40th UKMi Practice Development Seminar
Birmingham NEC, 12th September
Programme

09.30  Registration and refreshments

10.00 Welcome to Birmingham & UKMi Annual Report  
       Chair- UKMi Executive

Plenary Session 1: Pharmacy & MI evolving for patient benefit  
Chair: Ben Rehman, Director, London Medicines Information Service

10.05   Pharmacy and MI: using the RPS Hospital Pharmacy Standards to realise benefits for patients  
        Jon Standing  
        Chief Pharmacist, Yeovil District Hospital

10.25   Prescription for Excellence  
        Sandra Melville  
        Clinical pharmacy manager, Lorn & Islands Hospital, Oban

10.45   Question & answer session

11.00   Comfort break

Plenary 2: Clinical update - Diabetes  
Chair: Aoidin Cooke, Medicines Information Manager, Central Manchester NHS Foundation Trust

11.15   Tailoring treatment to the individual with type 2 diabetes: an interactive case based approach  
        Alia Gilani  
        Health Inequalities Pharmacist & Regional rep for Scotland for the South Asian Health Foundation

12.00   Question & answer session

Plenary Session 3: Information resources update  
Chair: David Anderton, Medicines Information Pharmacist, The Royal Derby Hospital

12.15   MIDatabank  
        Steve Moss  
        CoAcS

12.25   Medicines in Compliance Aids Database  
        Trevor Beswick  
        Director of South West Medicines Information & Training Service

12.35   Injectable Medicines Guide - Paediatric Focus  
        Jenny Haylor  
        NPPG Medusa liaison pharmacist  
        Bristol Children’s Hospital

12.45   Lunch, posters and exhibition

Plenary 4: Key partners  
Chair: Farrah Khan, Head of Medicines Information and Paediatric Formulary, Barts Health NHS Trust, Royal London Hospital

14.15   NICE & BNF update  
        Paul Chrisp  
        Programme Director, Medicines and Prescribing Centre, NICE

14.40   CPPE and UKMI  
        Christopher Cutts  
        Director, Centre for Pharmacy Postgraduate Education

15.05   Question & answer session

15.15   Tea break

Plenary Session 5: Medication safety  
Chair: Alana Adams, Senior Information Pharmacist for Pharmacovigilance & Patient Safety and External activities, Welsh MI centre

15.40   Patient safety networks  
        Dr David Gerrett  
        Senior Pharmacist, Patient Safety, NHS England

16.10   UKMI contributions to the patient safety agenda  
        Ben Rehman  
        Director, London Medicines Information Service

16.35   Question & answer session

Prize giving and closure  
Chair: Ben Rehman, Director, London Medicines Information Service

16.45   Presentation of the 2014 Peter Golightly Award for MI Excellence  

16.55   2014 UKMI PDS poster award

17.00   Seminar closing comments
Dear Delegate

Welcome to the Midlands, The Hilton Birmingham Metropole Hotel and the 40th UKMi Practice Development Seminar. We have put together a professional programme that reflects current pharmacy-wide and MI specific topics of interest to inform and inspire you.

We are heavily indebted again this year to Micromedex / Truven Health for their sponsorship of the Seminar, which has made the event possible, and our professional partners who continue to support us. The exhibition contains a number of posters from your peers for your professional perusal. With your active participation we hope this will make the event the professional and social success it has been for many years.

As usual we are very appreciative of the work the organising committee has undertaken and to the UKMI members and external speakers who are contributing to make this event a success.

All the organisers hope you have an enjoyable and professionally rewarding seminar.

We look forward to meeting you during the day.

Katie Smith

on behalf of UKMi PDS Organising Committee
Seminar Organising Committee

Katie Smith – Programme Co-ordinator & Posters
*East Anglia Medicines Information Centre, Ipswich Hospital*

Ben Rehman
_London Medicines Information Centre, Northwick Park Hospital, Harrow_

Trevor Beswick
_South West Medicines Information and Training Centre, Bristol Royal Infirmary_

David Erskine
_London & South East Medicines Information Centre, Guy’s & St Thomas’ Trust, London_

Vanessa Chapman
_Trent Medicines Information Centre, University Hospitals of Leicester_

Janice Watt
_Area Medicines Information Centre, Glasgow Royal Infirmary_

Melinda Cuthbert
_Area Medicines Information Centre, Royal Infirmary Edinburgh_

Seminar Administration Team

Clare Nelson – Local Organiser
_Trent Medicines Information Centre, Leicester Royal Infirmary_

James Turton
_IT support and Website Design, Queens Medical Centre, Nottingham_

Sandra Wharton
_London Medicines Information Centre, Northwick Park Hospital, Harrow_
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12. The implementation of the Unified Medicines Information Service for Two Acute Trusts  
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Opening session

Welcome to Birmingham

Ben Rehman, UKMi Executive Chairperson and Director of London Medicines Information Service

Ben is currently Director for London Medicines Information service based at Northwick Park Hospital which serves North London, Essex, and Hertfordshire. He has previously held a range of clinical pharmacy and medicines information positions, as well as an editorial role at the British National Formulary. He is particularly interested in ensuring MI continues to respond appropriately to the changing NHS environment.

Annual report of UKMi

A report of the activities and developments of the UK Medicines Information network (UKMI) during 2013/2014.
Plenary session 1 – MI and Evolving MI Strategy

Chair: Ben Rehman, Director of London Medicines Information Service

Ben is currently Director for London Medicines Information service based at Northwick Park Hospital which serves North London, Essex, and Hertfordshire. He has previously held a range of clinical pharmacy and medicines information positions, as well as an editorial role at the British National Formulary. He is particularly interested in ensuring MI continues to respond appropriately to the changing NHS environment.

Pharmacy and MI: using the RPS Hospital Pharmacy Standards to realise benefits for patients

Speaker Jon Standing, Chief Pharmacist, Yeovil District Hospital

Having graduated from Nottingham University and completing my pre-reg training at Nottingham City Hospital I moved down to Bristol to work as a junior Pharmacist. Initially for a short time I worked at University Hospitals Bristol and then for 16 years at North Bristol NHS Trust. Whilst at North Bristol I undertook a variety of roles, clinical diploma pharmacist, Renal Pharmacist, Medicines Information Manager and Acting Principal Pharmacist. In June of this year I was lucky enough to be appointed Chief Pharmacist at Yeovil District Hospital NHS Foundation Trust.

Abstract

The Royal Pharmaceutical Society (RPS) Hospital Pharmacy Standards were first introduced in 2012. They were subsequently ‘refreshed’ in July 2014 following the publication of the Francis Review and Berwick Report.

At present there is no national mandatory requirement for NHS Trusts to complete/sign up the standards. Therefore they currently function as a self-inspection tool kit to provide a framework for Hospital Pharmacy services.

They consist of 3 domains, which are divided into 10 standards and further subdivided into different dimensions.

There are a number of obvious and many less obvious opportunities for Medicines Information (MI) to engage with the standards, and use them as a strategic steer for the future development of MI.

MI needs to adapt to the changing culture in the NHS for information provision. The standards provide MI with ideas for future directions. However, care is needed not to look at them in isolation to the detriment of ignoring other focuses and drivers in the fast changing modern NHS.
Prescription for Excellence

Speaker Sandra Melville, Clinical Pharmacy Manager, Lorn & Islands Hospital, Oban

Lead Pharmacist, Oncology and Acute Care, Lorn & Islands Hospital, Oban.

Independent Prescriber. Winner of Pharmaceutical Care Award 2006 for Prescribing for Oncology Patients in Remote and Rural Areas. Member and Former Chair of the RPS Scottish Pharmacy Board.

Abstract


This exciting development in Scotland puts pharmacists in a key position in the management of patients with multiple morbidities and complex medications, acting as independent prescribers with their own caseloads. The presentation will explain how this is likely to impact on MI pharmacists, and why they will be fundamental to its success.
Plenary session 2 – Clinical Update - Diabetes

Chair: Aoidín Cooke, Medicines Information Manager, Central Manchester University Hospitals NHS Foundation Trust

Aoidín manages the Medicines Information service at Central Manchester. Her role also encompasses a variety of Medicines Management activities within the Trust and she is involved with the Greater Manchester Medicines Management Group in terms of formulary development. She has previously been involved in work to improve access to information as part of the patient experience agenda for which she has been credited with national awards. She is also a NICE Medicines and Prescribing Associate. She has an interest in education and training, practice research and MI service development, critical appraisal and applying evidence to practice.

Tailoring treatment to the individual with type 2 diabetes: an interactive case based approach

Alia Gilani, Health Inequalities Pharmacist & Regional rep for Scotland for the South Asian Health Foundation.

Ms Gilani is a Health Inequalities pharmacist who helped established in a bi-lingual medication review service in NHS Glasgow in 2002. This was called the “MELT” service (Minority Ethnic Long Term medicines Service) and operated for over a decade. This was an open referral medication review service which allowed referrals to be received from both primary and secondary care. Her interests lie in ethnic inequalities and diabetes. She has received several awards for her work in which the service has been recognised locally and nationally. She was the chair of the NHS Glasgow Diabetes Ethnicity and Inequalities Group.

Over the last decade she has also been running outreach clinics for South Asian diabetics in various locations e.g. mosques, elderly centres. She is a member of the diabetes working group for the South Asian Health Foundation and regional lead for Scotland and the first pharmacist on the Primary Care Diabetes Society committee.

She has hosted several diabetes awareness days in community venues promoting SAHF and NHS services. She is on the editorial board for the Diabesity and Diabetes in Primary Care Journal. She is involved in healthcare professional’s education throughout the UK by delivering lectures on topics from managing diabetes during Ramadan to tackling health and ethnic inequalities. She delivered a lecture at the first joint RCGP and RPS diabetes conference in London. Her passion is working and supporting those with ethnic inequalities.

Abstract

Conventional therapy for diabetes management consisted of a limited number of drug classes but now there are a greater number of therapeutic options available to healthcare professionals to manage diabetes. Whilst this is useful in providing more therapeutic options it can be confusing as to when you should initiate and/or escalate therapy. Many patients still do not receive the right agents at the right time. Clinical inertia is still an important issue which exists today and has implications in terms of the long term risk of complications. This lecture will include interactive case studies which will help depict real life case scenarios and discuss what options you have in managing complex diabetic cases.
Plenary session 3 – Information Resources Update

Chair: David Anderton, Lead Medicines Information Pharmacist, The Royal Derby Hospital

David has been in charge of medicines information in Derby since 1983. He also sits on the local D&T Committee, and is responsible for the Derby Hospitals Formulary.

