

Minutes of the **Somerset ICS Medicines Optimisation Committee** held via Microsoft Teams, on **Wednesday, 2<sup>nd</sup> October 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
	Emma Waller (EW)	Yeovil PCN pharmacist representative
	Antony Zorzi (AZ)	Associate Director of Pharmacy, SFT

Apologies:

## 1 APOLOGIES AND INTRODUCTIONS

**Introduction's:** The Chair warmly welcomed Matt Mills, Head of PODs at the ICB as a new member to SIMO, as well as welcoming back Emma Waller upon her return from leave.

## 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. Shaun gave an overview to the new members to the committee. A group within systems Somerset FT has merged with Yeovil. Struggle to recruit, pharmacy workforce issues. Useful meeting for everyone.

Designed to help facilitate coordination across the system.

Our strength comes in numbers we have. This meeting is for members to bring ideas to this committee

#### **4 MINUTES OF THE MEETING HELD ON 27<sup>th</sup> July 2024**

4.1

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

A trial of having MPB and SIMO meetings on separate days will determine if this is better for committee members in terms of attendance.

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

Covered under items 5.1

#### **5 Matters Arising**

5.1

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

SG provided background information on the Somerset Medicines Optimisation Committee, explaining its formation, purpose, and the current structure of the pharmacy and medicines optimization system in Somerset.

SG explained that the Somerset Medicines Optimisation Committee was formed in response to a requirement from NHS England to create a group that brings together all parties involved in pharmacy and medicines optimization within the system.

SG highlighted that Somerset had already been collaborating effectively through various groups, even before the formal establishment of the committee. This pre-existing collaboration facilitated the committee's formation.

SG described the current structure of the pharmacy and medicines optimisation system in Somerset, noting the merger of Somerset Partnership with Somerset FT and Yeovil, resulting in a single large provider. The system includes around 100 community pharmacies and 13 PCNs, all employing pharmacists.

The common challenge of recruiting pharmacy workforce was acknowledged, which is an issue discussed frequently within the committee. Despite this, the committee aims to remain productive and useful for all members.

The importance of collaboration and communication among system partners to improve medicines optimisation was emphasised, highlighting the strength in their numbers and the need to maintain their efforts.

AP stressed the significance of collaboration across the system with various partners to enhance medicines optimisation. He highlighted the presence of key partners like LC and EW in the virtual room as crucial for effective collaboration.

It was reiterated that the meeting is intended to be driven by the participants, encouraging them to bring ideas and topics for discussion rather than relying solely on the ICB to drive the agenda.

Continue to pursue, with members agreeing to make enquires through local group channels.

Inviting potential Pharmacy Technicians to attend a SIMO meeting, without the commitment to join, would enable an understanding of the committees' purpose and agenda items.

Several questions were pondered in how to continue this energy.

How do we get more feedback & input, do you have a general PCN meeting. Still looking at facilitating this but not happened yet. MM supports future events to build relationships between multiple sectors. EW and MM to meet to discuss.

Chief medical officer / chief pharmacist reaches out to our local chief pharmacists. (Ian and Kyle)

SomersetFT keen to see closer links with PCNs, trying to bring everything together to enable optimisation across Somerset.

### **SG: Action to try and organise an event – post Christmas**

## **6 Workforce**

### **6.1 Workforce Issues**

**Workforce Challenges:** Shaun acknowledged the common challenge of recruiting pharmacy workforce, which is an issue discussed frequently within the committee. Despite this, the committee aims to remain productive and useful for all members.

### **6.2 Promotion of placements for 25/26 in Somerset**

This is a generic advertising document for Somerset. We have made great progress from a workforce perspective in getting trainees into Somerset.

SFT historically had 6 Pharmacists, that has now increased to 13-14, a couple of these being cross sector. A huge challenge for the team who are delivering the training at Musgrove.

An increase in technician numbers that are going through training.

From a regional point of view, the southwest hasn't enough places for all the applicants coming through.

Opportunity for pharmacy technicians in apprenticeship to continue the route to become pharmacists.

Suggestion of promoting pharmacy as a career at careers fairs in schools.

SM highlighted the pressure around training for single parents, family on low incomes, burden for families without a support network around them.

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

### **7.1 Update from trust – AP**

- EPS issue testing has almost finished, hoping of being able to go live in a few weeks' time, with FP10s only used for off-site clinics. Shortly, we are

going to be issuing electronic FP10s to Hospital@Home and ADHD services.

- Hoping soon to get the go ahead to build an outpatient pharmacy at Musgrove Park with trading probably in Quarter 1:2 2025, meaning we will be able to focus on inpatient activity in the hospital pharmacy.
- Consultant pharmacists post out to advert, hopefully positive news at end of October.

