

Minutes of the **Somerset ICS Medicines Optimisation Committee** held via Microsoft Teams, on **Wednesday, 22nd March 2023**.

Present:	Shaun Green (SG)	Deputy Director of Clinical Effectiveness and Medicines Management, ICB
	Sam Morris (SM)	Medicines Manager, ICB
	Andrew Prowse (AP)	Director of Pharmacy, NHS SomersetFT
	Caroline Taylor (CT)	Prescribing Technician, ICB
	Fivos Valagiannopoulos (FV)	PCN Clinical Pharmacist representative, South Somerset West PCN & Tone Valley PCN (LPC rep for independent pharm)
	Antony Zorzi (AZ)	Associate Director of Pharmacy - Clinical Services for NHS SomersetFT

1 INTRODUCTIONS & APOLOGIES FOR ABSENCE

Apologies: Dr Andrew Tresidder, Michael Lennox
SG welcomed everyone to the Somerset ICS Medicines Optimisation Committee.

Discussion ensued, SIMO is an evolving committee, the more people we can engage the better.

Having a local trust pharmacy technician would be beneficial to this group and something to consider.

Communication from the chief Pharmaceutical Officers office this morning around developing the professional nature of pharmacy technicians to potentially develop and expand the roles they can perform.

Consider inviting to attend, Jon Dolman, GP education lead LMC. Jon has a good interest in some of the work streams we have been doing and how to educate GPs on these.

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 14th December 2022

4.1 The Minutes of the meeting held on 14th December were agreed as a correct record.

4.2 Review of action points

Most items were either complete or, on the agenda.

FV updated the group there is currently no issue in community pharmacy with antimicrobial supplies.

Action 3: Health Inequalities and Community Pharmacy

Update from FV

All Lloyds in Sainsburys pharmacies are closing down. We are down to 98 contractors, 98 pharmacies essentially from August onwards.

All Lloyds pharmacies are for sale, several being sold to mainly independent contractors or multiples. A campaign 'Save our Pharmacies' has been launched, where leading national pharmacy bodies have agreed to work together on a programme of activities to lobby for fair NHS funding for pharmacies in England. Contractors asked to communicate with members of Parliament, local MP's and write to them highlighting issues, mainly of financial viability that community pharmacy are currently facing.

Lloyds have pulled out of enhanced services like EHC supply. If no other pharmacies are providing EHC, and potentially methadone, this could create a large issue along with inequalities. Lloyds have suspended their public health contracts.

Recruitment and retainment of pharmacy workforce is challenging.

Action 8. Community Pharmacy and Hospice pilot bid

- Not successful

5 Matters Arising

5.1 Carbon Strategy – Standing item.

- ICB update: Initiatives include prescribing device refills rather than full devices e.g., Respimat, sumatriptan, Spiriva. This reduces device footprint, transport footprint, disposal footprint. New primary care prescribing scheme scorecard indicator for 2023-24 around encouraging the prescribing of six monthly triptorelin 22.5mg injections rather than the three monthly. This reduces devices footprint, transport footprint, disposal footprint, nursing time and patient travel.
- Trust update: a medical gas committee has commenced. Purely an estates group, historically, the chief pharmacist didn't sit on. Included on the committee is an anaesthetist, who is very interested in the green agenda. The focus now, how to reduce the use of nitrous oxide gas.
- Community pharmacy update: encouraging the use of refill devices over full devices. Looking at reducing the use of plastic. Amalgamating deliveries and

looking at using electric vehicles. In terms of medicines management, nothing innovative or different from items the ICB is doing.

5.2 **ToR**

Requires encompassing what the SIMO committee can develop into. Delivering, what we see as the objectives of medicines optimisation.

The Integrating Pharmacy and Medicines Optimisation (IPMO) documents show that NHSE are going through their own restructure.

An expectation from region is that we continue to build a system with collaborative working. There will be areas of work that will grow in importance, genomics being one area that will continue to grow.

Keen to capture PCNs as part of the pharmacy medicines optimisation workforce.

Bring back to Mays meeting.

Share initial draft with committee members

Action: SG / SM

6 **System Medicines Optimisation Work Stream Focus Area**

6.1 **Community Pharmacy Independent prescribing pathfinder**

NHS Somerset ICB were asked to put in an expression of interest bid around the independent prescribing development for community pharmacy. A plan has been submitted.

