UKMi

44

UK Medicines Information

44th UKMi Practice Development Seminar

MacDonald Burlington Hotel, Birmingham,

12th September 2018

Programme and Proceedings

In association with

IBM Watson Health

Birmingham 12th September 2018

44th UK Medicines Information Practice Development Seminar

@UKMedicinesInfo #UKMIconference2018

09.00 Registration and refreshments. Exhibition open

10.00 Welcome to the PDS & UKMi Forward View — Vanessa Chapman, *Chair - UKMi Executive & Director of Trent Medicines Information Service*

Plenary Session 1: WHO Medication Safety Challenge- How to respond?

Chair: Kathryn Howard, *Team Leader Medicines Governance and Medicines Management, Royal Glamorgan Hospital*

10.10 UK response to WHO challenge	
N Ireland – Introduction to the WHO challenge	Angela Carrington, *Regional Medicines Governance Lead for N Ireland*
England – High-risk meds and transfers of care	Nicola Wake, *SPS Lead Medication Safety Officer*
Scotland - Polypharmacy	Alpana Mair, *Head of Effective Prescribing & Therapeutics, Scottish Government*
Wales - Quality Improvement and Medicines Safety	Paul Gimson, *Programme Lead for Primary Care and Medicines Safety, NHS Wales*

11.30 Question & answer session

11.45 Coffee break

Plenary Session 2: Service and staff development

Chair: Kelly Thompson, *Senior MI pharmacist, Trent Medicines Information Service*

12.05 Short bites – MI service developments:	
Establishing a local MI peer review group	Ammar Abbas *MI pharmacist, Countess of Chester,*
MI in a Community Trust	John Lightfoot, *MI pharmacist, Faversham*
Re-launching an MI Service	Reena Lal, *Barts Health NHS Trust*

12.40 Question & answer session

12.50 Lunch, posters and exhibition

Plenary Session 3: Clinical update for respiratory and mental health enquiries

Chair: Marianne Eve, *MI Pharmacist, East Anglia Medicines Information Service*

14.30	Mental Health and MI - how to consider patient factors	Rachel Brown, *MI pharmacist Oxford Health NHS Foundation Trust*
15.00	Asthma and COPD update - new inhalers and risk issues	Toby Capstick, *Lead respiratory pharmacist, Leeds*

15.30 Question & answer session

15.40 Comfort break

Plenary Session 4: Expanding awareness of MI

Chair: Lindsay Banks, *Education and Training lead pharmacist, NW Medicines Information Centre*

15.50	UKMi at World Congress of Pharmacy (FIP Glasgow 2018) Video Presentation	Cristina Coelho, *Lead Pharmacist MI-Clinical Effectiveness, NHS Greater Glasgow and Clyde*
16.00	Social Media and MI - developing a strategy	Simon Enright, *Director of Communications, NHS England*
16.30	@UKMedicinesInfo - UKMi twitter account	Sarah Cavanagh, *Acting Director, East Anglia Medicines Information Service*

16.35 Question & answer session

Prize giving and closure

Vanessa Chapman, *Director of Trent Medicines Information Service*

16.45 Presentation of the 2018 Peter Golightly Award for MI Excellence

16.50 2018 UKMI PDS poster awards

16.55 Seminar closing comments

Birmingham 12th September 2018

44th UK Medicines Information

Practice Development Seminar

Dear Delegate

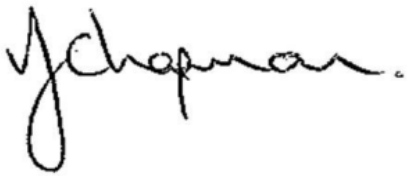
Welcome to the West Midlands, the MacDonald Burlington Hotel and the 44th UKMi Practice Development Seminar. We have put together a professional programme that reflects current pharmacy-wide and MI specific topics of interest to inform and inspire you.

We are heavily indebted again this year to IBM Watson 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.

This year we are launching our UKMi Twitter feed. Please follow us @ukmedicinesinfo. We will be tweeting throughout the event today. If you tweet, include our hashtag for the PDS #ukmiconference2018 and we can retweet and follow you.

All the organisers hope you have an enjoyable and professionally rewarding seminar. We look forward to meeting you during the day.



Vanessa Chapman
on behalf of UKMi PDS Organising Committee

Seminar Organising Committee

Vanessa Chapman – Local Organiser & Programme Co-ordinator

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Sarah Cavanagh – Poster Co-ordinator

East Anglia Medicines Information Centre, Ipswich Hospital

Paula King – Poster Co-ordinator

Regional Medicines and Poisons Information Centre, Belfast

Helen Davis

North West Medicines Information Centre, Liverpool

Sue Dickinson

Regional Drug & Therapeutics Centre, Newcastle

David Erskine

London & South East Medicines Information, Guy's and St Thomas' NHS Foundation trust

Fiona Woods

Welsh Medicines Information Centre, University Hospital of Wales, Cardiff

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Opening Session

Welcome to the West Midlands

Vanessa Chapman, *UKMi Executive and Director of Trent Medicines Information Service, Leicester*

Biography

Vanessa has been Director at the Trent Regional Medicines Information Centre (TMIC) in Leicester since 2014 having worked at the centre since 1990. She has spent her career in Medicines Information and has worked for many years advising CCG health care professionals in matters relating to MI at an operational and strategic level. TMIC is the regional MI centre for E Midlands and South Yorkshire and also acts as the Leicestershire MI centre supporting primary and secondary care. TMIC, in conjunction with West Midlands, additional provides the national drugs in lactation advisory service.

UKMi – where next?

Key recent developments and a look ahead to the next 12 months

Plenary Session 1 – WHO Safety Challenge – How to respond?

Chair: Kathryn Howard, *Team Leader for Medicines Governance and Medicines Management Practice Unit, Cwm Taf UHB*

Biography

Kathryn Howard

After completing my Masters Degree at the Welsh School of Pharmacy in 2004, I moved to Birmingham to undertake my pre-registration year. I carried out my pre-registration training at Heart of England NHS Foundation Trust and then took up a Band 7 Rotational Residency On-call Diploma Post at the same Trust.

In 2008 I made the decision to move back to Wales and was successful in securing an 8a role as the Clinical Lead for Surgery in Cwm Taf UHB. This role gave me many opportunities such as undertaking my Independent Prescriber Qualification, Research Methods Module and to become involved with both pre-registration and diploma training. I have also lectured on the Cardiff Diploma on Inflammatory Bowel Disease for the last 6 years.

In 2017 I took up my current role as the Team Leader for Medicines Governance and Medicines Management Practice unit. This involves all aspects of Medicines Governance work and the provision of a Medicines Information Service for CTUHB.

UK Response to WHO Challenge

Northern Ireland – Medication Safety in Northern Ireland

Speaker: Angela Carrington, *Medication Safety Lead, Department of Health, NI*

Biography

BSc Pharm, PGDip Pharm, MPA
Angela graduated from Manchester University in 1998 and completed her pre-registration year at the Royal Bolton Hospital.

Between 1999 and 2006 she held a number of hospital pharmacy posts in Leeds and Manchester and was also chair of the North West of England Antibiotic Pharmacist Group (2004-2006).

In 2006 she returned to Northern Ireland as the regional Medicines Governance Team Leader. The team consists of six pharmacists in the secondary/acute care sector who through multidisciplinary working, proactively identify and minimize medication risks.

She completed a Masters in Public Administration from the University of Ulster in 2014 and her dissertation examined the relationship between electronic prescribing and medicines safety culture.

As of this year she is working at the Pharmaceutical Branch of the Department of Health as the Medication Safety Lead to support action taken in response to the WHO Global Challenge, Medication Without Harm and Pharmacy Order (preparation and dispensing errors) 2018.

Abstract

Briefly discuss the WHO Challenge, discuss the current structure for medication safety in NI and current medication safety activity.

How we are responding to the early priorities of the WHO global patient challenge and the Pharmacy Order (preparation and dispensing errors) 2018.

UK Response to WHO Challenge

England – High-Risk Medication and Transfers of Care

Speaker: Nicola Wake, *SPS Lead Medication Safety Officer & Lead Clinical Pharmacist at Northumbria Healthcare NHS Foundation Trust*

Biography

Nicola is responsible for providing governance in medicines use, reducing risk of harm to patients from medicines, and making it easy for staff to 'do the right thing' across Northumbria Healthcare NHS Foundation Trust. In addition to being her Trust's Medication Safety Officer, Nicola is a member of the Specialist Pharmacy Service Medicines Use and Safety Team, supporting the national Medication Safety Officer network.

Abstract

High risk situations and transitions of care are two of the key areas for early priority action in the WHO Global Patient Safety Challenge. England's response to the WHO Challenge, the role of the national Medication Safety Officer network and examples of good practice in these areas will be presented.

UK Response to WHO Challenge

Scotland – Addressing Inappropriate Polypharmacy and the Global Safety Challenge

Speaker: Alpana Mair, *Head of Effective Prescribing & Therapeutics, Scottish Government*

Biography

Alpana is Head of Prescribing and Therapeutics for Scottish Government, coordinating delivery of Programme for Governments work on Prescribing and Therapeutics, advising Ministers on Quality of Prescribing leading and chairing National Scottish Polypharmacy guidance with multidisciplinary approach. Alpana leads a European funded project SIMPATHY, Simulating Innovation in the Management of Polypharmacy and Adherence in the elderly, leads work for WHO on Polypharmacy for the third Global Patient Safety Challenge, is the Vice Chair of WHO Systems and Practice group on Medication Safety. She also leads the Special Interest Group on Appropriate polypharmacy & Adherence for the Integrated Foundation of Integrated Care (IFIC) and coordinates EU work on Active and Healthy Aging on polypharmacy and medications adherence. She is a Quality and Safety fellow and runs a clinic and street outreach to improve homeless people management of medications and multiple morbidities. Alpana holds a clinical Masters in Clinical Pharmacy and in Advanced Leadership Practice from Harvard/ Napier University. She is Senior lecturer in Prescribing at School of Health and Social Care, Napier University, an honorary lecturer at Strathclyde University, honorary senior lecturer at Robert Gordon University. She was previously the Deputy Chief Pharmaceutical Officer for Scotland

Abstract

Safe and effective treatment with medicine remains one of the greatest challenges in medicine, where models of healthcare delivery lag behind the enormous growth in single disease focused treatment with medicines. The implications for safe, efficient and effective deployment of healthcare resources and sustainability are significant from both healthcare and societal perspectives.

As many as half of all patients with long term conditions are using their medicines in a way that is not fully effective with resultant sub-optimal treatment of their condition and consequences such as emergency department attendance or subsequent hospital admission. In addition, there is a significant level of inappropriate medicine prescribing which compounds the problem. In terms of emergency department attendances it has been reported[1] that as many as 28% of such attendances were related to medicines with 70% being preventable and as many as 24% resulted in admission to hospital. Similarly, it has been found that medicine related visits accounted for 12.5% of attendances, the main causes being adverse drug reactions (ADR) and non-adherence to medicines (33% and 19% respectively)[2]. Worldwide, 3-6% of all hospital admissions are attributed to medicines[3] and figures ranging from 2-19% have been recorded in the USA with two studies in the UK reporting 10.1%[4 5].

This session will highlight the importance of addressing the public health issue of polypharmacy as part of a global medication safety challenge and its impact on patient safety. It will provide a brief overview of the Scottish work and the EU funded SIMPATHY project, Simulating Innovation in the Management of Polypharmacy and Adherence in the elderly, It will address issues that are important for low and middle income countries and the crucial role that patients, healthcare professional and policy makers will need to make to have an impact on patient care. Tools that have been used to implement change and improve quality of prescribing will be discussed and shared.

1) Patel P,Zed PJ,Drug-Related Visits to the Emergency Department: How Big Is the Problem?.Pharmacotherapy 2002; (7): 915-923.

2) Yee J L,Hasson N K,Schreiber D H. Drug-Related Emergency Department Visits in an Elderly Veteran. Population.Ann Pharmacother.2005;39:1990-5

3) Einarson TR.Drug Related Hospital Admissions.Ann. Pharmacother.1993; 27:832-840

4) D,Arcy PF Brandon M, Ellis S Iatrogenic disease as a cause of hospital admissions. Pharmaceutical Journal .1999;247(suppl) R7.

5) Balla N,Duggan C,Dhillon S.The incidence and nature of drug –related admissions to hospital. Pharmaceutical Journal.2003; 270: 583-6.

