Integrated Medicines Optimisation Committee (IMOC)

Process Flow for new or updating documents including policies, pathways and guidelines relating to Medicines Optimisation across NHS South West London

This document is to support the pharmacist lead, when a need has been identified for a medicines-related document e.g. pathway, guideline, policy, protocol, position statement, information sheet etc is to be developed. The need may be identified by the clinical network or South West London (SWL) IMOC sub-group. This guidance sets out the various stages to guide the pharmacist lead in the process from developing a document, approval by IMOC and dissemination. The various stages are of the process are outlined below. It is recommended to record the outcomes of the stages on appendix 1.

1. Need for a new / updated document identified.

The pharmacist lead, will clearly describe the following:

- Purpose of the document
- Proposed changes in the document
- Benefits to the patient / integrated care system (ICS)
- Link to the priorities/performance framework
- Link to CORE20PLUS5 NHS England » Core20PLUS5 – An approach to reducing health inequalities

2. Identify implementation issues

The pharmacist lead, will identify implementation issues by considering the following:

- Clinical Outcomes
  - What evidence is there to support the recommendations contained within the document are clinically effective (has it worked elsewhere, NICE TAG, Guidelines)?
  - Has Public Health expertise on the evidence of effectiveness / cost effectiveness been sought?
  - For clarification, Clinical Knowledge Summaries (CKS) are not equivalent to NICE guidance as they have not been produced using a NICE process, nor are they signed off by NICE guidance executive. Topics are written by an expert multidisciplinary team with experience of primary care, supported by a network of over 6000 specialist external reviewers. The development process is accredited by NICE to ensure the highest quality
  - Has the evidence for effectiveness of any new medicines been considered by the Joint Formulary Committee? Is Joint Formulary Committee approval needed for any recommendations included in the document?
  - What impact will the recommendations have on the Safety of patients?

    - What impact will the recommendations have on environmental sustainability? Greener NHS (england.nhs.uk)
    - What is the overall impact of the proposed changes on Quality and Outcomes?
- Equality
    - Do the recommendations included in the document address any existing health inequalities, how?
    - Is the document in line with the CORE 20PLUS5 approach?
    - How does variation in care/access change by the proposal within SWL?
    - Has an Equality Impact Assessment (EIA), has it been signed off?
    - What is the overall impact of the proposed changes on Equality?
- Public and Clinical Consensus
    - How will patients experience services differently once it is implemented?
    - Have clinical networks/groups been involved in developing and agreeing the proposed document? Is there clinical consensus?
    - What supporting evidence is there from local clinicians?
    - How patients, carers, communities been involved?
- Finance
    - What evidence is there to support the changes/recommendations included in the document are cost effective or good value for money (has it worked elsewhere, NICE cost effectiveness assessment)?
    - Is it identified which budget/service lines are impacted by the changes?
    - Are the costs and benefits of the change measurable? How?
    - How certain are the costs and benefits of the change?
- Contracting and Performance
    - Are there any contractual or administrative changes required?
    - Will the change have any impact on performance measures/KPIs in the contract?
- Geography
    - Which Places / services are affected?
- Scale
    - How many patients / staff involved?
- System
    - What are the indirect impacts of the proposed changes/recommendations in the document?
    - Have you considered the impact on the following groups: primary care, social care, care homes, community services, mental health service, elective and acute services, urgent care services (inc LAS and 111) independent/voluntary sector, tertiary services?
- Workforce
    - Are there any impacts on workforce of implementing this document?
- Data Privacy Impact
- Communication Plan
    - Do you have written plans for communicating the document and recommendations? See Section 7.
- Implementation Plan
    - What plans do you have to implement this document?

- Have you considered implementation in Section 7, including NETFormulary, GP decision systems e.g. Optimize Rx and Scriptswitch

The issues identified should be noted in appendix 1.

3. Develop the document

The pharmacist lead will develop the document with the support of the clinical network or other working groups as appropriate. All documents for publication on the SWL IMO website require to be in an accessible format. The document should be authored in Microsoft 'word'. Refer to the 'making word documents accessible – guidance and tips'. Templates have been included, however if a template is not available, contact the MO document governance team via SWL TEAMS channel.

4. Consultation / Engagement

The pharmacist lead will facilitate consultation of the draft document with the following, depending on the implementation issues identified in section 2 above. Use appendix 2 to record the consultation and outcomes.

- Clinical Network Members
- Commissioners/service leads
- IMOC Policy Development sub-group members
- Joint Formulary Committee (JFC) pharmacist*
- Local Medical Committee criteria for engagement:
  - Change in workload associated with monitoring / referral
  - Major change in RAG rating – prescribing pathway
  - Major harmonisation required across boroughs / trusts
  - Shared care

  Screen guidelines using the above criteria to identify when discussion with LMC representatives is required and arrange a meeting prior to IMOC
- Local Pharmaceutical Committee
- Primary Care Network / Place General Practitioners (GPs)
- Primary and secondary care pharmacists
- Public Health
- Specialist clinicians e.g. GPSI or consultant
- SWL High-Cost Drugs Team (ISPS Team)
- SWL High-Cost Drugs and Pathways Group
- Community Pharmacists
- Optometrists
- Dentists
- Surrey Heartlands ICS / SEL ICS

  **Note they may advise that a new drug application needs to be made to the JFC (generally, JFC approval is sought before a guideline is presented to IMOC for approval.*

5. Pre-IMOC approval

The pharmacist lead will gain approval from the following (as appropriate):

- Clinical Network

- Clinical Group e.g., Antimicrobial Group
- SWL IMOC Policy Development Sub-Group
- Joint Formulary Committee

6. IMOC approval

The pharmacist lead will:

- submit the final version of the document for approval by completing the SWL IMOC cover sheet, summarising key clinical, financial, CORE20PLUS5 and system issues identified, together with an implementation and communication plan which should be linked to a service specification as appropriate.
- List the pharmaceutical companies linked to the document
- adhere to the deadlines for submission of papers for IMOC approval.
- present the document at the IMOC meeting for approval, summarising points 1,2,4 and 5 above.

