NHS North Central London
Integrated Care Board
Integrated Medicines Optimisation Committee
Terms of Reference

1. Introduction

1.1 The Integrated Medicines Optimisation Committee ('Committee') is established in accordance with the Constitution of NHS North Central London Integrated Care Board ('ICB'). It is a sub-committee of the ICB Quality and Safety Committee.

1.2 These Terms of Reference set out the membership, remit, responsibilities and reporting arrangements of the Committee.

2. Purpose

2.1 The purpose of the Committee is to:

a) Provide oversight and assurance on the ICB's statutory functions on medicines;
b) Provide oversight and assurance on medicines to ensure:
   - Safe and clinically effective use of medicines;
   - Improved clinical outcomes;
   - Best value of medicines use;
   - The promotion of proper use of medicines;
   - Safe and consistent access to medicines in the context of care pathways which cross multiple providers;
c) Oversee the development and implementation of the ICB's medicines management strategy and procedures;
d) Provide clinical leadership for the system and ensure co-operation and consistency of approach to medicines optimisation across the NCL Integrated Care System;
d) Oversee the arrangements for sponsorship and/or joint working with the pharmaceutical industry.

3. Role

3.1 The Committee has two key areas of focus:

a) The ICB's internal medicines functions;
b) The ICB's wider system leadership.

3.2 In relation to the ICB's internal medicines functions the Committee shall:

a) Oversee and monitor implementation of the ICB's medicines management strategy, policies and procedures;
b) Ensure the ICB meets its constitutional requirements in making treatments available to patients and has the appropriate governance and systems in place to support treatment decision-making;
c) Provide advice, guidance and/or instructions to the ICB on medicines optimisation, medicines safety, medicines related quality improvements, medicine management and pharmaceutical and prescribing matters;
d) Approve medicines investments in line with the Committee's delegated financial authority limits;
e) Provide advice and support on cost effective, evidence based, best value prescribing to the ICB;

f) Monitor prescribing spend and efficiencies, inform and provide advice to the ICB on budget pressures, budget setting and financial forward planning in relation to medicines and prescribing;
g) Identify cost improvement opportunities and form solutions to enable CIP initiatives to be successful;
h) Approve ICB medicines policies, prescribing guidelines, clinical pathways and any other information, including information for patients, involving medicines. Engage relevant clinical opinion from stakeholder organisations in the development of proposals and recommendations on the management of medicines;
i) Oversee and advise on the impact and implementation of relevant medicines related national, regional and system policies and guidance;
j) Consider recommendations from the NCL Joint Formulary ('JFC'), the NCL Pharmacy Leadership Forum (PLF), the Medicines Clinical Reference Group ('CRG') and the Medicines Finance and Value Group;
k) Approve the NCL ICB prescribing recommendations list for GP practices and relevant commissioned services as appropriate;
l) Consider and make recommendations on the introduction and impact of new medicines as appropriate and their impact on ICB policies, resources, services and commissioning. This includes the implications for services arising from the managed introduction of a new medicines or the use of an established medicine for a new indication;
m) Advise on the management of entry of new medicines, or new indications for existing medicines, into the health and social care economy. Make prescribing recommendations for the use of medicines incorporating recommendations from NICE and commissioning decisions for drugs and advise on medicines use in order to ensure the best use of medicines and associated resources across the healthcare system locally, resulting in a clear commissioning framework for medicines use;
n) Ensure that processes underpinning local decision-making about medicines and treatments are consistent with the NHS Constitution and in accordance with common law, and that NICE recommendations and good practice guidance are taken in to consideration;
o) Review reports on assurance and performance against the NHS Oversights Framework and the results of controlled drugs prescribing monitoring, investigation, and actions to prevent inappropriate or fraudulent prescribing;
p) Contribute to the development of solutions to medicines or prescribing issues identified;
q) Provide support on medicines management issues to all relevant directorates, teams, and groups within the ICB;
r) Ensure that medicines management issues are fed into the wider clinical and corporate governance of the ICB as appropriate;
s) Review and make decisions on sponsorship and/or joint working with the pharmaceutical industry as per the ICB's Sponsorship and Joint Working With The Pharmaceutical Industry Policy (the policy is approved by the Audit Committee);
t) Oversee and monitor the arrangements agreed under the Sponsorship and Joint Working With The Pharmaceutical Industry Policy;
u) Make recommendations for amendments to the Sponsorship and Joint Working With The Pharmaceutical Industry Policy to the Audit Committee.