UK Response to WHO Challenge

Wales – Quality Improvement & Medicines Safety

Speaker: Paul Gimson, *Programme Lead for Primary Care and Medicines Safety, NHS Wales*

Biography

Paul is a qualified pharmacist with over 20 years' experience in pharmacy, management and quality improvement and has had a varied career with roles in community healthcare, the NHS, Welsh Government and academia. He has held leadership roles with Local Health Boards, the Royal Pharmaceutical Society and Community Pharmacy Wales. Paul is passionate about improvement and helping people to provide better care for their patients. He is a fellow of the Health Foundation and a graduate of their Generation Q programme which led him to 1000Lives, the NHS Wales improvement body based within Public Health Wales. Here he leads on primary care development and improved medicines safety.

Abstract

I will describe the experience in Wales of the national programme of work to increase the capacity and capability of the workforce to engage in Quality Improvement. I will outline how we are planning to use this to equip the pharmacy workforce with the necessary skills and support to address the Who Global Safety Challenge.

Plenary Session 2 – Service and Staff Development

Chair: Kelly Thompson, *Senior MI pharmacist, Trent Medicines Information Service*

Biography

Kelly Thompson began her pharmacy career in a community pharmacy in Belfast before making the move to Clinical Pharmacy and Leicester in 2009. She worked as a junior pharmacist completing a diploma before moving into Medicines Information in 2011. Here she has worked as a medicines information pharmacist, a formulary support pharmacist, and now is a Senior Medicines Information Pharmacist and training lead for the Trent Medicines Information Centre.

Establishing a local MI peer review group

Speaker: Ammar Abbas, *MI and Medicines Management pharmacist, Countess of Chester Hospital NHS Foundation Trust*

Biography

Ammar Abbas graduated at the Welsh School of Pharmacy in Cardiff in 1999. He then completed his pre-registration training at Bedford Hospital before joining a 3 years' Resident Pharmacist training program at Addenbrooke's University Hospital in Cambridge, during which he attended an international exchange program at the University of Tennessee in the USA. He obtained his Postgraduate Diploma in Pharmacy Practice at the London School of Pharmacy and committed to an MI career by joining Wirral University Teaching Hospital in the North West for a period of 10 years a Senior Medicines Information / Clinical Pharmacist (in different specialities).

Ammar joined the Countess of Chester Hospital in 2013 and continued to work in MI as a Medicines Information / Medicines Management Pharmacist. His interests in relation to MI include training and Adverse Drug Reactions reporting. He is a Yellow Card champion for his trust and helps to train healthcare professionals outside pharmacy in the subject with good results over the last 5 years leading to trust recognition through a "Patient Safety Award" in 2016. Ammar completed his MSc in Clinical Pharmacy at Liverpool John Moores University in 2017 with an exploratory study research dissertation into the "Attitudes of Non-medical Nurse Prescribers towards Reporting Adverse Drug Reactions via the Yellow Card Scheme". Ammar also delivers regular training courses in MI and Pharmacovigilance in Sudan as part of a national Continuous Professional Development program.

Abstract

Peer review is way to monitor the standard of enquiry answering provided by Medicines Information services against the national UKMi enquiry answering standard. It is recommended that as part of the QA programme all MI centres undertake regular peer review as this provides an additional tool to reduce the risks associated with the enquiry answering processes.
In order to comply with this recommendation, in January 2016, four local MI centres decided to take joint action and set up a peer review group. Most were not undertaking external peer review prior to these meetings, and although the frequency of internal peer review sessions varied considerably this was generally not undertaken on a regular basis by all centres.

The process involves each centre randomly selecting two level 2/3 enquiries from MI databank. These are anonymised and sent to the centre allocated to them for that meeting. Each centre reviews enquiries prior to the meeting using a peer review scoring and comment sheet and feeds back to the centre concerned. A meeting is then held between the four hospitals to discuss eight enquiries. Meetings are arranged on a quarterly basis.

Our peer review group has been a positive experience and after each meeting a number of valuable learning and discussion points have been raised. It is also very beneficial to have four centres involved, each with different specialties and experience within their Trusts, as this has increased the level of discussion for each enquiry.
Learning points from these meetings have also been disseminated to the other MI staff in each local centre.
Most centres were not regularly undertaking any peer review before the introduction of these meetings and therefore this process has undoubtedly helped to improve the standard of our enquiry answering. To date we have had 8 meetings and discussed a total of 64 enquiries.

Development of Medicines Information Services in a Community Trust Setting

Speaker: John Lightfoot, *MI Pharmacist, Faversham Cottage Hospital, Kent Community Health NHS Foundation Trust*

Biography

After studying at Brighton University, John began his career as a Pre-registration Pharmacist at the William Harvey Hospital in Ashford, Kent in 2002. During his time in the Trust John gained a keen interest in Medicines Information. After qualifying, John continued to work for the Trust in variety of roles, before taking a brief break from the NHS to experience working in the private sector at Benenden Hospital. An opportunity then arose to set up and lead the development of a Medicines Information and Education service at Kent Community Health NHS Foundation Trust and John has spent the last 6 years continuing this journey.

Abstract

Kent Community Health NHS Foundation Trust (KCHFT) 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 recent years, health policy, as outlined in the 2012 Health and Social Care Act and the NHS 5 Year Forward View, has recognised the need to deliver more complex care in the domiciliary setting to release capacity in secondary care and improve patient outcomes. As these strategies are being realised, increasingly complex care is being delivered in an environment that may lack the infrastructure and support systems traditionally found in an acute hospital setting.

During 2012, a Medicines Information team was recruited within KCHFT comprising of a Pharmacist, Pharmacy Technician and Pharmacy Support Worker. The aim of the service was to provide dedicated medicines support to staff and patients in this often challenging environment. The service formally launched in 2013 and it is believed to be the only UKMi local Medicines Information centre to be based in an NHS Community Trust. Since its launch, the service has seen steadily rising call numbers and is now established, well utilised and well received within the Trust.

With increasing drivers to deliver more care in the community, there is a clear and developing role for Medicines Information services to support staff and patients in this setting and improve medicines optimisation.

Re-Launching an MI Service

Speaker: Reena Lal, *Clinical Information Lead Pharmacist, Whipps Cross Hospital, Barts Health NHS Trust*

Biography

Reena Lal first started her journey as a pre-reg and diploma student at Wexham Park Hospital in Slough. Her first permanent MI and formulary role came about as a band 7 at Wexham Park Hospital where she developed the Trusts netFormulary and MI service. Reena then went on to become a clinical services and anticoagulation pharmacist before setting into her first senior role as Education Programme Director in Ashford and St Peter's hospital. This role included leading and developing pharmacy education and training as well as being part of the senior leadership team in the department working on change management projects. Reena is now currently the Clinical Information Lead Pharmacist at Barts Health and has been in post coming up to 1 Year. As well as being the Medicine Information Manager her remit also includes Formulary and Clinical Pathways, Interface work with CCGs, Digital Medicine and the development of virtual clinics, to support and develop platforms for pharmacy clinical information plus more!

Abstract

The talk will be about the development and journey of Barts Health Medicines Information Department- how the department functioned without a MI manager and the journey to develop the enquiry answering service, development of training, complexities of standardising query's for all clinical teams in the pharmacy department and the vision for Barts Health's Medicines Information Department going forward.

Plenary Session 3 – Clinical Update for Respiratory and Mental Health Enquiries

Chair: Marianne Eve – *MI Pharmacist, Ipswich Hospital, East Anglia Medicines Information Service*

Biography

I am a Medicines Information pharmacist at East Anglia MIS based at Ipswich hospital. I studied pharmacy at London School of Pharmacy (UCL) and went on to do my pre-registration year at Ipswich Hospital. I was then a rotational pharmacist for about a year until I got my job in Medicines Information and have been doing this role for 4 years.

Mental Health and MI – how to Consider Patient Factors

Speaker: Rachel Brown, *Clinical Lead Pharmacist – MI and Evidence Based Medicine, Oxford Health NHS Foundation Trust*

Biography

Rachel is the Clinical Lead Pharmacist for Oxford Health NHS Foundation Trust. She has worked in mental health for 15 years and became a credentialed member of the College of Mental Health Pharmacy in 2009. Rachel runs the Trust's Medicines Information Service, is responsible for formulary development, and is the lead pharmacist for the Children and Young People's Directorate. She has specialised in child and adolescent mental health (CAMHS) and works closely with the multidisciplinary team on the adolescent inpatient unit in Oxford as well as providing support to the outpatient CAMHS teams within Trust. Her career in medicines information began in 1999 in East London where she managed the MI service for Newham General Hospital, followed in 2000 by a principal pharmacist position at the London Regional MI Service at Northwick Park Hospital.

Abstract

When completing medicines reconciliations, answering MI enquiries, and giving advice to prescribers and patients, what issues should be taken into account that are specific to the medicines commonly used to treat mental health conditions? In this presentation, Rachel will highlight the important factors relating to some of the medicines that may not be so familiar to those who are working in non-mental health settings, such as clozapine, lithium and long-acting antipsychotic injections. In addition, the more commonly encountered medicines and mental health conditions, where specific awareness is necessary will also be addressed.

Asthma and COPD update – new inhalers and risk issues

Speaker: Toby Capstick, *Consultant pharmacist – respiratory medicine, St James's Hospital, Leeds*

Biography

Toby is Chair of the UKCPA Respiratory Group, and is a member of the UK Inhaler Group and the British Thoracic Society Multi-Drug Resistant Tuberculosis Clinical Advice Service. He has published widely amongst his areas of interest including the management of tuberculosis, difficult asthma, COPD and inhaler technique.

Abstract

Prescribing of inhalers for asthma and COPD is commonplace amounting to a total cost to the NHS of £987 million in primary care in England in 2017. In recent years, there has been a rapid increase in the number of new inhaled drugs and inhaler devices, which has increased the complexity in the management of asthma and COPD, but has also allowed the opportunity for making significant cost savings.

However simple cost-saving 'script switches' frequently cause more harm than good if patients are not involved in prescribing decisions or inhaler technique assessed.

This session will review the opportunities and risks associated with prescribing inhalers and outline best practice strategies for medicines optimisation in respiratory disease.

Plenary Session 4 – Expanding Awareness of MI

Chair: Lindsay Banks, *Education and Training Lead Pharmacist, NW Medicines Information Centre*

Biography

My career as a medicines information pharmacist started over 20 years ago when I joined North West Medicines Information (NWMI) centre in Liverpool. After a career break and a brief period in hospital pharmacy I returned to NWMI 13 years ago. During this time I have started and continue as Editor of NICE Bites, a monthly prescribing bulletin which is now widely distributed across the UK. I was a member of the NICE Guideline Development Group for NICE CG181; Cardiovascular disease; risk modification and reduction including lipid modification, and also the Liverpool Reviews and Implementation Group (LRIG) who carry out independent assessments of manufacturers' submissions for NICE Technology Appraisals. My current role at NWMI is as Education and Training lead for all NWMI staff.

I also work part-time as a GP practice pharmacist as part of the first cohort of pharmacists who completed the NHS England GP Pharmacist Training Pathway and recently qualified as an Independent Prescriber.

UKMi at World Congress of Pharmacy (FIP Glasgow 2018)

Speaker: Cristina Coelho, *Lead Pharmacist MI-Clinical Effectiveness, NHS Greater Glasgow and Clyde*

Biography

Cristina is the Lead Pharmacist for the Medicines Information-Clinical Effectiveness Team in NHS Greater Glasgow and Clyde. She has lived in Scotland for 16 years and is originally from the city of Porto (Portugal) where she completed her Pharmacy studies.

With 12 years' experience working in Medicines Information and Clinical Effectiveness, Cristina has had broad exposure to a variety of medicines evaluation and guideline development projects. The MI-CE team is involved in a wide range of projects in line with priorities for the Health Board – current work include the development of an information resource for patients on DOACs, real world evaluation of ivacaftor and the development of a guideline for IV iron prescribing. The team is also involved in maintaining regular communication of prescribing messages across GGC through regular blogs and bulletins, and in the training of pre-registration and foundation pharmacists to support their development of project skills. As a Vice-Chair for West of Scotland Research Ethics Service, Cristina has an active role in supporting research within the NHS.

Abstract

Thanks to UKMi and ASMIP, I was given the opportunity to attend the Federation of International Pharmacists World Congress of Pharmacy and Pharmaceutical Sciences, which took place in Glasgow earlier in September.

The aim of this video presentation is to share with UKMi PDS audience the key messages and learning points from this conference and how I used this opportunity to expand overall awareness of Medicines Information and UKMi.

