Mid and South Essex Health and Care Partnership Medicines Optimisation Committee (MSEMOC)

TERMS OF REFERENCE

1. CONTEXT

The NHS Constitution for England provides patients with the right that:

- Medicines (and treatments) that have been considered by the National Institute for Health and Clinical Excellence (NICE) through the technology appraisal (TA) process and given a positive assessment should be made available to patients, where appropriate, and therefore be included in the formulary.
- Medicines (and treatments) that have not yet been considered by, or have not received a positive recommendation for use in the NHS through a NICE TA process should be considered by the local NHS using a robust assessment of the best available clinical and cost effectiveness evidence.

After publication of the original NHS Constitution, the following key documents were published to support rational local decision-making and have been considered in the development of the MSEMOC Terms of Reference:

- The NHS Constitution for England
- Defining guiding principles for processes supporting local decision making about medicines Supporting rational local decision-making about medicines (and treatments)
- NICE Good practice guidance (GPG1) on developing and updating local formularies.

2. STATEMENT OF PURPOSE

The Mid and South Essex Healthcare Partnership Medicines Optimisation Committee (MSEMOC) is an over-arching local decision-making group for CCG commissioned medicines, for all stakeholders:

The purpose of MSEMOC is to:

- assume delegated responsibility from all stakeholders and to represent the NHS and local health and care community in managing the entry of new medicines, wound care products and dietary products) into the NHS.
- ensure a robust and consistent decision making process on new drugs, new uses of drugs and existing treatments commissioned by clinical commissioning groups or prescribed for use by NHS Healthcare providers.
- approve standards/policy/pathways on prescribing and medicines optimisation for the Mid and South Essex system, including management of interface issues between primary care, secondary care and integrated care partnerships and identify associated resource implications for consideration by the commissioning organisations.
- provide a forum for all providers and clinical commissioners 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. The expectation is that such discussions will inform the Joint Commissioning Committee (JCC) of Mid and South Essex CCGs where a commissioning decision outside the delegated responsibility needs to be made for the 1.2million population. It is recognised that there will always be an exception but this can and should be managed via the Individual Funding Request Process.
- review Public Health documents where there is an impact on medicines use across Mid and South Essex but ratification processes for Public Health documents lie outside of MSEMOC. It should therefore be noted that the purpose of MSEMOC in relation to Public Health documents is not to ratify but rather to review and advise.

3. BUDGETARY RESPONSIBILITY

NHS organisations 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 National Institute for Health and Care Excellence as a technology appraisal (TA), organisations have to set their own priorities and policies in order to guide their officers as to how resources should be allocated between conflicting demands for treatment.

4. AIM:

To provide a strategic approach to medicines optimisation issues and clinical decision making, with due regard to clinical and cost-effectiveness in order to ensure patients have safe and consistent access to medicines in the context of care pathways which cross multiple providers

The MSEMOC is the single source of advice for the introduction of new drug therapies/pathways across all five CCGs within Mid and South Essex (and including contracted providers where pathways cross organisations) with subsequent funding support as required. This MSEMOC will therefore have decision-making powers in relation to the introduction of new drug treatments/pathways thereby ensuring standardised approach and equity of provision across all 5 CCGs.

The MSEMOC will make policy decisions on the introduction of new drugs and therapies (where there is a drug component) taking into account the priorities in the MSE CCGs local delivery plans/Operational Plans.

Where there are significant financial implications the MSEMOC will seek further guidance from relevant commissioner. Where there is an overall cost pressure to the local health economy, recommendations will be prioritised by the CCG Boards or their named delegated subcommittee before being finalised

5. OBJECTIVES

- To Horizon scan, plan for and manage entry of new drugs into the local health economy, develop prescribing guidelines and pathways and maintain the locality prescribing formulary within available resources.

- Review the commissioning, management and usage of medicines within the organisations contracted by Mid and South Essex CCGs to provide healthcare services in order to optimise therapeutic efficacy and cost-effectiveness between organisations and at the interfaces between organisations, and manage the financial implications of medicines usage across the health community.

- To foster engagement in medicines management issues at the highest level within related organisations.

