

Minutes of the **Somerset ICS Medicines Optimisation Committee** held via Microsoft Teams, on **Wednesday, 29<sup>th</sup> May 2024**.

Present:	Dr Andrew Tresidder (AT)	Chair, NHS Somerset GP Patient Safety Lead
	Shaun Green (SG)	Chief Pharmacist, NHS Somerset
	Michael Lennox (ML)	LPC Representative
	Sam Morris (SM)	Medicines Manager, NHS Somerset
	Andrew Prowse (AP)	Director of Pharmacy, SFT
	Caroline Taylor (CT)	Prescribing Technician, NHS Somerset
	Antony Zorzi (AZ)	Associate Director of Pharmacy, SFT

## 1 APOLOGIES AND INTRODUCTIONS

**Apologies:** Laura Picton

Laura's nationally funded fixed term post is unfortunately ending. The committee all unanimously agreed Laura will be sorely missed.

ML also announced he will be leaving at the end of July; his successor is to be announced next week, Michael will inform Shaun once he knows who this will be.

## 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 27<sup>th</sup> March 2024

4.1

The Minutes of the meeting held on 27<sup>th</sup> March were agreed as a correct record.

### 4.2 Review of action point(s)

**Action 1.** Agreed to widen the SIMO membership to potentially include a trust based and PCN pharmacy technician, extending the invite to Symphony Healthcare Services pharmacy technicians.

**To keep on agenda for onward discussion.**

**Action: CT**

AP & SG to discuss.

A regional technicians' group is in the process of being developed.

## **5 Matters Arising**

### **5.1 ICS: Changes in structure and how SIMO can engage to support our Chief Pharmacist**

Discussion ensued on how SIMO can maintain its influence and support Shaun as chief pharmacist.

Shaun highlighted that his priority is to support and build on the momentum of the full medicines' optimisation agenda, working in collaboration with the trust, primary care and other providers to obtain the best for all and the system, whilst recognising financial pressures within the NHS and all systems.

AP was congratulated on his work involving patient discharge communications and the progress the trust has made.

It was felt there's a struggle in engagement from the PCNs and getting them onboard with the agenda. With Michael's departure from the LPC, now is an appropriate time to reach out to the LPC and invite his replacement as a representative as soon as possible.

### **5.2 System priorities**

#### **NHS Somerset ICB medicines optimisation metric summary attachment**

Somerset overall is the best performing system of all 42 ICBs for the national measures, the higher metric value score indicates how well you are doing.

An excellent starting position and will strive to maintain.

The Chair congratulated the MMT and system medicines optimisation team on these achievements.

Community pharmacy and secondary care have a different set of national measures.

Issue raised around the on-going health inequalities in some of the therapeutic areas. EW was leading on the Core20PLUS5 work - an approach to reducing healthcare inequalities.

The common theme is foremostly, improving outcomes for patients.

## **6 Items for Discussion**

### **6.1 Government response to the consultation on hub and spoke dispensing.**

Consensus, in the mechanics, and questions haven't all been answered in the consultation, with detail still missing. The meeting agreed the consultation needs to be rethought.

Community Pharmacies are even busier dispensing prescriptions, with the direction of travel to enable more clinical services (BP checks, contraception services) in community pharmacies.

Growing number of online systems with dispensing being carried out at different sites. Stock issues create huge issues for patients having to re-visit bringing a

higher carbon footprint.

We may be losing quality rather than increasing capacity.

The Chair asked for any trust comments relating to hub and spoke dispensing. The trust uses robots which are idle overnight. There are no plans to offer a hub model.

## 6.2 **National medicines optimisation metrics**

-Duplication of agenda item 5.2

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

### 7.1 **Pharmacy First update**

Presentation update provided by LP

Outcomes to date 31 Jan to 09 April 2024 - first 70 days.

#### Local GP referral data

- 98% of community pharmacies registered to deliver the service
- Somerset commissioning EMIS Local Services to aid integrated referrals from general practice to pharmacy
- 54 actively referring practices
- 5592 referrals in the first 70 days, 80% of which are completed in pharmacy
- 26% of completed referrals are for the new 7 clinical pathways
- 83% completed in pharmacy – PGD, OTC sale or advice
- 6% non-urgent GP/111 referral
- 5% urgent escalation

#### Local GP referral data – AMS

- 1453 clinical pathways referred from GP
- 704 medicines supplied under PGD = 48%

#### GP Connect: Update Record

Update Record allows information about patient consultations outside of general practice to be shared safely with general practice, so the information can be updated in the patient record. Information will be viewable to patients via NHS app.

