Minutes of the **Somerset ICS Medicines Optimisation Committee** held via Microsoft Teams, on **Wednesday, 14th December 2022.**

Present:	Dr Andrew Tresidder (AT)	Chair, ICB GP Patient Safety Lead
	Dr Mark Dayer (MD)	Consultant Cardiologist, SomFT and Associate Chief Clinical Information Officer, Musgrove
	Steve Du Bois (SDB)	Chief Pharmacist, Somerset NHSFT
	Shaun Green (SG)	Deputy Director of Clinical Effectiveness and Medicines Management, ICB
	Sam Morris (SM)	Medicines Manager, ICB
	Michael Lennox (ML)	LPC Representative
	Andrew Prowse (AP)	Chief Pharmacist and Controlled Drugs Accountable Officer, YDH NHS FT
	Fivos Valagiannopoulos (FV)	PCN Clinical Pharmacist representative, South Somerset West PCN & Tone Valley PCN (LPC rep for independent pharm)
	Zoe Talbot-White (ZTW)	Prescribing Technician, ICB

1 INTRODUCTIONS & APOLOGIES FOR ABSENCE

AT welcomed everyone to the Somerset ICS Medicines Optimisation Committee.
The following attendees were welcomed as guest speakers:
Dr Mark Dayer, Consultant Cardiologist, SomFT

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.

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 12th October 2022

4.1 The Minutes of the meeting held on 12th October were agreed as a correct record.

4.2 **Review of action points**

Most items were either complete or, on the agenda.

5 Matters Arising

5.1 Discharge audit and transformation program

Being presented to the SFT board in Feb and the ICB quality committee meeting in March.
Acute trusts in survival mode. Patients discharged incorrectly more likely to come back within 30 days and some have worse outcomes if harmed form incorrect discharge information.
AP was personally thanked for taking the time to audit the discharge process as it has been a safety concern for some time, and for following due process to raise and escalate with the appropriate people.
SIMO took a vote, there was universal agreement to fully support AP.

5.2 Current antibiotic position

Trust position:

- Internal group led by Katie Heard (antimicrobial stewardship consultant, pharmacist) reviewing situation across trusts and MIUs.
- Stock position is precarious. Nearly out of over labelled packs, some non over labelled packs in the pharmacy.
- Good news – have got plenty of penicillin V tablets which can be dissolved or administered in yogurt for >1 years old.
- Communications have been shared across the trusts and EDs to prescribe penicillin v and reserve liquids for child <1 years old or unable to take tablets.
- This position is currently manageable for 7 days.
- No stock at wholesaler, information is changing every day.
- Tablet supply is not ideal for patients but at least they are able to access it.

AP was given some positive feedback of a patient's positive experience accessing ABX at YDH.

PCN position:

- Tricky situation as not sure when stock will become available.
- Practices receiving requests to switch ABX.
- Advice to crush tabs and mask taste with yogurt is contrary to the normal advice of taking on an empty stomach.
- UK has banned exports of penicillin and amoxicillin tablets although not the liquids.
- PCNs are using WhatsApp to find local stock.

Community pharmacy position:

- Trying to do their best for the patients.
    1. Using WhatsApp for informal communications with most practices and pharmacies to prevent out of date information.
    2. Prescribing – Highlighted pharmacies could use EPS to help reduce problems with prescriptions and lack of stock. Connecting with LMC to get additional communications out.
    3. Pharmacies are under a lot of pressure. The portal set up to check stock has been tried, it is clunky and not the answer.

- Reasonable coverage for the three bank holiday days. With 13 to 16 pharmacies open.
- CPCS – GPs trying to make more use of it, which is broadly welcomed.
- 111 under huge pressure with a 60%+ call abandonment rate last week. Majority of calls sore throat. Working to optimize the deployment of 111 CPCS which would allow a 40% deployment potential and put a hard stop on disposition. Additional pressure on community pharmacy as it picks up extra.
- Expecting a National DHSC serious shortage protocol for antibiotic which may help.

Forward Christmas pharmacy coverage to SG. **Action: ML**

Unsure if NHSE have commissioned enough pharmacy coverage. Most pharmacies are scheduled for 2-3 hours at a time. No 10pm-12am cover in Somerset. For a normal year it is a reasonable amount but doesn't seem enough given the current issues.

SG has suggested:

1. That discretion could be given to the pharmacist to stay open longer if they feel it is clinically necessary and NHSE would cover the costs. LPC currently have no official position on this.
2. ICB to cover the cost of moving ABX from one pharmacy to another so the pharmacies that are open have the stock rather than it being in a closed store inaccessible.

ML and SG to discuss further outside of SIMO. **Action: ML & SG**

111 GPs should have their own ABX but it depends on their access to stock. Patients should only use A&E as a last resort.

This is a national issue and the best way to limit issues is good communication between the prescribers and the dispensing pharmacies.

