

SWL Integrated Medicines Optimisation Committee (IMOC)

Terms of Reference

1. Introduction

South West London (SWL) integrated care system (ICS) was established in July 2022 in response to Integrating care Next steps to building strong and effective integrated care systems across England [Report template - NHSI website \(england.nhs.uk\)](https://www.england.nhs.uk/reports-and-publications/integrating-care-next-steps-to-building-strong-and-effective-integrated-care-systems-across-england/) and the Integrated Care Systems: design framework [Report template - NHSI website \(england.nhs.uk\)](https://www.england.nhs.uk/reports-and-publications/integrated-care-systems-design-framework/). SWL ICS has four key objectives:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experiences and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development.

SWL Integrated medicines Optimisation Committee (IMOC) provides strategic decision making for medicines optimisation in SWL and is responsible for the oversight, implementation and performance management of strategic decisions within an overarching prescribing budget allocated by SWL ICS. It is a single point for medicines optimisation decisions in SWL under an overarching governance structure of the ICS.

SWL IMOC Vision: To make SWL the place to receive safe, clinically effective and cost effective medicines representing value for money

Partner organisations participating in SWL IMOC with full voting membership include: Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth “Places”, Croydon Health Services NHS Trust, Epsom and St Helier University Hospitals NHS Trust, Kingston Hospital Foundation NHS Trust, St George’s University Hospitals NHS Foundation Trust, South West London and St George’s Mental Health NHS Trust, The Royal Marsden NHS Foundation Trust, South London and The Maudsley Foundation Trust (Croydon), Central London Community Healthcare NHS Trust, Your Healthcare Community Interest Company (CIC), Hounslow and Richmond Community Healthcare NHS Trust, Sutton Health and Care (Epsom and St Helier University Hospitals NHS Trust), Moorfields Eye Hospital NHS Foundation Trust (CHS/SGH Services).

Local authorities: Croydon Council, Kingston Council, Merton Council, Richmond Upon Thames London Borough Council, Sutton Council, Wandsworth London Borough Council will be co-opted as required.

Organisations participating in SWL IMOC as non-voting members include: SWL Integrated Care Board (ICB), SWL Acute Provider Collaborative, Local Pharmaceutical Committees and Local Medical Committees, SWL Public Health

Associates: Surrey Heartlands Integrated Care System

2. Remit

- To provide clinical leadership for medicines, enabling the link between local stakeholders and regional structures to enable a joined-up approach to medicines optimisation in SWL.
- To enable partnership working between clinicians, commissioners, public health, local authority and patient representatives to highlight unwarranted variation in prescribing and to ensure patients have consistent access to medicines with safe, clinically and cost-effective outcomes representing value for money across care pathways involving multiple providers, facilitated through collaborative working with SWL Clinical Networks.
- To provide strategic oversight and performance manage the delivery of the SWL ICS Pharmacy and Medicines Optimisation Strategy and Collaborative Medicines Optimisation Workstreams across the ICS.
- To enable strategic partnership commissioning of medicines, affordable within prescribing budgets allocated by the ICS, facilitated by reporting high level expenditure data, through systems with a focus on population health outcomes; prioritising, improving and transforming the quality of healthcare related to medicines while reducing inequalities.
- To be responsible for effectively using prescribing resources in collaboration with other stakeholders in the ICS, improving population health and safeguarding quality and patient safety for the residents of SWL.
- To oversee the SWL implementation of National Programmes to decrease unwarranted variation and improve quality, patient outcomes and value through collaborative working
 - Medicines Value Programme
 - Medicines Optimisation:
 - implementing quality and innovation goals e.g. CQUIN
 - decreasing or stopping the use of ineffective medicines
 - biological and generic medicines: best value biological and generic medicines including biosimilars
 - improving health outcomes from medicines
 - Biosimilar Medicines
 - Getting it Right First Time (GIRFT)
 - Medicines Governance Do Once Programme
 - NHS Clinical and Condition Registries
- To advise on implementation of best practice around medicines to encourage rapid and consistent implementation, noting that NICE TAs are mandated, other recommendations will be subject to the strategic commissioning of medicines outlined above:
 - National Institute for Health and Care Excellence (NICE) guidelines and technology appraisals
 - Regional Medicines Optimisation Committee (RMOC) recommendations
 - SWL Joint Formulary Committee (SWL JFC)

- To promote the use of digital and data solutions to improve systems and communication relating to medicines for patients, clinicians and other health care professionals.

