

Minutes of the **Somerset ICS Medicines Optimisation Committee** held via Microsoft Teams, on **Wednesday, 27<sup>th</sup> September 2023**.

Present:	Dr Andrew Tresidder (AT)	Chair, NHS Somerset GP Patient Safety Lead
	Shaun Green (SG)	Deputy Director of Clinical Effectiveness and Medicines Management, 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 INTRODUCTIONS & APOLOGIES FOR ABSENCE

**Apologies:** LP joined the meeting at 14:30

**Introductions:** Emma Waller, Clinical Pharmacist, Yeovil PCN

## 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 24th May 2023

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

July's meeting was postponed.

4.2 **Review of action points**

Most items were either complete or, on the agenda.

5  
5.1

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

- ICB update

The progress of the ICB carbon reduction strategy is slow.

From a medicine's optimisation point of view, we continue to identify and challenge over-prescribing.

Guidance recently issued around prescribing combination products (metformin & SGLTs) rather than single items, benefits include less tablet burden for the patient, less packaging waste etc.

NHS Somerset Medicines Management Team submitted an entry in the PrescQIPP Annual Awards 2023. The project, around sustainability was short listed in its category. Two members from the MMT attended the event, gaining knowledge and ideas from other areas in the UK.

The subject of 'Just in Case' (JIC) medications was raised by EW. Emma works with many residents in care home settings. JIC meds are put in place for relevant residents and often never used. A protocol for JIC was put in place during the COVID pandemic, this enabled the reuse or transfer of these medications. This protocol no longer exists.

The work stream was delegated to PCNs to address with their care homes, it wasn't ICB led.

Emma will raise with other PCN colleagues.

- Trust update

Switching from intravenous antibiotics to oral switch. The reasoning behind this is, not only the massive amount of waste in terms of packaging for the drug but also the giving sets and consumables.

- Community pharmacy update  
Prescribing review project

[BGS Green Issues: Show me your meds, please | British Geriatrics Society](#)

This link was shared with the group, prior to today's meeting.

-Noted

5.2

**Relaunch of the Green Bag scheme**

September saw the relaunch of the MMT Green Bag scheme across Somerset and distribution of the bags to system partners. SWAST ambulances will be stocking the bags and all care homes will receive a supply.

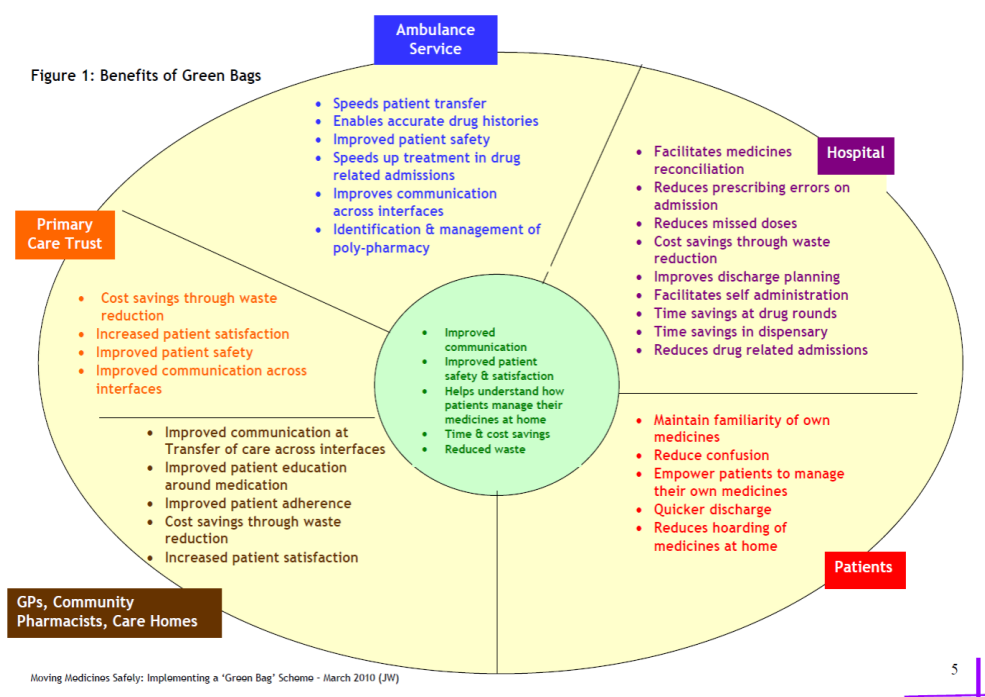
Bags are distributed to all practices and other partners who may be able to supply to patients who have been recently admitted or are high risk for admission e.g., frail elderly who are having a clinical or structured medication review or receiving support from a social prescriber.

