



Regional Medicines Optimisation Committee:

Medicines Optimisation Prioritisation Panel Terms of Reference

March 2019

**The first stop
for professional
medicines advice**

1. Background

1.1 The Medicines Optimisation Prioritisation Panel (MOPP) exists to ratify the priority of medicines optimisation topics and new medicines which are to be addressed through the Regional Medicines Optimisation Committees (RMOCs).

1.2 The MOPP has no delegated authority other than specified in these Terms of Reference.

2 Delegated Authority

The MOPP has the following delegated authority:

- The authority to obtain outside independent professional advice and to secure the attendance of non-members with relevant experience and expertise if it considers this necessary.
- The authority to make prioritisation recommendations for Regional Medicines Optimisation Committee consideration.

3 Accountability

The MOPP is accountable to the NHS England / NHS Clinical Commissioners Medicines Optimisation Oversight group (MOOG)

4 Objective

4.1 To provide an expert recommendation to the RMOC system on the placing of the core business of medicines optimisation topics onto the work plan where such items fit within the latest RMOC Operating Framework. New medicines, treatments and prescribable technologies will also form part of the work programme following appropriate triage and prioritisation though not a central focus of normal RMOC business. The MOPP considers which of these should be prioritised for consideration at individual RMOC meetings. Such a recommendation will include a judgement on evidence presented including safety; clinical effectiveness; cost effectiveness; value to the NHS; existing, likely or risk of variation in access; appropriateness and relative priority of new and existing treatments / services. This recommendation is achieved by following the principles and criteria of a decision-making framework.

4.2 The MOPP will in the first instance use information collated and made available by the Specialist Pharmacy Service and their own professional expertise. As and when appropriate, the MOPP may engage with other NHS commissioners and stakeholders, such as clinical commissioning groups (CCGs), and calls on sources of sound evidence from outside the NHS, professional bodies, and other relevant organisations. This will be coordinated via the Professional Secretariat support made available to members.

5 Duties

5.1 The process of prioritisation should be designed to be open, transparent and consistent. It will develop a systematic methodology, an evidence-based approach and wider engagement within the process (and in accord with legislation and regulations).

5.2 The MOPP will deliver its objective by:

5.2.1 Receiving and reviewing recommendations from the Specialist Pharmacy Service triage system for medicines optimisation topics and from the new medicines evaluation process. A fast track system for topics scoring highly at triage will be put in place allowing determination prior to the next scheduled meeting.

5.2.2 Receiving and reviewing urgent requests for prioritisation directly (ie without being put through the topic submission process), from NHS England or members of the MOOG which cannot wait for determination until the next scheduled meeting. Final agreement for such requests will be routed via the joint MOOG Chairs.

5.2.3 Further refining or defining questions to be referred to RMOCs in relation to submitted Medicines Optimisation topics.

5.2.4 Developing and adopting a decision-making framework that provides an appropriate consideration of medicines optimisation topics. This framework will support a systematic approach to decision making, focused on patients' needs and based on clearly defined evaluation criteria.

6 Permanency

The MOPP is a permanent committee within the RMOC system.

7 Membership

7.1 The Chair is appointed by the MOOG

7.2 The majority of members are drawn from the existing RMOC membership ensuring where possible equitable representation across all four regions. Expressions of interest are invited then approaches made by the professional secretary to ensure professional and geographical representation as determined by the approved MOPP proposal accepted in December 2017.

7.3 Members are selected for their expertise even when they may be affiliated to specific stakeholder groups. As such, they are appointed as individuals to fulfill their role on the panel and it is expected that in their role as a member they will act in the public interest.

Position	Drawn from
Chair	MOOG
NHS England regional pharmacists	NHS E/ I Regional Pharmacist post holders
CCG senior MO representative	RMOC
Trust Chief Pharmacist	RMOC
Patient representative	RMOC
Clinical Pharmacologist / Provider clinician	RMOC
CCG Clinical Leads/GP prescribing Lead	RMOC
Specialised Commissioning representative	NHS England
Medicines and Diagnostics Policy Unit representative	NHS England
Chief Executive	PrescQIPP CIC

The Chair and members of the panel will be appointed for a period of up to two years, with the exception of those who sit on the MOOG by virtue of their individual roles. The specific period of appointment may vary for each member to allow a gradual renewal of the membership over time.

8 In Attendance (not members and no voting rights)

8.1 Specialist Pharmacy Service Professional Secretary

8.2 Specialist Pharmacy Service Coordinating Hub representative(s)

8.3 Head of the Specialist Pharmacy Service / Assistant Head of Specialist Pharmacy Service (Medicines Optimisation)

9 Role of the Chair

9.1 The Chair is responsible for ensuring that the minutes of meetings, produced by the Secretariat, and any reports to the MOOG accurately record the decisions taken, and, where appropriate, the views of individual Panel members have been taken into account. Once agreed by the Chair, an update to the RMOC work plan will be available. A set of minutes for publication will be made available once ratified.

