

Greater Manchester Medicines Management Group (GMMMGMG)

Digital Workstream group

Terms of Reference

Issue date: January 2023
Version number: Version 3

REVISION DATE	ACTIONED BY	SUMMARY OF CHANGES	VERSION	APPROVAL
May 2022	Karen Williams	First Draft	Draft 1	
Nov 2022	Chris Haigh	Amendments for new GM structures	Draft 2	
Dec 2022	RDTG	Revised to reflect ICB governance structure	Draft 3	GMMMGMG: Dec 2022 CEGC: Jan 2023

1 Vision

‘Oversee and support the digital agenda in relation to pharmacy and medicines in Greater Manchester.

To provide the pharmacy and medicines voice into wider digital projects within GM and enable digital solutions to the wider IPMO agenda.

Aim to ensure that the GM pharmacy and medicines system is an exemplar of digital innovation and implementation.’

2 Aims and objectives The initial aims of the group in 22/23 will include the following areas:

- a. BI: Maintain and develop business intelligence resources that support pharmacy and medicines goals across GM
- b. GMCR - Maximise benefits and usage of GMCR in relation to medicines and pharmacy
- c. Pharmacy Interface Digital Enablers -Support the introduction and development of digital enablers for community pharmacy and other sectors at the interfaces of care
- d. Digital Horizon Scanning for Pharmacy and Medicines - Identify, evaluate and support digital interventions and policies that may have an impact on pharmacy and medicines

The group will review it's aims and objectives on an annual basis in line with GM and National Priorities and the vision stated above. The above list is not exhaustive and may need to respond to in year changes

Initial Priorities Identified 22/23:

BI:

Review of existing resources and migration onto GM tableau of resources to be continued
Creation of new dashboards and functions to support all other GM IPMO groups
Development of new dashboards and tools to support cross system working
Exploration of new data sets such a GM Care Records pseudonymised/anonymised databases and hospital drug data to be incorporated into tools
Creation of a task and finish sub group led by JCT BI team and leads to support this

GMCR:

Support the introduction of the new GMCR analytics platform based SMASH tool
Support long term positioning of the tool into the GM Integrated care system
Support implementation and oversight of GMCR access for community pharmacy across GM
Horizon scan and if required support the development of new tools within GMCR such as shared care drugs or community pharmacy writable elements

Pharmacy Interface Digital Enablers

Oversight and support for the introduction of trust pinnacle licenses to support DMS service
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Support the development of interfaces with existing trust PMRs to support DMS and the national stop smoking service

Digital Horizon Scanning

Identify, evaluate and support digital interventions and policies that may have an impact on pharmacy and medicines

Provide professional input to the GM Digital Maturity and Investment Framework
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Review and support implementation of national policies that relate to pharmacy and medicines
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Horizon scan tools and solutions that may support the national and GM pharmacy agenda

3 Accountability

The Digital workstream group will be accountable to the GMMMG Medicines Optimisation Committee (MOC)

The workstream group 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.

4 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. If appropriate, required decisions will be escalated to the GM Digital Board.

5. Membership

The Digital workstream 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 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.

Chair: Chris Haigh – CCG MO Lead

Vice Chair: Jonathan Peacock, Hospital Chief Pharmacist, Tameside

Additionally a sector lead will take responsibility for linking into their sector of pharmacy. Depending upon the Chair and Vice chair roles these should be:

Community Pharmacy

Hospital Pharmacy

Primary Care

Mental Health

The Digital workstream group will aim to have a fair distribution of seats and attempt to ensure a GM wide representation including:

- Pharmacy – all sectors
- Wider GM digital representative

Where possible membership of the GMMMGM Medicines Board, 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 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 should send a deputy of equivalent standing to participate and vote on their behalf.

Role of the secretariat/support function

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

Communications between the committee and stakeholders in relation to outputs will generally be through either the Chair 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 GMMM 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 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 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 Digital workstream group will meet either monthly or 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.

11 Appeals

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

12 Pharmaceutical Industry

The Digital workstream group 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.