

**Reference:** FOI.ICB-2223/220

**Subject:** Medicines Optimisation ICS Meeting Minutes

*I can confirm that the ICB does hold the information requested; please see responses below:*

QUESTION	RESPONSE
<p>Could you please provide the latest meeting minutes for; 1) Medicines Optimisation Team at Bristol, North Somerset and South Gloucestershire Integrated Care System (ICS)?</p> <p>Clarification received 09/03/23: Can you firstly clarify, if your Medicines Optimisation Team has meetings/meeting minutes on its own, or in other words, does it function as a committee on its own or just attends other committee's meetings?</p> <p>Furthermore, if the answer to the above question is no, we are interested in the meetings/meeting minutes where the Medicines Optimisation Team is mentioned/written as present in the meeting minutes to the meetings connected to: Medicines Optimisation / Drug and Therapeutics / Formulary / Drugs / and Medicines Safety related topics.</p>	<p>Please find enclosed minutes of the ICS Medicines Optimisation – Medicines Quality and Safety Group Meeting and the BNSSG ICS Medicines Optimisation Programme Board.</p> <p>Please note that FOI requests and responses are publicly available and therefore personal information has been redacted. The ICB considers the names included in the enclosed document(s) to be personal information and therefore has applied a section 40 (Personal Information) exemption to this information.</p>

***The information provided in this response is accurate as of 13 April 2023 and has been approved for release by Dr Joanne Medhurst, Chief Medical Officer for NHS Bristol, North Somerset and South Gloucestershire ICB.***

# ICS Medicines Optimisation – Medicines Quality and Safety Group Meeting

**Date of Meeting:** Thursday 2<sup>nd</sup> March 2023

**Time:** 13:00pm – 15:00pm

**Venue:** Microsoft Teams

## Minutes

Present		
XXXX	GP Clinical Lead for Prescribing for BNSSG ICB (Chair)	XX
XXXX	Team Administrator, Medicines Optimisation, BNSSG, ICB (Minute taker)	XX
XXXX	Senior Medicines Optimisation Pharmacist, BNSSG ICB	XX
XXXX	Clinical Lead, Clinical Quality and Governance, BNSSG ICB	XX
XXXX	Senior Pharmacist, Medicines Optimisation, BNSSG, ICB	XX
XXXX	Chief Officer Avon LPC	XX
XXXX	Interim Medication Safety Officer, NBT	XX
XXXX	Lead Pharmacist, Spire Bristol Hospital	XX
XXXX	Head of Care, Children’s Hospice Southwest	XX
XXXX	Senior Project Manager, WEAHSN	XX
XXXX	Principal Pharmacist, Medicines Optimisation, BNSSG ICB	XX
Apologies		
XXXX	Associate Director, Medicines Optimisation, BNSSG ICB	XX
XXXX	Deputy Director of Care, Children’s Hospice Southwest	XX
XXXX	Medication Safety Officer & Clinical Governance Pharmacist, UHBW	XX
XXXX	Clinical Pharmacy Manager, UHBW	XX

	Item	Action
01	<p><b>Welcome, Introductions, Apologies and Declarations of Interests</b></p> <p>XX welcomed all to the meeting and apologies were noted as above. No declarations of interest were declared. The meeting today was not quorate, therefore any decisions made will need to be ratified after the meeting via email.</p>	
02	<p><b>Previous Minutes</b></p> <p>There were no comments from the group for any amendments to be made to the meeting minutes from Thursday 19<sup>th</sup> January 2023. The minutes were approved as a true reflection of the meeting.</p> <p><b>Action Log</b></p> <p>The action log was discussed, please see action log for further details.</p> <p><b>Ref 192 – Quality Schedules – XX to check NBT’s process for reporting omitted/delayed critical medicines timeframe for incidents and report back to the group.</b></p> <ul style="list-style-type: none"> <li>XX agreed to contact XX for a response. This action is ongoing.</li> </ul> <p><b>Ref 194 – Quality Schedules – Sirona to present their quality schedule at the next ICB MO Quality and Safety meeting in December 2022.</b></p> <ul style="list-style-type: none"> <li>Sirona was not present at today’s meeting. This action is ongoing.</li> </ul>	



