

UKMi

UK Medicines Information

45

***45th UKMi Practice
Development Seminar
Manchester Conference
Centre & Hotel,
25th September 2019***

Programme and Proceedings

IBM Watson Health
In association with

 @UKMedicinesInfo #UKMIconference2019

Programme

Morning session

9.00 Registration and refreshments - Exhibition open

10.00	Welcome to the PDS & UKMi View	Forward	Vanessa Chapman, <i>Chair - UKMi Executive & Director of Trent Medicines Information Service</i>
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Plenary Session 1: Pharmacist role in managing introduction of new technologies

Chair: Helen Davis, *Director, North West Medicines Information Centre*

10.10	The Role of the Pharmacist in the Introduction of ATMPs	Ann Black, <i>Regional QA Specialist Pharmacist, North East & North Cumbria</i>
10.40	Managing risks and safety	Richard Cattell, <i>Deputy Chief Pharmaceutical Officer at NHS England and NHS Improvement</i>

11.10 Question & answer session

11.20 Coffee break

Plenary 2: Clinical updates

Chair: Poonam Varu

11.40	Paediatrics - clinical problem solving	Stephen Tomlin, <i>Chief Pharmacist, Great Ormond Street Hospital</i>
12.20	Liver disease and drug handling	Penny North-Lewis, <i>Specialist paediatric liver pharmacist, Leeds Teaching Hospitals NHS Trust</i>

13.00 Question & answer session

13.10 Lunch, posters and exhibition

Afternoon session

Workshop One – 14.15-15.15		Workshop Two – 15.30-16.30
Person Centred Consultation Skills <i>Nina Barnett</i>	Comfort break – 15.15-15.30	Person Centred Consultation Skills <i>Nina Barnett</i>
Leadership – Developing it in yourself and others <i>Ann Page</i>		Leadership – Developing it in yourself and others <i>Ann Page</i>
Getting Started in Research <i>Dr Andy Fox</i>		Getting Started in Research <i>Dr Andy Fox</i>
Critical analysis of systematic reviews <i>David Erskine</i>		Critical analysis of systematic reviews <i>David Erskine</i>
Patient helplines – additional uses to demonstrate value of MI <i>Jonathan Hall, Bridget Rankin & John Minshull</i>		Patient helplines – additional uses to demonstrate value of MI <i>Jonathan Hall, Bridget Rankin & John Minshull</i>
Management of Chronic non-cancer pain <i>Roger Knaggs</i>		Management of Chronic non-cancer pain <i>Roger Knaggs</i>

16.35 Prize giving - Vanessa Chapman, Director of Trent Medicines Information Service

16.45 Conference closing comments



**45th UK Medicines Information
Practice Development Seminar
Manchester 25th September 2019**



Dear Delegate

Welcome to Manchester Conference Centre & Hotel and the 45th 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.

We will be tweeting throughout the event today. Please follow us @ukmedicinesinfo. If you tweet, include our hashtag for the PDS #ukmiconference2019 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

Trent Medicines Information Centre, University Hospitals of Leicester NHS Trust

Paula King – Poster Co-ordinator

Regional Medicines and Poisons Information Centre, Belfast

David Abbott

Leeds Medicines Advisory Service, St James's University Hospital

Tiffany Barrett

South West Medicines Information & Training, University Hospitals Bristol NHS Foundation Trust

David Erskine

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

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Southampton Medicines Advice Service, Southampton General Hospital

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Opening Session

Welcome to Manchester

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, additionally 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 – Pharmacist Role in Managing Introduction of New Technologies

Chair: Helen Davis, Director, North West Medicines Information Centre

Biography



Helen is currently the director of the North West regional MI centre but has worked at the centre for over 20 years in various roles including primary care MI lead, assistant director, and horizon scanning lead in which she has led delivery of the UKMi horizon scanning publications for much of that time. In her horizon scanning role Helen has represented UKMi nationally and internationally and leads provision of UKMi/SPShorizon scanning advice at all levels in the NHS including NHS England, NHS BSA, senior pharmacy leads in primary and secondary care as well as at a speciality level.

Prior to working at the NW MI centre Helen held positions in formulary and clinical trials management, teacher practitioner, renal transplant and paediatric specialties.

The Role of the Pharmacist in the Introduction of ATMPs

Speaker: Ann Black, *Regional QA Specialist Pharmacist, North East & North Cumbria*

Biography



Anne has spent most of her career in NHS Quality Assurance at Newcastle upon Tyne Hospitals NHS Trust where she has worked in QA until July 2017 when she became RQA for the North East and North Cumbria. She developed her interest and expertise in advanced therapy medicinal products as she became involved with the quality management of the Newcastle Cellular Therapies Facility and has since used this expertise to emphasise the important role of Pharmacy to optimise patient safety in the delivery of these medicines. Anne is Chair of the UK Pan Advanced Therapies Treatment Centre Pharmacy Working Party), and a steering group member of the Northern Alliance Advanced Therapy Treatment Centre as well as sitting on NHS Pharmaceutical QA Committee and the National Pharmacy Clinical Trials Advisory Group.

Abstract

This presentation will consider the role of pharmacy in the delivery of innovative advanced therapy medicinal products (atmps), and consider the future implications for pharmacy.

With the advent of marketed CAR-T products ATMPs have entered mainstream pharmacy practice. Pharmacy colleagues should understand how CAR-Ts have been implemented and to understand their role, whether based in primary or secondary care, - to optimise clinical care for patients who have received them.

- ATMP definition refresher
- The role of Pharmacy in delivering CAR-T and other ATMPs
- What are the wider implications for Pharmacy?
- Horizon Scanning
- Introduction of the Pan – UK Pharmacy Working Group for ATMPs

Managing Risk and Safety

Speaker: Richard Cattell, *Deputy Chief Pharmaceutical Officer at NHS Improvement*

Biography

Richard has been a pharmacist for 28 years with a career mainly in Acute Hospitals in the South West, Cardiff and the West Midlands. His most recent roles have included Chief Operating Officer and Chief Pharmacist. His current role is the Deputy Chief Pharmaceutical Officer for NHS England and NHS Improvement where he focuses on supporting Trusts with their care quality, driving the improvement in 7-day pharmacy services, developing aspiring chief pharmacists and providing the senior medicines leadership to the Medicines Safety Programme. He is passionate about supporting patients and the healthcare team in getting the best from medicines, reducing harm and improving care.

Abstract

Richard will reflect on how risk and safety can be appropriately managed using case studies - EPMA, biosimilars, medicines governance and safety - to illustrate his points, drawing conclusions about potential approaches to governance to ensure safe care.

Plenary Session 2 – Clinical Updates

Chair: Poonam Varu, *Advanced Specialist MI Pharmacist, Trent Regional Medicines Information Service*

Biography



Poonam is a senior pharmacist based at the Trent Regional Medicines Information (TMIC). She has worked at the centre since 2016. Poonam started her career as a community pharmacist before transitioning into hospital pharmacy. She has worked in various clinical roles and is an independent prescriber with a special interest in anticoagulation. She spent two years working in a split role with Medicines Information and Emergency/Specialist Medicine before taking up her current MI role.

Paediatrics

Speaker: Stephen Tomlin, Chief Pharmacist, Great Ormond Street Hospital

Biography



Stephen has since worked in the field of children's medicines for over 25 years working in several London teaching hospitals. He is currently the Chief Pharmacist at Great Ormond Street Hospital, NHS Foundation Trust. He previously served as Consultant Pharmacist – Children's Services at the Evelina London Children's Hospital (Guys & St Thomas'). He is a hands-on clinical specialist and accountable for paediatric medicine service delivery within his Trust. Within the Trust he leads a team of 130 pharmacy staff across a range of pharmacy specialisms: clinical, dispensary, procurement, trials, research, aseptic manufacturing, quality assurance and education. His large educational and research commitments, both within and external to the Hospital have led to him becoming a Clinical Reader at King's College London University. His main fields of expertise are paediatric medicines safety, medicines compliance and competence of the paediatric pharmacy workforce. For many years he has worked part time as the professional secretary of the Neonatal and Paediatric Pharmacists Group (NPPG), allowing him to represent paediatric pharmacy on many national forums, at government level and within the Royal Colleges and within the media.

Abstract

This session will concentrate on what makes children different and aspects of practice that should be taken into account when providing good pharmaceutical care to children. It will touch on aspects of unlicensed medicines and aspects of evidence base when looking at conditions with small clinical numbers. The session will explore aspects of both pharmacological differences as well as pharmaceutical attributes which affect the way we need to think about medicines in different ages.

Liver Disease and Drug Handling

Speaker: Penny North-Lewis, *Paediatric Liver Pharmacist, Leeds General Infirmary*

Biography



Penny North-Lewis obtained her Pharmacy degree from Nottingham University and completed her training at King's College Hospital where she became the first Paediatric Liver Specialist Pharmacist in the UK. She has continued in the field of hepatology, moving to Leeds in 2000. Penny has presented nationally and internationally and is an active member of the Neonatal and Paediatric Pharmacist Group, the British Liver Transplant Group and the British Society of Paediatric Gastroenterology, Hepatology and Nutrition. She is the editor of 'Drugs and the Liver - A guide to drug handling in liver dysfunction', published in 2008.

Abstract

Drug handling in patients with liver disease is a tricky subject fraught with misunderstanding and a lack of information. This talk will attempt to tackle both angles by giving an overview of how to 'measure' liver function and then how to apply our pharmaceutical knowledge to choose appropriate therapy for individual patients. A case will be discussed to illustrate the themes.

WORKSHOP 1 – Person Centred Consultation Skills

Speaker: Nina Barnett, Consultant Pharmacist, Older People at London North West University Healthcare NHS Trust & NHS Specialist Pharmacy Service

Biography



Nina Barnett is a Consultant Pharmacist with a proven track record in both strategic and operational development relating to clinical pharmacy and clinical leadership in the area of older people. Nina has developed and delivered MSc modules in care of older people at various London Universities and designed and delivered health coaching training to clinicians to support person-centred care. She has pioneered the use of coaching in pharmacy and, with colleagues, designed a patient-centred process for managing polypharmacy and deprescribing.

She is a national leader in use of person-centred approaches to medicines-related patient care, publishing internationally in a variety of specialities.

Abstract

Medicines information staff have the opportunity to help people (patients) get the most from the medicines they choose to take through enquiries that happen usually by telephone in a hospital environment. A person-centred approach is encouraged by both the pharmacy professional body ([RPS 2013](#)) medicines optimisation guidance principle 1) and regulator ([GPhC 2018](#)), as well as globally ([WHO 2018](#)). At present there is little consistency regarding content, length and quality, which is a function of both resources and skills. [Recent work](#) with junior pharmacists and pre-registration pharmacists at LWNUTH has shown that short face to face workshops, followed by case examples and accompanied ward visits can deliver more person-centred consultation for ward based staff. The challenge for medicines information is to utilise these skills within a structured process of enquiry answering in a telephone based setting,

This workshop will include

- What is person-centred care
- Why is it important
- Relevance to medicines-related consultations
- How can it be used in telephone consultations
- What skills do you need
- Next steps

WORKSHOP 2 – Leadership – developing it in yourself and others

Speaker: Ann Page, Pharmacy Lead Clinician, Clinical Services and Workforce Development, St James's Hospital, Leeds Teaching Hospitals

Biography



Ann Page is Clinical Services and Workforce Development Lead Clinician for pharmacy at Leeds Teaching Hospitals - managing clinical services, education and workforce development for 600+ pharmacy staff and medicines education for other professional groups throughout the Trust. Her own patient-facing work is in emergency medicine.

Ann is immediate past Chair of UK Clinical Pharmacy Association and since 2004 she has held a volunteer professional role with Crisis (the homelessness charity), planning and leading healthcare services within homeless centres over Christmas period.

Ann is a keen singer, an occasional cellist, a slow runner and an enthusiastic hillwalker.

Abstract

Do you view yourself as a leader? Would you like to view yourself that way? Do you want/need to develop leadership qualities in others? Leadership in the pharmacy professions has never been more important and the implementation of the NHS 10 year plan will require pharmacists to step up and lead as never before.

Most of us already demonstrate leadership skills and qualities in your practice, even if aren't labelling them as such. This session will challenge participants to consider how you can further develop those skills in both yourself and your colleagues, using both self-directed development activity as well as more formal development opportunities available to the pharmacy professions and associated staff. The use of leadership development frameworks for self-assessment and development planning will be discussed.

Please come prepared to talk within a small group of your colleagues about your practice, share your experiences and pick up some tips. In return, you have my solemn word that there will be absolutely no role playing, no naming and shaming and no need to write anything on a flip chart and feed it back to the wider group. Leave inspired to lead your team, lead your service or just your brilliant self!

