

Greater Manchester Medicines Management Group (GMMMG)

Medicines Value Workstream group

Terms of Reference

Issue date: July 2023
Version number: Draft 7

REVISION DATE	ACTIONED BY	SUMMARY OF CHANGES	VERSION	APPROVAL
May 2022	Karen Williams	First Draft	Draft 1	
June 2022	Peter Howarth	Feedback from subgroup	Draft 2	
November 2022	Andrew Martin	Workstreams updated	Draft 3	
February 2023	RDTC	Revised to reflect current ICB governance arrangements	Draft 4	
June 2023	Andrew Martin	Reporting lines added	Draft 5	
July 2023	Monica Mason	Amendments requested by GMMMG	Draft 6	CEGC
July 2023	Monica mason	GMMMG chairs amendments incorporated – approved for publication	Draft 7	GMMMG Chairs

1 Vision

‘To identify and drive implementation of system wide work streams that deliver best value from quality, efficiency initiatives and cash-releasing savings relating to medicines use .’

2 Aims and objectives

- a. To develop a set of value standards and mechanisms that will improve system wide performance and efficiency.
- b. Engage across the healthcare system to highlight and work with local teams/providers to spread best practice and reduce variation.
- c. Drive standardisation for value and outcomes across GM, accounting for timing issues, through localities, system boards and partners

Work streams 2023/24

- Direct oral anticoagulants (DOACs) DOACs Review (including maximising edoxaban national rebate)
- Locality Value Work Streams
- Rebates
- Preferred brands
- Biosimilars
- Wet age-related macular degeneration(wAMD) pathway redesign
- Hospital Transformation workstreams
- Implementation of the National assessment of blood glucose and ketone meters, testing strips and lancets
- Medicines Waste (e.g. use of patients own drugs on admission to secondary care)

Each work stream will have its own sub-group drawn from Value Group members but may also include non- Value Group members helping with specific work streams. Some work streams will have shorter term outputs whilst others are longer term projects. No new work streams will be added without agreement of the GM Value Group.

3 Accountability

GM Medicines Value will report directly to GM Finance System Leads at the GM Financial Recovery and Performance Subcommittee (FRPSC) of the GM Finance Committee and by exception to Finance Locality Quarterly Review meetings. GM Medicines Value will also report to Clinical Effectiveness and Governance Committee CEGC via GMMMGM.

- Cash releasing savings reports alongside the wider QIPP programme reports on a monthly basis to GM FRPSC, GM Finance Committee and ICB Board.
- Non cash-releasing savings reports quarterly to GM FRPSC and GM system programme management office (tbc).
- GMMMGM will receive quarterly reports relating to GM Value workstreams to enable implementation and associated escalation. GMMMGM will ratify and oversee implementation of GM Value workstreams e.g. service re-design, new clinical pathways and cost improvement initiatives and system variation. Regular reports and proposals for approval will be provided for ratification and subsequent approval at CEGC.
- Note: Hospital transformation workstreams will have dual lines of reporting through to the Provider Federation and associated governance routes. Reporting of+6 GM Medicines Value workstreams will acknowledge this dual line of reporting to avoid duplication and potential risk of “double counting”.

The Medicines Value 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 GMMMG or Value Group but the group will be accountable to GMMMG. 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 .

4 Delegated Authority

The GM ICB has not delegated any authority to GMMMG or its subgroups (December 2022). All recommendations require ratification by the CEGC via GMMMG. 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 Medicines Value workstream membership is drawn from across the Greater Manchester Integrated Care Partnership 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 healthcare professionals and clinicians. All positions will be reviewed on three year tenure. Each member has voting rights.

Roles and behaviours expected of the membership is available in the accompanying Member Roles and behaviours guide.

Chair and Vice Chair

The Chair/ joint chairs will be a clinician(s) appointed by agreement of the majority of group members. They have 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.

Joint Chairs: Kenny Li – Chief Pharmacist NHS Greater Manchester Integrated Care
Fin McCaul – Community Pharmacy Greater Manchester

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

- Pharmacy – Primary care, secondary care, PCN/practice based, community.
- Finance – primary care
- Finance – secondary care

Where possible membership of the GMMMG 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 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 Central team (GMCT) 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 GMCT, except where it has been agreed that an individual member should act on the committee's behalf.

6 Confidentiality

In general all members and attendees agree to keep detailed discussions confidential to allow free and full debate to inform unencumbered decision making however the need to share papers/documentation with non-value group HCP will be agreed on a case by case basis. In principle 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 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.

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 Medicines Value 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 Pharmaceutical Industry

The Medicines Value 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.