Item	Action
<p><b>Ref – 196 – Incidents – XX / XX agreed to feedback the outcome from the Oramorph incident once XXXX has completed the audit review.</b></p> <ul style="list-style-type: none"> <li>No update. This action is ongoing.</li> </ul> <p><b>Ref 198 – MSO Independent Sector – XX / XX to investigate who would the most appropriate person to be invited to the ICS MO Quality and Safety meetings from independent sectors such as Spire and Nuffield.</b></p> <ul style="list-style-type: none"> <li>XXXX attended the ICS MO Quality and Safety meeting on behalf of Spire Bristol Hospital. There has been no response from Nuffield. The group agreed this action can be closed.</li> </ul> <p><b>Ref 199 – Terms of Reference – XX to circulate the updated Terms of Reference to the group for information and ratification due to the ICS MO Quality and Safety meeting not being quorate on 19/01/2023 (no NBT/AWP representation).</b></p> <ul style="list-style-type: none"> <li>XX has circulated the updated the Terms of Reference with the group following from comments made in January 2023. XX advised the Terms of Reference for APMOC (Area Prescribing Medicines Optimisation Committee) will be updated due to the organisation restructure therefore it was agreed to re-review the Q&amp;S Terms of Reference once the APMOC ToR has been signed off to ensure the two align. The group agreed this action can be closed.</li> </ul> <p><b>Ref 120 – Medicines Safety Webpage – XX to add link to WEAHSN website and resources to the Medicines Quality and Safety Remedy webpage.</b></p> <ul style="list-style-type: none"> <li>A link to AHSN website and resources has been added to the Medicines Quality Safety page on Remedy. The group agreed this action can be closed.</li> </ul>	
<p><b>03 Quality Schedules – Sirona</b></p> <p>There was no Sirona representative present at today’s meeting. It was agreed to defer to the next meeting agenda as appropriate.</p> <p><b>Action</b></p> <ol style="list-style-type: none"> <li>It was agreed to include ‘Quality Schedules – Sirona’ onto the agenda for the ICS MO Quality and Safety meeting for Thursday 20<sup>th</sup> April 2022.</li> </ol>	<p><b>XX</b></p>
<p><b>04 Themes and shared learning from incidents</b></p> <p><b>BNSSG, ICB</b></p> <p>XX presented the BNSSG ICB Datix reports from the last 8 weeks to the group. Presentation attached below.</p> <div data-bbox="252 1509 312 1574" data-label="Image"> </div> <p>ICB Datix March 2023 v2.pptx</p> <p>XX discussed a particular incident with the group which caused moderate harm. <i>A patient was deteriorating and unable to swallow oral medication to called out for PRN s/c medication. The district nurse contacted the OOH GP for a prescription of syringe driver. The OOH GP prescribed syringe driver and instructed the district nurse to remove transdermal Fentanyl patches (75mcg/hr), advised that he would prescribe equivalent analgesia to go into the syringe pump. The district nurse removed the patches and set up he syringe driver. 75mcg/hr TD Fentanyl is equivalent to 67.5mg s/c oxycodone prescribed by OOH GP to go into pump. Also, the incorrect dose prescribed for other drugs; hyoscine butylbromide - starting dose should be 60mg in a syringe pump but prescribed 20mg. PRN dose prescribed also incorrect 20mg-60mg. Metoclopramide - starting dose should be 30mg but prescribed 10mg. The patients palliative care drug chart has been uploaded.</i></p>	

