicines information to stakeholders via the ERF website, Prescribing Bulletins, direct communication with clinicians or via electronic prescribing support tools.
- Ensure effective communication with the ERFC and the CEWG's.
- Develop and manage a rolling programme of regular updates on all formulary therapeutic areas – coordinating the work across the CEWG's.
- Sets the standards and priorities for formulary content review.
- When considering changes to the formulary proposed by the CEWG, ensure that any impact on prescribing practice, drug expenditure are highlighted to the ERFC.
- Where the CEWG cannot come to a consensus over content of a formulary section, the ERWG reviews the clinical and cost-effectiveness evidence and agrees the formulary amendment. This is then sent as normal to ERFC for approval.

## **3. Membership**

- The membership of the committee shall consist of:

- Acute medical representative(s) (or nominated deputies)
  - GP(s) (or nominated deputies)
  - Acute senior pharmacist
  - Primary care pharmacist
  - Formulary pharmacists from all three health boards
  - Senior pharmacist medicines management
  - Nursing representative
  - Non-medical prescriber
- The appointment of the Chair and Vice-Chair will come from two separate Boards and from different professions. The ERFC ratifies the appointments of both the Chair and Vice-chair.
  - All attendees need to have delegated responsibility from their Board for decision making.
  - All members have a responsibility to send a deputy if they are unable to attend meetings and bring issues from and feedback to their specific area
  - Administrative support will be shared between the three Health Boards.
  - Decision making will be, where possible, by consensus. If this is not possible, the decision will be taken on the basis of a majority vote. The Chair holds a casting vote. If one Health Board has a differing view to the majority decision – the Chair and Vice-Chairs will take this forward to resolve.
  - Members will be invited to join the ERWG because of their known expertise, enthusiasm and knowledge of the clinical and cost-effective use of medicines.
  - All ERFC members shall have the right of attendance and have access to the papers.
  - A roll of attendance will be kept and members who do not attend at least half of the meetings each year will be asked to attend more frequently or to resign.
  - Members of the ERWG need to ensure that they will be representative of their profession/sector and respective Board, bringing forward the views and issues of that grouping and will disseminate information/decisions to colleagues as appropriate. This feedback must be two way to allow clear and transparent discussion and decision making to take place.
  - Members of the ERWG, within the remit of their job role, ensure that those involved with local implementation are aware of changes in the formulary.

#### **4. Meetings**

The ERWG will meet every 2 months once established (but it may meet more frequently in the initial stages of the ERF).

Standing agenda items are

- SIGN guidelines
- NICE guidance (MTA and Clinical Guidelines)
- MHRA drug safety advice
- ERF chapter amendments
- Formulary Amendment Request forms

- Minutes from ERFC
- Requests for review of ERF content
- Non-formulary prescribing reports from Boards

#### **4.1 Agenda and Papers**

The agenda and papers will be circulated at least 5 working days in advance of the meeting. Un-tabled papers will be avoided except in extraordinary circumstances.

#### **4.2 Quorum**

Representation from all three health boards including an acute medical representative, a GP and a pharmacist. There also needs to be a minimum of 50% attendance from the membership.

#### **4.3 Minutes**

Formal minutes will be kept of the proceedings and submitted for approval at the next ERWG meeting. Minutes will also be tabled at ERFC meetings.

#### **4.4 Declaration of Interest**

All members are expected to make an annual declaration of competing interests, direct or indirect, that they have in relation to the work of the ERWG. These will be strictly confidential and held securely by the secretariat. Members are also required to declare and competing interest to the committee when commenting on relevant items of business at the beginning of each meeting.

### **5. Operating and Reporting Arrangements**

- The ERWG is a subcommittee of the ERFC. The ERWG, will be guided and advised by recommendations from the ERFC. The CEWG's will be subgroups of the ERWG.

**Terms of reference to be reviewed annually**

**Date approved: 29th September 2021 at ERFC meeting**

**Review date: 30th September 2022**