

Minutes of the **Somerset ICS Medicines Optimisation Committee** held via Microsoft Teams, on **Wednesday, 6th April 2022**.

Present:	Dr Andrew Tresidder (AT)	Chair, CCG GP Patient Safety Lead
	David Chalkley (DC)	aCCIO / Digital Clinical Delivery & Innovation Lead at Somerset FT
	Steve Du Bois (SDB)	Associate director of pharmacy for community and mental health services, SFT
	Shaun Green (SG)	Deputy Director of Clinical Effectiveness and Medicines Management, CCG
	Sam Morris (SM)	Medicines Manager, CCG
	Michael Lennox (ML)	LPC Representative
	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
Apologies:	Andrew Prowse (AP)	Chief Pharmacist and Controlled Drugs Accountable Officer, YDH NHS FT

1 INTRODUCTIONS & APOLOGIES FOR ABSENCE

AT welcomed everyone to the Somerset ICS Medicines Optimisation Committee.

David Chalkley was welcomed as a guest speaker.

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.

SDB will update with change of job title.

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 16th February 2022

4.1 The Minutes of the meeting held on 16th February were agreed as a correct record. Amend spelling of Jane Yeandle.

4.2 Review of action points

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

Action 1: Workstream proposal for next meeting – SDB will ask Jane Yeandle when he meets with her soon.

Action 2: Workforce update – Genomics - Onus on acute trusts to build business plans or refer outside of Somerset.

Delivery of pharmacy education tends to be done by CPPE genomics might be on their future agenda.

SDB's team have put in an expression of interest to be pilot site for genomics mental health workstreams. All pending but will keep us informed.

Action 3: Improving communications between Primary Care and Secondary Care – Completed. Incidents are being reported and pharmacies can write directly to AP if needed. FV has been provided with some points of contact for immediate issues but still lots of work to do.

Ask Dave Donaldson for the audit detailing the number of discharge errors that YDH prevented and how these scales up to MPH. **Action: SM**

Action 5: Integration and Pharmacy Transformation Plans – ML raised concerns about pharmacy having a voice in the ICS structures as they develop. SG believes the LPC will have a seat within the ICP structure.

5 System Medicines Optimisation Work Stream Feedback

5.1 Digital Update

DC gave SIMO an update on the digital workstreams:

1. Electronic prescribing within Secondary care settings

- Yeovil had a business case approved to obtain the same electronic prescribing system as SFT.
- Move towards standardising electronic prescribing and medicines administration across both acute settings and community and mental health services. This will support seamless care between the settings.

2. SIDeR

- Building on what is already available on the SIDeR record (read only access to medicines data held by the health and care provider) to make sure the information can pass freely back into any provider using it for the purpose of direct patient care.
- SFT validating a solution to take the data held within the GP record to create prescription charts without the need to rekey any information. If no interventions or adjustments, it is an easy process for clinicians.
- Created to allow for interoperability and to help drive high level of

transfer between settings.

- Better quality at discharge will be helped by better quality at inpatient.

3. Medicine optimisation tools

- Tools that can reconcile information across providers to give a deeper view into medicines information held to show interactions.
- Additional tools: Dashboards for anti-cholinergic burden or other risk factors.
- Key step in creating digital tools to support the medicines optimisation agenda and support in the targeting of care across different settings.

4. Electronic Prescription service

- In discussions with the supplier of the e-prescribing system to provide a link direct from secondary care into EPS. It is in development and should go live in Summer. Will improve service deliver and user experience.
- EPS will be key piece of functionality with the increase in video consultations.

5. Discharge Medicines Service

- Disappointing lack of progress with DMS in SFT. Software has been procured but needs to be integrated into the existing electronic systems. For this to happen medicines need to be manually transcribed into the system. Currently not feasible.
- Need to upgrade EPRO system and transition entire clinical workforce to a new digital dictation software. Started before Christmas but has been on pause due to the disruption it could cause with the current pressures.
- Exploring other routes in case of further delay. However, there will be further costs involved. Hope to begin the updates in May.
- Will look to Andrew and Antony to advise on pharmacy capacity to offer the service.

6. Timescale of roadmap

- Implementation of the transfer of care standards has an October 22 deadline. In discussion with suppliers for transfer of care. Believed to be something they are working on and won't need additional funds. Likely to be linked to upgrade.
- Digital meeting 20th April to discuss timescales and which path is being committed to.

Comments from SIMO

- Rollout plan for YDH is around 5 years behind probably similar for SFT. Concern the medicines aspect of electronic patient records is not being considered as most important factor.
- Need dates on the roadmap and KPIs. If these are missed, they need to be raised through digital risk register.
- Digital issues with DMS, smoking cessation, discharge issues and more which are all integral to improving patient outcomes.

- DMS is going well in YDH, could be just as good in MPH. If money is the issue ML has available funds for digital projects that push Community pharmacy forward.
- The current position is frustrating for everyone especially contractors and the practice of pharmacy.
- PCN pharmacists prevent many errors on hospital discharge letters. Concern the Discharge solution has not been rolled out. The audit data around discharge summary errors shows a full range of errors. Often as they are signed by staff who haven't even seen the patient. Need to get clinicians on board with this. The organisation and system approaches need to change.
- YDH discharge summaries are currently better than MPH. Likely due to no pharmacy support checking discharges in MPH.
- Had discussions around discharge issues with Mark Dayer (Consultant cardiologist leading digital medicines) and Matt Hayman and the wider medical leadership around this challenge. Needs to be a focus of the Trusts.
- Also need a digital solution for out-patients and A&E.
- The Trust should have a Patient safety specialist lead who needs to look at the implications and evidence around DMS and poor discharges causing patient harm and readmissions, adding to the system pressures around RTT and waiting times, if not worse, for the patient to get readmitted because of the problems. If SIMO can help to move this forward, they will
- Having a pharmacy team check discharge summaries is causing more work when they should be done correctly the first time. GPs are responsible for getting it right and the IT solution should help with this.