Item		Action
	<p>The group discussed the incident. The group agreed for XX to share this Datix incident with XX who is leading on prescribed dependence forming medicines work. There has been an increase in palliative care drug chart Datix reported to the ICB in the past couple of months. The group agreed to include an agenda item for end of life drugs pathway onto the ICS MO Quality and Safety agenda in April with representatives from Sirona (who are best placed to highlight the issues they are seeing). XX to potentially invite XXXX (Clinical Digital Lead &amp; CCIO, BNSSG, ICB) and XXXX (Consultant in Palliative Medicine) to the meeting too.</p> <p><b>Action</b></p> <ol style="list-style-type: none"> <li>1. XX to share the moderate harm incident relating to palliative care drug chart to XX for review/comments.</li> <li>2. XX to include end of life drugs pathway onto the ICS MO Quality and Safety agenda in April to discuss as a group following the increase incidents from palliative care drug charts and to invite XXXX (Clinical Digital Lead &amp; CCIO, BNSSG, ICB) and XXXX and Sirona colleagues to the meeting.</li> </ol> <p><b>LPC Incidents</b> XX advised work is being undertaken with pharmacies around emergency supplies to ensure all pharmacies are using the service in the correct way i.e., only for GP out of hours and emergencies.</p> <p><b>NBT Incidents</b> XX advised there were no particular incidents to feedback to the group.</p> <p><b>Spire Bristol Hospital</b> XX advised there were no particular incidents to feedback to the group.</p> <p><b>UHBW Incidents</b> There was no UHBW representative at today's meeting.</p> <p><b>Sirona Incidents</b> There was no Sirona representative at today's meeting.</p> <p><b>AWP Incidents</b> There was no AWP representative at today's meeting.</p>	<p>XX</p> <p>XX</p>
05	<p><b>Terms of Reference for MQS Group</b></p> <p>XX advised the Terms of Reference has been updated following the comments/feedback from the ICS MO Quality and Safety meeting in January 2023. XX advised the Terms of Reference for APMOC (Area Prescribing Medicines Optimisation Committee) will be updated due to the organisation restructure therefore it was agreed to re-review the Q&amp;S Terms of Reference once the APMOC ToR has been signed off to ensure the two align.</p>	
06	<p><b>Discharge Summaries UHBW update</b></p> <p>There was no UHBW representative present at today's meeting. It was agreed to defer to the next MQS group meeting agenda.</p> <p><b>Action</b></p> <ol style="list-style-type: none"> <li>1. It was agreed to include 'Discharge Summaries UHBW update' onto the agenda for the ICS MO Quality and Safety meeting for Thursday 20<sup>th</sup> April 2022.</li> </ol>	XX

Item	Action
<p><b>07</b></p>	<p><b>Antibiotics Update</b></p> <p>XX shared the Antimicrobial Stewardship reporting data with the group during the Group A Strep period and the impact this has caused on antibiotic prescribing. There was a 39% increase in December for adults and 110% increase for children's (0-9 years old). In terms of adult prescribing, those aged 30-39 and 40-49 had the highest increase in prescribing in November and December 2022. XX advised this is a national increase however BNSSG ICB benchmark the lowest in the country. XX advised a review will be conducted in the next few months to ensure antibiotic prescribing is reduced and to support prescribers to reduce prescribing.</p> <p>XX commented that we need to reinforce the clinical guidance that promotes antibiotic prescribing. The PGD work needs to be promoted system wide. A re-run of the sore throat audit in primary care as part of PQS work would be helpful.</p>
<p><b>08</b></p>	<p><b>Matters arising from other meetings</b></p> <p><b>Updates from the MQS working groups:</b></p> <p><b>Diabetes Safety Working Group</b> XX provided an update on the current workstream for the Diabetes Safety Working Group. The group are working with Sirona on developing and improving insulin PSD process. The group are reviewing wider comms regarding the Insuman range discontinuation – Sirona have offered to support practices with reviewing patients on Insuman 25. There is work ongoing to progress biosimilars. XXXX (Diabetes lead, BNSSG ICB) will be developing comms to support Secondary care clinicians and a wider message regarding no new patient initiations for either Dulaglutide or Semaglutide injections and no dose increase for Semaglutide.</p> <p><b>Prescribed Dependence Forming Medicines Working Group</b> ICB-UHBW Opioid Project data will be sent to practices in the next few weeks so that they can start to review post-surgery opioid prescribing in BNSSG, The next meeting will be on 20th March.</p> <p><b>Valproate Safety Working Group</b> There was no update provided from the Valproate Safety Working Group.</p> <p><b>Anticoagulant Working Group</b> The last meeting was cancelled due to low attendance. The next meeting will take place on Tuesday 14<sup>th</sup> March 2023.</p>
<p><b>10</b></p>	<p><b>AOB</b></p> <p><b>Datix – Apixaban, Medicines Reconciliation</b> XX discussed a Datix incident which was received by the ICB where a patients Apixaban medication was stopped in error. It was felt this medicine was stopped in error by the GP practice during medicines reconciliation following discharge from hospital. XX advised the patient was in hospital for under 48 hours therefore the discharge summary did not have a full list of the patient's regular medication only those where there had been changes made or new medicines started. It was discussed whether hospital discharge summaries should be clearer and whether they should include additional information such as 'all other medicines have <b>not</b> been altered unless explicitly stated' on the discharge summary. XX advised that in response to this Datix an article around medicines reconciliation was included within the System-wide Medicines Safety Newsletter in Feb 2023 to remind clinicians when they are undertaking medicines reconciliation that if the patient has been in hospital for less than 48 hours that all of their regular medicines will not necessarily be included on the discharge summary. The article also highlighted when the hospital undertakes medicines reconciliation, they will refer to the GP Summary Care Records (SCR) as a key source of information for a current list of their regular medication so it is crucial this is accurate and up to date.</p>

