

Minutes of the **Somerset ICS Medicines Optimisation Committee** held via Microsoft Teams, on **Wednesday, 24<sup>th</sup> May 2023**.

|          |                             |  |
|----------|-----------------------------|--|
| Present: | Dr Andrew Tresidder<br>(AT) | Chair, ICB GP Patient Safety Lead  |
|          | Michael Lennox (ML)         | LPC Representative   |
|          | Sam Morris (SM)             | Medicines Manager, ICB   |
|          | Laura Picton (LP)           | Community Pharmacy Clinical Lead, ICB                                    |
|          | Andrew Prowse (AP)          | Chief Pharmacist and Controlled Drugs<br>Accountable Officer, YDH NHS FT |
|          | Caroline Taylor (CT)        | Prescribing Technician, ICB  |

## 1 INTRODUCTIONS & APOLOGIES FOR ABSENCE

**Apologies:** Shaun Green, Fivos Valagiannopoulos, Antony Zorzi

**Introductions:**

Laura Picton, Community Pharmacy Clinical Lead, NHS Somerset ICS  
David Chalkley, Associate Director of Pharmacy, Associate CCIO, Clinical Safety Officer, NHS SomersetFT

## 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 22<sup>nd</sup> March 2023

- 4.1 The Minutes of the meeting held on 22<sup>nd</sup> March were agreed as a correct record.

### 4.2 Review of action points

Most items were either complete or, on the agenda.

**Action 1: ToR** - in progress.

**5 Matters Arising**  
**5.1 Carbon Strategy – Standing item.**

- ICB update

MMT are constantly looking for opportunities, a strong focus being on reducing waste.

The PrescQIPP e-learning course ‘Practice medicines coordinators’ is aimed at non-clinical staff in GP practices that manage the repeat prescribing process. Access to the course in the past was free, but now incurs a charge. CT contacted PrescQIPP and enquired if the course could be offered free, as it was felt this would increase uptake of the training.

Update from PrescQIPP - the course charge will remain.

Promotion of breastfeeding.

- Trust update

Focus is on maternity equipment to minimise waste. The trust no longer uses nitrous oxide or desflurane gases.

- Community pharmacy update

Further conversation is needed around good practice. The NHS Somerset MMT prescribing formulary is followed.

Could there be an opportunity for a de-prescribing service.

**Slides to be included in July’s meeting**

**Action: LP**

**Verbal update given**

**6 Items for Discussion**

**6.1 Pharmacy contract changes and requirements for 2023-24**

The following new Terms of Service have been introduced:

- a notification procedure for introducing or changing rest breaks, by changing core opening hours.
- a requirement to have a business continuity plan dealing with temporary closures and to action it in the event of a temporary closure (suspension).
- provision for local hours plans to be agreed by the local Integrated Care Board (ICB) with temporarily reduced opening hours for participating pharmacies within the area of the plan.
- a ‘notification’ procedure for 100-hour pharmacies to reduce their total weekly hours to no less than 72 hours, subject to various requirements; and
- other regulatory amendments, including changes to fitness information and the procedures for applying to change core opening hours and notifying changes of supplementary opening hours.

**Paper to be circulated to the primary care contracting team.**

**Action: LP**

**Produce a two-paragraph summary listing the regulation changes. The summary can be included in the next medicines management newsletter.**

**Action: ML & SM**

**7 System Medicines Optimisation Work Stream Focus Area LP**

**7.1 Community Pharmacy Independent prescribing pathfinder**

Depending on approval potentially as a standing agenda item going forwards  
The Southwest have been granted funds from HEE to find a new sustainable model for boosting the Designated Prescribing Practitioner (DPP) and IP development.

SM highlighted the requirement to become a DPP is that candidates must be a prescriber for at least 3 years.

LP: To develop the Pathfinder service around CVD, using the existing independent pharmacy prescribers. Upskilling so we can deliver a CVD programme based around hypertension, AF and cholesterol monitoring and treatment.

A bid was submitted earlier this year, which has gone through the regional and national moderation panels, currently no definite news although hoping to hear soon.

If the bid is successful, we may receive less if divided up by population due to lower population in Somerset. Whereas, if shared equally across 42 ICBs, then proportionally we will receive a little more.

## 7.2 ICS priorities / strategy – pharmacy

Pharmacy expanding their roles, releasing practice burden around minor ailments and contraceptives. Along with blood pressure monitoring, which may lead to a pro-active holistic role.

Request alignment of hours with local surgery opening hours.

Health inequalities around pregnancy. Lactation national PGDs.

From the 15<sup>th</sup> May 2023 Minor Injury Units (MIU) can refer into the Community Pharmacist Consultation Service (CPCS) emergency care

## 7.3 Transfer of care/ EPMA – Update from David Chalkley

David provided an update to the group; his slide was shared during the meeting.

