



BSW Area Prescribing Committee Terms of Reference

1. Introduction

1.1 In accordance with their Constitutions and Standing Orders, the participating organisations establish the BSW Area Prescribing Committee (APC).

1.2 Each organisation represented in the APC works as part of the BSW ICS. Decisions taken by this Committee do not affect the liability of each individual organisation for the exercise of its functions.

1.3 These Terms of Reference set out the Committee's purpose, responsibility, scope, membership, reporting arrangements, frequency of meeting, and quorum.

2. Purpose of the Committee

2.1 The APC facilitates clinical leadership on prescribing new medicines, enabling clinical input from all specialties and disciplines as appropriate in a way that treats all potential new medicine developments consistently.

2.2 The Committee helps improve the health outcomes for the BSW population by promoting safe, high quality, consistent, transparent, evidence-based and cost-effective use of medicines and devices (only those prescribed on FP10) across the BSW health economy and BSW partner organisations, and by supporting the implementation of evidence-based advice on the best use of medicines and devices.

3. Background

3.1 The committee was established in September 2020 by NHS BSW CCG in response to the requirement to establish an ICS wide process for developing an ICS medicine formulary and shared care guidelines.

4. Responsibilities / Duties of the Committee

4.1 The Committee will, on behalf of the BSW health economy, manage the BSW Joint Formulary. Within this remit, the Committee will:

- Consider applications for medicines to be added to the Joint Formulary, recommend their adoption or non-adoption, and specify the circumstances under which adopted medicines should be used.
- To include all partner organisations and key stakeholders.
- Establish and maintain an ICS-wide medicines formulary and shared care guidelines to avoid duplication of effort across the ICS health economy.
- Facilitate clinical leadership on prescribing new medicines, enabling clinical input from all specialties and disciplines as appropriate in a way that treats all potential new medicine developments consistently.
- Regularly review the Joint Formulary and audit its impact to ensure that it is consistent with the aims of safe, effective, and cost-effective prescribing, and with national guidance
- Make evidence-based commissioning recommendations to the BSW ICB in relation to medicines, including for disinvestment, taking account of and monitoring implementation of the National Institute for Health and Care Excellence (NICE) technology appraisal (TA) guidance to ensure that new medicines are commissioned in a safe and supported way.

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- Recommend disinvestment, e.g. where there is little or no evidence base, or relative cost-effectiveness appears to be poor compared to other available options for commissioning.
- Provide evidence-based recommendations on the prescribing of new medicines that fall outside of NICE guidance; Review areas of inconsistent formulary status across the health economy and make recommendations on their resolution.
- Regularly consider the cost-effectiveness of existing treatments and make recommendations for prescribing change where appropriate.
- Undertake horizon scanning to forecast developments in medicines related healthcare and support the introduction of new medicines.
- Ensure the formulary is updated in response to national guidance, medicines licence changes, and safety alerts related to medicines e.g. by NICE or the Medicines Health Regulatory Authority.
- Approve and regularly review BSW medicine formulary shared care agreements, prescribing guidance, and medicines related guidelines, and monitor adherence to these guidelines.
- Appropriately cascade decisions within members' respective organisations.
- Monitor adherence to the ICS-wide medicines formulary and/or shared care guidelines and report variance to the ICS APC on a 6-monthly basis.
- Other local aims and responsibilities as needed.

5. Membership

5.1 The following are members of the Committee / Group, i.e. they have the right to receive meeting documents and to participate in the Committee's decision-making (within the remit as determined in these ToR):

- Three GPs from BSW ICB member practices, each representing one of the three localities (BaNES, Swindon, Wiltshire)
- Medicines Optimisation associate director
- Local Pharmaceutical Committee (LPC) representative
- Community pharmacy lead pharmacist
- The BSW Lead Clinical Effectiveness Pharmacist (Formulary) and the BSW formulary pharmacist
- The Chair of the Royal United Hospital (RUH) DTC
- The Chair of the Great Western Hospital (GWH) MAG
- The Chair of the Salisbury District Hospital (SFT) DTC
- The Chief Pharmacist of the Royal United Hospital
- The Chief Pharmacist of the Great Western Hospital
- The Chief Pharmacist of the Salisbury Hospital
- One Trust Pharmacy representative (formulary) each from GWH/RUH/SFT.
- One lead pharmacist representative each from Avon and Wiltshire Mental Health Partnership NHS Trust, HCRG Care Group
- Ad hoc specialists for specific agenda items

5.2 Either one of the GPs, or the Secondary Care Consultants, will chair the Committee, with the respective other serving as Deputy Chair, or a senior pharmacist.

