

SWL Integrated Medicines Optimisation Committee (IMOC)

Terms of Reference

1. Introduction

South West London (SWL) Integrated Care System (ICS) has four key objectives delivered by neighbourhood health, facilitated by integrated working and a SWL Clinically Led Strategic Plan:

- 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.

The [Fit for the Future: 10-Year Health Plan for England](#), published in July 2025, outlines three shifts:

- hospital to community
- analogue to digital
- sickness to prevention

The SWL Integrated Medicines Optimisation Committee (IMOC) is a strategic partnership committee (Appendix 1). It is responsible for oversight, implementation and performance management of medicines related decisions within prescribing allocations, operating under the overarching governance of SWL Integrated Care Board (ICB).

SWL ICB is a strategic commissioner of local health services as defined in the Model ICB Blueprint (April 2025). The core functions of the ICB include:

- investing, purchasing and evaluating a range of services and pathways required to ensure access to high quality care, to improve outcomes and reduce inequalities,
- aligning funding and resources strategically with long term outcomes,
- Managing clinical and financial risk

2. Remit

- Provides collective clinical leadership for medicines optimisation (MO) in SWL, promoting integrated health partnerships, co-design and developing neighbourhood teams, ensuring patients have consistent access to medicines with safe, clinically and cost-effective outcomes within existing resources.
- Provides clinical leadership for global public health priorities including antimicrobial resistance and opioid stewardship
- Provides advice to ICB strategic commissioners and contractors, using population health management and epidemiology, and utilising prescribing

data to promote access to high quality care, improved outcomes and reduced inequalities, in the areas of:

- standards for medicines safety, quality and efficiency
- relative priority of medicines / innovations
- aligning funding and resources for medicines
- ensuring value is delivered through commissioned providers
- commissioning community pharmacy
- Provides governance and oversees the delivery of the SWL Medicines and Medicines Value Strategy, a transformation plan that prioritises allocations of resources, enhances value, promotes safer medicine use, and drives innovative care models
- Provides clinical governance over the development of medicine-related clinical pathway re-design and transformation.
- Provides clinical governance including policy and risk management.
- Provides governance of financial risk, working in partnership using a horizon scanning approach to use prescribing resources effectively, improving health outcomes and value for money.
- Provides governance of clinical risk, utilising clinical effectiveness, quality and safety, to promote best practice for medicines. Providing a horizon scanning approach to manage the formulary, identify safety risks and develop medicines related clinical pathways
- Provides assurance on access to medicines, addressing inequalities and unwarranted variation.
- Promotes the use of digital and data solutions to improve systems and communication relating to medicines.
- Responds to and oversees impact assessments for disrupter technologies, including pharmacogenomics, the implementation of regional and national advice and National Institute for Health and Care Excellence (NICE) appraisal recommendations to encourage rapid and consistent uptake.
- Provides a forum for collaborative partnership working with NHS-E to support readiness and implementation of NHS-E delegated functions.

3. Governance and Authority

SWL IMOC has delegated responsibility for MO decisions:

- ICB has a statutory responsibility which the Board is accountable for.
- The Board delegates scrutiny of those arrangements to the Quality and Performance Oversight Committee (QPOC) with SMT having operational oversight.

The Quality and Performance Oversight Committee has the responsibility to:

"scrutinise the robustness of the arrangements for and assure compliance with the ICBs statutory responsibilities for medicines optimisation and safety, with operational oversight by the Senior Management Team"

- Annual Reporting to: SWL Quality and Performance Oversight Committee (QPOC)

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

4. IMOC Subcommittee Accountability and Reporting (see Appendix 3)

- Subcommittees are accountable to IMOC, reporting at least quarterly
- Mental Health Interface Prescribing Forum will report annually, with quarterly minutes
- Subcommittees will include members from all representative sectors and organisations to ensure that different views are considered

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, considering the financial position of partner organisations.