MIDatabank

Steve Moss, CoAcS

Steve Moss is a pharmacist, managing director of CoAcS Ltd and a visiting senior lecturer at the University of Bath. CoAcS have worked with UKMI for many years developing and distributing MiCAL and MiDatabank.

Abstract

Some time ago the UKMI executive approved in principal the concept of creating a national database of enquiries that could be shared by MI centres in the UK. The details of how this database would be created and how enquiries could be shared have been discussed at a series of meetings between a sub-committee of UKMI executive and CoAcS. It was agreed that once a prototype had been developed it would be piloted with a number of regional centres. We are now at the stage where two successive pilot studies have been undertaken, the second incorporating developments derived from the first study, and we are now in a position to release the software. This presentation will describe how the software works and how it may be installed and used by individual MI centres.

The national database will be in addition to existing local databases held by individual MI centres which will continue to be used as at present. However in the future there is the possibility, if required, for the national database to replace local databases and form the core of an internet based enquiry management system.

The “Sharer” software has two components, the “MiDatabank Uploader” and “The MiDatabank Viewer”.

The MiDatabank Loader is a small exe that is loaded into the MiDatabank folder on all workstations using MiDatabank. At predetermined intervals it copies those enquiries not previously copied from the local SQL database to a SQL database on a secure server hosted by CoAcS.

The MiDatabank Viewer software is accessed from a URL and viewed on any approved web browser. It allows authorised MiDatabank administrators to select which enquiries from their MI Centre will be shared. It allows authorised MiDatabank users to view all enquiries from their own MI Centre. It also allows MiDatabank users to view anonymised shared enquiries from all participating MI Centres.

Issues relating to information governance and data protection and to effective use of the system will be discussed.
Medicines in compliance Aids Database

Trevor Beswick, Director, South West Medicines Information & Training Service

Director of South West Medicines Information and Training. Previous posts and regional level and local level in medicines management, primary care management and commissioning.

Abstract

This will be a brief update on the development of the UKMi database of advice about the stability of tablet and capsules in medicines compliance aids. It will review how the database has been developed, report on the pilot work and the next steps in its development.

Injectable Medicines Guide – Paediatric Focus

Jenny Haylor, NPPG Medusa Liaison Pharmacist Bristol Children’s Hospital

I have been working as a paediatric clinical pharmacist at Bristol Children’s Hospital since 2009, in various specialities including bone marrow transplant, renal transplant, oncology, burns and general medicine. Before working in paediatrics, I worked as a medicines information pharmacist in the regional South West medicines information centre. During my time there, I performed quality assurance checks on monographs for Medusa.

Since September 2013, I have been working with Medusa and NPPG (Neonatal and Paediatric Pharmacists Group) colleagues to improve the paediatric content of the website.

Abstract

We all know that information regarding medications in paediatrics is scarcer than it is for adults. Historically, for administration of injectable medicines, large paediatric hospitals have written IV guides that have then been used by smaller hospitals. Over recent years however, it has been acknowledged across the country that individual pharmacy departments no longer have the resources to continually update their ever increasing databases of monographs. The neonatal and paediatric pharmacists group (NPPG) decided that as Medusa is a nationally supported, used and updated on-line resource, this would be the best platform to hold information on the administration of injectable medicines for children.

So, in September 2013 NPPG and Medusa launched a joint project to improve the content of the Medusa website for use in paediatrics. This short presentation will outline the aims and achievements of the project so far – the challenges and outlook for the future.
Plenary session 4 – Key Partners

Chair: Farrah Khan, Head of MI and Adult Formulary Pharmacist, Barts Health NHS Trust

Farrah Khan is a paediatric pharmacist with extensive experience in both primary and secondary care. She has wide-ranging experience in general Paediatric Pharmacy and Medicines Information, and has a passion for Education and Training. She is a trained educational facilitator and has been a pre-registration Tutor for the last 14 years. Farrah is also an honorary lecturer at UCL School of Pharmacy and at London South Bank University.

She has gained a Masters in Clinical Pharmacy from UCL School of Pharmacy and is a qualified Independent Prescriber. She is also a committee member of the Neonatal and Paediatric Pharmacists Group.

NICE & BNF update

Paul Crisp, Programme Director, Medicines and prescribing Centre, NICE

Paul is Programme Director of the Medicines and Prescribing Centre (MPC) at the National Institute for Health and Care Excellence (NICE). The NICE MPC produces a comprehensive suite of guidance, advice and services for safe, efficient, high quality use of medicines. NICE also provides access to the British National Formulary (BNF) and British National Formulary for Children (BNFC) in digital and print formats for prescribers working in the NHS in England.

Paul has been with NICE since March 2009, where he was responsible for setting up the Institute’s accreditation programme, which evaluates the processes used by organisations to develop guidance. Paul spent over 20 years in international medical publishing and communications, mainly focusing on appraisal, review and synthesis of evidence to aid healthcare decision making and the adoption of new medicines. Paul is past editor and publishing director of the international review journals Drugs and PharmacoEconomics.

Abstract

NICE offers a comprehensive suite of guidance, advice and support for delivering quality, safety and efficiency in the use of medicines. This includes summaries of the best available evidence on medicines not subject to NICE technology appraisal and unlicensed and off-label medicines; evidence services; medicines practice guidelines; communities of practice; and access to the BNF and BNFC for children.

Over 70 evidence summaries have been published since March 2013 to inform local planning around the managed use of medicines within a local health system.

Evidence services are integrated on the NICE website and include access to journals and databases, clinical knowledge summaries, evidence search, and online access to the BNF and BNFC. Use of the BNF app continues to grow. NICE is working with the BNF to deliver an enhanced digital BNF that integrates the best available up to date medicines evidence and gives easy access.

Medicines practice guidelines on developing local formularies, patient group directions and managing medicines in care homes have been produced, and guidelines on medicines optimisation, antimicrobial stewardship and controlled drugs are in development.

The medicines and prescribing associates are a community of practice across England, Wales, Northern Ireland and the Channel Islands that supports the adoption of NICE and other high-quality guidance. NICE also works with universities to increase the uptake and use of evidence based resources through a student champions programme of education and support.
CPPE & UKMI

Christopher Cutts, Director, Centre for Pharmacy Postgraduate Education

Chris graduated in pharmacy from Sunderland in 1990.

After early career work at York District Hospital, Chris specialised as Paediatric and Neonatal Pharmacist at the Children’s Hospital, Leicester Royal Infirmary.

Chris left Leicester to work in Australia as a lecturer at the University of Queensland and develop an education programme with GPs in rural Queensland. He completed his Doctorate investigating influences on GP prescribing and their value to social marketing techniques.

He returned to the UK to become Head of Medicines Management at St Helens PCT in 2002.

Chris has since been Director of the Centre for Pharmacy Postgraduate Education (CPPE) from October 2005. He was appointed with a personal Chair at the University of Manchester in 2011, becoming Professor of Professional Development and Practice.

Chris split his University position in 2012 to take on the role of Associate Dean for External Relations for the Faculty of Medical and Human Sciences. Chris completed his MBA in 2010 at the Lancaster University.

He is currently a member of the NHS HEE Pharmacy Advisory Group and several other national educational committees. Chris became one of the first fellows of the newly created Faculty of the RPS.

Abstract

This presentation will look at the potential for further collaboration between CPPE and UKMI. We will look at the work done so far and how the two organisations could work closer together to support a wide range of pharmacy professionals.

National initiatives such www.thelearningpharmacy.com, consultation skills for pharmacy practice, the NHS Medicines Safety App and specific learning programmes are all examples where close working could make a greater impact on learning.

The presentation will also explore how future requirements for different ways of working, changes in the NHS, planned education changes for pharmacy professionals and education innovations could require closer working.
Plenary session 5 – Medication Safety

Chair: Alana Adams, Senior Information Pharmacist-Pharmacovigilance & Patient Safety, External activities, University Hospital of Wales

Alana Adams has been a Senior Information Pharmacist at the Welsh Medicines Information Centre since 2002 during this time she has undertaken a variety of roles most recently as UKMI lead for NHS Direct supporting the South West (England) region. Currently she manages Yellow Card Centre (YCC) Wales and is responsible for managing the Drugs in Porphyria Information Service. She has also been the UHB medicines safety lead since 2009, is a member of the UKMI patient safety group and is also an independent prescriber. Alana is developing a role in improvement work and leads on several of the Quality and Safety issues within the department.

Patient Safety Networks

Dr David Gerrett, Senior Pharmacist, Patient Safety, NHS England

David Gerrett gained a pharmacy degree in Queensland Australia and worked in community pharmacy for several years as a manager before moving in 1981 to the UK. After a clinical residency and working as a Staff Pharmacist in mental health, aseptic dispensing (TPN) and ward pharmacy, he gained a Masters in Hospital Pharmacy and moved to Derby in the Midlands. After working as a specialist pharmacist in Health Education and Substance abuse he gained a Doctorate and moved to the University of Derby where he specialised in educational applications of computing and multimedia, becoming the head of e-learning and gaining a postgraduate qualification in computing. Returning to pharmacy, he worked for seven years as Head of Pharmacy and Professor of Pharmacy Practice leading the team at the University of Derby then moved to Sheffield Hallam as Professor of Pharmacy and Hull Universities where he developed infrastructures and curricula for Schools of Pharmacy. For seven years he was an accreditor for the RPSGB now the General Pharmaceutical Council. Since 2009 he has worked as the Senior Pharmacist in patient safety at the NPSA, NHS Commission Board and latterly at NHS England. He has 25 key papers based on original research data, 11 pharmacy practice papers with original research, seven oral research presentations, 34 conference presentations, workshops and seminars, three as keynote speaker and six as director plus multiple posters, articles, book chapters, invited attendances and reviews.

Abstract

On the 20th March 2014, NHS England issued its first Stage 3 Directive using the National Patient Safety Alerting System http://www.england.nhs.uk/ourwork/patientsafety/psa/national-psa-system/. Two Alerts directed that, by the 19th September 2014, large organisations providing NHS-funded care and identified providers from the independent sector, identify individuals and infrastructures for Medication Safety Officers (MSOs) and Medical Devices Safety Officers (MDSOs) http://www.england.nhs.uk/2014/03/20/med-devices/. The level of detail in supporting documents included job descriptions and objectives for associated committees. The Alerts have created a structure in the NHS for improvements in reporting and learning from patient safety incidents (PSIs). The intention is that MSOs and MDSOs are the local lead for improving the frequency and quality of reporting and are instrumental in local learning from PSIs and subsequent actions to minimise risks to patients. They will also act as a conduit of communication to inform and shape national learning and direction.
Since March 2014 Web events have been held each month providing them with recent PSI, an observatory of current developments in patient safety, two topics of current interest and testimonies from MSOs and MDOSs as they pursue their respective roles. The relevance of these presentations in advancing the roles of MSOs and MDSOs has been assessed. Topics are followed up at an on-line forum www.patientsafetyfirst.nhs.uk. Results from this engagement will be presented at the conference. It is imperative that MSOs and MDSOs are seen to be and act as the focus for medication and medical devise safety issues. They are responsible for the quality of reporting and in actions to make healthcare safer for patients. They are important, skilled healthcare practitioners working to promote an open, leaning culture in the NHS.

