

Norfolk and Suffolk Therapeutics Advisory Board (TAG)/ Integrated Medicines Optimisation Committee (IMOC) – Terms of Reference

Meeting	<p>Norfolk and Suffolk Therapeutics Advisory Board (TAG)/ Integrated Medicines Optimisation Committee (IMOC)</p> <p>Member organisations</p> <ul style="list-style-type: none"> • Norfolk and Suffolk Integrated Care Board (ICB) • Norfolk and Norwich University Hospital (NNUH) • James Paget University Hospital (JPUH) • Queen Elizabeth Hospital (QEH) • Norfolk and Suffolk NHS Foundation Trust (NSFT) • East Coast Community Healthcare (ECCH) • Norfolk Community Health and Care (NCHC) • East Suffolk and North East Essex NHS Foundation Trust (ESNEFT) • West Suffolk NHS Foundation Trust (WSFT) • Public Health – Norfolk County Council • Public Health- Suffolk County Council
Constitution	<p>Norfolk and Suffolk (N&S) Integrated Care Board (the ICB), ESNEFT, WSFT, NSFT, NNUH, JPUH, QEH, ECCH and EEC hereby resolves to delegate its medicines governance decisions related to the ICB commissioning and prescribing across the interface and primary care making function to the N&S TAG/IMOC. Decisions from N&S TAG/ IMOC will be reported quarterly to both the ICB Quality Committee and ICB Finance, Performance and Workforce Committee.</p>
Membership	<ul style="list-style-type: none"> • ICB Clinical Steward - Planned Care and Medicines Optimisation (Chair) • ICB Director of Medicines Optimisation & Pharmacy (Chief Pharmacist) (Deputy Chair) • A patient representative • ICB Associate Director of Medicines Optimisation & Pharmacy • ICB Head of Medicines Optimisation and Pharmacy- Strategic Medicines Commissioning and High Cost Medicines • ICB Head of Medicines Optimisation and Pharmacy- Population Health, Medicines Transformation and Value • ICB Head of Medicines Optimisation and Pharmacy- Quality, Medicines Governance and Safety • ICB Head of Medicines Optimisation and Pharmacy- Medicines Optimisation- Primary Care Support • Suffolk Local Medical Committee representative • Norfolk Local Medical Committee representative • Community Pharmacy Norfolk and Suffolk • ICB Head of Community Pharmacy • At least one of the following representatives from each Provider Organisation (ESNEFT, WSFT, NSFT, NNUH, JPUH, QEH, ECCH, EEC): <ul style="list-style-type: none"> – Chief Pharmacist (or their nominated deputy) – Chair* of the medicines governance group – Interface Pharmacist (where this role exists)

	<ul style="list-style-type: none"> ICB Finance representative <p>Members may nominate deputies to represent them in their absence.</p> <p>Additional attendees may be co-opted as necessary to provide expertise in a particular subject area, such as:</p> <ul style="list-style-type: none"> ICB Executive Medical Director, Deputy Medical Director or Clinical Steward ICB Associate Director of Population Health Insight, Economics and Evaluation ICB Digital representative Suffolk County Council (SCC) Public Health representation Norfolk County Council (NCC) Public Health representation Relevant secondary care clinicians NHS England- East of England Members of the Integrated Care Partnership (ICP) team <p>*Medical practitioner</p> <p>Members may nominate deputies to represent them in their absence. Deputies will be expected to have been fully briefed by the substantive member.</p>
Chair	<p>The Committee shall be chaired by the N&S ICB Clinical Steward Planned Care and Medicines Optimisation. Where necessary, the N&S ICB Director of Medicines Optimisation & Pharmacy will Chair the meeting in their absence.</p> <p>Any decisions made by the Chair for the N&S TAG/IMOC outside of a scheduled meeting (i.e. Chair's action) will be reported back to N&S TAG/IMOC members at the next meeting under 'Matters Arising'. It is the responsibility of the requesting person to submit the decision and outcome to N&S TAG/IMOC as part of the agenda.</p>
Quorum	<p>The quorum of the Committee is:</p> <ul style="list-style-type: none"> Chair (or Deputy Chair in their absence) One representative from ICB (excluding Chair) One representative from Primary Care representative body (General Practice) One representative from Primary Care representative body (Community Pharmacy) One representative from a Provider Organisation <p>A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.</p> <p>All decisions made when the meeting is not quorate must be circulated by email and approved by enough members to achieve quoracy.</p> <p>Some papers may receive virtual consideration by the committee. Decisions agreed by this process will need to be ratified at a full committee meeting before they are issued.</p> <p>The same minimum quoracy is required to make virtual decisions.</p>
Decision-making	<p>Prior to submission to N&S TAG/IMOC for approval or ratification, applicants must ensure that agreement to submit has been made by one or more of the following sub-groups:</p> <ul style="list-style-type: none"> N&S Primary Care Medicines Optimisation Group Medicines Safety Collaborative High-Cost Drugs Group