Delegated Financial Authority

In the main, funding follows NICE guidance and is contained in the growth of prescribing budgets, requiring no additional resource. Horizon scanning will identify financial and clinical implications of NICE Technology Appraisal implementation, and those with high clinical or financial risk will be escalated to the ICB Executive Team.

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. Delegated authority is dependent on visibility and scrutiny of prescribing budgets and expenditure across the ICS.

Cost Neutral i.e. from existing resources – LOW/MEDIUM FINANCIAL RISK

- Primary care
- Provider high-cost drug budgets
 - IMOC has delegated financial authority to approve
 - SWL ICB Finance Activity Committee (FAC) will ensure scrutiny of expenditure as part of the overall financial position.

Cost Neutral Transfer of Resources – 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 has the delegated authority to approve.

Investment Required – HIGH FINANCIAL RISK

- IMOC has the delegated authority to approve interventions prioritised as part of the annual Medicines and Medicines Value Strategy approved by ICB Board.
- Interventions considered to have a high financial risk will be further discussed and approved by SWL ICB Senior Management Team

The delegated financial authority is on the understanding that the normal ICB planning approach is carried out by IMOC, with strategic partnership commissioning of medicines through the development of the Medicines and Medicines Value Strategy.

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 discussed and approved at SWL ICB Senior Management Team – HIGH RISK COMMISSIONED SERVICES

6. Membership

The committee is clinically led with member representation from all partner organisations, lay member, local authority (co-opted as appropriate) and public health (Appendix 2)

Quoracy

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 Place Lead GP, Acute Trust Consultant and Mental Health representative. Core membership includes primary care 10 members, secondary care 8 members, community/mental health 6 members.

25% - 3 Primary Care members, 3 secondary care members

The quorum may change in line with emerging ICB committee structures

7. 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 for policy decisions, or by Chair's action if 75% is not achieved. 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 4).

8. Frequency of Meetings – monthly

Working groups and subcommittees may meet more frequently depending on need

9. Administration of the Committee

ICB Responsibility

10. Communication Platform

Policies, pathways and guidelines relating to medicines will be available on the Integrated Medicines Optimisation website

- [SW London Integrated Medicines Optimisation Committee – Improving health in South West London](#)
- [South West London Formulary](#)

11. 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 ICB 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 an ICB clinician and an acute provider consultant.

Irrationality: Whether the decision was irrational in light of the information available to IMOC. 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.

12. 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.

Document History

Version: V 2.1

Author: **IMOC Management Team**

Approved by: Integrated Medicines Optimisation Committee

Approval date: **19.10.22**

Review Date: **19.10.24.**

Version V2.2

Accessible version created 2.11.2022

Version V3.0

Approved by: Integrated Medicines Optimisation Committee

Approval Date: 15.10.25

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

Version V3.1

Minor amendments: 12.11.25

- wording on accountability
- organisational membership changes

Appendix 1 Partner organisations participating in SWL IMOC with full voting membership include:

- SWL ICB
- SWL Places (Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth)
- Community Pharmacy Contractor
- Croydon Health Services NHS Trust
- Epsom and St Helier University Hospitals NHS Trust
- Kingston and Richmond NHS Foundation 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 (co-opted as required)
- South London and The Maudsley Foundation Trust (Croydon)
- Central London Community Healthcare NHS Trust
- Moorfields Eye Hospital NHS Foundation Trust (CHS/SGH Services – co-opted as required).
- Lay Member

Local authorities: will be co-opted as required

- Croydon Council
- Kingston Council
- Merton Council
- Richmond Upon Thames London Borough Council
- Sutton Council
- Wandsworth London Borough Council.