Social Media and MI – Developing a Strategy

Speaker: Simon Enright, *Director of Communications, NHS England*

Biography

Simon enjoys using the skills learned in nearly two decades at the BBC to help influence audiences and inspire change to improve health care in England.

He is passionate about the NHS and keen to ensure it is accurately represented in the media, to parliament, and with key partners. He is also determined that NHS staff get the recognition they deserve for their commitment to providing diligent care, on the basis of need and not ability to pay.

Simon leads a team providing all round communication support for NHS England - press, public affairs, publishing, parliamentary briefing, marketing, brand management, events including the annual Innovation Expo conference, bulletins, campaigns, strategic communication and Freedom of Information.

Abstract

Not yet available

@UKMedicinesInfo – UKMi Twitter Account

Speaker: Sarah Cavanagh, *Acting Director, East Anglia Medicines Information Service*

Biography

Sarah has worked at East Anglia Regional Medicines Information since 2007 and has been the Acting Director since February 2017. Prior to this she was MI manager at Addenbrookes Hospital and UBHT in Bristol. With a keen interest in Global Health, Sarah is the International partnerships lead for the Commonwealth Pharmacists Association and has previously worked in India (with Calcutta Rescue) Ghana (with Voluntary Service Overseas) and more recently in Mozambique through the DfID funded Health Partnership Scheme. Sarah lives in sunny Suffolk with her family and enjoys music, sailing, and travel.

Abstract

Poster Presentations

Best posters prize

Prizes for the two best posters and the delegate's choice will be awarded at the closing session after Plenary 4.

2017 winners of the best poster prizes:

Practice Research Winning Poster

Nicola Greenhalgh

Analysis of pregnancy queries to a mental health medicines information service

Practice Research Commended Poster

Simon Wills

Impact of the Medicines Learning Portal

Practice Development Joint Winning Poster

Sue Smith

Can answers to Medicines Information enquiries be obtained from the internet from Search Engines?

Lorna Hand

Categorisation of MI enquiries using patient safety, patient support, and treatment effectiveness outcomes

Practice Development Commended Poster

Marianne Eve

Evaluation of the SMiLE Program for Pharmacy Staff in Acute Trust

Previous Winners	
2016	Alana Adams – *What do patients know about Yellow Cards?* David Abbott – *Providing MI Skills Training to Community Pharmacy Staff*
2015	Aoidín Cook & Sophie Rawthore – *Exploring the practice of healthcare professionals who review and prescribe medication in pregnancy* Sue Smith & Fiona Marshall – *How the MI Service can increase ADR reporting*
2014	Diane Bramley, Brinda Lavingia & John Weinman – *Impact of the advice from the MI patient helpline on medication adherence* Matthew Jones & Pym Pettitt – *The outcome of data monitoring in the quality assurance of MI services*
2013	Hayley Johnson & Nancy Kane – *A side effect of Social Media* Melinda Cuthbert – *Does a patient MI line improve patient safety and outcomes?*

Poster 1

The Yorkshire and Humber Medicines Information Network - promoting collaboration on a regional footprint

Dave Abbott, Leeds Medicines Advisory Service, Leeds Teaching Hospitals NHS Trust; Ric Bowers, previously Medicines Information, Mid Yorkshire Hospitals NHS Trust; Umair Hamid, Medicines Information, Rotherham NHS Foundation Trust.

Abstract

2 years ago, we re-launched the regional network in the Yorkshire and Humber region with the intention of developing greater collaboration between centres and sharing experience and best practice. The aim of this poster is to share the process we went through, the successes we have had, and future strategy.

After the publication of the Carter review[1], which classified MI services as 'infrastructure', there was a significant focus on how to use the resources in Medicines Information services efficiently to improve patient care. As such, the first meetings considered opportunities for collaboration and acted as a forum for peer support in a challenging environment for MI services.

Since establishing the collaborative network we have had numerous successful work streams to improve both quality and efficiency, including:

Collaboration on Area Prescribing Committee work - shared care guidelines, traffic light reviews, product switches (Calderdale, Mid Yorkshire)
Providing Medicines Information skills training to community pharmacy staff (UKMI PDS poster 2016) (Bradford, Leeds)
Regional collaboration on delivering pre-registration training (UKMI PDS poster, 2017) (Airedale, Bradford, Hull, Leeds, Mid Yorkshire, Northern Lincolnshire and Goole, Rotherham)
Peer review (2 cycles) (2017: Harrogate, Leeds, Mid Yorkshire, York) (2018: Airedale, Calderdale, Leeds, Leeds and York Partnership, Mid Yorkshire, Rotherham)
EPMA introduction (Bradford, Calderdale)
Sharing training materials (Hull, Bradford, Calderdale, Leeds, Mid Yorkshire, Rotherham)

Subsequently, the Yorkshire and Humber Medicines Information Network has been adopted as a subgroup of the Yorkshire Chief Pharmacists Network, with a remit to promote best practice and share information between different MI services and to look for further opportunities for collaboration. Membership is open to anyone working within an NHS Medicines Information service or similar within the Yorkshire and Humber area. There is no obligation to participate in all collaborations. Currently, the network has representatives from: Airedale, Bradford, Calderdale, Doncaster, Harrogate, Hull, Leeds, Leeds and York Partnership, Mid Yorkshire, Northern Lincolnshire and Goole, Rotherham, Sheffield, Sheffield Children's Hospitals and York. This has helped to build an active and cohesive network, giving individual members access to a pool of experience in a variety of areas of practice within a regional footprint.

The plan for the future is to continue collaboration on training and further develop the scope for peer review and support. We also plan to move to a 'share and adopt' model, where proactive information is produced once in the region which can then be adopted as-is by other contributing Trusts. This is a step forward from the current 'share and adapt' model where information is shared, but then adapted for use by individual Trusts which doesn't maximise the opportunities for economies of scale.

References

1. Lord Carter of Coles. Operational productivity and performance in English NHS acute hospitals: Unwarranted variations. Department of Health June 2015

Poster 2

An Evaluation of the Pharmacy Resource Guide (PRG) for Pharmacy Staff

Binita Bhakta, Laura Kearney; Trent Regional Medicines Information Centre, Leicester Royal Infirmary, Leicester

Focal Point

- A tool for pharmacists regarding resources available (Pharmacy Resource Guide, PRG) was updated, refreshed and re-launched. We evaluated feedback of the new PRG on empowering our pharmacists and the impact on enquiry numbers, compared to the previous year.
- 33% more staff were using the PRG to find out which resources are available for certain therapeutic areas; 2% of staff were not using the PRG, compared to 19% the previous year. Enquiries numbers within Medicines Information reduced by 13% from hospital pharmacy staff.

Introduction

Medicines Information (MI) facilitates access to UKMi approved resources for pharmacy staff at UHL. Previously, all passwords were shared on a spread sheet, in one long list. Due to user feedback, the resources were reformatted into therapeutic categories and re-launched in October 2017. The main intention was to empower pharmacists to find out resources available for a certain therapeutic area. In addition, would this have an impact upon MI workload from hospital pharmacy staff?

Method

SurveyMonkey® was used to collect data from pharmacy staff on the service that MI provides to them[1]. Within this, there is a question asking 'what is/are your main reason(s) for accessing the PRG?' Data collected from spring 2017, was compared with spring 2018. Enquiry numbers, and levels, were also analysed from MI Databank (MID) from October 2016 -July 2017 compared with October 2017 -July 2018[2].

Results

Table 1 Reasons for accessing the PRG[1]

Answer	2017 (n= 38)	2018 (n= 50)
Check password for resource I know we have access to	78%	82%
To find out if we have access to a specific resource	34%	49%
To find out what resources are available for a certain query type	25%	58%
I don't use the PRG	19%	2%

Table 2 Enquiry details from MID before and after the re-launch of the PRG[2]

	12.10.16-12.07.17	12.10.17-12.07.18
Number of enquiries	333	290
Level 1	31%	38%
Level 2	54%	50%
Level 3	15%	12%

Discussion

The launch of the new PRG is a success, with an increase of 33% of pharmacy staff using it to find out resources available depending on therapeutic area. MI has helped in the provision of tools to the pharmacy team in order to deliver effective patient care. Through the launch of the PRG, a lot of time was invested into its promotion and development, and this is reflected in an increased response rate to the survey, and a reduction to only 2% of people not using the PRG in 2018.

In the same time period from 2016/2017 to 2017/2018, MI received 13% less enquiries from pharmacy staff, with an unexpected increase in level 1 enquiries. Promoting the MI department via advertising the PRG, may have led to this increase. There was also a slight dip in level 2 and 3 enquiries, which may be due to the success of the PRG.

The PRG has proven to be a triumph in equipping pharmacy staff with the resources they need to answer enquiries themselves at ward level in a safe and timely manner. This demonstrates the importance of proactive work being an important part of an MI service.

References

1. SurveyMonkey Inc. San Mateo, California, USA www.surveymonkey.com (Last accessed 13 July, 2018)
2. Coacs. MIDatabank: Coacs; 2018

Poster 3

To Tweet or Not to Tweet, that is #MiQuestion?

Sarah Cavanagh and Abigail Scott, East Anglia Medicines Information Service, Ipswich Hospital. Yvonne Semple, NHS Scotland.

Focal Points

- UKMi is investigating the usefulness of Twitter as a platform for medicines information.
- Only 10% of respondents to a nationwide survey of MI staff currently have Twitter accounts in their MI service.
- Half of those centres with a Twitter account found it useful.
- Common reasons for lack of engagement included "not considered this platform" and "lack of time".

Introduction - Twitter is a social media platform which currently, is not widely used amongst UK Medicines Information Centres despite evidence that it can impact on engagement in the NHS[1]. Twitter and other social media platforms are widely used in business[2]. This survey sought to elicit views from the network on whether this might be a useful additional platform for sharing new information on aspects of medicine optimisation and safety in a timely and accessible manner.

Method - a 12 question survey was designed, then disseminated by email through the UKMi network and also on Twitter @EastAngliaMI. Participants were encouraged to respond irrespective of whether they had a Twitter account. Questions included: "Does your MI centre have a Twitter account?", "How much time do you spend maintaining your MI Twitter account?", and "Has your MI Twitter account been useful?"

Results - 155 surveys were returned, of which 109 were from local MI centres, 34 from regional MI centres, and 12 from integrated local/regional centres. Of these responders, 10% (16 of 155) work at an MI centre with a Twitter account. The main reason cited for not using Twitter was "never considered it" (95 of 138 responses), although lack of staff and time were also factors. Of the centres with a Twitter account, most spend under an hour a month on the site and the median frequency was 1-4 Tweets per month. Half of responders had found their Twitter account useful. Reasons included interacting and engaging with stakeholders and other healthcare professionals, promotion of UKMi outputs such as Q&As and communication of medication safety information.

Discussion - results from this survey confirmed that the use of Twitter in UKMi centres was low, although it was more popular for personal use (40% of respondents have a personal account). A number of points were raised which will be taken into account in considering how to further develop the service. Some respondents expressed reservations with using Twitter professionally; for example, the platform was seen by some as being frivolous and unsuitable for distributing professional information, however there is guidance available for NHS professionals[3]. A number of respondents expressed a preference for email, and a concern that Twitter could become "yet another" platform to monitor.

The launch of the UKMi twitter @UKMedicinesInfo at #UKMIConference2018 will augment rather than replace other forms of communication from UKMi. We hope it will encourage further engagement from other MI centres and raise the profile of UK Medicines Information with pharmacy and other healthcare professionals as well as professional and regulatory bodies within the NHS.

References

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2. Hemsley S. Six tips on how to use social media to promote your pharmacy. Pharm J. May 2018 https://www.pharmaceutical-journal.com/careers-and-jobs/careers-and-jobs/career-feature/six-tips-on-how-to-use-social-media-to-promote-your-pharmacy/20204799.article
3. NHS Employers. New to the NHS? Your guide to using social media in the NHS. November 2014 http://www.nhsemployers.org/~/media/Employers/Publications/NOVEMBER%20Your%20guide%20to%20using%20social%20media%20in%20the%20NHS.pdf

Poster 4

Electronic prescribing resources: how to influence prescribers with knowledge at their fingertips

Campbell Tait[1], Cristina Coelho[2], Faria Qureshi[2], Justine Eastwood[3], Laura McCafferty[4], Mairi-Anne McLean[2], Roy Foot[2], Yvonne Semple[2]

1. Department of Haematology[¥]; 2. Medicines Information, Pharmacy and Prescribing Support Unit[¥]; 3. Pharmacy and Prescribing Support Unit[¥]; 4. Pharmacy, Wishaw General Hospital[ʃ]
[¥]NHS Greater Glasgow and Clyde and [ʃ]NHS Lanarkshire

Introduction
NHS Greater Glasgow and Clyde supports clinicians with multiple ways to access prescribing guidance. This includes the Therapeutics Handbook (TH) website and mobile app, an innovative resource widely used by prescribers which contains over 200 guidelines. Medicines Information leads on the development and maintenance of the TH in collaboration with health care professionals from across the Health Board. The TH is used across nine acute hospitals and on average in accessed once every minute, 24/7. The way guidance is presented in the TH impacts on the way recommendations are translated into practice.
The aim was to demonstrate the impact the presentation of guidelines in the TH has on clinical practice by auditing one specific therapeutic area: use of bridging heparin in the management of warfarin patients following surgery.