	Item	Action
	<p>The group agreed to create a sub-working group that includes Secondary care, Community Pharmacy and Primary care colleagues to review this issue further. The group advised once the Acute Trusts move to EPMA that this may resolve some of the medicines reconciliation issues. There is an IT Acute Trust working group for the introduction of EPMA already in place.</p> <p><b>Action</b></p> <ol style="list-style-type: none"> <li>1. XX to create a sub-working group that includes Secondary care, Community Pharmacy and Primary care colleagues to review Medicines Reconciliation and the content of discharge summaries e.g. altered medicines further.</li> </ol> <p>XX highlighted the publication of 'Optimising personalised care for adults prescribed medicines associated with dependence or withdrawal symptoms - Framework for action for Integrated Care Boards and primary care' which was published on 2 March 2023 for the group information.</p> <p><a href="https://www.england.nhs.uk/long-read/optimising-personalised-care-for-adults-prescribed-medicines-associated-with-dependence-or-withdrawal-symptoms/">https://www.england.nhs.uk/long-read/optimising-personalised-care-for-adults-prescribed-medicines-associated-with-dependence-or-withdrawal-symptoms/</a></p>	<b>XX</b>
	<b>Next Meeting:</b> Thursday 20 <sup>th</sup> April 2023	

XXXX/XXXX/XXXX/XXXX - BNSSG ICB  
 March 2023

**BNSSG ICS Medicines  
Optimisation Programme Board**

**Date of Meeting:** Thursday 2<sup>nd</sup> February 2023  
**Time:** 14:00 – 15:30  
**Venue:** Microsoft Teams, Virtual

**Minutes**

<b>Present</b>		
XXXX	Deputy Director (Medicines Optimisation), BNSSG ICB	XX
XXXX	Team Administration and Minute Taker, BNSSG ICB	XX
XXXX	Associate Director of Medicines Optimisation, BNSSG ICB	XX
XXXX	Principal Medicines Optimisation Pharmacist, BNSSG ICB	XX
XXXX	Principal Medicines Optimisation Pharmacist, BNSSG ICB	XX
XXXX	Chief Officer, Avon LPC	XX
XXXX	Principal Medicines Optimisation Pharmacist, BNSSG ICB	XX
XXXX	Associate Director of Pharmacy – Weston, UHBW	XX
XXXX	Pharmacy Transformation Lead, UHBW	XX
XXXX	Director of Pharmacy, North Bristol Trust	XX
<b>Apologies</b>		
XXXX	Programme Officer (Medicines Optimisation), BNSSG ICB	XX
XXXX	GP Prescribing Lead, Medicines Optimisation Team, BNSSG ICB	XX
XXXX	Senior Medicines Optimisation Pharmacist, BNSSG ICB	XX
XXXX	Associate Director of Pharmacy - BRI & BHI, UHBW	XX
XXXX	Chief Pharmacist & Associate Director of Medicines Optimisation, AWP	XX
XXXX	Principal Medicines Optimisation Pharmacist, BNSSG ICB	XX
XXXX	Director of Pharmacy, UHBW	XX
XXXX	Head of Medicines Optimisation, Sirona Care & Health	XX

