Greater Manchester Medicines Management Group (GMMMG)

Population Health Management and Health Inequalities Workstream Group

Terms of Reference

Issue date: January 2023
Version number: Version 4

REVISION DATE	ACTIONED BY	SUMMARY OF CHANGES	VERSION	APPROVAL
May 2022	Karen Williams	First Draft	Draft 1	
July 2022	Lara Shah	Second draft	Draft 2	
November 2022	Lara Shah	Third draft	Draft 3	
Dec 2022	RDTC	Updated to reflect ICB governance arrangements	4	GMMMG: Dec 2022 CEGC: Jan 2023

1 Vision

To reduce health inequalities, address unwarranted variation in care and improve uptake of public health services by achieving fair access to pharmacy services and cost effective medicines and devices.

This will allow all individuals, families and communities across GM to access the treatment that is personal to their needs, driving improvement in health outcomes collectively.

2 Aims and objectives

a. Close the health inequalities gap between GM and the rest of the UK faster through improving access to public health services which proactively engage those who are at risk of poor health outcomes.
b. Work collaboratively with the GM Equality, Diversity and Inclusion team & wider stakeholders to develop and define systematic approaches to improve fair access to pharmacy & medicines optimisation services and treatment.
c. To advocate for our residents by strengthening the leadership and accountability to reduce health inequalities across the pharmacy and medicines optimisation network in Greater Manchester
d. To acknowledge and utilise the learning from COVID to continually protect our most vulnerable across GM

Initial Priorities Identified:

1. Improve the understanding and uptake of vitamin D in women and children
2. Smoking cessation
3. Cost of Living
4. Build an infrastructure across pharmacy and medicines optimisation teams to address health inequalities in Greater Manchester

3 Accountability

The Population Health Management (PHM) And Health Inequalities (HI) group will be accountable to the GMMMG Medicines Optimisation Committee (MOC) and will align to the GM Equality Diversity and Inclusion network which is currently in development.

The Population Health Management (PHM) And Health Inequalities (HI) 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.

Whilst not accountable to the Greater Manchester Equality, Diversity and Inclusion team, the 6 established inclusion panels (Women and Girls, Faith and Belief, LBGTQ+, Race Equality, Youth Combined and Disabled People) or any other committees/teams providing expertise to address health inequalities, the group will establish a link and provide regular updates.

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 required a consultation with key stakeholders will take place.

5. Membership

The Health Inequalities 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 Co-Chairs 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.

Co-Chair: Lara Shah – ICB locality Deputy Head of Medicines Optimisation (Manchester)
Co-Chair: Nicola Hayes – Head of Pharmacy and Medicines Optimisation, Manchester & Trafford Local Care Organisation

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

- Pharmacy – all sectors
- Primary care clinicians

- Secondary care clinicians
- Patient representative
- Strategic Clinical Network (SCN)
- Local Authorities (LA)
- NHS Greater Manchester (GM) Integrated Care
- GM Equality Diversity and Inclusion (EDI) representative
- GM Inclusion Panel representative
- GM population health team representative
- Healthwatch

Where possible membership of the GMMMG 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.

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 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 the following voting members are present:

- At least one of the nominated chairs
- All care sectors represented namely – Community Pharmacy, General Practice/PCN, Secondary Care, NHS GM Integrated Care
- At least one pharmacist
- At least one member of the GM EDI team/inclusion panel representative or a patient representative
- A minimum of 50% of the designated voting member seats

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 Population Health and Health Inequalities group 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.

11 Pharmaceutical Industry

The Health Inequalities 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.