Method
The adherence to prescribing guidance in the TH in 2014 relating to the management of warfarin patient post-operatively was audited. The results of this lead to changes in how the guideline was presented. Adherence was re-audited in 2017.

Results
In the 2017 audit, bridging heparin was prescribed as per recommendations in the TH in 86% of cases (n=7) compared to 24% in 2014 (n=19). Warfarin was re-started at the correct dose in 100% patients in 2017 compared to 44% of cases in 2014. Further data collection is currently underway.

Feedback and Next Steps
Digital technology presents a unique opportunity to influence prescribing decision in patient-facing settings. The way the content is delivered is crucial for the success of digital resources. This project highlights the need to continually review the impact of prescribing resources in patient care. It is vital that we understand how end-users read, interpret and apply information to ensure guidance is fit for purpose.

Poster 5

Realistic Medicine: Supporting patients and clinicians on a novel class of oral anticoagulants

Campbell Tait[1], Cristina Coelho[2], David Murdoch[3], Elaine McIvor[2], Steve McGlynn[4], Yvonne Semple[2]

1. Department of Haematology; 2. Medicines Information, Pharmacy and Prescribing Support Unit; 3. Department of Cardiology; 4. Pharmacy and Prescribing Support Unit

NHS Greater Glasgow and Clyde

Introduction

Direct oral anticoagulants (DOACs) are a relatively new class of medicines used to prevent and treat blood clots. DOACs are classed as high risk medicines by the Scottish Patient Safety Programme. Unlike warfarin, DOACs do not require routine blood tests, however, they still carry a bleeding risk. Bleeding risks and symptoms associated with warfarin are highlighted to patients using a standard 'yellow booklet'. An alert card is also carried by patients to highlight their bleeding risk to health care professionals. It was recognised in NHS GGC that there was no equivalent generic booklet or alert card for DOACs. To assist collaborative decision-making and highlight key safety messages, a DOAC patient information booklet was developed. This endorses the 2020 Vision for NHS Scotland of supported self-management of patients.

In addition, the need for prescribing information for health care professionals was also identified. A web-based FAQ was produced to aid safe prescribing and support clinicians. The aim is to develop resources to support the safe, patient-centred use of DOACs including a Patient Booklet and Alert Card as well as a Prescribing Bulletin for health care professionals.

Method

A multidisciplinary group including pharmacists, doctors, nurses and a patient representative was convened to develop the DOAC Patient Booklet and Alert Card through a series of meetings. The 'CLEAR to all' team advised on patient-friendly language and accessibility.

Development of the Prescribing Bulletin was led by the Pharmacy Medicines Information Team in conjunction with cardiology and haematology. This was approved by NHS GGC ADTC.

Results

DOAC booklet and alert card were produced. The booklet will be introduced to patients via hospitals, GPs and community pharmacies in Glasgow and Clyde area. The Prescribing Bulletin is available online and is an established resource, well received by clinicians. This includes evidence based information, specific prescribing recommendations and case studies.

Feedback and Next Steps

DOAC booklet and alert card are expected to become available in Summer 2018. An online feedback survey will be published when this resource is launched which will facilitate evaluation based on feedback from end users. Discussions are underway with NHS Health Improvement Scotland regarding how this resource can be rolled out across Scotland.

The Prescribing Bulletin is now on its third version and is now an established source within our Health Board. Plan is to continue to review and update it regularly.

Medicines Information plays a key role in supporting the safe use of medicines both from patient and prescribers perspectives. Initiatives such as this one empower prescribers to support a proactive role of patients in their treatment and in maintaining health.

Poster 6

Putting a price on fridge enquiries—how Medicines Information (MI) can reduce waste and associated financial costs following improper storage of fridge and freezer lines

Huw Carson and Sarah Crawford. Medicines Information (MI), Aneurin Bevan University Health Board (ABUHB)

Focal Points

- This project reviewed enquiries regarding fridge/freezer items which had been incorrectly stored but which were evaluated by the ABUHB MI service as being suitable for continued use
- Advice was given to support continued use of 399 individual items across 24 enquiries, with a total acquisition cost of £56,858.14
- Analysis of the enquiries identified patterns which could be used to reduce future medicines waste, as well as demonstrating an associated financial benefit by avoiding destruction of useable medicines

Introduction - The Auditor General's report suggests that medicines waste could cost as much as £50 million a year in Wales.[1] Anecdotally, incorrect storage of refrigerated and frozen medication and medicinal devices is a common problem with potential medicine safety and financial implications for the Health Board. Enquiries relating to fridge or freezer items which had been stored outside of the recommended conditions accounted for 11% of the total number of queries recorded on the ABUHB MiDatabank system over a 12 month period.

Method - Enquiries were reviewed which requested information about the use of medication or medical devices stored outside of the fridge or freezer between May 2017 and April 2018. Where it was advised that the product could still be used, the name, quantity and cost of the item(s) were recorded in addition to the reason for the temperature excursion.

Results - 31 eligible enquiries were received. In 24 cases (77%), advice was provided by the MI service which supported the continued use of a total of 50 products (399 individual items). The costs associated with each item were calculated using the acquisition price from the Pharmacy system. The total cost of the items which MI were able to advise would still be suitable for use was £56,858.14, equating to an average of £2,369.09 per enquiry. The most common individual medication type was vaccines (information provided for 19 products). The most common underlying cause for temperature excursions was human error (33 products). One product was identified as having been the subject of three separate enquiries. On review, it was felt that the requirement for refrigerated storage was not clearly marked. A plan was put into place locally to educate members of staff that receive this product into the pharmacy department. The information was also fed back to the company as part of a request for them to improve their labelling.

Discussion - In today's NHS, services need to show that they are cost-effective and that they strive to reduce waste following the principles of Prudent Healthcare. The Public Accounts Committee states that "We all have a responsibility to ensure that medicines are not wasted".[2] Analysing this data has enabled us to identify patterns which may help in reducing unnecessary medicines wastage due to inappropriate storage. This analysis also shows that fridge and freezer enquiries could provide a method for MI services to demonstrate their cost-effectiveness by recording a tangible financial benefit for a substantial proportion of their work.

References

1- Auditor General for Wales: Managing medicines in primary and secondary care. Published December 2016. Available at: http://senedd.assembly.wales. Accessed 23/07/2018
2- National Assembly for Wales- Public Accounts Committee: Medicines Management. Published March 2018. Available at: http://senedd.assembly.wales/ Accessed 23/07/2018

Poster 7

Implementation of an electronic tracking system for managing formulary applications in a Welsh health board

Lindsay Davies, Hannah Evans, Welsh Medicines Information Centre, Cardiff

Focal Points

- Cardiff and Vale University Health Board process requires medicines formulary applications to be approved by different clinical divisions.
- An electronic system was developed and implemented to store supporting documentation and track the application through the stages of this process. Progress is available for viewing by all stakeholders.
- Improved access to information relating to the approval process through use of a widely available electronic system facilitates efficiency, and allows reporting on a variety of aspects of the process.

Introduction

In January 2017, as a requirement of the New Treatment Fund, Welsh Government instructed health boards to make new medicines recommended by the National Institute for Health and Care Excellence (NICE) and the All-Wales Medicines Strategy Group (AWMSG) available as quickly as reasonably practicable, and within two months of the recommendation.

Cardiff and Vale University Health Board process requires all new medicines formulary applications to be approved for implementation by appropriate clinical divisions and subsequently ratified by the health board's corporate Medicines Management Group. The Medicines Information formulary team facilitates this process and reports progress directly to the corporate Medicines Management Group.

With the two month timescale to implementation associated with the New Treatment Fund it is imperative that supporting process is efficient, robust and user-friendly. The objective of this project was to develop a bespoke electronic system to:

- store supporting formulary application documentation
- track applications through the approval for implementation process
- allow progress of applications to be viewable by all stakeholders
- provide a robust mechanism for generating reports on formulary application activity.

Method

Microsoft Access training was provided to key staff in Medicines Information comprising formulary pharmacists, a technician, and IT liaison lead. Equipping Medicines Information staff with these skills allows the electronic Formulary Application Tracker database system to be managed and further developed internally. User feedback was sought regularly during development of the first prototype which was launched for use in November 2017. The system has since been continually developed.

Results

- To date 126 applications for new medicines have been managed using the Formulary Application Tracker.
- Monthly reports are provided to the health board's corporate Medicines Management Group.
- Each stage of the process is visible and supports efficiency in practice.

Discussion

The introduction of the electronic Formulary Application Tracker system facilitates improved visibility of application progression and efficiency of process. The underpinning principles are also applicable to other document driven processes, for example medicines treatment pathways, non-formulary and unlicensed medicines approval processes, which are all currently in development. Educating existing staff in the use of readily available database management systems, such as Microsoft Access, is a prudent, cost-effective way of creating a bespoke system which may be readily developed according to local needs.

Poster 8

Patient helpline analysis at a local Medicines Information centre

Robert Dugdale (1), Michelle Sitieni (2)
Medicines Information Pharmacist, Manchester University Foundation Trust – Oxford Road Campus (1), Pharmacy Student, University of Sunderland (2)

Focal Points

- A descriptive evaluation of patient helpline workload data, and patient user survey responses.
- 538 enquiries were received over a two year period, taking on average 37 min per call to complete.
- Patient feedback was on the whole highly positive, with the service seen as providing a unique and valued role.
- Deeper, more granular characterisation of enquiry topics is required going forward.

Introduction

This local Medicines Information Service has an established patient helpline of a number of years. In line with UKMI recommendations, helpline activity and user impact is recorded locally. As one of few local MI centres which conduct monthly patient user surveys, we identified a unique opportunity to characterise and evaluate this service.

Method

Metadata from helpline enquiries on MiDatabank from a two year period (2016/2017) were retrospectively evaluated to describe the total workload, frequency of each core topic category, breakdown of enquiry levels, and average time spent on enquiries. Patient survey data were used to summarise patient satisfaction scores and characterise their opinions about the service, and where else they would go for advice.

Results

A total of 538 helpline enquiries were recorded. 'Administration/dosage', 'adverse effects', and 'interactions' were the three most common topics. 69 % of enquiries were level 1, 30% were level 2 and 1% were level 3. The mean time spent on each enquiry was 37 min, and the average time spent per enquiry was longer for higher level enquiries.

Patient survey results were on the whole highly positive. 84 % of respondents scored the service 6 out of 6, with the lowest scores received being 4 out of 6. 60 % of patients would turn to their doctor (GP/consultant) if the helpline was not available. 21 % of respondents reported that they did not know where else they would have sought advice in their circumstances. Typical comments include: "[staff were] quick and helpful" and "…friendly and personable, whilst being professionals and highly knowledgeable."

Discussion

The feedback from patient user surveys show that reception by patients was almost universally positive, and in a notable number of cases, patients reported that they would not otherwise know where to have sought help or advice about their medicines. During the period studied an average of 22.4 enquiries were placed via the helpline per month.

The largest potential source of inaccuracies in the results reported will relate to the sources of data used. Input error (e.g. timer accidentally not paused) or variation/misclassification (e.g. due to ambiguity of complexity level or topic category) is highly likely. Many helpline calls are not conventionally "MI enquiries" or extremely simple to answer using own knowledge, and so the workload data reported using MiDatabank is very probably an underestimation of the true workload generated by the helpline.

Areas for future research identified includes a richer and more granular thematic characterisation of the enquiry topics – as categories such as 'administration/dosage' are fairly nebulous and do not provide sufficient information to scope out areas for pro-active, "preventative" MI work.

Poster 9

MI keeps its cool and saves over £47K!