- To establish and maintain a joint formulary between NHS Commissioner and Provider organisations. Examine the clinical and cost effectiveness of different preparations within particular clinical areas and agree on ‘medicines of choice' to be applied consistently across both primary and secondary care.

- To develop, prioritise and deliver an annual work programme for drug treatments/pathways not subject to a NICE TA, in consultation with MSEMOC members.

- To approve and maintain prescribing policies, formularies, traffic light classifications, shared care agreements and prescribing guidelines for implementation across primary care, secondary care and community health services and to support and advise on a robust governance framework for the delivery of medicines optimisation standards. Note: Decisions for mental health medicines only will be delegated to EPUT Medicines Management Group (MMG) with MSE commissioner endorsement.

  Where MSE commissioners have concerns about primary care implementation and therefore do not endorse an agenda item which has potential implications on primary care, such items must be deferred and brought to the MSEMOC for consideration.

  The EPUT MMG terms of reference will reflect this arrangement and all decisions will be taken to MSEMOC for ratification (this is detailed at the end of the document).

- To ensure consideration is given to the impact of formulary and policy decisions on patients and carers.

- To consider national guidance such as that produced by the Regional Medicines Optimisation Committees (RMOCs) and NHS England

- Maintain strong links with NHS England specialised commissioning teams in order to assess local implications of high cost and/or excluded from tariff medicines.

- To review and ratify clinical guidelines and protocols which identify place in therapy of treatments.

- To ensure the NICE TA implementation process is adhered to, with appropriate access to treatment for the population of Mid and South Essex.

- To assess the place in therapy and cost implications of the drug treatments in NICE guidelines and to make local decisions, noting that Commissioners are not mandated to provide funding for NICE guidelines.

- To review the decisions related to medicines prescribable on FP10s from provider organisations where these impact on health budgets (prescribing and activity costs) and advise providers and CCGs on the appropriateness of such decisions.

- To ensure that Mid and South Essex Individual Funding Request and Commissioner Contracting teams are kept up to date by sharing the final decisions.

- To ensure robust and timely implementation processes for committee decisions are in place in all provider organisations.

- To ensure mechanisms (including audit) are in place to monitor the implementation of decisions and their impact on the health system.

- Make decisions to, and actively, support care pathway design recognising wider service transformation and changes in service delivery