Organisations participating in SWL IMOC as non-voting members include:

- SWL Integrated Care Board (ICB), Senior Management Team
- SWL Acute Provider Collaborative
- Local Pharmaceutical Committees and Local Medical Committees

Associates: Surrey Heartlands Integrated Care System

Appendix 2 Membership

Voting Members

- IMOC Chair: SWL ICB Director of Population Health Management / SWL ICB Chief Pharmacist
- IMOC Vice Chair: voted by members
- SWL ICB Chief Pharmacist / Deputy Chief Pharmacist
- SWL ICB Public Health Consultant
- SWL ICB Finance Lead
- SWL Place Clinical Director x 2
- SWL Place Clinical Lead GP x 3
- SWL ICB Clinical Network Lead
- SWL ICB Clinical Director Primary Care
- Community Pharmacy Contractor
- Chief Pharmacists – all acute trusts, mental health trusts and community trust partner organisations x7
- Consultants – all acute trusts, mental health trusts and community trust partner organisations x7

Notes: ICB x 5, Place x 5, acute trusts x 8 (plus co-opted RMH, MEH), mental health x 4, Community Trust x2

Non-voting members

- SWL IMOC Secretary
- SWL IMOC Subcommittee Chairs
 - Formulary and Pathways Subcommittee
 - Medicines Value Subcommittee
 - Quality and Safety Subcommittee
- Local Medical Committee Representatives
- Local Pharmaceutical Committee Representatives
- Regional Specialised Commissioning Lead
- Neighbouring ICB Leads

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

Members' Roles and Responsibilities

- SWL IMOC will be chaired by a Clinical Lead, Clinical Director, Non-Executive Director or ICS Chief Pharmacist, and will:
 - Provide effective leadership, ensuring meetings are run efficiently and effectively
 - Ensure minutes and reports accurately record the decisions taken and the views of the members have been considered
 - Work to achieve a fair representation on the committee from partnership organisations
 - Act as signatory for the committee on matters of governance
 - Work with members to ensure MO strategic plans are developed to meet aims of the committee

- 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
 - Provide a deputy or prior comments if unable to attend
 - 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

Secretary

- Responsible for the documentation and communication of the activities of the committee, maintaining records/risk register and managing minutes.
- Responsible for developing the agenda in consultation with other committee members
- Help and lead the committee in providing communication with relevant stakeholders

Appendix 3: IMOC Sub-committees

SWL Formulary, and Pathways Subcommittee (F&PS)

- Provides collective clinical leadership for formulary and medicine-related clinical pathway development in SWL, promoting integrated health partnerships and co-design, ensuring patients have consistent access to medicines with safe, clinically and cost-effective outcomes, prioritised as affordable in line with the SWL Medicines Optimisation (MO) Value Strategy.
- Delivers the formulary management and medicine-related clinical pathway components of the SWL Medicines and Medicines Value Strategy and SWL Clinically Led Strategic Plan.
- Provides financial risk management by contributing to annual horizon scanning and prioritisation outlined in the Medicines and Medicines Value Strategy, escalating affordability issues to IMOC for prioritisation as part of the annual commissioning cycle.
- Provides clinical risk management by promoting best practice for medicines, managing the formulary, identifying safety risks and developing evidence-based medicine-related clinical pathways.
- Approves interventions and pathways not prioritised by annual horizon scanning where there is a clear case outlining how the intervention or therapeutic pathway meets the SWL Medicines and Medicines Value Strategy.
- Leads on implementation of national and regional advice relating to new prescribable interventions and therapeutic pathways ensuring consistent access to approved interventions across SWL.
- F&PS has delegated authority for formulary management and medicine-related clinical pathway approval with:
 - Automatic formulary inclusion of NICE Technology Appraisal (TA) approved medicines if clinically appropriate and relevant to the services provided by the organisation, including within a relevant care pathway in line with NICE.
 - Inclusion of prescribable interventions not subject to NICE Technology Appraisal (NICE TA), and therapeutic pathways, where the proposed investment is clinically effective, cost effective, and either cost neutral considering potential offset costs, or prioritised as affordable by IMOC in line with the SWL Medicine and Medicine Value Strategy.
- Reporting: Quarterly report to IMOC against the SWL Medicines and Medicines Value Strategy