### SFT ToC Summary

**Status:** Awaiting supplier upgrades

**Barriers:**

- No existing suppliers are ToC compliant.
- Only epro are committed to developing ToC compliance.
  - Capital plus revenue costs for development
- All remaining ToC compliance will require inhouse development.
  - Resource is stretched across a wide range of projects
- All major ToC linked system need an upgrade ahead of the Autumn.
  - MAXIMS, RiO, Trakcare and epro
  - These upgrades are a priority

**Digital Meds:**

Epro upgrade coupled with latest ePMA upgrade (currently being tested) will deliver all enabling components for:

1. ToC compliance

2. DMS at MPH (available now but stuck awaiting digital service upgrade window)
3. System enabled improvements in discharge summary quality. QI project already initiated ahead of technology delivery. Will be coupled with refreshed training programme. Independent of pharmacy service changes Part of EHR scope

The group agreed the continued need for extra workforce and looking forward to switching this on in community pharmacy.

AT Thanked David for his really helpful update, and also applauded AP for his work around discharges.

**Invite David Chalkley & Andrea Trill to Septembers meeting. Andrea can give clear insights into the medical leadership with regards to the quality issues and moving forward.** **Action: CT**

## **8 Other Issues for Noting**

### **8.1 The Investment and Impact Fund (IIF) Flu Targets 2023**

Appears to parallel with what's been done previous years. A redesign with indicators and flexibility.

Aims to tackle inequalities.

Around 50,000 flu-jabs were administered last year in community pharmacy. Hoping to step this up this year, with patients realising the flexibility and convenience of choosing Community Pharmacy.

Community Pharmacy implemented 1 in 3 Covid vaccinations in the county. -Noted

### **8.2 Delivery plan for recovering access to primary care May 2023**

Links in with the primary care and pharmacy strategy which needs to be delivered by winter. Looking at how pharmacy fits in with these work streams.

Key points highlighted are:

- Improving primary care telephone systems to better access.
- Expanding community pharmacy services
- 

50% of practice staff (PCN pharmacists, GPs, practice managers) belong to a WhatsApp group, bringing together pharmacy and practices.

Bring back to July's meeting.

**Add to Julys agenda**

**Action: CT**

## **9 Workforce**

### **9.1 Community Pharmacy Clinical lead role - community pharmacy clinical services**

Continuing challenges around work force.

The southwest has seen a decrease in pharmacists, with a 20% drop from universities of pre-regs.  
Plymouth University has been successful in the development of overseas recruitment.

The non-medical prescriber (NMP) course is a significant time commitment, some courses require an overnight stay for contact days which for some pharmacists won't be family friendly or allow for care commitments. Students with learning difficulties or reasonable adjustment needs may need to apply to additional time for examinations, due to the speed of the course, this may not be possible for some to apply for this adjustment in time.

**To produce a one-page summary of their experiences. Action: SM and LP**

Possibility for the LPC to contact the universities, ahead of time, for a smoother transition. Invite Nick Haddington to a forthcoming meeting.

Bring back to next meeting.

**Add to July's agenda**

**Action: CT**

## 9.2 **Brief update on People Delivery Board**

Bring back to next meeting.

**Add to July's agenda**

**Action: CT**

## 10 **Regional Medicines Value Work Stream**

### 10.1 **Regional Medicines Optimisation Committee Southwest– Next meeting June 23**

-Nothing to note

### 10.2 **Southwest Medicines & Pharmacy Senior Leadership Group – Next meeting TBC**

-Nothing to note as captured earlier

### 10.3 **Somerset Antimicrobial Stewardship Committee – Next meeting July 23**

## 11 **System Risk Review and Management**

Discussion ensued:

MMT feeds into the system ICB risk register and doesn't have its own separate register.

We do need a process for reviewing risks at this group, and it may be that the decision is whether it is monitored by MMT or not, there should be a way of filtering that. To bring those risks to SIMO to review them periodically.

Items could include workforce training, recruitment capacity, discharge electronic discharge, transfer of care.

SM: Raised that the biggest risk is financial cost of medication. Out of stocks, sporadic gaps in medication. Both causing numerous visits back & forth for the pharmacy, patients, and GP services.

Maybe something we go towards at some point.

## **12 Any other business**

AT thanked everyone for their attendance and hard work for the people of Somerset.

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

- Pathfinder - Laura to speak about her previous experience with CQC.
- To have conversations with MB around workstream proposals / pharmacy forwards and helping system pressures particularly the primary care ones.

To link in with the access and recovery plan and the primary care strategy and just where community pharmacy sits within that would be a useful conversation to have.

**To check with Shaun whether we invite Michael B or Bernie to attend July's SIMO meeting.** **Action: LP and SG**

### **12.2 Partners – Medicine Optimisation Priorities**

- ICB priorities: showcasing pharmacy in a positive light
- Trust priorities:
- Community pharmacy priorities:

#### **DATE OF NEXT MEETINGS**

26<sup>th</sup> July 2023

27<sup>th</sup> September 2023

29<sup>th</sup> November 2023