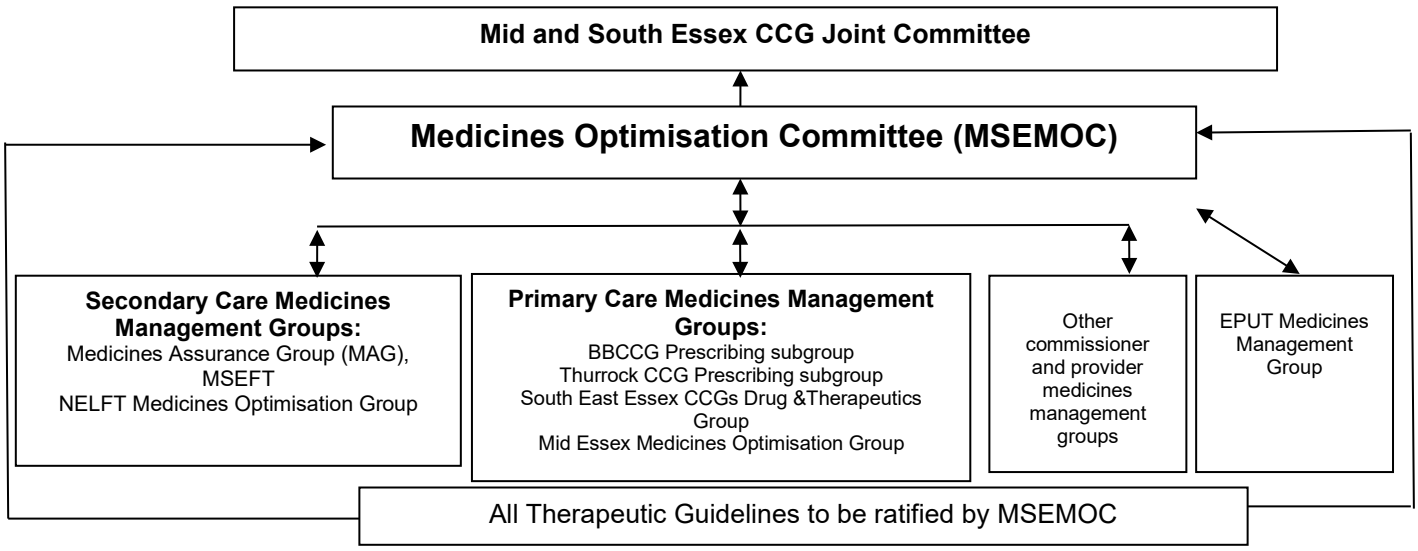
6. DECISION MAKING AND REPORTING

The MSEMOC is not accountable for the work of individual organisations and each member organisation retains its own line of accountability.

MSEMOC has the authority to make decisions regarding the commissioning of new medicines and new uses of existing medicines commissioned by the mid and south Essex CCGs. The MSEMOC will report its decisions following each meeting to the MSE CCG Joint Committee for noting.

Financial implications of potential MSEMOC decisions will be considered by the Mid and South Essex CCGs Chief Finance Officer or appropriate CCG committee, determined by limits of financial delegation. This will be concluded prior to the MSEMOC meeting to inform the final decision making process.

Reporting arrangements are outlined in below.



The minutes of the Committee will be formally recorded and submitted to the MSE CCG Joint Committee and to committee members for submitting to the individual organisations appropriate internal governance process.

7. MEMBERSHIP ROLES, RESPONSIBILITIES AND DEPUTISING ARRANGEMENTS

MEMBERS			
Member	**Role**	**Key Responsibility**	**Deputising arrangement**
Medical Director, MSEFT (Broomfield site) (1)	Chair	To facilitate and ensure effective stakeholder participation	Medical Director, MSEFT (BTUH or SUFT site)/ CCG GP prescribing Lead
Pharmacy Lead Commissioner: Acute, MSECCGs/ (1)	Governance of process and professional secretary of the committee	To ensure process is being followed and to oversee inputs and outputs for each meeting including ensuring that papers meet requirements of the committee.	Head of Pharmacy Department Basildon & Thurrock University Hospital (1)/ Senior Prescribing Advisor MSE CCGs
CCG/Place GP Prescribing Leads (Basildon & Brentwood;Castlepoint & Rochford;Mid Essex;Southend;Thurrock) (4)	Represent their local population and CCG/Place	To provide an overall CCG perspective to the discussions; to take decisions back to CCG. To feedback GP view. To obtain engagement from GPs in their locality; to network with other GP prescribing leads within the CCG to obtain wider views. To be able to explain to locality GPs how decisions were arrived.	Designated Locality GP.
CCG Head of Pharmacy and Medicines Optimisation (Basildon & Brentwood;Castlepoint & Rochford;Mid Essex;Southend;Thurrock (3)	Governance of process Represent their organisation and their clinicians	To ensure process is being followed Provide a commissioning overview for their CCG	CCG Senior/Lead pharmaceutical adviser
Chief, deputy or formulary Pharmacist from provider organisations (MSE Group, Provide, EPUT, NELFT) (4)	Represent their organisation	To provide an overall view from the provider perspective including view of the pharmacy department and consultant body in the provider. To facilitate meetings with specialists as part of pre-meeting preparation; to circulate discussion papers to relevant clinicians within the provider organisation and to ensure comments are received from all relevant specialists prior to meeting; to oversee the governance of implementation of decisions.	Chief, deputy or formulary pharmacist or a senior pharmacist.
Senior medical doctors (Consultant only) from MSEFT (3)	Provide additional clinical input	To give a wider clinical input.	Another senior doctor (consultant only), MSEFT
ATTENDEES			
Pharmacy Lead, Public Health, on behalf of Essex County Council, Southend on Sea Borough Council and Thurrock Council (1)	Represent Public Health	Provide a public health overview	N/A
Pharmacy Lead, Independent Hospitals (Nuffield, Ramsay Healthcare, Spire, BMI) (4)	Represent their organisation	To provide an overall view from the provider perspective including view of the pharmacy department and consultant body in the provider	Deputy/Senior Pharmacist
Other providers (e.g. IC24, EEAST)	Represent their organisation	To provide an overall view from the provider perspective including view of the pharmacy department and consultant body in the provider	Deputy
Patient Representative (1)	Provide a patient perspective	To give the views of a patient who has user experience of the NHS and medicines.	N/A