Sarah Cavanagh, Marianne Eve, Natasha Gearing, Alex Gunn, Alex Hammond, Tim Meadows, Abigail Scott and Monika Sznura, East Anglia Medicines Information Service, Ipswich Hospital site of ESNEFT.

Introduction

An estimated £300 million in medicine waste is lost by the NHS per year[1]. A part of this waste is as a result of incorrect storage of medicines. Some medicinal products require refrigeration between 2-8°C ('fridge items'). If stored below 2°C, some products may be denatured, and if stored above 8°C some may lose their potency. Inappropriate storage of 'fridge items' can result in the affected products being disposed of, thus wasting money.

The primary objective of this study was to investigate the cost implications when medicinal products requiring refrigeration between 2-8°C ('fridge items') were inadvertently stored above 8°C or below 2°C.

Method

A retrospective analysis was performed. This covered the 12 months: April 2017 - April 2018. All fridge enquiries recorded on MI databank within these months were selected using the key word 'refrigeration'. The origin of the enquiry was documented along with the name of the products, quantity (if known) and whether the product had to be discarded or not. Medicines salvaged or destroyed were costed based on prices stated on our dispensing system JAC. All information was collected each month on a spreadsheet and total monthly costs (discarded or saved) were calculated.

Results

A total of 70 enquiries were received between April 2017 and April 2018 concerning fridge items that had been stored below 2°C or above 8°C. Information obtained from MI resources and pharmaceutical manufacturers resulted in salvaging products at a cost of over £47,625. The total amount wasted (products which had to be discarded) was £10,873.

Discussion

The amount saved from April 2017 to April 2018 was over £47,000. This demonstrates that using our Medicines Information Service for temperature excursion enquiries can save medicines (and can potentially help patients get their medicines on time) and save money. Despite this, many medicines had to be discarded, costing just over £10,000. Data on reasons why fridge excursions occurred were not documented. Further evaluation could be done to analyse the reasons behind temperature excursions (i.e. left out of fridge, fridge errors etc.). This could help with identifying practical solutions for example educating ward staff on the importance of maintaining the cold chain[2]. This in turn could reduce the number to fridge enquiries Medicines Information receive.

Limitations

The quantity of drugs involved was not always recorded, unless otherwise stated in the enquiry it was assumed one pack of each drug was present. Therefore, the costs are likely an under estimation for both saved and wasted items. In addition, Medicines Information speculates that not all temperature excursions occurring within our region are brought to our attention. In some cases the drugs will be discarded without Medicines Information input thus increasing the cost implications further.

References:

1. Hazel B, Robson R. Pharmaceutical waste reduction in the NHS. 18 June 2015

2. Cavanagh S, Gunn A. Cost Avoidance Data: Fridge excursion: 3 months. Briefing Document for Pharmacy SMT. August 2017.

Poster 10

Service Evaluation at a Medicines Information (MI) centre on fridge medicinal products incorrectly stored

Angelica Steward, Ankita Gandhi, Esther Wong and Hannah Levene, Chelsea and Westminster NHS Foundation Trust, London

Focal Points

- To evaluate the time spent on fridge enquires by members of the MI team
- To determine explanations to why the medications were left out of the fridge and to provide strategies to avoid medications being left outside the fridge
- To establish cost of medicines wastage

Introduction

The MI helpline centre handles many enquires relating to the stability and storage of medicines which require refrigeration. A service evaluation was conducted to review the cost of medicine wastage and response time, relating to medicines deviating away from the licensed temperature range (2˚-8˚C).

Method

Data was collected via MI databank during the time of 1st April 2017 to 31st March 2018. The reporter function was used to extract information related to fridge enquires and a retrospective analysis was conducted.

Results

Over the audited period, there was a total of 1024 enquiries received by Medicines Information, of those 99 (9.7%) fridge related enquires were made. In total 88 (89%) enquires resulted in medicinal products which underwent a temperature excursion outside of the fridge range. From the reviewed temperature deviations enquiries, 33 (38%) resulted in disposal of the products affected. The cost of wastage, i.e. items needing to be discarded amounted to £16.9k. The total time taken to deal with fridge related enquiries was 14260 minutes (approx. 237hours), averaging 2.4hours per enquiry. The Pharmacy staff contributed to reporting 78 (78.8%) of the fridge enquiries.

Discussion

Most commonly, the reasoning for the fridge items being stored incorrectly is due to being removed and left out at room temperature by mistake. However, fluctuating fridge temperatures/faulty fridges contributed to the inappropriate storage of medicines.

There are a limited number of enquiries originating from non-pharmacy staff which suggests there is poor awareness of Medicines Information (MI) and lower reporting of temperature deviations and this may mean there are further costs from wastage of medicines that are not accounted for.

Conclusions and Recommendations

As many of the fridge deviations were as a result of human error, improving strategies such as using different colour bags for fridge items and continued recording of fridge temperatures will eliminate the uncertainty for use and wastage of medicines. An increased awareness of the importance of correctly storing fridge items is required for ward staff as well as pharmacists. Ultimately, implementing this will lower the waste of medicines and reduce the MI service workload.

References

1. COACS. MiDatabank Enquiry Manager v3, *[accessed 11.06.18]*

Poster 11

Make babies SMiLE☺: timely MI support and information at ESNEFT

Sarah Cavanagh, Marianne Eve, Natasha Gearing, Alex Hammond, Tim Meadows, Abigail Scott, East Anglia Medicines Information Service (EAMIS), East Suffolk and North Essex Foundation Trust.

Focal Points

- This service evaluation aimed to assess the usefulness of a medicines information service to midwives for medication in pregnancy and breastfeeding enquiries.
- Qualitative feedback indicated that midwives value the service and are interested in SMiLE training on free-accessible resources used for simple (monotherapy) enquiries.
- Further midwife-focused SMiLE training is currently under development and will be delivered in autumn 2018.

Introduction

Previous research has demonstrated benefit from in-house structured medicines information learning events (SMiLE) to pharmacy staff[1]. Following this success, the decision was made to extend this training to other healthcare professionals, including midwives. EAMIS receive approximately 200 enquiries regarding medicine use in pregnancy and/or breastfeeding every year[2]. Concerns have been raised regarding the timing of these enquiries as often the mother is in the third trimester (38% of pregnancy enquiries[2]) or the infant is already born/mother is being induced at the time of the enquiry (66% of breastfeeding enquiries[2]). Urgent enquiries may place strain on medicine information departments and may impact on the quality of answer provided.

Method

A 30-minute SMiLE training session on medicines in pregnancy and breastfeeding was presented at the trust midwife mandatory training day. Feedback regarding the session and midwife views on the MI service was sought following the session. A questionnaire was developed on SurveyMonkey® and a link distributed to all midwives who attended the session. Verbal feedback and comments made during the session were also recorded. All collected responses were anonymous.

Results

30% of midwives responded: 66% rated the SMiLE session as excellent, 100% believed it was useful and relevant to practice. 80% of midwives stated they were interested in further training. 33% were not aware of EAMIS before the training session and 50% had never submitted an enquiry. Discussion during the training session highlighted issues with current practice. For example, EAMIS include a disclaimer for all pre-birth breastfeeding enquiries which states that it is assumed that the infant will be born at term, with no health issues. If the infant in question was born prematurely, Drs were advising that the mother should not breastfeed as opposed to contacting EAMIS for further advice.

Discussion

The evaluation of the 30-minute SMiLE training was positive and has guided development of future training and improved the relevance of enquiry answers. Due to midwife demand and the aforementioned issues in current practice, EAMIS are currently developing an additional SMiLE session which will train participants on how to access and interpret freely-accessible resources for pregnancy and breastfeeding enquiries. It is hoped that the proposed training could be extended to obstetricians and junior doctors rotating through maternity services. By upskilling the workforce in this way we will help achieve the aim set in the Carter report[3].

References

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3. Operational productivity and performance in English NHS acute hospitals: Unwarranted variations - An independent report for the Department of Health by Lord Carter of Coles (February 2016).

Poster 12

Cold chain breach enquiries – analysis of value

Sarah Evans, Charlotte Hay, Medicines Information, Betsi Cadwaladr University Health Board, Gwynedd.

Focal Points

- Service evaluation to determine the reason for breaks in the cold chain and estimate the value of drugs which avoid wastage as a result of Medicines Information advice.
- 22 enquiries placed over a nine month period in North West Wales were evaluated.
- Extrapolation of the data indicates that up to £200,000 of medicines could avoid wastage per annum in Betsi Cadwaladr University Health Board.
- This aspect of the Medicines Information service represents value for the Health Board.

Introduction

The Medicines Information service in North Wales receives numerous enquiries regarding the stability of medicines, which have experienced a breach in cold chain storage. This retrospective snapshot analysis evaluated what financial costs are avoided by provision of this service.

Method

Enquiries assigned the keyword 'refrigeration' in a nine month period were identified for analysis. The cost of each affected product was taken from the primary care services waste calculator available on www.prescribing.wales.nhs.uk or from the hospital's pharmacy computer system. The staff time to process the query was calculated by multiplying the hourly pay rate (top point of the relevant A4C band) by the number of hours taken to process.

Results

The total cost saving for cold chain breach enquiries processed over the 9 month pilot was £49,402.34, an average of £2,245.56 per enquiry. The cost savings identified from the pilot indicate that on average, savings in the region of £66,000 per annum are expected from the Medicines Information service at BCUHB West processing cold chain breach enquiries.

The average staff time taken to process a cold chain breach enquiry was 1.7 hours.

Four enquiries in the pilot returned a loss, once the cost of staff time to undertake the enquiry had been factored-in. However, in comparison to the majority of enquiries, these losses were small (£1.18 - £17.65), and the total amount lost (£26.80) accounted for just 0.05% of the total costs calculated.

68% of enquiries included in the pilot originated from secondary care, 32% were from primary care.

The most frequent reason for the cold chain breach was incorrect storage of medicines (45%), followed by power cut (32%), then operator error (14%), and finally fridge malfunction (9%).

Discussion

The fridge costing exercise should be replicated across the Health Board, to include all three Medicines Information departments (West/Central/East). Given the cost savings identified by the pilot, cold chain enquiries processed pan-BCU have the potential to avoid costs up to £200,000 per annum.

Poster 13

Do healthcare professionals use the new Trust MI service based at one hospital following a merger, and if not why not?

Alison Innes and Shaheen Sidik, London Medicines Information Service, Northwick Park Hospital, Harrow

Focal Points

- This study aims to evaluate how healthcare professionals working in the LNWH NHS Trust hospitals use the MI service now it is based at Northwick Park hospital
- Although 66% of respondents had used the MI service, use varied between professions (45% doctors. 55% nurses, 100% pharmacists) and between the hospitals in the Trust (67% Central Middlesex, 47% Ealing, 74% Northwick Park)
- Over half of those who had not used the MI service did not know it existed, others did not know how to contact MI or that it was available to their hospital, and others were not familiar with the service as it was not at their base hospital
- Promotion of the MI services within the Trust targeted - based on the findings of this study - is essential to ensure that all healthcare professionals can access the service

Introduction

The Medicines Information (MI) services in London North West University Healthcare (LNWH) NHS Trust have been reconfigured in recent years. All MI services are now provided from MI at Northwick Park hospital for the Trust, including Central Middlesex and Ealing hospital, which previously had an MI service. The impact of this centralised service on healthcare professionals' use of MI was not clear. This study, aimed to evaluate the use of the new MI service, find out what users valued about the service, and identify barriers to using the MI service.

Method

This was a prospective, descriptive research project. All doctors, nurses and pharmacists LNWH NHS Trust were invited by email to complete an on-line survey. Data was downloaded into Excel for quantitative data analysis. Qualitative data from the survey was collated into themes.

Results

Of the 116 healthcare professionals who completed the questionnaire (40 doctors, 38 nurses and 38 pharmacists), 77 (66%) had used the MI service, usually either once or twice a year (62%, 48/77) or once or twice a month (31%, 24/77), though 5% used MI once or twice a week. The proportion of healthcare professionals who reported using the MI service varied between professions and between hospitals (67% of respondents working at Central Middlesex, 47% at Ealing and 74% at Northwick Park). Of clinicians who had used MI, 90% (69/77) stated that they would use the service again, most often because: the answer helped resolve the clinical problem (70%, 52/77); the service was easily accessible (51%, 39/77); and, the answer was detailed enough (43%, 33/77). The reasons for not contacting MI again included: answers too late (16/32); too long to submit the enquiry (10/32); answer did not help resolve the problem (9/32); answers not detailed enough (5/32); and, MI staff not familiar with local procedures and policies (5/32). The reasons participants had not contacted MI included: not aware of the service (22/42); hadn't needed the service (11/42); didn't know how to contact MI (9/42);, staff not familiar with the service as its not at their base hospital (9/42); and, staff not aware it was available to other hospitals (8/42).