3.3 In relation to the ICB's wider system leadership the Committee shall:

a) Ensure the ICB works collaboratively with partner organisations across the North Central London Integrated Care System ('ICS') and Borough Partnerships ('BPs') as appropriate and particularly in regards to:
    - Population health and prevention, reducing variation and optimising outcomes for our populations;
    - Advising on pharmacy and prescribing related workforce developments, including within GP practices and Primary Care Networks ('PCNs') and ensuring

collaboration with the North Central London workforce programme regarding integration and modernisation of the workforce to deliver new care models, educating and training;
- Ensuring the provision of care in respect of medicines is delivered within the most appropriate care setting to meet the pharmaceutical and medicines optimisation needs of the local population;
- Supporting the reduction in avoidable medication waste to ensure NHS resources are used efficiently;

b) Consider NICE recommendations, impact for the ICB as a commissioner and the ICS system and advise on implementation;
c) Ensure principles of medicines optimisation are embedded in to practice, ensuring medicines deliver value, are clinically-effective and cost-effective and ensure people get the right choice of medicines, at the right time, and are engaged in the process by their clinical team;
d) Promote prescribing practice standardisation and reduce variation to ensure optimal outcomes for patients and reduce risk and support patient safety with regard to medicines;
e) Monitor inappropriate prescribing and, where appropriate, advise on steps to manage this;
f) Advise on strategies to support self-care and prevention of ill health;
g) Have an overview of implementation of MHRA, National and local drug / patient safety alerts within the local health economy;
h) Support risk management, assurance, audit and research relevant to medicines-related issues;
i) Ensure the development / transformation of community pharmacy is embedded in local Pharmacy and Medicines Optimisation Strategy;
j) Make decisions relating to the commissioning of community pharmacy services in a timely way in compliance with the ICB Governance. Framework, engaging appropriately with other ICBs via the Pharmacy, Optometry and Dental Commissioning Oversight Group, where such decisions impact across ICB borders;
k) Support implementation and delivery of all responsibilities retained by each individual ICB for Community Pharmacy described in the MoU with NEL ICB following delegation to ICBs of pharmacy, optometry and dental commissioning under the NHS England Delegation Agreement;
l) Escalate as appropriate to the ICB Strategy & Development Committee ('SDC') and the Board who retain overall authority for delegated pharmacy, optometry and dental services and the MoU with NEL ICB and Delegation Agreement with NHS England.

3.4 In relation to its ICB internal medicines functions and wider system leadership (as appropriate), the Committee shall:
a) Oversee and approve Medicines investments within the Committee's delegated financial authority limits;
b) Provide oversight and scrutiny of medicines risks regarding the ICB and wider system;
c) Provide reports to the Board of Members, the Quality and Safety Committee and/or the Strategy and Development Committee as required.

3.5 The Committee will also ensure that the committee is patient focussed and that patients have been engaged in the development of relevant proposals.

4. Membership

4.1 The Committee shall comprise of the following voting members:
a) A clinical member of the Board of Members other than the Chief Medical Officer or Chief Nursing Officer;
b) Chief Medical Officer;

c) ICS Chief Pharmacist;
d) Chief Nursing Officer;
e) Executive Director of Place;
f) A director of finance.

4.2 The roles referred to in the list of voting members above describe the substantive roles and any equivalent successor roles and not the individual title or titles.

4.3 In accordance with the ICB's Constitution all voting members of the Committee must be approved by the ICB's Chair.

4.4 The list of voting members is set out in Schedule 1. Schedule 1 does not form part of the Terms of Reference and may be amended without the need to formally amend these Terms of Reference.

4.5 Voting members may nominate deputies to represent them in their absence.

5. Participants and Observers

5.1 The following people shall attend Committee meetings as standing participants:
a) Clinical and Care Director (prescriber)
b) Assistant Director of Medicines Optimisation;
c) Director of Public Health or Consultant in Public Health;
d) Lead for the High Cost Drugs function;
e) 2 Community Participants;
f) 5 Sector members who bring sector experience and perspective to Committee's deliberations.