Essex Local Medical Committee (1)	Represent GPs	To give a wider view of GPs as providers.	Another LMC member
Essex Local Pharmaceutical Committee (LPC) (1)	Represent community pharmacists	To give a wider view of community pharmacists	Another LPC member
Senior Interface Pharmacist (MECCG), Senior Clinical Pharmacist (High Cost Drugs- TCCG), Prescribing Advisor (Locality Lead- SECCG) (3)	Present meeting papers	Provide a Medicines Optimisation overview	N/A
Head of Acute Contract Finance for Mid and South Essex CCG's	Represent contract and finance team	Provide financial overview (associated activity) Responsible for disseminating financial consequences	Deputy/Contract Finance Manager
Shared between Medicines Management Team Thurrock CCG and Acute Commissioning Team for Mid and South Essex CCGs	Administrative support	For committee servicing	Medicines Management Team Thurrock CCG/ Acute Commissioning Team for Mid and South Essex CCGs

Chair and secretary reserve the right to coopt other specialists (e.g. contracts/finance leads) to the committee if required.

8. ARRANGEMENTS FOR QUORACY

For the committee to be quorate the following eight members need to be present and all 5 CCGs (commissioners) must be represented (or delegated deputy):

- Chair (1)
- Two CCG GP prescribing leads or deputy from each CCG (2)
- Two provider representatives (one of which must be a medical doctor [Consultant]) (2)
- Professional secretary (1)
- Two CCG Head of Pharmacy and Medicines Optimisation or deputy (2)

If the meeting is not quorate by up to two members, the meeting can still go ahead at the Chair's discretion but members will be contacted via correspondence to confirm endorsement of decisions prior to issue and a post-meeting record will be added to the notes. Quoracy will then be taken as agreed. If a decision made during a non-quorate meeting is not endorsed by an absent member required for quoracy, then that decision will be brought back to the next committee meeting for discussion. If the meeting is not quorate by three or more members then Chair's action will be taken and clearly documented.

9. ATTENDING SPECIALISTS

When considered appropriate, the committee will invite specialist representation for specific topics so that the views of specialists may be taken into account. The specialist may not be present during the decision making process.

10. COMMITTEE SERVICING

The Committee shall be supported administratively by Mid and South Essex CCGs acute commissioning team and the medicines management team, Thurrock CCG whose duties in this respect will include:

- Agreement of the Agenda with the professional secretary by administration support and collation of papers in-line with the Committee's Cycle of Business;
- Providing written notice of meetings to Committee members, and the papers, not less than seven working days before the meeting.
- Taking the minutes and keeping a record of matters arising and issues to be carried forward.
- Producing a single document to track the Committee's agreed actions and report progress to the Committee
- Producing draft minutes and action log for approval within seven working days of the meeting.
- Setting up virtual meetings/booking a venue for the meeting which is accessible for the whole health community to ensure attendance by all members of the Committee.

11. CONFLICT OF INTEREST

Any conflicts of interest (potential or actual) must be declared, recorded and a report made available for public scrutiny. In the case of committee members, if appropriate, they will be asked to leave the room during the decision making process if a conflict of interest arises. CCG policies will be adhered to under these circumstances.