WORKSHOP 3 – Getting Started in Research

Speaker: Dr Andy Fox, Consultant Pharmacist Medicines Safety, Deputy Chief Pharmacist at University Hospital Southampton NHS Foundation Trust

Biography



Andy has been a practising pharmacist for 28 years and has specialised in paediatric pharmacy for the last 20 years. He has been working in medication safety at UHS since 2004 and became the designated Medication Safety Officer (MSO) in 2014. He is a member of the national steering group for MSO's and chairs the Hampshire medication safety group.

Andy has been developing pharmacy practice research within UHS for the last 10 years. Successes include research grants from the Health Foundation and the Neonatal and Paediatric Pharmacists Group. He has recently finished his PhD which resulted in two publications.

Andy has a specific interest in paediatric medication safety and has recently completed his PhD involving the identification of prescribing errors likely to cause harm and evaluating the ability of electronic prescribing systems to prevent them in a paediatric hospital population. His other research interests include the use of advance analytics to improve antimicrobial stewardship and the use of a compounding management system to reduce risk in the preparation of chemotherapy.

His is lead for the Medicines for Children Leaflet project hosted by the Royal College of Paediatrics and Child health in combination with the neonatal and Paediatric Pharmacists Group and WellChild.

Abstract

The workshop will focus on developing a list of research questions relevant to Medicines Advice Services. Along the way we will explore ways of getting into research, barriers to research and signposting resources for early researchers. Hopefully it will help to demystify research and show you that we can all contribute.

WORKSHOP 4 – Critical analysis of systemic reviews

Speaker: David Erskine, *Director of MI, Guy's and St Thomas' NHS Foundation Trust*

Biography



David has been the Director of the Medicine Information Service for London and the South east since 2003. He has been involved in various UKMI developments in that time including provision of the Medicines Awareness news service (in conjunction with NICE) and supporting NHS Digital develop medicine information for patients. He is a member of the SPS Patient Safety Working Group and contributes to several of the group's outputs. He is also a member of SE London Area Prescribing Committee, the editorial board of the Drug & Therapeutics Bulletin and a Senior Clinical Lecturer at Kings College London and a clinical lecturer at Bath University.

Abstract

In this workshop participants will have the opportunity to work through a systematic review with network meta-analysis to discuss methodological issues and interpretation of results.

WORKSHOP 5 – Patient Helplines – additional uses to demonstrate value of Medicines Information

Facilitators:

Jonathan Hall, *Principle Clinical Advice Pharmacist, Southampton Medicines Advice Service*

Bridget Rankin, *Principle Pharmacist, London & South East MI Centre, Guy's Hospital*

John Minshull, *Deputy Director, London MI Service, Northwick Park Hospital*

Biographies

Johnathan Hall

Jonathan Hall is a Principal Pharmacist at Southampton Medicines Advice Service (SMAS) where he currently manages the enquiry answering service, including the Trust's Medicine Helpline.

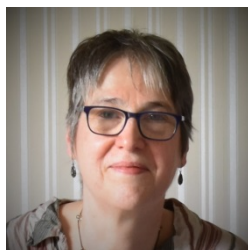
Before being dragged down south by his wife (kicking and screaming), he spent his formative pharmacy years at the Northern General Hospital in Sheffield, where he was trained by a master in the ancient art of 'Clinical Advice'.

A committed cyclist, at the time of the PDS he will be 2 races into the 2019/20 cyclocross season. A good marker of how he's going will be his level of grumpiness (taking into account the background grumpiness of a 50-year-old Northerner with a wife and 2 kids!).



Bridget Rankin

Bridget has worked in Medicines Information for 20 years, firstly as manager of a small MI centre at a DGH and then at Guy's, where she manages the secondary care team. A large part of her role is supervising the many rotational staff that come through Guy's each year and her interest in E&T extends to being a clinical lecturer at King's College London.



John Minshull

John runs the London Medicines Information Service from Northwick Park, focussing his attention on supporting medicines optimisation opportunities through the London Regional Medicines Information Service. He has previously worked in an interface role, which drew on the experience he gained as a hospital and as a commissioning pharmacist.

John has an MSc from the London School of Economics in Health Economics, Policy and Management; this provided a crucial set of skills and knowledge that help him make complex prescribing and medicines policy recommendations for the health economy.



Abstract

Medicine Helplines reassure patients as they leave hospital, and resolve any medication-related problems that they may encounter when they reach home. This optimises their care without delay, and can prevent GP visits or unnecessary consultations with other healthcare professionals.

However they can be much more than just a reactive service, and the data they generate can identify and rectify deficiencies in the discharge process and communication between outpatient clinics and GPs.

The aim of this workshop is to explore how medicine helplines can improve patient experience, outcomes & safety, and also to identify the challenges that might be found along the way.

WORKSHOP 6 – Management of chronic non-cancer pain

Speaker: Roger Knaggs, *Associate Professor in Clinical Pharmacy Practice; School of Pharmacy, Nottingham University*

Biography



Roger is a clinical academic pharmacist. His current position provides teaching and research opportunities whilst maintaining regular clinical practice. Roger's main research interests focus on the appropriate use of analgesic medicines, and associated clinical outcomes and healthcare utilization.

Roger aims to promote the importance of pain within pharmacy and the role of pharmacy within pain management. To this end he started PAIN (Pharmacist Analgesia Interest Network) and was the inaugural chair of the United Kingdom Clinical Pharmacy Association pain management group. Roger is Honorary Secretary of the British Pain Society at present, having been a co-opted and elected Council member. Recently, he was appointed a member of the Advisory Council on the Misuse of Drugs and is the new Chair of their Technical Committee. In addition, he has associations with several other healthcare policy and government organisations, including the Care Quality Commission and NICE.

Abstract

Chronic pain is very prevalent and extremely common. About 28 million adults in the UK suffer from chronic pain – generally regarded as pain that lasts for more than three months. However, all types of treatments, including medicines, are of benefit for a small proportion of people. The session will consider what pain is and its significance, and then consider the role and effectiveness of medicines for managing chronic pain.

There is much talk of an opioid 'epidemic' or 'crisis' in the USA and Canada. However, although there is been a substantial increase in opioid prescribing in the UK and other European countries, at present the public health and societal consequences appear do not appear to be the same. The potential for misuse of other analgesic medicines, such as gabapentin and pregabalin, will be highlighted, and therapeutic potential for cannabis based medicinal products explored.

Poster Presentations

Best posters prize

Prizes for the two best posters and the delegate's choice will be awarded at the closing session after Workshop 2.

2018 winners of the best poster prizes:

Winning Posters – Judge's Choice

Lindsay Davies

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

Poonam Varu

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

Winning Poster – Delegate's Choice

Sue Smith

Can Medicines Information improve the efficiency of the Pharmacy on-call service?

Commended Posters – Judge's Choice

Cristina Coelho

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

Natasha Gearing

Make babies SMILE ☺: timely support and information at ESNEFT

Previous Winners

2017	Nicola Greenhalgh – <i>Analysis of pregnancy queries to a mental health medicines information service</i> Sue Smith – <i>Can answers to Medicines Information enquiries be obtained from the internet from Search Engines?</i> Lorna Hand – <i>Categorisation of MI enquiries using patient safety, patient support, and treatment effectiveness outcomes</i>
2016	Alana Adams – <i>What do patients know about Yellow Cards?</i> David Abbott – <i>Providing MI Skills Training to Community Pharmacy Staff</i>
2015	Aoidín Cook & Sophie Rawthore – <i>Exploring the practice of healthcare professionals who review and prescribe medication in pregnancy</i> Sue Smith & Fiona Marshall – <i>How the MI Service can increase ADR reporting</i>
2014	Diane Bramley, Brinda Lavingia & John Weinman – <i>Impact of the advice from the MI patient helpline on medication adherence</i> Matthew Jones & Pym Pettitt – <i>The outcome of data monitoring in the quality assurance of MI services</i>

How Can the Medicines Helpline at Guy's and St Thomas' Trust Utilise Novel I.T. Platforms to Improve Accessibility for Patients with Medicine Enquiries?

Diane Bramley¹, Bridget Rankin¹, Rita Shah² and Yasmin Sultan²

1 London and SE Medicines Information, Guy's and St Thomas NHS Foundation Trust.

2 Department of Pharmacy and Forensic Science, King's College London.

Focal Points:

- What are patients' preferred methods of contacting the Medicines Helpline?
- 202 inpatients and outpatients at Guy's and St Thomas' hospitals were surveyed about their views of the helpline and their preferred methods of contact.
- Approximately half of patients find it difficult to call a hotline during normal working hours.
- Patients' preferred method of accessing the helpline service was using a pre-booked telephone appointment, followed by email and apps as popular methods.

Introduction:

The medicines helpline for patients at Guy's and St Thomas' NHS Foundation Trust is a dedicated telephone hotline for patients with questions about their medicines prescribed at the hospital and runs Monday to Friday between 9am and 5pm. Patient feedback from surveys¹ suggests that it is not always easy for patients to contact a telephone hotline during normal working hours so the aim of this study was to: identify patients' preferred method of accessing the medicine helpline and to evaluate the current GSTT medicine helpline to improve its accessibility for all patient demographics.

Method:

A questionnaire was designed, using closed questions (tick boxes) with some free-text options for qualitative responses. The questionnaire was piloted for 1 week then outpatients and inpatients at both Guy's and St Thomas' hospitals were surveyed over 4 weeks to obtain a sample of 100 – 200 completed questionnaires. Questions gathered information on patient demographics, whether patients would use the helpline, whether they would have difficulty accessing the helpline and their preferred methods of contact. A Likert scale was used to quantify the popularity of using different platforms to contact the helpline. Quantitative data was analysed using SPSS v 25.0.

Results:

202 questionnaires were completed. 88% (n=178) of patients said they would use the helpline reassuring the need for the service. Reasons given for not using the helpline included: work commitments/lifestyle factors preventing contact during current operational hours (51%), anticipated waiting times whilst on the telephone, disliking the use of telephone hotlines in general, preferring to use another language (Arabic/Filipino). The most popular alternative method of access was pre-booked telephone appointments favoured by all ages/ethnicities (73% vs 66% hotline). Other preferred methods were email (63%), mobile App (66%) and WhatsApp (57%). Recommendations from the study were to: design and trial an online booking system for pre-booked telephone appointments which might include 'out of hours' appointments; develop a Medicines Helpline email and investigate the possibility of developing Apps.

References:

- 1 Kotecha J, Bramley D. Accessibility of a Medicines Helpline: A Survey of Pharmacy Outpatients. 2013 (Unpublished)

Does the use of Electronic Patient Records in Medicines Information improve the quality of the information and advice provided?

Elizabeth Braun and Helen Wilson, Medicines Information Centre, Bradford Teaching Hospitals NHS Foundation Trust

Focal Points:

- To determine whether the use of Electronic Patient Records (EPR) enhances the service provided by Medicines Information (MI)
- In approximately half of enquiries reviewed the advice given was changed as a result of reviewing EPR
- The use of EPR in MI improves the quality of the information and advice provided and can lead to further clinical intervention

Introduction: EPR was introduced to the Trust in 2017; this provides MI with remote access to electronic drug charts, patient medical notes and test results. Prior to this the Trust used paper medical notes and drug charts, which were kept on the ward and not accessed by MI. The aim of this project was to determine whether access to EPR enhances the service provided by MI and improves the quality and accuracy of information provided.

Method: We designed a data collection tool and prospectively collected information on all enquiries where we accessed EPR for an individual enquiry in May 2019.

Results: 44 enquiries where EPR was accessed were received and answered in May 2019. The information provided by the enquirer was factually different to the information on EPR in 14/44 (32%) of enquiries. The question or clinical situation was clarified as a result of using EPR in 33/44 (75%) of enquiries. In 20/44 (45%) of enquiries, the information or advice given changed as a result of using EPR. In 16/44 (36%) of enquiries different or additional interventions were made as a result of using EPR.

Discussion and Conclusion: Using EPR has had a positive impact on the quality of information and advice provided by MI. In 30% of enquires, the enquirer gave incorrect information on the patient's history, and in 45% of enquiries our advice changed because of the information we gained from EPR. We were able to make additional interventions in over 35% of enquiries.

Clarification of the clinical situation allowed additional assurance that appropriate information and patient specific advice was provided.

In several cases an additional or different intervention was made that was unrelated to the original enquiry. These included drug history discrepancies and prescribing errors of critical medicines, management of other conditions, interactions and electrolyte corrections required. This demonstrates the importance of access to complete patient information when undertaking work in MI, and how our advice is tailored to individual patients as an integrated part of the clinical care of the patient.

