

SECTION 1: MEDICINES ADVISORY STRUCTURE

BACKGROUND:

NHS GGC has an established track record of provision of advice on medicines through coordinated, multidisciplinary advisory committees. Over the years these have developed into two main “pillars” of advice (Appendix 1):

- Clinical advice on medicines use and medicines safety, mainly to health care professionals, is provided through the **Area Drugs and Therapeutics Committee (ADTC)** and its specialist subcommittees
- Medicines management advice, mainly to Directors in both acute services and primary care, is provided through the **Prescribing Management Group (PMG)** and its specialist subcommittees

The two pillars of advice report separately to the Board / Chief Executive via the Medical Director (MD):

1. The ADTC has the status of a professional advisory committee to the Board and is a standard feature across NHS Scotland. Indeed the SMC is a ‘consortium’ of ADTCs providing advice on the clinical and cost effectiveness of all new medicines. The ADTC Chair has traditionally reserved the right to report directly to the MD / CEO, in exceptional circumstances. The primary ADTC focus is on clinical effectiveness and the safe implementation of medicines, with a secondary focus on cost effectiveness but no remit for affordability.
2. The PMG is responsible for strategic advice on the NHS GGC prescribing budget, with planning, monitoring and reporting functions in liaison with Board Officers and budget holders in acute services and primary care. The primary PMG focus is cost effectiveness, with a secondary focus on affordability.

For details of the specific functions and responsibilities for ADTC and PMG, please refer to the relevant Terms of Reference.

In this way clinical advice (ADTC) can be clearly separated from managerial and financial advice (PMG). However, in reality, the functions are interwoven, as illustrated in Appendix 1. The work of both elements is facilitated by the Pharmacy and Prescribing Support Unit (PPSU) to ensure there is effective information exchange while preventing duplication of effort and maintaining clear lines of responsibility and decision making.

INTERFACES:

The respective structures and distinctive responsibilities of the ADTC and PMG are described above and are shown in Appendix 1. However, key to success is the interaction between the two structures. This is achieved in various ways:

- joint membership which includes the ADTC Chair, Head of PPSU, Lead Clinician for Prescribing Advice, Lead Pharmacist (Medicines Information), Lead Pharmacist (Medicines Planning) and Governance Lead for PPSU
- routine exchange of the respective summaries of their meetings
- referral by ADTC of high cost or complex decisions to PMG for discussion and decision.

The chairs of both committees are appointed by the Board’s CEO and can report directly or via the Board Medical Director (MD) as required. However, as described above, this is rarely needed in practice. The ADTC is largely independent in its decision making on matters concerning the Formulary, treatment guidelines and Therapeutics Handbook. The ADTC is content that a record of its key decisions is communicated routinely to PMG. When a second opinion is required on a difficult decision, this is referred to PMG. In exceptional circumstances, PMG may determine that the issue is beyond its remit and this will be referred to CEO/Whole Systems Director Group for a final decision through the relevant Executive Director (MD, DoF or Director of Corporate Planning & Policy) as required.

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