**[Name of APC committee]** (APC)

**Fast-track process**

**Document control**

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# APC fast-track process

It has been identified that there is a need for an APC fast-track process, to be used to progress urgent or COVID-specific medicines advice or recommendations through a robust and agreed process when the full APC process is either unavailable due to system pressures or will not provide a timely enough outcome. This fast-track process aims to be reactive to issues that require timely consideration whilst ensuring adequate governance and accountability.

This document describes the proposed fast-track process that has been discussed and agreed with stakeholder organisations and approved by **[Name of APC]** APC. It is assumed that the full APC process will be applied as the default position unless it is deemed necessary at a system level to apply the fast-track process.

| **APC process step** | **Full APC process and timescales** | **Fast-track process and timescales**  | **System requirements** |
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| **Prioritisation of workstream** | Majority of prioritisation through annual horizon scanning process. In-year applications for new medicines are subject to the agreed APC prioritisation process. Other workstreams are identified and prioritised within routine subgroup processes or priority agreed with CCG leads/chiefs and leads. Timescale: 2-3 months for priority to be agreed for in-year applications. | MLCSU Hub team to circulate proposed item for fast-track via MS Forms, circulated via email to establish consensus of priority.  To be sent from APC consultation email with clearly worded title that includes deadline for response. Timescale: 1 week | Commitment from all Chief and CCG Lead pharmacists to respond within 1 week. MLCSU Hub team to establish and maintain circulation list to include 2 representatives per organisation.  If consensus is not achieved, the majority response will be adopted. |
| **Subgroup review**  | Workstream discussed at subgroup and author allocated. Full review within subgroup agreed process by author and brought back to subgroup for full discussion and agreement of final draft for consultation. Timescale: 1-3 months *Dependant on priority, author capacity and subgroup meeting schedule.* | Convene a short-life working group, facilitated by MLCSU, to undertake urgent review, discussion, and agreement of final draft for consultation. Utilise a mix of MS Teams meetings and email. Author(s) allocated from within the working group. Timescale: 1 month | Working group members to be identified at the point of prioritisation to fast-track. Membership needs to incorporate appropriate expertise from provider trusts/CCGs/MLCSU in order to progress within fast-track timescales. Commitment from organisations to identify relevant staff members and MLCSU Hub team support to participate in working group and to release resource/capacity to enable working-group members to prioritise fast-track workstream as necessary to meet timescales. |
| **Consultation** | Final draft circulated on next scheduled monthly consultation email. 4 week consultation plus collation of consultation responses. Timescale: 5-6 weeks  | Urgent ad-hoc consultation email circulated as soon as final draft available. 1 week consultation plus collation of consultation responses. Timescale: maximum 2 weeks  | Commitment from organisation/clinicians to prioritise consultation and respond within 1 week fast-track timescale. MLCSU Hub team to prioritise collation of consultation responses. |
| **Subgroup review of consultation feedback** | Consultation feedback and amendments to documents discussed at next subgroup meeting. Timescale: up to 6 weeks *Dependent upon subgroup meeting schedule.* | Short-life working group, facilitated by MLCSU, to discuss consultation feedback and agree final draft for APC. Timescale: 2 weeks | Commitment from organisations for working-group members and MLCSU Hub team support to be released to prioritise fast-track workstream as necessary to meet timescales. |
| **APC consideration** | Document proof read by subgroup member then submitted to next APC agenda. Timescale: up to 3 weeks (7-8 weeks if no APC meeting that month) *Dependent upon subgroup and APC meeting schedules.* | Document proof read by working group member then submitted to next APC agenda. Timescale: up to 3 weeks (7-8 weeks if no APC meeting that month) *Dependent upon APC meeting schedule.*  | Commitment from all organisations to prioritise APC meeting attendance for both pharmacist and medical reps to ensure appropriate input to discussions at APC. MLCSU Hub team to maintain current APC meeting schedule with agenda and meeting length adjusted according to current system pressures and priorities. |
| **APC report** | MLCSU Hub team produce APC report detailing APC recommendations and linking to final website documents and circulate to individual organisations. Timescale: maximum 7 working days (usually 1-2 days) | MLCSU Hub team produce APC report detailing APC recommendations and linking to final website documents and circulate to individual organisations. Timescale: maximum 2 days  | MLCSU Hub team to establish and maintain agreed fast-track circulation list if different to current APC report distribution list. KPI for normal APC process is 7 working days; fast-track 2 days is a target to be achieved wherever possible but does not over-ride KPI. |
| **Individual CCG ratification** | Individual CCG organisations ratify according to internal processes. Timescale: variable, up to 2 months after APC *Dependent on individual CCG meeting schedules and approval processes.* | Individual CCG organisations ratify according to internal fast-track process. Timescale: *Dependent on individual CCG fast-track approval processes.* | Commitment from all CCGs to establish a fast-track ratification process, and adopt as necessary, to ensure the benefit of a fast-track APC process is realised. |
| **CCG approvals added to APC website** | Individual CCG approvals submitted to MLCSU Hub team. Hub team to add approvals to APC website once approvals received back from all CCGs. Timescale: variable, up to 3 months after APC *Dependent upon individual CCG timescales for returning approvals.* | Individual CCG approvals submitted to MLCSU Hub team. Hub team to add approvals to APC website once approvals received back from all CCGs. Timescale: *Dependent upon individual CCG timescales for fast-track approval and submitting approvals.* | Commitment from all CCGs to establish a fast-track process for ratification and submitting decisions to MLCSU, and adopt as necessary, to ensure the benefit of a fast-track APC process is realised. Understanding from all CCGs that the benefit of a fast-track APC process is lost if one CCG fails to ratify quickly and return their decision. If MLCSU Hub team are required to update CCG approvals individually, as they are submitted, then CCG clients may need to agree which other core work will be deprioritised to move resource to fast-track process. |