

Minutes of the **Somerset ICS Medicines Optimisation Committee** held via Microsoft Teams, on **Wednesday, 27<sup>th</sup> March 2024**.

Present:	Shaun Green (SG)	Chief Pharmacist, NHS Somerset
	Michael Lennox (ML)	LPC Representative
	Sam Morris (SM)	Medicines Manager, NHS Somerset
	Laura Picton (LP)	Community Pharmacy Clinical Lead, NHS Somerset
	Andrew Prowse (AP)	Director of Pharmacy, SFT
	Caroline Taylor (CT)	Prescribing Technician, NHS Somerset
	Emma Waller (EW)	Clinical Pharmacist, Yeovil PCN
	Antony Zorzi (AZ)	Associate Director of Pharmacy, SFT

## 1 **APOLOGIES AND INTRODUCTIONS**

**Apologies:** Dr Andrew Tresidder

SG welcomed everyone to the Somerset ICS Medicines Optimisation Committee

## 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 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.

## 4 **MINUTES OF THE MEETING HELD ON 24<sup>th</sup> January 2024**

4.1

The Minutes of the meeting held on 24<sup>th</sup> January were agreed as a correct record.

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

-Complete

## 5 **Matters Arising**

Discussed at January's meeting, members feel SIMO would benefit from the inclusion of a pharmacy technician(s). A technician's opinion on medicines optimisation would be valuable, whilst enabling that arm of the profession to be represented.

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

**Action: ML, AP and EW to take forward, bring update to May's meeting.**

#### Brief update on IBS reorganisation

Phase One is complete: direct reports to directors.

Phase Two, more will be affected than Phase One, colleagues in scope for more significant change and colleagues not directly in scope for significant change.

MMT not directly in scope for significant change.

ICBs to make 30% savings from April. A savings plan was developed and fed back. Raised awareness that Somerset Medicines Management Team is the smallest in the country.

SG explained that his role is the same, just a change of title.

#### Update from LP on the Community Pharmacy Clinical Lead (CPCL) role

Fixed term contract will end in early October. Currently sitting in consultation CPCLs in other areas with substantive contracts to continue in post. Across the country it's a mixture of this role ceasing, staying or being merged into another role.

People are encouraged to feedback on the CPCL role internally as Phase Two still open for consultation.

## **6 Items for Discussion**

### **6.1 Community Pharmacy Service update with delivery run-rates, plans and benchmarking.**

**Pharmacy First and BP case finding would be the keen focus.**

LP presented her slides covering:

#### Community Pharmacy end of year update

- In a period of change and contraction
- Currently 92 community pharmacies

#### Pharmacy First

- 53 active GP referrers (out of 64)
- Total of 3795 referrals

84 pharmacies signed up (end of Jan24).

Southwest have the highest rate of sign-ups and high rates of completion.

National, regional, and local communications are circulated.

#### Hypertension case-finding service

- Doing well in Somerset

Main route being pharmacies. General practice can also refer in.

Competently trained pharmacy team members can deliver this service, freeing up pharmacist time. Promoting Somerset library services, where blood pressure

monitors are free to loan for 2 weeks by any adult member, enabling regular checks at home over this period.

#### Oral Contraception Service

Covers the ongoing repeats of oral contraception and initiation of new contraception.

Continuing to raise awareness around this service, at present small numbers of activity.

Making sure pharmacies have the required safeguarding plan in place.

#### Flu vaccination & Lateral flow device (LFD) service

Less uptake of flu vaccination

LFD supply service for people at high risk of serious Covid-19:

- New service from 6 November 2023
- Additional eligible groups from 1 April 2024

Vast majority of Somerset pharmacies signed up to service.

#### Independent prescribing (IP) pathfinder programme

- 4 sites in Somerset registered with NHS BSA
- Waiting for EPS tools to be made available from NHSE
- Sessional claims for up to 24 sessions to end March
- Next steps: service specification and patient pathways

Utilising the IPs abilities to help patients stabilise BP and maintain lipids levels.

Community pharmacy workload pressures are huge and increasing with the new services.

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

### **7.1 IMOC Genomics update on developments - presentation**

SG welcomed Rachel Palmer, Lead Genomics Pharmacist, NHS Southwest Genomic Medicine Service Alliance.

Slide presentation updating on:

- Pharmacogenomic testing
- Three test centres: University Hospitals Bristol and Weston (UHBW), Plymouth (initially not doing shared care) and Exeter, having slightly different shared care models. UHBW only just up and running, uncertain if Plymouth and Exeter underway yet. Shared Care pathway will look different in other parts of the southwest.
- Draft NICE guidance CYP2C19 for clopidogrel in new stroke or TIA patients, guidance considers a lab-based test and a point of care test. Final guidance expected early summer will however consider two point of care tests versus a lab test. The point of care test is very fast with results back in one to two hours, it does bring some challenges. CYP2C19 can affect the metabolism of several other medicines. Discussions taking place around how best to record these results in patients' medical records.

