1. INTRODUCTION
This document describes the local process for decision making about medicines within NHS East and North Hertfordshire (E&NH) and NHS Herts Valleys (HV) Clinical Commissioning Groups (CCGs). The Hertfordshire Medicines Management Committee (HMMC) is the over-arching local decision making group of E&NH and HV CCGs.

2. CONTEXT
The NHS Constitution for England (DH 2009, updated in 2012), defines the rights of patients to:
- Drugs and treatments that have been recommended by NICE, through its technology assessment process and where considered clinically necessary for the patient, in line with the criteria outlined by the NICE.
- To have access to local decisions on medicines (and treatments) that have not yet been considered by, or have not received a positive recommendation for use in the NHS, using a robust assessment of the best available evidence.

The National Institute for Health and Care Excellence (NICE) Good practice guidance (GPG1) on developing and updating local formularies (2012), Defining guiding principles for processes supporting local decision making about medicines (2009) produced by the National Prescribing Centre and Department Of Health and the accompanying Supporting rational local decision-making about medicines (and treatments) (2009) produced by the National Prescribing Centre have all been considered in the development of the local process for decision making about medicines.

3. BUDGETARY RESPONSIBILITY
Clinical Commissioning Groups have a statutory duty to break even within their allocated annual financial budget.

Except where a policy in respect to a particular treatment is laid down by the NICE as a technology appraisal (TA), clinical commissioning groups (CCGs) have to set their own priorities and policies at board level in order to guide their officers as to how the CCG’s resources should be allocated between different and conflicting demands for treatment.

CCGs have a statutory obligation to make funding available within 3 months for medicines that have been recommended by a NICE technology appraisal, unless they are directed otherwise by the Secretary of State for Health.

4. STATEMENT OF PURPOSE
The purpose of HMMC is to ensure robust and consistent decision making processes on new drugs, new uses of drugs and existing treatments commissioned by CCGs or prescribed by provider Trust specialists, general practitioners or non-medical prescribers.

The committee provides a forum for clinical commissioners, GP providers, and NHS Trusts to consider issues of clinical and cost effectiveness, needs of the patient and population, local priorities and affordability in the use of drugs and novel approaches to therapy (where there is a drug component) in the prevention and management of disease.

5. MEMBERSHIP
The membership of the HMMC includes key local stakeholders and specialists: clinical commissioners from the CCGs, locality GP prescribing leads, consultant chairs of local Trust provider drugs and therapeutics committees, local provider Trust pharmacists, pharmacists from E&NH and HV CCG Pharmacy and Medicines Optimisation Teams (PMOT), a patient representative and an external independent clinical pharmacologist. The Chair of the HMMC is a senior public health consultant.

Local Stakeholders
10. APPEAL ARRANGEMENTS – If treatment is not recommended
   - Applicants can appeal to have a recommendation reviewed where they believe the process has not been followed.
   - Applicants can re-apply for a recommendation to be reviewed if there is new published information, using the application process.
   - Applicants may apply for treatment for individual patients via the individual funding request (IFR) process. The application must meet the criteria for individual funding requests as outlined in the CCG IFR policies. The IFR policies and forms are available on the CCG internet site at [http://www.enhertsccg.nhs.uk/ifr](http://www.enhertsccg.nhs.uk/ifr)

6. WORK PROGRAMME
   The work programme for the committee is generated by “horizon scanning” for new medicines or new uses for existing medicines, drug exclusions to contracts, new drug/indication/intervention applications from local healthcare specialists, Individual Funding Request applications to the commissioners and the publication of NICE TAs and Clinical Guidelines. Items are prioritised for consideration by HMMC based on launch date, cost impact and publication of a NICE TA.

7. GUIDANCE FOR LOCAL PROVIDER TRUST SPECIALISTS WISHING TO MAKE A TREATMENT AVAILABLE
   a) Check with your Trust pharmacy department whether the medicine falls within the criteria for consideration by HMMC or are already on the workplan.
   b) If the drug qualifies for consideration by HMMC, complete a new drug/indication/intervention application form (available on both CCG websites). Applications must outline the whole treatment pathway and, where possible identify disinvestments that can be made to fund the treatment.
   c) The application must include a critical appraisal of all available evidence in PICO format (patient, intervention, comparator, outcome)
   d) Specialists are advised to liaise with Trust pharmacy departments and CCG Pharmacy and Medicines Optimisation Teams for support. The completed application should be forwarded to the Trust Chief Pharmacist four weeks in advance of the next HMMC meeting so that it can be circulated to other local specialists and GP prescribing leads for comments. Applicants may attend the meeting to present their case.

8. DECISION MAKING PROCESS AT THE HMMC MEETING
   The committee considers all critically evaluated evidence, new drug/indication/intervention applications (where submitted) and the views of the specialists, GPs and committee members. All the evidence is discussed and assessed against the Ethical Framework and a recommendation agreed.

9. NOTIFICATION OF RECOMMENDATIONS
   - Members of the HMMC (Trust Chief Pharmacists / consultant chairs of local Trust provider drugs and therapeutics committees) who are representing the local providers are responsible for notifying their specialists, managers and relevant departments, of the HMMC recommendations and appropriate implementation process.
   - HMMC recommendations are circulated to local GPs, community pharmacies, Herts Urgent Care and uploaded onto CCG web-sites. Implementation is discussed at the E&NHCCG Primary Care Medicines Management Group and HVCCG Medicines Optimisation Clinical Leads Group and locality prescribing meetings.

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NHS East and North Hertfordshire CCG
NHS Herts Valleys CCG
East and North Hertfordshire NHS Trust
West Herts Hospitals NHS Trust
Hertfordshire Partnership University NHS Foundation Trust
Hertfordshire Community NHS Trust
Royal Free London NHS Foundation Trust (Barnet and Chase Farm Hospitals)
Royal National Orthopaedic Hospital NHS Trust

Produced by Hertfordshire Pharmacy and Medicines Optimisation Teams
NHS East and North Hertfordshire CCG and NHS Herts Valleys CCG

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