DRUGS AND THERAPEUTICS COMMITTEE (D&TC)

TERMS OF REFERENCE

Constitution

The Clinical Governance Committee hereby resolves to establish a sub-committee to be known as the Drugs & Therapeutics Committee (D&TC)

Authority

The D&TC is authorised by the Clinical Governance Committee to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the D&TC.

Membership

Chairman (appointed by the Medical Director in consultation with Divisional Directors/Medical Staffing Committee)
Chief Pharmacist
Prescribing Manager (Pharmacist)
Physician from each Division (appointed by the Divisional Directors)
Finance Director
Cancer Unit Lead Clinician (or designated representative)
Chemotherapy Head of Service
Pharmacy Advisor/ Medicines Management Pharmacist or Chief Pharmacists of PCTs (CCGs from April 2013)
Chair of the Control of Infection Group or nominated representative
Senior Nurse
GP prescribing leads
Non Medical Prescribing Lead
Lay representative

Attendance

Attendance at meetings is essential. In exceptional circumstances when a member cannot attend they must arrange for a fully briefed deputy of sufficient seniority to attend on their behalf. Members will be required to attend 4 meetings out of 6 annual meetings.

Quorum

In order to conduct the meeting to exercise all or any of the authorities, powers and discretions invested in, or exercisable by the D&TC, there must be in attendance:

Chairman and at least 4 other members, to include Clinical Directorate physician representation, PCT (CCG from April 2013) representation, Pharmacy representation.
Frequency and Conduct

The Committee will meet every two months on the last Thursday of the month. Items for the agenda should be submitted to the Secretary a minimum of two weeks prior to the meeting.

Membership and terms of reference will only be changed with the approval of the Committee and will be reviewed and agreed annually.

Duties

1. To improve quality and safety of medicines use through
   - Audit (Drug Utilisation Evaluation)
   - Approve protocols, guidelines for treatment/choice (algorithms)
   - Approve/produce policy and procedures related to the prescribing/dispensing/administration process.

2. Ensure safe, cost effective use of medicines
   - Manage the introduction of new drugs and follow up with a review as appropriate.
   - Consider applications for compassionate requests
   - Formulary management, including regular review of existing drugs such as antibiotics
   - Unlicensed drug use management
   - Receive and approve Patient Group Directions for non-medical supply and administration of medicines without a prescription.
   - Support clinical pharmacists and directorate pharmacists on development, implementation and monitoring of protocols and policies, and provision of information on safety aspects.
   - Advise directorates the most cost effective use of medicines. (Not overall budgetary issues-these are dealt with in directorates)

3. Advise the Trust on prescribing contract matters
   - Assist in developing shared care guidelines.
   - Collaborate to agree guidelines, which can operate in both the 1°/2° sectors.
   - Advise directorates on specific drugs through directorate pharmacists.

4. Promote Education and Research
   - Education through the formulary and associated policies, protocols, newsletters.

Key Responsibilities

The objectives of the Committee are as follows:

To support clinical governance of ASPH Trust, assuring best practice in prescribing, supplying, administering and monitoring of medicine through the following areas of work:

   - Improve quality of prescribing
   - Ensure safe, cost effective use of medicines
   - Review of Grade 3 and 4 incidents
   - Identification and reporting of significant risks identified by the DTC for inclusion in the Risk Register.
   - Formulary adherence
   - Ratification of guidelines
   - To oversee compliance with outcome "Outcome 9: Management of medicines", including monitoring with reference to outcomes as identified in the patient and staff surveys. This
responsibility is delegated to the subgroup of D&TC, the Medicines Governance Group, which will formally report back to D&TC at each meeting.

**Reporting Lines**

The D&TC will report to the Clinical Governance Committee.

The Clinical Governance Committee will report to the Integrated Governance Assurance Committee, which in turn reports to the Trust Board.

**Monitoring**

The Chairman of the D&TC will report annually to the Clinical Governance Committee.

September 2012