The green bags are made from 30% recycled material and can be reused & recycled.

Additional supplies are available from our medicines management team administrator [shelley.hodder@nhs.net](mailto:shelley.hodder@nhs.net)

AZ asked for advice in making the best use of the green bag in an acute trust setting.

Advised to raise awareness and discuss with community hospitals.



## 6 6.1

### Items for Discussion

#### Advanced service specification: NHS community pharmacy hypertension case-finding advanced service- v2

Service established for nine months, and the largest pathway community pharmacy are currently pushing. Around 80 pharmacies out of 98 signed up, of those signed up about 80% are doing regular BP checks.

Although currently low level now looking to quadruple the numbers of patients undertaken. The hypertension working group are aiming to roll out across the other 12 PCNs.

Positive feedback and no concerns raised by general practice, who feel directing patients to pharmacies for ambulatory blood pressure monitoring (ABPM) is working well. Thirty-five Somerset libraries have BP machines for loaning.

As AF detection is not included in the service specification it is not being identified.

A system is being set-up between PharmaOutcomes and EMIS WEB enabling the transfer of results back to general practice. Informing the practice outcome of results e.g., make an appointment for a follow-up, you have raised blood pressure etc.

Trial underway in Taunton Central implemented by Lead Pharmacist, Taunton Central PCN, NHS Somerset Cardiovascular Disease Clinical Champion and the PCN lead co-ordinator. The trial involves carrying out searches to identify

patients with no recorded up to date BP measurement, those identified are contacted and invited to attend for a BP check.

## 6.2 **Community pharmacy advanced service specification - NHS Smoking Cessation Service (SCS) – v2**

Hoping to improve uptake, although numbers not expected to be high.

Smoking cessation practitioners within the trust hospitals for inpatients are active, with trust pharmacy teams making referrals into community pharmacy.

## 6.3 **National medicines optimisation opportunities 2023/24**

Discussion to identify the ICS's top 3 medicines optimisation priorities in preparation for the SW regional Pharmacy Day on 03/10/2023

- Addressing inappropriate anti-depressant prescribing.

Sam has worked closely with the perinatal mental health team in creating guidance around antidepressant prescribing in pregnancy & lactation.

NICE guidance recommends psychosocial interventions. Need to explore what is available and accessible in the county around social prescribing and directing patients to non-medical interventions.

Occupational therapists have been doing nondrug and social prescribing for years.

- Cardiovascular disease – we benchmark poorly as a region
- Lipid service
- Switching IV antibiotics to oral
- Workforce, community pharmacies struggling to operate, struggling to provide a core service in the hospitals
- Aseptic investment
- Valproate identify trust patients that need review and review properly

**Ask PCN colleagues what is occurring in each PCN around a social prescribing aspect.** **Action: Emma Waller**

**To find out who is the ICS social prescriber** **Action: Andrew Tresidder**

## 6.4 **Deprescribing: new ways to support effective and safe deprescribing**

-Noted

## 6.5 **Exemptions for dental hygienists & proposal for use of PGDs by pharmacy technicians**

Community pharmacy supporting use of PGDs by pharmacy technicians. Some clarifications required, but the profession within community is very committed to taking this one forward.

From a trust perspective pharmacy technicians working to PGDs might help in some aspects of trust work.

6.6 **Pharmacy network coms: Discussion on how we can best support pharmacy professionals and contractors at a system level with practical meds opt updates**

Thinking how we can link the MMT newsletter in with the LPC / CPC newsletters so that meaningful messages are shared.

The MMT have a weekly email, but it's more aimed at general practice around prescribing that's happened and prescribing that's coming.

**Happy to have that conversation with Yvonne Lamb Action: Sam Morris**

6.7 **Current challenges and pressures: sector by sector and our collective**

Discussion ensued, one of the biggest pressures was noted to be the financial pressures.

