

Integrated Medicines Optimisation and Prescribing Committee

Terms of Reference

October 2022

Purpose

The Integrated Medicines Optimisation and Prescribing Committee's (IMOC) purpose is to ensure all partners in the integrated care system are working together to develop and deliver a shared system-wide strategy and to have operational oversight for medicines optimisation and prescribing. The aim is to ensure the most effective, appropriate, safe, sustainable and efficient use of medicines, to improve outcomes and equity of access, for patients and the local population.

Authority and Accountability

North East London (NEL) IMOC is the single point for strategic medicines optimisation decision making in NEL.

The IMOC is responsible for the oversight and performance management of strategic decisions regarding prescribing budgets allocated to organisations within NEL.

The IMOC will directly report to the North East London Clinical Advisory Group. There will also be a reporting line to NHS North East London (Integrated Care Board - ICB) Quality, Safety and Improvement Committee.

The IMOC is accountable to the ICB and the wider North East London Health and Care Partnership. The Committee is authorised to oversee and lead any activity within its terms of reference. Its members, whether they are ICB members or not, are bound by the Standing Orders and other policies of the ICB.

The IMOC has no executive powers, other than those specified in these terms of reference.

Remit, duties and responsibilities

The areas of responsibility for the NEL IMOC are:

- To contribute to the overall design and delivery of the ICB objectives, by providing oversight and assurance to the Board on the use of medicines across the Integrated Care System (ICS).
- To work as a collective clinical leadership committee, to ensure co-operation and consistency of approach to medicines optimisation and prescribing across NEL.
- To agree an annual programme of business relating to medicines optimisation which is driven by the ICS' strategic, operational and clinical objectives and key regional and national priorities but flexible to new and emerging priorities and risks.
- To take a strategic and operational oversight of, medicines optimisation and prescribing, coordinating cross-sector support, input and engagement with the public, patients, commissioners, providers and clinicians to improve outcomes, reduce harm, and

encourage a longer-term, person-centred approach to medicines optimisation to improve population health and wellbeing.

- To enable clinicians and system partners to work together to ensure that patients have safe and consistent access to medicines including when care pathways cross multiple providers.
- To advise on, and support, local implementation of best practice around medicines and prescribing, including NICE guidelines and technology appraisals and advice from Regional Medicines Optimisation Committees (RMOCs)* to encourage rapid and consistent implementation, including of those medicines that are part of any medicine related national programmes.
- To enable local NHS stakeholders and clinicians to exert a population approach to the prioritisation, improvement and development of healthcare delivery related to medicines.
- To provide strategic oversight and performance manage the delivery of Medicines Optimisation work streams across the ICS
- To improve equity of access to medicines, reduce unwarranted variation in clinical practice and ensure best and equitable outcomes from the use of medicines
- To consider sustainability and net zero in any applications for new drugs or pathways.
- To oversee the management and commissioning of specialist medicines as required
- To develop and maintain a joint preferred medicines list (ICS/supra-ICS)
- To facilitate a high-quality, safe prescribing culture across all ICS organisations.
- To monitor risks and issues related to the use of medicines, advise and implement mitigations, and escalate where necessary.
- To safeguard appropriate use of anti-microbials by engaging with the national Antimicrobial Resistance (AMR) Programme
- To co-ordinate and manage communications and engagement on medicines optimisation and prescribing with stakeholders
- To be mindful of and follow the 2012 NHS Constitution, which states that patients “have the right to drugs and treatments that have been recommended by NICE for use in the NHS, if your doctor says they are clinically appropriate for you”, and “have the right to expect local decisions on funding of other drugs and treatments to be made rationally following a proper consideration of the evidence. If the local NHS decides not to fund a drug or treatment you and your doctor feel would be right for you, they will explain that decision to you.”

Decision making

The IMOC is the single decision-making Committee for issues related to medicines and prescribing across NEL. Decisions will be via consensus of the membership.

The introduction of new medicines or new indications for medicines will be managed by the Formulary and Pathways sub-committee of IMOC. This group will have delegated decision-making authority from the IMOC defined within its ToR.

Decisions from other sub-groups will be subject to final ratification by the IMOC.

Devices and interventions will not be considered except for medical devices, such as pen needles and blood glucose testing strips. In exceptional cases, suitability for consideration of

prescribable devices by the IMOC will be via the Formulary and Pathway group, in line with the IFR policy.

Sub - Groups

The following sub groups will report into the IMOC:

- Formulary and Pathway Group (Terms of Reference being developed)
- NEL Antimicrobial Resistance Strategy Group (Terms of Reference being updated)
- NEL Medicines Quality & Safety Group (Not yet constituted)
- NEL Medicines finance and contracting group (Not yet constituted)

The IMOC may choose to establish/adopt other permanent or temporary sub-committees and short-life working groups to take forward specific programmes of work as considered necessary by the members. They may also choose to delegate such work to existing groups or committees.