- Committee members to complete a declaration of interests form on appointment and then re-confirm at least annually
- The declaration of interests to be recorded in a register maintained by Mid and South Essex CCGs and made publicly available on individual CCG websites.
- At each meeting committee members are required to make any new declaration of interest or declaration relating to matters on the Agenda, or to reconfirm current declarations on the Register of Interests are accurate and up-to-date.
- Where a new declaration of interest or declaration relating to matters on the Agenda are made the following should be recorded in the minutes of the meeting:
- Individual declaring the interest.
- At what point the interest was declared.
- The nature of the interest.
- The Chair's decision and resulting action taken.
- The point during the meeting at which any individuals retired from and returned to the meeting - even if an interest has not been declared.

Anyone developing or commenting on papers/guidelines must declare any conflicts of interest or a nil return. When papers are circulated for comments they will be sent with a declaration of interest form for completion by anyone wishing to send comment or a request to respond with a nil return.

All committee members or anyone involved with the development of papers/guidelines must adhere to their organisational policies on conflicts of interest, gifts, hospitality, commercial sponsorship, working with the pharmaceutical industry, fraud and bribery and secondary employment. Committee members will be required to make an annual declaration.

The expectation is that consultation and meeting papers must not be circulated outside committee member's organisations. All meeting decisions are confidential until they are formally published or communicated by the MSEMOCs professional secretary.

Healthcare professionals must act in accordance with their profession's code of conduct.

12. PRE-MEETING PREPARATION

- For treatments for which policy decisions are required by Mid and South Essex CCGs, the MSEMOC working group will produce review documents (which include critically appraised published evidence) as prioritised within the work plan. To note that all new drug applications must clearly define the place in therapy in the formulary application. The committee may request additional supporting information for example a treatment pathway and audit where relevant.
- If a local specialist applies for a treatment, a business case and up to date evidence, presented in MSEMOC format, to be submitted by providers to the secretary a minimum of six weeks in advance of the meeting.
- Provider pharmacy representatives are responsible for co-ordinating responses from relevant specialists within their Trust. The presenter of the paper should collate consultation comments, which must include consultation with commissioners, and clarify points of discussion *prior* to the paper being finalised and circulated.
- Papers will be sent out to provider pharmacy representatives, to obtain views of wider specialists, at least three weeks in advance of meetings.
- Papers will be sent out to CCGs for consideration through relevant prescribing groups /GP prescribing leads, to obtain views of their locality practices, at least three weeks in advance of meetings.
- Final papers will be sent out to members five working days in advance of meeting.
- Members will read and review paperwork and bring comments to the committee for discussion.

13. METHODS FOR REACHING FINAL DECISIONS, RECORDING AND DISSEMINATING

At the meeting:

- Committee members to give views on the evidence and specialists' comments.
- Committee members to make assessment against the ethical framework and make a commissioning decision.
- Generally it is expected that at the committee meetings decision will be reached by consensus. Should this not be possible and all work on the item has been completed, the Chair will determine that a vote of members will be required. A vote could be deferred to a subsequent meeting if the committee agree that further information / evidence and stakeholder feedback needs to be obtained. The process for voting is set out below:

a) Eligibility – Voting Membership is as follows.

Deputy Medical Director, MSE Group/ CCG GP Prescribing Lead (MSEMOC Chair) (or nominated deputy) (1)
Head of Pharmacy and Medicines Optimisation, Basildon & Brentwood CCG & Thurrock CCGs (or nominated deputy) (2)*
Chief Pharmacist, Mid Essex CCG (or nominated deputy) (1)
Head of Pharmacy and Medicines Optimisation, Castlepoint & Rochford CCG & Southend CCG (or nominated deputy) (2)*
GP Prescribing Lead, Basildon & Brentwood CCG (or nominated deputy) (1)
GP Prescribing Lead,Thurrock CCG (or nominated deputy) (1)
GP Prescribing Lead, Mid Essex CCG (or nominated deputy) (1)
GP Prescribing Lead, Castlepoint & Rochford CCG & Southend CCG (or nominated deputy) (2)*
Chief Pharmacist, MSE (or nominated deputy) (1)
Chief Pharmacist, NELFT (or nominated deputy) (1)
Chief Pharmacist, Provide (or nominated deputy) (1)
Chief Pharmacist, EPUT (or nominated deputy) (1)