5.3 The Chair, on behalf of the Committee, may invite such individuals to the Committee's meetings as are considered necessary to enable the Committee to conduct its business effectively. For the avoidance of doubt, such invited attendees cannot participate in the Committee's decision-making.

5.4 Members of the Group must be authorised by their organisation to agree, on behalf of the organisation they represent, actions / steps / activities within the remit of this Group. Their recommendation would be

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based on consensus of opinion gathered by that individual on behalf of the organisation.

5.5 The Group itself has no decision-making powers other than those described in these Terms of Reference. On behalf of the organisations they represent, representatives reach agreements consistent with the powers delegated to them through their respective organisation's scheme of delegations and delegated financial limits.

5.6 Observers are allowed at the APC with the approval of the chair.

6. Term of office

The committee membership term of office is three years which can be extended by up to a further two years with the agreement of the representative organisation and the Medicines Formulary Committee. In exceptional circumstances, the committee may agree to extend the term of office for a further short period. This is not applicable for essential committee members such as chairs of trust committees (e.g. DTCs) if they have been in that role longer than the usual term of office.

7. Attendance

Members are expected to attend each meeting of the committee, and a register of attendance will be taken. Where a member is unable to attend, they should nominate a deputy to attend for them. There is an expectation that deputies will be fully briefed before the meeting by the member. Where members are failing to consistently attend meetings or send a deputy, the Chair or their representative will discuss a way forward with the member.

8. Working methods

8.1 Chairmanship - the Chair will be appointed by the ICS (a medically qualified member or a senior pharmacist). A medically qualified member or a senior pharmacist voting member can deputise for the Chair

8.2 Quoracy - The meeting is quorate if 6 members are present, including the chair or deputy, and one representative each from an acute trust, a community provider, and the ICB ensuring that there is at least one medical practitioner and a pharmacist present.

8.3 If the meeting becomes inquorate, it shall either be suspended, or decisions (within the Committee's remit as described by these ToR) agreed at the next quorate meeting of the Committee.

9. Meeting frequency and length

9.1 The Committee will meet monthly, and last approximately two hours. Meeting dates will be agreed annually for the following calendar year.

9.2 Standing agenda items - The following standing agenda items will be discussed at each meeting:

- Declarations of interest
- NICE Technology Appraisals (TA) or NICE Highly Specialised Technologies (HST). Commissioners have a statutory responsibility to make funding available for a drug or treatment recommended by a NICE TA or HST and to begin doing so no later than 90 calendar days (30 calendar days for EAMS products or for products appraised via the Fast Track Appraisal process) after the guidance is published, unless otherwise specified in the guidance. Medicines not recommended in a NICE TA/HST

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to be discussed and plans made to withdraw and decommission the medicine in line with the NICE TA/HST recommendations if applicable.

- Medicine horizon scanning to support the committee’s agenda setting and work priorities.
- Patient safety including medicines safety advice from regulatory authorities.
- 6-monthly monitoring of adherence to the ICS/HB wide medicine formulary and/or shared care guidelines.

9.3 Medicines formulary applications and/or new shared care guidance

Every partner organisation may apply for a medicine to be added to the formulary or for shared care guidance to be considered. Applications for medicines to be added to the formulary are made using the medicines formulary application form. The medicines formulary assessment form and/or shared care guidelines will be produced by the Committee’s professional secretary.

9.4 Decision making and voting

Decisions will be taken using high quality, evidence-based information using the resources checklist.

- Recommendations will consider outcomes data, safety, clinical effectiveness and cost-effectiveness of the intervention and compared to similar treatments where possible. Medicine optimisation principles will apply.
- Recommendations will be assessed against the legal and ethical frameworks.

Medicines will be assigned a “traffic light category” which describes which health sectors may prescribe the medicine and under what clinical circumstances have been agreed.

The traffic light categories will be assigned as follows:

Red -These medicines are considered suitable for prescribing ONLY by a specialist clinician throughout treatment. The specialist clinician is commonly situated in a hospital but may be within a virtual ward or a locally commissioned specialist-led service situated in primary care or other community setting. General non-specialist prescribing of a RED TLS medicine is NOT recommended unless there is a specific protocol under direct authority of a specialist employed within BSW set up to support this.

Green - These medicines are appropriate for initiation in both primary and secondary care. Prescribing is appropriate within licensed or local recommendations.

Amber - These medicines are considered suitable for prescribing in primary care following specialist initiation or recommendation.

Amber with shared care: These medicines require specialist initiation and stabilisation. Ongoing division of responsibility for drug and disease monitoring between specialist and primary care by a Shared Care Agreement (SCA). If no SCA in place status reverts to red.