5.2 Participants at Committee meetings are non-voting.

5.3 The roles referred to in the list of standing participants above describe the substantive roles and any equivalent successor roles and not the individual title or titles.

5.4 The list of standing participants is contained in Schedule 1. Schedule 1 does not form part of the Terms of Reference and may be amended without the need to formally amend these Terms of Reference.

5.5 Standing participants may nominate deputies to represent them in their absence.

5.6 The Committee may invite or allow additional people to attend meetings as participants. Participants may present at meetings and contribute to the relevant discussions but are not allowed to participate in any formal vote.

5.7 The Committee may invite or allow people to attend meetings as observers. Observers may not present at meetings, contribute to any discussion or participate in any formal vote.

5.8 The Committee may call additional experts to attend meetings on a case by case basis to inform discussion.

6. Chair

6.1 The Committee Chair shall be the clinical member of the Board of Members other than the Chief Medical Officer or Chief Nursing Officer. The Chair may nominate a deputy to represent them in their absence.

7. Voting

7.1 The ICB has agreed to use a collective model of decision making that seeks to find consensus between system partners and make decisions based on unanimity as the norm. This includes working though difficult issues where appropriate. If it is not possible to achieve unanimity a vote will be required. Voting shall be as per clause 7.2 below.

7.2 Each voting member of the Committee shall have one vote with resolutions passing by simple majority. In the event of a tied vote the Committee Chair shall have the casting vote.

8. Quorum

8.1 The Committee will be considered quorate when at least the following voting members are present:

a) The Chair;
b) A Clinician; and,
c) An Executive Director.

8.2 If any representative is conflicted on a particular item of business they will not count towards the quorum for that item of business. If this renders a meeting or part of a meeting inquorate a non-conflicted person may be temporarily appointed or co-opted onto the Committee to satisfy the quorum requirements.

8.3 If a meeting is not quorate the Committee Chair may adjourn the meeting to permit the appointment or co-option of additional members if necessary.

9. Secretariat

9.1 The Secretariat to the Committee shall be provided by Corporate Affairs Directorate.

10. Frequency of Committee Meetings

10.1 Committee meetings will be held bi-monthly but may hold additional meetings as and when necessary. The Committee Chair may call additional meetings or cancel meetings as necessary.

11. Notice of Meetings

11.1 Notice of a Committee meeting shall be sent to all Committee members no less 7 days in advance of the meeting.

11.2 The meeting shall contain the date, time and location of the meeting.

12. Agendas and Circulation of Papers

12.1 Before each Committee meeting an agenda setting out the business of the meeting will be sent to every Committee member no less than 7 days in advance of the meeting.

12.2 Before each Committee meeting the papers of the meeting will be sent to every Committee member no less than 7 days in advance of the meeting.

12.3 If a Committee member wishes to include an item on the agenda they must notify the Committee Chair via the Secretariat no later than 7 days prior to the meeting. The decision as to whether to include the agenda item is at the absolute discretion of the Committee Chair.

13. Minutes of Meetings

13.1 The minutes of the proceedings of a meeting shall be prepared by the Secretariat and submitted for agreement at the following meeting.

14. Authority

14.1 The Committee is accountable to the ICB Quality and Safety Committee and will operate as one of its sub-committees. The Committee must act within the remit of these terms of reference and has no executive powers other than those specifically set out in these terms of reference.

14.2 The Committee is authorised by the Board of Members to obtain at the ICB's expense outside legal or other professional advice on any matters within the Committee's Terms of Reference.

15. Reporting Responsibilities

15.1 The Committee will report to Board of Members, ICB Quality and Safety Committee and/or the Strategy and Development Committee where appropriate on all matters within its duties and responsibilities as required.

15.2 The Committee may make recommendations to the ICB Board of Members, the Quality and Safety Committee and/or the Strategy and Development Committee and/or any other committee it considers appropriate on any area within its remit.

16. Delegated Authority

16.1 The Committee may agree to delegate its authority to a Committee member or members to make decisions on the Committee's behalf outside of a Committee meeting at its absolute discretion on a case by case basis.

17. Virtual Meetings and Decision Making

17.1 Committee meetings may be held in person or virtually.

17.2 There are circumstances where time-critical decisions need to be made and it is not possible and/or reasonably practicable and/or a good use of resources to hold a physical meeting (either in person or virtually) in sufficient time. In these circumstances decisions may be made virtually using the protocol for virtual decision making.