- PROGRESS pilot project, set in primary care. Opiates added to the list of therapeutic classes.
- Ensure patients diagnosed with Lynch Syndrome are correctly coded in primary care. These patients should be on aspirin. Possibility that patients could be purchasing OTC. Somerset have rolled out the National Lynch syndrome project. SG to raise.
- NICE TA: Lecanemab for treating mild cognitive impairment or mild dementia caused by Alzheimer's disease [ID4043] in development, expected publication date July 2024. If it has a positive appraisal / approval, not available on the NHS (apolipoprotein E) ApoE testing.

Questions from the group:

AZ Although there are three test centres, will there be shared care with other trusts? We have been asked to potentially do testing, although waiting for the unapproved document from NHSE to be approved. Once approved SFT keen to sign up.

SFT have already been asked to support share care for mavacamten

Rachel offered to link up on any community pharmacy issues in Somerset.

Rachel moved onto Agenda item 7.2. Pharmacy genomic workforce

7.2

### **Pharmacy genomic workforce**

NHS England Pharmacy genomics workforce, education and training strategic framework

Rachel shared the draft National Pharmacy Genomics workforce, Education and training strategic framework: 'South West Genomic Medicine Service Alliance Implementation plan' with the committee.

The regional plan sets out additional considerations of how the four aims of the national strategic framework will be implemented across the South West Genomic Medicine Service Alliance in alignment with national implementation plans.

- Strategic Aim 1 – Integrate awareness of genomics as part of pharmacy practice
- Strategic Aim 2 – Build and join networks
- Strategic Aim 3 – Identify pharmacy genomics workforce needs
- Strategic Aim 4 – Educate and develop the pharmacy workforce

Committee members will review the draft plan, sending Rachel any feedback by 12 April 24.

AP, Chair of the Regional Clinical Pharmacy Managers meetings invited Rachel to present to the group. Rachel will make arrangements.

From a community pharmacy point of view, ML felt the commercial service will lead the way in normalising genomics. The national contract will catch up and meet what the secondary care and trusts colleagues have performed.

Rachel felt the role of the pharmacy workforce could help identify and treat people with genomic conditions.

Hyper metabolisers and under metabolisers, adding opioids to the Progress trigger drug groups. Patients reporting under treated pain

Pilot work taking place in other parts of the country where this is embedded in primary care. Agreement needed from NHSE (who commission the genomic testing) Something we could roll out to Somerset PCNs and practices.

An UK nursing competency framework has been developed.

Shaun thanked Rachel for the excellent update. SIMO offers full support; we will endeavour to help drive forward.

### 7.3 **Goals / focus for SIMO 24/25**

Update from ML

Community pharmacy representation for Somerset is expected to link in with primary care with regards to the hub. Further details to come when available.

**To share any further information**

**Action: LP**

## **8 Other Issues for Noting**

### 8.1 **Improving patient safety and system efficiency**

-Share NHS Somerset ICB Medicines Safety Officer slides with SIMO members after the meeting.

## **9 Workforce**

### 9.1 **Community pharmacy workforce update on new project delivery proposal for 24/25**

Brought back from January's meeting

Pharmacy closures noted.

Training and new pre-reg students upcoming, work on going to support.

Collaborative training and working in Somerset are effective but remains a considerable challenge. Our colleagues in the trust have done well supporting training agreements, making SomersetFT the powerhouse of the development for pharmacy practice.

Funds secured for projects. Looking to fund a higher education School of Pharmacy network promotion campaign, along with cross sectoral training for technicians.

Waiting for a strategic review of the primary care view. PMO in place, acting as a link across PCN / primary care and secondary care which is more attractive to the new students.

The trust is expanding training numbers further. Creating partnerships between different providers for more attractive foundation training programmes.

A wider piece of work is needed to create a more effective network for PCN and community pharmacy matrix working.

The ICB restructure was noted.

Workforce issues have improved but could be better. Investment in technicians is needed to ensure their skills are retained within pharmacy and not lost to other sectors receiving higher remuneration. Training opportunities must be available to enable progression.

Recent local news reported community pharmacy closure to manage the backlog of work. Levels of pharmacist burnout may increase with all the new services that they are delivering. Succession planning and upskilling current and new workforce will support with capacity issues and maintain workforce in the county.

**10 Regional Medicines Optimisation Work Streams**

10.1 -RMOC isn't meeting currently.

**11 System Risk Review and Management**

-Nothing to note

**12 Any other business**

Emma informed the group its unlikely she will attend Mays meeting.

Shaun thanked Emma for her support in SIMO. Emma was asked, if possible, she would be able to identify someone who may want to stand in from a PCN perspective in her absence.

**DATE OF NEXT MEETING**

29<sup>th</sup> May 2024