SWL Mental Health Interface Prescribing Forum (MHIPF)

- Provides collective clinical leadership, promoting integrated health partnerships and co-design for mental health prescribing, ensuring patients have consistent access to medicines with safe, clinically and cost-effective

outcomes, prioritised as affordable in line with the SWL Medicines and Medicines Value Strategy

- Delivers mental health medicine priorities defined in the SWL Medicines and Medicines Value Strategy:
 - Supports F&PS to deliver mental health formulary management and therapeutic pathways.
 - Delivers mental health medicine value priorities
- Implements regional and national mental health therapeutic pathways
- Manages financial risk by contributing to annual horizon scanning and prioritisation of mental health medicines for inclusion in the SWL Medicines and Medicines Value Strategy.
- Manages clinical risk by promoting best practice, identifying safety risks and developing evidence-based therapeutic pathways for mental health medicines

Reporting:

- Stakeholder reports to F&PS supporting formulary and therapeutic pathway approval
- Quarterly minutes to IMOC against the Medicines and Medicines Value Strategy, annual reporting.

SWL Medicines Value Subcommittee (MVS)

- Provides a forum for collaborative partnership working, integrated health partnerships and co-design of cost improvement opportunities identified and prioritised by annual horizon scanning in line with SWL Medicines and Medicines Value Strategy.
- Oversees the delivery of the medicines value component of the SWL Medicines and Medicines Value Strategy, identifying and escalating financial risks to IMOC.
- Provides financial risk management by contributing to annual horizon scanning and prioritisation of cost improvement opportunities outlined in the Medicines and Medicines Value Strategy, escalating financial risks to IMOC for prioritisation as part of strategic commissioning.
- Provides clinical risk management by promoting best practice for medicines, cost effective prescribing opportunities, effective biosimilar implementation and waste reduction.
- Leads on implementation of national and regional advice relating to medicines value, ensuring consistent uptake access across SWL.
- Considers and provides advice on adoption of Primary Care Rebate Schemes and National Procurement Schemes in line with SWL Medicines and Medicines Value Strategy.
- MVS has delegated authority for cost improvement scheme approval, forming part of the SWL Medicines and Medicines Value Strategy.
- Quarterly assurance reporting to IMOC:
 - Financial expenditure against primary and secondary care allocations
 - Medicines value opportunities identified in the Medicines and Medicines Value Strategy
 - Newly identified financial risks and issues for escalation

SWL Medicines Quality and Safety Subcommittee (MQSS)

- Provides a forum for collaborative partnership working, integrated health partnerships and co-design of medicines related quality and safety schemes identified and prioritised by annual horizon scanning in line with SWL Medicines and Medicines Value Strategy.
- Oversees the delivery of the quality and safety component of the SWL Medicines and Medicines Value Strategy, identifying and escalating clinical and financial risks to IMOC.
- Provides clinical and financial risk management by contributing to annual horizon scanning and prioritisation of quality and safety opportunities outlined in the Medicines and Medicines Value Strategy, escalating risks to IMOC for prioritisation as part of the annual commissioning cycle.
- Provides clinical risk management by promoting best practice for medicines related quality and safety.
- Leads on implementation of national and regional advice relating to medicines related quality and safety, ensuring consistent uptake access across SWL.
- MQSS has delegated authority for approval of quality and safety schemes, forming part of the SWL Medicines and Medicines Value Strategy.
- Quarterly assurance reporting to IMOC:
 - Medicines safety and quality opportunities identified in the Medicines and Medicines Value Strategy
 - Newly identified clinical risk issues for escalation

Appendix 4: South West London Integrated Medicines Optimisation Committee (IMOC) Ethical Decision-Making Framework

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 IMOC and IMOC sub-committees.

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 clinical effectiveness demonstrated by high quality evidence and standardized/structured critical appraisal methods.

- 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 cost effectiveness, 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 ICB is compliant with the four principles set out herein.