Our conclusions are limited because EPR was not used for all enquiries, and individual judgement was used to decide when to use EPR which is subjective. In light of the level of inaccuracy found in the patient information provided we will look to incorporate use of EPR in to our standard work processes. Further work could be done to look at the impact of EPR on all enquiries

These results have implications on the way we train pre-registration pharmacists and pharmacists in terms of information gathering. At the moment we believe that using EPR is not a substitute for basic MI questioning skills, but a useful addition to our current practice.

Medicines Information – Guiding Your Safe Use of Medicines: a secure e-advice service at the Welsh Medicines Information Centre

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

Focal Points:

- This presentation outlines how Welsh Medicines Information Centre (WMIC) developed a secure electronic enquiry submission form for non-urgent cases as part of the Cardiff and Vale e-advice platform for Primary Care.
- The e-form (a) allowed primary care healthcare professionals to submit enquiries at a time convenient to them and (b) provided a structure to ensure relevant data was included with the enquiry

Introduction:

WMIC receives a high proportion of GP enquiries via email. Whilst the NHS Wales email network is considered secure for the transfer of personal identifiable information¹, such enquiries frequently lacked relevant data. WMIC wanted to address this by providing an alternative, secure, 24 hour method for GPs, primary care nurses and pharmacists to submit non-urgent enquiries.

Method:

An existing e-advice and communications system in Cardiff and Vale University Health Board (CAVUHB) allowed primary care clinicians to contact specialist teams for advice on non-urgent cases. WMIC approached the IT team to develop a similar, but more detailed enquiry submission form for the MI service which allowed collection of all relevant data. The system, tagged “Medicines Information – Guiding your safe use of medicines” via the e-advice system for Primary Care was launched on 18th February 2019, and publicised via local administrator announcements, the weekly UHB newsletter, and social media.

The form includes patient details and a general query box with additional pop-up questions depending on the enquiry category. For example, an enquiry about interactions will prompt questions such as: which of the drugs involved is the patient already taking; how long have they been taking them for; and if the patient is already taking both drugs, have any problems been identified / investigated?

Enquirers can upload files such as images, other relevant communications or documents. The enquiry response can also include attachments (e.g. relevant UKMi Q&As; references). Importantly, the form blocks submission if the enquirer indicates that the enquiry is urgent and directs them to call our enquiry answering line instead.

Full details of the advice request and response are linked to a patient’s Welsh Clinical Portal profile and are automatically uploaded. This means that the response will be accessible to any healthcare professional across NHS Wales involved in this patient’s care.

Results:

To date, WMIC has received 21 enquiries via this route, at an average of 1-2 enquiries per week. The service has been well received so far, uptake is increasing, and we have been contacted by enquirers who have not previously used our service. We are continuing to promote the service to other users and are considering if it could also be rolled out within secondary care. A user-satisfaction audit is planned for later in the year to review the service from both an MI and enquirer perspective.

References:

1. All Wales Email Policy Leads. NHS Wales All Wales Email Use Policy. January 2016.

Evaluating Discharge Medication Errors Identified via the Medicines Helpline at University Hospitals Birmingham

Jagjit Sagoo (Medicines Information, Solihull Hospital, Solihull), Katy Davies (Medicines Information, Solihull Hospital, Solihull), Lois Cobblah (Aston University), Mark Brennan (Aston University) and Ruth Edwards (Aston University).

Focal Points:

- The objective was to collate data on the number and types of medication-related errors identified via the Medicines Helpline.
- 28.6% of Medicines Helpline enquiries were found to be related to a medication error.
- Some underreporting of errors via the Trust incident reporting system (DATIX) was identified indicating the need for a standard operating procedure (SOP), setting criteria for incident reporting within Medicines Information (MI).
- The project highlighted a need for improved communication between MI, clinical pharmacy teams, and other healthcare professionals within the Trust to increase awareness of errors.

Introduction: Medication errors remain an issue for healthcare professionals in all sectors. These preventable adverse events can result in harm to patients and cost implications for healthcare providers. Medication errors cost the NHS approximately £200-400 million per year¹. It is imperative that there is an effective and continually emerging reporting culture to maintain patient safety and prevent recurrence. In this study, the types of medicine-error related enquiries received by the Medicines Helpline were evaluated in conjunction with the process of error management in Medicines Information.

Method: Data was collected by a pharmacy undergraduate student from Aston University. Retrospective data collection involved reviewing all helpline enquiries from MiDatabank over a 12 month period and identifying those involving a medication-related error. Medication-related errors were identified using an error category classification system formed in the pilot collection period. The data collection tool was designed using Microsoft Excel. The data was then further broken down using Microsoft Excel and results were presented using descriptive statistics.

Results: 590 helpline enquiries were reviewed. Of these 169 (28.6%) medicine-error related enquiries were identified. 11 error types were identified with the three most prevalent being in relation to poor documentation on discharge letters, counselling and medication errors. 20 incident reports were submitted, however findings show that 36 more errors should have been reported via the Trust incident reporting system.

Discussion: Results show that a large proportion of errors are identified via the Medicines Helpline. The majority of these were resolved by the MI staff. The results show that a large proportion of errors are not reported via DATIX. The introduction of a SOP including criteria for when a DATIX should be completed will facilitate consistent incident reporting within the MI team and reduce bias. Follow up from DATIX can take time and this project has highlighted the need for regular feedback mechanisms to clinical pharmacy teams and Trust management via the Safer Medication Practice Group. Increasing awareness of the Medicines Helpline will increase the number of calls, which it is assumed will lead to increased error identification, highlighting areas for improved patient safety.

References:

1. Department of Health (2004) *Building a safer NHS for patients: Improving medication safety*. Available at: https://webarchive.nationalarchives.gov.uk/20120504013729/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4084961.pdf (Accessed: 24th June 2019).

Medicines Helpline for University Hospitals of Leicester – Pilot Study

Nicola Dickson, Elizabeth Hackett, Trent Medicines Information Centre, University Hospitals of Leicester.

Focal Points:

- Should University Hospital of Leicester NHS Trust establish a dedicated medicines helpline for patients who have been discharged? – A helpline pilot study to gauge the benefits.
- The medicines helpline is likely to have averted harm, mitigated risk and potentially avoided re-admission.
- The pilot was considered a highly successful and much-appreciated initiative that should be rolled out Trust wide.

Introduction:

Research conducted both in the UK and internationally suggests that many patients discharged from hospital experience medicines related problems. Medicines helplines provided by pharmacy professionals have been found to benefit patients, avoid harm and provide reassurance for users. In a recent study 52% of NHS Trusts in England reported that they provided a medicines helpline. Of these only 33% of East Midlands NHS Trusts provided one¹. University Hospitals of Leicester (UHL) is a large teaching hospital based in the East Midlands and does not currently provide a medicines helpline. The objective of the project was to conduct a pilot study introducing a patient helpline, analyse the calls and gauge the benefits of the service in order to determine whether it should be rolled out to all UHL patients on discharge.

Method:

A pilot helpline was set up by the Medicines Information team using the national standards to guide the creation of the service². It was operated between 9:30am and 1:30pm, five days a week. The pilot was targeted at cardiology patients located on nine wards (seven cardiology specialty wards, one ward for outlying patients and the discharge lounge). Each patient discharged from cardiology services was given a medicines helpline card which outlined the helpline service and provided contact details and operating times. Data collected over six months was analysed to identify the number of enquiries, the trends in enquiry type and assess the benefits gained by operating this service.

Results:

Calls were analysed retrospectively (n=31). Almost half (49%) were regarding administration or dosage clarification; 29% were about supply issues; 26% for advice on adverse effects and 10% regarding potential drug interactions with over the counter medicines or new medicines to be initiated in primary care. Errors made by UHL were identified in 26% of enquiries. Overall, in 74% of enquiries, risk was considered to have been mitigated and re-admission possibly avoided in 61%. Ad hoc, unprompted feedback from patients and carers who had experienced the helpline service was very positive and many expressed their gratitude in receiving professional advice.

Discussion:

The medicines helpline pilot averted possible harm and mitigated risk to patients. The pilot identified UHL-initiated errors and enabled investigation into what had gone wrong and identified training needs. The pilot also prevented avoidable readmissions. We believe the service to be highly valuable and conclude that expanding the current pilot to create a permanent Trust wide medicines helpline is required.

References:

1. Williams M, Jordan A, Scott J, Jones M. Operating a patient medicines helpline: a survey study exploring current practice in England using the RE-AIM evaluation framework. *BMC Health Services Research*. 2018;18(1):868.
2. Wills S, UKMi, 2014. Medicines Helpline for Hospital Patients: National Standard. Available from: www.sps.nhs.uk [accessed online 25/6/19]

Investigating the use of a local Medicines Information service by GP practice pharmacists

Sue Banfield, Robert Duggdale, and Nina Lustman, Medicines Information Service, Manchester University NHS Foundation Trust (Oxford Road Campus), Manchester.

Focal Points:

- An investigation into the nature of enquiries made by practice pharmacists to a local MI centre, and their impact on the MI workload
- The number of enquiries has trended upwards over time, with each enquiry on MiDatabank taking an average of 56 min to complete.
- 'Transfer of care issues' was a common enquiry theme, but such enquiries were not traditional MI enquiries and did not require specialist MI pharmacist input.

Introduction: Locally, we wanted to investigate the enquiries made by GP practice pharmacists in terms of the nature of their enquiries and impact on MI workload. In particular, we would like to:

- Quantify how many enquiries from practice pharmacists were conventional MI enquiries and how many were considered 'non-MI' enquiries
- Quantify how many enquiries are received per month from GP Practice pharmacists and how this has changed over time
- Investigate what complexity levels and categories these enquiries fell into
- Evaluate for recurring themes
- Investigate whether some enquirers/areas are using the service more frequently
- Investigate how much time these enquiries take to complete

Method: Data were obtained from MiDatabank (filtered by enquiry origin) and an Excel log sheet of 'non-MI' enquiries from 2015 to 2018. Examples of enquiries classed as MI include those regarding dosing information or interaction data whereas an example of a 'non-MI' enquiry would be the request for contact details of staff within the Trust. Enquiries from both sources were manually reviewed and relevant data extracted (e.g. time taken, enquirer, categories) for entries from practice pharmacists. Thematic analysis was then carried out on collected data for 2018 using an iterative familiarisation, re-reading, and coding process to generate concordant themes.

Results: Out of a total of 86 enquiries received from 27 different practice pharmacists, 65% of these were MI enquiries (i.e. recorded on MiDatabank). The total number of enquiries (MI and 'non-MI') increased as a trend over time, with a peak of 12 documented enquiries in November 2018.

98% of the MI enquiries received fell into either level 1 or level 2 complexity, with only one enquiry (2%) classed as level 3. The enquiries fell into at least one of sixteen categories. The majority of these (64%) fell into the 'Patient-Centred Enquiry' category; 36% of enquiries fell into the 'Administration/Dosage' category.

A total of 57.5 hours were spent answering practice pharmacist enquiries. 91.5% of this time was spent answering those logged on MiDatabank. The mean time to complete an MI enquiry was 56 minutes; for 'non-MI' enquiries this value was 9 minutes.

Three key themes were extracted from the data – 'transfer of care issues', 'requests for specialist information' (e.g. regarding paediatric or renal transplant patients), and 'general MI enquiries'. 'Transfer of care issues' characterised many of the enquiries received; often relating to insufficient documentation of medication changes on discharge, and not requiring specialist input from an MI pharmacist.

Pharmacists are overly optimistic about medicines and can be easily influenced

Steve Haigh, Medicines Information Centre, Sherwood Forest Hospitals, Mansfield, Nottinghamshire.

Focal Points:

- We suspected that pharmacists overestimate how effective drugs are.
- We asked MI pharmacists to estimate how effective ACEi's are at preventing deaths post myocardial infarction.
- We found Pharmacists habitually overestimate the effectiveness of drugs.
- Humans are easily influenced when estimating numbers. This is called 'anchoring'⁽²⁾ and is a technique used by drug reps and salesmen of all types.

Introduction:

We had a suspicion that pharmacists overestimated the beneficial effects of drugs so we set about testing that hypothesis with a simple question.

Method:

114 MI pharmacists/technicians on the UKM National Training Course were asked to "estimate the beneficial effect of an ACE inhibitor in reducing risk of death at 1 year after myocardial infarction".

