

Minutes of the **Somerset ICS Medicines Optimisation Committee** held via Microsoft Teams, on **Wednesday, 15th June 2022**.

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| Present: | Dr Andrew Tresidder (AT) Steve DuBois (SDB) Shaun Green (SG) Catriona Khetyar (CK) Michael Lennox (ML) Sam Morris (SM) Andrew Prowse (AP) Helen Stapleton (HS) Zoe Talbot-White (ZTW) Emma Waller (EW) | Chair, CCG GP Patient Safety Lead Associate director of pharmacy for community and mental health services, SFT Deputy Director of Clinical Effectiveness and Medicines Management, CCG Regional Chief Pharmacist South West NHSEI LPC Representative Medicines Manager, CCG Chief Pharmacist and Controlled Drugs Accountable Officer, YDH NHS FT Workforce Programme Manager Somerset Integrated Care System (ICS) Prescribing Technician, CCG PCN Clinical Pharmacist representative, Yeovil PCN |
| 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. Helen Stapleton was welcomed as a guest speaker. Catriona Khetyar was welcomed as an observer. 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.

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 6th April 2022

4.1 The Minutes of the meeting held on 6th April 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:

There is still no chief medical officer appointed for the ICB. When the ICB has appointed they will be invited to attend a SIMO meeting.

5 Matters Arising

5.1 Digital Roadmap & Timeline

Trusts are trying to get everything linked up so patients can move more seamlessly between boundaries. YDH have managed to do this to a certain extent whereas Musgrove does not have the same systems or processes in place, so is struggling to get everything aligned. Lots of work has been put into this but it is years behind where they hoped to be. There is growing frustration that we are too far behind. The presented timeline shows hopeful implantation dates.

YDH pharmacy staff screen discharge summaries to ensure they are correct. They also usually dispense the medication and council patients.

Discharge summaries risks:

- Musgrove, discharge summaries being done at speed without final checks from pharmacy. Optimal process would have a second check. Musgrove is quite a way off optimal discharge process. Working to get the discharges done in the timeframe has meant less quality. Creates risk and harm to patients and high levels of admissions
- Primary Care discharge summaries are not always processed by clinical staff as they should be, they also need additional resource.

A retrospective discharge summary audit has been carried out in Musgrove due to these concerns.

- Analysed a weeks' worth of discharge summaries checked against the EPMA system and based on figures it could be around 18,000 errors per year going to Primary Care. This is a high volume of errors.
- This figure does not include community hospitals or mental health units which are also currently being audited.
- Will be discussed at Trust governance planning meeting in the next couple of weeks and then on to a quality meeting deep dive.
- To be added to the corporate risk registers for the trust.
- As part of the pharmacy strategy decision will be made on how to improve service in Musgrove. This is likely to go to the executive team in September.
- Workforce issues and recruiting will take time.
- EPMA roll out should happen towards the end of the year in the Trust and next year for community mental health next. Meaning all are on the same EPMA

system. This will then allow access for Community Pharmacies and then Primary Care. For consolidated across the system.

SG has raised the discharge summaries issues at the CCG and it is on a risk register in the system. SG happy to raise from commissioning side again in September if not enough progress has been made.

Feedback to FV there is an action plan for Musgrove.

Action: EW

6 System Medicines Optimisation Work Stream Feedback

6.1 Helen Stapleton & Michael Lennox – Workforce update

HS presented an update on workforce and the workstreams in place.

Areas of focus:

Project planning & governance

- Workforce forum established with good membership and representation from all areas of practice.
- Project plans developed and being refined.
- Established regional networking group for workforce leads.

Trainee expansion

- 12 places/ 5 CP employers for 23 foundation year trainee pharmacists. With planned cross sector collaboration.
- Pharmacy technician apprenticeship expansion.
- Lead pharmacist and technician posts established to support cross sector trainee expansion.

Attraction & career development

- Researching attraction campaigns.
- Links to PWDS/HEE regional careers work.
- Local agreement to implement careers resource targeting schools & colleges with Somerset Education Business Partnership.

New ways of working

- Training hub to host webinars about role of pharmacists and technicians in Primary Care and collaborative role development.

Discussion and comment from SIMO attendees:

SIMO thanked HS for her presentation.

Somerset now slightly ahead of curve with the workforce plan as it is well joined up and has a clear plan moving forward. A new school of pharmacy in the South West is being discussed.

Ideas suggested:

- Somerset has its first consultant pharmacist about to start. It would be good to do a press release to highlight it across the system as a good news story for Somerset.
- Making accommodation available and affordable to attract more applicants.

- Host/ mentors for placements. Having mentors for inside and outside of workplace.
- Apprenticeships for pharmacy degree.
- Efficient pathway needed for pharmacy technicians to upskill and qualify as pharmacists, apprenticeships seem the obvious choice.
- County sponsorship for degree with a 2-year work contract once qualified.

Community Pharmacy workforce situation in Somerset is difficult. Discussed issues arising and reason for closures & reduced hours at PAMM. Need to seek local resolution and link with PCN pharmacists. Community Pharmacy needs to change. Already run specific Community Pharmacy events and they know they need to change and collaborate more.

7 Other Issues for Discussion

7.1 Long term conditions guidance and recovery

-Noted

The ICB will have its own priorities, likely recovery of the RTT position will be central to that. Virtually everything we do as a profession helps get better outcomes for patients. Pharmacy still often seen as somewhere to get a prescription dispensed. Pharmacy does an awful lot more in every sector. It is important to link to system recovery priorities with all new projects & bids so this is seen. AP is pushing to raise Somerset FT pharmacy workforce to deliver the more clinical aspects of recovery.