SIMO thanked DC for the update.

Share digital roadmap and timelines with SIMO.

Action: DC

Invite Mark Dayer to attend a SIMO meeting to discuss the cultural aspects of digital medications.

Action: SG/ AT

5.2 **Work stream proposal for the next meeting: TBD**

Ask Helen Spry and Antony Zorzi to give an update on ABX.

Action: AT

Jonathan Higman may be attending. If he does then it would be good to show some of the areas, we have made good collaborative progress on such as CVD and respiratory.

Invite Steve Moore to give SIMO update on respiratory in June. **Action: ZTW**

6 Matters Arising

6.1 Trust Merger

Andrew started in post as Director of Pharmacy. He is working through the pharmacy restructure in the Trusts. looking at equity of pharmacy teams and services across the two sites. Unsure how it will affect the MH teams yet. Wider merger continuing through the pressures of covid.

6.2 **ICB Update**

Three directors left the CCG at end of March and James Rimmer will be leaving at end of June. Jonanthan Higman will replace James as new chief executive on 1st July. New chief medical officer interviews underway. In a state of flux until senior people in post and the rest will follow. Most CCG employees will 'Lift and Shift' to the ICB.

ML raised a concern about Pharmacy having a voice in new ICS structures as they develop.

LPC should have a seat within the ICP structure as it develops (alongside LDC and LOC hopefully).

Ongoing discussions about AP representation as director of pharmacy in the provider.

Ongoing discussions about SG representation in the ICB structure.

7 **Other Issues for Discussion**

8 **Other Issues for Noting**

9 **Workforce**

9.1 **Update from Michael Lennox**

Workstream infographic presented

-Noted.

PCN are becoming more involved and having more pharmacy students in the practices. Trying to raise the profile of the CCG while in the practice.

We need to try and make the pharmacy roles we have in Somerset more attractive. Pharmacy starts to be seen as part of the solution as they can do more than people perceive.

Community pharmacies are losing resources so they need to develop a structure that can use the prescribing element as well to help retain workforce. Many contractors are reducing opening hours which will have a knock-on effect with how the profession is seen.

The MH team were late with recruiting pharmacist, they have since lost some, but many stayed as have a good work life balance.

Pharm techs will be the next problem. Need to work at this as a system. Technician students can be employed while on the programme but then no funded Permanent post for them when they qualify so loose them out of county.

Good news is the employment of the first consultant pharmacist in Somerset.

10 **Carbon Strategy**

10.1 **NICE Environmental impact report: Medicines Optimisation**

This is a growing national agenda.

Medicines optimisation means patients don't get admitted, saving a huge amount of waste, greenhouse gases and carbon footprint. Not all about saving money.

-Noted

Share document with PCN colleagues.

Action: FV

10.2 **MM Team Green Agenda Trend Jan 22**

Reducing polypharmacy and plastics. Taking small steps to build on this.

-Noted

Each trust has a sustainability strategy they are working on.

10.3 **Greener Inhalers**

-Noted

11 **Partners – Updates and Priorities for 2022**

11.1 **CCG**

Sent out the new scorecard indicators.

Priority – improve number of diabetes patients getting the 8 monitoring processes.

Somerset are an outlier on minor amputations. Not doing foot checks might be contributing.

GPs don't control retinal screening so not put in.

11.2 **LPC**

Large amount of funds being used for CPCS.

Trying to roll out hypertension scheme with AF identification alongside.

Addressing challenges of workforce opening hours.

11.3 **YDH**

No YDH representative present at this meeting.

11.4 **SomersetFT**

Mental Health are working on their recovery from covid.

Trying to find ways to work as a combined team to address some of the issues at SFT.

11.5 **PCNs**

Working on SMRs targets which seem unachievable. Focus should be on quality over quantity. PCNs will focus on priority groups to begin with.

12 **Regional Medicines Value Work Stream**

- 12.1 **Medicines Value Steering Group (South West) – Next meeting TBC**
- 12.2 **South West Medicines & Pharmacy Senior Leadership Group – Next meeting TBC**
- 12.3 **Somerset Antimicrobial Stewardship Committee – Next meeting TBC – Summer 22**
- 12.4 **South West Pharmacy Governance Meeting – Next meeting TBC (Andrew Prowse)**
- 12.5 **Regional Medicines Optimisation Committee Southwest– Last meeting 03/03/22**

Somerset are often ahead of the game with the safety medication optimisation. RMOC need to benchmark all regional data. Somerset has been missed in some of the datasets. SG has raised this.

Staff turnover in care homes is affecting antipsychotics use. Many patients on them shouldn't be. We are an outlier so need to work on this. Duty of care needs to be addressed.

Before antipsychotics are used, they should try simple adjustments in environment such as the addition of plants which can make a difference in mood. More entertainment is also needed in care homes.

Establish if there is correlation of antipsychotic use in homes which are social care funded or privately funded. It could be that the more funding the home receives the higher staff to patient ratios they have and more entertainment leads to reduction of antipsychotics use.

There will likely be legal challenges to medication being used to subdue patients in the future.

13 Risks Review and Management

- Error rates with hospital discharges.
- If digital fail to implement services on time it will need to be added to the risk register.

14 Any other business

Antony Zorzi stepping down from SIMO – The committee members have sent their thanks.

DATE OF NEXT MEETINGS

15th June 2022

10th August 2022

12th October 2022

14th December 2022