3. Governance and Authority

SWL IMOC is a decision-making committee for medicines optimisation, acting under the delegated authority of SWL Integrated Care Board (ICB), Senior Management Team. SWL ICB Senior Management Team have oversight and may wish to review decisions taken by SWL IMOC.

Accountable to SWL Integrated Care Board, Senior Management Team Reporting to:

SWL System Quality Council - Medicines Optimisation Reports

Quality and Performance Oversight Committee (QPOC) - Annual reporting

Partnership organisations will provide assurance on governance for IMOC decisions via their individual organisations to facilitate consistent access to medicines with safe, clinically and cost effective outcomes representing value for money, across care pathways involving multiple providers.

4. IMOC Policy Development Group Accountability and Reporting

SWL Joint Formulary Committee (JFC) provides a single point of entry and exit of new medicines into the local health economy, in line with the principles outlined in the IMOC/JFC Terms of Reference, has delegated authority for formulary management and is accountable and reports to IMOC. JFC will consider the clinical effectiveness and cost effectiveness of new medicines with IMOC considering the affordability within the health economy (Section 5). JFC will provide a report on formulary decisions to IMOC for information and advise when further discussion and decision is required at SWL IMOC in the areas 4.1 to 4.4 below. JFC will liaise closely with local acute trusts and primary care and provide a summary report to SWL IMOC on formulary decisions made.

The following policy development groups will make recommendations to IMOC, with discussion and approval at IMOC focussing on the following areas:

- 4.1 **Affordability:** Where the cost impact is likely to be significant to the local health economy. Cost impact assessment would include both medicines costs and activity costs
- 4.2 **Identified Population Need:** Where the intervention is likely to have a high impact for the needs of the population, further discussion on implementation
- 4.3 **Further Partnership Discussion:** A major change in the care pathway or model of care is required
- 4.4 **Reputation Risk:** Where there is likely to be a high risk of challenge to decision making and a discussion on mitigation at SWL IMOC would reduce this risk.

SWL High Cost Drugs Group (HCDG) provides advice to SWL on commissioning of NICE TA approved high cost drugs and the place in high cost drug pathways. SWL HCDG will mutually liaise with JFC regarding the entry of

new medicines and provide recommendations for approval at SWL IMOC. Recommendations will fall into two categories:

- Minor change in pathway representing low clinical and financial risk, and where a full consensus has been reached at the SWL HCDG, the pathway will be approved by SWL IMOC, either by consultation with members or by chair's action.
- Significant change in HCD pathway in the areas 4.1 to 4.4 above will be discussed and approved at SWL IMOC.

SWL Medicine Pathway/Policy Groups All SWL pathways/policies relating to medicines will be approved at SWL IMOC following JFC formulary approvals. Clinical Networks and pathway groups will develop pathways supported as appropriate by medicines optimisation task and finish groups using the IMOC policy/guideline development process

- Minor change in pathway representing low clinical and financial risk, and where a full consensus has been reached at the network group, the pathway will be approved by SWL IMOC, either by consultation with members or by chair's action.
- Significant change in the pathway in the areas 4.1 to 4.4 above will be discussed and approved at SWL IMOC.

SWL Mental Health Interface Prescribing Forum (MHIPF) forms a sub-group of SWL Integrated Medicines Optimisation Committee (IMOC). MHIPF acts as an advisory group to the forum of organisations working in partnership; South West London & St George's Mental Health NHS Trust, South London and The Maudsley Foundation Trust (Croydon) and SWL health & care partnership, in order to improve the care of people with mental health conditions and to facilitate communication between commissioners and providers, particularly with respect to the managed introduction of new medicines, which need to be supported and funded in primary care. Setting standards for prescribing practices across SWL.

MHIPF supports development and implementation of medicines optimisation initiatives relating to Mental Health. This includes reviewing and promoting SWL guidelines, protocols, policies and providing clinical input on new medicines relating to mental health as well as prescribing issues, in primary care and at the interface with secondary care. MHIPF will liaise with Joint Formulary Committee regarding the entry of new medicines and provide recommendations for SWL IMOC.