	<ul style="list-style-type: none"> • Formulary Group • Guidelines and Pathways Group • Best Value Medicines Programme Group • Patient Group Directions • Antimicrobial Stewardship <p>Note that new sub-groups may be formed which must be approved along with their ToR by the N&S TAG/IMOC.</p> <p>The ICB Executive Medical Director has delegated expenditure sign-off rights of £100,000 to the ICB Director of Medicines Optimisation & Pharmacy (Chief Pharmacist). Anything greater than this value will require approval by ICB Executive Director or the relevant ICB committee.</p> <p>The chair of the Committee will ensure that each sub-group submitting their recommendation has followed its respective terms of reference for decision making.</p> <p>The Committee will ensure that any conflicts of interest are dealt with in accordance with the ICB Standards of Business Conduct and Conflicts of Interest Policy.</p>
Duties of the Committee	<p>The remit of TAG/IMOC is to provide oversight and direction to deliver a shared medicines optimisation vision for improving population health, preventing ill health, reducing health inequality, and promoting physical and mental health and wellbeing across N&S.</p> <p>Working together as a single system, strategies will be aligned where possible to achieve the strategic objectives and outcomes. The Committee will also review performance of the above. The role of the Committee includes coordinating a system-wide approach to medicines optimisation and clinical decision making which affect NSICB, acute hospitals, and mental health, primary care and community services. This will be achieved by endorsement of recommendations made to the Committee by its sub-groups and through receiving assurance provided by these same sub-groups.</p> <p>The Committee will:</p> <ul style="list-style-type: none"> • Be accountable to the ICB Quality Committee (with reporting to the ICB Finance, Performance & Workforce Committee). • Promote cooperation and consistency of approach in the medicines commissioning process within and across different care pathways. • Provide the overarching governance to support the delivery of the NHS Integration of Pharmacy and Medicines Optimisation (IPMO) programme. • Respond to and prioritise NHS policy developments impacting on prescribing and medicines use, including medicines safety issues. • Define and ensure the completion, analysis and reporting of audits of use across the health system of formulary additions, against anticipated place in therapy. <p>Note - TAG/IMOC does not make decisions on individual patient cases, which are considered at the separate IFR panel, nor will it consider the application of TAG/IMOC advice in individual patient circumstances.</p> <p>The Committee shall provide oversight and give assurance to the N&S ICB on medicines governance as set out below:</p>

