Somerset
Clinical Commissioning Group

Minutes of the **Somerset ICS Medicines Optimisation Committee** held via Microsoft Teams, on **Wednesday, 13th October 2021.**

Present:	Dr Andrew Tresidder (AT)	Chair, CCG GP Patient Safety Lead
	Dave Donaldson (DD)	Medication Safety Officer, YDH.
	Steve Du Bois (SDB)	Chief Pharmacist, Somerset NHSFT
	Shaun Green (SG)	Deputy Director of Clinical Effectiveness and Medicines Management, CCG
	Catherine Henley (CH)	Medication Safety Officer, SFT (Community).
	Steve Moore (StM)	Medicines Manager, Medication Safety Officer, Somerset CCG.
	Sam Morris (SM)	Medicines Manager, CCG
	Andrew Prowse (AP)	Chief Pharmacist and Controlled Drugs Accountable Officer, YDH NHS FT
	Helen Stapleton (HS)	(LPC) workforce
	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)
	Michael Lennox (ML)	LPC Representative

1 INTRODUCTIONS & APOLOGIES FOR ABSENCE

AT welcomed everyone to the Somerset ICS Medicines Optimisation Committee. Dave Donaldson, Catherine Henley, Steve Moore & Helen Stapleton (guests). 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 11th August 2021

4.1 The Minutes of the meeting held on 11th August were agreed as a correct record.

4.2 **Review of action points**

All items were either complete or, on the agenda.

5 System Medicines Optimisation Work Stream Feedback

5.1 **Medication Safety Officer Presentations**

DD, YDH, Acute hospital, workstreams:

- NHS feedback, Patient Safety Alerts for example: Elimination of bottles of liquefied phenol 80%. Measures had to be put in place to block ordering etc.
- Supply problems, for example: Diazepam 2.5mg rectal tubes being discontinued, checked guidelines to make sure not listed as part of current pathways. Xylocaine and adrenaline, out of stock until mid oct. Listed alternatives also went out of stock, causing issues. Severe shortages of certain immunoglobulins due to covid, so having to juggle the different MABs that are available.
- National viper antivenom brand change highlighted problem with it being an unlicensed medicine of animal origin 'high risk'. An emergency drug which needs patient and prescriber consent for use. Added to risk register.
- Patient level drug recalls.
- Regional MSOs flagged that patients wearing a patch (e.g. Fentanyl), while having an MRI, can cause increase in absorption. Patches need to be removed but there is no information around what should happen with the CD patch.
- Submit medicines reports to the Trust committee and patient safety steering group looking at trends, low & high-risk harms. -Link with patient safety specialist through this avenue.
- Lots of Covid & flu vaccine queries at this time of year.

CH, SFT, Community workstreams:

- Similar to DD but less acutely affected.
- MSO is a small part of job, overseeing role, raises questions at RMSO meeting.
- Supply disruptions e.g. Diazepam rectal tubes, not much use in community setting.
- Reports into medicine incident group to monitor trends across the Trust, at community health level. Plans are in place to merge with acute Trust MSOs to monitor trends across the system.
- Liquefied phenol 80% removed across the Trusts with specialist disposal. Also removed ability to order and prescribe.

SM, CCG workstreams:

- Primary Care problems are very different.
- MSO role tagged onto day job, forms part of what we do.
- Eclipse Live (technology uses algorithms from practice data) allows us to monitor practice safety alerts. Eclipse has validated alerts and Somerset CCG has added

extra safety alerts. Unfortunately, there is limited availability to review the alerts in practices. We monitor the review rates as part of the scorecard and July was the highest yet: 60%. Medicolegal responsibility remains with the practice for monitoring and actioning the alerts.
-Alert fatigue is an issue in all settings as is over reliance on alerts.

- Monitor NPSA, MHRA and CAS alerts for any that affect Primary Care and share for practices to implement.
- The CCG must ensure practices implement CAS alerts and the practice must implement but they don't have to tell the CCG when they have done so. The steroid card implementation was a difficult alert and unsure how well it has been done. Working to find out how to put a system in place to find out which practices have done what, resource is our biggest problem.

PCNs do not have a system in place to make sure CAS alerts have been implemented. EW will raise at the pharmacy network meeting.

5.2 **Pharmacy System Workforce Update**

HS shared slides.
IPMO plan: enhancing and expanding the pharmacy workforce.

Since last meeting:

- Established strategic workforce forum
- Secured HHE funding for more project management capacity.
- People board approved a funding bid for workforce development.
- Survey of current situation conducted across all sectors.
- 5 expressions of interest for HEE PTPT apprenticeships.
- Workforce summit – very interesting and useful. Members of SIMO that attended commented on how brilliant the event was.

Summit debated 4 key questions:

1. How to achieve 'integrated working' (relationships/ infrastructure and ways of working).
2. What needs to be done to deliver 'quantum leap' in trainee/ placement capacity?
3. How can we work collaboratively to maximise recruitment, skill development and retention?
4. How do we introduce and scale best examples of role flexibility to provide better opportunities and support demand without affecting core services?

Discussed

- Integrated working and concept of a 'hub'.
- How to deliver trainee numbers, such as 'partnership pledges', attraction campaigns and cross-sector role development (employment concerns).

Next steps

- SIMO to agree with proposed workstreams
- Workforce forum to meet and adopt workstreams (Primary Care representation issues).
- Think about ongoing communication with wider community to make pharmacy

more visible.