There are more people than we originally anticipated in training.

Around 35-40% of pharmacists at Musgrove are independent prescribers. Independent prescribing skills need to be utilised at ward level, making best use of the role as well as being beneficial for patients.

Trusts asked, to encourage developing this role within their settings, if no plan is already in place. To enable trained staff to use their skills. Developing competencies in other areas apart from the area you trained in is the way forward.

Around 4 out of 6 are independent prescribers in the community and neighbourhood teams but they're not necessarily using the qualification due to trust policy or because it's not needed in their daily workload. The qualification then becomes irrelevant, and revalidation needs to be undertaken after six months.

Depending on approval potentially as a standing agenda item going forwards

6.2 **Optimising Personalised Care for adults prescribed medicines associated with dependence and withdrawal symptoms.**

Report flagged; includes case studies.

Addresses all medicines that can cause this problem, not just opiates. The emphasis is on ICBs to do something about this problem. NHS Somerset already do a large amount and will continue to push.

After a discussion with public health (whose responsibility is for commissioning addiction services), PH informed they only have enough money and resources to fund addiction to illicit drugs rather than addiction to prescribed drugs.

GPs are to follow guidance but have a limited amount of time when they see a patient. Also, many of these patients have these medicines on repeat prescription that can just be re-ordered.

The message is to stop initiating these medications and, for those already taking, starting a reduction schedule / process, but this must be very much a joined-up patient centred approach.

Trust has a policy in place: no initiation of sleeping tablets for patients who attend hospital as inpatients and are experiencing problems with sleep. None supplied on discharge unless patient already takes.

AZ had worked closely with the anaesthetist and midwifery team and resulted in reducing Oramorph[®] use in maternity departments. Moved to the use of dihydrocodeine tablets.

SIMO congratulated AZ on this sensible and pragmatic area of work.

Primary care must reinforce and take responsibility to not issue further supplies to these patients once discharged.

7 Other Issues for Noting

7.1 UK Commission on Pharmacy Professional Leadership Report

No views or comments from committee members made.
-Noted

7.2 Update to the Primary Care prescribing and quality improvement incentive scorecard for 2023-24.

Our incentive scheme is to improve medicines optimisation. We have 20 Scorecard Indicators; four indicators are being retired and replaced by four new ones.

Retiring scorecard indicators:

- cost-effective use of the anticholinergic drug solifenacin - 65% target of all prescribing achieved.

- blood glucose test strips being less than £9.25 per box of 50 - 75% target achieved (nearer to 80%)
- increase use of SGLT2s compared to gliptins
- formulary preferred opiate brands. Initially this indicator was introduced as a safety issue trying to have a system wide use of just a few of the different branded products available. Now overtaken by all the different types of opiate branded generics launched and available, too difficult to manage. Around 75% compliance.

New scorecard indicators:

- support the increase in Ezetimibe prescribing.
- reduction in Medications high risk in pregnancy prescribed without contraception.

SM elaborated, giving safe options and if the safe option isn't available, having a contraception and pregnancy planning conversation in the first instance. Making every contact count, ensuring that these cohort of patients are reminded at every appointment and at community pharmacy level, when patients are picking up their medication(s). The NHS Somerset MMT Safer Use of Medicines in Pregnancy-Planning Ahead poster has been shared widely. Signposting guidance on the NHS Somerset MMT website is thorough.

- % triptorelin 22.5mg of all GnRH analogues
- Metformin +/- gliptin patients and blood glucose testing strips on repeat (inappropriate use in in diabetic patients who are just on metformin +/- gliptin. where no clinical risk and no clinical reason for them to be doing blood glucose testing.

Share the Primary Care prescribing and quality improvement incentive scorecard for 2023-24 with SIMO committee members once launched.

Action: SG

7.3 **Report any progress on the Digital Front re Discharge Medicines Service (DMS)**

Update from AZ in AP absence.

The digital integration between discharge summary software and PharmOutcomes is now ready for testing, making sure there are no issues before considering going live. No date for when this is. In terms of volume, will start small. Another factor to consider is how we introduce this into practice without a workforce to support it in any meaningful way.

