



Regional Medicines Optimisation Committees

Proposals for Establishment

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Description	This paper presents proposals which have been developed working with a range of stakeholders, on the establishment of the four Regional Medicines Optimisation Committees (RMOCs) across England. The purpose of this paper is to test the proposals through a number of open questions.
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Action Required	To review the proposals and submit responses to the questions via england.RMOC1@nhs.net
Timing / Deadlines (if applicable)	Closing date of 9 September 2016
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Document Status

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Regional Medicines Optimisation Committees – Proposals for Establishment

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1 Purpose

The purpose of this paper is to test proposals for the establishment of the four Regional Medicines Optimisation Committees (RMOCs) across England, including their:

- core purpose (Section 4),
- operational governance arrangements (Section 5),
- committee membership (Section 6)
- work plan allocation (Section 7)
- status of outputs from committees (Section 8)

This paper presents proposals which have been developed working with a range of stakeholders, and also asks a small number of open questions.

2 Introduction

The Accelerated Access Review: Interim Report (October 2015) highlighted the need to reduce unnecessary barriers to patients receiving the medicines they need. A long held concern is how new medicines, or some new indications of existing medicines, which are not evaluated by the National Institute for Health and Care Excellence Technology Appraisals (NICE TA) programme, are instead evaluated many times across the NHS.

NHS England has committed to achieving best value and patient outcomes from all medicines by helping to eliminate unnecessary duplication of effort from area prescribing processes, and refocus scarce resources towards implementation activities, through implementation of medicines optimisation as part of the Right Care programme.

NHS England is committed to the establishment of four RMOCs, operating together as part of a single system to eliminate duplication of activities, to achieve this goal. NHS England recognises that the roles of secondary care Drug and Therapeutic Committees (D&TCs) or equivalent, and of Area Prescribing Committees (APCs), is greater than the evaluation of new medicines and indications. These committees have the greatest knowledge of their local populations, health care systems and patient need, and so these proposals envisage the role of the D&TCs and APCs being re-purposed towards local implementation in order that RMOC medicine evaluations, and in due course broader medicines optimisation matters, are utilised for best patient outcomes. Feedback from APCs to RMOCs would inform regional and national oversight of issues identified from local implementation of RMOC advice.

NHS England and NHSCC have jointly led the development of these proposals, and are committed to developing the committees through co-production and particularly in collaboration with CCGs. They will continue to work together with key stakeholders through a number of short life working groups to progress the establishment of the committees, tasking account of feedback on these proposals.

A Steering Group led collaboratively by Dr Keith Ridge, Chief Pharmaceutical Officer, NHS England and Julie Wood, Chief Executive, NHS Clinical Commissioners will be established to provide overall strategic direction for the establishment of the committees.

3 How to comment on these proposals

This document outlines a set of proposals on the establishment of four RMOCs across England. It considers the core purpose, operational governance arrangements, committee membership and work plan allocation and the status of outputs from the committee. You are invited to respond to these proposals generally, and/or on specific aspects, by email to england.RMOC1@nhs.net.

The closing date for receipt of comments is **19th September, 2016**.

4 What is the core purpose of RMOCs?

The proposal is that the core purpose of the establishment of RMOCs is to:

- Assume responsibility for coordinating the evaluation, and publishing recommendations to guide local adoption, of all new medicines and major new indications which are not scheduled for review by NICE TA programme.¹
- Eliminate duplication of evaluation by bringing those activities to regional level (but with full participation of those who carry responsibility at CCG, Trust and NHS England level, to ensure any evaluation activity is coordinated and shared across the four regions.
- Provide a statement on a case by case basis which considers the need for interim advice pending the publication of NICE TAs.
- Ensure high quality, robust and transparent evaluation activity is coordinated and done once only for each medicine and shared across the four regions.
- Make consideration to specific issues with regard to unlicensed medicines
- Co-ordinate the communication of decisions made by RMOC to APCs.
- Enable a greater focus of pharmaceutical and other staff at CCG and Trust level to implement recommendations made at regional level and increase consistency in local medicines choice and prescribing practice.
- Identify and make recommendations on established treatments of unproven clinical value.
- Identify unwarranted variation in medicines use and provide appropriate narrative. This may include recommendations to cease or restrict use as well as recommendations to encourage use in some patient cohorts. An example of this could be the use of biosimilar medicines.