Discussion

Promotion of the MI services within the Trust is essential to ensure that all healthcare professionals are aware of the service, and this should be targeted to address the issues and concerns identified in this study, including: lack of awareness and use of MI services amongst doctors, and the lower proportion of healthcare professionals at Ealing hospital using the MI service.

Poster 14

An audit analysing whether the Medicines Information department is adhering to the Standard Search Patterns when answering enquiries

Anna Burgess, Sana Junaid, Welsh Medicines Information Centre, University Hospital of Wales, Cardiff

Focal Points

- An audit to identify whether 100% of department's enquiries adhere to the standard search patterns (SSPs) when answering enquiries.
- 79% (n = 160) of enquiries adhered to SSPs of which 60% (n = 20) were completed by experienced Medicines Information (MI) Pharmacists.
- This audit has highlighted 100% SSP adherence is inappropriate for all staff.
- Nevertheless, the importance of checking specialist sources has been highlighted.

Introduction

All Medicines Information (MI) centres have to meet United Kingdom's Medicines Information (UKMI) standards. They have advised SSPs should be used when answering enquiries. SSPs are a list of resources in a specific order which are recommended for use for a particular type of enquiry. It is not an exhaustive list and other sources may need to be checked when appropriate. The list helps to ensure the responses are accurate and reliable as a wide range of resources are checked before a response is given.[1] The objective of this audit is to investigate what percentage of enquiries are adhering to the in-house SSPs?

Standard: 100% of all enquiries will adhere to SSP.

Method

All enquiries completed on the MI databank in September 2017 were retrospectively analysed by a MI pharmacist and the following questions were answered for each enquiry.

1. Was the enquiry saved in the appropriate category?
2. Have all of the relevant source(s) been checked?
3. Number of source(s) omitted?
4. Name of source(s) omitted?
5. Were the source(s) looked at in the order as specified by the SSP?

Results

Data collection was conducted on 203 enquiries. 79% (n = 160) of the enquiries were completed by adhering to the SSP whilst 84% (n = 170) checked the appropriate resources but not in the recommended order as per SSP. From the 33 enquiries that did not adhere to SSPs, 15% (n = 5) of these omitted more than 3 relevant sources. MI sharer, past enquiry search and the electronic Medicine Compendium were the most commonly omitted resources. 60% (n = 20) of enquiries that did not adhere to SSP were completed by experienced MI pharmacist.

Discussion

Whilst the department did not meet its criteria, it should be evaluated whether having a standard of 100% SSP use is appropriate. It is a brilliant tool for trainees and provides a backbone of how to conduct research. However, for experienced staff whether it is useful tool or a process that prolongs enquiry completion needs to be evaluated.

Nonetheless, the importance of checking past enquiries, MI sharer and specialist resources needs to be highlighted to the department.

References

1. United Kingdom Medicines Information (UKMI). Clinical Governance, Enquiry Answering. http://www.ukmi.nhs.uk/activities/clinicalGovernance/default.asp?pageRef=4 (accessed 01 December 2017).

Poster 15

Taking on the WHO Safety Challenge – How does Medicines Information contribute to Patient Safety?

Emma Fallows, Sarah Fenner, Mehreen Karim, Jennifer Smith, West Midlands Medicines Information Service, Good Hope Hospital, Birmingham

Introduction

The World Health Organization (WHO) has announced its third global patient safety challenge,[1] which aims to reduce the global burden of iatrogenic medication-related harm by 50% within 5 years. This, and the Carter Report on productivity in the NHS[2], means that it is important for NHS services to be able to demonstrate that they contribute positively to the quality and/or efficiency of patient care.

The West Midlands Medicines Information Service (WMMIS) provides an enquiry answering service chiefly to primary care health care professionals within the West Midlands, and a specialist lactation advisory service to all UK health care professionals. Although intuitively we believed that our work supported patient care, we did not have the data to support this assertion, or to state in what domain patient care was supported. Following a national initiative we, in common with other medicines information services, began to assign all enquiries a category describing the domain of patient care into which the enquiry fell, or whether it did not relate to patient care.

Method

To identify whether and in what domain enquiry answers contribute to patient care WMMIS classified enquiries into the following categories, in addition to the usual core categories:

1. Clinical – Patient Safety
2. Clinical – Patient Support and Experience
3. Clinical – Treatment Effectiveness and Outcomes
4. Clinical – Not Applicable

Additionally, a user survey was sent to 10 randomly selected enquirers each month. One of the questions asks whether the answer given directly contributed to patient care.

Results

- From 01/06/2017 – 31/05/2018, 1137 enquiries were completed by 4 pharmacists.
    - 593 (52%) were classed as Clinical – Patient safety
    - 176 (15%) were classed as Clinical – Patient Support & Experience
    - 115 (10%) were classed as Clinical – Treatment Effectiveness & Outcome
    - 27 (2%) were classed as Clinical – Not Applicable
    - 226 (20%) were not classified.
- 95% of enquirers surveyed stated that our service contributed directly to patient care. The remaining 5% of enquiries were not related to a patient.

Discussion

Our results show that 95% of WMMIS enquiries are directly related to patient care, with over 50% being related to patient safety.

We conclude that Medicines Information services can play a critical role in helping to meet the WHO Patient Safety Challenge and improve the quality of patient care by providing healthcare professionals with advice on the safe and effective use of medicines.

References

1. Medication Errors: Technical Series on Safer Primary Care [Internet]. Geneva: World Health Organization. Licence: CC BY-NC-SA 3.0 IGO; 2016. Available from: http://www.who.int/patientsafety/topics/primary-care/technical_series/en/
2. Lord Carter of Coles. Operational productivity and performance in English NHS acute hospitals: Unwarranted variations [Internet]. 2016 Feb. Available from: https://www.gov.uk/government/publications/productivity-in-nhs-hospitals

Poster 16

Regional Medicines and Poisons Information Service (RMPIS): Project Echo – Practice Pharmacist Training on Open Access Resources

Margaret Kelly, Regional Medicines and Poisons Information Service, Knockbracken Healthcare Park, Belfast; Maura Corry, Pharmacy Adviser, Federation Support Unit, Belfast

Introduction

The GP Federation Pharmacists invited RMPIS to participate in Project ECHO, a 'hub and spoke' training model involving video conferencing technology that allows shared learning in practice. This facilitates sharing of relevant topics and discussion of case studies, which allows pharmacists to learn from experienced peers. The Annual Report for RMPIS over the years 2015-2017 revealed an increase in calls from practice pharmacists (2015 = 40, 2016 = 131, and 2017 = 357). Almost half of these calls were categorised as level 1. As such, these queries could potentially be answered using open access resources. This was identified as a learning need for the practice pharmacists.

Method

A presentation was developed for the practice pharmacists based on the identified learning need, focusing on open access resources. This presentation was delivered twice via Project ECHO, once for each new wave of recruited practice pharmacists (2017-2018). After each talk, practice pharmacists had an opportunity to discuss case studies, where they had used open access resources to answer queries themselves, with the RMPIS pharmacist, and to obtain advice and feedback. A recording of the presentation was made available afterwards, via the Project ECHO Moodle website. Feedback was sought from the practice pharmacists in attendance after each presentation using SurveyMonkey.

Results

Of 26 respondents:

- 96% found the presentation easy to follow
- 96% thought the presentations contained the right amount of detail
- 80% felt that their knowledge of resources had increased

Of 24 respondents

- 66% felt that it would impact on their day-to-day work significantly

Feedback and Next Steps

Feedback was generally positive, with the majority of comments stating that the presentation was informative and was complimented well by the case study discussions afterwards. Some points raised to consider for future presentations include:

- Case studies sent in advance of the presentation- practice pharmacists will have time to become familiar with the cases and the presenter can provide more detailed advice
- Include a wider range of resources e.g. resources that are easily subscribed to.
- More information on each of the resources- this may require a longer allocation of time to the presentation
- Audio-visual aids e.g. live demonstrations of the resources
- Obtaining data to ascertain if the number of level 1 calls has decreased in 2018.

Poster 17

The 3 year impact of a Pharmacy Technician in a Medicines Information Centre

Angelica Steward, Esther Wong and Hannah Levene, Chelsea and Westminster NHS Foundation Trust (CWHFT), London

Focal Points

- Review the 3 year impact of a MI Pharmacy Technician, looking at the continued impact in a UKMi centre after a year of accreditation
- The results show that an accredited MI technician was able to research and complete more enquiries than prior to accreditation
- The MI technician has shown improved experience and skill, completing a 50% increase in enquiries in audited months, which has allowed other members of the MI team to complete directorate and clinical duties.

Introduction

UK Medicines Information (UKMi) offers a training scheme aimed at pharmacy technicians who wish to become an UKMi accredited MI Technician[1]. A service comparison on span of over three years looking at the impact of an MI technician on the MI service pre and post completion of UKMi accreditation. The service is then reviewed a year post qualification to assess the continuing impact on an UKMi centre.

Method

Data was extracted from MiDatabank using the reporter function[2]. Data was collected between January to March in the years 2016 (pre completion of UKMi technician accreditation), 2017 (post completion) and 2018 (one year experienced as an accredited technician). Enquiries were categorised then analysed assessing workload of the MI technician and time spent completing enquiries in different categories.

Results

From January to March 2016, the MI technician completed 39 enquiries from a total number of 151 enquiries and four category types were observed; interaction, fridge stability, formulation and adverse effects. From January to March 2017, 69 enquiries were completed from a total number of 186 enquiries. The four original category types were observed and are the same as the year 2016 and a new 'availability' category was introduced. In January to March 2018, the MI technician completed 148 enquiries from a total number of 319 enquiries. The five category types were observed and an addition of a further category regarding administration and dosage.

Discussion

The MI technician has shown improved experience and skill by completing a significant proportion of the total MI workload and has shown a 50% increase in the audited months between 2017 and 2018; the impact of an experienced MI technician has allowed other members of the MI team to complete directorate and clinical duties.

References

1. Specialist Pharmacy Service. SPS: UKMi Accredited Medicines Information Technicians Training Scheme (AMITTS). https://www.sps.nhs.uk/articles/ukmi-accredited-medicines-information-technicians-training-scheme-amitts/ (accessed 06 June 2018)

2. COACS. MiDatabank Enquiry Manager v3.2. Date accessed: 06 June 2018

Poster 18

Targeted Education Sessions for Dispensary Staff

Stephanie Lilley and Umair Hamid, Medicines Information, Rotherham General Hospital

Focal Points

- To evaluate the usefulness of targeted education sessions to dispensary staff
- Staff found the sessions very useful and they agreed that the knowledge taken from them could be applied to their work in the dispensary
- Targeted education sessions can provide dispensary colleagues with information to help them carry out their role more effectively

Introduction

Lack of knowledge of a drug is recognised as the main reason for medication errors[1]. Following an increase in the number of dispensing errors seen in the department, the medicines information service agreed to provide targeted education sessions to dispensary staff. These 30-minute sessions were aimed at providing basic information on good dispensing practices, as well as providing information on practical administration and use of medicines by patients and nursing staff. We wanted to evaluate the usefulness of these training sessions on themes picked up during dispensing error reporting.

Method

Targeted sessions were delivered to groups of 7-8 dispensary colleagues on subjects including modified-release medicines, routes of administration and converting between dosage forms. Colleagues were asked to complete an online survey following the sessions to evaluate their use. Questions included - did you find the sessions useful? If so, what information did you find the most useful? Do you think you can apply what you've learnt in your role? What other topics would you like to cover in future sessions? Questionnaires aimed to provide information for the staff member facilitating the sessions, but also acted as an opportunity for colleagues to reflect on potential application of learning to their own practice.

Results

10 colleagues completed the online survey. Comments were overwhelmingly positive and included "I feel the presentation was well explained", "the handout was very useful", and "the information was presented in an understandable format, and pitched at an appropriate level for the audience". Other topics that were identified to be covered in future sessions include inhalers, palliative care medicines, chemotherapy and prescribing for paediatrics.

Discussion

Targeted education sessions can provide dispensary colleagues with information to help them carry out their role more effectively. 10 out of 10 colleagues surveyed said that what they had learnt from the session could be applied in their role in the dispensary. So far, dispensing errors have decreased in the months the education sessions have been held. Further sessions are to be carried out to continue to assess the value of this simple, practical intervention.

