

Greater Manchester Medicines Management Group (GMMMGM)

Medicines Optimisation Committee

Terms of Reference

Issue date: April 2022

Version number: FINAL Draft

REVISION DATE	ACTIONED BY	SUMMARY OF CHANGES	VERSION	APPROVAL
December 2021	RDTG	Developed to incorporate ICS governance structure	Draft 5	GMMMGM Feb 2022
April 2022	RDTG	Revised to include GMMMGM subgroup structures approved at Feb 22 GMMMGM and interim governance structures until July 2022	FINAL Draft	DCFOs DoCs April 2022

1 Vision

'To make Greater Manchester the safest, most effective place to receive medicines and treatments'

2 Aims and objectives

The aim of the GMMMGM Medicines Optimisation Committee is to lead medicines excellence across Greater Manchester supporting the commissioning of patient orientated outcomes by viewing medicines and treatments as an investment in improving health and wellbeing rather than a cost.

The Medicines Optimisation Committee (MOC) will:

1. Promote the most efficient and cost-effective use of medicines to support clinical and financial sustainability. This should always include the consideration and promotion of non-medicine options as appropriate e.g. education, lifestyle changes as the start point.
2. Provide advice and make recommendations on the optimal and safe use of medicines for the benefit of the GM Health economy.
3. Seek local assurance regarding the adoption and implementation of National (e.g. NICE), Regional (e.g. RMOC) and ICS level (e.g. GMMMGM) medicines guidance and escalate to Greater Manchester Directors of Commissioning and Chief Finance Officers (DoCs/ CFOs) if further action is required. Quarterly implementation reports on key guidance will be provided to DoCs/CFOs, and will highlight where there is unwarranted variation across Greater Manchester.
4. Monitor and report to DoCs/CFOs against high quality outcomes standards; with the aim of to reducing unwarranted clinical variation and promotion of cost-effective use of medicines.
5. Through DoCs/CFOs, the MOC will provide operational leadership to the Greater Manchester ICS on the commissioning or decommissioning of medicines and devices.
6. Scope new and innovative ways of working to achieve improvements in medicines optimisation, linking with other regional networks (e.g SCN and AHSN) to optimise health opportunities for the GM population.
7. Support and engage with the public, patients, commissioners and clinicians to facilitate the implementation of GMMMGM recommendations. In the absence of a lay member the MOC will seek to communicate with patient groups through “Health watch” via its GM wide consultations.
8. The MOC will promote quality improvement with better utilisation of data and analytics and sharing of best practice between organisations.
9. The MOC will facilitate a cross organisational approach to pathway and guideline development by co-ordinating the production of and approving the workplans of the subgroups that are accountable to it (see 3. accountability).

3 Accountability

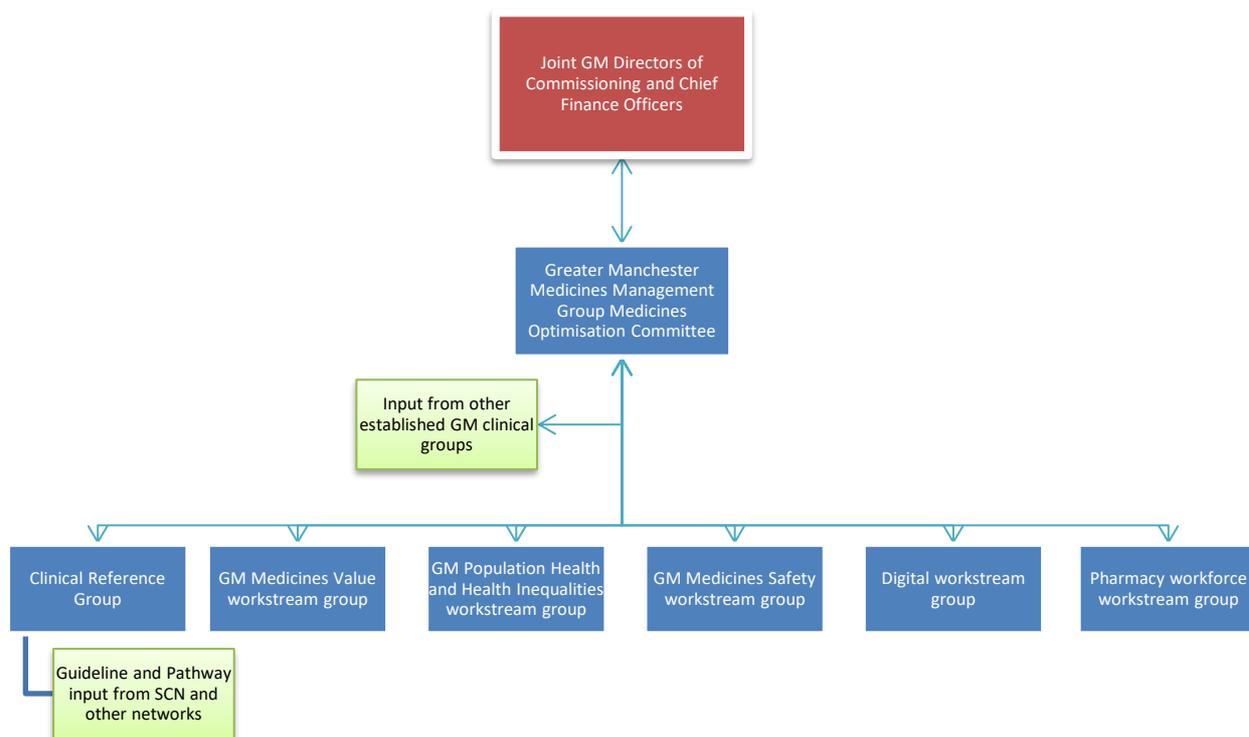
The MOC will be accountable to the GM Directors of Commissioning and Chief Finance Officers.