UKMI Contributions to the Patient Safety Agenda

Ben Rehman, UKMi Executive Chairperson and Director of London Medicines Information Service

Ben is currently Director for London Medicines Information service based at Northwick Park Hospital which serves North London, Essex, and Hertfordshire. He has previously held a range of clinical pharmacy and medicines information positions, as well as an editorial role at the British National Formulary. He is particularly interested in ensuring MI continues to respond appropriately to the changing NHS environment.

Abstract

This presentation will discuss various recent contributions of UKMi nationally in relation to the medication safety agenda. It will focus on work currently being undertaken to support the developing role of Medication Safety Officers across the NHS in England. It will also discuss how both local and regional medicines information services can best engage with medication safety themes.
Poster Presentations

Best posters prize
Prizes for the two best posters will be awarded at the closing session after Plenary 5.

Previous winners of the best poster prizes:

2013
Hayley Johnson and Nancy Kane
A side Effect of Social Media

Melinda Cuthbert
Does a Patient Medicines Information Line Improve patient Safety and Outcomes?

2012
Diane Bramley, Navdeep Dhutty, Alison Innes, Radha Patel
The impact of Medicines Information advice on patient care and outcomes: perceptions of patients using MI Patient Helplines

Gill Stead
Does the Injectable Medicines Guide meet the needs of healthcare professionals in Leicester?

2011
Mark Cheeseman, Katie Smith, David Wright, Rebecca Hamp & Tom Molloy
Would regionally produced new drug reviews benefit the NHS if they were more widely disseminated?

Laura Johnstone, Janice Watt
What do hospital pharmacists think about the Medicines Information Service?

2010
Abigail Scott, Mark Cheeseman, Katie Smith, Kerstin Weber, Mike Brandon, Sarah Cavanagh, Sue Webb & Vicky Gibson
Is txtN a useful function 4 Medisins info?

Linda McClue
The development of a medicines information resource pack for pharmacy technicians in NHS Ayrshire & Arran
Selling the evidence: Do community pharmacists use evidence-based medicine and how can MI help?

Hayley Johnson, Regional Drug & Therapeutics Centre, Newcastle upon Tyne

Focal Points

- Common practice within pharmacies appears to be at odds with the principles of EBM
- Community pharmacists appear to have a positive attitude towards Evidence Based Medicine (EBM)
- Medicines information (MI) services can provide a rapid, reliable source of evidence-based information.

Introduction

Traditionally, products sold over the counter (OTC) in a pharmacy may have been guided more by commercial gain than by rational, evidence-based medicine. Even licensed OTC products may not have a robust evidence base for their effectiveness. The cornerstone of EBM is the ability to locate, appraise, understand, and communicate clinical evidence—something MI staff are trained to do quickly, efficiently, and accurately. Is there a role for MI in helping community pharmacists to shake off their status as snake oil salesmen?

Method

A literature search (Medline, Embase, and hand-sifting) was undertaken to locate existing, published information looking at the uptake of EBM in community pharmacy.

Discussion

The evidence is on the whole limited to small, qualitative surveys which often have methodological flaws. It would seem that community pharmacists see EBM in a positive light, and generally support its principles. In practice, however, their everyday work is often at odds with EBM, relying on passive, anecdotal information rather than robust clinical trial data.

The reasons for this are multifactorial, but include:

- Workload pressures and a lack of time
- The fast-paced, unpredictable nature of community pharmacy
- Constant interruptions and multi-tasking
- Lack of resources
- Industry sponsored training packs
- Lack of confidence in literature searching and critical appraisal skills
- Unrealistic advertising and patient ambivalence

There is a clear role for Medicines Information services in improving Community Pharmacists’ awareness of (and access to) reliable sources of medicines information. By providing a rapid, efficient, evidence-based enquiry answering service, MI services allow community pharmacists to more effectively use their time to deliver other key services such as MURs.

Both patients and community pharmacists appear to rely more on unreliable sources of information such as advertising and anecdotal information rather than good quality evidence. Medicines Information services can help to close this gap.

The Regional Drug & Therapeutics Centre Medicines Information service serves mainly primary care, including community pharmacists. Of 1143 medicines information enquiries in 2013/2014, 31% were from community pharmacists.

References

Poster 2

Comparison of Community & Hospital Pharmacists' Sources of Information About Medicines: Written Sources

Laura Edwards¹, Benjamin Gascoyne¹, Matthew Jones², Jenna Power¹, Richard Spear¹, Corinne de Vries¹.

¹Department of Pharmacy & Pharmacology, University of Bath. ²Pharmacy Department, Royal United Hospital, Bath

Focal Points
- This study investigated the written resources used in community & hospital pharmacy.
- Community pharmacists face barriers to accessing information about medicines.
- This might result in poorer quality answers to queries.

Introduction
Despite making up ~70% of pharmacists, community pharmacists (CPs) submit a small minority of the enquiries received by the UKMi network. In comparison, hospital pharmacists (HPs) submit a significant proportion of enquiries, despite making up ~20% of the workforce. The recent introduction of new CP services may require increased access to information about medicines. Therefore, the objectives of this study were to identify which written sources of information are used by CPs & HPs, & to explore reasons for any differences.

Method
Quantitative data were collected via a questionnaire sent to CPs & HPs across the south west of England. The questionnaires contained only minor sector specific variations. Qualitative data from telephone interviews with volunteers were analysed to explore the reasoning behind individual pharmacists' decisions.

Results
HPs reported accessing information on medicines twice as often as CPs. Both groups cited the BNF as their most commonly used resource, but HPs were significantly more likely to use the eMC & Martindale at least weekly. CPs were significantly more likely to be unaware of a range of specialist resources, with the exception of the Patient UK website. When asked where they would look for information in specific scenarios, CPs preferred "general" resources such as the BNF, whereas HPs preferred a wider range of "specialist" resources. CPs commonly suggested they would consult only one resource, usually the BNF.

All HPs reported having unrestricted or only-partially restricted internet access in the workplace, but 56% of CPs reported having either no internet access or access to only pre-approved websites. A significant minority of CPs reported that access to various reliable websites was blocked, e.g. NeLM (16%), NHS Evidence (14%) & Patient UK (9%).

The interviews highlighted the difficulties CPs face in obtaining information on medicines: they appeared less confident when using the internet or new information sources. CPs reported that new services had increased their need for information, but they did not have enough access to specialist sources & it was difficult to find new resources. Both CPs & HPs thought that CPs were more likely to be asked simple queries by patients & HPs were more likely to be asked complex questions by other professionals & that this might drive differences in the use of resources.

Discussion
Despite a growing need for information, CPs face a number of barriers to accessing information about medicines, including limited internet access & lack of knowledge of the range of information available. This is reflected in their use of a narrower range of less specialist resources & might result in poorer quality answers to queries. The publication of a list of "essential resources" for CPs would be a first step in addressing this issue, to support the further development of safe CP services.
Comparison of Community & Hospital Pharmacists’ Sources of Information About Medicines: Use of the UKMi Network

Laura Edwards¹, Benjamin Gascoyne¹, Matthew Jones², Jenna Power¹, Richard Spear¹, Corinne de Vries¹.

¹Department of Pharmacy & Pharmacology, University of Bath. ²Pharmacy Department, Royal United Hospital, Bath

Focal Points
- This study compared the use of UKMi by community & hospital pharmacists.
- Community pharmacists do not make widespread use of UKMi services, but generally have a positive experience when they do contact the service.
- Limited use of the UKMi network by community pharmacists may be due to poor promotion of the service & the perception that it will be too slow.

Introduction
Despite making up ~70% of pharmacists, historically community pharmacists (CPs) have submitted a small minority of the enquiries received by the UKMi network. Hospital pharmacists (HPs) submit a significant proportion of enquiries, despite making up ~20% of the work force. The recent introduction of new CP services may require increased access to information about medicines. Therefore, the objectives of this study were to identify how often CPs & HPs use the UKMi network, & to explore reasons for any differences.

Method
Quantitative data were collected via a questionnaire sent to CPs, HPs & MI centres across the south west of England. The questionnaires contained only minor sector specific variations. Qualitative data from telephone interviews with volunteers were analysed to explore the reasoning behind individual pharmacists' decisions.

Results
56% of CPs had never submitted an MI enquiry, but all the participating HPs had at some point in the past. 55% of HPs reported submitting an enquiry at least once a month, compared to 5% of CPs. In contrast, 35% of CPs submitted an enquiry to the NPA at least once a month. These results were reflected in the information supplied by MI centres in the study area: in the year to the start of the study, 32% of enquiries had been submitted by HPs & 3% by CPs. Three MI centres reported receiving no CP enquiries.

CPs cited a range of reasons for not using the UKMi network, including not needing to, being unaware of the service or its availability to CPs, not knowing how to contact the network & the belief that the service would be too slow. However, CPs who had previously used the UKMi network were generally positive about the service, with 93% stating they would use it again. Commonly cited reasons included successful resolution of a query & a prompt & accessible service. The most common reason for a negative opinion was a slow service. All HPs were positive about the UKMi network, citing accessibility & prompt resolution of queries.

Interview data supported these findings. HPs highlighted the value of being able to discuss a problem with an experienced pharmacist. CPs highlighted the importance of obtaining an answer to a query quickly (“within 5 minutes”) as otherwise the patient may not return. CPs had concerns that the UKMi network might not be able to prepare an answer in this time, whereas they knew from experience that the NPA provides a speedy service. CPs' comments suggested that the role & availability of the UKMi network was not effectively promoted in this sector of the profession.

Discussion
The UKMi network is meeting the needs of HPs & is widely used by this sector of the profession. It also appears to meet the needs of the minority of CPs who contact it, but poor promotion to this sector & MI pharmacists' possible lack of understanding of the time pressures faced in CP prevent more widespread use of the service. As clinical services in CP grow & the future role of the UKMi network is decided, these issues may need to be addressed.
Problem solvers and hand-holders: the impact of the UHS medicines helpline.