6.8 **SIMO programme look ahead for next 12 months (challenge facing goal setting exercise)**

Committee members to send suggestions to CT via SIMO 'call for items' email.

6.9 **How do we have a PCN Pharmacy Sector presence i.e., a PCN lead Pharmacist?**

Discussed under 9.1

EW offered trying to collaborate with all the PCN's pharmacists aiming to develop a pharmacist workforce shaped meeting together for the PCN's, to include practice pharmacists.

ML suggested EW contacts the clinical director within the clinical director network.

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

7.1 **Update on community pharmacy independent prescribing pathfinder programme.**

Bid put in earlier in the year, every ICB awarded funding to take forward. programme to establish the potential of a future commissioning framework for pharmacy prescribing in community pharmacy with the view that every pharmacist graduate finishing their foundation degree at the end of 2026 will be an independent prescriber. Independent Prescribing incorporated into the pharmacy undergraduate degree.

Pathfinder is a test and learn. Not a pilot or roll-out for full implementation.

The intention is that we have a future framework that encompasses independent prescribing in Community pharmacy. The objectives have been quite clearly defined about establishing sites in all the ICB regions.

Looking at what works and what doesn't in terms of governance, funding levels, reimbursement, IT requirements, workforce strategy and development around the forming of future contractual frameworks.

Looking at the professional and clinical service standards for pharmacists working in community pharmacy and government governance needs around that.

Various arms of evaluation and research that pull together different metrics and reporting back will be quite intensive.

There are two strands of evaluation.

- Mids and Lancs. Commissioning Support Unit, are doing the readiness checklists and the formative evaluation.
- An independent research partner and NHS have gone out for expressions of interest to different academic universities to do the academic research and evaluation at the end of the program.

Somerset ICB fits into the three CVD tiers, those were selected because they meet our areas of health inequalities, and targets for the system more broadly. Somerset ICB have funding for four sites, the programme duration is 39 weeks. A total pot of money allocated from the Pharmacy Integration fund has been top sliced nationally to provide digital funding.

Money coming to the ICB supporting project launch, project management, professional and clinical support, with the other money being held nationally being payable to the sites through NHSBSA.

Pharmacies will be able to claim:

- Setup costs – core fee of £1500 plus additional set up fee of £493 for complex service costs (aspects of pathology or have blood testing)
- sessional payment session = 4 hours at £198 per session
- delivering up to six sessions per week.
- Claimed by Manage Your Service portal and paid by NHSBSA

Advanced service fees can be claimed where the ICB clinical pathways are additional to national service specifications e.g., BP case findings or New Medicines Service.

Digital & IT considerations include electronically issue prescriptions via the Cleo solo system (not EMIS or SystmOne), access to GP records, SIDER and pathology. To create a patient record of the consultation. Prescribing & dispensing will take place in one location.

Prescribing will be allocated back to the patients GP practice along with the spend. Pharmacist will have their own prescribing code.

Having clear communication and engagement with stakeholders and general practice.

Taken to execs in relation to the next steps. An MOU is in progress with the ICB to support the programme to set out responsibilities.

Set up an ICB delivery group that feeds into both the primary care committees and the Medicines Program Board.

There'll be peer networks and communities of practice, and the CSU for facilitating those.

LPC are really excited for this step forward and thanked Laura for getting us to this position. The group fully agreed that a formulary is needed and followed.

7.2 **SW regional Pharmacy Day – 3<sup>rd</sup> Oct 2023, discuss the ICS's top 3 medicines optimisation priorities.**

-Discussed under Agenda item 6.3

**8 Other Issues for Noting**

8.1 **Diabetes, Heart Failure and the other cardiovascular diseases driving excess deaths in SW - Latest data for info**

-Noted

**9 Workforce**

9.1 **Brief update on People Delivery Board**

Update from ML-

Managed to secure further funding, from a workforce training and education fund that was granted to the system.

Support around the Initial Education and Training for Pharmacists (IETP), as well as supporting technicians.

The People Delivery Board can take half of the funding and hopefully continue, with support being a great help around the IETP programme, including technicians, particularly regarding cross sectorial training and with the other half of the funding we buy ourselves somebody to continue the work ahead. In terms of infrastructure we don't have the resource skill and focus to drive it ahead.

