

# Greater Manchester Medicines Management Group (GMMMGM)

## Clinical Reference Group

### *Terms of Reference*

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Version number: 2

REVISION DATE	ACTIONED BY	SUMMARY OF CHANGES	VERSION	APPROVAL
March 2022	RDTC	First Draft	Draft 1	June 2022
Dec 2022	RDTC	Amended to reflect ICB governance arrangements	Draft 2	GMMMGM: Dec 2022 CEGC: Jan 2023

### **Vision**

*‘To make Greater Manchester the safest, most effective place to receive medicines and treatments’*

### **Aims and objectives**

The aim of the GMMMGM Clinical Reference Group is to oversee the management of the Greater Manchester joint formulary by making recommendations on the use of new medicines and indications and the place in therapy.

### **The Clinical Reference Group (CRG) will:**

- Maintain a ‘Do Not Prescribe’ list and a “Not Suitable for Routine Prescribing” (or Grey List).
- Ensure review of the Greater Manchester Joint Formulary and to manage ongoing

formulary updates including monthly NICE guidance and technology appraisals, MHRA updates and other significant national and local guidance.

- c. Ensure continued governance procedures e.g. Compliance with NICE Good Practice Guidance for formulary development.
- d. Make recommendations based on clinical evidence to the GMMMGM in order to manage the introduction of new medicines (< 18 months since launch) which have health economy-wide implications for primary, secondary and/or specialist care. This may also involve the reviewing of recommendations made by regional medicines optimisation committees or equivalent. CRG will also highlight where financial and commissioning implications may need to be assessed.
- e. Provide prescribers with recommendations on newly licensed therapies and indications with regard to the products place in treatment.
- f. Liaise with Greater Manchester Medicines Management Groups, secondary care Trust Drug and Therapeutics committees and other relevant bodies to ensure that any new drug with wider health economy implications is passed on to the CRG for a Greater Manchester wide recommendation.
- g. Identify relevant commissioning and clinical leads to develop pathways and/or shared care guidelines
- h. Support GM medicines optimisation care home teams with relevant and up to date guidance
- i. Consult with commissioners via Locality Leads/Trust Chief Pharmacists on the commissioning implications of its decisions and advise the GMMMGM accordingly, particularly for newly considered pathways or shared care protocols.

The CRG will undertake these objectives using the following principles:

- j. Provide regular updates (at least quarterly) to GMMMGM on the progress of the work plan
- k. Liaise with other GMMMGM subgroups to ensure that the outputs are communicated between subgroups so that appropriate actions can be undertaken to avoid and reduce duplication of effort. Where a remit is less clear a decision will be made by GMMMGM as to which subgroup will take ownership of that item.
- l. Provide access to the reasoning behind decisions made by the group upon individual request.
- m. Undertake decision-making in a timely manner and communicate decisions to prescribers within an agreed timeframe.
- n. Ensure the outputs of the groups will be readily-accessible to prescribers via GMMMGM website.
- o. Seek ratification of subgroup recommendations by GMMMGM and, through GMMMGM, the wider community.
- p. Communicate subgroup recommendations across Greater Manchester via agreed routes following GMMMGM approval.
- q. Ensure that subgroup recommendations include clear guidance on data collection, audit requirements and periods of evaluation
- r. Ensure all new and updated guidance seeks to address health inequalities and support COVID-19 recovery. With particular consideration given to people from BAME groups, deprived backgrounds and at risk groups.

## **Accountability**

The CRG will be accountable to the GMMMG Medicines Optimisation Committee (MOC)

The CRG 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 MOC but the group will be accountable to MOC. Each committee and short-life working group will operate under these terms of reference.

## **Delegated Authority**

The GM ICB has not delegated any authority to GMMMG or its subgroups (December 2022). All recommendations require ratification by the Clinical Effectiveness and Governance Committee via GMMMG MOC.

## **Membership**

The CRG 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. Nominees will be sought and approved by the Chair to ensure maximum health economy representation and as far as possible a cross-sector mix of pharmacists and clinicians. 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 will be a clinician 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 CRG will aim to have a fair distribution of seats and attempt to ensure a GM wide representation of:

- Acute Trust pharmacists (including Mental Health Trusts)
- Primary care MO Pharmacists
- Community Pharmacy representation
- PCN representation
- Primary care clinicians
- Secondary care clinicians

Where possible membership of the GMMMG medicines optimisation committee, MO Committee 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 present formulary or RAG review applications, provide opinion, information and evidence on specific matters.

Representatives from the Regional Drug and Therapeutics Centre (RDTC) and the GM ICB central team will be present to provide support to the group. They will be non-voting members.

### **Deputy Arrangements**

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

### **Role of the secretariat/support function**

The secretariat 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 the Secretariat to GMMMG members who will cascade to their sectors.

### **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.

### **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.

### **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 clinician 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.

## **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.

## **Frequency of meetings**

In order to maximise attendance the CRG will meet 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.

## **Appeals**

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

## **Pharmaceutical Industry**

The CRG 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.