Angela Badiani and Samantha Owen, Wessex Drug and Medicines Information Centre, University Hospital Southampton NHS Foundation Trust.

Focal Points

- This study aimed to establish what happened to patients and carers after they rang the newly-established UHS medicines helpline.
- Patients followed the advice given by the helpline pharmacists, were reassured, and had their medicine-related problems resolved.
- UKMi should standardise procedures for capturing patient outcome after contact with helpline services and this methodology could act as a model.

Introduction

Medicines helplines have been shown to have a positive impact upon patients' lives and reported levels of satisfaction are generally high. What is less well known, is the outcome after patients have spoken to such helplines, including whether they followed the advice given, whether their problem was resolved or whether they needed to seek further help.

Method

The primary aim of this study was to establish the outcome of patients who contacted the newly-established UHS medicines helpline for advice. The specific objectives were to find out what happened to patients after they spoke to the helpline, to find out whether patients followed the advice given by the helpline pharmacists and to measure patient satisfaction with regard to the accessibility of the helpline, how the call was handled and the advice given.

Patients or carers calling the medicines helpline were invited to take part in the study, and if they consented, were sent a questionnaire. Outcome measures included whether a problem with a medicine was avoided, whether the patient felt reassured, whether they were able to start taking their medicine safely post-hospital discharge, or whether indeed they could stop taking a medicine.

Results

Interim analysis of the responses received so far (43 patients and 14 carers), has shown that patients and their carers follow the advice given by the helpline either fully or partly in 93.0% (n=53) of cases.

For patients ringing the helpline, they rated their problem as having been resolved as the most frequent outcome (54.8%, n=23), followed by feeling reassured about their medicine or illness in nearly half of cases (45.2%, n=19), and being able to start taking their medicine (31.0%, n=13). For carers ringing the helpline the most frequent outcomes were that they felt reassured (71.4%, n=10), the problem was resolved (57.1%, n=8) and that a problem with a medicine was avoided (42.9%, n=6). On a 6-point rating scale (where 1 was poor and 6 was excellent) 75% of respondents (n=43) rated the helpline service as 6, and a further 17.5% (n=10) as 5.

Discussion

Patients and carers that ring the UHS medicines helpline follow, and are reassured by, the advice given, and have their problems with their medicines resolved.

References

Impact of the advice from the Medicines Information Patient Helpline on medication adherence

Diane Bramley\(^a\), Brinda Lavingia\(^b\), John Weinman\(^b\). \(^a\) Medicines Information, Guy’s and St Thomas’ NHS Foundation Trust, King’s Health Partners. \(^b\) Pharmacy Department, King’s College London, King’s Health Partners.

Focal Points
- Generally patients calling the helpline were adherent to their medicines.
- A proportion of patients became less adherent because of issues with their medicines.
- Advice from the helpline improved the way patients take their medicines.

Introduction
The full benefits of medicines are often not realised because approximately 50% of patients do not take their medicines as prescribed.\(^1\) Improving patients’ knowledge about medicines improves adherence to medicines.\(^2\) Medicines Information Patient Helplines provide advice to patients in response to their enquiries about medicines. This study focuses specifically on investigating the impact of the advice from Medicines Information Patient Helplines on medication adherence.

Method
Patients calling 4 Medicines Information Centres in London during a one month study period in November - December 2013 were asked to participate. Patients were emailed or posted questionnaires immediately after they received an answer to their enquiry. Questionnaires asked patients about their medication-taking behaviour.

Results
Out of 82 helpline calls during the study period 40 were included in the study and 17 participants completed the survey (43% response rate).

All patients started new medicines within the last 6 months and all reported taking their medicines as prescribed until their medication problem arose, however 8 also said they sometimes miss doses or forget to take their medicine.

The most common medication concerns prior to calling the helpline were regarding side-effects (9/17), interactions (7/17) and how to take medicines (6/17). Six patients had already displayed non-adherent behaviour because of these concerns with 5 patients delaying or missing doses and another self-treating with other medicine.

Nearly all patients (17/18) perceived benefits from using the helpline with the most commonly reported being fast access to information (13/17), and a better understanding of their medicines (13/17), followed by knowing their medicine is safe to take (12/17), and knowing where to get supplies (10/17).

A large proportion (13/17) said the advice helped them improved the way they take their medicines: 11/17 patients felt more reassured about their medicines, 10/17 were more confident in taking their medicines, 9/17 were more likely to take their medicines regularly, 7/17 were less likely to miss a dose. The majority of patients (16/17) said they would use the service again if they had another question.

Discussion
This study explored the medication adherence behaviour of patients using the Patient Helpline. Patients using the helpline were self-reported to be adherent to medication regimens prior to calling the helpline, however their concerns about medicines that led to their use of the helpline resulted in some non-adherent behaviour and missed doses.

After receiving advice from the helpline a high proportion of patients improved their adherence. This study was limited by the small number of responses and short term follow up and would benefit from a larger study.

References
Poster 6

A review of enquiries to an Unlicensed ‘Specials’ Medicines Helpline for GPs

Diane Bramley, Jie Zeng. Medicines Information, Pharmacy Department, Guys and St Thomas NHS Foundation Trust, King’s Health Partners.

Focal Points
- To evaluate the enquiries to the ‘Specials’ Helpline for GPs
- The main reasons enquirers phoned the helpline were because of cost concerns and obtaining supplies of unfamiliar medicines.
- The helpline advice resolved enquirers’ problems and the study findings will be used to improve communication and make ‘specials’ prescribing in primary care easier.

Introduction
Unlicensed 'specials' are medicines that are not licensed by the MHRA (Medicines and Healthcare Products Regulatory Agency), e.g. a tablet licensed for adults formulated into a suspension for children, or specially made creams. Primary care prescribers are often unable to access reliable clinical information and guidance on prescribing 'specials'. Furthermore, 'specials' generally cost much more than licensed medications with the same active pharmaceutical ingredient. A ‘specials’ advice helpline, run by Medicines Information at Guy’s and St. Thomas’ NHS Foundation Trust (GSTfT) was set up in August 2013 to provide support to 2 South London CCGs (Clinical Commissioning Group) which were spending over £1.4million per year on unlicensed ‘specials’ medicines¹. The aim of the study is to evaluate the enquiries to the ‘specials’ helpline service and to identify the prescribing issues encountered in primary care.

Method
All enquiries received by the ‘specials’ helpline since it was set up in August 2013 were retrieved from MiDatabank. Enquiries were qualitatively analysed to determine the reason for calling the helpline and the type of advice provided by the helpline. A questionnaire was designed and electronically distributed to all GPs in the two CCGs for their feedback on the service.

Results
There were 17 calls to the ‘specials’ helpline in its first year. Their main reasons that enquirers used the helpline were: 9/17 enquirers were looking for a licensed alternative; 8/17 were looking for a cheaper alternative; 8/17 were unsure about the costs of specials; 8/17 were unsure about where to obtain specials; 8/17 were unsure about the license status and/or protocol on prescribing the ‘special’; 1/17 was miscommunication between healthcare professionals about prescribing a ‘special’. The advice provided by the helpline to resolve the problems included: 8/17 how to prescribe specials; 8/17 the cost of specials and/or who can manufacture the specials; 7/17 licensed alternatives; 7/17 identifying licensing status of medicine; 5/17 the necessity of the ‘special’ for a patient; 4/17 clarification of the planned treatment options with GP. Most enquirers (16/17) provided feedback that the helpline resolved their problem. (Results from the survey are pending – due Aug 2014)

Discussion
The ‘specials’ helpline has not been widely used in its first year however those using the service reported the advice solved their problems. The majority of enquiries were from GPs related to the continued prescribing of ‘specials’ following initiation in hospital by a specialist. A significant proportion of enquiries were related to cost and many enquirers were seeking for alternative management methods i.e. crushing or dispersing currently licensed solid formulations rather than prescribing specials. The helpline has been useful to help identify the issues faced by primary care. The results will be used to recommend changes to prevent these issues arising in future.

References
1. Unlicensed (‘Specials’) Advice Helpline Leaflet. GSTfT 2013
A Survey Evaluation of the Use of Advice Provided by a Medicines Information Service within a Mental Health Trust

Andrea Manzanares Azofra and Agatha Munyika, Medicines Information Service, Pharmacy Department, Mossley Hill Hospital, Mersey Care NHS Trust.

Introduction

Medicines optimisation is a current National Health Service (NHS) priority focussed on delivering better quality, value and improved patient outcomes from medicines\(^1\). Medicines Information (MI) services are an essential resource and ideally positioned to support medicines optimisation within NHS organisations. By providing safe, effective, patient-centred, evidence-based information and advice, MI services can help to ensure better use of medicines and improved treatment outcomes for patients\(^2\). Research into the performance of MI services is necessary to demonstrate their quality and value and to inform service improvements\(^3\). The purpose of this survey was to assess how information and advice provided by a local MI service was used.

Method

The study setting was the MI service at Mersey Care NHS Trust, a large mental health trust providing specialist mental health, learning disability and substance misuse services across Liverpool, Sefton and Kirkby. The study design was a prospective postal questionnaire survey of all enquirers contacting the MI service during the study period from January to April 2013. Participants completed a 14-item self-administered questionnaire comprising items assessing usage of advice, satisfaction with enquiry response, overall satisfaction and contribution to patient care and treatment outcomes.

Results

A total of 250 questionnaires were posted out producing a response of 60.4%. Of 151 respondents, 94% used the advice provided. The majority of enquirers used the advice for the care of specific patients (89%) or groups of patients (9%). The most common reason for use of advice provided was to support clinical decision-making, particularly selecting, starting or changing treatment. Reasons why advice was not used by 6% of enquirers included review pending, treatment plan changes, patient preference and issues with the enquiry response. Enquirers valued the comprehensiveness, usefulness and quality of the advice but timeliness received a numerically lower level of satisfaction. Positive opinions were expressed regarding impact on patient care; 74% of respondents strongly agreed and 23% agreed that the advice contributed positively to patient care. With respect to patient outcomes, 39% of respondents thought that the advice provided had helped to improve the patient’s condition while 32% reported that it was too early to assess any benefits. Overall, 97% of enquirers reported a general satisfaction score above 7 on a 10-point scale from poor to excellent. There was a strong correlation between overall satisfaction and a composite score for response satisfaction.