*on the basis that they represent 2 CCGs/Places

Under no circumstances may an absent member vote by proxy. Absence is defined as being absent at the time of the vote. A vote may only take place if the Committee meeting is quorate.

a) Voting – At the discretion of the Chair all questions put to the vote shall be determined by oral expression or by a show of hands, unless they direct otherwise or it is proposed, seconded and carried that a vote be taken by paper ballot. If at least one-third of members present so request, the voting on any question may be recorded to show how each member voted or did not vote except where conducted by paper ballot.

b) Majority (defined as more than half the votes of the present voting members) necessary to confirm a decision – every question put to the vote at a meeting shall be determined by a majority of votes of members present and voting. Members receive one vote only (the exceptions to this are detailed in table above), e.g. if a GP CCG Board member is deputising as the Chair of the meeting, they do not get a vote as the Chair and as the GP CCG Board member.

c) Casting vote – In the case of an equal vote, the Chair of the meeting shall have the casting vote.

d) Should a vote be taken the outcome of the vote must be recorded in the minutes of the meeting.

e) Abstaining from the vote – Voting members can choose to abstain from the vote. The member's vote may not be transferred to another voting member.

f) Concerns raised / dissenting views – A record shall be made of any concerns raised / dissenting views in the minutes of the meeting.

14. POST MEETING ACTIONS

- Draft notes of the meeting to be agreed with the Chair.
- Agreed draft notes of meeting to be sent to committee members.
- Communication to applicants will be sent out outlining the interim position of the application and to advise on when final decision will be sent.
- MSEMOC report to be made to the Joint Commissioning Committee and the Healthcare Partnership Board or their named delegated subcommittee. Treatments with a cost pressure require the aforementioned committee to approve MSEMOC decisions before implementation.
- Final decision will be sent out by Mid and South Essex CCG and Medicines Management Teams (MMTs) to all participating organisations, and uploaded onto individual CCG web-sites.
- Final decisions to be circulated by MSE CCG MMTs to GPs and uploaded onto individual CCG web-sites.
- Final decisions to be circulated by MSE CCG MMTs to IC24 and local community pharmacists.
- Process for dissemination is outlined in Flow chart for disseminating decisions (Appendix I)
- MSEMOC meeting notes are ratified at the next committee meeting.

15. FREQUENCY OF MEETINGS

- A minimum of four to five meetings a year at approximately two to three monthly intervals.
- Additional meetings may be held virtually by use of video/teleconferencing facilities or, at the discretion of the chair, by electronic circulation of a matter for discussion/decision

16. EMERGENCY DECISIONS

Should there be a requirement to make decisions between meetings the following process should be followed:

- Full details of the decision required will be set out in a clear proposal with rationale as to why an urgent decision is needed
- Proposal will be submitted via e-mail to Committee members
- Minimum support required from at least 8 members of the Committee including the Chair. If there is a financial implication support is needed from the Chief Finance Officer, Mid and South Essex Acute Commissioning Team.
- Report of the decision made presented to next scheduled meeting for endorsement.

17. ANNUAL REVIEW OF THE COMMITTEE

The committee will undertake an annual self-assessment to:

- Review that these Terms of Reference have been complied with and whether they remain fit for purpose;
- Determine whether its planned activities and responsibilities for the previous year have been sufficiently discharged; and,
- Recommend any changes and / or actions it considers necessary, in respect of the above.

18. RELATIONSHIPS AND ACCOUNTABILITY

- The structure outlining the accountability arrangements to the Committee can be found in section 6 above
- The local decision making process on medicines in Mid and South Essex can be found in Appendix I

Associated Documents

1. Ethical Framework
2. Formulary application for the use of a new medicine or existing medicine for a new indication
3. Policy for Clinical and Prescribing Responsibility