References

1. Naylor,R. Medication Errors – Lessons for Education and Healthcare. United Kingdom: Radcliffe Medical Press; 2002.

Poster 19

Increasing awareness and reporting of the Yellow Card Scheme at St Helens and Knowsley

Minhas, Mandeep, Medicines Information, Whiston Hospital, St Helens and Knowsley NHS Trust, Prescot

Focal Points

- St Helens and Knowsley NHS Trust under report adverse drug reactions
- Healthcare professionals outside of Pharmacy do not receive training on the yellow card scheme
- Medicines Information has contributed to increased awareness and reporting of this scheme.Trust yellow card reporting has increased by 2.5 fold in one year.

Introduction

St Helens and Knowsley NHS Trust (STHK) in the financial year of 2016/17 reported 38 yellow cards to the MHRA [1]. With the knowledge that approximately 6.5% of hospital admissions may be caused by an adverse drug reaction [1] it is clear that as a Trust we were severely underreporting. STHK holds 887 beds. In 2017/18 the Medicines Information team at STHK had staff changes and a large adverse drug reaction promotion project was launched. Prior to June 2017 STHK had not submitted a Yellow Card through Mi Databank.

Method

Several methods of promotion were conducted:

1. Holding a Yellow Card Promotion Stand in Whiston Hospital (April 2018).
2. Delivering presentations about the scheme to link nurses ward staff, doctors and colleagues within Pharmacy using interactive tasks, such as word searches and quizzes.
3. Receiving adverse drug reaction tagged incident reports into Medicines Information.
4. Incorporating a hyperlinked Yellow Card logo into e-mail signature(s).
5. Utilising Mi Databank to report yellow cards for the first time in STHK history.

Results

In 2017/18 STHK reported 95 yellow cards to the MHRA [1]. The promotional tasks above helped STHK to increase reporting rates by 2.5 fold from 2016/17. Out of 95 reports, 46 reports (48.4%) were submitted with the support of Medicines Information. In 2016/17 STHK were placed 17/27 of North West Trusts for yellow card reporting rates. In 2017/18 STHK were placed between 7th and 8th out of 27 North West Trusts throughout the financial quarters [1].

Discussion

It is clear that employees and patients of STHK are now aware of the yellow card scheme and the various ways to submit these reports. Staff members at STHK are motivated to optimise patient safety through adverse drug reaction reporting. To continue this good work Medicines Information plan to continue to promote adverse drug reaction reporting via the following routes:

Hold an annual promotional stand, deliver education sessions, encourage pre-registration pharmacists to take part in a yellow card champion competition, encourage ward based technicians to identify and report ADRs.

STHK has come a long way from under reporting. It is important that Medicines Information continues to motivate colleagues to consider whether patients are experiencing adverse drug reactions. Despite this increase STHK are still under reporting.

References

1. North West Regional Medicines Information Centre. Randall, C. July 2018.

Poster 20

Review of categorising Medicines Information (MI) enquiries to demonstrate intervention and improved patient safety

Postle, K.A.R. Specialist Pharmacy Technician, Medicines Information, Royal Cornwall Hospital, Truro

Focal points

- The objective of this audit was to review and improve the way we categorise enquires to demonstrate the MI department's involvement in patient care and contribution to medicines optimisation.
- This audit showed intervention in patient care beyond that shown by traditional complexity recording.
- MI provides valuable contributions to patient care and safety.

Introduction

The Medicines Information department at the Royal Cornwall Hospitals NHS Trust (RCHT) provides medicines related enquiry answering services, as well as a patient helpline. We answer an average of 150 enquires per month, all of which are categorised according to complexity into 3 levels.

Method

We created a Standard Operating Procedure on how to categorise enquiries according to the clinical significance of the intervention and the contribution to patient centred care. This guidance was streamlined to conform to intervention recording by ward Pharmacists and the same terminology was adopted (Intervention Min; Intervention Mod; Intervention Maj). All staff in MI were subsequently trained on how to categorise enquiries using the new guidance.

The last one month's enquiries were reviewed using the intervention guidelines to audit where interventions had been made in patient care or where MI staff contributed to medicines optimisation. This data was recorded and analysed.

Results

Out of 138 enquires completed, the Medicines Information department had a 74% (n=102) intervention rate in relation to medicines optimisation and patient safety. 53 interventions were classed as 'minor', 36 as 'moderate' and 13 as 'major'.

Discussion

Results indicated that the majority of interventions (52%) were minor, and that most interventions occurred within level 2 enquires (61%).

It became apparent from completing the pilot audit that discussion was needed within the MI team to ensure standardisation of the intervention categories. Data from the next 3 months will be collated, discussed at our MI meetings and guidance updated accordingly once a consensus has been reached.

There were 36 enquiries where no intervention was made. These enquiries included fridge stability enquires and those where an answer to the enquiry was no longer required. In several instances, it was not clear from the enquiry answer if an intervention had been made, and these were not recorded as interventions. It is therefore anticipated that the 74% intervention rate found in this audit is likely to have been underestimated.

A re-audit will be performed in 6 to 12 months' time to analyse our results and the service that is being provided by the Medicines Information department at RCHT.

Poster 21

The Medicines Information needs of patients receiving haemodialysis at 'satellite' units and how they are being met

Henna Begum[1], Bridget Rankin[2], John Weinman[1], Hayley Wells[1].
1. King's College London. 2. Guy's & St. Thomas' NHS Foundation Trust

Focal Points

1. This survey was conducted to gain insight into the medicines information needs of the patients at satellite dialysis units
2. Satellite dialysis units receive a limited service from the renal pharmacy team and the 'Medicines Helpline' is not directly promoted to the dialysis patients
3. Results showed that patients were more satisfied with the information provided on what their medicine is for and how to take it than with potential side effects.
4. Gaps in information provision are analysed and recommendations made to meet patient needs.

Introduction

Public Health England estimated the prevalence of Chronic Kidney Disease in the UK to be at 2.6 million in 2015 and expect it to increase to 4.2 million by 2036.[1] Guy's & St Thomas' NHS Foundation Trust (GSTT) provides haemodialysis for 650 renal patients via on site and 7 satellite dialysis units.[2] The GSTT Medicines Information (MI) service runs a 'Medicines Helpline' to support patient outcomes, safety and experience [3] but this is only advertised within the Trust main sites. With this, and a limited service from the renal pharmacy team, there is a concern that patients at satellite units are not being offered the same level of access to the pharmacy service for information and advice about their medicines.

Method

After a literature search for similar studies and an analysis of the renal enquires logged on MIDatabank a questionnaire was designed based on a validated tool, 'The Satisfaction with Information about Medicines Scale' (SIMS). The questions were on the supply, administration, action and use of medicines as well as cautions, interactions and side effects. There were also questions on how patients prefer to receive information about their medicines.
Patients were recruited from 3 satellite units and asked to complete the questionnaire while they were having haemodialysis.

Results

105 patients completed the questionnaire. Patients were more satisfied with the information provided on actions and uses than on potential problems. The results showed 90% were satisfied with information on how to take their medicine and what it is but only 40% were satisfied with information provided on potential side effects.
36% of patients indicated that they prefer to receive information face to face. The remaining 64% were happy with telephone, email, leaflets or websites.
30% of patients had heard of the 'Medicines Helpline'.

Discussion

The survey results will be used to inform future information provision for patients receiving haemodialysis including direct promotion of the 'Medicines Helpline' and identification and wider circulation of bespoke leaflets. Further research is being conducted to establish if it is desirable and feasible to extend 'Helpline' access using newer IT platforms such as 'webchat' and 'look and book' telephone or Skype appointments. The SIMS questions were easy to use and results straightforward to analyse. Similar surveys could be used to identify information needs for other specific patient groups.

References

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3. Horne R et al The Satisfaction with Information about Medicines Scale (SIMS): a new measurement tool for audit and research. Qual Health Care. 2001 Sep; 10(3): 135–140.

Poster 22

20 years of Pharmacy Technicians in MI – lessons learnt and next steps

Rachel Reuby, Medicines Information, Oxford University Hospitals, Viv Rose, Medicines Information, Northampton General Hospital and Fiona Woods, Welsh Medicines Information Centre. (AMITTS Board of Management)

Focal points

- A survey was sent to MI Pharmacists and Pharmacy Technicians to establish current scope of practice and potential for future developments of the UKMi Accredited Medicines Information Training Scheme (AMITTS) for Pharmacy Technicians.
- Responses were received from 29 Pharmacy Technicians and 68 Pharmacists.
- The results will be used to direct the development of the UKMi AMITTS.

Introduction

AMITTS was established nearly 20 years ago. The scheme has developed over this time – some key positive developments are:

- Introductory training for the pharmacy technicians is currently provided jointly with pharmacists on the National Training course – rather than on a separate dedicated course as at the outset. This has meant that cohorts for the scheme are run at regular intervals rather than waiting for up to two years.
- Member of the public/patient helpline enquiries have been included in the scheme.
- The re-accreditation process has been moved to a local, rather than a central one, with the pharmacy technicians being responsible for initiating the process.
- The most recent development is the approval of funding by UKMi for an electronic portfolio. This is under construction and will be in use for the next cohort starting in October 2018.

Method

In order to identify further development needs the AMITTS Board of Management/UKMi Workforce Development Group sent a survey (Survey Monkey®) to all MI Centres, known accredited pharmacy technicians and mentors in June 2018.

The survey asked questions about scope of practice, development and funding to address the following issues

- Enquiry categories – member of the public is the only enquiry category that has been added to the scheme. The training, skills and experience of pharmacy technicians generally has developed over the last 20 years and as a result other enquiry categories may be suitable for inclusion in the scheme.
- In the early cohorts most pharmacy technicians sought accreditation in a number of enquiry categories. The number of accredited categories per pharmacy technician has decreased in recent cohorts.
- The majority of pharmacy technicians do not seek accreditation for additional enquiries after their initial accreditation.
- Training and information needs for mentors who were not originally involved in the accreditation of a pharmacy technician.
- Reasons why accredited pharmacy technicians who leave MI have not been replaced.
- The need for reaccreditation and if so how should it be done.
- Further training needs for MI pharmacy technicians.

Results

Responses were received from 29 pharmacy technicians and 68 MI managers/mentors. The results will be presented in the poster and will enable the AMITTS team to identify the priorities to develop the scheme further.

Acknowledgements

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Poster 23

Can Medicines Information improve the efficiency of the Pharmacy On-Call Service?

Jo Hughes, Sue Smith, Medicines Information Department, Aintree University Hospital, Liverpool

Focal Points

1) On-call enquiries at Aintree University Hospital (AUH) are routinely recorded by pharmacists on a basic Microsoft access database. This is not a useful resource as details recorded are variable, often with no answer and do not state which information sources were used. It is also not easy to search this database for past enquiries
2) An audit was carried out to determine whether it is feasible for the Medicines Information (MI) service to regularly analyse the on-call database with the aim of retrospectively researching complex level 2/3 enquiries and entering onto MiDatabank (MiD)
3) This MI involvement in the on-call process will ensure that clear and concise evidence based answers are documented, it will improve governance by checking any answers recorded on the on-call database and will aid future education sessions for pharmacists

Introduction

The pharmacy department at AUH provides an on-call service outside of its normal opening hours. On-call pharmacists currently document on-call enquiries on a Microsoft Access database. Unfortunately, this database is not easily searchable and lacks any option to filter entries using keywords. In addition, details recorded are variable, often lacking an answer and not stating which source(s) of information were used; therefore, the on-call database is not a useful source of information for pharmacists. MiD is designed to record, manage and store enquiries; it has been shown to improve efficiency in enquiry answering. Although on-call pharmacists could directly record enquiries on MiD, it is unlikely to be a viable option. It would create extra work to enter information into a database which requires a higher level of documentation. However, another option could be that MI pharmacists regularly check the on-call database for enquiries appropriate for recording on MiD

Method

On-call database entries from 1st January 2017 to 31st December 2017 were analysed. The optimal sources of information which could be used to answer enquiries were considered, to help to determine whether it would be beneficial to add the enquiry to MiD. A complexity level was assigned to each enquiry using MI criteria (1). Suitable enquiries for inclusion on MiD were then allocated an MI core category, and frequently asked questions related to particular drug classes were identified.

