

Minutes of the **Somerset ICS Medicines Optimisation Committee** held via Microsoft Teams, on **Wednesday, 11<sup>th</sup> August 2021**.

Present:	Dr Andrew Tresidder (AT)	Chair, CCG GP Patient Safety Lead
	Steve Du Bois (SDB)	Chief Pharmacist, Somerset NHSFT
	David Chakley (DC)	aCCIO / Digital Clinical Delivery & Innovation Lead at Somerset FT
	Shaun Green (SG)	Deputy Director of Clinical Effectiveness and Medicines Management, CCG
	Michael Lennox (ML)	LPC Representative
	Sam Morris (SM)	Medicines Manager, CCG
	Andrew Prowse (AP)	Chief Pharmacist and Controlled Drugs Accountable Officer, YDH NHS FT
	Zoe Talbot-White (ZTW)	Prescribing Technician, CCG
	Emma Waller (EW)	Clinical Pharmacist, Yeovil PCN
	Antony Zorzi (AZ)	Chief Pharmacist, Somerset NHSFT
Apologies:	Fivos Valagiannopoulos (FV)	PCN Clinical Pharmacist representative, South Somerset West PCN & Tone Valley PCN (LPC rep for independent pharm)

## 1 INTRODUCTIONS & APOLOGIES FOR ABSENCE

AT welcomed everyone to the Somerset ICS Medicines Optimisation Committee. David Chalkley & Emma Waller were introduced to the group. Apologies were provided as detailed above.

## 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 9<sup>th</sup> June 2021**

4.1 The Minutes of the meeting held on 9<sup>th</sup> June 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** –We are in the waiting period for national guidance on ICB and two main providers merging. No feedback on the second formal draft from Steve Brown yet.

**Action 5: Discuss use of regional £10k funding** – No suggestions sent via email. AP suggested “Insight Training” tools, to help provide an insight into oneself and each other, to help improve team dynamics to enable collaborative working. ML suggested keeping it as a good use will arise. SG suggested it is used to support the running of SIMO meetings.

#### **5 Matters Arising**

##### **5.1 Draft TOR**

Pending - Awaiting further confirmation of ICS structures nationally.

##### **5.2 Discuss roles of SIMO**

The roles of SIMO are going to evolve over the coming months due to the national guidance on ICB and two main providers merging. The merger may result in one director of pharmacy attending rather than three chief pharmacists.

A good starting point will be using SIMO to discuss the action points from the other pillars feeding into SIMO.

As previously discussed SIMO are not keen to discuss financials within this meeting so it will remain with SPF for the time being and will need to be added to the SPF TORs.

SPF will be the forum to discuss the financials relating to spend on medication in trusts. Update SPF TOR to reflect this. **Action: SM**

#### **6 Other Issues for Discussion**

##### **6.1 CQC Urgent warning to Somerset practices**

A local practice and a number of practices across the region/ national have been issued with a warning with regards to lack of appropriate monitoring for patients prescribed certain medications. The safety of medication and management is becoming a focus nationally. The criteria the CQC are checking for now will change as and when more alerts come out.

The CQC will be checking for the same monitoring standards in Trusts and acute settings as they do in Primary Care but it will be done differently due to different systems.

The whole system needs to be aware of the clopidogrel with omeprazole or esomeprazole interaction as the CQC will be looking for any initiation when inspecting.

#### **7 Other Issues for Noting**

## 7.1 **Integrated Care Board (ICB) Announcement**

The Health & Care Bill has been published and is currently going through committee stages before royal assent. It is on course to pass into law by April 2022. Lots of developments are to be expected before this date.

Somerset CCG is in the process of recruiting a Chair for the ICB. The CCG is not allowed to recruit from an existing provider. Somerset is working on a simple structure however it will take a lot of work to pull it all together.

Keep on the agenda for the next meeting.

## 8 **Partners – 2021 Medicines Optimisation priorities**

### 8.1 **CCG**

No update this month.

### 8.2 **LPC**

ML- Thanked Sam for the selfcare resources which are being distributed within the pharmacies.