Recommendations will fall into two categories:

- Minor change in guidelines, protocols and policies relating to mental health, representing low clinical and financial risk, and where a full consensus has been reached at the MHIPF, the pathway will be approved by SWL IMOC, either by consultation with members or by chair's action.
- Significant change in guidelines, protocols and policies relating to mental health in the areas 4.1 to 4.4 above will be discussed and approved at SWL IMOC.

5. Financial and Commissioning Impact

SWL IMOC will use a prioritisation approach to make recommendations on the use of medicines across the whole health economy in SWL, taking into account the financial position of partner organisations. Where a medicine is not subject to NICE Technology appraisal, it will be compared with existing interventions and other competing service developments. Funding will depend on priority and affordability either through investment or disinvestment within the health economy (see Ethical Decision-Making Framework - Appendix 1).

Delegated Financial Authority

In the main, funding follows NICE guidance and is contained in the growth of prescribing budgets, requiring no additional resource.

SWL IMOC has delegated authority to authorise new interventions (not subject to NICE TAs) providing the financial expenditure of such a recommendation can be managed from within existing resources using the following scenarios, dependent on visibility and scrutiny of prescribing budgets and expenditure across the ICS:

- SWL ICS Primary Care prescribing expenditure only - Where the proposed investment is cost neutral i.e. from existing resources taking into account offset costs, then IMOC has delegated authority to approve – LOW / MEDIUM FINANCIAL RISK
 - SWL ICB Finance Activity Committee (FAC) will ensure scrutiny of expenditure as part of the overall financial position.
- Cost neutral but potential transfer of budget from one organisation to another (could be primary care to provider or provider to provider – will need agreement in principle between organisations - LOW / MEDIUM FINANCIAL RISK BUT TRANSFER REQUIRED
 - IMOC will develop the case with support from finance.
 - Short briefing paper provided to FAC (comprises Chief Finance Officers of all organisations in SWL)
 - FAC will agree the shift of resources from one organisation to another (dependent on agreements in principle between organisations before FAC)
 - Once agreed by FAC, IMOC will have the delegated authority to approve.
- Investment Required (whether ICB or Provider) - Where the intervention is not cost neutral then a business case will need to be developed and investment prioritised as part of the planning process in place – HIGH FINANCIAL RISK
 - Business case will need to go to the FAC for approval/awareness.
 - Business case will need approval from ICB Board, Senior Management Team
- Provider budgets for High Cost Drugs - Where the proposed investment is cost neutral i.e. from existing resources taking into account offset costs, then IMOC has the delegated responsibility to approve.
 - SWL FAC will ensure scrutiny of expenditure as part of the overall financial position.

The delegated financial authority is on the understanding that the normal planning approach for the system is carried out by IMOC:

- Strategic commissioning of medicines, affordable within prescribing budgets allocated by the ICS, through systems with a focus on population health outcomes; prioritising, improving, and transforming the quality of healthcare related to medicines while reducing inequalities
 - Horizon scanning to identify potential costs and savings across the system for high-cost medicines and devices
 - Managed Entry of New Medicines by Joint Formulary Committee which may include new medicine approvals to support strategic commissioning objectives
 - Implementation of National Programmes to decrease unwarranted variation and improve quality, patient outcomes and value
 - Prescribing budget allocation and financial management within the budget allocated by the ICS

Note: Directions issued by the Secretary of State for Health (2010) make it a statutory obligation for commissioners to make funding available within 3 months for medicines that have been recommended by a NICE technology appraisal, unless they are directed otherwise by the Secretary of State for Health.

Commissioning Impacts

Decisions taken at IMOC may involve system transformation with implications for workforce, commissioned pathways and investment. IMOC will have delegated authority to approve interventions with minimal impact on services – LOW RISK COMMISSIONED SERVICES

Interventions considered to have a medium or high impact on commissioned services will be further discussion and approved at ICB Board, Senior Management Team – HIGH RISK COMMISSIONED SERVICES

6. Stakeholder Groups

Place Based Groups / Stakeholders

- *IMOC representatives will discuss issues locally at Place*
- SWL IMOC will form a dynamic relationship with “Place” based groups, “Place” Clinical Leaders and Primary Care Networks. Two-way communication will enable discussion of local “Place” based medicines optimisation issues at SWL IMOC and enable local consultation on policies and guidelines developed by SWL IMOC. IMOC members representing their locality will facilitate this engagement bringing local views into decision making.