Appropriate place-based groups or committees (where established) will report to the IMOC on the local delivery and implementation of agreed medicines optimisation or prescribing workstreams and decisions.

Membership

The IMOC members shall be appointed by the Board. When determining the membership of the IMOC, active consideration shall be made to diversity, equality and the principles of clinical and care professional leadership.

The committee will be clinically led with appropriate representation from North East London Health and Care Partnership organisations. The voice of patients and residents will be through lay members who will be integral members of the IMOC and its sub- committees. They will be fully involved in the development of pathways and policies for consideration at IMOC.

Partner organisations who will participate in NEL IMOC include:

- NHS North East London
- Barts Health NHS Trust
- BHR University Hospital Trust
- Homerton Healthcare NHS Foundation Trust
- North East London NHS Foundation Trust
- East London NHS Foundation Trust
- Local Authorities (via Public Health representation)

Members

- Chief Medical Officer, NHS North East London - **Chair**
- Chief Pharmacist and Director of Medicine and Pharmacy, NHS North East London - **Deputy Chair**
- All Chief Pharmacists from each Provider trusts
- Chief Nursing Officer (or nominated senior nurse) NHS North East London
- 1 x Medical Director representative from Provider Collaborative
- 1 x Medical Director representative from Mental Health Collaborative

- Community Health Services representative
- 7 x Place based Clinical Directors
- Long-term conditions lead, NHS North East London
- Finance representative – NHS North East London
- Nominated representatives from each IMOC subcommittee (one pharmacist plus one other clinical/care professional)
- Community Pharmacy/ LPC representation
- 1 x Public Health representative
- Allied Health Professional (AHP) representative
- Lay/Patient, Public, Carer representatives

Roles and Responsibilities

The Chair will:

- Provide effective leadership
- Ensure minutes and reports accurately record the decisions taken and the views of the members have been considered
- Work to ensure a fair representation on the committee from partnership organisations is achieved wherever possible

The Deputy Chair will be responsible for chairing the committee if the Chair is absent or unable to chair due to a conflict of interest for a specific item.

Members will:

- Attend regular meetings, actively participate in discussions and take responsibility for decisions
- Arrange a deputy or provide comments, if they cannot attend
- Represent views of constituent organisations and engage peers to ensure clinical expertise is reflected in discussions
- Make binding decisions relating to IMOC agenda items on behalf of the organisation/ sector they represent.
- Keep up to date on medicines optimisation and prescribing issues, interpreting and where appropriate critically appraising guidelines relating to medicines
- Bring clinical and operational experience to decision making
- Communicate decisions and issues to their wider colleagues.
- Contribute to and participate in delivering the remit of the committee,
- Be expected to undertake continuing professional development (CPD) in prescribing / medicines optimisation and comply with all corporate policies.
- Complete an annual declaration of interest

IMOC members and deputies shall:

- Conduct business in line with North East London Health and Care Partnership values and objectives
- Behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy

- Demonstrably consider the equality, diversity and inclusion implications of decisions they make.

Attendance and Quorum

Meetings will be virtual. Individual IMOC members (or deputies) should attend at least 75% of IMOC meetings each year.

Quoracy for decision making:

- NEL ICB Chief Medical Officer or Chief Pharmacist
- 1 x Acute Provider representative
- 1 x Mental Health Provider representative
- Lay representation
- 3 x Place Based Clinical Directors (at least two to be a GP)
- 2 x Provider Chief Pharmacists (if not represented above)

The quorum may change in line with emerging ICS committee structures

Frequency of Meetings

- Meetings shall be held monthly.

Secretariat and Administrative Support

Secretariat function will be provided by the NEL Pharmacy and Medicines Optimisation team Sustainability Impact Assessment, Equality Impact Assessment and Ethical Frameworks will be required for submissions as appropriate.

Reporting and minutes

There will be regular written updates to the Clinical Advisory Group, at intervals to be agreed.

Approved IMOC minutes will be shared after each meeting with the NEL Quality, Safety and Improvement Committee, trust medicines committees and borough-level groups where established.

Monitoring and review

The Committee will develop a work plan with specific objectives which will be reviewed regularly and formally on a 12-monthly basis. The Clinical Advisory Group and Quality, Safety and Improvement Committee will receive an annual written report, to include an assessment of the outputs of the committee against the benefits of the IMOC.

The terms of reference of the Committee shall be reviewed at least annually.