GPCPS going well. First 1000 done Second fastest in south west. Yeovil have grasped (down to great PCN pharm such as Emma). Goal of 4000 per month. Facing some issues such as UTIs and red flags. However, it is being handled very well. ML would value a data dive meeting with Shaun or Sam.

Arrange a meeting to discuss GPCPS.

**Action: ML, SG & SM**

DMS out of YDH going well despite all difficulties within the pharmacy industry.

### 8.3 **YDH**

AP– Annual plan went through the Trust Board process.

Key priorities for YDH:

Rolling out EPMA – September

Continue supporting Somerset Covid vaccination programme

Commence referral on discharge to community pharmacy

YDH will be serving notice to boots this week, with a subsidiary of the Trust to take over the pharmacy.

### 8.4 **SomersetFT**

AZ- Has produced a draft job description for the Consultant AMS Pharmacist. As this is the first county wide consultant post SIMO may want comment.

Send the draft job description to SIMO for comment.

**Action: AZ**

SBD- Better co-ordination needed as a system around medication safety. Valproate/ new steroid card. On agenda for next meeting.

### 8.5 **PCNs**

EW- Currently still running the Covid vaccination centre at gateway in Yeovil whilst planning for flu and Covid boosters if JCBI allow it to be done at the same time. 16 & 17 year olds but opted out of 12years+. Still lots of first jabs being done due to changed minds.

Undertaking SMRs in care homes resulting in mainly stopping medications. Seeing patients has been really positive. Meeting with the care homes weekly but have been locked out of a few home rounds this week due to isolation in the homes. Monitoring of drugs in care home patients with dementia has been particularly difficult if refusing blood tests.

Reason for returns within the GPCPS have been fairly varied, so trying to help the surgery with this.

## **9 System Medicines Optimisation Work Stream Feedback**

### **9.1 Update from Digital**

DC shared a presentation 'Digital Medicines' with SIMO.

The presentation gave an overview of what is happening within the Somerset system.

Key focuses:

- Digital Medicines Platform for Somerset system
- EPS
- Discharge Medicines Service

*The Digital Medicines Platform* – To share medicine information across providers in Somerset. It will allow the information to be used directly for clinical care without the need for people to transcribe or manipulate, which should reduce errors (safer care). The aim is for a seamless transfer of care across Somerset.

Eventually it may allow patients to connect to the system to see their personal medical information. It may also have potential for use with analytic tools.

Currently working on Phase 1 – Seamless integration from EMIS using interoperable message standards to view on hospital system without need to rekey. Should be scalable between all settings. The aim is to have testable solution by the end of the year.

All overseen by Somerset Digital Medicines Delivery Group (SFT/ YDH, CCG, LPC, SIMO, NHSD, NHSX, Suppliers and Patient representative). Open to any stakeholders that would like to contribute to delivery.

Support from providers is excellent and positive. Practical delivery struggling with resource, but this is the same across the board. Controlled deployment will be critical with trials of the platform in the most suitable departments to iron out any issues before full roll out. Ways of working will need to change to achieve the most benefit from the new platform. Many efficiency gains to be made if used properly.

Concerns around safety were raised as it shouldn't be assumed patient medication records are an accurate truth or safe. The interface between systems is about limiting risk but will not eliminate it. Two sources of data should be used for medication reconciliation.

The platform should be able to work across counties to capture patients that receive care from other trusts or practices not within Somerset.

*EPS* – Working with NHS Digital to allow the Trusts to send prescriptions to pharmacies via EPS.

*Discharge Medication Service* – This service is already up and running with YDH with SFT to follow later in the year.

AT thanked DC on behalf of SIMO.

AP to deliver brief digital update at each meeting.

## 9.2 **Digital cont' – TOR & Interoperable Medicines Webinar**

The approved Somerset Digital Medicines Delivery Board TOR was distributed to the group for noting.

-Noted

AP mentioned that the patient representative on the board is proving valuable and questioned if we need to think of having one as part of this group.