AZ to speak to Sarah W, smoking cessation lead and check if the smoking cessation service is in a similar position.

Action: AZ

From a community pharmacy perspective, currently discharge summaries containing mistakes take a lot of communication between the wards / consultants and may take

days before a reply is received. Obviously, we don't want DMS switched on if not robust.

DMS in Yeovil is doing well, the clinical involvement is good.

7.4 **Update on the Pharmacy oversight of virtual wards from AP**

The programme has started, numbers are small.

From a pharmacy and medicines perspective there will be nine medication hubs located on SFT premises, primarily hospitals, including the new diagnostic site in Taunton.

They could be Minor Injury Units or wards, but predominantly they will be SFT premises. Medicines cabinets are available which have a limited stock and grab bags will be used.

Lots of work around IV antibiotics. Elastomeric devices will be used. A positive development will help to facilitate discharge, but also mitigate admissions as well, for those needing IV antibiotics.

Prescribing wise, still testing RIO as the electronic system. But issues identified around connectivity and access in remote locations. Testing being carried out in Bridgewater area, await outcome and then, hopefully roll out. Currently still using paper. Trying to recruit to a lead pharmacist for this area.

People are optimistic around getting this up and running, there's a lot of detail that needs to be ironed out to make it work in practice and also safe to do so.

8 Workforce

8.1 **Update from FV in ML absence.**

Situation not good, with funding lost for the dedicated person leading on the workforce projects.

Good progress in 2021 when the pharmacy workforce board was established, with work in cross sector placements.

FV shared two documents around workforce, i) Pharmacy Training Pipeline Planning and ii) Updated Option Appraisal Pharmacy Workforce Leadership with CT. These were then circulated by CT, as requested, to today's panel members, including the Chair.

Somerset Pharmacists are moving across sectors towards PCN's. Next year will be the last year of the Additional Roles Reimbursement Scheme funding.

AP/AZ: Need staff to support discharge. There are around 6 vacancies for Band 6-7 pharmacists, recruited 4. Band 8b can't recruit to. Unable to get technicians to support discharge. Yeovil is in a similar position, with four vacancies for junior pharmacists, interviewed three, one has accepted.

Everyone is facing big challenges recruiting and retaining workforce.

9 Regional Medicines Value Work Stream

9.1 Regional Medicines Optimisation Committee Southwest– Last meeting 13/03/23

-Nothing to note

9.2 Southwest Medicines & Pharmacy Senior Leadership Group – Next meeting TBC

9.3 Somerset Antimicrobial Stewardship Committee – Last meeting 23/01/23

The trust has a CQUIN and other targets, along with primary care around antimicrobial stewardship. Somerset overall in a good position, historically good work around appropriate use of antimicrobials, need to ensure this continues.

AP attended the first meeting and updated. Really good engagement in this county wide group, more reporting coming in so it's positive. Meeting taking place next month. Katie Heard, antimicrobial pharmacist with NHS SomersetFT has been a great appointment and doing really well.

Helen Spry, Medicines Manager, NHS Somerset ICB attends this meeting. The antimicrobial stewardship indicator has been maintained on the 2023-24 scorecard.

AZ asked if the CQUINs have been finalised.

9.4 Southwest Pharmacy Governance Meeting – Next meeting TBC

This group has now ceased.

-Noted

9.5 Med's policy update for ICS pharmacy leads.

-Nothing to note

10 Risks Review and Management

-None this month

11 Any other business

11.1 Work stream proposal for the next meeting

All to share.

11.2 Partners – Medicine Optimisation Priorities

- ICB priorities: 1st April 2023 took back delegated responsibility for the commissioning of community pharmacy, optometry, and dental services (PODs).
- Trust priorities: The ICB have fully funded the business case around discharge. Modernisation has taken place on site, remote monitoring of fridges and ambience temperature. Stock control system at Yeovil being replaced, integrated with Musgrove. Electronic prescribing should be rolled out at YDH in

the summer. The progress around discharge summaries AP has made is a massive change well done. SG congratulated AP and FV

- Community pharmacy priorities: change of ownership, stock supply, pathfinder, PCNs recruiting delivering good quality medication reviews.

DATE OF NEXT MEETINGS

24th May 2023

26th July 2023

27th September 2023

29th November 2023