The messages are 'structured' which means they transfer into the GP system in a consistent and standardised way that systems can 'read'. This allows them to be easily filed. Medicines supplied will appear in patient's acute medicines list.

The system will be rolled out from March 2024. IT system suppliers will communicate with their users when they add the feature to their system. EMIS Pharmoutcomes expected in May 2024.

ML informed the group; several instances occur when 'Gateway not met' scenario. Possibility to re-visit the specification to broaden the parameters. Somerset is not a high user of the 111 service.

Independent pharmacies appear to be doing well. Some locum pharmacists chosen to not to deliver the service, due to the large workload involved.

## 7.2 **Independent Prescriber Pathfinder**

Community Pharmacy Independent Prescriber Pathfinder Programme progress presentation update provided by LP:

- 4 sites selected – Boots Taunton High St, Quantock Pharmacy, Penn Hill Pharmacy, Milbourne Port Pharmacy
  - Hypertension clinical protocol and patient pathway in draft and out for consultation
- Patients already diagnosed with HT but with BP recorded outside of target range, and with recent blood tests identified in GP and referred to pharmacy for optimisation.
- Pharmacy consultation re lifestyle changes, dose titration, additional antihypertensives, repeat as necessary until patient within target range or unable to make further changes.
- Return patient care to GP for ongoing repeat prescribing.
- Local agreement and SOP development between pharmacy and referring GP to work up an individual service model for each site, using the service specification as a framework for local discussion.
  - Site visits being planned for June 2024.
  - Funding agreed from NHSE PhIF up to March 2025, but not yet received into the ICB.
  - No confirmation regarding the nationally procured Electronic Prescribing System. Some ICBs going ahead with paper prescriptions or GP-IT. Somerset waiting for the national tool.
  - Other background work progressing, e.g. data protection impact assessment, equality impact assessment, knowledge & competence framework, clinical support & supervision, governance & assurance.

Can we stay in the pilot, discussion to take place.

## 8 **Other Issues for Noting**

-Nothing to note

## 9 **Workforce after pathfinder**

### 9.1 **Workforce Development: change in personnel and options for the way ahead**

Ongoing issue with securing a project manager officer (PMO) whose main function would be to support the roll-out of any initiative relating to pharmacy workforce development across general practice, PCN and community pharmacy. Potentially working up to 3 days a week for a 2-year contract employed within the ICS and would be our dedicated representative for workforce development.

The PMO would act as a connection link between SFT and primary care and could also include part of Laura's current work.

Concern voiced around who will drive this forward and commit once Michael is no longer in post, the process needs to move with progressive speed.

On going talks within the system taking place.

9.2 **Community Pharmacy Round-up: What's current on the national service contract deployment**

Yeovil hospital identify patients' medications at the point of arriving in hospital rather than at discharge.

Plan is for Yeovil to roll out electronic prescribing and discharge summaries with the new software. Hoping to see this happen in the autumn.

**Invite David Chalkley, Associate Director of Pharmacy, SFT to give an update at a future SIMO meeting on the trusts position on both the Discharge Medicines Service and Transfer of Care systems. Action: CT**

9.3 **New funding for Community Pharmacy PCN role**

Somerset were early adopters of the idea of having staff from community pharmacy and PCN settings acting as ambassadors within that setting. A regional programme was run with regional funding on having PCN ambassadors last year.

The centre has agreed to a primary care network engagement role with money from the national contract.

10 **Regional Medicines Optimisation Work Streams**

-Nothing to note

11 **System Risk Review and Management**

-To see how conversations go around workforce issues with relevant colleagues

12 **Any other business**

SIMO thanked Laura in her absence for all that she's done and her help whilst with Somerset ICB.

Michael was thanked for all his work, enthusiasm, expertise, and knowledge he has brought over the years. He has been a great part of the committee.

**DATE OF NEXT MEETING**

24<sup>th</sup> July 2024