5.3 **Medicines supply to virtual wards.**

This workstream has had some difficulty with primary care. Primary care shouldn't be using the budget or drug costs to stop involvement. SG is happy for this to be feedback to them.
Further communications are being due to be shared with Dr Justin Geddes to hopefully get agreement.
AP hopes to be in a better position next week and will keep SIMO updated with progress.

6 System Medicines Optimisation Work Stream Focus Area

6.1 **Strengthening Pharmacy Governance - GPHC**

-Noted
The ICB will become responsible for community pharmacy in April 2023. The General Pharmaceutical Council remain responsible for professional issues and governance issues.

6.2 **NHS England Board Meeting Paper - Prevention**

-Noted

ICB teams were asked to look at priorities for the next 6 months with pressures in the system. The MM team highlighted in their priorities that medicines must be seen as the golden thread, with 99% patients in the health care system prescribed a medicine. Poor medicine optimisation can cause harm to patients, poorer outcomes, readmissions impacting services and increase carbon footprint.

Lots of priorities in national paper.
Concern that there are no joined up programmes for example CVD, which is the biggest killer in Somerset and the country. We need to be pushing the secondary prevention agenda.
We can't ignore certain disease and treatments. Currently a focus on hypertension, but we must focus on all long-term conditions and be as broad as we can with preventative medicines.

ML thanked SG for advocating the role of pharmacy with the leadership team. This has puts us ahead in Somerset.

6.3 **NHS England Board Meeting Paper - Medicines Access and Uptake- transforming patient outcomes**

-Noted
In Somerset we approve new cancer drugs quickly. Some have complex delivery methods so this has been raised as a concern at Musgrove DTC.

Genomics is becoming an area of quick growth and will be largely within Trusts to start.

6.4 **Dr Mark Dayer (SFT) - Cultural Aspects of Digital Transformation**

MD discussed the following:

APs was credited for his work at Musgrove highlighting how bad the discharge summaries problem really is. It is a disaster for GPs, patients, pharmacies, and community hospitals when patients move from Trusts. Baseline work showed this before the electronic system was installed. Electronic systems won't cure this as it also needs a cultural change.

Currently in Musgrove the discharge summary is seen as an obstruction to be cleared, to get patients out of hospital, this needs to change. Although it is reflective of the pressures they are under in the hospital. Musgrove in survival mode.

Five years ago, Musgrove set out on the EPS process and moved from paper prescribing. Leo Martin-Scott, David Chalkley and Mark Dayer were main facilitators in the process. It has led to fewer serious incidents. Unfortunately, EPS does not interface well with the system used to create hospital discharges (EPRO). And the EPRO does not integrate well with other hospitals or GP practices. A complex piece of work is in progress, which will allow it to all work together and ultimately allow a direct link to EMIS via SIDER for seamless transfer. Upgrades to EPRO will also allow direct feedback to GP practices. EPRO will need additional upgrades to link to

the community pharmacy discharge service. There is still an issue of linking to community hospital systems (RIO) and to Yeovil hospital.

Yeovil have a better process and culture with regards to discharge summaries as they are generally completed by someone who has had contact with the patient and then reviewed by nursing staff and pharmacy staff. AP will need to bring the better aspects from Yeovil to Musgrove.

Next year should bring the start of a more robust and joined up service. Facilitated by IT solutions implemented and changes in the cultures and views.

Comments from SIMO:
Culture is set from the top with leadership from consultants. Patients are suffering harm in the rush to get them out. Not expecting consultants to do the discharge summaries but to ensure the high standards are withheld. AT offered to attend and facilitate at any meetings that may be helpful.
Musgrove is a good hospital with high standards. However, none or few consultants are engaged with the discharge summary process. Consultants will only see them in clinic with a patient which can be eye opening. Normally completed by junior doctors which often have never seen the patient. It results in a steady stream of reasonable complaints from GP practices. The audit work will go to board and hopefully the importance can be emphasised enough to receive funding for pharmacists to facilitate the necessary changes.

If junior doctors are to be given the responsibility of completing the discharge summaries, they need to be given the appropriate extra training time, along with more face-to-face time with the consultants and senior doctors.
Education is important but so many things vying for it and mandatory training makes it difficult to fit it all in, in a meaningful way. Nothing on pharmacology in mandatory training. Currently no rolling education programme covering specific topics.

AP clarified position within SFT for the audit and business case.
The audit and subsequent business case has gone through the executive management team and the chief medical officer responsible. Also, the quality and governance sub board committee. There was resounding shock around the audit results as many didn't recognise the size of the issue. There is an appetite and drive to improve and resolve the situation, with the approval of the business case for pharmacy as a start. Technicians and assistants will begin working at ward level in Spring with pharmacists and more pharmacy staff to start in August. Addition staff will follow over the next two years until there is a full service in place. In community hospitals pharmacists will start to clinically screen from the spring thanks to reengineering of the existing service.
Also doing work around EPRO and discharge summary template to mirror Yeovil more closely. Update at Musgrove during next year and roll out across Yeovil and community hospitals. Better EPMA roll out across the whole footprint. Direct from EMIS on records. All going in the right direction.
The improvements will be great. MD offered AP the opportunity to present the findings and get feedback at medical grand rounds in the March/ April.