IMOC approval with no further changes: If the document is approved with no further changes, the pharmacist lead can progress to the next stage of publication and dissemination.

IMOC request changes: If IMOC request changes to be made to the document, these will be recorded as 'Approval – subject to amendments. The pharmacist lead will action the changes as requested.

Note: If subsequent changes are made to the document after IMOC approval – the document will need to be re-approved by IMOC.

7. Publication and dissemination of the document

On approval of the document by IMOC, the pharmacist lead will aim to complete the checklist within one week of IMOC approval. The latest version of the checklist can be found in the 'MO document governance' SWL TEAMS channel.

Checklist Part 1:

This part relates to the upload of the document to the SWL IMO website. To avoid delays in the upload of the document, please ensure the document is in an accessible format. Discussions on accessibility should take place at the outset of document development.

Checklist Part 2:

This part relates to the dissemination of the documents. The pharmacist lead should aim to complete this within one month of upload to the website.

Appendix 1: Record of the stages of document development

Section 1	Notes
Purpose of the document?	
The proposed change in pathway, guideline, protocol or policy?	
Benefits to patients	
Benefits to the ICS	
Link to priorities/performance framework	
Is the document in line with CORE20PLUS5 approach?	
Section 2: implementation issues	
• Clinical Outcomes • Equality • Public and Clinical Consensus • Finance • Contracting and Performance • Geography • Scale • System • Workforce • Data Privacy Impact • Communication Plan • Implementation Plan	
Section 3: Developing the document	
Lead pharmacist to add any relevant notes to support document development e.g. timelines, accessibility issues etc	
Section 4: Consultation and engagement	
Record this on appendix 2 Include any relevant/important comments on the IMOC cover sheet.	
Section 5: Pre-IMOC approval	
• Clinical Network • Clinical Group e.g., Antimicrobial Group • SWL IMOC Policy Development Sub-Group	
Section 6: IMOC approval	
Prepare IMOC cover sheet. Reminder to include a summary of CORE20PLUS5, clinical, financial and system issues	Note: Manufacturers for the purpose of declaration of conflicts of interest.

South West London Integrated Care System

Appendix 2: SWL stakeholder consultation and record of comment received.

Stakeholder	Consult with? Y	Document sent Y	Summary of comments relating to content	Response to comments i.e. included / rejected (state reason if this is the case)
Clinical Network Members				
IMOC sub-group members				
Local Medical Committee (LMC)				
Local Pharmaceutical Committee (LPC)				
Public Health				
Joint Formulary Committee Pharmacist				
ISPS Team				
ICS Chief / Lead Pharmacists				
ICS Chief Pharmacist				
Croydon Place				
Kingston/Richmond Place				

Stakeholder	Consult with? Y	Document sent Y	Summary of comments relating to content	Response to comments i.e. included / rejected (state reason if this is the case)
Merton Place				
Sutton Place				
Wandsworth Place				
Trust Chief / Lead Pharmacists				
Croydon Health Services				
Epsom & St Helier				
Kingston				
St Georges				
SWLStGMHT				
SLAM (Croydon)				
RMH				
Your Healthcare CIC				
Central London Community Healthcare				
Sutton Health and Care				

Stakeholder	Consult with? Y	Document sent Y	Summary of comments relating to content	Response to comments i.e. included / rejected (state reason if this is the case)
Hounslow and Richmond Community Healthcare				
Other Organisations				
Local Authorities				
Surrey Heartlands ICS				
South East London ICS				
Community Pharmacists				
Optometrists				
Dentists				
PCN Clinical Directors &/or Clinical Leads				
Croydon Place				
Kingston/Richmond Place				
Merton Place				
Sutton Place				
Wandsworth Place				

Stakeholder	Consult with? Y	Document sent Y	Summary of comments relating to content	Response to comments i.e. included / rejected (state reason if this is the case)
GPs & Practice Nurses with specialist interest				
Croydon Place				
Kingston/Richmond Place				
Merton Place				
Sutton Place				
Wandsworth Place				
GP/PCN based Pharmacists				
Croydon Place				
Kingston/Richmond Place				
Merton Place				
Sutton Place				
Wandsworth Place				
Others (state the name + role)				

Stakeholder	Consult with? Y	Document sent Y	Summary of comments relating to content	Response to comments i.e. included / rejected (state reason if this is the case)

Document History

Version: V 3.0

Author: **IMOC Management Team**

Approved by: Integrated medicines committee (IMOC)

Approval date: **19.10.22**

Review Date: 2 years from approval date or sooner where appropriate.