NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

The development and updating of local formularies

Guidance Development Group (GDG)

Terms of Reference

Background to the project

This project is concerned with the systems and processes associated with the development and update of local medicines formularies used within the NHS.

The report Innovation Health and Wealth – Accelerating adoption and diffusion in the NHS, published by Department of Health (DH), December 2011, sets out the aspiration for the Government to support the NHS to embrace innovation to meet the current and future healthcare challenges. In particular, the NHS must ensure local systems and processes for the access to medicines supports innovation where appropriate.

The NHS Constitution for England (Department of Health 2012) provides patients with the right that medicines and treatments that have been considered by NICE through the Technology Appraisal (TA) process and given a positive assessment must be made available to patients, where appropriate, and therefore be included within any formulary adopted by the local healthcare provider.

Since the publication of The Constitution, the NPC (now the NICE Medicines and Prescribing Centre) has worked closely with Primary Care commissioners and key stakeholders to strengthen the arrangements for local decision-making regarding which medicines and treatments will be commissioned and funded. A set of Guiding Principles and an accompanying implementation handbook - Supporting rational local decision-making about medicines (and treatments) have provided a framework for decision-makers to adopt to ensure systems and process operate in accordance with the Constitution. To date, similar guidance has not been produced for local formularies.

Where local formularies have been developed and adopted they appear to serve a number of functions including improving quality by reducing variations in clinical care, ensuring the efficient supply of medicines, and supporting the productivity across the health economy.

As mentioned above, medicines that have received a positive recommendation by a NICE TA must be made available for clinicians to use if appropriate for their patients and therefore must be rapidly included within local formularies. For all medicines that have not received a positive recommendation through the NICE TA process, a robust selection process is required for ensuring only the most appropriate of these medicines, based on clinical and cost effectiveness are included within the formulary. Decisions relating to inclusion or exclusion from the list will be determined locally.

Scope

This project is concerned with the systems and processes associated with the development and updating of local formularies used within the NHS. The good practice guidance to support the development and updating of local formularies will be published by end of Dec 2012. The guidance will summarise best practice to demonstrate that local formularies are developed and updated in line with transparent and appropriate processes.

The good practice guidance will not include suggested methods for implementation and performance management of the formulary. These aspects will be for local development within health economies. Communications relating to the implementation of the themes from the DH report Innovation Health and Wealth, including the publication of the NICE Good Practice Guidance will form part of the work undertaken by a specially convened DH Task and Finish Group, chaired by the Chief Pharmaceutical Officer (England).

Feedback from the information gathering workshop, held on February 22nd, indicated that the inclusion within the guidance of an informal diagnostic testing tool would be beneficial for end users of the document.

Purpose

The guidance development group will be the primary source of expertise to determine the content and shape the production of *Good practice guidance for the development and updating of local formularies,* as defined within the scope of the project.

Timescales

Group members are expected to attend up to 4 meetings throughout the guidance development process, which is expected to be completed by the end of December 2012. Group members may also be required to attend a working group that may be associated with the GDG and will be expected to contribute to virtual discussions and occasional teleconferences as appropriate. In addition, group members will need to be able to deal in a timely manner with the reading of draft documents as well as advising with the production of consultation documents.

Membership

Following the appropriate application and selection process the individuals below have been recruited to the GDG in addition to staff from the NICE project team.

Name	Organisation
Alan Silman (Chair)	Arthritis Research UK
Gary Barnfield	NHS Sheffield
Trevor Beswick	University Hospitals Bristol NHS Foundation Trust
David Campbell	Northumbria Healthcare NHS Foundation Trust
Andrew Cohen	Leeds Teaching Hospital NHS Trust
Brian Eadon	Betsi Cadwaladr University Health Board
Leslie Galloway (Deputy Chair)	Ethical Medical Industry Group (EMIG)
Anne Hines	Merseyside and Cheshire Cancer Network
William Horsley	NHS North East Treatment Advisory Group
Sian Khesro	North West London Hospitals NHS Trust
Jackie Lamberty	Consultant / Self Employed
Stephen Pike	West Sussex PCT / Seldon Medical Centre & Costal West Sussex Federation
Jonathan Roberts	Mayfield Medical Centre
Mark Robinson	Association of British Healthcare Industries (ABHI)
Chris Roome	NHS Devon
Iestyn Williams	Health Services Management Centre University of Birmingham
Tina Worth	Association of British Pharmaceutical Industries (ABPI)
John Yorke	Medicines Information Centre - Calderdale Royal Hospital
Cliff Snelling	Lay representative
Ivor Nathan	Lay representative

The group may invite individuals to a meeting to present evidence or to add value to a particular discussion.

Meeting arrangements / communication

The following meetings are currently scheduled for the GDG:

Wednesday 30th May - London
Tuesday 19th June – London
Tuesday 17th July – Manchester
Wednesday 29th August – Manchester

Additional communication will likely be via email and teleconference although the group may decide additional face to face meetings are required. It is the responsibility of group members to inform NICE (via the project team) of any changes to contact information.

Responsibility of members

Members will

- contribute to the identification of evidence sources and assessment of evidence for good practice for the development and updating of local formularies
- shape and input into the development of good practice guidance in a way consistent with the development process
- ensure the good practice guidance meets the needs of the NHS and stakeholders and is developed within the bounds of NICE processes and the scope of the project
- attend GDG meetings in person
- adhere to relevant NICE policies (for example, declarations of interest, expenses).

Members cannot submit comments as either a stakeholder or as part of the formal consultation.

People are GDG members in their own right and do not represent any particular organisation or group.

Accountability

The group is accountable to the Programme Director of the Medicines and Prescribing Centre, part of the Centre for Clinical Practice, NICE.