Clinical

- Provide a collective clinical leadership committee to ensure co-operation and consistency of approach to medicines optimisation across the N&S Integrated Care System (the ICS).
- Receive, consider and provide decisions and guidance on medicines optimisation issues that have an effect on clinical practice and the overall delivery of healthcare in support of the Cost Improvement Plan (CIP) agenda via the Best Value Medicines Programme Group. This will primarily be achieved through ratification of recommendations received from the Committee's sub-groups. This includes the following functions:
 - assessment of the clinical and cost-effectiveness of medicines
 - development and maintenance of a system formulary
 - development and approval of shared care guidelines
 - development and approval of prescribing guidelines/medicines pathways
 - approval of Patient Group Directions (where these need to be authorised by the ICB)
- Receive and endorse the recommendations of relevant East of England/stakeholder advisory groups where appropriate e.g. Prescribing Advisory Committee, Provider Drugs and Therapeutics Committees (or equivalent)
- Facilitate local implementation of national policy and/or guidance where it has implications across organisations (e.g. NICE guidance or priorities outlined in the NHS Long Term plan such as antimicrobial stewardship, Overprescribing review [polypharmacy and deprescribing], medicines in relation to sustainability and NHS England medicines priorities)
- Refer topics for wider review and consideration to the relevant regional group or East of England Priorities Advisory Committee (PAC)
- Engage with new and emerging organisations/groups who will have an impact on medicines optimisation in the health community e.g. PCNs, Neighbourhoods, community providers, Health Innovation East
- Ensure medicines value, sustainability and reduction of carbon emissions
- Ratify local medicines-related clinical guidelines or pathways for example shared care guidelines and coordinate care across primary and secondary care interface for medicines optimisation
- Ratify the N&S system formularies for primary and secondary care
- Advise on the adoption of NICE Technology Appraisals (TA). Where appropriate, advise on their implementation and suitable pathways of care. Note - NICE TAs may be added to the formulary prior to ratification in certain circumstances, for example TAs with 30-day implementation requirements. Funding of positive TAs is mandatory within specified timescales
- Support the East of England Priorities Advisory Committee (EoE PAC) and work with other NHS organisations contributing to development, ratification and implement EoE PAC recommendations with local amendment when required

Commissioning

- Enable key stakeholders and clinicians working in the ICS, to exert an influence on the prioritisation, improvement, development and transformation of healthcare delivery at primary, acute, mental health, community services, Primary Care Networks (PCNs), Neighbourhoods and Place interfaces
- Support the horizon scanning, planning and managed entry of high cost drugs information

	<ul style="list-style-type: none"> • Ensure that decisions taken about medicines usage are consistent with wider commissioning frameworks, operational capacity, ICS priorities and annual budgets • Consider patient pathways and work with commissioners and contractors to ensure that systems are in place to manage medicines and treatments, within the context of existing (and future) contracting arrangements with primary care contractors and other providers • As part of all commissioning related to medicines, consider the equality impact of decisions and take into account issues related to health inequalities and Equality, Diversity and Inclusion (EDI) <p>Governance</p> <ul style="list-style-type: none"> • Provide operational risk management with respect to medicines optimisation • Ensure that robust standards and governance arrangements underpin decision-making/advice related to medicines • Provide local guidance for appropriate working with the pharmaceutical industry • Advise, endorse or authorise Patient Group Directions as appropriate for the ICB • Ensure that robust systems underpin implementation of the IPMO programme. <p>Patient Safety</p> <ul style="list-style-type: none"> • Provide organisational assurance on patient safety as relates to medicines governance through the production and oversight of medicines optimisation guidance and policy. • Ensure patient safety is incorporated as a specific issue in all decisions and recommendations made by the N&S TAG/IMOC, including the safety aspects of the way medicines are used in practice • Support safe medicines usage across care interfaces including identifying the need for and/or developing shared care protocols and treatment guidelines, discharge prescribing arrangements and the use of unlicensed medicines • Provide regular updates from the National Medication Safety Officer (MSO) Network and establish links with the local MSO for each organisation in support of the Medicines Safety Improvement Programme (MedSIP) and Medicines that cause harm. • Ensure regular reporting to the N&S TAG/IMOC from the local MSOs and primary care medicines optimisation/management teams on medicines related incidents, plans for the dissemination and implementation of Medicines Safety Alerts and shared learning from incidents. • Provide assurance to the ICB Quality Committee (or equivalent) on medicines optimisation related to patient safety. • Promote information sharing and good practice to ensure that medicines are being used safely.
Frequency of meetings	Meetings shall be held monthly minimum 10 times per year. Quoracy will be assessed for August and December.
Notice of meetings	<p>The N&S TAG/IMOC meetings are held each month via Microsoft Teams. Invites for the year will be circulated at the beginning of each financial year.</p> <p>Emergency meetings may be held under exceptional circumstances where urgent action is required, such as that for a pandemic.</p> <p>A minimum of one weeks' notice and dispatch of meeting papers is required.</p>

