

## **Cwm Taf Medicines Management and Expenditure Committee (MMEC) Terms of Reference**

### **Purpose**

The Medicines Management and Expenditure Committee will provide assurance that the management of medicines optimises patient care, is safe, legal and cost effective .

### **Accountability and Reporting**

The Medicines Management and Expenditure Committee is accountable to, and will report to, the Cwm Taf Health Board Quality and Patient Safety Committee.

### **Remit and Responsibility**

The MMEC is the key forum underpinning the governance and assurance frameworks for all the processes involving medicines within the UHB.

The MMEC remit covers primary and secondary care medicines management.

The main functions are:

- To provide leadership on safe and effective medicines management practice which provides value for money and the best possible clinical outcomes for patients.
- To develop, implement and performance monitor medicine management strategies
- To provide assurance that the use of medicines use is safe and patient focussed.
- To provide assurance that the use of medicines complies with current legislation and other regulatory requirements.
- To scrutinise the performance of medicines management processes using Key Performance Indicators and benchmarking.
- To interpret guidance, direction and information in order to develop and propose policies that establish the HB's position on complex issues related to medicines management.

- To endorse all policies, involving the use of medicines and medicine management processes for approval by the Clinical Governance Committee.
- To approve procedures, protocols and guidelines concerning medicines and medicines management.
- To review and act upon external guidance or alerts concerning medicines, overseeing the implementation by establishing working groups and monitoring required actions.
- To work with partnership organisations and the contractor professions to improve safe and efficient medication practices across the Health Locality.
- To establish and maintain a process for the managed entry of new medicines, considering the clinical and financial aspects and approving or rejecting formulary inclusion as appropriate.
- To horizon scan and forward plan on medicines management issues e.g. NICE, AWMMSG, new technologies/processes.
- To promote and encourage medicine management related research and development
- To work with clinical audit to inform and direct audit projects in areas of identified medication risk.

## Membership

The membership reflects UHB, directorate, departmental and relevant participation pertinent to overseeing that the purpose of the MMEC is achieved.

Each committee member has a role that involves the responsibility for communicating and disseminating information back through organisational and group structures.

The Chairperson and Vice Chairperson should be identified from within the membership.

The group will consist of the following members:

Medical: Assistant Medical director/ Clinical Lead, (1)  
 Medical staff one nominated from each clinical directorate ( )  
 General Practitioner (1) and/or Member of Local Medical Committee (1)

Nursing: Deputy Director of nursing (1)  
 A senior nurse (1)  
 Head of Clinical Education

Pharmacy: Head of Medicines Management  
 Locality Chief Pharmacist (1),  
 MMPU Chief Pharmacist (1)  
 Formulary Pharmacist

Audit: Clinical Audit & Effectiveness Manager (1)

Patient Safety representative (1)

Appropriate qualified and experienced deputies will be allowed.

Sub-committees or task and finish groups will be established according to the requirements of the MMEC.

## **Quorum**

A quorum will be one half of the total membership (including deputies) and must include at least one doctor, nurse and pharmacist.

In the absence of the Chairperson the meeting will chaired by the Vice Chairperson.

## **Meetings**

Meetings will be held eight times per year.

## **Attendance**

The Committee may invite other staff to attend when appropriate.

The Chairs of any Sub Committee will attend to present reports from their sub committees when required.

## **Support for the Committee**

A pharmacist will provide the professional support to the committee.

The Pharmacy will provide the administrative support.

## **Review**

The Committee will produce an annual report for the Patient Safety and Quality Committee.

The Terms Of reference will be reviewed annually