

**Minutes of the Nottingham & Nottinghamshire Medicines Optimisation Steering Group
(NNMOSG)
29 September 2022, 14:00-16:00
Via Microsoft Teams**

Present: Redacted

In attendance: Redacted

No.	Item	Action
NNMOSG/22/64	<p>Welcome, Introduction & Apologies Apologies were received from:</p> <p>Redacted</p>	
NNMOSG/22/65	<p>Confirmation of Quoracy █ confirmed that the meeting was quorate.</p>	
NNMOSG/22/66	<p>Declarations of Interest █ requested any declarations of interest in relation to today's agenda items and none were received.</p>	
NNMOSG/22/67	<p>Management of any real or perceived conflicts of interest Not applicable as no declarations of interest have been raised.</p>	
NNMOSG/22/68	<p>Minutes of the last meeting held on 28 July 2022 The minutes were approved.</p> <p>Matters arising: NNMOSG/22/56 - MDA Northwest document - █ reported that the document had been discussed at the recent IPMO Quality & Improvement (Q&I) pillar meeting and they were supportive of adapting the document into a more distilled version for local adoption. This piece of work will be progressed by the Q&I pillar.</p> <p>NNMOSG/22/61 - SMR Principles – █ reported that the SMR principles had been submitted to the Bassetlaw prescribing leads meeting for approval. The group</p>	

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	<p>requested a few amendments following feedback from a PCN pharmacist, these amendments have been made and ■ is to resubmit the paper to the group for formal ratification. From a Nottingham perspective, ■ has shared the information with ■, ■ Pharmacist who is progressing this with PCN pharmacists in Nottinghamshire and ■ will be meeting with ■ next week to discuss progress.</p> <p>All other actions have been completed or will be discussed at today's meeting.</p>	
<p>NNMOSG/22/69</p>	<p>Finance update –</p> <ul style="list-style-type: none"> <p>Finance summary – latest position</p> <p>■ reported that at the end of June the CCG was showing an overspend of £513K, this month is showing an overspend of £112K which equates to an overspend of £625K in total. ■ highlighted national discussions regarding price concessions which have started to increase from their previous position and queried whether Finance have formally recorded these cost pressures as a risk of overspending the prescribing budget. ■ confirmed that discussions have taken place at the ■ Finance meeting and that this risk is to be recorded on the cost pressures log. ■ / ■ agreed to discuss outside of this meeting where else in the system these financial cost pressures should be formally recorded.</p> <p>New medicines that have been approved by the APC in recent years are very expensive, this is likely to increase in the coming years and are being monitored with a view to flagging to the ICB that prescribing costs will continue to climb.</p> <p>■ presented the plan on a page to the Financial Steering Group and going forwards this paper will be presented on a quarterly basis together with the cost pressures log to highlight that whilst efficiency savings are being made the prescribing budget is under pressure from a number of different areas which are outside of our control.</p> 	
<p>NNMOSG/22/70</p>	<p>Integrating Pharmacy and Medicines Optimisation (IPMO) update –</p> <ul style="list-style-type: none"> <p>Quality & Improvement Pillar</p> <p>■ reported that four Task & Finish Groups (TFGs) have been identified to review and progress the following workstreams –</p> <ol style="list-style-type: none"> Enhancing access to medicines - injectable medicines Enhancing review of medicines - recommendations from the national overprescribing report Enhancing the transfer of medicines - medicines compliance aids Enhancing safety - continued work of opiate reviews <p>■ highlighted the challenges of identifying staff to progress these workstreams due to increasing workforce pressures across the system. A decision whether to reduce the number of TFGs or phase implementation of the work within these groups is to be agreed at the October Q&I pillar meeting.</p> <p>Consideration whether the enhancing access to medicines should link into the virtual wards workstream is under discussion as there will be considerable pressure as a system to deliver this. ■ reiterated the importance of how the prescribing element and EPS for virtual wards will be managed. ■ confirmed that local leaders for pharmacy have been identified, ■ is the virtual ward lead for NUH and ■ for SFHT.</p> <p>Medicines Value Pillar</p> <p>■, SFHT Chief Pharmacist has replaced ■ as the SRO for the Medicines Value (MV) Pillar with ■ as deputy. The ■ workshop have identified diabetes and respiratory work areas to progress transformational change. There are a number of other workstreams taking place in the background (high cost drugs, wound care, self-care and generic primary/secondary care work areas), outputs from these workstreams are being captured. The MV pillar is in a similar position to the</p> 	