	Final documents to support medicines optimisation in the ICS will be hosted digitally on an appropriate ICB website.
Administration and minutes of meetings	<p>The N&S ICB Head of Medicines Optimisation and Pharmacy- Quality, Medicines Governance and Safety will be leading the coordination of TAG/IMOC with the support of a range of colleagues across the ICB Medicines Optimisation Team in N&S.</p> <p>The N&S ICB Head of Medicines Optimisation and Pharmacy- Quality, Medicines Governance and Safety will provide support to the chair and committee members. This role may be delegated to an appropriately trained member of the ICB Medicines Optimisation Team or another provider organisation.</p> <p>The N&S TAG/IMOC administration support will be provided by the N&S Medicines Optimisation Support Officer who shall attend to take minutes of the meeting and support the development of the agenda for the meeting.</p> <ul style="list-style-type: none"> • All of the organisations represented on the committee will be able to request agenda items for discussion at the meeting. Submission deadlines will be provided by the TAG/IMOC Secretariat. • Agenda and supporting documents will be confirmed by the Chair and sent to members one week before the TAG/IMOC meeting.
Appeals Process	<p>Any appeals against N&S TAG/IMOC decisions should be directed to the N&S ICB Director of Medicines Optimisation & Pharmacy who will convene an appeal panel as required. The make-up of the Appeal Panel shall be determined by the ICB Director of Medicines Optimisation & Pharmacy but will consist of no less than three duly qualified persons from across three different organisations within the system.</p> <p>The Appeal Panel will be accountable to the ICB Quality Committee and ICB Finance, Performance & Workforce Committee via the ICB Director of Medicines Optimisation & Pharmacy.</p> <p>Appeal requests must be submitted in writing to the Chair within 30 days of the date of issue of the decision. The appeals process gives applicants the right to appeal a TAG/IMOC decision if they feel that the process leading to the decision being made was not followed correctly.</p> <p>The Appeal Panel does not consider whether the decision was clinically right or wrong and cannot change the assessment criteria. The Grounds for an appeal against decisions made by the TAG/IMOC are:</p> <ul style="list-style-type: none"> • In reaching the original decision, the TAG/IMOC did not follow its agreed decision-making process as outlined in its Terms of Reference and that of the relevant sub-group(s). • The applicant can demonstrate that not all relevant evidence available at the time of review was taken into consideration at the time of the decision for whatever reason. <p>Notes:</p> <ol style="list-style-type: none"> 1. The applicant cannot appeal against a decision just because they do not agree with the decision or because new evidence has come to light since the original decision was made. If new evidence is provided, or circumstances have changed, following a decision made by the TAG/IMOC, the correct procedure is to resubmit for reconsideration of the decision by the committee.

	<ol style="list-style-type: none"> 2. The applicant cannot appeal against a decision because a neighbouring TAG/IMOC (or equivalent Committee) came to a different decision. 3. The appeal panel will assess if the TAG/IMOC has followed its own processes accurately. The results of this appeal will be communicated directly to the appealing clinician and the TAG/IMOC, who will review the decision if required.
Reporting responsibilities	<p>The Committee shall submit to the ICB Quality Committee a quarterly report:</p> <ul style="list-style-type: none"> • summarising key decisions in the preceding period; • a detailed update on a particular focus, e.g. antimicrobial stewardship, NICE TA compliance, medicines safety <p>The Committee shall submit to the ICB Finance, Performance and Workforce Committee a quarterly report:</p> <ul style="list-style-type: none"> • summarising key decisions in the preceding period and any financial impact; <p>An annual report will be submitted to both ICB Committees.</p>
Authority	<p>The Committee is authorised by N&S ICB within Norfolk and Suffolk, ESNEFT and WSFT to make decisions on all medicines optimisation activities within its terms of reference including for the avoidance of doubt the Prescribed Amount referred to above. A review of the authority will take place for the Norfolk and Waveney University Hospitals Group in due course.</p>
Other	<p>The Committee shall review its own performance and terms of reference in three months from approval of these Terms of Reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary for approval.</p>