As extra bonus research, the pharmacists were split into 3 groups and asked the question in 3 different leading ways to see if this influenced the answers. Group 1 were not influenced, group 2 were influenced that the drug was very effective, group 3 were influenced that the drug was poorly effective. For example for group 2, the instructions were given using optimistic numbers...

"...you fill in your answers in these boxes, so for example, if you think 90% die on placebo you put 90% in this box, and if you think 10% die on treatment you put 10% in this box..." (This implies an 80% Absolute Risk Reduction (ARR))

Results:

- According to the systematic review 23.1% of patients die within one year on placebo and 19.4% die on ACEi⁽¹⁾ giving an ARR of 3.7%.
- With no influence on the group, the average estimate of ARR was 13% which overestimates by a factor of x3.5!
- The estimate of ARR increased to 19% (x 5 overestimate) and decreased to 8% (still a x 2 overestimate) by the investigator subtly influencing the group while explaining the task.

	Estimated ARR Average (range)	MI pharmacists sampled (n)
Correct answer	3.7%	
Group 1: No anchor given	13% (0-40)	38
Group 2: High anchor given (80%)	19% (0-65)	42
Group 3: Low anchor given (1%)	8% (0.2-20)	34

References:

- NICE CG172, Table 51: <https://www.nice.org.uk/guidance/cg172/evidence/myocardial-infarction-secondary-prevention-full-guideline-pdf-248682925>
- Anchoring <https://yourbias.is/anchoring>

Top of the Tubes - MyNEWT Guides Update

Hannah John and Tracey Mitchell, Medicines Information Department, Wrexham Maelor Hospital, Wrexham

Focal Points:

- MyNEWT guides support patients and carers administering medications via enteral feeding tubes in primary and secondary care
- 100% of medications on NEWT website that can be administered via enteral feeding tube have a MyNEWT guide
- The top 10 MyNEWT monographs accessed are: Atorvastatin, Lansoprazole orodispersible, Clopidogrel, Apixaban, Finasteride, Amlodipine, Omeprazole MUPS®, Senna Syrup, Paracetamol Suspension and Memantine.

Introduction:

Enteral feeding tubes can be used to administer medications when patients do not have safe swallow. It should be checked that solid dosage forms such as tablets or capsules can be manipulated e.g. crushed or opened, before administration via enteral feeding tubes. Liquid preparations, when available, may be more appropriate for administration via enteral feeding tubes. However, there are extra considerations for example they could contain sorbitol which could increase gastrointestinal side effects. MyNEWT Guides, produced using information from the NEWT Guidelines, provide step-by-step information for the safe administration of medications via enteral feeding tubes. Having access to information in the community helps with the safe delivery of medications via enteral feeding tubes. Healthcare professionals who access the MyNEWT Guides include primary care and secondary care pharmacists and community nurses.

By analysing the NEWT website server we can determine the top 10 MyNEWT Guides accessed.

Method:

MyNEWT Guides were started in 2016 and are written in Wrexham Maelor Pharmacy Department; these can be accessed from the NEWT website in primary as well as secondary care. The MyNEWT Guides provide healthcare professionals, carers and patients help with the administration of medications via enteral feeding tubes for patients which can be useful when a patient is discharged from hospital back to the community. MyNEWT Guides are written when a new monograph for a drug is written and covers different formulations e.g. tablets, capsules and liquids if available. These guides are checked by the Medicines Information department at Wrexham Maelor Hospital before they are published on the NEWT website.

MyNEWT Guides are written based on existing information on the NEWT website/book. A step-by-step guide is provided for each medication. The MyNEWT pages can be printed or downloaded on electronic devices. Having access to MyNEWT Guides reduces the need for community nurses to contact pharmacies for advice regarding medication administration via enteral feeding tubes.

Results:

Since 2018, 100% of medications that can be administered via enteral feeding tubes on the NEWT website have a MyNEWT Guide. The 10 most accessed MyNEWT guides accessed between June 2018 and March 2019 are - Atorvastatin, Lansoprazole orodispersible, Clopidogrel, Apixaban, Finasteride, Amlodipine, Omeprazole MUPS®, Senna Syrup, Paracetamol suspension and Memantine. Future work could include a satisfaction survey of users of the MyNEWT Guides for example, community nurses who regularly access the information.

References:

1. Smyth J, editor. The NEWT Guidelines [Internet]. Wrexham: Betsi Cadwaladr University Local Health Board (Eastern Division) [accessed 2019 Jun 10]. Available from: <http://www.newtguidelines.com/>

An investigation into Current Awareness and use of Pharmacy Resources on the Knowledge Network in NHS Tayside and Benefits of a Training Session to a Locality Pharmacy team

Karen E Harkness and Monica K Hewitt (pre-registration pharmacist), Medicines Information, Ninewells Hospital, Dundee.

Focal Points:

- The majority of pharmacy resources, previously available only to Medicines Information (MI) departments are now widely available on The Knowledge Network in NHS Scotland.
- The results have shown that many health care professionals in NHS Tayside are aware of these resources and that hospital & locality pharmacists use the majority of these resources.
- The teaching session to a locality pharmacy team was well received.

Introduction:

The Knowledge Network (TKN) is the national knowledge management platform for health and social care in Scotland. Access is free to healthcare professionals in NHS Scotland via Open Athens or IP recognition for some resources. The introduction of a national subscription for some of the commonly used resources has encouraged non-MI pharmacists & other healthcare professionals to use these resources and answer simple enquiries themselves. (i.e. BNF / BNFC, Martindale, Stockley's Drug Interactions, H/B of Drug Administration via Enteral Feeding Tubes, Micromedex, Drugs During Pregnancy & Lactation (Briggs & Schaefer), Palliative Care Formulary and the Renal Drug Database). The aim of this survey was to determine current staff awareness and use of MI resources on TKN and evaluate the potential benefit of an MI training session on resources via TKN to a locality pharmacy team.

Method:

- On line survey sent out to healthcare professionals in NHS Tayside (hospital, locality and community pharmacists, hospital and locality pharmacy technicians, hospital doctors, GPs and non-medical prescribers).
- Teaching session to locality pharmacy team comprising presentation and hands on workshop.

Results/Conclusion:

The top resources used by pharmacists in all sectors included the BNF or BNFC, Stockley's Drug Interactions and Martindale. Additional resources widely used by both hospital and locality pharmacists were The H/B of Drug Administration via Enteral Feeding Tubes, both pregnancy textbooks, the Palliative Care Formulary and the Renal Drug Database. The main resources used by prescribers included the BNF or BNFC, BMJ Best Practice, with some use of the Palliative Care Formulary, the Renal Drug Handbook and Stockley's Drug Interactions. Further advertising is required as a number of participants were unaware of the resources and how to access them. Professionals would also like more training in the form of an e learning package or as a presentation and hands on workshop.

Avoiding the Avoidable Fridge Query

Charlotte Hay, Medicines Information and Advice Service, Glan Clwyd Hospital, Betsi Cadwaladr University Health Board, Rhyl.

Focal Points:

- Fridge line queries avoid wastage of up to £200,000 medicines each year in BCU.
- Fridge queries make up 6% of call volume for the north Wales MI service.
- The main reason for calling MI with a fridge query is because products been incorrectly stored.
- Quality improvement measures to ensure dispensed and stock items are correctly stored could result in a reduction of calls to MI.

Introduction:

Betsi Cadwaladr University (BCU) Health Board is the largest health board in Wales. The Medicines Information (MI) and Advice Service provide an evidence based enquiry answering service to three acute hospital sites and 152 GP surgeries, in addition to community pharmacies and hospitals.

An analysis of 'fridge enquiries' from BCU West Area showed that processing these queries avoided an average cost of £2,245.56 per enquiry. Up to £200,000 of medicines could avoid wastage each year across the Health Board. Overall that the time and resource of the MI team answering these queries is justified due to the value of the drugs that may still be used rather than wasted¹.

The objectives of this project are:

- To identify reasons for avoidable incidents.
- To determine preventative measures.
- To implement preventative measures.

Method:

A review of MI enquiries recorded on MiDatabank since 1st April 2018 with the keyword 'REFRIGERATION', incidents reported via Datix relating to refrigerated medicines and Immform data relating to vaccine wastage in primary care was undertaken. All incidents were assigned as being avoidable or unavoidable.

Results:

73 MI queries in BCU over this 12 month period were regarding the stability of refrigerated products, (6% of total call volume). 67 of these calls could have been avoided but for one of the following reasons:

1. Medicinal products requiring refrigeration left out of a refrigerator (46%).
2. Refrigerator equipment 'failure' (33%).
3. Refrigerator door left open causing a rise in refrigerator temperature (9%).
4. Refrigerator switched off in error (7%).
5. External power supply problem (4%).

The prime target for reducing incidents, and resulting call volume to the MI service, is ensuring medicines are put away in refrigerators in a timely manner following delivery. This is also the reason for the majority of Datix incident reports concerning avoidable breaks in the cold chain (80% of reports regarding refrigerated medicines).

Future Developments:

The Medicines Information Team are working with pharmacy operational leads across the three acute sites to develop interventions and influence changes which aim to reduce medicines wastage due to incorrect storage and subsequent break in the cold chain.

References:

1. Evans S, Hay C, Jones G. Fridge (mis)fortunes. Poster presented to UKMi Practice Development Seminar, 2018.

Counselling Cards to Aid Provision of Medicines Information to Patients in the Dispensary

Charlotte Hay, Faye Dolan, Medicines Information and Advice Service, Glan Clwyd Hospital, Betsi Cadwaladr University Health Board, Rhyl.

Introduction:

The dispensary in Ysbyty Glan Clwyd Pharmacy has a multi-disciplinary team that must work together in order to provide an efficient and safe pharmacy service. This service includes dispensing prescriptions and providing counselling services to patients. Counselling services are provided by the qualified members of staff in the department; these staff members are also responsible for providing all pre-registration members of staff with training on counselling. Currently training is given on a one-to-one basis; the trainee observes the trained member of staff as they counsel patients and then, when confident, they will begin to counsel under observation. This can lead to inconsistent training due to the variation in the training rota.

In order to support staff training and consistency of medicines information and advice provided to patients Medicines Information collaborated with the wider pharmacy team to develop a tool to provide key counselling points.

Actions:

Registered Pharmacy staff were asked to complete a questionnaire regarding counselling. It found:

- The amount of time with a patient depended on how busy the department was at that time, causing some staff to feel rushed when counselling patients.
- That more staff needed to be trained on counselling patients.
- That it would be beneficial to have 'standard points' that must be given to patients on every handout not just the first dispensing.
- That a counselling tool (e.g. a counselling prompt card) would be beneficial.

An analysis of outpatient prescriptions identified the top 10 medicines/class of medicines dispensed. This indicated the priorities for developing cards for a pilot study.

A5 sized cards, that would still be able to fit in the pockets of the Pharmacy tunic, were designed to include the basic level of points as per the Royal Pharmaceutical Society's 'Counselling Patient's on Medicines' Quick Reference Guide¹:

- What the medicine is and why it should be taken
- How and when to take it
- How much to take and what to expect
- What to do if you miss a dose
- Likely side effects
- Any lifestyle/dietary changes

Follow Up:

Counselling prompt cards were compiled with input from a pre-registration pharmacy technician, an experience Medicines Management technician, a foundation pharmacist and the Medicines Information pharmacist.

Pilot cards were trialled with one second year pre-registration pharmacy technician and their NVQ assessor. Feedback informed the layout of the cards.

Further Plan, Do, Study, Act cycles saw more pre-registration pharmacy technicians and pharmacists participating in the pilot.

Colleagues across the secondary care and community hospital pharmacy departments will collaborate in expanding the range of cards across north Wales.

References:

1. Rpharms.com. Counselling Patients on medicines [cited 22 March 2018] Available from: <https://www.rpharms.com/resources/quick-reference-guides/counselling-patients-on-medicines>

How do pre-registration pharmacists value a MI placement in a regional centre?

Daniel Hill, Vincent Cassidy, Regional Drug & Therapeutics Centre, Newcastle upon Tyne

Focal Points:

- What value did the pre- registration pharmacist place on their time at a regional MI centre?
- Did the RDTC workbook meet the training needs of the pre-registration pharmacists?
- To inform future delivery of pre-registration pharmacist training placements at the RDTC

Introduction:

The RDTC provides medicines information (MI) training for pre-registration pharmacists based in secondary care and community pharmacy. Previously at the RDTC this was a three week placement. This was reduced to one week due to increased rotational experiences at their host organisation and the RDTC capacity to accommodate a growing number of requests.

The RDTC provides education and training to many different stakeholders, including the safe and cost-effective utilisation of medicines, management of poisoning, prevention of adverse drug reactions and the appropriate use of medicines during pregnancy. Training is provided by pharmacists and medicines information scientists.