We've been the workforce lead for pharmacy in Somerset, we have a matrix of people pulling together.

We look to Helen Stapleton because of her expertise. ML has been active on our behalf in terms of Integrating Pharmacy and Medicines Optimisation (IPMO) saying I will act as a catalytic agitator chair on occasions.

ML offered to continue to act as a catalytic support agent as the representative for the People Delivery Board.

Unanimous support from committee members for Michael's proposal to continue

Within the system we have a variety of independence and multiples community pharmacies as being the major employers. There is the NHS provider trust and PCN. Yeovil PCN has one pharmacist only currently. The PCN community in Somerset employ more pharmacists than the NHS provider trust does.

Medvivo involvement as Out of Hours provider supporting with DPP availability and IP courses was noted.

9.2 **Long-term workforce plans and way ahead in Somerset update**

**(side-bar discussion on working together as a provider alliance to manage sectoral shortages)**

-Discussion ensued, challenges of geography and positive collaborative approaches noted.

- 9.3 **Pharmacy workforce: recap on current project state and discussion as to what we do going forward. Role of SIMO in workforce?**
- 9.4 **SW Inclusive Pharmacy Practice (IPP) Manifesto - launch version**  
- Noted
- 10 Regional Medicines Value Work Stream**
- 10.1 **Regional Medicines Optimisation Committee Southwest– last meeting 18<sup>th</sup> September 23**  
June 23 draft Minutes received
- 10.2 **Southwest Medicines & Pharmacy Senior Leadership Group – Next meeting TBC**
- 10.3 **Somerset Antimicrobial Stewardship Committee – last meeting July 23**  
LP now a committee member, so will be able to feed through this group issues relating to PGD supply of seven antimicrobials for common conditions from community pharmacy.  
There is now a consultant pharmacist in post. An advert has gone out for an outpatient pharmacist.
- 11 System Risk Review and Management**
- 11.1 **Aseptics**  
Discussed under item 6.3  
-Update from AP  
Currently two aseptic pharmacy units, located at Musgrove & YDH acute sites, both having had investment over time.  
Units used to compound injectable chemotherapy in isolators in highly regulated and highly specialist areas.  
Issues at the Musgrove site with too small a footprint and struggling with capacity.  
Major refurbishment in the New Year, this will lead to a 3-month shut down. Going live around April 2024. Once refurbishment has taken place the unit will be viable for five to eight years.  
  
Third isolator going in in November.  
Longer term, Musgrove site can't sustain the activity on its site. Therefore, we need to extend the unit, which can't be done until about 10 years' time when the PFI lease is complete.  
This will be a significant amount of investment and the Yeovil site will struggle to support both units. Looking to close one then continue with the Yeovil site.



Trust is trying to commission a regional review of aseptic services. Every system has similar problems, we're not unique and hoping to engineer an agreement to commission a review to build one or two very large-scale hubs in the Southwest that would compound chemotherapy for systems. It would be a licensed unit, then we as a system will be able to outsource chemo to those one or two hubs. Also looking to do some collaboration with Devon and Cornwall. Clearer vision in the next 12 months, what we do next from the Somerset perspective. Both will be viable for 8-10 years.

#### 11.2 **Digital - discharge**

To include as an agenda item for a future meeting. Invite the trust digital team back to update on progress.

**Contact trust digital team to check availability      Action: Caroline Taylor**

#### 12 **Any other business**

Shaun represented the Somerset System at the formal opening of the new pharmacy course at Plymouth University.

Somerset has supported this development for many years and is pleased to see the first pharmacy course in this part of the country now starting to take applications for the first intake in September 2024.

This as a vital development to supporting the pharmacy workforce issues we have in the southwest.

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

- Update from the newly formed PODS team
- Hospital at home and how that's working between acute and community hospitals and the primary care setting from medicines perspective. There are a number of different work streams within hospital at home, so it's not just one work stream
- Respiratory at home presentation from Advanced Care Practitioner
- Community Pharmacy England direction of travel

**To either, find a speaker or present briefly themselves on the above**

**Action: ML and AZ**

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

- ICB priorities
- Trust priorities
- Community pharmacy priorities

-Discussed in other agenda items throughout the meeting, nothing further to add.

**DATE OF NEXT MEETING 29<sup>th</sup> November 2023**