Mid and South Essex Health and Care Partnership

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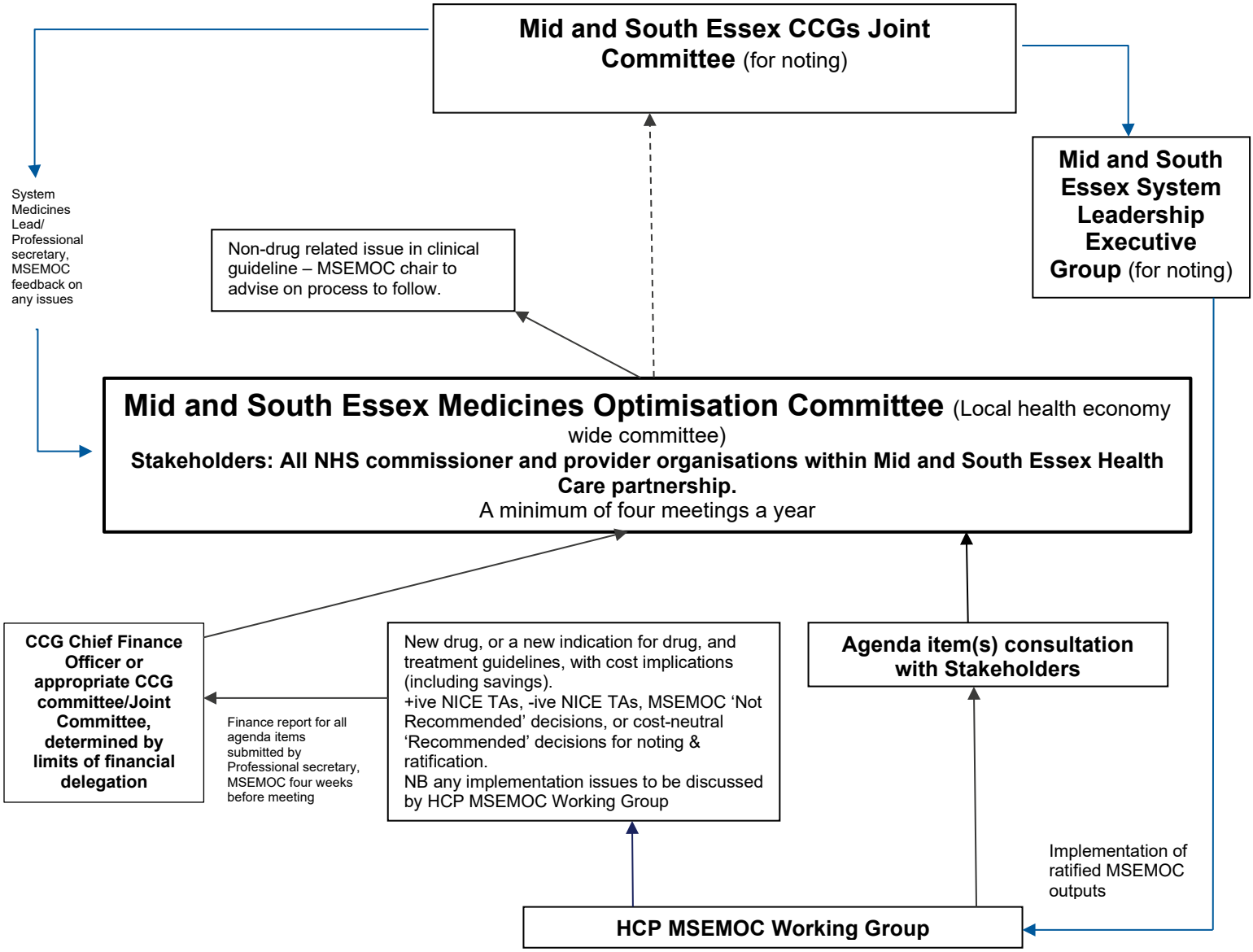
Appendix I - LOCAL DECISION MAKING PROCESS ON MEDICINES IN MID AND SOUTH ESSEX



ANNUAL WORKPLAN (prepared in January) informed by:

Horizon scanning of new drugs & new uses of drugs, NICE guidance, individual funding requests, submissions from local providers, QIPP agenda.

Workplan is shared with committee members (Stakeholders).

