



Terms of Reference

NHS South Yorkshire Integrated Care Board

Meeting	Place Medicines Optimisation Committee (PMOC)
Authority	The group will derive its authority from the South Yorkshire ICB Integrated Medicines Optimisation Committee and has the authority to work within the terms of reference as per below.
Purpose	
<p>The purpose of the Place Medicines Optimisation Committee and its sub-functions is to bring together the senior pharmacy professionals and prescribers from each of the stakeholder organisations at Place to provide a forum to steer the implementation of the strategic plans from the South Yorkshire ICB Integrated Pharmacy & Medicines Optimisation (IPMO) board and commissioning decisions from South Yorkshire Integrated Medicines Optimisation Committee (IMOC), at Place.</p> <p>This expert multidisciplinary group will work collaboratively to co-ordinate and agree the Place implementation of prescribing guidelines and commissioning arrangements agreed at South Yorkshire (system) level, to provide consistent and equitable access and pathways and to support the use of evidenced based, cost-effective, sustainable medicines safely within relevant care settings across SY ICS in order to improve outcomes for patients accessing healthcare in South Yorkshire.</p> <p>This will include:</p> <ul style="list-style-type: none"> • Providing an effective and efficient way of sharing and collaborating with place-based prescribers, commissioning teams, trusts and providers across Doncaster & Bassetlaw regarding medicines and prescribing in order to align across SY where appropriate and reduce duplication. • Interaction between ICB medicines optimisation teams, Trust teams, primary care networks and community pharmacy to improve patient outcomes by optimising medicines use. • Maximising the contribution of the pharmacy profession in Doncaster & Bassetlaw into Place medicines decision making. • Supporting and co-ordinating implementation of key medicines optimisation priorities from the ICS and providing feedback on Place priorities to the ICS IPMO board. • Informing and sharing good practice regarding pharmacy and medicines optimisation. • Agreeing local Place commissioning and formulary statuses for products not agreed across the ICS. • Development and transformation of the pharmacy workforce under steer from the ICS workforce transformation leads (section 3). 	
Membership and attendance	
<p>Committee representatives need to be empowered or have systems in place in order to commit the organisations they are representing to prescribing decisions.</p> <p>The PMOC meeting will be divided into three sections with membership for each as outlined below along with co-opted/associate attendees for specific agenda items as appropriate:</p>	



Place Medicines Optimisation Committee Section 1:

Area Prescribing Commissioning Function	
Title	Organisation
Place Prescribing Lead (Chair)	Doncaster Place
Place Senior Lead Pharmacist (Deputy Chair)	Doncaster Place
Place Senior Lead Pharmacist	Bassetlaw Place
Mental Health Pharmacist	RDaSH FT
Acute Trust Pharmacist	DBTHFT
Community Pharmacy South Yorkshire	Doncaster Representative
PCN Pharmacy Representative	Doncaster Place
LMC GP Representative	Doncaster Place
Place Primary Care GP	Place GP Representative
NMP Representative	Place provider
Representative for proposals	Place Provider
Finance Lead	Place finance Team
Committee secretary	Place MOT

Place Medicines Optimisation Committee Section 2:

Formulary Function	
Title	Organisation
Place Prescribing Lead (Chair)	Doncaster Place
Place Senior Lead Pharmacist	Doncaster Place
Place Senior Lead Pharmacist	Bassetlaw Place
Mental Health Pharmacist	RDaSH FT
Acute Trust Pharmacist	DBTHFT
Community Pharmacy South Yorkshire	Doncaster Representative
PCN pharmacy representative	Doncaster Place
Place Primary Care GP	Place GP Representative
NMP Representative	Place Provider
Representative for Formulary proposals	Place Provider
Finance Lead	Place finance Team
Committee secretary	Place MMT

Place Medicines Optimisation Committee Section 3:

Place Medicines Function	
Title	Organisation
Place Prescribing Lead (Chair)	Doncaster Place
Place Senior Lead Pharmacist (Deputy Chair)	Doncaster Place
Place Primary Care GP	Doncaster Place
Representative for proposals	Place Provider
Finance Lead	Place Finance Team
Committee secretary	Place MMT

Meetings Quoracy and Decisions

The committee shall be considered quorate for each section of the PMOC meeting as below:

Section 1&2: Area Prescribing Commissioning and Formulary Functions

- 5 members must include the following:



- A Place Senior Lead Pharmacist
- 1 clinician from NHS Doncaster Place
- 1 representative from Bassetlaw Place
- 1 representative from DBTHFT

Section 3: Doncaster Place Medicines Function

- 3 members comprising of 1 Doncaster Place Senior Lead Pharmacist and at least 1 Doncaster Place clinician.

It will be at the discretion of the Chair/s to determine whether any particular agenda item should be deferred due to insufficient representation.

All decisions will be documented in the minutes. Where necessary for quoracy, post meeting approval of decisions made should be sought and captured under post meeting notes within the minutes.

Members should normally arrive at decisions by a consensus. Where consensus cannot be reached, the decision will be made by a majority vote - defined as more than 50% of members present at the meeting. Abstentions are not considered when determining the majority. Only those members or their designated deputies shall be entitled to vote.

Clinicians can request reconsideration or appeal decisions if new evidence has emerged, or they feel evidence / implications have been overlooked. Appeals must be made in writing with clear reasons for review of decision made.

