NHS
Somerset
Clinical Commissioning Group

Minutes of the **Somerset ICS Medicines Optimisation Committee** held via Microsoft Teams, on **Wednesday, 16th February 2022.**

Present:	Dr Andrew Tresidder (AT)	Chair, CCG GP Patient Safety Lead
	Steve Du Bois (SDB)	Chief Pharmacist, Somerset NHSFT
	Shaun Green (SG)	Deputy Director of Clinical Effectiveness and Medicines Management, CCG
	Sam Morris (SM)	Medicines Manager, CCG
	Michael Lennox (ML)	LPC Representative
	Rachel Palmer (RP)	Lead Pharmacist for the South West Genomic Medicine Service Alliance
	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, CCG
	Emma Waller (EW)	Clinical Pharmacist, Yeovil PCN
	Antony Zorzi (AZ)	Chief Pharmacist, Somerset NHSFT

1 INTRODUCTIONS & APOLOGIES FOR ABSENCE

AT welcomed everyone to the Somerset ICS Medicines Optimisation Committee. Rachel Palmer was welcomed as a guest speaker.

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 CCG'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 13th October 2021

4.1 The Minutes of the meeting held on 13th October were agreed as a correct record.

4.2 **Review of action points**

Most items were either complete or, on the agenda. The following points were specifically noted:

Action 1: Integration and Pharmacy Transformation Plans – The pharmacy system plan needs constant change in line with plans coming down centrally. SG has put in a few changes to summarise what we are trying to do and will share in chat.
Steve Brown has left from region so no feedback on latest draft.

Action 2: Draft TOR - Waiting for ICS/ICB structure to be released. Unsure of committee structure going forward. Build formal document later this year.

Action 3: Discuss roles SIMO will take over from SPF – As per Action 2.

5 System Medicines Optimisation Work Stream Feedback

5.1 **Genomics Presentation**

Guest speaker Rachel Palmer gave an update on Genomics.
The update covered areas including:

- What is Genomics
- Genomics and the potential for healthcare: Better care, Data-driven healthcare & Value-based healthcare.
- Strategic focus on personalised medicines in the NHS: NHS Long Term Plan, Gov Genome UK, RPS prescribing framework.
- Strategic focus on genomics in training: GPHC training standards
- Genomic Medicine Service Alliances: Geography, Improvements, Accountability, Overview & Objectives
- NHSE Objectives & Deliverables: Completion of 100,000 Genomes project, maintaining & building patient & public trust, Strengthening partnerships across geographies, Implement DPYD testing etc.
- Pharmacy leadership in Genomics
- Embedding Genomics into Pharmacy Practice
- International Pharmacogenomic Guidelines
- Pharmacy Workforce Development: Education plans across regions, Develop online resources, Support workforce, Develop competency and career frameworks.

The overarching message - Genomics will affect most areas of practice over the coming years. The committee thanked Rachel for a great presentation.

Genomic champions needed to disseminate info within trusts etc. and maintain public links.
FV was appointed as the Genomic Champion for the ICB.

Currently targeted treatments are only in secondary care but likely to change. Some pharmacies currently run FH identification projects. No reason it can't be looked at in Primary Care along with Diabetes and lipid management projects. CVD DES for next year also in the pipeline.

There will be a series of pharmacogenomic pilot projects next financial year. Unfortunately, no details yet but, thought to be testing for genes which could affect quite a few drugs. RP will keep us updated.

RP has not been involved in the BRCA 1 & 2 and breastfeeding screening programme, so will ask a colleague, and let SM know details.

There is an understanding at national level need to capture ethnic minorities and are actively working on it.

If we can embed genomics into Primary Care and give GPs upskilling to identify and counsel patients around FH it would stop the need for referral into a specialist services. The GMSA are aware of the inequalities around the FH services in the Southwest and are meeting to discuss a strategy for Primary Care education. This could form part of it.

G-notes is a project from HEE a 'Genomics Dictionary' for clinical practitioners with signposting to further training. Long term aim is to signpost to the criteria for testing.