Trust Medicines Committees / Stakeholders

- *IMOC representatives will discuss issues locally at trusts*
- SWL IMOC will form a dynamic relationship with provider groups and clinicians. Two-way communication will enable discussion of provider medicines optimisation issues at SWL IMOC and enable local consultation on policies and guidelines developed by SWL IMOC. IMOC members representing their trusts will facilitate this engagement bringing local views into decision making.

SWL Clinical Senate

- *under development. Relationship with IMOC yet to be established*
- The Clinical Senate is made up of senior Clinicians across all South West London organisations, and representatives from the Royal College of Nursing, the Local Medical Committees, Allied Health Professionals, NHS England and the Patients and Public Engagement Steering Group. The Senate has oversight of the implementation of the South West London clinical model, drives forward the work programme for specific clinical pathways which it has agreed should be considered across South West London as well as ad hoc matters in relation to clinical models. The Clinical Senate shapes clinical strategy across South West London and oversees clinical transformation, to ensure:
 - Continually improve the quality of care and experience for our populations;
 - Support and co-ordinate clinical transformation at place, across South West London and at London; and that we,
 - Deliver the South West London Five Year Plan.

SWL Clinical Leadership Group (CLG)

- *under development. Relationship with IMOC yet to be established*
 - Give advice on system clinical strategy
 - Link in with the London Clinical Advisory Group (CAG)
 - Provide mutual support and sharing learning
 - Support, advise, mentor and develop clinical leaders who are now working in a system not in individual organisations
 - Engage with the clinical workforce

SWL Clinical Networks

- ***SWL IMOC will approve the medicines optimisation component of all pathways, developed using the IMOC Process Flow for new or updating documents including policies, pathways and guidelines relating to Medicines Optimisation across NHS South West London***
- SWL Clinical networks are made up of local clinicians, NHS and local authority managers and patient representatives. Their role is to develop plans and proposals for their clinical area, for discussion and agreement by SWL ICS. Clinical networks will oversee transformation work and develop medicines optimisation pathways for approval at IMOC

London Regional Groups

SWL IMOC will discuss and advise on implementation of recommendations from London groups, noting that recommendations made will be subject to the SWL strategic commissioning of medicines and approval at SWL IMOC.

Attendance by trust and ICS pharmacists where appropriate:

London Clinical Networks, multi-disciplinary forums for clinicians and key stakeholders to meet and share their expertise and experience in order to improve the quality, and inform commissioning, of health services across London *Attendance by Lead Pharmacists includes:*

- The London Cardiac Clinical Leadership Group

- The London Diabetes Clinical Leadership Group
- PAN London Respiratory Forum

Four Regional Medicines Optimisation Committees (RMOCs) for England

operate as a single framework with each group being part of a greater national system. RMOCs make recommendations, provide resources, and co-ordinate activities to ensure the optimal use of medicines for the benefit of patients and the NHS across England. SWL IMOC will consider recommendations made by the RMOC system and, where appropriate, support implementation in line with SWL IMOC processes. London RMOC - *Attendance by Chair IMOC and ICS Chief Pharmacist*

- London Medicines and Formulary Group, a sub-group of London RMOC, advisory group on London formulary issues – *Attendance by IMOC / JFC representatives*

NHS London Procurement Partnership (NHS LPP) is one of four national procurement hubs serving the health community in London and surrounding areas. NHS LPP manages, maintains and develops procurement framework agreements for the NHS and public sector organisations.

7. Membership

The committee will be clinically led with full voting member representation from all partner organisations, lay members, local authority (co-opted as appropriate) and public health. Each member is representative of a partnership organisation and is accountable to their organisation for ensuring that representation reflects the view. If members cannot attend, it is the member's responsibility to arrange a deputy or comments provided to the chair before the meeting.

Nominated representatives are responsible for ensuring two-way reporting, implementation and feedback to SWL IMOC via relevant committees in member organisations.

Non-voting membership will include SWL ICS Senior Management Team representatives, Local Medical and Pharmaceutical Committee members and advisory expertise including London Region, Public Health medicine and formulary specialists.