	<b>Item</b>	<b>Action</b>
<b>01</b>	<p><b>Introductions, Apologies and Declarations of Interest</b></p> <p>XX opened the meeting. Apologies were noted as above. There were no comments from the group regarding declarations of interests.</p>	
<b>02</b>	<p><b>Previous Minutes</b></p> <p>Minutes from Tuesday 29<sup>th</sup> November 2022 meeting were discussed and agreed.</p>	
<b>03</b>	<p><b>Action Log</b></p> <p>All actions were discussed, and the following were closed:</p> <p>Please refer to the Action Log for further detail.</p>	





	Item	Action
	<p><b>Action 205:</b> XX to email XX for an update.</p> <p><b>Action 211:</b> On today's Agenda. Action agreed to close.</p>	
04	<p><b>ICS Green Plan</b></p> <p>XXXX, Head of Sustainability (XX) discussed the ICS Green Plan with the group. The first ICS Green Plan was created in March 2022 which was a requirement of the formation of the ICS with a section on 'Medicines'. XX is in the process of updating the ICS Green Plan. XX shared the ICS Green Plan Medicines Roadmap with the group (a copy is attached to these Minutes). There is a big focus and aspirations on medicine optimisation looking at carbon reduction, reducing waste, reduce the impact of medicines and medical devices on the environment and looking to reduce waste by switching to lower impact alternatives or green social prescribing initiatives.</p> <p>XX stated the MO Programme Board provided input into the previous ICS Green Plan in March 2022 and asked XX for a copy of the revised ICS Green Plan for the group to read and provide comment where applicable.</p> <p>XX asked XX what supported is required from the group. XX stated a mechanism for reporting progress and providing a route for escalation is required and would like the group to be able to commit to providing the necessary updates on progress within the specific areas of interest. XX asked the group how we can help support and commit to the ICS Green Plan. XX suggested we link in and work closely with the Sustainability Co-ordinators working to an ICS agreed framework. XX suggested adding a sustainability tracker alongside our Milestone Delivery Tracker and compare with the Dorset checklist. XX explained to XX how the ICS Green Plan features within the IPMO document and how we monitor the document's targets through a tracker on Verto. XX and XX agreed to link up to discuss how the ICS Green Plan could build into the Milestone Delivery Tracker.</p> <p><b>Action 213: XX to share the latest ICS Green Plan from XXXX with group and provide comment.</b></p> <p><b>Action 214: XX and XXXX to link up to discuss how the ICS Green Plan could build into the Milestone Delivery Tracker.</b></p>	<p><b>XX</b></p> <p><b>XX</b></p> <p><b>XX</b></p> <p><b>XX</b></p>
	<p><b>The Green Agenda Plan Checklist - Inhalers</b></p> <p>The PrescQIPP visualisation benchmarking chart showing inhaler carbon footprint per 1,000 patients for the time period August 22 – October 22 inclusive was shared. This data shows that we are below 'medium' with a low carbon footprint for the BNSSG region. XX to request further data to see where we benchmarked in the previous two quarter periods to see if any progress has been made.</p>	



	Item	Action
	<p><b>Action 215: XX to contact XXXX to request PrescQIPP visualisation benchmarking data for inhaler carbon footprint for Quarter 1 and 2 of 2022 to see if any progress has been made.</b></p>	<p><b>XX</b></p>
<p><b>05</b></p>	<p><b>IPMO &amp; Milestone Delivery Tracker</b></p> <p><b>IPMO</b></p> <p>XX stated that at the last group meeting the group signed off the IPMO document. The IPMO plan has been utilised within the Joint Forward Plan which will be discussed in more detail in today's meeting.</p> <p><b>Milestone Delivery Tracker</b></p> <p>The IPMO and Milestone Delivery Tracker deliverables have been reviewed and this information is now ready to be put onto Verto. All group members are to ensure their specific areas of work have been recorded on Verto in time for the next group meeting on the 16th March.</p> <p>XX shared a timeline with the group which detailed the systems 4 aims and the approach to those aims over a 5 year time line. A copy is attached to these Minutes.</p> <p>XX stated she has had a conversation with XXXX (ICB Chief Executive) who has agreed to have senior MO representation at all groups for Improving the Lives of our People in our Community.</p> <p><b>Action 216: All group members to ensure all Milestone Delivery Tracker deliverables are on Verto before the next group meeting on the 16<sup>th</sup> March.</b></p>	<p><b>ALL</b></p> <p><b>ALL</b></p>
<p><b>07</b></p>	<p><b>Input Into Other Programmes – Virtual Wards / NHS@Home</b></p> <p><b>Virtual Wards / NHS@Home</b></p> <p>XX stated one of the main current priorities is Virtual Wards / Home First. Work is well underway with the main focus on what the pharmacy workforce will look like in order to support this work along with access to medicines and the requirements associated with that work. XX stated further detail of this work needs to be included within the IMPO document and Milestone Delivery Tracker in order to recognise our involvement in this work.</p> <p><b>Involvement with Other Programmes</b></p> <p>Work has slowed due to current system pressures, but we need to think where we can link groups such as diabetes, respiratory etc into Improving the Lives of our People in our Community.</p>	