Discussion

The vast majority of healthcare professionals who contacted the MI service used the advice provided and were highly satisfied with the service. This study showed that information provided by the MI service is valued by users, supports clinical decision making and may lead to improvements in the patient outcomes. However, the study design, small sample size and short duration means results cannot easily be generalised to other populations. Negative findings were used for service improvement.

References

A study to determine the current practice of health care professionals when reviewing and prescribing medication in women who are pregnant or of childbearing potential.

Sam Wood, Aoidín Cooke, Central Manchester Foundation Trust

Focal Points

- Large variation in practice for obstetrics and gynaecology prescribing and medication safety assessment
- Reliance of BNF as resource for checking safety of medication in pregnancy
- Clear need for better advertisement of MI service
- Development of prescribing support tool to assist in evidence-based and informed decisions when prescribing for this patient group and encourage utilisation of MI service

Introduction

The presence of a specialist Obstetrics and Gynaecology Hospital at CMFT means the Medicines Information department receives a large number of enquiries concerning the safety of medication in pregnancy. Two previous audits of MI enquiries relating to drug use in pregnancy indicated a large percentage of enquiries were made after exposure to a drug had already occurred thus potentially exposing the foetus to adverse effects. We felt we needed to determine current practice in those responsible for the prescribing and reviewing of medication in pregnancy in this specialism.

Method

After an initial pilot, an electronic questionnaire survey was sent via email to consultants, registrars, advanced nurse practitioners and specialist midwives within the Obstetrics and Gynaecology specialism.

Results

Respondents ranged from obstetrics consultants (57.9%), Obstetrics registrars (15.8%), Gynaecology consultants (10.5%) others (15.8%). Responses suggest the main resource for determining safety of medication in pregnancy was the BNF. Only 50% of registrars communicated risk vs. benefit assessment to patients and only 32% regularly record they have assessed medication safety. The majority (94.7%) indicated they regularly obtain a list of medication which is drug history and also regularly assess this for safety (84.2%). However only 68.4% indicated they regularly assess the medication prescribed by their speciality for safety, and 52.6% did not regularly assess medication prescribed by other specialities for safety. 73.7% of respondents were aware of the MI service and 68.4% had used the service. However, therefore over a quarter were unaware of the service and some respondents asked for advertisement of the service. The majority (94.7%) of respondents did not register their patients with UKTIS.

Discussion

There is concern that one of the reasons cited for not checking safety of medication prescribed was that they did not know where to look for information or they did not know who to contact if they couldn’t find information. There seems to be a reliance on the BNF for information. Despite this being a useful resource it only offers limited information on use of medicines in pregnancy. There appears to be concern around communication of risk vs. benefit with the patient. A lack of recorded assessment of medication safety has the potential to duplicate work or lead to assumptions by other HCPs that this has already been completed. Those who were aware of the MI service have used it so there is a clear need to better advertise the MI service.

We are developing a prescribing support tool for those reviewing and prescribing in these women which also aids the decision on when it is appropriate to call the MI service. We hope this will assist clinicians to make evidence-based and informed decisions thus ensure patients receive the most clinically appropriate medicines. This tool will also drive forward use of MI in the Obstetrics and Gynaecology directorate.
Poster 9

How does advice from Medicines Information support safe and effective patient care, in NHS Highland?

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Focal Points
- This study investigated how MI advice, in NHS Highland, supports healthcare professionals to improve patient safety and reduce medicine related harm.
- 97% of respondents used advice provided by the MI service, with patient safety highlighted as a significant factor as to why healthcare professionals contacted the MI service, and used the advice provided.
- By supporting and extending the knowledge base of healthcare professionals, the information and clinical advice provided by MI plays a vital role in improving patient safety and reducing risk.

Introduction
Every patient needs to get the best possible outcome from their medicines and avoid harm. Regardless of care setting, all patients should receive care to the highest standard of quality and safety¹. The NHS Highland Medicines Information Service (MI) provides evidence based information and clinical advice to healthcare professionals (HCPs) in all care settings across NHS Highland, to support the management of their patients. This study investigated how MI advice supports HCPs to improve patient safety and reduce medicine related harm.

Method
Phase 1: HCPs from NHS Highland who had previously used MI participated in a focus group (n=6) or one to one interviews (n=3), in order to ascertain their experiences of MI, and how they applied advice provided.

Phase 2: All HCPs who contacted MI for patient specific advice (n=84), during April 2013, were invited to participate in a questionnaire. The questionnaire was completed by participants after receiving MI advice (n=58).

Results
Phase 1: The importance of professional support to assist HCPs with medication related issues was highlighted. MI was contacted for a variety of reasons, whether to obtain additional support, or to address patient concerns. Patient safety was also a significant factor. Respondent’s needs ranged from how to handle a drug administration error, to concerns regarding potential drug interactions, as well as drug monitoring requirements.

Phase 2: Patient safety, requiring information outside area of expertise, and evidence based information were the main reasons respondents contacted MI. 97% of respondents used advice provided for the care of patients. For the majority of cases, advice was used to check safety or risks of a patient’s therapy, or for reassurance that current or proposed management was appropriate.

Discussion
Healthcare professionals from all sectors of care, in NHS Highland, contact MI to obtain advice for the safety of their patients. This study has highlighted important knowledge regarding the reasons HCPs contact the MI service, as well as how advice is used to benefit practice, and patient related care. MI plays a vital role in improving patient safety and reducing risk. By supporting and extending the knowledge base of HCPs, this ensures the correct drug and effective dose is prescribed for patients.

References
Religion, Belief, Medicines and the Law

Jennifer Smith (West Midlands Medicines Information Service, Saints Solicitors)

Medicines may contain substances (e.g. animal-derived substances or alcohol) which are unacceptable to patients holding certain religious or philosophical beliefs.

The substances concerned include drug entities (such as heparin) and excipients (such as gelatin, lactose, cochineal etc.). Beliefs which should be taken into account are not limited to the major religions (e.g. Islam, Judaism) but also include non-religious beliefs, such as vegetarianism for purely ethical/philosophical reasons.¹

The ethical aspects of this issue have been covered in the literature, but the legal implications have not yet been considered.

The administration of, or provision of, medicines to a patient containing substances to which that patient has a religious or philosophical objection has legal implications for the healthcare professional including:

1) Vitiation of consent. Any medical treatment administered to a patient with capacity (not detained under the Mental Health Act 1983) without consent constitutes a trespass against the person (battery).²


3) Interference with the patient’s Right to Manifest Religion or Belief (Article 9, Human Rights Act 1998).

4) In the case of policies resulting in the non-availability of belief-appropriate medication, there is also the potential for a patient to take action for indirect discrimination on grounds of religion (Equality Act 2010).

5) Although a patient cannot demand medical treatment which is not clinically indicated,³ they may be able to demand a more expensive treatment if this is in accordance with their beliefs while the standard option is not.⁴

Healthcare organisations should be aware of these legal pitfalls and put policies in place to prevent problems and deal with any situations as they arise, in order to avoid legal action by patients. Pharmacists, as the experts on drug substances and formulations, are well placed to advise in these matters and should be aware of the potential issues and the options available.

References

² B v NHS Hospital Trust [2002] 2 All ER 449.
³ R (on the application of Burke) v General Medical Council [2005] 3 WLR 1132.
⁴ Ahsan v University Hospitals Leicester NHS Trust [2007] PIQR P19
Poster 11

Did training QC staff in literature searching make a difference?

Ashley Marsden & Jill Rutter, North West medicines Information Centre, Liverpool.

Introduction

Quality Control (QC) North West are frequently asked QC-related questions about medicines such as:

- Are there stability data to support co-careldopa as a liquid dosage form?
- What stability data exists for diluted monoclonal antibodies?
- Can undiluted suxamethonium chloride 50mg/mL be drawn up into syringes? And if so what expiry should be given?

QC staff in the Pharmacy Practice Unit asked North West MI staff to deliver a training session to help them answer such questions. A pre-training discussion identified that the team had an inconsistent approach to searching and documenting enquiries. Search strategies ranged from use of Google to free-text searching PubMed. Three members of QC staff obtained NHS Athens accounts and were subsequently trained to use Medline and Embase. The session consisted of an interactive presentation (which focused on use of thesaurus terms, combining terms, use of limits, obtaining articles and saving searches) and time to practice searches using example enquiries.

QC staff engaged in the session and appeared to find the face-to-face training useful on the day; however we do not know what effect this had on their practice.

Aim

To evaluate the effect a Medline/Embase training session, delivered by North West MI, had on QC staff and to determine if further training is required.

Method

QC staff will be contacted to arrange short face-to-face interviews. A semi-structured topic guide including a mix of closed and open questions will be used to measure key objectives such as:

- How have the team changed what they do when faced with enquiries?
- How have the team used Medline/Embase since the session?
- What further support do the team require?

Consent to record the interviews will be sought. The data will be transcribed verbatim and analysed quantitatively and qualitatively using thematic analysis.

Results

The results will be used to determine if the training session was useful and if so consideration will be given to rolling out the training to other members of the North West QC team. Further training will be provided if required.
Poster 12

The Implementation of a Unified Medicines Information Service for Two Acute Trusts

Laura Granger, Medicines Information Centre, Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust

Focal Points

- A centralised MI service for the 2 acute trusts in Bournemouth and Poole commenced in April 2013.
- Service is provided by RBCH for PHT with an SLA in place.
- PHT fund the service through reallocation of a Band 6 rotational pharmacist to provide direct MI work and to reduce the amount of time the MI specialist pharmacists spend performing ward or dispensary duties.
- MI service provision has improved for both trusts.

Medicines Information services at Royal Bournemouth & Christchurch Hospitals (RBCH) and Poole Hospitals Trust (PHT) were identified as potential areas for collaborative working in the run up to a proposed merger between the two Trusts; the aims being to improve service provision at each trust, and to reduce costs and duplication of effort. A merger has since been ruled out, but a centralised MI service, provided by RBCH under a 2 year Service Level Agreement (SLA), commenced on 23 April 2013. The remit of the service is to provide a MI enquiry answering service and MI training for PHT pharmacy staff. This poster seeks to outline how the service is delivered, and to share our experience over the first 12 months.

The UKMI Time-Activity Matrix was utilised in the planning of resources for the combined service. It was recognised that RBCH had a sufficient number of MI staff but that their skills and expertise needed to be better utilised. PHT fund the service through the re-allocation of 1 WTE Band 6 pharmacist to RBCH on a rolling rotation, with time divided between MI and ward/dispensary duties. This has allowed Band 7 MI pharmacist time to be re-allocated into MI to manage the increased workload and improve the robustness of the department.

12 months on, although not formally audited, the department has been unmanned, or manned by unsupervised rotational staff only on rare unplanned occasions. This is an improvement for both Trusts, but especially PHT where MI was previously staffed for a few hours per week. Enquiry numbers from both trusts have increased (RBCH 22%; PHT 160%). MI training has been provided for rotational pharmacists, pre-registration pharmacists and student technicians from both trusts. A detailed review of enquiry and training workload at 12 months revealed that PHT are receiving a good return for the staff investment and that the initial aims of centralisation have been achieved.

This change in service delivery has not been without problems, but the transition has been a smooth process aided by thorough planning and early identification of potential pitfalls so that preventative strategies could be implemented. Good IT links and building cross-site working relationships have also helped immensely.

The increase in enquiry numbers demonstrates that the single Trust services were not meeting the needs of users and ultimately centralisation has resulted in an improved service for both Trusts.
Poster 13

Development of Medicines Information Services in an NHS Community Trust

Helen Gisby, Hugh Attwood and John Lightfoot – Medicines Information Centre, Kent Community Health NHS Trust, Faversham Cottage Hospital, Stone Street, Faversham, Kent, ME13 8PS

Introduction

Kent Community Health NHS Trust (KCHT) is one of the largest community healthcare providers in England, serving a population of approximately 1.4 million and employing over 5,000 staff. In 2012, the ‘Health and Social Care Act’ emphasised the need for greater healthcare to be provided within the community. Clinical Commissioning Groups (CCGs) have been entrusted with following a robust process to identify and commission providers of choice. The Royal Pharmaceutical Society’s (RPS) ‘Standards for Hospital Pharmacy Services’ have commonly been utilised as a benchmarking tool for this purpose. The standards state that healthcare professionals involved in the use of medicines should have access to up-to-date, accurate information and expertise available at the point of care.

Method

During 2012, a dedicated Medicines Information (MI) team was formed comprising of a Pharmacist, Pharmacy Technician and Pharmacy Support Worker. In 2013, UKMi core resources including MiDatabank were procured. A service specification was written and Standard Operating Procedures were created & ratified. Key Performance Indicators & user satisfaction surveys were developed to measure the effectiveness of the service. The Pharmacy Technician also undertook the Accredited Medicines Information Technician Training Scheme (AMITTS). The service formally launched in September 2013 and it is believed to be the only UKMi local Medicines Information centre to be based in an NHS Community Trust.

Results

Since its launch, the MI service has provided a single point of contact for KCHT staff for accurate, up-to-date and well-researched medicines information. The service has been well used with an average of 74 enquiries per month. This is however rising with 99 enquiries received in June 2014. The most commonly received enquiry categories are Administration/Dosage (38%), Pharmaceutical (21%) and Choice of Therapy/Indications/Contraindications (13%). The results of user satisfaction surveys show that the service has been well received with an average overall user rating of 5.7/6 with 94% of users rating the service as either “very good” or “excellent”. Furthermore, 91% of users stated that the service impacted positively on patient care.

Discussion

Increasingly complex care is being delivered by Community Trusts in an environment that may lack the infrastructure and support systems traditionally found in an acute hospital setting. Within KCHT the dedicated MI service has been well used and received and there are plans in the near future to expand service provision directly to patients. This is a novel service delivery model within the Community Trust sector that other similar organisations could explore.

References

**Poster 14**

**Introduction and Dissemination of a Trust-wide 'Medicines Matters' Bulletin**

Sarah Brett, Lorna Hand and Aoidín Cooke, Central Manchester University Hospitals NHS Foundation Trust

**Focus Points**

1) This research aimed to find out whether Trust staff would like a 'Medicines Matters' bulletin and how the current pharmacy department bulletin could be adapted for this purpose
2) 94% of the Trust would like to read a 'Medicines Matters' bulletin. The format and contents of the existing bulletin would need reviewing before Trust-wide circulation
3) Dissemination of a Trust-wide bulletin is difficult as there is no clear email list

**Introduction**

Medicines Information (MI) currently produce a monthly medicines bulletin for use within the pharmacy department. It has been suggested that this bulletin would be beneficial to a wider Trust audience. Before Trust-wide dissemination, it was necessary to review the current bulletin and determine Trust interest.

**Methods**

Two electronic questionnaires were developed using SurveyGizmo®. The pharmacists' questionnaire aimed to determine pharmacists' interest in the bulletin, the usefulness of current content and format, suggestions for improvement and willingness to contribute to the bulletin. It was disseminated to pharmacists via email. The Trust questionnaire aimed to find out whether the Trust would like to read a 'Medicines Matters' bulletin, what content they would like to be included and how they would like to access the bulletin. The Trust survey was piloted and then disseminated through links on the intranet homepage, email cascades and the Trust weekly newsletter and ran for one month.

**Results**

From the pharmacist questionnaire (n=39), 84% of pharmacists read the bulletin. Suggestions for improvement largely related to its format, currently a 6-page booklet was deemed too large. 76% of pharmacists would be willing to contribute to the bulletin with most wanting to write Q&As on their specialist areas.

From the Trust questionnaire (n=133), 94% stated they would read a 'Medicines Matters' bulletin. A variety of staff responded to the questionnaire; nurse/midwife (30%), doctors (20%), pharmacists (6%) other members of the Trust (44%). Topics suggested for inclusion were medicines safety, prescribing errors and links to new guidance within the Trust. Most staff would like to receive the Bulletin via email (77%), by the Trust weekly newsletter (35%) or intranet homepage (27%).

**Discussion**

The bulletin is widely read by pharmacists and there is a high Trust desire for a bulletin, therefore a clear need was identified for its further development and expansion. The current format needs to be reviewed with information presented concisely. Pharmacists were willing to contribute to the bulletin which will support the Medicines Information team, although a system for quality assurance and editing needs to be developed.

The majority of Trust staff wish to receive the bulletin by email, however there is no clear email dissemination list within the Trust. Alternative options include circulation through the weekly Trust newsletter, however it was noted that junior doctors will not receive this information if they do not have Trust-specific email addresses. This is a major limitation for distribution of the bulletin.
**Focal Points**

- A survey of NHS staff who receive NDO Newsletter is described.
- 100 surveys were completed. 90% read the newsletter and 37% save it for future use. 61% consider all sections of the newsletter to be useful, and 90% do not want anything else added. Most readers use the newsletter as a prompt to find out more information from UKMi’s other horizon scanning resources, NDO database and Prescribing Outlook.
- The format and content of NDO Newsletter is liked by its readers, and without it and NDO database, it is difficult for NHS staff to find information on drugs in development. Over a third of readers surveyed have no idea where else they would find information on drugs in development.

**Introduction**

The UKMi NewDrugsOnline (NDO) database is a horizon scanning resource that tracks developments in new medicines and licence extensions. Registration is free and available to all NHS staff. Every month, registered users are sent a link to NDO Newsletter, a brief document that lists changes to NDO database in the previous month, including EU regulatory developments, and newly created drug monographs. It also has a ‘Focus’ section which lists all drugs in development for a specific medical condition. Hyperlinks to NDO database monographs allow readers to directly access more information on each drug. The first newsletter was produced in February 2010. A survey to find out how NDO Newsletter is used and how it could be made more useful to readers, designed using SurveyMonkey and piloted in six pharmacists, was sent with the April and May 2014 newsletters to 3,194 registered users.

**Results**

100 surveys were completed by 82 pharmacists, 6 nurses, 5 doctors and 7 others, of whom 57% work in secondary care, 30% in primary care and 18% in another sector. Half of respondents are a member of a prescribing or formulary committee. 90% of respondents read the newsletter, 37% save the newsletter for future reference, 19% discuss its contents with a colleague, and 7% send it to another colleague. 61% consider all sections of the newsletter to be useful, but 11% think the ‘New monographs added’ section is less useful (24% did not have an opinion). 84% click on a hyperlinked drug name in the newsletter to go to the full drug monograph in NDO database and 78% think it is useful that the newsletter highlights when more information on a drug is available in Prescribing Outlook, UKMi’s annual horizon scanning document. 90% of readers do not want NDO Newsletter to include anything else. If they did not have NDO database or newsletter, many readers said they would find it very difficult and time-consuming to find information on drugs in development; 36 have no idea where to look and nine resort to searching the internet using a general search engine.

**Discussion**

NDO Newsletter is considered useful by its readers, who like its format and content. The survey shows that the newsletter is a valuable resource and, at this present time, does not need to be redesigned. Without NDO database and the newsletter, NHS staff find it very difficult and time-consuming to access information on drugs in development.
Poster 16

The use of Outcome data monitoring in the quality assurance of MI services

Matthew Jones & Pym Pettitt, Pharmacy Department, Royal United Hospital (RUH), Bath.

Focal Points

- Patient outcome data for individual MI centres could be a powerful QA tool.
- It is feasible to collect such data for both professional & patient enquiries.
- Subject to validation, this approach to QA could be easily rolled out nationally.

Introduction

In recent years, the effects of Medicines Information (MI) services on patient outcome have become a focus for research. Positive effects of an MI enquiry answering service for healthcare professionals (HCPs) have been demonstrated & small scale projects have found similar benefits for patient helplines. If patient outcome data could be collected through routine MI quality assurance programmes, they might provide a powerful tool for monitoring the quality & worth of an individual MI service.

Method

Two key patient outcome questions for HCP enquiries were validated in a recent national study: how did the advice from MI affect your patient’s care or outcome? & how did the advice from MI affect the safety of your patient’s drug therapy? These questions were added to the standard national user survey for the MI centre at the RUH, Bath. In other regards, the user survey remained unchanged for the next 15 months.

When the same centre opened a patient helpline, there was no equivalent validated tool to measure patient outcomes for the new service. Therefore, a simple survey was devised & distributed by post (including a paid return envelope) to every caller for the first 6 months of helpline operation & subsequently to two randomly selected callers each week.

Results

The HCP survey response rate for the two years prior to the introduction of patient outcome questions was 78%. This fell to 68% in the first 15 months after the introduction of patient outcome questions. Over this time, 61% of respondents answered the patient outcome questions. 86 responses to the outcome questions were received over the first 2.5 years. A positive impact on patient care or outcome was reported for 90% of patients, with 17% of patients experiencing improved outcome. A positive impact on medicines safety was reported for 87% of patients, with 22% of patients avoiding a major risk. These figures are comparable with data from the original national study.