Genomics should be economically viable in many areas. NHSE are carrying out a health economic evaluation along with pilots all centrally funded.
Genomics should reduce adverse drug reactions and the use of medications which are unlikely to work for patients, reducing costs related to this. Will take a long time to prove the cost savings. For example: an EU DPYD study showed only 8% had the variant causing the toxicity however by testing each patient, monetary costs were reduced (hospitalisation/ rescue drugs).

SFT MH were involved with a Clozapine pilot and are now developing an effective disorders specialist hub. They would like to put in an expression of interest for some of the MH pilots next year. RP is going to ask on behalf of SDB and will let him know.

Genomic screening techniques have been improved to include ways of assessing epigenetics. There are now drug therapies that target epigenetics. It is however very difficult to identify. Rare disorders normally caused by a defective gene however more common disorders such as CVD are normally caused by the small effect of lots of genes and the environment. Polygenic risk scores are weighted to include the different effects. Lots of research ongoing into the effect of epigenetics.

RP is happy to do teaching sessions and has asked for people to contact her if interested in arranging.

5.2 **Work stream proposal for the next meeting: TBD**
Mental health transformation LD directorate in SFT and across county.

Ask Jane Yeandle to present or find suitable speaker. **Action: SDB**

Invite Jonathon Higman to SIMO if calendar allows. **Action: SG & AT**

A Digital update would also be appreciated.

6 Matters Arising

6.1 Trust Merger

The merger has been delayed again, now due April 23.
AP has been appointed the as the new director of pharmacy for YDH and SFT.
The committee congratulated AP.

Departments are coming together to align on new workstreams. The pharmacy and medicine management teams are also working towards alignment. It will be lots of work to bring everything together but there will be lots of benefits.

6.2 ICB Update

The ICB is on track to be in place 1st July. James Rimmer remains in place in CCG until 31st June, with Jonathon Higman appointed to take over on 1st June. Structure plans are being formulated and the new contract must dos.

James Rimmer and three existing directors are moving on with another reapplying for a role. Vacancies haven't been filled yet. An engagement exercise is planned to go out to CCG staff shortly. Significant changes being talked about in the draft. Once all people and functions are in place then will start process of shadowing work streams coming back from NHS England (community pharmacy, dental and optometry). With the additional workload it is expected NHSE will provide extra resource to support it thought this will take the form of a regional contract support hub. Community pharmacy welcome the opportunity to be part of a great local system.

7 Other Issues for Discussion

7.1 Workforce update – Standing Item

Community and hospital pharmacy have been working together to create a set of joint positions for foundation year pharmacists. There 12 positions being pitched for financial year 23/24. Funding for a training hub has been secured.

There have been lots of achievements in a short space of time which makes Somerset one of the more forward-thinking systems. HEE are supportive of the direction of travel.

SFT MH are working on keeping workforce by upskilling and moving them up bands. ML to arrange a workforce meeting with SDB and Helen Stapleton. **Action: ML**

The MM team currently do training sessions around what we do as a team for trainee GPs and SG has offered to do this for the foundation year pharmacists also.

FV PCN has signed up for a joint placement. Upscaling pharmacists in PCN should also be a priority.

ML is working on an advertising campaign website for pharmacy in Somerset.

A pharmacy prescriber training hub based in Somerset would improve workforce retention. Nick Hadington is looking into this.

Identify Somerset System genomics pharmacist lead. **Action: AP/ AZ**

Plan a Somerset wide pharmacy education evening on genomics. **Action: AT**

7.2 **Implementing Community Pharmacy Clinical Services**

There is much to be proud of at county level. Implementation of GPCPS better than any other system. Hypertension service has had 24 pharmacies sign up. DMS working well too. Intend to add a LES locally to pick up AF with BP testing.

Fivos is going to step into new role in LPC – clinical coach to support contractors.

The system will be getting more resources to support the implementation of number of new and existing clinical services from community pharmacy.
A band 8c for each ICS, a band 8d for region and a band 7 for each trust. Hopefully as this is due before the merger each trust will receive a band 7 rather just one.
The hard bit will be the recruiting aspect.

