

Minutes of the **Somerset ICS Medicines Optimisation Committee** held via Microsoft Teams, on **Wednesday, 24th July 2024**.

Present:	Dr Andrew Tresidder (AT)	Chair, NHS Somerset GP Patient Safety Lead
	Lynda Coles (LC)	Lead Pharmacist, SHS
	Shaun Green (SG)	Chief Pharmacist, NHS Somerset
	Sam Morris (SM)	Medicines Manager, NHS Somerset
	Laura Picton (LP)	Community Pharmacy Clinical Lead, NHS Somerset
	Caroline Taylor (CT)	Prescribing Technician, NHS Somerset
	Antony Zorzi (AZ)	Associate Director of Pharmacy, SFT

1 **APOLOGIES AND INTRODUCTIONS**

Apologies: Andrew Prowse

Introduction's: The Chair warmly welcomed Lynda Coles, Lead Pharmacist, Symphony Healthcare Services as a new member to SIMO.

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. Members were reminded to log in to the new NHS Somerset ICB Conflicts of Interest system Civica as soon as they can to log their interests or declare a nil declaration.

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 29th May 2024**

4.1 The Minutes of the meeting held on 29th May were agreed as a correct record.

The SIMO meeting for September has been re-scheduled to October 2nd. A trial of having MPB and SIMO meetings on separate days will determine if this is better for committee members in terms of attendance.

4.2 **Review of action point(s)**
Covered under items 5.1 and 5.2

5 Matters Arising

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

Continue to pursue, with members agreeing to make enquires through local group channels.

Inviting potential Pharmacy Technicians to attend a SIMO meeting, without the commitment to join, would enable an understanding of the committees' purpose and agenda items.

5.2 **Invite David Chalkley, Associate Director of Pharmacy, SFT to update on the trusts position on both the Discharge Medicines Service and Transfer of Care systems.**

David will be attending November's meeting.

6 Items for Discussion
6.1 **MPB annual report**

The report, which has also been presented to the ICB Quality committee, sets out the progress Somerset ICB has made against the national medicines' optimisation indicators, also showing how we link in with the NHS strategy.

NHS Somerset, a high performing organisation is the best performing system of all 42 ICBs for the national measures.

This year highlighting antimicrobial stewardship, making sure we are constantly looking at the appropriate use of antibiotics.

SIMO agreed it would be beneficial to share the report with trust pharmacy teams, key clinicians and associate directors raising awareness of ongoing work areas.

The Chair thanked the group in advance for disseminating as you feel appropriate.

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

7.1 **Update on Independent Prescriber pathfinder**

Laura presented her slides which covered Items 7.1 and 7.2

Pharmacy results from the latest GP patient survey published recently, for the first time included data related to people's experience of using community pharmacy services. Services people access in pharmacy, in the last 12 months is still mainly driven by the more traditional use of community pharmacy e.g. collection of prescription medicines, buying OTC medicines and obtaining healthcare advice.

BP case-finding BP numbers and a small increase in ABPM.

98% of Somerset pharmacies have opted in to deliver this service.

Lynda expressed she is very supportive of community pharmacy and deals with problems on a day-to-day basis.

A question was raised if the new hypertension pathway will be embedded into the EMIS GP practice clinical system. Its paramount to have a robust system, whilst ensuring that we are all working together.

Unfortunately, the digital connectivity has had delays, with GP Connect going live for a weekend then the BMA sending out a message instructing to switch off.

Community Pharmacy Somersets' (CPS - previously LPC) input into SIMO would be really beneficial. Shaun to raise at the next CPS meeting in September, and as SIMO meetings are bi-monthly YL may have capacity to attend a future meeting.

The Chair thanked Laura again for all she's done in the Somerset system, hoping that the foundations she has laid will continue well.

7.2 **Update on Independent Prescriber Teach & Treat and pharmacy clinical services, in particular Pharmacy First, hypertension and oral contraception.**

Two of the key requirements for completing independent prescribing training are:

- to have a prescribing learning environment with an appropriate patient group
- supervision by an experienced prescriber - a Designated Prescribing Practitioner (DPP).