Results

There were 1157 entries on the on-call database during this 12 month period and 95 level 2/3 MI enquiries were identified (approximately 8 per month). It took approximately one minute to review each entry. Of the 95 enquiries, 58% involved the choice of therapy/drug dosing, or administration. Questions relating to antibacterials, anticoagulants and antiepileptic drugs (AEDs) were most frequently asked within these categories. Pregnancy enquiries comprised 10% of the level 2/3 enquiries, with the majority of these also related to antibacterials, anticoagulants and AEDs. Further analysis showed that the most frequently asked questions were conversion of oral anti-Parkinson's medicines to a rotigotine patch, conversion of oral AEDs to alternative routes, alternative AED recommendations and choice/dose of low molecular weight heparin in renal impairment.

Discussion

This audit has shown that it would be feasible for MI staff to review the on-call database on a daily or weekly basis as this is a fairly quick process. The time taken to enter level 2/3 enquiries onto MiD and research them thoroughly will vary, depending on the nature of the enquiry (it was beyond the scope of this review to determine this). Further analysis of enquiry types and identifying frequently asked questions can be used to inform the topics of education sessions for pharmacists.

Recording these enquiries onto MiD will ensure that clear, concise, evidence-based answers are documented. Pharmacists will be able to search for past enquiries, potentially saving them time when answering on-call enquiries. This process will also improve governance within the on-call service, by checking that enquirers were provided with appropriate answers. This will facilitate quality improvement in enquiry answering and reduce potential errors. Whilst all of the above will increase MI's workload, the benefits of having fully documented, easily searchable enquiries will improve the efficiency of the on-call service, justifying the time taken to do this.

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Poster 24

A service evaluation of HIV- related drug interaction enquiries through identification of ARV/herbal supplement interactions

Angelica Steward, Ankita Gandhi, Esther Wong and Hannah Levene, Chelsea and Westminster NHS Foundation Trust (CWHFT), London

Focal Points

- Identify the proportion of HIV related drug interaction enquiries that involves herbal supplements received by the MI centre
- 57% of HIV related drug interaction enquiries are related to herbal supplements
- MI pharmacists can work together with HIV services to relay outcome of enquiries

Introduction

The CWHFT hosts one of the largest HIV units in Europe. The main perception for patients is that herbal supplements are 'safe' as they are usually described as being 'natural', 'herbal' and 'derived from plants'.[1] At the MI centre, there has been an increase in enquiries relating to the concurrent use of herbal supplements and ARVs over the last few years from healthcare professionals and patients.

Method

Data was extracted from MiDatabank using the reporter function.[2] Enquiries during the period 01 January 2017 to 31 December 2017 was collected. HIV-related enquiries were individually categorised and documented. These types of enquiries were analysed to determine the proportion involving herbal supplements.

Results

A total of 1024 enquiries were received during the data collection period and of these enquiries, 197 enquiries (19%) were HIV-related. The most common type of HIV-related enquiries received by the specialist MI centre was regarding drug interactions (86%), drug administration (4%), adverse effects (1%) and others (9%).

The HIV-related drug interaction enquiries that involved herbal supplements were analysed. Of these types of interaction enquiries, 57% were interactions between ARVs and herbal supplements and 43% were interactions between ARVs and prescription medications.

Discussion

Patients who enquire about interactions with their ARVs are generally well-informed and mindful to check before using other medications and herbal supplements, particularly since the latter are commonly recommended by their friends and peers. These results support anecdotal reports of an increase in the popularity of herbal supplements.[3] ARV-related herbal supplement drug interaction enquiries are thoroughly researched at C&W MI centre using various resources, which is important since good-quality evidence-based data regarding complimentary and herbal supplements is often lacking.

Conclusions and Recommendations

This service evaluation highlights the volume of herbal supplement interactions with ARVs and close working between MI and HIV pharmacy services is recommended to improve the service

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Poster 25

Bigger and Better: The Birth of the Leeds Medicines Advisory Service (LMAS)

Dave Abbott, Keri Murphy, Jane Otter, Sue Parkinson, Helen Taylor, Helen Thorp, Emily Turner. Leeds Medicines Advisory Service. Leeds Teaching Hospitals NHS Trust

Focal Points

- Leeds 'Medicines Information' have merged with the 'Medicines Risk Team', 'Medicines Commissioning', 'Medicines Formulary and Drug and Therapeutics' and 'Primary Care Interface' to form the 'Leeds Medicines Advisory Service'.
- The aim of this project was to form a cohesive, collaborative service providing a specialist hub for Medicines Optimisation.
- Improved sharing of information, safety and efficiency savings have been shown through new models of working across the original teams.

Introduction:

In September 2017 staff changes in the Leeds Medicines Information personnel prompted us to look differently at the way we work. We took the opportunity to amalgamate MI services, Medicines Risk, Medicines Formulary and D&T, Medicines Commissioning and Primary Care Interface into the Leeds Medicines Advisory Service. The aims over the following year were:

- To explore cross-overs in work to find efficiencies
- To utilise the diverse skills of the wider team in different ways to improve outputs
- To make succession planning and the development of people with skills for senior roles more robust
- To improve our cross-site equity of access to our services
- All within the existing costs for the service

Methods:

- Using the Leeds Way Lean Methodology we set up a number of projects throughout the year; those which were successful were pushed forwards.
- We held open forum events within the team to discuss our strategy and future direction
- We surveyed the wider pharmacist team, as our main stakeholders and found that the changes we were making were recognised as improving our service.
- We did a thematic analysis of the feedback to produce themes within 'valued aspects', 'perceived weaknesses' and 'areas for development'.

Outputs:

We discovered people wanted specialist knowledge and skills, consistency of staff (i.e. not sessional staff), simple processes and clear regular communication. Feedback on the restructuring of the team was positive, and there were many suggestions that we could work more effectively with others if we improved our communications.

Our vision was to improve consistency, communication and make processes more lean which matched with the needs of our service users.

Based on all of this we:

- Centrally manage all medicines related alerts
- Have an LMAS manifesto to give us guiding principles going forward
- Reviewed skill mix in the query answering service
- Seconded non-registrant staff to triage patient calls
- Improved our training and utilisation of 3rd year foundation pharmacists to train them across many of the areas in the LMAS service and improve our succession planning.
- Processed different workstreams onto the same overarching pathway so that LMAS produce 'information bundles' to support other processes in the wider team?

We have told our service users about our improved service using the Trust 'team brief' face to face communications as well as improving our e-mail outputs to have single e-mail outputs with all the relevant information from the team in one place.

Poster 26

Pre-registration pharmacist MI rotation satisfaction - Can small changes make a big difference?

Kelly Thompson, Poonam Varu, Trent Medicines Information Centre, University Hospitals of Leicester

Focal Points

- Comparison of feedback from two pre-reg cohorts following changes to the local Pre-Registration pharmacist training
- Greater satisfaction and engagement with the pre-registration pharmacists following the change
- Improvement in the development of core MI skills for pre-regs and application in the wider hospital pharmacy setting
- Additional benefit to the department was increased productivity in all areas of enquiry answering.

Introduction

Providing MI training to pre-registration pharmacists is a key training role within our department. The aims are to develop an understanding of MI, and to gain skills in searching, interpreting and summarising evidence based information. The training tools used are the Medicines Learning Portal (MLP), MiCAL and an internal training handbook, adapted from the UKMI workbook. Each year eight pre-registration pharmacists individually come to the department for a four week rotation. We collect feedback in three ways: face to face, anonymously via an online survey, and via the lead pre-reg training pharmacist. Following feedback received in 2015/16 changes were made to the training which were then implemented for the 2017/18 cohort. We introduced more effective handover between supervisors, allocated live enquiries sooner in the rotation, gave dedicated time to take enquiries in, and introduced a peer review exercise.

Method

In addition to reviewing feedback, the total numbers of enquiries answered and time spent taking in calls was reviewed for the two time periods August 2016-July 2017 and August 2017-July 2018.

Results

The survey showed an increase in the percentage of trainees who felt they had developed specific skills (Table 1). We also had positive feedback across all three routes and requests to return to the department to continue their development at the end of their year.

Table 1: Comparison of the improvement in skills gained by pre-regs

Skill	% trainees who gained skill	
	2016/17	2017/18
Confidence in building arguments	66	100
Challenging prescribing decisions	33	50
Relating clinical evidence to practice	33	83

The amount of time allocated for the pre-regs on the department rota to deal with enquiries (including receiving, documenting, researching and feeding back live enquiries) was doubled. We also found an increase in the total number of live enquiries answered by the pre-regs.

Discussion

The most encouraging outcome from our changes was requests from some of the pre-regs to return to MI to continue their development. Feedback was positive across all three routes and in addition we did see a positive impact on the workload for the team overall in terms of enquiries answered and the time spent taking in enquiries. The small changes have had a positive impact on training satisfaction, and the added bonus of increased productivity for the department.

Poster 27

MI skills training for clinical pharmacists

Rachel Holland and Catherine Witter, Medicines Information Centre, Southport and Ormskirk Hospital NHS Trust

Abstract

There have been numerous requests from clinical pharmacists to provide an update on MI resources. Clinical pharmacists wanted to enhance their skills when looking for information as part of their ward work, directorate work and when on call. It was also apparent that pharmacists joining the department have a variety of previous experience in medicines information. In developing training for the clinical pharmacists it became important to also include a rolling programme of updates so that the opportunity to include new starters was always there. A questionnaire was distributed to all pharmacists in the department to find out about existing knowledge, confidence level, history of medicines information training and any suggestions they would have for area to be covered. There was also a suggestion that the training be made annual. We put together a training package which included common areas for clinical pharmacists to be asked for information and a hyperlinked document for use on call when pharmacists may be asked questions about less familiar clinical areas. The training was delivered and feedback gathered so that adjustments could be made to optimise benefit. A programme of running the training is now underway with the next session booked for September when the new cohort of pharmacists will have joined the Trust. Feedback gathered from pharmacists who attended the sessions showed improved confidence particularly when looking for information on the SPS website which had been developed since many of the pharmacists had completed any medicines information training. There was also a developed interest in improving skills in Medline and Embase searching. We are now looking at developing this training in a group setting with individual computer access.

Focal Points:

- Using a questionnaire gather information from clinical pharmacists on their previous MI training and current training needs
- Create and deliver training package to assist clinical pharmacists in their day to day work and when on-call and for new starters.
- Gather feedback from training session
- Adapt package based on feedback and embed into annual clinical training sessions within department

Poster 28

The use of MiDatabank by shift workers out of hours

Julia Angowska, Katrina Yu, Medicines Information, Manchester University Foundation Trust-Oxford Road Campus, Manchester

Focal points

- This project looked at the use of MiDatabank as part of the out-of hours pharmacy service
- Only 20% of shiftworking pharmacists use MiDatabank to look for past enquiries
- Shiftworking pharmacists were given full access to MiDatabank and asked to log complex enquiries over a 4 week period. Three enquiries were logged. The main barrier reported to logging calls was time-consumption and duplication with other systems
- Shiftworkers unanimously requested feedback from MI pharmacists on calls answered out-of-hours

Introduction

This project aims to expand the use of MiDatabank during out of hours and to evaluate if it can improve delivery of clinical enquiries in a 24-hour hospital pharmacy service.

Objectives:

1. To explore shift workers experiences with MiDatabank 2. To review what type of medicine information topics are enquired.
3. To evaluate the usefulness of MiDatabank out-of-hours.

Method

Qualitative data was obtained through questionnaires completed by the shift-workers before the study period to explore their thoughts on the use of and documentation on MiDatabank out of hours. During the study period, Data was obtained by the shiftworker during their night shift over a 4 week period. All clinical enquiries received were documented; if an answer was not found using general resources, ie. BNF, SPC, or from previous enquiries on MiDatabank, they were logged as an enquiry on MiDatabank. Data was subsequently analysed.

Results

10 out of 16 shift-workers completed questionnaires and study period. Only 20% reported to use MiDataBank on regular basis out of hours.

During the study period, there were a total of 172 medicines information enquiries where 24 were during a night shift; 6 of these calls were considered complex and 3 were documented onto MiDatabank by the shiftworker. In terms of documenting enquiries during their shift, the main barrier to this was time-consumption; however, all respondents would like to receive feedback on enquiries they had worked on out of hours.

Discussion

MiDatabank is currently not the go-to resource out of hours due to the accessibility of other resources; however it is useful for more specific complex enquiries. Documentation on the system out of hours was considered time-consuming and duplication of work as other systems are in place to document calls out of hours. Further research can be conducted on a larger scale for a longer duration, with a Medicines Information pharmacist reviewing the complex enquiries and providing feedback to the shift-working pharmacist.

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