The following subgroups will be accountable to the GMMMGM MOC

- Clinical Reference Group
- Population health and health inequalities workstream group
- Medicines value workstream group
- Medicines safety workstream group
- Digital workstream group
- Pharmacy workforce workstream group

The MOC may choose to establish/adopt permanent or temporary sub-committees and short-life working groups to manage identified work streams or specific programmes of work. Members of sub-committees and short-life working groups need not be members of the MOC but the group will be accountable to the MOC. Each committee and short-life working group will operate under these

terms of reference.



4 Delegated Authority

The MOC has been granted delegated authority by the GM DoCs/CFOs to make recommendations around the use of medicines and devices across the GM ICS providing that the financial threshold of such a recommendation does not exceed £200K per year across GM in any of years one to five. Any recommendation exceeding this threshold will be escalated to DoCs/CFOs for decision.

Table 1 illustrates the routes of decision making by GMMMGM

Subgroup recommendation	GM Financial impact ¹	GM commissioning impact	MOC	GM DoCs/CFOs	Output
Low clinical Risk	Limited	Nil	Ratification of subgroup decision	-	Formulary
High clinical risk	Low	Nil		-	
Low clinical risk	High	Nil	Recommendation to GM DoCs/CFOs	Decision	DoCs/CFOs report + Formulary + assurance monitor
High clinical risk	High	Nil			
Low clinical risk	Low	Yes	Recommendation to GM DoCs/CFOs	Decision	DoCs/CFOs report + Formulary
High clinical risk	Low	Yes			
Low clinical risk	High	Yes	Recommendation to GM DoCs/CFOs	Decision	DoCs/CFOs report + Formulary
High clinical risk	High	Yes			

¹Low financial impact is considered to be <£200K/year across GM in any of years one to five

²High financial impact is considered to be >£200K/year across GM in any of years one to five

³High clinical risk is deemed to be use of agents where a significant point needs to be considered e.g. use of the agent outside of license, or where use of more established unlicensed agents may be recommended ahead of the use of a newer licensed agent

5 Membership

The MOC membership is drawn from across the Greater Manchester Health Economy, and is structured so as to provide a balanced group, representative of the whole economy and its population. It will aim to ensure all place-based organisations and roles are represented. Nominees will be sought and approved by the Chair to ensure maximum health economy representation and as far as possible a mix of pharmacists, Chief Finance Officers and Directors of Commissioning and clinicians including Place and Provider Medical leads. All positions will be reviewed on three year tenure.

Roles and behaviours expected of the membership is available in the accompanying Member Roles and behaviours guide.

Chair and Vice Chair

The Chair is appointed through a stakeholder nominations process and has particular responsibility for providing effective leadership and ensuring effective meeting discussion and accurate onward communication.

Membership will nominate a Vice Chair who will be responsible for chairing the committee meetings and providing leadership if the Chair is unavoidably absent or is not able to chair the meeting due to conflict of interest for specific items on the agenda.

The chair of a GMMM group (or vice-chair in their absence) may be called upon to support the approval of a piece of work developed by a GMMM group through the GMMM governance process. This may include presentation of the item for approval by GM Directors of Commissioning and Chief Finance Officers.