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	<p>Q&I pillar in the challenge to nominate staff to take forward this work. The next MV meeting in October will select one workstream to take forward, this will then be discussed with ■ who is the overarching IPMO lead.</p> <ul style="list-style-type: none"> Workforce Pillar The workforce pillar is led by ■, NUH Chief Pharmacist and ■, Nottinghamshire LPC Chief Officer. This group initially mapped the different workforce sectors and are looking at the entire workforce not just pharmacists and technicians but also other allied healthcare professionals and how we can recruit and sustain the workforce moving forward. At present there is a lot of movement in the pharmacy workforce across the sectors which is leaving workforce gaps in other areas. The subgroups are looking at the under/post graduate pharmacist sector as in the future pharmacists will graduate with an IP qualification, the impact it will have moving forwards and what this means for the existing workforce without the IP qualification. <p>■, IPMO Programme Manager will be joining the programme at the beginning of November.</p>	
<p>NNMOSG/22/71</p>	<p>Medicines Management Facilitator (MMF) Review Paper –</p> <p>■ reported that this group had previously approved the continuation of the Medicines Management Facilitators (MMFs) scheme in the Newark & Sherwood area into 2022-23 whilst a case for the way forward was actively explored. The paper outlines the potential way forward for MMFs. Payment in the medium-long term is considered as essential for the success of the project to ensure that the role and processes become firmly embedded within the practices. The scheme would be initially funded by the ICB and then funding would be transferred across to the PCNs.</p> <p>The following comments were made:</p> <p>It is important to demonstrate how embedding the MMF role within the practice workforce will relieve general practice workload pressures for higher banded staff and improve practice efficiency and savings.</p> <p>Approach the PCN network and explore whether they can support with national training and guidance going forwards especially as more technician resource will be required to support new MMF's if the scheme is to be rolled out across the ICB.</p> <p>Trial rolling out across a different PBP to test the appetite for this type of role in other areas.</p> <p>The role may support with attracting and retaining staff in GP practices as the MMF's really value this part of their role and find it very worthy and worthwhile.</p> <p>The group were generally supportive of the programme and the work that had taken place in the Newark & Sherwood locality. The next steps will be to submit a formal business case through the ICB process for roll out of the scheme across the ICB.</p>	
<p>NNMOSG/22/72</p>	<p>Nottinghamshire Medicines Safety Officers Network Annual Report 2021/22 -</p> <p>■ presented the report and commented that due to the continued impact of Covid-19 pandemic on workforce capacity the workplan from 2020-21 had been used with the addition of a work stream linked to emergency steroid cards.</p> <p>During 2021/22:-</p> <p>National priorities -</p> <ul style="list-style-type: none"> MSO's have continued to promote the 5 moments of medication safety to practices and PCNs Implementation of statutory duties for the monitoring of controlled drugs 	

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	<ul style="list-style-type: none"> • Antimicrobial national targets <p>Local priorities –</p> <ul style="list-style-type: none"> • Direct Oral anticoagulants (DOAC's) – interactions with medications and scoping forward work plans around monitoring and prescribing indicators which resulted in the ICS receiving a PrescQIPP highly commended award for the work undertaken. • In collaboration with SFHT the implementation of Emergency Steroid Cards and Long-term Steroid Use across Nottinghamshire. • Reclassification of Amiodarone from Amber 2 to Amber 1 in line with NHSE guidance that it should not be routinely prescribed in primary care. • Antimicrobials – performed well against national targets which is routinely highlighted at practice prescribing visits particularly to those practices that are outliers. <p>For 2022-23, some of the medicines safety work will be linking into the Q&I pillar as part of the IPMO programme.</p>	
<p>NNMOSG/22/73</p>	<p>Nottinghamshire Policy for Approving Primary Care Rebate Schemes –</p> <p>█ presented the paper and highlighted the key changes, the policy now includes Bassetlaw who have agreed to sign up to the rebate schemes that are currently in place across Nottinghamshire. In future all rebate decisions will be approved by this group.</p> <p>█ has agreed to review non-PrescQIPP rebate contracts and a statement has been included on the decision form to reflect this. █ requested that the terminology on page 7, section 5.1 be rephrased as the responsibility for assessing schemes against the principles outlined in the policy should lie with the designated senior █ Team. █ agreed to rephrase this paragraph and send to █/█ for oversight. █</p> <p>The group approved the policy subject to the agreed minor changes.</p> <ul style="list-style-type: none"> • Rebate Decision - ConvaMax® dressings <p>█ reported that these dressings are only prescribed in Mid Notts and Bassetlaw localities with an estimated saving of £9K per annum. The rebate is a non-PrescQIPP scheme and is awaiting review by █.</p> <p>NNMOSG approved the rebate in principle subject to agreement from █.</p> <ul style="list-style-type: none"> • Rebate Decision - Hylo Night® eye ointment <p>█ reported that the rebate is a PrescQIPP scheme and the ointment is listed on the eye lubricant formulary. The rebate would offer savings in the region of £4.9K per annum based on current usage with the potential to increase with good formulary adherence.</p> <p>NNMOSG approved the rebate.</p>	
<p>NNMOSG/22/74</p>	<p>ICP GP Prescribing Leads update –</p> <ul style="list-style-type: none"> • SN PBP <p>█ reported that the majority of practices are busy delivering covid and flu vaccinations at practice and PCN level. PCNs are undertaking quit work around dependency forming drugs ie opioids, gabapentinoids etc which aligns with the MSO agenda. From a workforce perspective, practices are struggling to recruit independent prescribers as they are unable to compete with the differences in pay scale between secondary and primary care. PCNs are exploring ways to recruit new graduates into PCNs and the training required to upskill them to deliver the role effectively.</p>	

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	<ul style="list-style-type: none"> • City PBP <p>■ reported that work being undertaken in the City PBP is similar to that of the ■ PBP with the majority of practices busy delivering covid and flu vaccinations. PCNs are also undertaking quit work around opioids, gabapentinoids and other dependency forming drugs etc.</p>	
NNMOSG/22/75	<p>APC –</p> <ul style="list-style-type: none"> • Work Programme Update <p>The August APC work programme was formally noted by NNMOSG.</p>	
NNMOSG/22/76	<p>Items approved by CPMT for noting –</p> <ul style="list-style-type: none"> • Foreign Travel Guidance <p>■ reported that the guidance has been updated and submitted to this group for noting. ■ queried section 7.8 of the policy which was not in alignment with the information publicised on the NHS website and agreed to email ■ / ■ with the details.</p> <p>Subject to the agreed amendment NNMOSG formally noted the updated guidance which will be publicised on the Shared Medicines Management Team website, TeamNet and PHT newsletter.</p>	■
NNMOSG/22/77	<p>Date of next meeting -</p> <ul style="list-style-type: none"> • Thursday 24 November 2022 – 14:00-16:00 on Microsoft Teams 	