Minutes of the **Somerset ICS Medicines Optimisation Committee** held via Microsoft Teams, on **Wednesday, 27th November 2024.**

Present:	Dr Andrew Tresidder (AT)	Chair, NHS Somerset Clinical Lead for Medicines Management and Evidence Based Interventions
	Michelle Allen (MA)	Chief Officer, Community Pharmacy Somerset
	Lynda Coles (LC)	SHS Lead Pharmacist representative
	Shaun Green (SG)	Chief Pharmacist, NHS Somerset
	Sam Morris (SM)	Medicines Manager, NHS Somerset
	Andrew Prowse (AP)	Director of Pharmacy, Chair of Drugs and Therapeutics committee, SFT
	Caroline Taylor (CT)	Prescribing Technician, NHS Somerset
Apologies:	Antony Zorzi (AZ)	Associate Director of Pharmacy, SFT

1 APOLOGIES AND INTRODUCTIONS

Apologies: as above

Introduction's:

The Chair warmly welcomed David Chalkley, Associate Director of Pharmacy, Deputy Chief Clinical Information Officer (CCIO), Clinical Safety Officer, SomerestFT

2 REGISTER OF MEMBERS' INTERESTS

The Somerset ICS Medicines Optimisation Committee received the Register of Members' Interests relevant to its membership.
There were no amendments to the Register.

The Somerset ICS Medicines Optimisation Committee noted the Register of Members' Interests.
Members were reminded to log in to the new NHS Somerset ICB Conflicts of Interest system Civica as soon as they can to log their interests or declare a nil declaration.

3 DECLARATIONS OF INTEREST RELATING TO ITEMS ON THE AGENDA

3.1 Under the ICB's arrangements for managing conflicts of interest, any member making a declaration of interest is able to participate in the discussion of the particular agenda item concerned, where appropriate, but is excluded from the decision-making and voting process if a vote is required. In these circumstances, there must be confirmation that the meeting remains quorate in order for voting to proceed. If a conflict of interest is declared by the Chairman, the agenda item in question would be chaired by a nominated member of the Somerset ICS Medicines Optimisation Committee.

There were no declarations of interest relating to items on the agenda.

4 MINUTES OF THE MEETING HELD ON 2nd October 2024

4.1 The Minutes of the meeting held on 2nd October were agreed as a correct record.

4.2 **Review of action point(s)**

- Agreed to widen the SIMO membership to potentially include a trust based and PCN pharmacy technician, extending the invite to Symphony Healthcare Services pharmacy technicians.

To facilitate a joint educational and networking event Spring 2025, aiming to capture as many people involved in pharmacy medicines optimisation as possible.

The local Centre for Pharmacy Postgraduate Education (CPPE) representative is keen to attend and present.

Members asked to send any suggestions and ideas they think would be useful for the event to Shaun. Action: All

5 Matters Arising

5.1 **IT Update** – presented by David Chalkley

Informative update on the trusts progress and the stages reached around Discharge Medicines Service (DMS), Electronic Prescribing and Medicines Administration (EPMA) and Medicines Pathway.

DMS now technically enabled at Musgrove. EPMA service to be activated for mental health services later in the year.

David was able to give a live clinical system demo showing examples on test patients.

Received additional national funding to expand and extend prescribing capabilities. Reduces significant risks e.g. prescription diversion.

Currently in a controlled pilot before we can go trust wide, bringing significant benefits.

Hospital @Home have an offline app, this enables the patients' medications to be viewed whilst at their home, by connecting to a 4g network.

NHS Electronic Health Record (EHR) is around 3-4 years away for Somerset.

AP and AZ have been working on increasing staffing capacity to address technical restraints and challenges.

Q&A session for committee members -

Q: SM: Will that filter out into ADHD services and CAHMS around RED drugs?

A: Yes, CAHMS to be supported for utilising and adopting this technology.

SM also raised the issue around gaps identified in that maternity services / department prescribing iron medication to patients and the information not being transferred from trust onto primary care, so no awareness of patients' medication history.

Also, maternity and community midwives use PGDs, if patients have been supplied with iron or aspirin this really needs to be recorded electronically to ensure the upmost safety in patient care and communication with primary care.

Q: AP: at a national level what is taking place regarding EMIS GP clinical system.

A: Working closely with GP providers over the coming weeks, design workshop invites being sent out.

LC raised a few concerns from a GP practice point of view.

- Separate primary care & secondary care formulary.
- Receiving many vague requests from non-prescribers, with no indication whatsoever of what to prescribe and for how long.

All discharge letters received are reviewed at SHS, unsure if this happens at every practice, a matter of getting the right staff to undertake this process.

The consensus that 80% are either changed, stopped or not needed.

AT wished to address the issue of patients who may be digitally excluded, could we produce a design group?

David felt the collaboration from NHS Somerset Integrated Digital e-Record (SIDeR+) was really helpful.

AT thanked David very much for his presentation.

6 Workforce

6.1 **Workforce Issues**

Workforce Support Pharmacist starting in the New Year at ICB level. Potential for project support.