Membership

Whilst the structure of place-based arrangements are awaited, the MOC will aim to have a fair distribution of seats and attempt to ensure a GM wide representation of:

- Acute Trust Chief Pharmacists (including Mental Health Trusts)
- CCG MO leads
- Community Pharmacy leads
- General Practice Pharmacist leads
- Primary care Medical leads/clinicians
- Secondary care medical leads/clinicians
- CCG and Acute Trust finance lead
- CCG Commissioning lead

- GMMMG subgroup representation
- Lay representative
- AHSN Pharmacist lead
- Specialised Commissioning representative
- Public Health or population health representative
- NHSE Regional Chief Pharmacist
- Strategic Clinical Network representative

Where possible membership of the MOC and its subgroups should not overlap significantly in order to ensure a fair decision making and appeals process however it is recognised that this may not always be possible.

In Attendance (no voting rights)

Non-voting members may be invited on a regular or ad hoc basis from the following groups or any other groups as required.

- Experts, mostly with clinical or academic background, may be invited to meetings or sessions of meetings on an ad-hoc basis to provide opinion, information and evidence on specific matters.
- GM Communications lead
- Regional Pharmacy Procurement

Representatives from the Regional Drug and Therapeutics Centre (RDTC) and the GM Joint Commissioning Team (JCT) will be present to provide support to the group. They will be non-voting members.

Deputy Arrangements

When not able to attend, members must send a deputy of equivalent standing to participate and vote on their behalf.

Role of the secretariat/support function

The RDTC and GM JCT will coordinate the agenda, minutes and actions and ensure that governance processes are adhered to. The Secretariat is responsible for ensuring that the committee does not exceed its terms of reference.

Communications between the committee and stakeholders in relation to outputs will generally be through either the Secretariat or GM Joint Commissioning Team (JCT), except where it has been agreed that an individual member should act on the committee's behalf.

6 Confidentiality

All members and attendees agree to keep detailed discussions confidential to allow free and full debate to inform unencumbered decision making. Discretion should be used when discussing meetings with non-attendees and papers should not be shared without agreement of the chair or professional secretary, to ensure confidentiality is maintained.

7 Declaration of interests

Members of the committee must declare their relevant personal and non-personal interests in line with NHSE guidance ([Managing Conflicts of Interest in the NHS](#)). Members are asked to inform the Secretariat and Chair prior to each meeting of any change in their relevant interests. The minutes of each meeting will record declarations of interest, and whether members took part in the discussion and decision making. An annual register of interests will be published on the GMMMG website. (This is in addition to any registers published by organisations)

The Chair or Vice Chair should not have a personal interest in any agenda item under discussion. If the chair or vice chair have an interest in a matter under discussion they will absent themselves from discussions and nominate another chair for that agenda item.

8 Quorum arrangements

The quorum is reached when at least two thirds of voting members are present. An appropriate spread of members' interests is also required for the quorum to be valid. It is advisable that, at least one primary care and secondary care member, one commissioner member, one finance officer from secondary care and one from primary care, and a sufficient presence of members with an appropriate clinical knowledge need to be present.

A meeting that starts with a quorum present shall be not be deemed to have a continuing quorum in the event of the departure of voting members, therefore making it less than two thirds quorate. In the event of a challenge, the remaining members may choose to adjourn the meeting or to continue the meeting and ratify the decisions in the next meeting or virtually e.g. by email. The final judgement on whether the meeting is quorate will reside with the Chair.

9 Voting arrangements

Members should normally aim to arrive at decisions by a consensus. Where consensus cannot be reached, a majority vote - defined as a 75% majority of represented (quorate) members. Abstentions are not considered when determining the majority.

10 Frequency of meetings

In order to maximise attendance the GMMMG MOC will meet bi-monthly, however the Chair has the right to convene extraordinary meetings when considered necessary, to remain flexible to clinical and service requirements, and take chairs action in exceptional circumstances. It may also be necessary under certain circumstances to seek member's approval for items via email, this will also be at the chair's discretion. A record will be kept of members' attendance at each meeting via the minutes.

It is anticipated that during months where there is no scheduled meeting of the GMMMG MOC, a chairs meeting will be held to include the chairs of the MOC and each of the subgroups as well as representatives from GM support services and other members deemed necessary by the MOC chair.

11 Appeals

All appeals must comply with the [GMMMG appeals policy](#) available from the GMMMG website.

12 Pharmaceutical Industry

The MOC will not accept requests from the pharmaceutical industry to attend meetings or to present information to group members. Ways in which the group will engage with the Industry are defined within the [GMMMG pharmaceutical engagement policy](#).

Applications for review, from the pharmaceutical industry cannot be accepted as all appeals must come from health care professionals working within Greater Manchester to ensure that they are in line with the needs of the local population.

Date TOR Agreed:

Review Date: