UKMIPG QUALITY ASSURANCE WORKING GROUP

Minutes of the meeting held in the Emily McManus Dining Room,
Guys Hospital, London on Monday 17th November 2003

Present:  Fiona Woods (Chair) Welsh Medicines Information Service
          Janet Darlington Leeds Medicines Information Service
          Elena Grant West Midlands Medicines Information Service
          Julia Horwood London-North Thames Regional Medicines Information Service
          Davina Wraight London & South East Medicines Information Service

ACTION

1. APOLOGIES FOR ABSENCE
   Apologies were received from Jill Rutter.

2. MINUTES OF THE MEETING OF 15 SEPTEMBER 2003
   Item 4: SOPs
   Jill Rutter had offered to draft a template, not Julia Horwood as stated, although Julia
   would be liaising with Jill on this topic.

   With this exception, the minutes were accepted as an accurate record.

3. MATTERS ARISING
   3.1 Website
   Julia reported that all the change noted at the previous meeting had now been made
   and posted on the website. For technical reasons, it had not proved possible to
   change the footer on the user survey form.

   3.2 AIOPI survey
   Fiona reminded members that the AIOPI survey would be held on November 20th.

   3.3 Primary care booklist
   Julia noted that the content of the booklist had been discussed at the recent meeting
   of the Primary Care Subgroup. It was assumed that discussion points would be fed
   back to the Wessex RMIC.

4. MODEL MI CENTRE
   Elena had circulated an early draft prior to the meeting. It was essential to clarify with
   UKMIPG the objectives of the document and this would then be reflected in the title.
   Members did not feel that ‘The Model MI Centre’ was a suitable title. Members
   suggested amendments to the introduction. A third category of local MI centre, A*
   would be added to accommodate larger local MI centres or MI centres at tertiary
   specialities. It was agreed to remove comments relating to grading in view of Agenda for
   Change developments.

   Julia offered to provide data on costings of resources held at her centre. Ways of
   producing objective guidance for classification of centres were discussed and it was
   agreed that a scoring system based on the activities listed in the Time/Activity Matrix
   might be the best option. It might be necessary to band some activities eg enquiries
   (proportion of levels 1,2 and 3 enquiries), active information (according to risk rating)
   and training (according to target groups) to achieve differentiation. Julia suggested that a
   format similar to the Clinical Governance checklist might have merit and be relatively
   simple to follow.
ACTION

Elena agreed to make the amendments to the text and to circulate these to members ahead of the UKMIPG meeting in December. The revised draft would be tabled then for comment. UKMIPG would be asked to confirm the objectives of the document and to add further content.

It was noted that the final version may take a considerable period to develop although it had been suggested as a topic for the parallel sessions at the 2004 MI Conference.

5. IRMIS

A draft report had been circulated prior to the meeting. Janet suggested that it would be useful to emphasis the objectives of the scheme and how the pilot data showed that these could be met. Fiona reported that only 7 questionnaires had been received from 6 centres participating in the pilot scheme. She outlined the main points from the feedback and members discussed how these could be addressed.

- Expansion of reporting function
  This is needed to identify trends across enquiry types so that training can be targeted appropriately. Centres should be encouraged to share outcomes and good practice. Full text would need to be incorporated into the report format for this purpose. Three levels of report were identified:
  - local MI centres need facility to access their own reports for audit/training purposes and to compare data with regional and national data
  - Regional Directors need access to reports from their own regions but it was agreed that anonymity would be maintained. Any serious incidents/near misses could be flagged up at regional MI meetings. Again data could be compared with national figures
  - QAWG would need national aggregated data plus access to full text details in order to be able to identify trends, clusters and group good practice points.

It was important to develop a feedback mechanism and the UKMi website could provide a suitable medium. IRMIS reports would be included as a standing item on the QAWG agenda. Reports could be reviewed and feedback prepared when a suitable level of reports had been received. Fiona agreed to discuss these points with Robin Burfield.

- Extending the scheme to cover trainee incidents
  Trainees were defined as persons whose answers needed to be checked before they were given out.

Members felt that useful data could be collected by including trainees in the scheme. This could be used in revisions of MICAL and the MI workbook. However, it need not be collected routinely and could be offered to RMICs as an option. Each RMIC would have access only to their own centre’s data. A facility to print reports would be useful. These could be used in CPD folders or to include in Clinical Governance or annual reports. Fiona will discuss this with Robin.

- Clarify entry process for enquiry statistics
  If time periods used, adopt month blocks – not quarters as there may be confusion between financial and calendar years.

Members agreed that reports were best cumulated throughout the year.
• Use of paper version prior to electronic data entry
  As there is no editing facility, it is best to use a paper report to clarify/refine incident report. This could form the basis of a discussion between 2 pharmacists prior to data entry onto the system.