Need to reinvent the Community Pharmacy contract to allow them to do more, which will free up colleagues in Primary Care.

No medical director in place within ICB however ML and the Primary Care voice is asking Jonathan Higman to start the Primary Care strategy now.

Discussed at the National Pharmacy Advisory group how Community Pharmacy colleagues have an ambition to support the ICS and patients. They need to be encouraged and not limited to specific schemes. Independent prescribers need a reimagined model of checks and balances rather than existing ones for medical prescribers. There is support from a national and regional perspective.

RCGP one page summary long term conditions. There are elements where specialist pharmacists in acute trusts are already involved in these long-term conditions. There is a role in Community Pharmacy to get involved more in management once a diagnosis has been made (In Primary care or Pharmacy).

7.2 Delegation of pharmacy back to ICS

Delegation likely to be this time next year.

SG presented a document building on Fivos' presentation and national documents coming out.

- SIMO attendees will get involved with new working groups as the ICB develops. We need to be champions for the profession at these and raise the profile of new services.
- Pharmacy pressures.
- Delegation agreement is for pharmacy alongside optometry and dental.

-Noted

The contract won't sit with the medicines management team but SG wants to get the most out of the pharmacy side of it. Would like to look at a pilot for Community Pharmacy and long-term conditions management. We will revisit this idea 9-12 months' time. Gives us an opportunity to bid for money to get things off the ground.

Hope that we can get the best out of Community Pharmacy by cradling it locally. Resources will be needed to support this and there is talk of regional support hub. Fear in some of the larger chains in Community Pharmacy around how the delegated contract will be managed by the 42 different ICS. Most others however remain positive.

7.3 **Prescribing leads agenda 24/05/22 & Fivos Presentation on Community Pharmacy clinical services**

Thank you to Fivos for presenting.

-Noted

Prescribing leads conference agenda.

-Noted

Great engagement from PCNs. Would like to get more engagement from other stakeholders.

Arrange for the PCN Community Pharmacy leads to be invited. Email ML with the next date and ideas to add relevant agenda item.

Action: SG

Arrange for pharmacy Trust teams to be invited. To help build more awareness around what each other do.

Action: SG

8 Other Issues for Noting

8.1 **Carbon Strategy – Standing item**

CCG update:

- Out performing most on inhaler indicator.

- Looking at what we can do next (Green indicators) and what we can improve.

- Aiming for a Primary Care indicator next year. Already have some very active practices.

- A good way to engage patients in their conditions.

Trust update:

- Anaesthetic gases benchmarking well.

Community Pharmacy update:

- None this month

8.2 **Somerset end of year prescribing position: OpenPrescribing**

-Noted

9 Workforce

Discussed under 6.1

10 Regional Medicines Value Work Stream

10.1 **Medicines Value Steering Group (South West) – Next meeting TBC**

10.2 **South West Medicines & Pharmacy Senior Leadership Group – Next meeting TBC**

10.3 **Somerset Antimicrobial Stewardship Committee – Next meeting TBC – Summer 22**

10.4 **South West Pharmacy Governance Meeting – Next meeting TBC (Andrew Prowse)**

10.5 **Regional Medicines Optimisation Committee Southwest– Last meeting 08/06/22**
CK chaired RMOC.

Highlights:

- Inhalers green agenda – Ambitions to take things wider.
- Medicines Repurposing Programme – licensed and used in an unlicensed way.
- Medicines Optimisation, Digital Update – How to better work together. Steve Trowell (Regional digital lead) attended he thought that pharmacy must be sorted as he doesn't hear much about it. Steve will be helpful to stop badging SMRs, eRD etc. as just pharmacy medicines optimisation issues, they are digital solutions to help a wider pathway and need to be seen as such. Looking to hold a sub meeting to focus on digital and make it a shared issue across ICS's rather than just pharmacy.

SG will be presenting our inhaler work at the South West Green event in July.

Use of unlicensed medications in pregnancy or breastfeeding either when it should not be and is or when it could be but is not. Manufactures often are not willing to pay for license extensions and so many prescribers stick to license. Another problem is with license of over-the-counter medicines for use in pregnancy or breastfeeding means Community Pharmacy are unable to sell things they would like to because of the license. Patients then must be referred to Primary Care. The CCG has just commissioned a PGD for aspirin in pre-eclampsia because Community Pharmacy cannot sell for that use. Similar issues with clotrimazole cream.

Feed information back into repurposing programme. Licenses need to keep up to allow minor ailments to be kept out of Primary Care and in Community Pharmacy.

Share OTC guide with CK.

Action: CK
Action: ZTW

11 Risks Review and Management

- Workforce.
- Discharges are on the CCG risk register.

12 Any other business

12.1 **Work stream proposal for the next meeting**

August:

-Steve Moore will present on respiratory.

-Virtual ward program and medicines oversight.

October:

-SFT strategy.

-Antimicrobials.

12.2 **Partners – Medicine Optimisation updates and Priorities for 2022**

SG has produced and shared the MM annual report. Very proud of the safety work around medications for women of childbearing age which SM has been leading on.

Need a campaign to catch people earlier in pregnancy around medicines and if they are safe to continue.

Next planned minor ailments scheme in Somerset is folic acid.

-Noted

DATE OF NEXT MEETINGS

10th August 2022

12th October 2022

14th December 2022