Any potential conflicts of interest should be declared, recorded and a report available for public scrutiny. In the case of committee members, if appropriate, they may be asked to leave the room during the decision-making process if a potential conflict of interest arises. The Vice Chair (or other non-conflicted member) should chair all or part of the meeting if the Chair has an interest that may prejudice their judgement.

Associate members or guests may be invited for discussion on particular issues to ensure appropriate consultants or service leads are actively involved in discussions.

Table 1: Summary table to show Core Voting Members

Organisation	Core Member (voting members)
SWL IMOC Chair	Clinical Lead, Clinical Director, Non-Executive Director or Lay Member with a clinical background
SWL IMOC Vice Chair	Clinical, GP or Pharmacist Lead
SWL ICS	SWL ICS Chief Pharmacist
SWL Joint Formulary Committee Chair	Chair, Clinical Lead
SWL ICS Interface and Secondary Care Prescribing Support (ISPS)	Pharmacist Lead
SWL Acute Provider Collaborative	Clinical Lead
SWL ICS – Croydon “Place”	GP Lead AND Pharmacist Lead
SWL ICS – Kingston “Place”	GP Lead AND Pharmacist Lead
SWL ICS – Merton “Place”	GP Lead AND Pharmacist Lead
SWL ICS – Richmond “Place”	GP Lead AND Pharmacist Lead
SWL ICS – Sutton “Place”	GP Lead AND Pharmacist Lead
SWL ICS – Wandsworth “Place”	GP Lead AND Pharmacist Lead
Croydon Health Services	Consultant Lead AND Chief Pharmacist
Epsom and St Helier University Hospitals NHS Trust	Consultant Lead AND Chief Pharmacist
Kingston Hospital Foundation NHS Trust	Consultant Lead AND Chief Pharmacist
St George’s University Hospitals NHS Foundation Trust	Consultant Lead AND Chief Pharmacist
South West London and St George’s Mental Health NHS Trust	Consultant Lead AND Chief Pharmacist
South London and Maudsley NHS Foundation Trust (Croydon Service)	Consultant Lead AND Pharmacist Lead
The Royal Marsden NHS Foundation Trust (Sutton Service)	Consultant Lead AND Pharmacist Lead
Moorfields Eye Hospital NHS Foundation Trust (Croydon / SGH Services)	Consultant Lead AND Pharmacist Lead
Central London Community Healthcare NHS Trust	Clinician Lead AND Pharmacist Lead
Hounslow and Richmond Community Healthcare NHS Trust	Clinician Lead AND Pharmacist Lead
Sutton Health and Care (Epsom and St Helier University Hospitals NHS Trust)	Clinician Lead AND Pharmacist Lead
Your Healthcare CIC	Clinician Lead AND Pharmacist Lead

Table 2: Summary table for in attendance (non-voting membership)

Organisation	Non-voting membership
SWL ICS IMOC Secretary	Lead Pharmacist
SWL ICS Senior Management Team	SWL ICS Medical Director
SWL ICS Senior Management Team	SWL ICS Chief Nurse, Chair QPOC
SWL ICS Senior Management Team	SWL ICS Finance Director
SWL ICS Senior Management Team	SWL ICS Finance Lead
Joint Formulary Committee	Lead Pharmacist
Community Pharmacy Local Pharmaceutical Committee: Croydon	Pharmacist Representative
Community Pharmacy Local Pharmaceutical Committee: Merton, Sutton, Wandsworth	Pharmacist Representative
Community Pharmacy Local Pharmaceutical Committee: Croydon, Kingston, Richmond	Pharmacist Representative
Local Medical Committee: Surrey and Sussex (Croydon, Kingston, Richmond)	GP Representative
Local Medical Committee – Merton, Sutton Wandsworth	GP Representative
SWL ICS Public Health Medicine	Public Health Consultant
SWL ICS Commissioner	Representative
Lay Member	Representative
Specialist Expertise	Specialist pharmacists
Specialist Expertise	Clinical Pharmacologist
Regional Specialised Commissioning - Pharmacy	Pharmacist Representative
Surrey Heartlands ICS	Lead pharmacist

Table 3: Summary of co-opted members in attendance, as appropriate (non-voting membership)

Organisation	Co-opted member (non-voting)
Community Optometry Service	Optometrist Representative
Community Dentistry Service	Dentist Representative
Local authority	Representative
London Ambulance Service	Representative

The committee will form a quorum when at least 25% of core members from primary and secondary care are present, with a balance of primary and secondary care representatives including at least one SWL ICS Lead GP and one Trust Consultant. Core membership includes primary care 13 members, secondary care 12 members, community 8 members.

