

Minutes of the **Somerset ICS Medicines Optimisation Committee** held via Microsoft Teams, on **Wednesday, 29<sup>th</sup> November 2023**.

Present:	Dr Andrew Tresidder (AT)	Chair, NHS Somerset GP Patient Safety Lead
	Shaun Green (SG)	Deputy Director of Clinical Effectiveness and Medicines Management, NHS Somerset
	Michael Lennox (ML)	LPC Representative
	Sam Morris (SM)	Medicines Manager, NHS Somerset
	Laura Picton (LP)	Community Pharmacy Clinical Lead, NHS Somerset
	Andrew Prowse (AP)	Director of Pharmacy, SFT
	Caroline Taylor (CT)	Prescribing Technician, NHS Somerset
	Emma Waller (EW)	Clinical Pharmacist, Yeovil PCN
	Antony Zorzi (AZ)	Associate Director of Pharmacy, SFT

## 1 INTRODUCTIONS & APOLOGIES FOR ABSENCE

**Apologies:** None received

**Introductions:**

## 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.

[NHS Somerset ICB Declarations of Interest](#)

We do not currently have a declarations of interest database as this has now been decommissioned. Whilst we implement a new database, which means testing the market for the product, we are implementing a manual process. If you need to update your declarations, could you please email these changes to the following email address: [somicb.declarations@nhs.net](mailto:somicb.declarations@nhs.net)

We will then record these changes.

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

## 4 MINUTES OF THE MEETING HELD ON 27<sup>th</sup> September 2023

4.1 The Minutes of the meeting held on 27<sup>th</sup> September were agreed as a correct record.

4.2 **Review of action points**

**Action 1: National medicines optimisation opportunities 2023/24  
Ask PCN colleagues what is occurring in each PCN around a social prescribing aspect.**

A list of Somerset PCN pharmacists is being compiled with the aim of setting up a networking group. EW is still waiting for further responses.

ML recently attended a population health board meeting; a presentation was given on social prescribing.

**Share a copy of the presentation slides with CT who will circulate to group members. Action: Michael Lennox**

It was suggested a database would be useful to discover where the funding has been spent (e.g., PCN social prescribing members). Also, non-medical health interventions, taking steps before we lead to prescribing another medicine.

**Action 2: Pharmacy network communications: Discussion on how we can best support pharmacy professionals and contractors at a system level with practical meds opt updates**

MPB have requested we share a summary of monthly medicines optimisation communications sent out by the MMT. This is circulated to practice managers, prescribing leads and the system meds optimisation teams, and will be a monthly occurrence.

**Action 3: Update on progress on the Digital Front re Discharge Medicines Service (DMS)**

No reply received from the trust digital team inviting for further update.

AP gave a brief overview of the current situation.

A funding gap exists within the region, therefore unable to support Somerset as a standalone system.

System being asked to partner with Dorset, to enable Dorset and Somerset to work jointly with a joint health record across the two systems. A bid then being made for national monies to fund. Delay in the process, at least six months before there is further clarity.

Electronic prescription service (EPS) being held up by the national team.

DMS isn't sent manually by the trust, it is an automatic tick box process within the software.

Trust would like to ensure DMS is carried out at medicines reconciliation on the point of patient's hospital discharge.

Issue raised around a disruption with the trust internal connectivity not connecting to community. ML will email AP directly with further details.

<b>5</b>	<b>Matters Arising</b>
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5.1	<b>ePMA and digital update</b>
	-Covered under agenda item: 4.2 / Action 3
<b>6</b>	<b>Items for Discussion</b>
6.1	<p><b>SIMO programme look ahead for next 12 months from ICB, trusts and community pharmacy</b></p> <ul style="list-style-type: none"> <li>• National priorities</li> <li>• Regional priorities</li> <li>• Local priorities</li> </ul>
	<p>Group members invited to have an open discussion around what's important and a priority for PCN's, primary care and acute trusts, as well as ICS.</p> <p>MMT are continuing with a significant focus on medicine safety and deprescribing. The twenty scorecard indicators consist of a mix of cost saving and quality improvement. Primary care incentivised around optimisation of prescribing. Discussion at this morning's MPB meeting around next year's scheme and which scorecard indicators will be removed and those to be added. These will be finalised in the new year.</p> <p>Somerset Foundation Trust (SFT) is halfway through a year's transformation programme with the pharmacy and medicine service. It's felt the greatest risk currently within SFT is around aseptic pharmacy provision. This is being discussed at next week's chief pharmacist regional meeting.</p> <p>Conversations have taken place around working in collaboration with Devon and Cornwall. Devon system have received external funding to build a new unit in Plymouth and to license the unit in the Royal Devon &amp; Exeter.</p> <p>Cornwall and Somerset partnering with Devon to see if we can work collaboratively to improve resilience of the service.</p> <p>Musgrove's unit shutting down Jan.'24 for 4 months to undergo refurbishment &amp; modernisation. This will be the key focus and priority for SFT over the next 12 months as well as ongoing work around workforce.</p> <p>On the clinical side, a 3-year programme from a clinical pharmacy service trying to improve the Musgrove discharge process and then obviously roll out to Yeovil, relooking at the discharge process.</p> <p>If priorities are identified and not occurring, there may be an option to try and advance up the chain.</p> <p>Recently launched community services, focusing on looking at the integration of community pharmacy into primary care. Aim to gain patients trust and respect around what community pharmacy has to offer, an opportunity to promote community pharmacy. Suggestions about how we build incentives around integration would be valuable.</p> <p>Included in the Pharmacy First 7 conditions are numerous antibiotics.</p> <p>ML has had a conversation with SFT's consultant antimicrobial pharmacist and will be presenting Pharmacy First to Antimicrobial Stewardship Committee.</p>