The RDTC developed a MI training workbook in response to reduction in the length of placement. This has been in use for the past three years. It includes UKMi recommended training resources, MiCAL and the Medicines Learning Portal. (1)

Method:

All pre-registration pharmacists were asked to complete a ten question survey monkey questionnaire once they had returned to their host organisation. Pre-registration pharmacists had previously completed paper based evaluation forms on the last day of the placement. Anonymous electronic feedback was preferred to avoid experimenter bias.

Results:

- Pre-registration pharmacists believed skills obtained during this placement would make them a better pharmacist once qualified.
- The majority of pre-registration pharmacists believed that they would be better prepared to pass the registration examination as a result of completing this placement.
- The majority of pre-registration pharmacists are either likely or very likely to recommend this placement to future pre-registration pharmacists.
- Pre-registration pharmacists believed the topics were relevant to their training needs and the content was organised and easy to follow. However participation and interaction could be increased.

Practice Development Points:

- Medicines Information skills are viewed as a vital part of the development and training of pharmacists no matter what sector of pharmacy they are working in.
- Pre-registration pharmacists should have access to medicines information training as part of their rotational experiences.

References:

- (1) UKMi.nhs.uk, Workforce Development / Workbook & Tutors Guide, <http://www.ukmi.nhs.uk/activities/manpowerTraining/default.asp?pageRef=16>, accessed 25th March 2019

A pilot study comparing information provided by online drug interaction resources available to the NHS.

Iram Husain, London Medicines Information Service, Northwick Park Hospital, London.

Focal Points:

- This study aimed to identify overlap in information content across various resources in order to inform choice of drug interaction resources.
- The free resources mapped the answer given on more occasions than subscribed resources.
- No one resource is comprehensive for all drug interactions so it is advisable to use 3-4 interaction resources to gather enough information to inform a clinical decision.
- Freely available drug interaction resources may have a place as first-line resources over paid resources and they offer potentially easier availability with reduced NHS costs.

Introduction:

Medicines Information (MI) services may find that when using two or more resources to answer questions about drug interactions; they find conflicting, limited or excessive information. This can lead to inefficient use of resources and unnecessarily cautious responses. Our aim was to identify the overlap in information given by different interaction resources to rationalise the researching process for interaction enquiries.

Specific objectives were to:

- Identify online interaction resources available and learn how to use them.
- Quantify the overlap between these resources by testing their ability to answer real clinical enquiries that had already been answered by a pharmacist.
- Compare original enquiry answers against interaction data provided by each individual resource.
- Test our chosen methodology and assess its limitations.

Method:

Enquiry recording databases at two regional MI services were used to identify a sample of drug interaction enquiries. These were examined for interacting pairs of medicines, resources used, and answer given. Enquiries relating to interactions involving natural medicines were excluded. Each interacting pair was then researched again using a range of UKMi approved drug interaction resources. Some of these were free, others required a subscription. The original enquiry answers were compared against interaction data provided by each individual resource, to determine if any one resource could answer all the enquiries. A locally developed coding tool was used to categorise each drug interaction outcome.

Results:

Over 100 drug pairs were identified from 16 patient-centred enquiries and run through 13 drug interaction resources. When all drug pairs were assessed against these resources, Drugs.com and Medscape (both free resources) included information about the most pairs of drugs (88% and 80% respectively). They also had the greatest overlap of drug pairs (77%) and the highest proportion of similar outcomes (86%). This was followed by DrugBank (free resource), which had information for 58% of drug pairs. Interestingly, DrugBank and Drugs.com had an overlap of 52% but only 45% of these had a similar outcome. Both Drugs.com and Medscape showed the greatest frequency in matching the actual answer given. The free resources mapped the answer given on more occasions than subscribed resources.

It is not possible to rationalise the number and type of drug interaction resource used/held by regional MI services. UKMi needs to assist MI services in making decisions about resources to hold for these enquiries. This pilot study is step in that direction, but further work needs to be done on comparing the clinical importance of interaction data provided by online interaction resources.

Impact of the Medicines Learning Portal 2019

Angela Badiani, Helen Jones, Simon Wills, Southampton Medicines Advice Service, University Hospital Southampton NHS FT

Focal Points:

- The aim of this study was to assess the impact of the Medicines Learning Portal as an educational tool for pre-registration and foundation pharmacists, and to explore promotional strategies.
- The MLP improves the clinical decision making skills of learners and saves tutors time.
- The MLP helps pharmacists care for patients and is rated highly by users.

Introduction:

The Medicines Learning Portal was launched in 2016 with the aim of helping hospital pre-registration and foundation pharmacists develop their clinical decision-making skills. A 2017 survey found that the site was widely used across the UK, and it helped pre-registration and foundation pharmacists make decisions about medicines.¹ Since then the site has continued to develop - new content has been added, and the existing content has been extensively updated. In 2018 the site won the HSJ Value in Training and Development award and in 2019, the number of visits reached 500,000. The aim of this study was to assess the impact of the Medicines Learning Portal as an educational tool, to explore users' priorities for the content of the site and to establish how best to promote the site to its target audience. The specific objectives were to:

- Assess awareness of the Medicines Learning Portal and describe the current user profile.
- Measure the impact of the site on the clinical decision-making skills of learners, and upon the care they give to patients.
- Assess whether the site saves tutor time.
- Assess the relative importance of the current content, and prioritise future content.
- Explore methods of promoting the Medicines Learning Portal.

Method:

Survey of learners and tutors using an electronic questionnaire distributed through NHS pharmacy networks [over 5 weeks during Spring 2019]. The questionnaire was also available on the Medicines Learning Portal home page.

Results:

227 responses were received over the study period. Not all respondents answered all questions. Pre-registration and junior pharmacists were the most well represented group (n=73, 32.2%) followed by clinical pharmacists (n=72, 31.7%). Of those that answered the question, 81% (n=178) had used the site, either as a learner (n=90, 40.7%), or a tutor (n=88, 39.8%). Of the 19.5% (n=43) of respondents who hadn't used the site, 76.7% (n=33) indicated that this was due to lack of awareness. Most tutors had heard about the site through a colleague (47.0%, n=39) followed by through a national training package or website (28.9%, n=24). Most learners were made aware of the site by their tutor or manager (n=55, 67.9%). Many helpful suggestions for promotion of the site were made. Both learners (n=58, 79.5%) and tutors (n=61, 83.6%) judged the Drug interactions tutorial as the most important to practice. There were common themes in terms of ideas for future material. 85.7% (n=60) of tutors thought the site improved the clinical problem solving skills of pre-registration and foundation pharmacists; 81.9% (n=59) of learners agreed. More than three quarters of tutors (80.0%, n=56) and learners (81.9%, n=59) said the site improved the care given to patients by pre-registration and foundation pharmacists. Most tutors and managers thought the site saved teaching time (75.7%, n=53), with 21% (n=15) estimating it saved them >4 hours each week. On a 6-point Likert scale where 1 was poor and 6 was excellent, 72.2% (n=52) of learners and 88.6% (n=62) of tutors awarded the site a 5 or 6.

Discussion:

The Medicines Learning Portal helps pre-registration and foundation pharmacists care for patients. It helps them to apply their knowledge and skills with confidence to make clinical decisions about medicines. The site saves tutors time and is rated highly. The future development of the site, including the content and promotional methods, will be guided by the results of this study.

References:

1. Badiani A, Wills S. Impact of the Medicines Learning Portal. Poster presented at UKMi PDS 2017.

Improving the content, wording, structure and formatting of the NHS Injectable Medicines Guide ("Medusa") with user testing

Bryony Dean Franklin, UCL School of Pharmacy, London.

Matthew D Jones, Department of Pharmacy and Pharmacology, University of Bath, Bath.

DK Theo Raynor, University of Leeds and Luton Research, Leeds.

Margaret Watson, University of Strathclyde, Glasgow.

Focal Points:

- We applied user testing to find and resolve problems in typical Medusa IV guides
- Each round of user testing increased the number of nurses who could find and explain key information
- The current guides performed poorly, but performance improved following user testing

Introduction: Some users of the NHS Injectable Medicines Guide ("Medusa") find it too detailed and confusing¹, which may make it difficult to find relevant, unambiguous information and could lead to serious errors. We aimed to undertake user testing (a diagnostic method previously applied to patient information²) to find and resolve problems in two typical Medusa guides.

Method: We recruited 30 nurses who regularly administer IV medicines at three hospitals. These nurses tested the existing Medusa guides for aminophylline and voriconazole in three iterative rounds of 10 interviews followed by guide revisions. Interviews included questions to determine whether the participant could locate and use 17 key points of information (KPIs) needed to prepare and administer aminophylline and voriconazole. The interview finished with open questions to explore views on the content and format of the guides, which were analysed thematically.

Results: Between Rounds 1 and 2, the number of KPIs for which all participants could find and explain the required information increased from 8 to 14. This followed changes to the guides based on participant feedback and information design best practice. Revisions included a new "before treatment" section, combining the reconstitution and dilution information, reducing the need for calculations by increasing use of tables, calculation examples and better visual differentiation between sections. Similarly, the number of KPIs for which all participants could find and explain the required information increased to 15 following the changes made between Rounds 2 and 3. Overall, fewer revisions were required at this point; these included using colour to highlight the key sections, describing the concentration of reconstituted voriconazole in different units, drawing attention to the table of voriconazole infusion rates, and highlighting the NPSA loading dose alert with a pictogram on the aminophylline guide.

Discussion: The current guides performed poorly for important KPIs, but performance improved following user testing. However, performance in an interview might be significantly different to performance when Medusa is used in practice. Therefore, an on-going randomised *in situ* simulation study will determine whether user testing results in fewer medication errors in a ward environment.

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References:

1. Erskine D, Haylor J, Keeling S, Nicholls J. An assessment of the information provided to support healthcare staff to administer injectable medicines. Poster presented at: UK Medicines Information Practice Development Seminar. September 12th, 2014 Sep 12; Birmingham, UK.
2. Raynor DK, Veene PD, Bryant D. The effectiveness of the Summary of Product Characteristics (SmPC) and recommendations for improvement. *Ther Innov Regul Sci*. 2013; 48(2): 255-65.

Improving Yellow Card reporting at Southampton Medicines Advice Service

Rachael Jones, Southampton Medicines Advice Service, University Hospital Southampton NHS FT

Focal Points:

- Over a two-month period prior to a teaching and promotion intervention Southampton Medicines Advice Service (SMAS) submitted 2 Yellow Cards via MiDatabank (MiD) despite 15 enquiries meeting the MHRA Yellow Card criteria.
- The promotion and teaching focussed on submitting good quality reports to the MHRA and explored barriers to reporting via MiD.
- Over the two-month period following the intervention 10 Yellow Cards were submitted; 18 met the reporting criteria.

Introduction: An important role of Medicines Information Pharmacists is to report Yellow Cards to improve patient safety. The MHRA are promoting Yellow Card reporting, as in 2018 submissions from the pharmacy sector fell 9% compared to the previous year and they are hoping to reverse the trend.¹ Medicines Information Pharmacists have the option of reporting Yellow Cards via MiD. However it was found that SMAS submitted very few Yellow Cards via this facility. This project aimed to investigate if there were missed opportunities for reporting and if a teaching and promotional intervention increased the number of submissions of Yellow Cards via MiD.

Method: A retrospective review of all adverse drug reaction (ADR) enquiries answered was performed over a 2-month period to assess the number of Yellow Cards that could have been submitted to the MHRA using their reporting criteria. The actual number of Yellow Cards submitted was also recorded. A brief intervention consisting of promotion (e.g. posters) and small group teaching was then delivered to the SMAS team. Barriers to submitting Yellow Cards were explored during these sessions. A repeat, identical retrospective review of all ADR enquiries answered over the 2-month period after the intervention was then performed to record actual and potential number of Yellow Card submissions.

Results: In the two months (November and December 2018) prior to the intervention SMAS submitted 2 Yellow Cards. During this period, using the MHRA Yellow Card criteria, 15 Yellow Cards could have been submitted. In the two months (March and April 2019) following promotion and teaching, 10 Yellow Cards were submitted: 18 enquiries fulfilled the reporting criteria. Some barriers to submitting Yellow Cards were raised by the team included lack of detail regarding the clinical situation of the patient, not having the patient's date of birth which is a requirement for submissions via MiD and uncertainty regarding if the medicines has caused the adverse effect.