17.3 In addition to the general authority set out in clause 17.2 above, due to the nature of its remit the Committee recognises that some urgent and immediate decisions may need to be made outside of Committee meetings and that the use of the protocol for virtual decision making is not appropriate. The Committee may therefore delegate urgent and immediate decisions that need to be made outside of Committee timescales in accordance with clauses 17.4 – 17.5 and 17.8 below.

17.4 Urgent decisions requiring a response within 24 hours will be made collectively by the following people or their nominated deputies:

a) The Committee Chair;
b) A Clinical member of the Committee;
c) Executive Director of Place.

17.5 Immediate decisions requiring a response within 2 weeks will be made at a Committee meeting where practicable or by the protocol for virtual decision making. Where this is not practicable the following people or their nominated deputies will collectively make the decision:
   a) The Committee Chair;
   b) A Clinical member of the Committee;
   c) Executive Director of Place.

17.6 Due to the nature of its remit the Committee recognises that non-contentious, low risk, decisions may be made outside of Committee meetings by those listed in clause 17.7 below. The Committee shall agree a list of those decision that fall within the remit of this clause 17.6.

17.7 The following people or their nominated deputies may collectively make the non-contentious, low risk decisions set out in clause 17.6 above:
   a) The Committee Chair;
   b) A Clinical member of the Committee;
   c) Executive Director of Place.

17.8 Decisions made outside of Committee meetings will be reported to the Committee at the next Committee meeting.

18. Sub-Committees

18.1 The Committee may not appoint sub-committees but may appoint working groups to advise the Committee and assist it in carrying out its duties. The Committee may not delegate any of its functions, powers or decision making authority to a sub-committee.

19. Conflicts of Interest

19.1 Conflicts of Interest shall be dealt with in accordance with the Conflicts of Interest Policy and NHS England statutory guidance for managing conflicts of interest.

19.2 The Committee shall have a Conflicts of Interest Register that will be presented as a standing item on the Committee's agenda. In addition, an opportunity to declare any new or relevant declarations of interest will be listed as a standing item on the Committee's agenda

20. Gifts and Hospitality

20.1 Gifts and Hospitality shall be dealt with in accordance with the Conflicts of Interest Policy, and NHS England statutory guidance for managing conflicts of interest.

20.2 The Committee shall have a Gifts and Hospitality Register and Committee members will have an opportunity to declare any new or relevant declarations of relevant gifts and hospitality as a standing item on the Committee's agenda

21. Standards of Business Conduct

21.1 Committee members and any attendees or observers must maintain the highest standards of personal conduct and in this regard must comply with:
   a) The law of England and Wales;
   b) The NHS Constitution;
   c) The Nolan Principles;
   d) The standards of behaviour set out in the ICB's Constitution;
   e) The Standards of Business Conduct Policy;
   f) The Conflicts of Interest Policy
   g) The Counter Fraud, Bribery and Corruption Policy,

h) Any additional regulations or codes of practice relevant to the Committee.

21.2 The Committee will have access to sufficient resources to carry out its duties and Committee members will be provided with appropriate and timely training.

22. Review of Terms of Reference

22.1 These Terms of Reference will be reviewed from time to time, reflecting the experience of the Committee in fulfilling its functions and the wider experience of the ICB.

22.2 These Terms of Reference will be formally reviewed annually. These Terms of Reference may be varied or amended by the Board of Members.

Date Approved by the Board of Members: 12th November 2024
Date of Next Review: 11th November 2025

Schedule 1
List of Members

The voting members of the Committee are:

Position	Name
A clinical member of the Board of Members other than the Chief Medical Officer or Chief Nursing Officer	
Chief Medical Officer	
Deputy Chief Clinical Officer and ICS Chief Pharmacist	
Chief Nursing Officer	
Executive Director of Place	
A director of finance	

Committee Chair:

Position	Name
A clinical member of the Board of Members other than the Chief Medical Officer or Chief Nursing Officer	

The standing participants are:

Position	Name
Clinical and Care Director (prescriber)	
Assistant Director of Medicines Optimisation	
Director of Public Health or Consultant in Public Health	
Lead for the High Cost Drugs function	
2 Community Participants	
5 Sector members who bring sector experience and perspective to Committee's deliberations	