

Work plan for the South East London Integrated Medicines Optimisation Committee (SEL IMOC) – 2025/26

This document sets out the work plan for the SEL IMOC for 2025/26.

The workplan for 2025/26 is focused on four main distinct areas this year, acknowledging change and reorganisation in the NHS which will impact on staff capacity. The intention is for this work plan to remain flexible and responsive to the changing environment.

Delivery of the IMOC work plan is shared across member organisations, with each taking on leadership for a particular element of the work plan. The IMOC's workstreams and sub-groups continue to provide clinical leadership, encourage collaboration and support QIPP delivery at borough level.

Other IMOC outputs and ongoing work

It should be noted that **the Committee operates across the local healthcare system on a broad range of areas** – the Committee's work is **not limited** to the focused workstreams identified in this work plan. Other examples of work areas for the Committee include:

- Managing the entry of new medicines into the local healthcare system
- Horizon scanning through sub-groups to help plan for new medicines/indications
- Co-ordination, contributing and responding to national initiatives (for example, NICE guidance and other national initiatives)
- Development of shared care guidelines/Transfer of Prescribing
- Routine updates to existing pathways through IMOC sub-groups.
- There are numerous pathway groups under the IMOC which continue to develop, update and review existing pathways throughout the year to ensure these are operating in line with the current evidence, including NICE technology appraisal guidance. The pathways ensure that all member organisations are given full opportunity to be aware of and be involved in the pathway / therapeutic area. A summary of the current pathway subgroups and their leadership arrangements reporting to the IMOC can be found at the end of this work plan.
- Work to explore the barriers and service models for prescribing of long-acting antipsychotics in mental health led by the Clinical and Care Professional Lead for mental health with SLaM.
- Implementation of best value biologics will continue to be considered through the rheumatology, IBD and dermatology sub-groups.
- Work to rationalise the use of unlicensed specials in both adults and paediatrics across the healthcare system.

Update on progress in delivering the IMOC work plan will be noted on a quarterly basis at the IMOC meetings.

Focused work plan areas for 2025/26

Area	Outcomes	Rationale for area	Impact anticipated from this work	Timescale for completion	Leads
Existing IMOC guidelines/ treatment pathways	Review of existing IMOC guidelines /treatment pathways to assess the need and potential for retiring or replacing by signposting to national guidance/ alternative local sources of guidance.	To support more streamlined and efficient ways of working, using staff capacity across the Integrated Care System (ICS), where priority is the highest.	<ul style="list-style-type: none"> Reduction in the existing number of guidelines /treatment pathways that require management by staff across the healthcare system More streamlined and efficient ways of working across the healthcare system 	31 st March 2026	Relevant sub-groups/lead authors
New treatment guidelines and pathways	Development of a process to guide decision making on whether development of a new SEL treatment guideline or pathway should be initiated and progressed.	To support more streamlined and efficient ways of working, using staff capacity across the ICS where priority is the highest.	<ul style="list-style-type: none"> More streamlined and efficient ways of working across the healthcare system Increased signposting to nationally available resources, such as NICE Clinical Knowledge Summaries and guidelines Increased use of other local methods for noting key information, e.g. through enhanced formulary entries. 	31 st December 2025	<p>Integrated Medicines Optimisation team and acute Trust Formulary Leads.</p> <p>Input from sub-group leads as required.</p>
Digital	Explore and test the use of digital technology to support management of the main monthly IMOC meetings	To support more streamlined and efficient ways of working, reducing the administrative burden on staff.	<ul style="list-style-type: none"> Test and evaluate Teams Premium licence for managing IMOC meeting minutes Establish and test a digital format for consultations through the main IMOC membership 	31 st March 2026	Integrated Medicines Optimisation team
Developing shared care agreements/ transfer of prescribing/GP for new drugs presented to the IMOC	Agreements will be developed once status of drug agreed as “amber 3” via formulary submission/decision at IMOC. The assigned lead borough Medicines Optimisation team will follow the SEL process for developing shared care.	<ul style="list-style-type: none"> Patient safety / best practice to ensure that if a treatment is agreed as “amber 3”, effective advice is in place for all clinicians who may prescribe. Supports shared care documentation to be developed collaboratively between the lead borough and Trust. 	Safer prescribing and clearly set out monitoring requirements for medicines considered suitable for shared care.	Determined with application process.	<ul style="list-style-type: none"> Responsibility for developing shared care is with the Trust making the request with support from the Lead borough. Responsibility for primary care consultation on drafts will be led by the assigned lead borough

South East London Integrated Medicines Optimisation Committee - sub-groups

Integrated Care Board

Executive Committee

Antimicrobial Stewardship Network
Medicines Safety Network

Quality & Safeguarding Committee

IMOC and its sub-groups will link in to ICB care pathway programmes as relevant (e.g. CESEL, Acute Provider Collaborative)

South East London Integrated Medicines Optimisation Committee (SEL IMOC)

SEL IMOC sub-groups/lead areas

Rheumatology sub-group - Rheumatoid arthritis and Spondyloarthropathies (SpA)
Chaired by: Consultant Rheumatologist at KCH

CVD sub-group
Chaired by: Consultant Pharmacist for CVD

Inflammatory Bowel Disease sub-group
Chaired by: Consultant Gastroenterologist, GSTT

Self-care/low clinical priority medicines sub-group

Diabetes sub-group
Co-chaired by: Diabetes consultants and specialist diabetes GP

Dermatology sub-group
Chaired by: Consultant dermatologist, GSTT

Ophthalmology (medical retinal therapies) sub-group
Chaired by: Consultant ophthalmologist, GSTT

Respiratory sub-group
Co-chaired by: Specialist respiratory pharmacist & respiratory consultant, GSTT

Immune Thrombocytopenia (ITP) sub-group
Chaired by: Consultant Haematologist, LGT

Headache Disorders sub-group
Chaired by: Consultant neurologist, KCH

Paediatrics – including specials, Red, Amber, Grey list and melatonin
Led by: Lead Paediatric Formulary Interface Pharmacist, Evelina Children’s Hospital

SEL Forum for antimicrobial stewardship (SEL FAS) Medicines Safety Network

Not sub-groups but also work with leads on areas including but not limited to:

- Sleep related guidelines
- Endocrine risk reduction for breast cancer (primary prevention)