If any financial decision making is foreseen, the finance representative should be consulted prior to the meeting and if unable to attend the chair can deliver the finance representative's comments and recommendations to the group.

The meetings will be held monthly but may be stood down if there no agenda items to discuss.

Responsibilities of the Group

This group will primarily focus on Doncaster & Bassetlaw Place but will also work with South Yorkshire colleagues across the ICS for mutual benefit to avoid repetition, share best practice, and identify where things can be implemented at scale.

Inequalities

- Identifying and proposing recommendations to maximise the contribution of pharmacy to public health to reduce inequalities and support self-care.
- Promoting integrated working across health and social care to reduce inequalities.
- Identifying and proposing recommendations for addressing gaps in prescribing service provision within Doncaster Place.

Delivery

- Discuss and agree cross sector delivery of IMPO strategic plan at Place.
- Receive reports on delivery of workstream across Place.
- Escalate delivery outputs to the IPMO board.



- To consider the Doncaster Place prescribing expenditure and budget performance and to advise relevant committees (section 3).
- To discuss Doncaster Place prescribing budget setting processes (section 3).
- To contribute to development of the Doncaster Place MO Delivery Plan.

Commissioning and Formulary support

- To work with additional medical colleagues as required to provide clinical recommendations on implementation of Place commissioning strategies.
- To work with additional finance, contracting and medical colleagues as required to consider and ratify at place, under delegated authority from the ICB, Place level prescribing commissioning and update Place databases with the outcomes.
- Co-ordinate and facilitate local implementation of national prescribing related policy, e.g. NICE guidance, patient safety alerts and other national guidance as directed by the IMOC and detected at Place level.
- Oversee implementation of ICB and place-based commissioning decisions pertaining to prescribing.
- To have representation at IMOC to make recommendations to ICB to assist in the resolution of prescribing problems detected at place relating to the interface between primary, secondary and tertiary care.
- To agree formulary positions for products, consistent with the Traffic Light Drug List (TLDL).

Integration

- Promote an integrated approach across health and social care, to deliver improved safety, enhanced independence for patients and reductions in medicines related harm/hospital admissions. Examples may include but are not limited to; fully utilising IT systems, promoting self-care and discharge medicines pathways.
- Identifying efficiencies to be gained by coordinated working across place and where applicable across the ICS.
- Develop relationships with new and emerging organisations / groups who will have an impact on medicines and related products in the health community.

People

- Link into the existing work streams on pharmacy workforce redesign and development of the pharmacy profession to ensure the maximum contribution to the workforce pressures impacting on the NHS in Doncaster by:
 - Being transformative with ideas and identifying better ways of utilising staff to support patient care in all care settings/ across the interface e.g. cross sector roles, specialist Place wide posts.
 - Identifying opportunities where such posts benefit patient care
 - Enable better outcomes for patients and efficiency gains via coordinated working and monitoring the impact on staff experience through the work of the group.



Behaviours and Conduct

All members should behave in accordance with the values and behaviours of their host organisation they are representing, or those of the SY ICB, as per below, and NHS Standards of Business Conduct Policy.

We are...	One Team	Empowered	Innovative
Behaviours	We are collaborative , creating solutions with our colleagues, communities, and partners.	We are supportive , encouraging each other to reach our full potential.	We are bold , creatively exploring new ways of working and thinking to achieve our goals.
	We are open , honest, and authentic with each other.	We are inclusive , embracing diversity and ensuring fairness and equity.	We learn , from our experience and the good practice of others.
	We are accountable , holding each other and ourselves to high standards.	We are compassionate , caring, and respectful.	We share , as we lead by example and spread learning within our communities.

Key values

- Value patients as partners and represent their interests as a whole across the ICS.
- Collaborate with honesty and integrity.
- Challenge with respect and accept with openness.
- Take collective responsibility for the group's decision.
- Seek clinical and patient expert advice as required to inform decision making.
- Reduce duplication and improve equal access to medicines.
- Consider the equality, diversity and inclusion implications of decisions they make.

Accountability and reporting

Accountability

The group will be accountable to the ICB Integrated Medicines Optimisation Committee (IMOC), Integrated Place Medicines Optimisation (IPMO) Board and Medicines Optimisation Assurance Group (MOAG) and responsible to the ICB Chief Medical Officer.

The Chair(s) of the group has responsibility for smooth running, including supporting all members to hold each other to account for delivery.

It is crucial that this group is integrated with the IMOC, IPMO Board and MOAG. To this end a member of the Group will attend IMOC, IPMO Board and MOAG to make relevant connections between work streams and link to relevant expertise to deliver the necessary changes.

Reporting Arrangements

The minutes of the PMOC meeting:

- Section 1&2 the Area Prescribing Commissioning and Formulary Functions will be submitted to the SY IMOC.
- Section 3 the Doncaster Place Medicines Function will be submitted to the IPMO board.
- The complete PMOC minutes will be submitted to the Doncaster Place Quality & Patient Safety Committee.



Secretariat and Administration

- Chair/Professional secretary (Responsible for proofreading the minutes ready for approval, meeting with administration support to agree the agenda)
- Professional administrative support (responsible for; drafting the minutes organising meetings, putting together the agenda and circulating papers)

The minutes should document any deliberations and actions, the outcomes of decisions and the rationale for each decision.

Review

The terms of reference will be reviewed annually.

V1.0

Date of approval: January 2024

Date of review: January 2025, unless there is a need to change the format of the meeting before that date.