Discussion: The teaching and promotion intervention was effective in increasing the number of Yellow Cards submitted via MiD. Despite the progress it is clear that further work is still needed, and teaching and promotion needs to occur regularly to ensure that reporting is optimised. A focus of the teaching was to ensure that the Yellow Cards submitted were of a high quality, and met the MHRA reporting criteria as far as possible (e.g. not reporting mild hypotension with an antihypertensive). Going forward further work will include teaching and promotion to the wider clinical pharmacy team at University Hospital Southampton (UHS), other healthcare professionals and patients. Ongoing plans include promotional stands and educational sessions.

References:

1. GPHC. Regulate Focus on reporting to the MHRA's Yellow Card scheme. March 2019. <https://www.pharmacyregulation.org/regulate/article/focus-reporting-mhras-yellow-card-scheme> (Accessed on 26 June, 2010)

A service evaluation of Medicines Information (MI) enquiries following centralisation of MI services across two hospital sites: What has changed three years on?

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Focal Points:

- To compare the number and origin of calls made to the MI department at Chelsea and Westminster NHS Foundation Trust (CWHFT) immediately post centralisation of the service in 2016 and three years on.
- There was a 132% increase in enquiries submitted in the audited period in 2019 compared to the same period in 2016.
- There is a large increase in enquiries from healthcare professionals (HCPs) outside the base organisation but this highlights a substantial time removed from enquiries submitted by members of the public (MOP) which the service primarily aims to help.

Introduction:

As of March 2016, the MI service at CWHFT was centralised to a single MI centre based at CW, covering both sites. The evolution of the MI service was reviewed over three years since centralisation in order to identify potential areas for improvement.

Method:

Data was collected retrospectively using the Reporter function on MiDatabank.¹ Information was gathered regarding the number and type of enquiries completed from 1st March 2016 to 31st May 2016 (three months following centralisation) and over the same period (1st March to 31st May) of 2019. Information regarding enquirer type and base hospital site was gathered.

Results:

A total of 183 enquiries were received from both sites in the audited period of 2016; a total of 425 enquiries were received across the same period in 2019. Of the enquiries received in 2016, 118 were from HCPs and 65 were from MOPs known to CWHFT. Of these enquiries, 126 were based at Chelsea and Westminster Hospital (CW), 46 were based at West Middlesex Hospital (WM) and 11 were from enquirers based outside CWHFT. Of the HCP enquiries, 172 were from the Base Organisation, 5 were from other NHS organisations and 6 were made from Primary Care. Three years on in the audited period of 2019, of the 425 enquiries received, 302 were from HCPs and 123 were from MOPs. Of the HCP enquiries, 207 were based at CW, 65 were based at WM and 153 were from enquirers based outside CWHFT. 267 enquiries were from the Base Organisation, 3 were from non-NHS enquirers, 78 from other NHS organisations and 77 from Primary Care.

These results show a 132% increase in enquiries in three years since centralisation of the MI service at CWHFT. The number of enquiries submitted by HCPs outside of the base organisation rose dramatically from 11 enquiries in 2016 (6% of total enquiries) to 153 enquiries in 2019 (36% of total enquiries). However, the large increase in enquiries from HCPs outside the base organisation highlights a substantial time removed from enquiries submitted by MOPs which the service primarily aims to help. Patient helplines within MI services aim to identify and mitigate risk of non-adherence, improve patient experience and identify potential medication-related errors.² Given the benefits that the MI helpline can offer to patients, further work needs to be done to improve the number of MOP enquiries that this service receives.

References:

1. COACS. MiDatabank Enquiry Manager v3.2. Date accessed: 05 June 2019
2. Thames Valley and Wessex Chief Pharmacists Network. Medicines Helpline for Hospital Patients: National Standard. Version 3.2. March 2014

Complementary therapy enquiries – impact of resource training on rate of enquiry referral to a regional MI centre

Helen Davis and Eimear Maguire, North West Medicines Information Centre, Liverpool

Focal points:

- Due to reduced access to a key complementary therapy (CT) resource at local MI centre level, the number of CT enquiries received at the North West Medicines Information Centre (NWMIC), where the key resource is available, significantly increased.
- A training session for local MI centres, aimed to reduce the need for referral to NWMIC by highlighting readily accessible CT resources that may be sufficient.
- The number of CT enquiries received at NWMIC in the 12 months post-training reduced compared to the 12 months prior. The average time taken to complete such enquiries also reduced.

Introduction: The use of CT is increasing,¹ leading to increased potential for interactions with traditional treatments and consequently increased numbers of enquiries about the clinical relevance of these interactions. In 2015, the NWMIC received 47 CT enquiries, 106 in 2016 and 170 in 2017. The proportion received from secondary care was 23%, 54% and 57%, respectively. The Natural Medicines Database (NMD) is a key resource for answering CT questions and for many years was included on the Essential resource list for UKMi centres. However, a significant price increase meant that many centres could no longer justify its expense. Consequently, an increasing number of CT enquiries are being referred to NWMIC, who retained access. These enquiries are time-consuming, taking 21% more time than a non-CT enquiry in 2017. This is due to a paucity of information and lack of quality evidence, with caution and uncertainty due to theoretical assumptions being a common theme. It was felt that greater utilisation of easily accessible resources at local MI centre level might reduce the increasing burden on the regional centre. For those enquiries that did require referral, the aim was to improve provision of background information supplied.

Method: A training session was delivered in April 2018 highlighting open-access CT resources (e.g. Memorial Sloan Kettering Cancer Centre), as well as more widely available subscription resources (e.g. Herbal Medicines). Participants were advised when to refer to NWMIC, the expectation of what resources should be used before referral and the background information required (e.g. CYP metabolism pathways of prescribed medicines). The CT enquiries referred from local MI centres to NWMIC were collated for the 12 months pre-training and compared with those received 12 months post-training; average time taken per enquiry was also recorded.

Results: 26% fewer CT enquiries were received in the 12 months post-training (82 pre-training, 61 post-training) with a reduction in average time spent from 88 to 61 minutes (31% reduction). Pre-training, 50% of enquirers accessed CT resources prior to contacting NWMIC; post-training, this increased to 56%. 78% of enquiries post-training related to interactions, but only 4% of these enquirers provided information on metabolism.

Discussion: Post-training, fewer CT enquiries from secondary care were received, and less time was spent by NWMIC on referred CT queries. This reversed the trend of an exponential increase in referral of CT enquiries. Of the 78% of enquiries involving an interaction, only 4% of enquirers supplied the requested information on metabolism; reiteration of the request for this could further reduce time spent on CT enquiries at NWMIC. We have demonstrated that training on use of resources empowers local MI staff to approach CT enquiries without reference to NMD. This could be used as a basis for similar training for primary care pharmacists who are increasingly likely to see patients who are taking CT as well as traditional medicines.

References:

1. World Health Organization. WHO traditional medicine strategy: 2014–2023. [Internet] WHO; 2016 (cited 19 June 2019). Available from: www.who.int/medicines/publications/traditional/trm_strategy14_23/en/

Consolidation of medicines information in a merged acute trust

Thomas Morley, Medicines Information, Royal Derby Hospital

Focal Points:

- In 2018 Derby Teaching Hospitals and Burton Hospitals NHS Foundation Trusts merged to form University Hospitals of Derby and Burton NHS Foundation Trust.
- MI staffing, resources and training were reviewed and updated.
- MI resources were assigned across all five sites with the most detailed arranged at the Royal Derby Hospital (RDH) site to support the entire trust.

Introduction:

In 2018 two neighbouring acute trusts, Derby Teaching Hospitals (DHFT) and Burton Hospitals NHS Foundation Trusts (BHFT), merged to form University Hospitals of Derby and Burton NHS Foundation Trust (UHDB). The new trust includes five sites spread across two counties, straddling two traditional regions of East and West Midlands. A unified approach to medicines information was sought across the new trust.

Pre-merger:

DHFT had an MI pharmacist and pre-registration rotation at RDH. Conducted enquiry answering, patient helpline and proactive output plus ward commitment. Reasonably extensive resources both electronic and paper^{1,2} although many paper resources dated. Out-of-hours MI service provided by on-site pharmacist with full resources and MIDatabank. BHFT had an MI pharmacist at Queen's Hospital Burton (QHB) but mainly an IT/EPMA role combined with ward commitment. Ad-hoc enquiry answering largely undocumented (no MIDatabank or alternative). QHB queries dealt with by ward pharmacists using smaller range of resources. On-call from home, minimal resources.

Post-merger plan:

MI based at RDH to take L3 and complex L2 queries from all sites; MI pharmacist at QHB needed to continue IT/EPMA. To arrange resources via RDH: ensure general resources available across all sites with more specialised concentrated for MI at RDH to support across entire trust: make use of existing set-up and 24/7 on-site pharmacist.

Implementation:

Online subscriptions and paper resources reviewed across all sites. Appropriate up-to-date paper resources obtained for all sites¹, online resources consolidated based on site needs with unused subscriptions cancelled and broad resources shared, including some embedded in point-of-care systems for all staff. Use of free-access resources maximised² and "Useful URLs" list circulated in clinical pharmacy teams. Patient helpline and complex queries via RDH. QHB pre-registration pharmacists undergoing rotations at RDH. Resource familiarisation sessions across sites.

Learning points and future plans:

Resource needs of specific sites had to be considered along with their use arrangements and applicability of UKMI discount. RDH staff still have "unfair" advantage. More general trust factors include IT and regional arrangements. To arrange QHB MIDatabank access, advertise service, review workload: possible MI technician business case.

References:

1. UKMI. Resources for purchase by NHS medicines information services. March 2019. Accessed via <http://www.sps.nhs.uk> on 03/06/2019
2. UKMI. Resources with free access for NHS medicines information services. March 2019. Accessed via <http://www.sps.nhs.uk> on 03/06/2019

Preventable MI Enquiries

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Focal Points:

- A baseline audit to identify and categorise preventable patient helpline enquiries
- 17% of patient helpline enquiries were considered preventable, with inadequate counselling and inadequate documentation being the most common reason.
- Medicines Information is well placed to identify themes of medication issues which can be collated to feed back or escalate within the trust to improve services

Introduction: The UCLH Medicines information (MI) patient helpline have received patient enquiries that can be considered preventable if standard operating procedures (SOPs) had been followed in the first instance when medications are supplied. This audit sought to categorise and quantify the number of preventable enquires over a 12-month period.

Method: All patient helpline enquiries recorded on MiDatabank between April 2018 to March 2019 were reviewed for potential preventable causes of the enquiry, recorded and categorised into common themes. Each preventable enquiry was assessed for risk of patient harm and considered high risk if moderate-severe harm had occurred or was likely to have occurred without MI intervention. These results were validated by the lead MI pharmacist. Documentation within MiDatabank of coupled feedback to healthcare professionals involved in a high risk preventable enquiry and if an incident report was completed was also recorded.

Results: The UCLH MI service received 575 patient helpline enquires over 12 months, of which 98 (17%) were considered preventable. Of these 98, there were 45 (46%) considered high risk, and coupled feedback/incident reporting was recorded in MiDatabank for only 9 (20%) of these. Table 1 quantifies and categorises the recorded preventable MI enquiries. The most common preventable enquiry was due to inadequate patient counselling which is broken down further in table 2.

Table 1: Preventable MI Enquiries (n=98)

Inadequate counselling	Inadequate Information on discharge summary /prescription	Dispensing error	GP refusing supply due to non-formulary prescribing	Prescribing error
53 (54%)	26 (27%)	15 (15%)	4 (4%)	0 (0%)

Table 2: Breakdown of Inadequate Counselling category (n=53)

Unsure how to take medication	Unsure regarding further supply	Unsure of indication	Unsure how to start/stop	No patient information leaflet	Medication disposal
16 (30%)	13 (25%)	11 (21%)	10 (18%)	2 (4%)	1 (2%)

Discussion: This baseline audit highlighted a proportion of MI enquires received were preventable, many of which were considered high risk. MI is well placed to identify themes of medication related issues which can be collated to feed back or escalate to relevant trust bodies (e.g. medicines safety committee, dispensary services, targeted clinical services) in order to improve the quality of medication provision at UCLH. Only a proportion of patients managed at UCLH will access the MI patient helpline, and preventable medication issues are likely to be more prevalent than those identified in this audit.

The categories identified have been incorporated into MiDatabank as local keywords to facilitate this audit being repeated annually. MI SOPs have been updated to ensure staff providing feedback/completing incident reports, appropriately document this within MiDatabank.

Fancy some fat with that? Using intralipid as a treatment option for lipophilic drug overdose

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The Emergency Department (ED) is the first port of call for most patients presenting with a suspected overdose. Self-poisoning both accidental and intentional is a frequent presentation to ED.