7.3 **Improving communication between Primary and Secondary care**

Primary Care find hospital discharge letters often ambiguous or contradictory. Datix is being used to report this. There is a long history of this, and it is not a quick fix. Digital are working on a possible solution, but cultural change is needed.

Musgrove do not have the resources in the pharmacy team to review the hospital discharges and they are mainly done by junior doctors. YDH hospital discharges are often better but they have more resources.

This is a huge patient safety issue. Somerset has a high readmission rate, significant numbers are due to medication. All incidents need to be reported via Datix to hold Trusts to account. Trusts need cultural clinical leadership to ensure high quality discharge summaries as paramount for patient safety and to ensure best value is obtained from a multi thousand pound admission. The trusts need to add this to their risk registers. If flagged high enough as safety risk trusts may get more resource.

Primary Care are also receiving letters with prescribing suggestions or considerations that are not detailed enough (dose, required monitoring etc.) and it has often not been discussed with the patient. They mainly come from Musgrove.

Write to AZ detailing examples of the letters and the exact issues so it can be investigated. **Action: FV**

AT requested “Cultural change for communication” is added to the agenda as a standing item. **Action: ZTW**

7.4 **System Green Plan**

Each Trust was asked to produce a green plan. The combined plan has been shared. ICS must submit a system plan which will incorporate and add onto it.

We are already in a good position with national targets (medical gases and DPI inhalers). It will be raised further in importance. Musgrove respiratory physicians have been resistant to the inhaler changes however YDH have done lots of work on this

and is now standard practice. It can be managed partly by what is kept in the pharmacy. Primacy Care have switched 3000 patients from MDI to DPI in the last 2 years.

Green initiatives in happening in community pharmacy include Boots only using paper bags, Superdrug are recycling medicine blisters with teracycle. We are also hoping Somerset will start an inhaler recycling scheme.

8 Other Issues for Noting

None this month

9 Partners – Updates and Priorities for 2022

9.1 **CCG**

Pulling ideas into carbon footprint plan.
Planning for next year Primary Care scorecard removing 6 and replacing. Mostly focused on quality and safety.

-Noted

ML asked if EPS roll out could be included on the scorecard. This is already part of the GMS contract so unable to add to practice scorecard.

9.2 **LPC**

None this month

9.3 **YDH**

Boots pharmacy contract ends next week and will be taken over by a subsidiary company of YDH. Looking to do similar at MPH in the future.

The system is struggling to deliver the antiviral and neutralizing antibody programme for community. It seems to be the same with every system across the country. Looking into different workforce models to try and improve the situation.

9.4 **SomersetFT**

Musgrove: AMS consultant pharmacist starting 30th May. The replacement for AZ former post also starting late May. From summer onwards SFT will be in a good position to have the AMS programme back up and running and moving forwards to do better work for the Somerset system.

Mental Health: The main issues is still lack of workforce.

9.5 **PCNs**

None this month

10 Regional Medicines Value Work Stream

10.1 **Medicines Value Steering Group (South West) – Last Meetings 8/06/21 & 7/09/21**

No further meetings scheduled.

10.2 **South West Medicines & Pharmacy Senior Leadership Group – Last Meetings**

29/07/21, (12/08/21, 2/09/21 & 30/09/21)
No further meetings scheduled.

10.3 **Somerset Antimicrobial Stewardship Committee – Next meeting TBC**
Committee still on hold.

10.4 **South West Pharmacy Governance Meeting – Last Meeting 17/06/21 (Andrew Prowse)**
No further meetings scheduled.

10.5 **Regional Medicines Optimisation Committee South West (RMOC) – Next meeting 03/03/22**

11 Risks Review and Management
Risks:
Lack of workforce

Hospital discharge issues.

Check if the hospital discharges are on the risk register (CCG & Trusts) if not it needs to be added. **Action: SG, AP & AZ**

12 Any other business
AT thanked everyone for their engagement and offered congratulations on various appointments.

DATE OF NEXT MEETINGS
6th April 2022
15th June 2022
10th August 2022
12th October 2022
14th December 2022