25% - 4 Primary Care members, 4 secondary care members

The quorum may change in line with emerging ICS committee structures

8. Members' Roles and Responsibility

- SWL IMOC will be chaired by a Clinical Lead, Clinical Director or Non-Executive Director/Lay Member with a clinical background. The Chair will:
 - Provide effective leadership

- Ensure minutes and reports accurately record the decisions taken and the views of the members have been taken into account
- Work to ensure a fair representation on the committee from partnership organisations is achieved wherever possible
- Members will nominate a Vice Chair who will be responsible for chairing the committee if the Chair is absent or unable to chair due to conflict of interest for a specific item.
- Members will contribute to and participate in delivering the remit of the committee, bringing clinical and operational experience to decision making and communicating decisions and issues to their wider colleagues. Members will be expected to undertake continuing professional development (CPD) in prescribing/medicines management and comply with all corporate policies.
- Membership includes the following responsibilities:
 - Attend monthly meetings, actively participate in discussions and take responsibility for decisions
 - Keep up to date on medicines management issues, interpreting and where appropriate critically appraising guidelines relating to medicines
 - Represent views of constituent organisations and engage peers to ensure clinical expertise is reflected in discussions
 - Communicate issues and decisions to constituent organisations
 - Complete an annual declaration of interest

9. Decision Making

Decisions will be made in accordance with the terms of reference and the roles and responsibilities of members of the SWL IMOC. Where possible decisions will be reached on a consensus basis. However, when this is not achieved, a committee majority of 75% will be required to make a decision. All voting members present will have voting rights where a vote is required. Decisions will be made using the SWL Ethical Decision Making Framework- appendix 1.

10. Frequency of Meetings – monthly

Working sub-groups may meet more frequently depending on need

11. Administration of the Committee

Shared responsibility between “Place” based medicines optimisation teams

12. Communication Platform

The following will be available on a suitable communication platform accessible by trust clinicians, pharmacists and primary care clinicians and will interface with GP decision support tools (Scriptswitch and OptimizeRx).

- Administration of the committee (minutes etc.)
- Policies and guidelines relating to medicines
- Formulary recommendations

13. Appeals Process

An appeal against an SWL IMOC decision may be made whereby the applicant does not feel that the process leading to the decision was followed correctly. The

applicant must have been present when the decision was made and a letter should be sent in writing to the SWL IMOC Chair outlining the grounds for appeal within 30 days of the decision:

Illegality: the refusal of the request was not an option that could lawfully have been taken by SWL IMOC. Where the clinician has identified issues of illegality, these will be considered by an independent appeal panel consisting of a CCG clinician and an acute provider consultant.

Procedural impropriety: There were substantial and/or serious procedural errors in the way in which the process was conducted. In reaching the decision SWL IMOC did not follow the process outlined in the Terms of Reference. Where the clinician has identified procedural issues, these will be considered by an independent appeal panel consisting of a CCG clinician and an acute provider consultant.

Irrationality: Whether the decision was irrational in light of the information available to the Panel. Where the applicant does not consider the evaluation process included all relevant information, the application will be referred back to SWL IMOC for re-consideration of any new evidence.

The appeals process gives applicants the right to appeal a SWL IMOC decision if they feel that the process leading to the decision being made was not followed correctly. The Appeal Review does not consider whether the decision was clinically right or wrong and cannot change the grounds for appeal outlined above. An applicant cannot appeal a decision on the basis that they do not agree with the decision or that another neighbouring IMOC committee has come to a different decision.

The appeal review will assess if SWL IMOC has followed its own processes accurately. The results of this appeal will be communicated directly to the appealing clinician and the IMOC, who will review the decision if required.

14. Register of Interests

Each member will complete an annual declaration of interest and when circumstances change. Any relevant interests will be declared at the start of the SWL IMOC meeting, ideally in advance of the meeting so that the Chair can assess prior to the discussion.