	Item	Action
08	<p><b>Inequalities Core20plus5 Requirements</b></p> <p>XX stated we have been asked to look at reducing healthcare inequalities for children and young people and to understand if we have any prescribing inequalities within BNSSG. XX suggested we first take a look at asthma and diabetes and to establish if we have any inequalities in these two main areas of focus. XX was unsure if anything could be done surrounding epilepsy but suggested the children’s neurology within the hospital could take a look at this area. XX suggested the Local Authority and Public Health may be able to help with oral health engaging with schools and health visitors.</p> <p>XX will collate data on asthma and diabetes to see if there are any areas we need to specifically focus on and the group will discuss further at the next group meeting in order to discuss a way forward.</p> <p><b>Action 217: XX to collate data on asthma and diabetes relating to healthcare inequalities for children and young people in order to understand if we have any prescribing inequalities within BNSSG. To be discussed at the next group meeting on 16<sup>th</sup> March.</b></p>	<p>XX</p> <p>XX</p>
09	<p><b>Pharmacy Education, Training and Workforce Development Lead</b></p> <p>XXXX presented the BNSSG ICS Pharmacy Education Training and Workforce Lead Role Business Case to the group. A copy of the presentation is attached to these Minutes.</p>	
	<p><b>Project Updates</b></p> <p><b>Polypharmacy</b> XX stated she will be attending her first meeting this month and the main focus of the meeting will be the workplan for the year ahead.</p> <p><b>High Cost Drugs</b> XX stated there will be a significant change in diabetes devices and technologies during 2023/24. A presentation will take place this month with the Director of Finance to discuss additional spend required for new drugs that are coming through from NICE.</p> <p><b>Aseptic</b> XX stated the project is near complete. Options are well established and a summary meeting is due to take place over the next couple of weeks with an outline business case being put forward soon after. XX will circulate to XX once available.</p> <p><b>Community Pharmacy – Independent Prescribing (IP) Pathway Finders Project</b> XX stated expressions of interest for all the ICB’s across the country have now been launched with a closing date at the end of February.</p>	

	Item	Action
	<p><b>Healthy Weston, Phase 2</b>            XX stated Phase 2 is ongoing and approval of the first phase is due imminently which will include a consultant pharmacist and an admissions team. Phase 2 will involve care of the elderly which will most likely come to fruition towards the end of this year. Funding has been requested for a surgical team for Phase 3.</p>	
	<p><b>Joint Forward Plan</b></p> <p>XXXX (XX) (Programme Delivery Manager) presented to the group. A copy of her presentation is attached to these Minutes.</p> <p>XX has summarised the IPMO document for the Joint Forward Plan and this will be circulated to the group for comment and to ensure the IPMO document has been summarised correctly. The Joint Forward Plan draft submission date is the 31<sup>st</sup> March with the final version to be published in the public domain by the 30<sup>th</sup> June.</p> <p>XX and XX will link up to review the IPMO document and ensure delivery timeframes are correct.</p> <p><b>Action 218: XX and XX to review and provide comment to the IPMO summary which is to be included within the Joint Forward Plan and will share at next meeting</b></p>	<p><b>ALL</b></p> <p><b>ALL</b></p>
10	<p><b>AOB</b></p> <p>Date of next meeting Thursday 16th March at 13:30 – 15:00 on MS Teams</p>	

XXXX  
 Team Administrator  
 BNSSG CCG  
 February 2023