LC asked for an up-to-date document on Discharge Medicines Service around the impact on community pharmacy.

- Finally, biosimilar switching, we've had a very successful switch to ustekinumab which will generate significant savings for the system.

## 7.2 Update from Community Pharmacy Somerset – MA

- PowerPoint presentation showed Somersets Pharmacy First data for May & June highlighting a decline in hypertension referrals taking place.
- Further work also needs to be done in relation to the contraception service which has shown very slow uptake. Some surgeries say the drop in referrals are due to staff turnover and training. The LPC are willing and offered to attend practices to give additional training to 'up' the referrals.
- As a system we need to ensure Pharmacy First is optimised, by engaging with PCNs and working with practices to promote Pharmacy First, a beneficial tool which in turn, educates patients to make full use of their pharmacies.

Michelle kindly shared her slides with the group after the meeting as requested.

## 7.3 Update from Primary Care – LC

- Currently evaluating several IT platforms / digital models across the organisation, to improve issues including patient access, initial consultation, contacting the surgery, long-term conditions and recalls.
- In terms of Pharmacists and Pharmacy Technicians, we are trying to support the places for foundation pharmacists. Along with looking at capacity within the practice around mentoring trainees. There are fewer vacancies than a year ago in terms of GP recruitments. Student nurses and GP registrars are funded through their NHS Learning Support Fund with the practice receiving payment to host. Designated Prescribing Practitioners (DPP) and Independent Prescribers (IP) are not funded.

SM enquired how the capacity around discharge summaries and reviews for particularly vulnerable patients was going. Also, how 'more urgent' requests for changes in medication are being maintained.

- Symphony Health Services (SHS) deal with these promptly. Being checked daily; patients are contacted either the same day or the next. Work is risk stratified and any changes made for urgent discharges. In the last six months, frequently, we are finding difficult situations where embedded within a clinical letter the phrase 'will GP kindly consider'. Un-

specific with no details relating to what to prescribe or dosage. This generates the need for a phone call to the patient to undertake a consultation and discuss what the options could be.

AP is happy to have a conversation if there are certain specialties more prone to doing this.

Shaun attended a meeting with trust, LMC and primary care safety colleagues exploring interface issues between primary and secondary care.

Possibility of adopting and adapting the data collection form used by Devon.

SHS practices are moving to the Radar Healthcare reporting system.

Trusts have access to this, whereas the ICB won't see the information recorded which will create issues.

MM reported, from a community pharmacy point, stability now that temporary suspensions has dropped. Seasonal flu vaccinations opened on the 1<sup>st</sup> September.

## **8 Other Issues for Noting**

### **8.1 Original Pack Dispensing (OPD) comes into effect for NHS dispensing on 01/01/2025.**

Scheme to enable 28-day prescriptions to go up to 30 days if 30 days is the original pack size and 30 days can go down to 28 if the original pack is 28.

Facilitate a more slicker dispensing system. A positive step, certain medicines won't be implicated i.e. antibiotic prescriptions, steroids.

### **8.2 Hub and spoke dispensing.**

Proposal has been paused.

### **8.3 Safety of medicines in pregnancy and lactation- shortlisted entry for PrescQIPP patient safety awards 2024.**

Monthly data shows improvement. Lots of engagement is ongoing.

Sam shared her experience of receiving two awards after being shortlisted at the recent awards ceremony, highlighting the significance of the awards and the emotional moment when a patient personally thanked them.

## **9 National Medicines Optimisation Work Streams**

From the indicators that are used nationally, Somerset is still one of the highest, if not the highest performing in the country.

We are expecting the launch of a new scorecard around over-prescribing. We will look at how Somerset benchmarks and come up with ideas how to take forward that agenda.

An interesting talk at the PrescQIPP annual event was the pharmacogenomics, particularly of interest to SM and safe prescribing in lactation workstream, with codeine with breastfeeding and super metabolisers which becomes dangerous for the breastfed infant with repeated doses which is why it is contra-indicated, and other opioids are preferred such as dihydrocodeine or morphine.

The pharmacogenomics talk also discussed the interesting areas of Stevens Johnson Syndrome, clopidogrel, clozapine and HIV treatments.

**10 System Risk Review and Management**

Nothing new to add to the ICB register.

**11 Any other business**

Looking at the opportunity of separating MPB and SIMO meeting dates on alternate months. On a separate afternoon from Medicines Programme Board.

**DATE OF NEXT MEETING**

27<sup>th</sup> November 2024