AP: Foundation training for pharmacists, struggling to get PCNs signing up.

7 System Medicines Optimisation Work Stream Focus, updates & priorities for ICB, trusts and community pharmacy

7.1 **Update from trust** - AP

- Towards the completion of our three-year strategy, due to finish in the summer. Now producing a further three-year strategy defining the work programme for pharmacy and medicines optimisation, which should be finalised by summer.
- Plenty of work around 7-day working at MPH, finally at a point where we have a process in place for January 2025. The extended provision for weekends will support discharges. Also considering the feasibility of an outpatient pharmacy at MPH, similar to Yeovil.
- Success with overseas pharmacists' recruitment meaning that by September 2025 we should be fully staffed with pharmacists. Initially, the pharmacists require support in the first six months, thus making getting up to speed not instant.

7.2 **Update from Community Pharmacy Somerset** - MA

- Vast transformation, funding being moved from dispensing to services.

- Sourcing meds, Somerset PCN WhatsApp group works well.
- Services Pharmacy First, 33 out of 94 didn't meet the threshold in August.
- Widespread issue, nationally adverts started up again. Finding that perfect solution to triage the hypertension service, several practices are providing forms to enable home readings.
- Contraceptive services minimal numbers.
- Potential for collective action for independent pharmacies planned for January 2025, this would mean withdrawal of delivery services, MDS, supplementary hours.

SG: discussion with Public Health for EHC funding. Linking with the contraceptive service. LMC will be cutting the hypertension service. Community pharmacy re-write into GP clinical system, could we do that via SIDeR+
Workforce and training: LMC still engaged, technician training disappointed therefore unable to provide the services.
Migration of workforce seen from community.

7.3 **Update from Primary Care** - LC

- System change - tQuest to NHS Somerset.
- New project underway for South Somerset West PCN looking at a Symphony Healthcare Services (SHS) contract hub, being phased in over the next 4-5 months. Risk stratifying into low, moderate or high the population around consultations being received whether they're for acute on the day. Then, depending on the response and level and the level of the team within that hub. SHS have 17 practices and 11 PCNs.
- Conflict of how GP practices will look going forward in relation to models of care between the General Medical Council and the British Medical Association.
- Challenges within community pharmacy around closures and change of ownership. Patients struggling to access their medication, leading to increased workload and challenges for staff. The prescription is unable to be released, patients need a new script to be sent to another location. We try to support and remain positive. Workload is incredibly high, instances of the workforce moving to primary care which nationally is a real issue. Difficulties of getting independent prescriber training in community pharmacy is also difficult.
- Some very positive things come out of PCNs: looking after care homes alongside The Somerset Village & Community Agents brought by the Community Council for Somerset (CCS).
- Primary and secondary care need to be interlinked, enabling a career pathway that people could move between whilst obtaining the same benefits.

7.4 **Update on Independent Prescriber pathfinder**

MM not in attendance to update on pilot.

- MA was able to inform the committee that this doesn't seem to have moved any further forward. With the leaving of LP who initially drove this

forward, hoping when a replacement comes into post, they will be able to take forward.

- Update from NHSE: the required technology is up and ready.

8 Other Issues for Noting

8.1 **Repeat Prescribing toolkit - Oversupply dashboard (ePACT2)**

Raising awareness of this resource.
ePACT2 data links to the national reports, MMT will start sharing data amongst teams.
Repeat prescribing is very good, making the system efficient, but it is open to problems such as over requesting. Ideally, if we make it work properly it would prevent the waste that's generated, this will free up finances that can be reinvested.
Further update to follow.

8.2 **MPB agenda for discussion**

Postponed

8.3 **Live Well in Somerset - Social Prescribing Conference** 17.10.2024, Somerset Cricket Club.

After attending the conference AT thought it would be of interest to share this informative and interesting presentation with the committee.

The presentation outlines what the national developments are. Social prescribing is not pharmaceutical prescribing, but it goes in parallel, addressing issues such as loneliness and social isolation more effectively than some of the agents written on a FP10.

Possibility, of inviting a guest speaker on social prescribing to a future SIMO meeting.

9 National Medicines Optimisation Work Streams

The 'Pharmacy and the 10 Year Health Plan' slides were shared.
Hospital to Community - Delivering more tests, scans, treatments and therapies nearer to where people live. More health services would be provided at places like GP clinics, pharmacies, local health centres, and in people's homes.

Analogue to Digital - Improving how we use technology across health and care could have a big impact on our health and care services in the future.

Treatment to Prevention - Spotting illness earlier and tackling the causes of ill health could help people stay healthy and independent for longer, and take pressure off health and care services

Also noted Al will be prevalent, and the NHS App functionality will expand further.

10 System Risk Review and Management

Collective action within GP practices is becoming a risk, risk would grow if the Collective action is extended or accelerated.

If we were to get collective action in community pharmacies that creates a risk. Hoping between now and the new year there is some movement at government level with national negotiations.

11 Any other business

Shaun informed the committee future SIMO meetings will take place on separate dates to MPB meetings.

DATE OF NEXT MEETING
Wednesday 26th February 2025