Off-label, IV lipid emulsion therapy (Intralipid[®]) in addition to its use for local anaesthetic overdose, has been reported to effectively reverse other drug toxicities including antipsychotics, anti-depressants, anti-arrhythmic and calcium channel blockers.

Given the low toxicity of Intralipid[®], it may be considered as a treatment option for patients with lipophilic drug overdose. There has been a potential benefit seen in our cases for both single and polypharmacy overdoses.

Focal Points:

- Case reports presented of successful reversal of single and polypharmacy overdose with Intralipid[®].
- Lipophilic drug overdose management suitable for simulation education sessions
- Consider Intralipid[®] for treatment of lipophilic drug overdose

Introduction: Medicines Information & ED wanted to explore whether addition of Intralipid[®] as a treatment option for patients presenting with unclear polypharmacy overdose would be beneficial to their recovery.

Method:

- Literature review to ascertain use of Intralipid[®] in drug overdose, not solely for local anaesthetic toxicity.
- Expert Advice: National Poisons Information Centre contacted for guidance.
- Stakeholders from Pharmacy and ED consulted for approval
- Implement Guidance for Staff on Intralipid[®] dosing and administration in overdose setting

Results:

Measurement of improvement: Present three cases (single and polypharmacy overdose) successfully managed with Intralipid[®] over a 6 month period in 2018

Effects of changes: Given the relative non-toxicity of Intralipid[®], we consider it as a treatment option for patients with lipophilic drug overdose.

Lessons learnt:

- Local education to take initial bloods before administration of Intralipid[®], as lipid emulsion can make samples turbid, which can affect drug level assay and routine blood results for follow on in ICU.
- Clear guidance for use only in haemodynamically unstable patients with polypharmacy or lipophilic drug use.

References:

1. Muller S, Diaz J, Kaye A. Clinical applications of intravenous lipid emulsion therapy J Anesth 2015 29:920–926
2. Levine M, Hoffman R, Lavergne V, Stork C, Gaudins A, Chaung R et al. for the Lipid Emulsion Workgroup Systematic review of the effect of intravenous lipid emulsion therapy for non-local anesthetics toxicity Clinical Toxicology 2016 54:3, 194-221

Effects of employing a Technician into and promoting the Medicines Information Service

Mandeep O'Neill, Whiston Hospital, St Helens and Knowsley NHS Trust, Prescot.

Focal Points:

- Since 2017 the Medicines Information Service at St. Helens and Knowsley has undergone staff changes.
- In June 2017 a specialist pharmacist (0.5 WTE) was employed into the service. In March 2018 a specialist Medicines Information Technician (0.5 WTE) was employed.
- In 2017 the Medicines Information Service was promoted department wide and Trust wide.
- Since initial promotion, enquiry numbers have increased. Since the addition of a technician, both enquiry numbers and phone coverage has increased.

Introduction:

Medicines Information at St Helens and Knowsley NHS Trust (STHK) processed 494 enquiries from March 2016 to May 2017. This averaged at 33 enquiries per calendar month. STHK holds 887 beds. With this knowledge it is apparent that as a service we can provide further support and promotion of the service was required. Responses to the UKMi User Survey were unclear prior to June 2017. In June 2017 new staff was employed and promotion of the Medicines Information Service was undertaken mid to late 2017. Prior to June 2017 re-structure of the STHK Pharmacy department led to an opening for a new Medicines Information Pharmacist.

Method:

Several methods of promotion were conducted:

1. New pharmacist introduced self to Pharmacy department, provided teaching to colleagues and wider Trust staff and updated resources.
2. A generic e-mail for the service was set up.
3. The service was promoted Trust wide at the STHK 'Team Brief' in late 2017.
4. A Medicines Information Technician (0.5 WTE) was employed within a year to increase service capacity and skill mix.
5. Training was developed and reinstated for pre-registration, rotational pharmacists, and student technicians.
6. Technician was developed, re-accredited and nurtured to take responsibility of aspects of the service.

Results:

Since the initial promotion of the service in 2017, 581 enquiries were processed from June 2017 to March 18. After employment of a technician in 2018, the service processed 757 enquiries in the financial year of 18/19. Introduction of a generic e-mail address initiated a regular service with enquirers, such as dermatology and rheumatology - two of our main enquirer origins. A three day training regime and training pack was developed for student technicians. An induction week and training pack for pre-registration pharmacists was introduced to streamline training. The technician took charge of the user survey, and responses have increased to 46.7% from 16.7% (pharmacist alone) with an average score of 5.9/6. The number of hours that the telephone helpline is covered has increased from 27 hours per week (pharmacist only) to approximately 32 hours per week on average (team). Promotion of the service, new pharmacist and addition of further specialised staff has had a positive effect on the STHK Medicines Information service, in terms of enquiry numbers, user survey feedback, capacity and service coverage. A Medicines Information team made up of a pharmacist and pharmacy technician has ensured that Medicines Information at STHK has provided a service tailored to our users' needs.

How can medicines advice services improve the quality of applications to the hospital formulary?

Dave Abbott, David Preece, Helen Taylor,

Focal Points:

- A review of previous applications to the hospital formulary was conducted in order to ascertain if there was any common themes the led to applications being discussed at multiple meetings of the Drug and Therapeutics (DTG) committee.
- Non successful applications often were discussed without the applicant present, had a lack of a clear treatment pathway or did not have a clear commissioning policy.
- This review informs how Medicines Information (MI) can advise on future applications

Introduction:

In order to improve the efficiency of the DTG application process in a large teaching hospital we reviewed previous applications. There is a cost to the organisation associated with meetings in person and decisions can be delayed which may impact patient care¹. The aim of this review was to identify if there were recurring themes of preventing a decision at a single meeting and if MI services could assist with these areas.

Method:

We reviewed 190 applications between June 2017 - June 2019 and through extraction from the minutes of the meetings we reviewed the reasons that DTG were unable to make a decision in 33 cases (17%). We reviewed to see if there was any link with the decision not to support with the following factors:

- the level of published evidence,
- attendance at committee meetings by the applicants,
- member of pharmacy staff presenting the application,
- proposed use (licensed or unlicensed)
- funding (tariff/non-tariff/ commercial agreement)
- cost per patient per year

Results:

We discovered that the majority of applications were not supported due to a lack of published evidence contained in the application, the lack of a clear funding mechanism, lack of a clear intended treatment pathway and the non-attendance of the clinician/specialist pharmacist supporting the application. The member of pharmacy staff presenting, nor the actual cost of the product was a determining factor in the decision. Often it was a combination of these factors so it is difficult to identify a single factor which is more associated than others.

Based on this review we can advise more effectively the qualities of a successful DTG application. We intend to highlight the importance of a clear treatment pathway and attendance at the meeting in our future advice and guidance to colleagues. It is hoped that this will reduce the need for applications to be discussed at multiple meetings and improve the DTG application process for the trust.

References:

1. NICE Guideline: Developing and updating local formularies. Medicines practice guideline [MPG1] Published date: March 2014 (Last updated 2015). Available from <https://www.nice.org.uk/guidance/mpg1> (accessed on 27/06/2019)

Student Yellow Card Champions - a University of Bradford pilot

Christine Randall, Yellow Card Centre North West, Daniel Hill, Yellow Card Centre Northern and Yorkshire, Babir Malik, University of Bradford and Hadar Zaman, University of Bradford

Focal Points:

- A Yellow Card Student Champions training day was conceived by the University of Bradford and a programme was developed and delivered by Yellow Card Centre Northern and Yorkshire (YCCN&Y) and Yellow Card Centre North West (YCCNW)
- Sessions on Adverse drug reactions and pharmacovigilance, Recognition and classification of ADRs, The Yellow Card scheme, Patient safety and the role of pharmacists in Yellow Card reporting included cases, quizzes and online exercises
- Feedback from the 23 students was overwhelmingly positive and will be used to refine and improve the day which will run again in 2020 with invitations to other healthcare students.

Background:

The Yellow Card Scheme (YCS) helps early identification of previously unrecognised adverse drug reactions (ADRs) and risk factors for known ADRs enabling safer use of medicines. Reporting ADRs via the YCS is a professional responsibility and the pharmacy team is in a unique position to support patients by providing expert advice on safe use of medicines to help prevent and identify ADRs. The pharmacy team accounted for 28% of all suspected ADR reports submitted to the YCS by healthcare professionals in 2018, however, this was a 9% decrease in the reporting compared to 2017.¹ A possible solution to falling pharmacy reporting is to raise awareness of the scheme with undergraduates to improve engagement and embed a culture of identifying and reporting ADRs early in a pharmacist's career. The 'Yellow Card student champion' initiative was conceived by the University of Bradford following successful engagement with the NICE student champion scheme in which students are taught skills and given resources to deliver training to their peers in the use of NICE Evidence Search as part of a structured teaching programme.

The day:

The day was split into four workshop style sessions; Adverse drug reactions and pharmacovigilance, Recognition and classification of ADRs, The Yellow Card scheme, Patient safety and the role of pharmacists in yellow card reporting, and was developed and delivered by pharmacists from YCCN&Y and YCCNW experienced in pharmacovigilance. All sessions were interactive using a variety of teaching techniques including case based learning, experiential learning (completing online yellow card report) and Team Based Learning. Information on current and historical YC reporting by pharmacists was provided by the MHRA. Following the sessions training materials were made available to the students for onward delivery either to undergraduate peers or to colleagues in their pre-registration workplaces.

Feedback:

23 students attended the training and feedback collected at the end of the day was very positive; all students felt the content was relevant and pitched at the right level, over 80% had improved knowledge of ADRs and felt able to complete a YC. All sessions were rated 'fairly' or 'extremely' useful. Additional comments showed that the style of delivery using cases, quizzes and completing a YC were felt most beneficial. To improve the day students suggested further information to be provided on how they could deliver this teaching to peers or colleagues in their workplaces.

Future:

The day will be run again in 2020 using the feedback to refine the content and delivery. Resources for student peer teaching will be reviewed. Impact on pharmacy reporting rates within the areas where the students work will be assessed, using local reporting data provided by the MHRA. Students wishing to audit local reporting will be supported by the YCCs. The University of Bradford plans to open the training to other students on the following courses e.g. nursing, Physicians assistants and medical sciences students. Other universities may be interested in adopting the student champions format for peer delivery of Yellow Card training.

References:

1. GPhC. Focus on reporting to the MHRA's Yellow Card scheme. Regulate, 21st March 2019

Evaluating which resources Healthcare Professionals use to find Medicines Information

Jess Brady, Sue Smith, Medicines Information Department, Aintree University Hospital, Liverpool

Focal points:

- 1) A study was carried out at Aintree University Hospital (AUH) in 2017 to determine the difference in the quality of information obtained by medicines information (MI) pharmacists using all available MI resources to answer enquiries, compared to answers found using an internet search engine e.g. Google.
- 2) Conclusions from this study showed that it was possible to answer a small number of basic enquiries via internet sites found through Google. However, it often required prior knowledge of the existence of good quality sites and/ or the strategic use of keywords to find the information. It also showed that a large number of enquiries were answered incorrectly, often due to poor quality resources, out of date information and websites originating from outside the UK.
- 3) This study aims to determine the extent of this problem at AUH and to find out exactly where health care professionals (HCPs) are accessing their medicines information. Are we correct in assuming a high level use of internet search engines such as Google?

Introduction: At AUH, the MI department are increasingly aware that internet searches are the first port of call for enquirers. We have encountered prescribing errors directly caused by information obtained from the internet. Without adequate training in medicines information resources and retrieval it is thought that HCPs will look for this information in places that are both easily accessible and that they are familiar with. This study looks into exactly where HCPs are accessing medicines information and to see whether our assumption about internet search engines is correct.

Method: A questionnaire consisting of 15 open and closed questions was designed and distributed to HCPs at AUH; this was distributed electronically and on paper to individuals over a one week period. The answers to these questions were then analysed and any websites highlighted by MI staff were assessed for reputability. For example; age of website, author/ organisation credentials, country of origin.

Results: The questionnaire was completed by 110 HCPs across the trust; this included 41 (37%) Doctors, 35 (32%) Pharmacists and 34 (31%) Nurses. The number of years of experience between participants was evenly distributed; ranging from newly qualified HCPs to those having more than 10 years of experience.

The results show that there is a large variation in the use of reputable resources between different HCP staff groups. The BNF is a well-received resource and almost 100% of all HCPs in the study said that they refer to this. However, some standard first line resources are not being used. For example, only 37% of doctors stated that they used the EMC website and 27% were unfamiliar with this resource. In addition, only 56% of nurses stated that they used Medusa and 21% were unfamiliar with it. Ideally all doctors and nurses should be familiar with these resources and using them regularly to obtain information. The results also show that HCPs are using internet search engines to find medicines information; approximately 87% of the participants who took part in the study stated this. Out of this group of HCPs, 15% used internet search engines as a primary resource either all of the time or the majority of the time, 48% occasionally and 37% stating that they hardly ever use internet search engines.