• Workshop before rollout
  Fiona reported that UKMIPG members had expressed a preference for a Powerpoint presentation which could be used by Regional Directors at regional MI meetings rather than a central training day. A ‘train the trainers’ session could be included at a UMMIPG Development Day in March 2004. Possible content could include objectives, uses for the data, data entry, classification of incidents and near misses, FAQs and technical aspects eg registration. Davina offered to prepare a draft outline and this would be circulated to members for comment.

• Clarify definitions: error and near miss
  Julia offered to check the NPSA definitions and compare them with those used in the IRMIS scheme. She noted that in a ‘near miss’, an intervention was made after the production of a response but before this had been delivered.
  A button could be included on the screen next to the incident and near miss boxes which would produce a pop down screen with a definition.
  Example scenarios could be included in the training material for classification into one of the two categories.

  Fiona agreed to amend the draft to include points raised in discussion. The final report would be presented at the December UKMIPG meeting and a copy sent to Dave Cousins.

6. **SOPs**
  Julia said that she had had difficulty in locating any formal definition of a Standard Operating Procedure. A brief explanation appeared on the RPSGB website: an SOP specifies, in writing what should be done, when, where and by whom…..
  Davina suggested that the Investors in People website may have useful data and Julia agreed to check this. Fiona offered to check with her local Production Pharmacist. In the absence of Jill Rutter further discussion on this item was deferred until the next meeting.

7. **MINIMUM RECOMMENDED REFERENCE SOURCES LIST**
  e-mail correspondence between Julia and Fiona outlining suggested changes to the reference sources was tabled and these were agreed. Julia will update the list accordingly.
  Julia reported that David Price was working to change this section into a database format which would be easier to maintain and update. The wound management section was in need of revision and Julia would ask UKMIPG members for suggestions. Fiona would ask Steve Thomas if a new edition of his book was in preparation. New publications would be a standing item on future agendas.
8. **PEER REVIEW**

Elena said that UKMIPG had asked QAWG to produce a proposal identifying core data from external audits of RMICs that the group would need to monitor quality of service and operational aspects of service delivery. She asked members to look at the audit template and identify essential data. Once a consensus view had been obtained a report would be prepared to UKMIPG.

9. **CONFERENCE WORKSHOPS**

Fiona said that last week’s MI Conference meeting had identified two possible topics for the parallel sessions that QAWG could contribute – IRMIS and the Model MI Centre. Conference dates were confirmed as September 2-4 and the venue as Warwick University.

10. **ENQUIRY LEVEL CHECKLIST**

Item deferred.

11. **ENQUIRY RECORDING STATISTICS**

Julia had spoken to Steve May regarding updating enquirer categories but he had been reluctant to do this as it would be difficult to achieve and the national scheme was now only 12 months away. Julia would liaise with Jill on this subject.

12. **RISK MANAGEMENT ASSESSMENT OF ACTIVE WORK**

Item deferred.

13. **SHELF LIFE OF PUBLICATIONS**

Item deferred.

14. **ANY OTHER BUSINESS**

14.1 **Addition to QAWG**

Julia reported that Paul Mills of the East Anglian RMIC had expressed an interest in joining the group and this offer was welcomed. Julia would contact Paul inviting him to attend the next meeting.

14.2 **Standards for use of ansaphones**

Paul Mills had asked QAWG, via Julia, for guidance in the use of ansaphones. The group agreed to consider this.

14.3 **SOP for product identification**

Tim Donaldson had sent a draft SOP to Julia to pass onto QAWG for comment. Julia agreed to collate comments.

14.4 **Follow-up from external audits of local MICs**

Julia asked if anyone had procedures to follow up recommendations made at external audits. Donna said that in London and South East, a follow-up letter was sent 6 months after the audit, or sooner if an urgent recommendation was involved. A follow-up time should be agreed with the local centre at the time of the audit.
14.5 **Input to national schemes**

Elena asked for views on continuing to collect data. One of the original reasons for conducting the survey had been to obtain data for a regional Time/Activity Matrix. Unfortunately, not all respondents had noted numbers of outcomes so that a time per activity could not be calculated. Julia said there was no immediate need for this as compilation of a second Time/Activity Matrix was not a top priority. Various uses for the data were outlined. Elena agreed to produce a brief report for the December UKMIPG meeting and to seek views on whether to continue to collect data.

15 **DATES AND LOCATIONS OF MEETINGS IN 2004**

These were agreed as follows:

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<th>Location</th>
<th>Person</th>
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<tr>
<td>February</td>
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<td>Good Hope, Sutton Coldfield</td>
<td>EG</td>
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<td>May</td>
<td>20</td>
<td>Guys Hospital, London</td>
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