

Greater Manchester Medicines Management Group (GMMMGM)

Pharmacy Workforce group

Terms of Reference

Issue date: February 2023

Version number: Version 4

REVISION DATE	ACTIONED BY	SUMMARY OF CHANGES	VERSION	APPROVAL
May 2022	Karen Williams	First Draft	Draft 1	
July 2022	Faisal Bokhari / Heather Bury	Second Draft	Draft 2	
November 2022	Faisal Bokhari / Heather Bury		Draft 3	
2023	RDTG	Updated to reflect interim governance arrangements as defined by ICB MD	Draft 4	GMMMGM: February 2023 CEGC: February 2023

1 Vision

To build and maintain a sustainable, agile, diverse and skilled pharmacy workforce that will be fully integrated within the GM health and care system and will be central to providing expert clinical care for patients and public.

2 Aims and objectives

- a. Review current workforce: Situational analysis of the current pharmacy workforce. Training needs analysis to support the development of the future workforce.

- b. Support the development of the wider GM workforce reporting mechanism / dashboard that will provide an overview of the GM pharmacy workforce in all sectors.
- c. Horizon scanning of pharmacy workforce requirements for GM i.e. transferable skill mix required to undertake particular projects.
- d. Facilitate and coordinate pharmacy workforce related actions
- e. To have oversight of other pharmacy workforce related groups and embed a reporting mechanism
- f. Attract, develop and retain people from the GM communities into the pharmacy profession

Initial Priorities Identified:

1. Situational analysis of current pharmacy workforce across GM
2. Development of a GM Pharmacy Workforce 5 year strategic plan
3. Consider current innovative workforce models/ pilots across GM to inform future commissioning of pharmacy workforce

3 Accountability

The pharmacy workforce group will be accountable to the GMMMG Medicines Optimisation Committee (MOC).

The 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. The sub-committees and short life working groups will report progress to the pharmacy workforce group.

The pharmacy workforce group is seeking to co-report into a wider GM work force group, these terms of reference will be updated to include this information once confirmed.

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. The group will, however, provide the sector and subject matter expertise to drive improvement across the GM ICS for high quality medicines use.

5 Membership

The Workforce membership is drawn from across the Greater Manchester Health Economy and is structured so as to provide a balanced representation 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 pharmacy professionals

and workforce professionals working across the GM system. 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 appointed through a stakeholder nominations process and has particular responsibility for providing effective leadership and ensuring effective meeting discussion and accurate onward communication. The group may decide to appoint 2 individuals as Co-Chairs to the group.

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.

Joint Chairs: Faisal Bokhari – Co-Chair – Head of Medicines Optimisation
 Heather Bury – Co-Chair – Deputy Head of Medicines Optimisation (this seat will be temporarily covered whilst HN is on leave)
 Lindsay Harper – Vice Chair – Director of Pharmacy NCA

The Workforce group will aim to have a fair distribution of seats and attempt to ensure a GM wide representation including pharmacy professionals (Pharmacists and Pharmacy Technicians) from:

- GM Integrated Care Medicines Optimisations
- Acute Trust
- Mental Health Trust Pharmacist and/or Pharmacy Technician
- Community Pharmacy Pharmacist and/or Pharmacy Technician
- University of Manchester Pharmacy representation
- GM LPC / Community Pharmacy Provider Board representation
- PCN/Practice Pharmacist and/or Pharmacy Technician
- Urgent Care Pharmacist and/or Pharmacy Technician
- Health Education England representation
- GM HSCP Workforce Manager for Pharmacy
- LPN for Pharmacy representation

Where possible membership of the GMMMG 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, academic or workforce related background, may be invited to meetings or sessions of meetings on an ad-hoc basis

Representatives from the GM central team (GMCT) 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 GMCT will coordinate the agenda, minutes and actions with the chair/s 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 GMCT, except where it has been agreed that an individual member should act on the committee's behalf.

Consultation of decisions made by the group to be managed by GMCT in conjunction with the chair/s.

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 the following are present:

- At least one of the nominated chairs
- All sectors represented namely – Community Pharmacy, General Practice/PCN,

Secondary Care, Medicines Optimisation

- At least one pharmacist and one pharmacy technician represented
- A minimum of 50% plus one of the roles present at each meeting.

An appropriate spread of members' interests is also required for the quorum to be valid. All members present should have an appropriate level of workforce knowledge.

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. 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 Workforce 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 Workforce 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 [GMMMMG 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.