SIMO thanked HS.
Comments:

- Maybe trying to do too many things at once and need to be more focused on main priorities.
- Current block is that small workforces need to grow before they can support and train the future workforce.
- Summer placements are great opportunity for exposure and relationships. Northumbria had better recruitment and retainment after summer placements. These were disrupted by covid in SFT but will look into restarting.
- Northumbria also provided integrated posts between acute and PCN (funded by acute).
- YDH offered to help and support the concept of the training hub. Lack of Aseptic trained staff is a particular concern, HS noted and will include this in plan.
- HS wants to make sure the right colleague support is in place and feels representation is lacking from PCNs. EW suggested possibility of linking with PCN clinical directors.
- Collaboration has been put in place for a GP pre-reg to work between PCN and Musgrove starting next week. More this needed with Pharmacist and Technicians.

YDH & SFT merger is a significant piece of work. The risk is it could be seen as an opportunity for finance to make cost savings. There is acknowledgement across both Trusts that STF is under resourced, and they need more funding. Previous experience of mergers has shown finance may need to be given a narrative to understand how this additional resource will support the system by investing in future learning.

This will remain as a standing item on the agenda with a verbal update at each meeting. HS to be invited back in February.

5.3 **Work stream proposal for the next meeting: System response and actions from overprescribing review**

Proposal: In-depth review of overprescribing and actions each can take with regards to this document at the next meeting.
Proposal Agreed.
Read document and bring any tangible ideas we can tackle individually or as a system to the December meeting. **Action: All**

6 Matters Arising

6.1 **Draft TOR**

Draft TOR and flowchart were presented to the group.
AT thanked everyone for their input.
As there is no ICS or ICB structure yet it cannot be finalised but should be possible within the next 6 months. The TOR will remain a draft until we have confirmed ICB and Trust merger structures
Flowchart is an interrelationship starting point.

Some attendees expressed surprise by the proposed structure and felt for SIMO voice to be heard it should sit in parallel to SPF reporting directly into a currently unspecified ICB subgroup. If reporting into ICB directly there will be a requirement to produce reports, which would require additional resources.

Some think SIMO should be a multidisciplinary forum, it isn't at present and multidisciplinary Trusts would need to be the ones to take responsibility for this to happen. It could be a future goal when we know more about the ICS and Trust merger structures.

We need to have the key principles and aims established for when TOR can be approved. Our aim should be to 'make sure we have voice and resource to deliver what we believe pharmacy is capable of across the system'.

Annotate draft TOR with preferred additions/ removals. Send annotated documents to ZTW for collating before the December meeting. **Action: All**

6.2 **Discuss roles of SIMO**
Discussed as part of 6.1.

7 Other Issues for Discussion

7.1 **Overprescribing Review**
Initial thoughts are that the recommendations will be difficult to deliver with the current workforce challenges. It is important to support the discharge workstream although it doesn't promote follow up into primary care. It is not clear where most of the work needs lie.
An in-depth review is planned for the next meeting.

7.2 **Prevention/ Inequality/ Sustainability Agenda**
The CCG is highlighting Primary Care developments and requests of Primary Care on the agenda. SIMO needs additional input from Trusts as to what they want discussed on the agenda relating to medicines optimisation.
Lots of money is being put into PCNs to boost workforce. The prevention agenda will add pressure on acute Trusts these documents are flagging the work.

8 Other Issues for Noting

8.1 **PSNC Briefing: Community Pharmacy funding in 2021/22**
-Noted
Additional funding for community contract. Trying to move community pharmacy away from per item dispensed model to a clinical services model.

9 Partners – 2021 Medicines Optimisation priorities

9.1 **CCG**
Not discussed

9.2 **LPC**
Not discussed

9.3 **YDH**
Not discussed

9.4 **SomersetFT**
Not discussed

9.5 **PCNs**
Not discussed

10 Regional Medicines Value Work Stream

10.1 **Medicines Value Steering Group (South West) – Last Meetings 8/06/21 & 7/09/21**
Not discussed

10.2 **South West Medicines & Pharmacy Senior Leadership Group – Last Meetings 29/07/21, (12/08/21, 2/09/21 & 30/09/21)**
Not discussed

10.3 **Somerset Antimicrobial Stewardship Committee – Next meeting TBC**
The AMR consultant job description has been finalised and work plan proposal to be shared across the county. Ready to go to advert once the national framework gets approval. Unsure how long the process will take.
Staffing issues have affected the whole AMR system. There are many AMR staffing changes happening with new starters and leavers.

The next meeting is planned for November but unlikely to go ahead due to the staffing issues. Looking to restart in February once posts are filled. Still doing well with AMR in Primary Care settings.

10.4 **South West Pharmacy Governance Meeting – Last Meeting 17/06/21 (Andrew Prowse)**
Not discussed

11 Risks Review and Management
Not discussed

12 Any other business

12.1 **Fit for my future strategy**
Fit for my future strategy - Community hospital review.
SG flagged not to forget about medicines when reviewing service provisions.
The first diagnostic hub in Somerset will potentially use medicines on site.

12.2 **Regional Pharmacist**
The current regional pharmacist Steve Brown is due to step down in a couple of weeks and a replacement will take over. We will have to wait to see if the current structure remains in place.

12.3 **RMOC**
AT attended his first RMOC as the Somerset representative. They discussed lots of work strands but has nothing specific to report back.

DATE OF NEXT MEETINGS

8th December 2021
16th February 2022
6th April 2022
15th June 2022