A response rate of 49% was achieved for the patient helpline survey, giving data from 29% of callers. 100% of responders stated that they found the advice they received helpful & that they followed it. 98% of responders stated that calling the helpline had improved their experience of the hospital. The following patient benefits were reported: medicines problem solved or avoided (74%), reassurance (38%), patient changed how they take their medicines (19%) & a change was made to a prescription (13%). Patients reported that calling the helpline had increased their understanding of interactions (31%), side effects (17%), safety (17%) & dosage (15%). Respondents stated that if they had not been able to phone the helpline, they would have contacted their GP surgery (65%), community pharmacy (40%), someone else at the hospital (31%), NHS Direct/111 (10%) or searched the internet (10%). A medication error was identified and corrected following 19% of calls.

Discussion

Questions regarding patient outcome can be included in regular MI user surveys whilst still achieving good response rates. The data obtained can be used to ensure the MI centre in question is working to a high standard & to demonstrate the patient value obtained from the provision of the service. HCP enquiry patient outcome questions have already been validated & could be quickly incorporated into the national MI user survey. Further research is required to validate patient helpline outcome questions. This should be a high priority for future research.
A survey of NHS MI pharmacists poor experiences with pharmaceutical company medical information services during March 2014

Katie Smith, East Anglia Medicines Information Service, Ipswich Hospital on behalf of UKMI executive & Clinical Governance Working Group (CGWG)

Focal Points

- A survey was undertaken in March 2014 to collate poor experiences of NHS MI pharmacists when contacting pharmaceutical company medical information services.
- Over 50% of issues were due to no or late response for information and in over 50% of cases the issues were not resolved.
- The snapshot survey indicates that further work is needed to understand why the problems occur and what can be done by MI pharmacists and the pharmaceutical companies to improve experiences.

Introduction

MI pharmacists across the UK anecdotally report that not every contact with pharmaceutical company medical information services is positive. The survey aimed to collect a snapshot of the current issues.

Method

Data was collected through short questionnaire (7 questions) on Survey Monkey. Data was only collected for contacts during March 2014 where there was an issue with communication/language, inadequate information, an inappropriate time frame for response, no/late response or other problem. Information on whether the issue had been resolved satisfactorily, not satisfactorily or not was also collected. The link to the questionnaire was sent to all MI centres in the UK via regional MI directors and the UKMI mailbase.

Results

34 entries were made (30 from March, 2 from April, 2 from February) involving 20 different companies. One company had 7 reports, while 15 companies only had 1 issue raised. The issues were – no/late response (56.25%), communication/language (21.88%), inappropriate time frame for response (18.75%), inadequate information (12.50%) and other (25%). Other issues included asking inappropriate/unnecessary questions, spelling of drug name incorrect in email sent from company, wrong name of drug referred to in email answer and refused to help unless I provided extra (unnecessary) details. The issues were not resolved in 56.25% of cases, resolved unsatisfactorily in 25% and resolved satisfactorily in 18.75%.

Discussion

There were a diverse range of companies with a number of generics manufacturers and specialist companies as well as large, well established companies. MI pharmacists need to ensure they are asking appropriate, specific questions and are also being realistic with deadlines. We need manufacturers to understand we require timely information for patient care. It is not known if all these problems were fed back to the companies. If manufacturers do not know there is a problem, they cannot make any changes to improve their service. There are limitations to this work – no data about how many times manufacturers were contacted or how many contacts were positive during March 2014 was collected. A more comprehensive, repeat survey is planned in the autumn 2014.
**Poster 18**

**User Satisfaction Survey – Paper or Electronic?**

Denise Stevens, Trent Medicines Information Service, Leicester Royal Infirmary, Leicester.

**Background**

In 2012 the UKMI Clinical Governance Working Group (CGWG) undertook a review of the User Satisfaction Survey content, documentation and frequency, at the request of the UKMI Executive. The revised survey was approved for use in January 2013 by the UKMI Executive. The User Satisfaction Survey was produced in two formats: one which could be sent out as a paper survey via the post, and the other which could be sent electronically as an email attachment if an email address had been provided. It was suggested by the CGWG that the electronic version was the preferred format to use.

**Introduction**

Trent Medicines Information (TMI) began using the new documentation in February 2013. The previous User Satisfaction Survey had been conducted quarterly in February, May, August and November, sending a survey to one in ten enquirers from the previous month i.e. enquiries received in July were surveyed in August. With the implementation of the New User Satisfaction Survey, and in line with the new Recommended Sample Size as detailed in the ‘UKMI User Survey Guidance’, it was decided to change the number and frequency of surveys to 18 surveys every other month. TMI chose the electronic version of the User Satisfaction Survey as the preferred format as recommended by the CGWG. The first electronic survey was sent out in February 2013 on January’s enquiries.

The response rate for returned surveys was very disappointing with an initial response rate of 28% (5/18 replies). An internal standard at TMI recommends reminders should be sent out if a 50% response rate has not been achieved. After reminders were sent, the response rate marginally improved to 33% (6/18 replies). TMI had, up until this point, always had a fairly high return rate from previous User Satisfaction Surveys sent out. The average return rate being 70.8%, 76%, and 57.5% for 2010-2012 respectively.

TMI decided to revert back to sending out a paper survey with an additional question to ask people their format preference for receiving future User Satisfaction Surveys.

**Results**

During the period from April 2013 to February 2014, 18 paper surveys were sent out bi-monthly. Over this period, a total of 108 paper surveys were sent out and 73 (68%) received back, returning our response rate to a more acceptable level. The results to the additional question were recorded.

Although there was not a significant difference between the preferences, paper remained the most popular format with 49% of the responses received.

**Conclusion**

The results were fed back and discussed within the department where the decision was taken to continue sending out the User Satisfaction Survey in paper format and to rerun the paper versus electronic survey in the future.

To successfully carry out any future survey, the enquirer’s contact details including email address need to be correctly documented to enable effective distribution. Following that, a high response rate is required to make data collected from the survey as useful as possible.

**Future recommendations**

- Suggest an internet based survey be designed and considered for National uptake.
- To assist “Lean working” discuss with CoAcS, the developers of MiDatabank, the possibility of incorporating a survey tool and the inclusion of “required fields” for contact details which must be completed before an enquiry can be closed in future versions.
An assessment of the information provided to support pharmacy and ward-based staff to administer injectable medicines.


Introduction

The safe administration of injectable medicines was identified as an area of concern by the National Patient Safety Agency back in 2007 and at that time it was noted that around 800 adverse incidents per month involving injectable medicines were reported to the National Reporting and Learning Service. The NPSA recommended that Trusts should ensure that essential technical information on injectable medicines is available and accessible at the point of use. There are a number of ways Trusts can fulfil this obligation to support staff with the information required to administer injectable medicines at the point of preparation and administration and these include the following:

- using in-house resources to compile a Trust-specific injectable medicines administration guide
- making a Guide produced by another hospital available (e.g. University College London Hospital (UCLH) Guide to Injectable Medicines)
- making a commercially developed resource available (e.g. the Injectable Drugs Guide from the Pharmaceutical Press)
- making the Medusa Injectable Medicines Guide available (a resource that can be made available provided the Trust either contributes content or pays an annual subscription charge)

Method

In early 2014 we undertook a survey of all acute Trusts in the UK to ascertain which of these options were being used in practice and to identify any changes that could be made to improve the information available to support the safe administration of injectable medicines at the point of use.

Results

Responses were obtained from 145 Trusts in the UK. The Medusa Injectable Medicines Guide is the most commonly used resource in the UK with 125 Trusts using it either as the primary source of information or to inform the content of a local Guide. 40 Trusts write their own Guide and 30 make the UCLH Guide available. No other sources of information about injectable medicines used to support administration at a ward level were identified in this survey. Of the 125 Trusts that use Medusa, 84 Trusts make the monographs available at a ward level without any localisation and a further 33 make locally adapted monographs available. Local customisation is used to cross reference to local clinical guidance, to reflect where local practice differs from that described in the national monograph or to limit access to information about products that are not used locally. There were also a number of other limitations identified with this resource including complexity of monograph, timeliness, gaps such as information about paediatric administration and the current subscription model.

Discussion

The Medusa Injectable Medicines Guide is the most commonly used resource made available to support the administration of injectable medicines at a ward level. However some limitations were identified which if addressed successfully should ensure that the Medusa Guide could be used by all Trusts as the most cost-effective and authoritative guide to the administration of injectable medicines in the NHS. However this would also require local NHS investment to improve access to IT in treatment rooms to reduce the need to generate paper copies of monographs.
Thromboprophylaxis – a spotlight on prescribing

Cristina Coelho\(^{(1)}\), Louis Doherty\(^{(2)}\).\(^{(1)}\) Medicines Information, Pharmacy and Prescribing Support Unit, NHS Greater Glasgow and Clyde; \(^{(2)}\) Victoria Infirmary, Pharmacy and Prescribing Support Unit, NHS Greater Glasgow and Clyde

**Focal points**

- Our aim was to determine how prescribing patterns of prophylactic low molecular weight heparin (LMWH) compare against NHS Greater Glasgow and Clyde (NHS GGC) guidelines in one of our hospital sites.
- 128 patients (80%) were prescribed prophylactic enoxaparin as per local guideline. Patients with extreme body weight were at higher risk of being prescribed a different dose of prophylactic enoxaparin when compared to our guidance.
- Results demonstrate relatively high adherence to NHS GGC recommendations on prophylactic enoxaparin prescribing. Further action is required to address pitfalls in current practice in specific patient groups.

**Introduction**

Venous thromboembolism (VTE) is a potentially fatal condition, often associated with hospitalisation. There is strong evidence that thromboprophylaxis with a LMWH is a cost-effective measure to reduce morbidity and mortality in at-risk patients.\(^{1}\) VTE prevention has been identified as a safety priority within NHS Scotland and is a key measure of the Scottish Patient Safety Programme.\(^{2}\) In NHS GGC the multidisciplinary Thrombosis Committee leads on the promotion of best practice in VTE prevention. This includes the development and implementation of evidence-based thromboprophylaxis guidelines. Where evidence is scarce, such as in patients with extreme body weight or renal impairment, guidelines have been produced based on local specialist knowledge and professional consensus. Our aim was to determine how prescribing patterns of prophylactic LMWH compare against NHS GGC guidelines in one of our hospital sites, and to assess the level of awareness of prescribers for the need for dose adjustment in specific patient groups, and for the relevant supporting NHS GGC guidelines.

**Methods**

A point prevalence study was carried out at one hospital site in NHS GGC over two days. Data were collected from a convenience sample of in-patients who were prescribed prophylactic enoxaparin. Data were also collected from a convenience sample of doctors who were on duty on the same days as the point prevalence study data collection.

