

Governing Body
Meeting
Held in Public

REPORT

Subject	Bedfordshire and Luton Joint Prescribing Committee (JPC) – Governance Arrangements
Date	7 September 2017
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Executive Summary

The Bedfordshire and Luton Joint Prescribing Committee recommendations were ratified by the Executive Team. The Executive Team has decided that these recommendations need to be ratified elsewhere within the CCG. This paper seeks to outline possible alternative ratification options.

Recommendation

The Governing Body is asked to:-

- Discuss and agree future CCG processes for the ratification of the recommendations of the Bedfordshire and Luton Joint Prescribing Committee, acknowledging that at the current time, the CCG does not have a Prioritisation Committee.


Links to the business and risks

Relevant Strategic Objectives 2017/18 (please mark in bold)

1. Systematically implementing prevention, early diagnosis and early intervention
2. Commissioning services that deliver evidence-based care, in the right place and at the right time, including promoting self-care and empowering patients to manage their own conditions.
3. Making sure that care is high quality, safe and sustainable, that it improves health outcomes and wellbeing and provides a good patient experience.
4. Using the statutory framework with best practice governance and transparency principles to be fully accountable to our population in commissioning and operating as a part of the wider health system
5. Ensure that the CCG commissions and operates in a financial manner consistent with the regulatory framework, long terms sustainability and best use of public money.

6. We will work in close partnership with all the organisations who commission or provide care for our population, to integrate services where it makes sense and to achieve seamless transitions of care for patients where services remain separate.

7. Embedding member, public, patient, carer, staff and other stakeholders' views through meaningful engagement into decision-making processes and commissioning intentions.

Links to Board Assurance Framework / Corporate Risk Register	
Details of additional risks associated with this paper (may include NHS England Assurance Framework / NHS Constitution)	N/A
Financial Implications / impact	N/A
Legal Implications / impact	N/A
Partnership work / public engagement implications / impact	N/A – these are CCG internal Governance Arrangements.
Committees / groups where this has been discussed before	None
Other options available and their pros and cons	
Background papers	 <p>Terms of Reference Review (Current June : Bedfordshire and Luton Joint Prescribing Committee Terms of Reference.</p>

Bedfordshire and Luton Joint Prescribing Committee (JPC) – Governance Arrangements

1.0 Background

The Bedfordshire and Luton Joint Prescribing Committee (JPC) is the Area Prescribing Committee for Bedfordshire and Luton. It has been in existence for nearly 20 years and although there has been many NHS organisational changes over that time, the purpose of the Committee has remained *“To promote rational, evidence-based, high quality, cost-effective medicines optimisation across the whole of the Health Economy for Bedfordshire and Luton residents”*. The JPC has a wide clinical representation across primary and secondary care (medical and pharmaceutical) and has Executive Team, public health and lay representation. In addition, local specialists are invited to attend the meetings or comment on papers as appropriate. (See JPC Terms of Reference for more detailed information).

The JPC is an advisory Committee as although it assesses medicines and guidelines which include medicines in terms of clinical and cost-effectiveness, it cannot prioritise funding or assess affordability on behalf of the CCGs. For this reason, currently all recommendations require ratification by the CCG prior to the issue of the JPC output. When the CCG replaced the PCT, the CCG agreed that this ratification should be undertaken by the CCG Executive Team. The Executive Team has now decided that this Committee is not the most appropriate Committee to ratify the JPC recommendations. This paper sets out possible options for ratification of the JPC recommendations depending on the type of output.

2.0 JPC Output and possible future ratification options:-

Type of paper/recommendation	Proposed ratification process	Rationale for proposal
NICE Technology Appraisal Guidance (CCG Commissioned)	None – information to go to finance for information.	The CCG has a mandatory direction to fund NICE Technology Appraisal Guidance within 3 months of issue. The Executive Team had already approved a previous proposal that this information should go to the Executive Team for information retrospectively.
NICE Technology Appraisal Guidance (CCG Commissioned) – request for early implementation.	Finance/Contracting/Prioritisation? TBC	This is generally a request to fund a NICE Technology Appraisal immediately on publication (rather than 3 months after publication) which may have financial implications for the CCG. NB - sometimes these requests come in between JPC meetings for consideration by the CCG.

NICE Guidelines (CCG Commissioned)	None – to Integrated Quality and Safety Committee (IQSC) for information.	The JPC notes this guidance for information, not action unless directly related to current JPC guidance, or action is required by the Committee to support implementation e.g. production of shared care guidelines.
NICE Technology Appraisal Guidance (NHSE commissioned)	None – to Integrated Quality and Safety Committee (IQSC) for information.	The JPC notes this guidance for information.
Assessment of new medicines/extension of indications/guidelines and pathways where the cost impact is on the primary care prescribing budget only or where cost impact impinges on other areas within the CCG but is cost neutral or saving.	None – to Integrated Quality and Safety Committee (IQSC) for information.	The Head of Medicines Optimisation (Budget Holder) sits on the JPC. Cost neutral/cost saving interventions do not need to be highlighted anywhere else in the CCG.
Assessment of new medicines/extension of indications/guidelines and pathways where the cost impact impinges on other areas within the CCG e.g. increased activity costs, drugs excluded from the National Tariff.	Finance/Contracting/Prioritisation? TBC	The prioritisation/affordability of the recommendations need to be assessed alongside other proposed developments within the CCG.
Safer Prescribing (e.g. shared care guidelines; drug safety updates)	None – to Integrated Quality and Safety Committee (IQSC) for information.	These documents support safe prescribing of current treatment options.
Wound Care Formulary – ratification of recommendations	None – to Integrated Quality and Safety Committee (IQSC) for information.	The Head of Medicines Optimisation (Budget Holder) sits on the JPC and is also chair of the Wound Care Formulary Group.

3.0 Governing Body – Requested Action

The Governing Body is asked to:-

- Discuss and agree future CCG processes for the ratification of the recommendations of the Bedfordshire and Luton Joint Prescribing Committee, acknowledging that at the current time, the CCG does not have a Prioritisation Committee.