

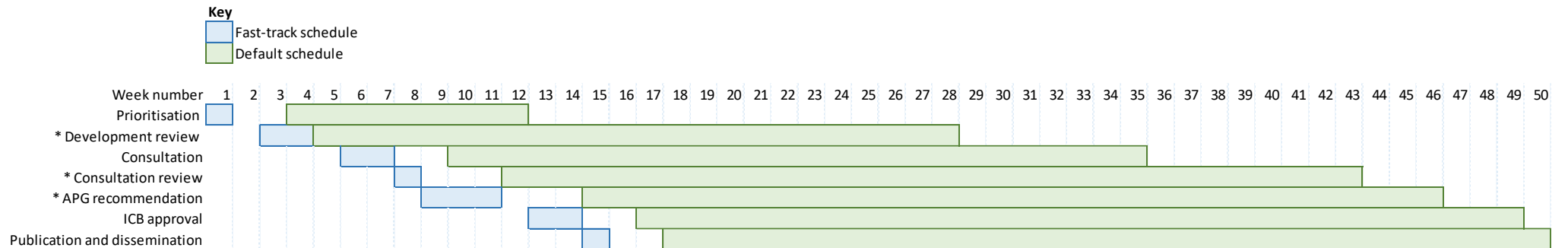
Fast-track process

There are times when there is a need for an APG recommendation development process with a short turnaround for significant prescribing updates or to support delivery of national or local priorities, when the usual APG process schedule will not provide a timely enough response. This fast-track process aims to be reactive to issues that require timely consideration whilst ensuring adequate governance and accountability.

It is assumed that the default APG process and schedule will normally apply unless it is identified that it is necessary as a system to apply the fast-track process. Each recommendation submitted to APG must be accompanied by a Decision Support Summary.

Parts of the process (*) require a commitment from organisations to release the resource or capacity to enable fast-track timescales to be met.

Timescales given are a best estimate but can vary widely due to different meeting schedules and individual capacity to support the APG process.



Process stage	Default schedule	Fast-track schedule	Responsibilities
Prioritisation	<p>Items for APG review are identified and prioritised within the routine subgroup processes.</p> <p>Schedule: four to twelve weeks</p>	<p>Item identified as high priority for fast-track review. This could be from any of the following:</p> <ul style="list-style-type: none"> - ICB Medical Director/ Associate Medical Director - ICB Chief Pharmacist - ICB MOP Group - ICB Medicines Improvement Group - APG secretariat[†] - APG subgroup[†] <p>Schedule: one week</p>	<p>[†] APG secretariat to seek ICB support for fast-track process.</p> <p>ICB Groups and/or ICB responsible officers to respond within a timely manner.</p>
Development review	<p>Updates are discussed at a subgroup meeting and an author and proof-reader are allocated.</p> <p>Author reviews and returns a draft to the next subgroup meeting for discussion, agreement and finalisation ready for consultation.</p> <p>Schedule: eight to sixteen weeks</p>	<p>Relevant expertise identified. APG secretariat to facilitate a small task and finish group using email and MS Teams to discuss, agree timescales for fast-track review, then develop and agree a finalised draft ready for consideration by the relevant subgroup (if appropriate) prior to consultation.</p> <p>Author and proof-reader allocated from within the working group.</p> <p>Schedule: two to three weeks</p>	<p>Identified task and finish group members and APG secretariat released and supported to take part in the task and finish group and work to tight timescales. *</p> <p>The task and finish group needs to include appropriate expertise from primary care and provider trusts.</p>

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Consultation	<p>Finalised recommendation added to the next scheduled consultation email at the end of the month.</p> <p>Four week deadline for consultation responses to be submitted.</p> <p>Schedule: up to seven weeks</p>	<p>Finalised recommendation sent out for separate fast-track consultation as soon as possible after agreed by task and finish group (or subgroup if appropriate)</p> <p>Two week deadline for consultation responses to be submitted.</p> <p>Schedule: two to three weeks</p>	<p>APG secretariat to manage fast-track consultation.</p> <p>Organisations to facilitate onwards circulation of fast-track consultation to appropriate key stakeholders.</p>
Consultation review	<p>Consultation feedback collated by APG secretariat. Changes to the recommendation are proposed by the document author and discussed at next subgroup meeting.</p> <p>Schedule: two to eight weeks</p>	<p>Consultation feedback collated by APG secretariat. Task and finish group discuss the consultation feedback, agree any changes to document and responses to feedback, then agree the finalised recommendation. This will be considered by the relevant subgroup, if timescales allow, before submission to APG. Otherwise the task and finish group will submit directly to APG with accompanying decision support summary.</p> <p>Schedule: one week (longer if have to wait to take to a subgroup meeting)</p>	<p>Identified task and finish group members and APG secretariat released and supported to take part in the task and finish group and work to tight timescales. *</p>
APG recommendation	<p>Document proof-read then submitted on the next APG agenda.</p> <p>Schedule: up to three weeks</p>	<p>Document proof-read by allocated task and finish group member then submitted to next APC agenda.</p> <p>Schedule: up to three weeks</p>	<p>Identified task and finish group members and APG secretariat released and supported to take part in the task and finish group and work to tight timescales. *</p>

Process stage	Default schedule	Fast-track schedule	Responsibilities
ICB approval	<p>APG recommendation submitted on the next MOP Group agenda. Onwards referral to ICB responsible officers or appropriate ICB Group or Committee for approval as appropriate. ICB Chief Pharmacist informs APG secretariat of ICB approvals.</p> <p>Schedule: two to three weeks</p>		
Publication and dissemination	<p>APG secretariat update the formulary and associated guidance documents, issue a report of APG approvals to stakeholders, and publish report on Prescribing section of NHS Cheshire and Merseyside website.</p> <p>Schedule: one week</p>		