	Michael joined the system leaders team call where discussions took place around the national surveillance, evaluation and developing randomized control trials looking at the effect of this service that will be built into Pharmacy First.
<b>6.2</b>	<b>Medicines carbon strategy update from ICB, trusts and community pharmacy</b>
	<p>ICB Green bag update: Numerous requests for supplies from care homes, intermediate services, SWAST. Additional supplies available in the ICB office if required. Group asked to raise any issues or problems found.</p> <p>The Royal Pharmaceutical Society have produced guides around green action plans.</p> <p>Community pharmacy: Carbon strategy not high on the agenda at the moment, potentially it's something that we could try and keep resurrecting for people to consider.</p> <p>The move from IV to oral offers a significant reduction in carbon footprint, with a seven-day course of oral ciprofloxacin, AZ noted an oral course having a carbon footprint of 1kg compared to IV route which would have a footprint of 67kg.</p>
<b>7</b>	<b>System Medicines Optimisation Work Stream Focus, updates &amp; priorities for ICB, trusts and community pharmacy</b>
7.1	<ul style="list-style-type: none"> <li>Community pharmacy independent prescriber pathfinder</li> </ul> <p>PowerPoint presentation shared.</p> <p>Four sites: Milborne port pharmacy, Penn Hill pharmacy Yeovil, Boots Taunton High Street and Quantock pharmacy Watchet, giving a geographical spread. A mix of smaller and larger contractors, along with mixes in terms of population and deprivation.</p> <p>Currently drafting the service specification, arranging the SLA's, thinking about the clinical assurance, access to phlebotomy, access to pathology, all those conversations happening at different speeds. Still waiting for digital tools to support this.</p> <p>The pharmacies will use Cleo Solo EPS to generate a script. This is currently being piloted elsewhere in the country.</p> <p>Reliant on both that being rolled out and GP Connect, as the interoperability with GP systems is important.</p> <p>Laura is meeting the pharmacists who will be delivering the service, as well as having conversations with their PCNS.</p> <ul style="list-style-type: none"> <li>Community Pharmacy Advanced Services: Money for new services, effective from 01/12/2023. Includes a relaunch of the hypertension service and expansion and relaunch of the contraception service. The community pharmacist consultation service (CPCS) have developed the digital tools in place.</li> </ul>

Contraception service is an expansion of the current service around supplying ongoing supplies of oral contraceptive (up to 12 months' supply) to people who have already been taking OC in the past.  
Service expanded to include initiation of new oral contraceptives (up to 3 months' supply) in line with guidelines.  
Currently small number of Somerset pharmacies (35) signed up to deliver this service, with no pharmacies yet carrying out the initiation service.  
These advanced services being undertaken by suitably trained and competent staff, including pharmacists with safeguarding level 3 training.

SG asked if the Somerset-Wide Integrated Sexual Health Service (SWISH) is interlinked, possibility that fewer people will access SWISH with more people going to community pharmacy.  
Access to this advanced service can be made via walk in self-referral, referral from GP, referral from sexual health clinics. Laura is linked in internally with the women's team, conversations taking place on how to build on those referrals.  
Another referral route is for people who are accessing emergency hormonal contraception (EHC) and having that conversation with the patient around ongoing supply of a regular oral contraceptive.  
EHC commissioning stays with public health, the ICB recharge public health for all contraception prescribing.  
People will be required to give consent to have their baseline measurements taken, this will include being weighed.  
SM flagged that this may be distressing for some people. Raise with the national team.