MD & AP to liaise and arrange grand rounds presentation. **Action: MD & AP**

FV was thanked for raising the issues with discharge summaries when he joined SIMO.

EMIS will also have errors as primary care not perfect. Clinicians must be the ones putting on records as a safety net. Always a need for a person to check and double check despite IT.

What is prescribed and what patients take are often very different.

Will give update in 6 months.

SIMO thanked MD for presenting and joining us.

7 Other Issues for Noting

7.1 **Carbon Strategy – Standing item**

- ICB update
- Trust update
- Community pharmacy update

Somerset ICB is one of the best in the country. We have succeeded with the national medicine measures, so focusing on next steps.

Community pharmacy currently have no specific goal and need some definable missions. As a start some pharmacies have moved from plastic bags to paper bags and patients are being encouraged to only order refills where possible.

Somerset is also trying to get engagement with inhaler recycling which will hopefully make progress soon.

7.2 **Health Inequalities and Community Pharmacy**

This was presented at RMOC, covering:
Key points:

- Wider determinations of health.
- Aspirational goal of 5 years extra healthy life.
- HEAT tool to be used across the system.
- CORE 20 plus 5 (6–Smoking cessation).
- The higher the level of deprivation the shorter the life expectancy.
- Pharmacists can make contact count, although need more pharmacists.

-Noted

ML attended a Somerset Population Health workshop which had interesting infographics covering pharmacy.

Share Somerset ICS Population Health slides with ZTW to disseminate to SIMO members. **Action: ML**

8 **Workforce**

8.1 **Update from Michael Lennox**

- Only filled 3 of the 8 joint community pharmacy and secondary care training positions. Very disappointing as this was key to future strategy. Trying to fill some more of the spaces with a second round of candidates.
- Overseas recruitment planning. Have a meeting planned with the Norfolk system who have recently done this successfully. Helen finding out about options for South West collective campaign to recruit in Europe.
- Having difficulty filling the teach and treat position.
- Advertising is currently done through Oriel, need to look at a more proactive approach.

9 Regional Medicines Value Work Stream

9.1 Regional Medicines Optimisation Committee Southwest– Last meeting 12/12/22
AT presented some of slides from RMOC:

- Opioid supplies for discharge from an acute setting safe use, and variation – Jon Hayhurst
- Overprescribing review – Tony Avery

-Noted

Somerset are doing well at reducing prescribing of oramorph:

- Significant reduction in Primary Care.
- Maternity have changed from oramorph to Dihydrocodeine.
- Post operative hip patients are given 5 days of oxynorm and then stop.
- Neither trust are using codeine or oramorph TTA packs.
- No plans to use Actimorph for in-patients as schedule 2 drug so ned secure storage.

Circulate both sets of slides to SIMO members. **Action: ZTW**

9.2 Medicines Value Steering Group (South West) – Next meeting TBC

9.3 South West Medicines & Pharmacy Senior Leadership Group – Next meeting TBC

9.4 Somerset Antimicrobial Stewardship Committee – Last meeting 19/10/22
Update received from Helen Spry.
It was the first meeting since May 21.
Spent most of the time discussing:

- ToR (Membership)
- Strategy
- Work Plan
- Brief report from each organisation - SFT, YDH, the ICB & SFT community hospitals.

9.5 South West Pharmacy Governance Meeting – Next meeting TBC

10 Risks Review and Management

10.1 None this month

11 Any other business

11.1 **Work stream proposal for the next meeting**
Email suggestions to SG. **Action: All**

11.2 **Partners – Medicine Optimisation updates and Priorities for 2023**

End of year and looking to the future

- ICB priorities
- Trust priorities
- Community pharmacy priorities

ICB plan on a page
-Noted

Share RPS documents from ML with SIMO. **Action: ZTW**

11.3 **Aseptic Regional Strategy**
Major workforce issues. Discuss at March meeting.

Send documents to SG & ZTW for March agenda. **Action: AP**

11.4 **Community Pharmacy and Hospice pilot bid**
Community pharmacy and the Somerset hospices have put in a joint bid to Hospice UK, to try and get funding for a scale pilot on deprescribing and SMR support, for frail elderly patients needing help with their medication. Discuss at March meeting.
Send documents to SG & ZTW for March agenda. **Action: ML**

11.5 **Pre-registration pharmacist**
The PCN / community hospital, pre-registration pharmacist partnership role has been filled, which is positive news.

DATE OF NEXT MEETINGS
22nd March 2023
24th May 2023
26th July 2023
27th September 2023
29th November 2023