Part of the prescribing course, trainee prescribers need to complete 90 hours of appropriate practice-based learning, with supervision from their DPP.

There is a particular challenge for community pharmacists learning to be prescribers, as prescribing services are not routinely present in the setting.

Community pharmacists must often therefore seek a prescribing learning environment and supervision from a DPP in another organisation, such as secondary care or general practice.

The aim was to create supervision capacity within an Integrated Care System (ICS) as a way of supporting cross-sectoral support for prescribing training.

7.3 **Update from trust**

Delay in the roll-out of the Electronic Prescribing and Medicines Administration system (ePMA) to Yeovil, delay due to updating and alignment of software and systems.

On a positive point, in the next week or two, SFT will have 30 trainee pharmacists coming through, aiming to retain 50% of those.

The other positive thing is successful international recruitment, recruiting two pharmacists from Hungary, who are doing really well and have given so much positive feedback to the university they studied in that we now have further pharmacists from Hungary to interview.

The first consultant pharmacist post holder in Somerset is leaving. Katie has done a great job and set a good standard for a consultant pharmacist.

Staffing wise remains a challenge. Trust staff rejected consultation to extend opening hours of the pharmacies.
MicroGuide Antibiotic Prescribing Guidelines will be changing in the near future, the new guide will be available as a phone app for easy access.

7.4 **Update from CPS**

-No update available.

7.5 **Update from Primary Care**

Generally looking at IT systems, improving continuity of care for patients and making sure we are delivering the CQC requirements.

Challenge in the movement of pharmacists and technicians between primary, secondary care and PCNs.

An Advanced Practitioner programme is embedded in SFT. There is funding accessible through Health Education England but then a matter of acquiring a mentor.

With discrepancies between salary scales in primary care e.g. paramedics, nurse practitioners, a pathway is needed for Pharmacists.

Lynda has just developed a pathway for Symphony.

Some pharmacists are embedded in practices, running their own clinics and a part of the practice team.

It was felt that the DES objectives are too 'loose' with unclear guidance. Thus, health professionals not working to their full potential

8 **Other Issues for Noting**

-Nothing to note

9 **Workforce**

9.1

The trust has a very good retention rate for the pharmacy technicians who are currently undergoing training. Significant technician vacancies in variety of grades.

Looking to significantly increase GP recruitment into Somerset.

People will go to the job that suits them best dependent upon their current and planned circumstances going forward.

Laura will be leaving the ICB next week, creating a workforce issue. The community pharmacy work Laura has carried out not only around the independent prescriber pilots but all the other clinical workstreams that she's championed, pushed and monitored, with no replacement being brought in to continue this work.

At a pharmacy workforce meeting earlier this week Shaun raised the possibility for potential of international student recruitment.

10 **National Medicines Optimisation Work Streams**

Discussion ensued on the following topics:

- Course length of antimicrobial prescribing: on-going and continuing to address course lengths
- Standardising product formulations of aseptically compounded medicines (new indicator): National concern around aseptic trust provision. Possibly down to the way the data is being crunched and doesn't really reflect. To observe how this develops.
- Best value DOACs: generic rivaroxaban price to drop in October
- Opioid use: this has been a workstream for over ten years. Successful piece of work last year implemented in reducing the use of liquid morphine, this continues to be flagged. PCNs to do more social prescribing interventions around pain management.

The MMT have also started to look at course lengths of other treatments e.g. bisphosphonates in dementia patients.

11 **System Risk Review and Management**

Risk register updated to include medicine shortages. Patients becoming impacted by some of these shortages.

12 **Any other business**

Shaun thanked Lynda for her attendance, inviting Lynda to bring any ideas that she would like to discuss and take forward to future SIMO meetings for discussion. Issues raised are always good as it prompts wider discussion.

An issue, previously raised by PCN representatives is around the quality of some discharge information, a large amount of Pharmacist time is used trying to clarify and making sure information is correct.

Antony and Andrew have a plan to put in place around a more robust system in Musgrove when they can recruit.

DATE OF NEXT MEETING

2nd October 2024