9.2 The Chair of the panel will nominate a Vice Chair from among the members or from the MOOG, responsible for chairing meetings and providing leadership if the Chair is unavoidably absent or is not able to chair the meeting due to conflict of interest for specific items on the agenda.

10 Role of the secretariat

10.1 The Secretariat is provided by NHS England's Specialist Pharmacy Service (SPS). The Secretariat is responsible for ensuring that the committee does not exceed its terms of reference.

10.2 Communications between the panel, SPS, NHS England and other stakeholders in relation to MOPP business will generally be through the Secretariat, except where it has been agreed with the Chair that an individual member should act on the panel's behalf.

10.3 Where Members are unable to be present at a meeting they will be encouraged to provide comments on agenda items either via the Secretariat or via group email exchange thus ensuring that a broad range of views are taken into account during prioritisation. Comments provided in this way will be fed into the meeting discussion by the Professional Secretary.

11 Public services values for members

Members must at all times:

- Observe the highest standards of impartiality, integrity and objectivity in relation to the advice they provide;
- Abide by the principle of collective responsibility, stand by the recommendations of the panel and not speak against them in public;
- Be accountable for their activities and for the standard of advice they provide to NHS England;
- Act in accordance with NHS England policy on openness, and comply fully with the Code of Practice on Access to Government Information and any relevant legislation on disclosure of information;

- Comply with the requirements outlined in this as well as other relevant governance documents, and ensure they understand their duties, rights and responsibilities, and that they are familiar with the functions and role of the panel and any relevant statements of policy;
- Act in accordance to the principles and values set out in the NHS Constitution for England.

12 Declaration of interests

12.1 Members of the panel must declare their relevant personal and non-personal interests at the time of their appointment to an individual RMOC. For a definition of personal and non-personal interests please refer to the latest NHS England Guidance relating to declarations of interest. An interest is relevant if it has occurred in the last twelve months or if it is a current or planned involvement with the industry. Members are asked to inform the Secretariat before each meeting (RMOC or MOPP) of any change in their relevant interests. The minutes of each meeting will record declarations of interest, and whether members took part in discussion and decision-making.

12.2 The Chair (or Vice Chair) should not have a personal interest in any agenda item under discussion. If the Chair or Vice Chair have an interest in a matter under discussion they will absent themselves from the room and nominate another chair for that agenda item.

13 Individuals in attendance and observers

13.1 Officers from NHS England in limited number can attend sessions of the panel's meetings.

13.2 Experts, mostly with clinical or academic background, may be invited to meetings or sessions of meetings on an ad-hoc basis to provide opinion, information and evidence on specific matters.

13.3 In all cases individuals in attendance do not contribute towards the quorum and cannot move, second or vote on motions.

14 Quorum arrangements

14.1 The quorum is reached when at least five of the members are present either in person or via teleconference or other IT facilitated attendance, or have presented opinion prior to the meeting.

14.2 A meeting that starts with a quorum present shall be not be deemed to have a continuing quorum in the event of the departure of voting members, therefore making it less than half quorate. In the event of a challenge, the remaining members may choose to adjourn the meeting or to continue the meeting and ratify the decisions in the next meeting or via teleconference or email exchange.

14.3 The final judgement on whether the meeting is quorate will reside with the Chair.

15 Voting arrangements

Members should normally aim to arrive at decisions by a consensus. Where consensus cannot be reached, a simple majority of the present voting members (excluding the Chair) is required. Abstentions are not considered when determining the majority. The Chair will cast his/her vote only when the majority is not achieved by the other voting members and when his/her vote can be deciding.

16 Frequency of meetings

It is planned for the MOPP to convene bi-monthly once established depending on business needs. This may be via teleconference or WebEx or similar solution to minimise impact on member's time. The Chair has the right to convene extraordinary meetings when considered necessary, to remain flexible to clinical and service requirements, and take Chair's action in exceptional circumstances. A record will be kept of members' attendance at the meeting via the minutes.

17 Publishing of agenda and minutes

The panel will make agendas available to RMOC members prior to meetings via the SPS website. A set of ratified minutes will also be made available via the SPS website.

18 Publishing of statements and recommendations

18.1 The panel will provide advice in writing to the MOOG as required.

18.2 Recommendations will be translated into a RMOC workplan via the Coordinating Hub supporting the RMOC system and allocated via the RMOC secretariat to appropriate meetings.

18.3 The RMOC work plan will be available publically on the SPS website alongside already published guidance.

19 Openness

The Chair will present a report to the MOOG detailing:

- The matters considered by the panel;
- The recommendations to the MOOG and RMOC system;
- Any matters the meeting specifically wished to draw to the attention of the Committee;
- The minutes approved at the meeting to be attached to the report for information (redacted in accordance with the Freedom of Information Act as required).

Approved: March 2019

For review: March 2020