Appendix 1: Ethical-Decision Making

1. Purpose

The IMOC Ethical Decision-Making Framework (EDMF) supports consistent and fair decisions to be taken by NHS South West London Integrated Care System (ICS) in relation to the use of medicines across the whole health economy in SWL, considering the financial position of partner organisations. Where a medicine is not subject to the National Institute for Health and Excellence (NICE) technology appraisal, it will be compared with existing services and other competing service developments.

2. Introduction

SWL Integrated Care Board (ICB) has several statutory duties, which may be in conflict in some instances, for example on the one hand it must provide comprehensive healthcare services to their population and on the other hand it must not exceed their annual financial allocations.

ICBs as public bodies are accountable for their decisions and need to demonstrate that their decisions are based on sound principles and have been made after careful consideration of all relevant factors, with reference to local conditions, and with a conscious intent to avoid discrimination. Decisions and actions taken must withstand scrutiny with regard to:

- Meeting statutory duties
- Legality
- Reasonableness
- Proportionality
- Procedural propriety
- Legitimate expectations
- Equality and non-discrimination.

3. Scope

The SWL IMOC is a decision-making committee, making funding decisions and recommendations for commissioners on behalf of SWL ICS/ICB for standard treatment of patient cohorts within a financial accountability framework. This EDMF covers funding decisions taken by SWL ICS/ICB in relation to the use of new and existing medicines, submitted to both the Joint Formulary Committee and to IMOC.

4. Principles For Ethical Decision-Making

Ethical decision-making framework refers to the process of evaluating and choosing among alternatives in a manner consistent with ethical principles. In making ethical decisions, it is necessary to recognise and eliminate unethical options and select the best ethical alternative.

SWL ICB has **four principles** for ethical decision-making relevant to IMOC decisions:

- Rationality
- Inclusivity
- Good use of NHS resources
- Clarity and transparency

4.1 Rationality

- SWL ICS/ICB has a responsibility to make rational decisions and to act fairly in balancing competing claims on resources between different patient groups and individuals. SWL ICS/ICB is committed to lawful,

evidence-based healthcare. Decisions are to be made on the basis of legality, and a reasonable evaluation of the available clinical evidence.

- Rational decisions will use reason and logic to weigh up likely outcomes, the wider context in which treatments can be provided locally, the implications for service delivery, clinical pathways, and the scale and nature of clinical benefits, costs and risks.

4.2 Inclusivity

- SWL ICS/ICB consider each individual within our populations to be of equal value. We will commission and provide healthcare services based solely on clinical need, within the resources available to us. We will not discriminate unlawfully between individuals or groups on the basis of age, gender, gender identity, sexual orientation, race, religion, lifestyle, occupation, social position, financial status, family status (including responsibility for dependents), intelligence, disability, physical or cognitive functioning. However, where treatments have a differential impact as a result of age, sex or other characteristics of the patient, it is legitimate to take such factors into account.
- SWL ICS/ICB has a responsibility to address health inequalities across our population. We acknowledge the proven links between social inequalities and inequalities in health, access to healthcare and health needs. Higher priority may therefore be allocated to interventions addressing health needs in sub-groups of our population who currently have poorer than average health experience (e.g. higher morbidity or poorer rates of access to healthcare, core20plus5).

4.3 Good Use of NHS resources

- SWL ICS/ICB is duty-bound not to exceed its budget and therefore the cost of treatment must be considered. The cost of treatment is important because investing in one area of health care inevitably diverts resources from other uses. This is known as the opportunity cost and is defined as benefit foregone, or value of opportunities lost, that would accrue by investing the same resources in the best alternative way.
- SWL ICS/ICB must ensure that the decision they take demonstrate the value for money and appropriate use of NHS funding based on the needs of the individual and the wider population. This means careful consideration and balancing between benefit, harm, and costs in both short, medium and longer terms.

4.4 Clarity and transparency

- SWL ICS/ICB will specify and consistently apply the relevant policies and processes to ensure decision making is fair and transparent. The information provided and the processes followed by the decisions-makers will be clearly documented.

5. Considerations

SWL IMOC will adhere to the above principles which are embedded in its decision making and reflected in the SWL IMOC Terms of Reference. By consistently following those will ensure that decision making by the SWL CCG is compliant with the four principles set out herein.

Document History

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