SG commented that the TOR should be updated to include a statement that the suppliers are part of the group but unable to influence and have no voting rights as this would be a conflict of interest.

Raise SG comment with the Board and ask for the TOR to be updated. **Action: AP**

Interoperable Medicines Webinar was distributed to the group for noting.

-Noted

The system allowing EPS transfer from hospital to community pharmacy will be of particular benefit to Somerset NHSFT. It will be safer as it removes the risk of alteration by patients and ensures the prescription can get to the patient in a timely manner.

## 9.3 **Pharmacy System Workforce Update**

ML thanked SIMO for their great support.

The first forum has taken place with key stakeholders from each trust, community pharmacy and GP/ PCNs, it was a very useful meeting.

Helen is making good progress moving the project forwards.

A summit has been planned for the 30<sup>th</sup> September with the goal of drawing in the next layer of influencers. An email will be sent to all forum members asking them to invite 'movers and shakers' from their industry. A survey will be landing ahead of the summit asking for ambitions and how we can work differently/ collaboratively. Asking people to pledge and deliver actions.

PCNs need representation as do community and mental health team.

SIMO are happy with this approach and are keen for it to happen.

The merger to integrate the trust pharmacy teams has been delayed by around 6 months (Oct 22) with the first step being to go out to advert for a Director of Pharmacy

in September. The hope is to recruit and have someone in the role early to support the integration. This shouldn't interfere with the workforce workstream currently underway.

**9.4 Work stream proposal for the next meeting: Medicine Safety Officers**

The Medicine Safety Officers have been invited to present at the October SIMO meeting.

SIMO agreed for the other leads to be brought back in rotation.

**10 Regional Medicines Value Work Stream**

**10.1 Medicines Value Steering Group – Last Meetings 8/07/21 Minutes Received**

Minutes

-Noted

All future minutes will be screened and an exception report will be produced and shared by the SIMO representative in attendance rather than the entirety of the minutes.

**Action: All**

**10.2 South West Medicines & Pharmacy Senior Leadership Group – Last Meeting 15/07/21 Minutes Received & NHMC Position Statement**

Minutes

-Noted

NHMC document

-Noted

Somerset is experiencing some difficulties with Home Care provision by providers. It is expected to be resolved in 4-6 weeks. The 'Pingdemic' is partly to blame.

**10.3 Somerset Antimicrobial Stewardship Committee – Minutes received for 19/05/21**

AZ to lead regional antimicrobial work. Report back to SIMO.

SIMO is keen for this committee to champion pharmacy and spread the message of how well we do as a pharmacy system.

**11 Risks Review and Management**

The 'Pingdemic' has caused lots of problems in community pharmacy with lack of workforce and subsequent closures on top of existing general pressures.

The CCG is closing a practice for the first time ever, as it was deemed unsafe to keep it open, due to lack of workforce. The closure will have a knock on effect as patients will be redistributed to other practices. It will have business implications for the neighbouring pharmacy.

**12 Any other business**

**12.1 Register of Interest**

ZTW reminded everyone of the need to sign up for the CCG register of interest and that more help can be provided if needed.

Sign up for CCG register of interests if not already done so.

**Action: All**

## 12.2 **Links in Agenda**

Trust attendees are unable to open links on the agenda.

Fix links within agenda for non-CCG attendees for the next meeting.

**Action: ZTW**

## 12.3 **Community Pharmacy Covid vaccinations**

During phase 3, 37 pharmacies submitted an expression of interest and 18 have so far been ratified.

## 12.4 **ERD Pilot**

Academic health science network and the CCG Digital team have been working on a pilot programme to support PCNs to deliver effective electronic repeat dispensing. Possible candidates are North Sedgemoor or Taunton Central, decision TBC. Digital are keen to move ERD agenda forward and to test different models of support as Somerset is currently the lowest utiliser of ERD in the country.

### **DATE OF NEXT MEETINGS**

13<sup>th</sup> October 2021

8<sup>th</sup> December 2021

16<sup>th</sup> February 2022

6<sup>th</sup> April 2022

15<sup>th</sup> June 2022