Hypertension service relaunched:

Change around identifying people and those able to deliver this in the pharmacy e.g., suitably trained and competent pharmacy staff other than the pharmacist, taking pressure off the registered pharmacy professionals.

A case finding service, whilst also taking referrals from general practice.

Identifying people who are diagnosed but not treated to target.

Community pharmacies will be able to view patients' clinical records on the GP practice system (consultation activity, pathology monitoring, current meds, etc).

Addressing the highest risk patients first. Running searches in general practice, sending text messages informing patients they can have their BP checked in the pharmacy.

Looking at how best to support pharmacy teams around the uptake of ABPM.

- Older people mental health NHS Benchmarking Network data – SG/SM 57 slides, interesting looking at the data.

Emergency admissions above the targets and averages with quite a lot of readmissions within 30 days.

- National 16 meds optimisation opportunities update - SG

	<p>We are doing most of these already and in a good position. Because of Somerset's elderly population tend to use more antidepressants, hypnotics &amp; opiates. On-going work to be done around these areas. Shaun thanked Emma and the PCN pharmacy staff who do lots of the groundwork around medicines optimisation.</p> <p>Pharmacy First replaces CPCS, consisting of 7 clinical pathways published last week. To go live at the end of January 2024. Flow chart shared with group which articulates the different pathways. Initially, short videos being produced, these have been paused. These will be rebranded and re-recorded, to make sure that the pathways are clear.</p> <p>Each of the 7 conditions has a clinical pathway / gateway box. Colour coded flags to show high risk, anything that needs to be escalated. Different routes into the service. Once gateway met then taken into the Pharmacy First service and from that point onwards to the pharmacist. The pharmacy will receive payment for the service but doesn't automatically go through to PGD for medicine supply. It can be advice only, self-care, watch and wait or it could be a PGD for antimicrobial supply. Locums potentially not being able to deliver the service.</p> <p>NHS Somerset have commissioned an EMIS tool allowing the capability to access and update people's medical records. Raising awareness, acceptance, and appreciation of these services by patients. Some of the services can be provided remotely without a face to face.</p> <p>AZ asked how the data will be monitored. It won't be fed back into ePACT2 data. Consultations will have a SNOMED code in the patients' records. The service finder tool can be used to identify pharmacies registered for which service.</p>
<b>8</b>	<b>Other Issues for Noting</b>
8.1	<b>Pharmacy Oral contraception service spec published NHS England » NHS Pharmacy Contraception Service</b>
	-Covered in agenda item 7.1
<b>9</b>	<b>Workforce</b>
9.1	<b>Update from ICB, trusts and community pharmacy</b>
	Trust update: Advert out for newly qualified pharmacists. All the foundation trainees at Yeovil are staying and two overseas pharmacists starting at Musgrove in January, along with a big recruitment drive for the Musgrove site also starting in January.

	<p>If in three years' time we have well commissioned independent prescribing (IP) services in community and IPs actively being used in PCNs and practices, we need to also ensure we've got people with IP qualifications using it in trusts.</p> <p>Musgrove have recently done work around nurse facilitated discharge and ward pharmacists prescribing on the ward to facilitate discharge.</p> <p>Community update: There are 24 trainees in the county, hoping to retain them at end of training, as well as the School of Pharmacy opening in Plymouth.</p> <p>Sum of money into getting support for IP training in the community pharmacy legacy workforce.</p> <p>AP and ML to have a conversation addressing how an amount of funding is hosted.</p> <p>SG gave a brief update on the ICB consultation Phase One.</p>
<b>10</b>	<b>Regional Medicines Value Work Stream</b>
10.1	<b>Regional Medicines Optimisation Committee Southwest– next meeting 18/12/23</b>
	-December's meeting is cancelled
10.2	<b>Southwest Medicines &amp; Pharmacy Senior Leadership Group – Next meeting TBC</b>
10.3	<b>Somerset Antimicrobial Stewardship Committee – next meeting 22/01/24</b>
<b>11</b>	<b>System Risk Review and Management</b>
	<p>All ICBs have had to put in financial plans.</p> <p>One of the areas we'd previously focused on was workforce issue, this is not resolved but heading in the right direction.</p> <p>The Councils financial position potentially will impact on other services.</p> <p>The growth in prescribing costs, both high-cost drugs and primary care drugs still needs to be factored in.</p> <p>Although some of the drug supply issues have resolved they are still pushing up drug costs.</p> <p>With apixaban shortly becoming available generically this will help in the short term.</p> <p>Challenging times ahead, where medicines play a huge part in our aging population.</p>
<b>12</b>	<b>Any other business</b>
	-Nothing raised
	<b>DATE OF NEXT MEETING</b>
	24 <sup>th</sup> January 2024