Black - Used where a decision has been made by the [BSW APC](#) not to routinely commission this preparation for its licensed indications. Do not prescribe.

If there is no unanimous agreement, then a vote will be held. The recommendations voted by the majority (>50% of members) will stand. Where there is a split vote (=50%), the Chair will have the casting vote.

9.5. Appeals

Appeals will be heard by the committee when applicants submit significant new information which has not been presented to the committee before. The right to an appeal will be decided by the Chair. Applicants may appeal the decision if they consider that due process has not been followed.

10. Accountability

Outputs agreed at meetings will be endorsed by the ICS. Members are expected to discuss agenda items within their organisation prior to meetings. Members represent their respective organisations and are

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expected to have the authority to agree recommendations at meetings. Members are responsible for communicating outputs and recommendations from meetings within their own organisations. Non-adherence to agreements will be escalated within respective organisations.

11. Conflict of interest

Members must complete a declaration of interest form on joining the committee and annually thereafter. Additionally, members must declare any conflict of interest at the start of meetings should this be needed. Guest speakers or attendees are also required to declare any conflict of interest with any agenda items at the meeting. Members with a conflict of interest will be excluded from decision making at the Chair's discretion.

12. Secretary

12.1 The Secretariat for the Committee is provided by the BSW ICB Medicines Optimisation Team. The Secretariat shall:

- support the Chair in preparing and managing the Committee's meetings, including agenda setting.
- ensure timely provision of meeting papers / materials to Group members, normally distributing papers / materials 5 working days before the meeting.
- record in and agreed format the business transacted and decisions taken by the Committee within the remit described in these ToR.
- support the preparation of onward reports by the Committee.
- prepare regular summaries of Committee decisions (within the remit described in these ToR) for inclusion in newsletters for providers, GP practices and community pharmacists.
- regularly publish on the BSW APC Joint Formulary website formulary changes, recommendations, guidelines or documents agreed at Committee meetings.
- Prepare minutes of the APC meetings and share with provider members for review within their organisations.

13. Reporting

13.1 After each of its meetings, the Committee will report in adequate and agreed formats

- through the BSW ICB Lead Pharmacist / Director of Medicine Optimisation to the BSW ICB Medicines oversight group about issues that impact the quality of commissioned services and / or the patient experience and will bring to the BSW Medicines oversight group any commissioning recommendations in relation to medicines.
- through its members to relevant drugs and therapeutics committees, and to relevant individuals including health and care professionals in all organisations represented in the Committee.

13.2 Through these reporting arrangements, members will also facilitate decision-making, as may be required, through the partner organisations' own internal governance structures.

13.3 In addition, the Committee may agree to report to all organisations represented in the Committee on any matters within the remit of this Committee which in the Chair's view require the attention and/ or decision making of the represented organisations.

13.4 The Committee will receive the minutes from the monthly High-Cost Drugs Group, the BSW Wound Care Group, and the APC Technical Group.

13.5 The secretariat will distribute draft minutes, action log and summary of recommendations to members

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within three weeks of a meeting. Any formulary changes, recommendations, guidelines or documents agreed at the meeting will be posted on the ICB website prior to the next meeting. Meeting minutes will be confirmed by members at the following meeting.

14. Conduct of meetings

14.1 Members of the Committee will

- conduct the Committee's business in accordance with any national guidance and relevant codes of conduct / good governance practice, including the Nolan principles of public life.
- comply with the standards of business conduct, including the protocols for managing conflicts of interest, as determined in their organisations' relevant policies and guidance on good and proper meeting conduct.
- act as conduits between the Committee and partner organisations, and facilitate two-way communications, to obtain views that may inform the Committee's business.

14.2 A meeting is constituted when members attend face-to-face, via telephone or video conferencing, any other electronic means, or through a combination of the above. Quoracy rules apply in any case. For the avoidance of doubt, this provision applies to and facilitates the Committee's decision making by email, should this be required to expedite an urgent decision.

14.3 Provided the meeting is quorate, the Group will take decisions (within the remit of this Committee as described in these ToR) through consensus of those present.

14.4 If a representative is not able to attend a meeting, a nominated and suitably authorised deputy may attend on their behalf.

15. Review

15.1 The Committee will regularly review its performance, its membership and these Terms of Reference, and agree any amendments it considers necessary to ensure it continues to discharge its business effectively. The Committee will advise partner organisations and the BSW Medicines oversight group of the outcomes of its regular review of its performance, and of the amendments it intends to make to its Terms of Reference and will consider feedback from partner organisations and the BSW Medicines oversight group.

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Contact: Rachel Hobson

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