**Results**

Data were collected on 30th April and 2nd May 2013. Of the 161 patients included, 31 (19%) had extreme body weight (<50Kg or >120Kg) and eleven (7%) had renal impairment (eGFR≤30ml/minute/1.73m\(^{3}\)). 128 patients (80%) were prescribed prophylactic enoxaparin as per NHS GGC guideline. Amongst patients with extreme body weight, fourteen (55%) were prescribed prophylactic enoxaparin as per NHS GGC guideline. Amongst patients with renal impairment, eight (73%) were prescribed prophylactic enoxaparin as per NHS GGC guideline. Of the thirteen doctors asked, two (15%) were aware of the NHS GGC guidelines for LMWH dose adjustment in patients with renal impairment or extreme body weight. Thirteen doctors (100%) were aware of the requirement for LMWH dose adjustment based on weight.

**Discussion**

This was our first opportunity to evaluate adherence to local prescribing recommendations in a broad spectrum of patients. Results demonstrate relatively high adherence to NHS GGC recommendations on prophylactic enoxaparin prescribing. Further action is required to address pitfalls in current practice. This should focus on specific at-risk groups, particularly patients with extreme body weight.

**References**

Hunting fridge gremlins

Haigh S, Medicines Information Centre, Sherwood Forest Hospitals

Introduction
All hospitals have gremlins who like to play games with the medicine fridges in order to make sure your taxes are wasted on medicines which get thrown away. These cunning chaps have many methods and we set about hunting down each type of gremlin in our hospital...

The Brown ones
Strategy: He looks cute but, when you aren’t looking he switches the fridge off at the plug! Sometimes to plug in his hairdryer...
Defeat Him By: Putting a sticker over the switch. Although he is quite strong, and can still push cin bins into the switch really hard… But he is defeated by half a 5ml ampoule taped over the switch!

The Pink ones
Strategy: He leaves the door ajar. And he pushes over old ladies.
Defeat Him By: Adjusting the front feet to tilt the fridge slightly backwards so the door closes itself.

The Blue ones
Strategy: He distracts ward staff from putting away the delivery. Usually with talk of Coronation Street.
Defeat Him By: Delivering fridge items to the wards using Pharmacy staff who put them in the fridge personally.

The Green ones
Strategy: He breaks the fridge. Often causing the fridge to ironically cook the medicines.
Defeat Him By: He cannot be defeated but luckily he is very rare! Ensure max and min temps are recorded daily so you can catch him early when he strikes!

Results
1) Fridge incidents have gone down from~12 per month to~1 per month.
Results of 3 separate 2-month audits of fridge incidents reported to MI

<table>
<thead>
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<th>Year</th>
<th>Number of fridge incidents</th>
<th>Number of drugs involved</th>
<th>Total value</th>
<th>Total which could not be salvaged</th>
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<td>£700</td>
</tr>
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<td>£500</td>
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<tr>
<td>2014</td>
<td>2</td>
<td>2</td>
<td>£900</td>
<td>£890</td>
</tr>
</tbody>
</table>

2) There are now many bored and disgruntled gremlins wandering the hospital corridors and causing trouble in the WRVS café.
Development of a Mobile Device Application to Support Clinical Staff in the Acute Setting

Roy Foot, Faria Qureshi and Janice Watt, Medicines Information, NHS Greater Glasgow and Clyde

Focal Points
- The GGC Medicines App was developed with the aim of improving the access to proactive prescribing information
- The app was successfully launched in August 2014
- The primary benefit of the app is the ability to be able to update proactive prescribing information for medical staff and healthcare professionals in real time

Introduction
Medicines Information provides proactive prescribing information in NHS Greater Glasgow and Clyde in various guises, including the Therapeutics Handbook, prescribing bulletins and medicines formularies. The Therapeutics Handbook is a highly valued resource but is printed annually as a 350 page book which does not lend itself to adaption in line with frequently changing local and national prescribing guidance. There is also a perceived lack of awareness of the proactive prescribing bulletins amongst medics and so there was a desire to improve the way prescribing information from the Therapeutics Handbook is delivered, whilst raising the awareness of the other resources and reducing costs over the longer-term. It was therefore decided that we should develop the GGC Medicines App.

Pre-development considerations:
As well as considering what functions the app should have, consideration of other policies was necessary, such as compliance with the NHSGGC Mobile Phone Policy and the need for the app to work when the phone was in ‘flight mode’.

The primary functions of the app:
- The contents of the Therapeutics Handbook
- Simple navigation and searching
- Calculators for guidance of dosing of gentamicin and vancomycin in adults
- Access to the suite of proactive prescribing bulletins
- Access to the NHSGGC Adult Medicines Formulary

Reflection of the development process:
The scale of this development was much larger than originally anticipated. Moving the content from a printed book into a format suitable for an app required significant reformatting and development and subsequent testing of the dosing calculators presented some challenges. However, now that the app is launched, the benefits to the organisation are clear:
- The ability to be able to make urgent changes to the Handbook instantly
- Being able to split the workload for managing content throughout the year
- Savings as the printed Handbook is withdrawn
- Raising the awareness of the other proactive information produced by Medicines Information

The end user has the benefit of being able to carry around the Handbook in a easily portable format being able to access the dosing calculators and other resources without the need to have access to a PC.
Pharmacist Interventions – a new approach to capturing the data at Blackpool Victoria Hospital

Jennifer Dodd, Helen Sampson, Medicines Information Centre, Blackpool Victoria Hospital, Blackpool.

Focal Points
- The objective was to set up a system to capture and report the interventions made by pharmacists at Blackpool Victoria Hospital.
- An electronic data capture form was produced to enable pharmacists to complete the details of their interventions and include a severity score for the potential for patient harm if they had not taken action to prevent it.
- The data can easily be analysed and reports produced for the types of interventions following export to excel spreadsheet.
- Data is utilised for 'lessons learned' and sharing areas of good practice.

Introduction
The Medicines Information pharmacist at Blackpool was assigned the task of setting up a system to capture and report on the interventions made by pharmacists within the hospital. They were required to produce monthly reports for breakdown of intervention types and also to develop a monthly bulletin to summarise the data collected.

Method
An electronic data capture form was produced to enable pharmacists to complete the details of their interventions. This included a severity score for the 'potential for patient harm', had the pharmacist not been present to intervene. The form was designed to take only a few minutes to complete as most fields were presented as 'drop-down' boxes. Interventions were sub-divided into categories to allow analysis of intervention type and identification of trends.

Results
On a monthly basis, several reports were generated for pharmacist interventions. These included information about 'clinical incidents' as well as interventions which prevented patient harm. Scores were assigned based on descriptions from the NPSA Risk Matrix for both the actual harm to the patient and for the potential for harm.
Details of interventions can then be reported to various directorates via the specialist pharmacists for surgery, cardiac, haematology / oncology and antibiotics.
A monthly bulletin called Intervention News! was produced for the pharmacy department which provided information on the numbers of interventions made by pharmacists as well as a breakdown of intervention types and some of the best examples.

Discussion
All pharmacists make interventions as part of their daily routine. Previously these were recorded on paper intervention forms and added to an in-house database. This required administrative support and the reports produced did not include a detailed breakdown of information. By creating an electronic form, pharmacists can input details of their interventions on any PC and the data can be easily exported to an excel spreadsheet to facilitate the production of reports.
It is recognised that due to time constraints, only the most significant interventions are likely to be documented. Nevertheless, pharmacists have been well motivated to input data and the Intervention News! bulletin has been well received.
The data from pharmacist interventions has been utilised in various ways;
- Surgical directorate pharmacist used data to boost a business case for additional staff.
- Pharmacy Clinical Service Manager uses the data as part of annual monitoring of prescription chart audit.
- Chief pharmacist includes the data in departmental activity reports.
- Haematology / Oncology pharmacist feeds info back at incident review meetings.
- Pharmacists can use the data to support their contributions to patient safety e.g. for appraisals.

Reference
Pre-Registration Trainee Pharmacy Technician - Development of a Bespoke Medicines Information Training Package

Suki Tagger, Lead Pharmacy Technician, Medicines Information, Pharmacy Department, Sandwell and West Birmingham Hospitals NHS Trust

Focal Points

- Development of a bespoke training manual for pre-registration trainee pharmacy technicians in Medicines Information
- Ensure trainees gain sufficient experience and demonstrate competence in order to meet their learning objectives.
- Improve and standardise the training provided by the Medicines Information team through implementation of the bespoke training package.

Introduction

All pre-registration trainee pharmacy technicians are required to undertake basic Medicines Information (MI) training to ensure that they can ‘Process Pharmaceutical Queries’¹. The overall emphasis of the unit is on the importance of keeping clear and accurate documentation, maintaining confidentiality and to recognise when to refer to a senior colleague. This is demonstrated through receiving an enquiry, compiling a response and providing an answer that meets the needs of the enquirer. Traditionally, training consisted of the trainee reading standard operating procedures, working through different sections of the UKMI training workbook² or use of MiCAL³ and answering enquiries, as no formal training manual existed. Evidence was documented by the trainee and then mapped to current NVQ standards¹ by an assessor not based in MI. This resulted in some gaps in achieving all of the learning outcomes that either required the trainee to spend additional time in MI or cross-referencing evidence from other areas of the course. A new approach to training was required to provide more structure and guidance to the MI team and uniformity in the trainee’s experience to enable them to achieve all of their learning objectives in a timely manner.

Methods

A bespoke training package was developed by the MI Pharmacy Technician to align with the learning objectives. It uses resources from the UKMI training workbook², MiCAL³, reflective questions alongside practical activities in the workplace to enable the trainee to gain the necessary skills in order to demonstrate competence in answering enquiries.

Results

The Training manual has resulted in the trainee completing basic enquiries and demonstrating competent practice. Evidence is easily collated and the completed manual is mapped to the NVQ standards. Positive feedback has been received from the current trainees, with more detailed results expected when it is implemented fully for the new trainee cohort in September 2014.

Discussion

The bespoke training package enables the pre-registration trainee pharmacy technician to gain a comprehensive introduction to processing pharmaceutical queries. It ensures they can demonstrate competent practice to complete the NVQ unit. In addition the trainee gains valuable core skills essential for their future careers. A structured training program also reduces the time constraints on the MI team within a busy training calendar.

References

Conference Sponsors

- Truven Health Analytics - Micromedex

Conference Professional Exhibitors

- Truven Health Analytics - Micromedex
- Renal Drug Handbook
- CPPE
- eMC (Datapharm)
- NHS Injectable Medicines Guide
- CoAcS
- Pharmaceutical Press
- netFormulary