

Greater Manchester Medicines Management Group (GMMMGM)

Medicines Optimisation Committee

Terms of Reference

Issue date: January 2023

Version number: Version 3

REVISION DATE	ACTIONED BY	SUMMARY OF CHANGES	VERSION	APPROVAL
December 2021	RDTC	Developed to incorporate ICS governance structure	1	GMMMGM: Feb 2022
April 2022	RDTC	Revised to include GMMMGM subgroup structures approved at Feb 22 GMMMGM and interim governance structures until July 2022	2	DCFOs DoCs: Apr 2022
December 2022	RDTC	Updated to reflect interim governance arrangements as defined by ICB MD	3	GMMMGM: Dec 2022 CEGC: Jan 2023

Constitution and Purpose

The Greater Manchester Medicines Management Group (GMMMGM) will lead all aspects of medicines optimisation in the Greater Manchester Integrated Care System to promote patient centred healthcare and provide assurance regarding the quality of medicines optimisation services across Greater Manchester (GM). It will provide a focus on medicines safety, quality and value and clinical governance, promoting and advancing equality and diversity across the system, and driving a reduction in health inequalities across the GM population. It will strive to improve outcomes, reduce harm, and encourage a longer-term, patient-centred approach to medicines optimisation focusing on the effective investment in improving health and wellbeing, through a GM collaborative approach.

The collaborative approach will be facilitated by the membership which will have multidisciplinary representation from all medicines stakeholders to ensure that decisions are truly reflective of the population needs of the GM ICS.

Objectives

The aim of the GMMMG Medicines Optimisation Committee (GMMMG MOC) 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.

GMMMG Medicines Optimisation Committee 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. GMMMG) medicines guidance and escalate to Greater Manchester Clinical Effectiveness and Governance Committee (CEGC). Implementation reports on key guidance will be provided to CEGC, and will highlight where there is unwarranted variation across Greater Manchester.
4. Monitor and report to CEGC against high quality outcomes standards; with the aim of reducing unwarranted clinical variation and promotion of cost-effective use of medicines.
5. Through CEGC, GMMMG MOC will provide operational leadership to the Greater Manchester ICB on the commissioning or decommissioning of medicines and devices. Translating both the national and GM medicines policy and strategy into a delivery programme and work collaboratively with system representatives to oversee the development of recommendations and implementation guidance for the GM system in delivering medicines optimisation priorities.
6. Promoting quality improvement and innovation with better utilisation of digital systems, data and analytics, through uniform implementation of agreed data collation and communication platforms
7. 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.
8. Support and engage with the public, patients, commissioners and clinicians to facilitate the implementation of GMMMG recommendations. In the absence of a lay member the GMMMG MOC will seek to communicate with patient groups through "Health watch" via its GM wide consultations.
9. Promote quality improvement with better utilisation of data and analytics and sharing of best practice between organisations.
10. 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).

Accountability

GMMMG MOC will be accountable to the GM Clinical Effectiveness and Governance Committee (CEGC).

The following subgroups will be report to the GMMMG MOC

- Clinical Reference Group
- Medicines safety workstream group
- Digital workstream group
- Population Health Management and Health Inequalities Workstream Group

GMMMG 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 GMMMG but the group will be accountable to the GMMMG MOC. Each

committee and short-life working group will operate as defined in their terms of reference, which should reflect these terms of reference.

Delegated Authority

The GM ICB has not delegated any authority to GMMMG or its subgroups (*December 2022*). GMMMG recommendations with no financial impact (cost neutral or a saving) will be submitted to the Clinical Effectiveness and Governance Committee (CEGC) for approval.

Until revised governance is in place all recommendations with a financial impact will go from CEGC to NHS GM Executive for decision.

Decision Making

Decisions will take into consideration both clinical and cost-effectiveness relative to other interventions for the population, as well as affordability and consequences of implementation. Decisions will also consider the consequences to the longer-term health improvement of the GM population due to not investing in a recommended intervention. The group will promote interventions for which there is robust evidence of clinical effectiveness in improving the health status of patients and is affordable; it will not recommend an intervention that is shown to be ineffective, or not cost effective. Current barriers to system wide intervention will be identified, and a system wide solution will be formulated for implementation.

Recommendations made by GMMMG and its subgroups undergo a robust GM wide open consultation process. Decisions are reached by consensus, taking into account declarations of interest. Any dissent against a recommendation will be noted.

Membership

The GMMMG 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 Place 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.

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)
- Place-based Directors or delegated medicines leads
- ICB Chief Pharmacist
- ICB nursing representation
- Community Pharmacy leads
- General Practice medicines optimisation or prescribing leads
- Primary care medical leads/clinicians
- Secondary care medical leads/clinicians
- ICB and Acute Trust finance leads
- 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 GMMMG 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 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 must send a deputy of equivalent standing to participate and vote on their behalf.

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 GMMMG group (or vice-chair in their absence) may be called upon to support the approval of a piece of work developed by a GMMMG group through the GMMMG governance process. This may include presentation of the item for approval to CEGC.

Role of the secretariat/support function

The professional 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 or until publicly available

via the GMMMG website.

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 has 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 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.

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 GMMMG MOC 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.

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 ICB and other members deemed necessary by the GMMMG MOC chair.

Appeals

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

Pharmaceutical Industry

The GMMMG 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.