PROCESS AS FOLLOWS:

Pre-meeting

- Workplan for the next meeting shared with stakeholders in advance at the previous meeting.
- Financial implications of potential MSEMOC decisions will be considered by the CCG Chief Finance Officer or appropriate CCG committee, determined by limits of financial delegation. This will be concluded prior to the MSEMOC meeting to inform the final decision making process
- Papers prepared by HCP MSEMOC working group that is led by Mid and South Essex CCGs (provider submissions via business case to include a review of evidence). Costs of whole pathway need to be provided as full costs will be considered.
- Draft papers sent out to local specialists for views (three weeks in advance of meeting) and also to GP Prescribing leads, where treatment will impact primary care. Face to face meetings with specialists are requested in advance of next meeting.
- Views received are summarised in final papers sent to committee members one week (minimum of five working days) before the meeting.

During Meeting

- Evidence and views received during consultation period discussed and assessed against an ethical framework that takes several factors into account and enables rationale for the decision to be explained.
- The committee makes a commissioning recommendation. A decision is reached where there are no additional cost pressures in the treatment pathway or there are cost savings. Where an intervention will increase costs, a report is submitted to Finance and Performance Committee in Common for decision to Mid & South Essex CCG Joint Committee for prioritization and to Mid & South Essex Health Care Partnership Board for noting.

Post Meeting

- MSEMOC report prepared by Pharmacy Lead Commissioner Acute, MSE CCGs for Mid & South Essex CCG Joint Committee and Mid & South Essex Health Care Partnership Board.
- Recommendations prepared by HCP MSEMOC working group and uploaded on MSEMOC website and disseminated to all stakeholders for implementation

Mid and South Essex Health and Care Partnership

NHS

IMPLEMENTATION OF MSEMOC DECISIONS

PROCESS FOLLOWED BY COMMISSIONERS

- Decisions circulated to all GP practice managers, GP prescribing leads, community pharmacies and other providers for onward circulation.
- A summary of the decision prepared and linked to ScriptSwitch so that it appears on the GP electronic prescribing system when the drug name is entered.
- The evidence and decision making process are discussed with commissioner pharmacy teams to enable the wider pharmacy team to understand how the decision was arrived at.
- Locality pharmaceutical advisers disseminate this learning to GP practices at prescribing meetings or equivalent.
- GP prescribing leads are asked to disseminate the rationale for the decision at wider GP practice team meetings.

PROCESSES FOLLOWED BY LOCAL NHS PROVIDERS

Mid and South Essex Hospitals Medicines Assurance Group (MAG)

- The MAG is used as a sub-committee of MSEMOC.
- MAG meetings are scheduled roughly two weeks before each MSEMOC meeting. MSEMOC agenda is discussed at MAG meetings and relevant consultants are invited to meetings for discussion.
- The MSEMOC decision spreadsheet produced after each MSEMOC meeting is a standing agenda item for noting and adoption at the next MAG. Decisions are circulated to the relevant consultant who attended the MAG meeting and the clinical director of the specialties for onward circulation. Relevant consultants may be invited back to the next MAG meeting if follow up is required. The formulary is updated, a pharmacy bulletin is produced and the decisions are displayed on the pharmacy information notice board.

NELFT, EPUT

- All pre-meeting papers are sent out to the relevant specialist nurses or clinicians for review. The feedback and comments are collected by pharmacy and submitted to MSEMOC.
- All MSEMOC decisions are circulated to the relevant NELFT/EPUT clinicians once published. Local decisions published on the CCG website are forwarded to relevant team for information. Any MSEMOC decisions which require further discussion are tabled at NELFT Medicines Optimisation Group & EPUT Medicines Management Committee meetings which meet monthly.

PROVIDE, IC24, Ramsay, Nuffield, BMI, Spire and all other providers

- Relevant papers sent to specialists for comment before MSEMOC meetings
- MSEMOC decisions circulated to all relevant specialists.

Version	2.0
Developed by	HCP MSEMOC working group
Date approved	October 2020; July 2021
Approved by	MSEMOC
Review date	July 2022 or sooner if subject to any new updates
Acknowledgements	HMMC, Herts and West Essex Integrated Care Partnership & Thames Valley priorities committee, Buckinghamshire, Oxfordshire and Berkshire West, Integrated Care System (ICS)