¹ Note: NICE evidence summaries may be used as a tool as part of the RMOC evaluation process.

Questions

- 4.1 Do you agree that the points above clearly outline the proposed role for the RMOCs? If not, please list and explain the specific points about which you disagree.
- 4.2 Is there anything additional that you feel should be included in the role of the RMOC?

5 What are the operational governance principles under which RMOCs will operate?

The proposal is that RMOCs:

- Are supported by four regional medicines information centres, which form part of the NHS England commissioning arrangements for the Specialist Pharmacy Service, including the provision of the secretariat, evaluation and critical analysis functions. Health economic expertise will be co-opted as required.
- Be co-designed and co-owned with CCGs, have a high quality, robust and transparent evaluation process and work to a single operating model so that all relevant organisations know how to put forward proposals and how they will be considered.
- Work through virtual and face-to-face meetings and be guided by a clear statement of NHSE/CCG expectations for the roles and responsibilities of RMOCs and APCs/local DTCs, described in the agreed terms of reference
- Publish timescales, a clear process of prioritisation and a work plan with a rationale for what is and what is not included, and which has the confidence of all stakeholders including pharmaceutical manufacturers.
- Focus on value and take account of evidence and expert opinion.
- “Add value” to the service, operate efficiently and effectively.
- Have a robust and transparent process for managing conflicts of interest of both members and the associated support functions (see section 6 for proposed membership), in line with NHS England policy.

Questions

- 5.1 Do you agree with the operational governance principles outlined above? If NO, please list and explain the specific points about which you disagree.
- 5.2 Is there anything additional which you feel should be made explicit in the governance arrangements outlined?
- 5.3 Please comment on issues around conflict of interest. Should members be free from conflicts of interest or should members be able to hold conflicting interests and declare them?

6 What should RMOC membership look like?

The proposal is for the following membership of RMOCs:

- Key Core Membership:
 - Regional Medical Director – Chair
 - NHS Regional Pharmacist (where the post exists)
 - Chief Pharmacist representative
 - Chair of APC – representative
 - CCG representation
 - General Practitioners
 - Specialised commissioning representative
 - NICE
 - Public /citizens
 - Specialist Pharmacy Service representation
 - Public Health representative

- Additional Membership:
 - Pharmaceutical Industry trade associations (ABPI and BGMA)
 - Secondary care clinicians

Questions

6.1 Do you agree with the proposed core membership outlined above? If not, please explain.

6.2 Do you think there should be any additional members not listed that need to be included? If so, please list with a brief explanation of why.

6.3 Should the additional membership as outlined above be part of the core membership or co-opted when required?

6.4 Should pharmaceutical industry / manufacturers representation be included as part of the core membership? If so, how should this be managed?

7 How will RMOC work plans be determined?

The proposal is that the RMOC work plan will take a feed from a number of areas. These are:

- the horizon scanning process which looks at new medicines and new indications for existing medicines,
- request from APCs

- requests from the pharmaceutical industry.

There will be a process of prioritisation of all submitted requests and the outputs of the horizon scanning process. This process will inform the work plan which will be allocated to the 4 RMOCs. Decisions taken and advice published by one RMOC will be on behalf of all RMOCs. The work plan will be published with timescales. Prior to the final decision being published there will be an opportunity for stakeholders to comment.

Questions

7.1 Do you agree with the proposal for determining the work plan of the RMOCs? If not, please explain how you think this should be approached and why.

8 What is the status of outputs from RMOCs?

The proposal is that RMOCs outputs will be advisory (not mandatory).

Questions

8.1 RMOC outputs will be framed as advice - do you agree? If not, please explain your rationale.