Discussion: From the results obtained it is clear that the majority of HCPs at AUH are accessing medicines information via internet search engines and 15% have admitted to using them as a primary resource. We know they are often not using reputable sites e.g. Wikipedia was often cited as a source. In addition HCPs are not always using basic reputable sites such as the EMC website and Medusa.

A recommendation from this study is to provide all clinical staff within the hospital with a list of useful UKMI recommended resources and how best to access them. One suggestion is to add them to a favourites list on all computers within a clinical area. In addition we will be reviewing the medicines information training given to HCPs, for example no training is currently given to nurses.

References:

1. UKMI Recommended resources lists and tools October 2016. Accessed via <https://www.sps.nhs.uk/articles/ukmi-recommended-resource-lists-and-tools/>

How Helpful is Your Helpline?**An audit of patient satisfaction of the medicines information patient helpline and surveying methods.**

Shabnam Sobhdam

Abstract Focal Points:

- Various surveying methods (telephone, post or email) were co-designed with patients and used to survey users of the medicines helpline for a two month period.
- Patient satisfaction and response rates were monitored as primary and secondary outcomes, respectively.
- Overall, patients seem satisfied with the helpline service provided, though it is unclear if the full needs of the user are being met as 10% of patients were unsure if they received enough advice.
- Overall response rate of survey was high at 76%, with telephone being the highest and email being the lowest.

Introduction: The MI centre provides a helpline service to help answer medicines-related queries from patients within the Trust. Currently, there is no regulation of the patient helpline and no feedback is routinely obtained from patients and carers on their experience. Consequently, there is no indication whether the standards nationally set are being met. There is no national guidance by UKMi regarding the best way to survey patients and so this research will contribute to national guidance to be available alongside the healthcare professional guidance to be inherited by centres around the UK.

Method: Comprehensive background research was conducted with input from patient experience, patient focus groups, other MI centres and clinical governance. An audit tool that could be sent via email, post or telephone was co-designed with patients and sent out to all patients that used the patient helpline over a two month period. Patients were asked for consent for a survey once their MI query had been answered and were given the choice of which method they preferred to be surveyed. The audit involved 7 questions (5 multiple choice and 2 open-ended), and results were gathered into an Excel spreadsheet.

Results: A total of 79 patients used the helpline over the two month audit period. Of this, 54 of them were sent surveys via the three previously agreed formats (telephone, email and post). Those that were not sent surveys either did not consent (14%) or were not asked for consent (17%). From the total surveys sent out, 41 surveys were returned with an overall response rate of 76% (telephone; 100%, post; 83%, email; 37%). Three out of the four standards set by UKMi for the Patient Helpline¹ were met (see table below). It is unclear whether the helpline meets survey user's needs as 10% responded that they were unsure if enough advice was provided.

No.	Standard	Results	Standard Achieved?
1	To respond to >98% enquiries from patients within the agreed deadline.	100%	Yes, exceeded
2	To obtain a likely or extremely likely response in referral of the service to friends and family from 100% of patients responding to the user survey.	100%	Yes
3	100% of patients to find that enquiry answering service met their needs as users.	90%	No
4	100% of users find the service easily accessible.	100%	Yes

References:

1. Specialist Pharmacy Services, UKMi. Medicines Helpline for Hospital Patients: National Standard (2018). [online] Available at: <https://www.sps.nhs.uk/articles/ukmi-patient-helplines/> (Accessed 25 Nov. 2018).

The 4 year impact of a Pharmacy Technician on a Medicines Information Centre

Angelica Steward, Esther Wong, Hannah Levene, Medicines Information Centre, Chelsea and Westminster NHS Foundation Trust, London.

Focal Points:

- Review the 4 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

Introduction:

Following the merger of two hospitals in September 2015, a drive to improve cost effectiveness and streamline resources led to a centralised Medicines Information (MI) centre. This allowed for a Specialist MI Pharmacy Technician role to be established. UKMi offers a training scheme aimed at pharmacy technicians who wish to become an UKMi accredited MI Technician.⁽¹⁾

Method:

Data was extracted from MiDatabank using the reporter function.⁽²⁾ Data was collected from 1st January to 31st March in 2016 (pre completion of UKMi technician accreditation), 2017 (post completion), 2018 (one year experienced UKMi accredited technician) and 2019 (two years experienced UKMi accredited technician). Work completed by the MI technician was categorised by enquiry type; interactions, stability, formulation, adverse effects and availability.

Results:

From January to March 2016, the MI technician completed 39 enquiries from a total number of 151 enquiries (25% of workload). This spent a total number of 187.2 hours. Four category types were observed; interactions (133.9 hours), stability (21.8 hours), formulation (16 hours) and adverse effects (15.5 hours). From January to March 2017, the MI technician completed 69 enquiries from a total number of 186 enquiries (37% of workload). This spent a total number of 378.7 hours. Four original category types were observed, interactions (169.7 hours), stability (24.9 hours), formulation (12.8 hours); adverse effects (141 hours), a new 'availability' category was attained which took 30.3 hours of the total enquiry time. From January to March 2018, the MI technician completed 148 enquiries from a total number of 319 enquiries (46% of workload). This spent a total number of 411.4 hours. Five category types were observed; interactions (214.5 hours), stability (56.4 hours), formulation (41.7 hours), adverse effects (56.2 hours) and availability (42.6 hours). From January to March 2019, the MI technician completed 192 enquiries from a total number of 410 enquiries (47% of workload). This spent a total number of 425.6 hours. Five category types were observed; interactions (140.6 hours), stability (81.8 hours), formulation (90.8 hours), adverse effects (81.5 hours) and availability (30.9 hours).

Subsequent years following MI Technician accreditation has seen workload growth which is attributable to enhanced experience and skill allowing for the completion of a significant proportion of total MI workload over a wider breadth of enquiry types. This allows further spread of workload across the MI team and highlights the value of an accredited MI technician in an expanding MI centre. The benefit seen by establishing this post has most certainly positively impacted the MI service, ultimately enhancing patient care.

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 16 May 2019)
2. COACS. MiDatabank Enquiry Manager v3.2. Date accessed: 16 June 2019

Asking service users for feedback on the impact of palliative medicines information provided: an important use of resources?

Amy Byrne, Helen McDonald and Siún Tobin, Palliative Medicines Information Service, Our Lady's Hospice and Care Services, Dublin 6W.

Focal Points:

- Is there a role for routinely seeking service user feedback on the implementation of advice provided by the Palliative Meds Info Service and is seeking and recording this information resource efficient?
- Practice based feedback from information recipients is extremely valuable in the setting of palliative care. Our findings show that it is worthwhile for a palliative medicines information service to seek, record and refer to feedback from enquirers on practice based outcomes.
- Seeking practice based feedback from enquirers following the provision of palliative medicines information is a worthwhile practice development that should be incorporated into future palliative medicines information practices.

Introduction:

Owing to the limited amount of published research into the use of medicines in palliative care populations, practice based experience is of utmost importance. An enquirer who availed of medicines information advice on the management of pruritus in a palliative care setting subsequently phoned the service to feedback on how well the patient had responded to a particular drug. This feedback was recorded on MIDatabank and used when providing information to subsequent enquirers. The usefulness of this feedback prompted a decision by the medicines information team to proactively request feedback from medicines information recipients towards improving the service provided.

Method:

The proposal was discussed at a meeting of the Palliative Meds Info team. An additional line to be included at the bottom of emailed medicines information to encourage feedback of medicines related outcomes was agreed upon by the team. Policies were updated to reflect this new inclusion. All team members were encouraged to proactively ask enquirers to get back in touch to report on patient outcomes secondary to the medicines information provided by the service in person or over the telephone. A standard information form was developed which could be filled in by the medicines information staff if practice based information was received over the phone or in person. Where feedback was received via email this form could be populated by staff based on the information provided, or sent to the individual to complete, as appropriate. All members of the palliative medicines information team were made aware that any feedback recorded from enquirers is anecdotal, and does not represent evidenced based information.

Discussion:

Objectively, the change in practice has helped to provide more practical information to enquirers relating to medicines in the management of patients with palliative care needs. It can be useful to advise enquirers when there is feedback from a previous enquirer that a particular treatment has been well tolerated and/or successful.

Development of the UHS Medicines Helpline: sharing the outcome of calls with patients' healthcare teams

Angela Badiani, Jonathan Hall, Lauren Williams, Southampton Medicines Advice Service, University Hospital Southampton NHS FT

Focal Points:

- The UHS Medicines Helpline gives advice that sometimes needs to be shared with a patient's wider healthcare team.
- A method to document advice given by the Helpline within a patient's electronic medical records has been developed.
- Over a 5-month period only 1.4% of Helpline calls have required documentation in patients' records.
- This change is anticipated to have a beneficial impact upon patient care as a result of better communication between healthcare professionals.

Background: The UHS Medicines Helpline was launched in December 2011 and has now helped nearly 7000 patients and their carers with a range of medication-related concerns. Local research has shown the service helps to reassure patients and resolve their medication-related problems, and almost certainly reduces harm, complaints and re-admissions by dealing with these concerns and errors.¹⁻² There have been cases where it was perceived that it would be beneficial for the wider healthcare team to view the advice given by the Helpline team, in order to inform and improve the future care of individual patients.

The change in practice: Nurse-led helplines at UHS document all of their telephone calls in each patient's electronic record using a 'Patient Contact' form. We followed this model, liaising with our Trust's IT department to gain access to the necessary programme on patients' digital records, developing a Standard Operating Procedure and training the Helpline team on when, and how to record calls. Not all calls to the Medicines Helpline would require documentation in patients' electronic records, but predicted examples included calls that:

- Required patients to change to a different medicine
- Required patients to stop or suspend a medicine
- Highlighted additional monitoring needs during a patient's next admission

It was judged important that this facility was not overused by the Helpline team to avoid 'report fatigue' leading to other healthcare professionals not reading key information about the patient's care.

Actual and potential impact: Between February and June 2019, 7 helpline calls have been recorded in patients' electronic health records, which represents 1.4% of the helpline calls received during this period (n=487). It is unclear whether this figure is a true representation of the number of calls where documentation in a patient's notes would be valuable, or whether the Helpline team are not documenting all eligible calls. A brief retrospective analysis of calls received during this period is currently underway to more fully understand this result and will be presented.

Going forward: It is predicted that documenting advice given by the Helpline team in patients' electronic records will inform, and may improve their care. This is because the healthcare teams caring for them will have visibility on the problem presented to the Helpline team, and the advice given. It would be helpful to evaluate the usefulness of these entries to the healthcare professionals subsequently involved in a patient's care.

References:

1. Badiani, A. et al. Impact of a Medicines Helpline for Patients. EJHP 2017;24:196-9.
2. Hall, J. Improving patient safety and discharge using Medicines Helpline data. Poster presented at UKMi PDS 2016.

A review of training within the Medicines Information (MI) Service at Chelsea and Westminster NHS Foundation Trust

Angelica Steward, Esther Wong, Hannah Levene, Medicines Information Centre, Chelsea and Westminster Hospital, London

Focal Points:

- To review identified ways in which training has been streamlined in the MI department at Chelsea and Westminster NHS Foundation Trust (CWHFT)
- A total of 33 pharmacy healthcare professionals (HCPs) were given some aspect of MI training in the academic year 2018-2019.
- At CWHFT, a new rotation pack and plan has been developed in order to better support rotational MI staff with clear learning objectives for their time in MI. This also reduces workload duplication for permanent MI staff carrying out the training.

Introduction:

The MI department at (CWHFT) offers training to a wide range of pharmacy professionals. Due to increased workload and other clinical commitments for the MI Pharmacist, a review of the training of pharmacy HCPs was carried out to ensure that the training was comprehensive, fulfilled criteria from the General Pharmaceutical Council (GPhC) or Health Education England (HEE) and ensured that rotational staff had clear MI-related objectives to fulfil by the end of their rotation.

Training Workload:

Over the academic year 2018-19, the MI department at CWHFT trained a total number of 33 pharmacy HCPs. Of these, 12 were pre-registration pharmacists (PRPs) from both hospital sites, who each completed a 7 week rotation based on GPhC requirements. 2 were rotational pre-registration training pharmacy technicians (PTPTs) who completed an 8 week rotation.

Four rotational band 6 pharmacists at the Chelsea and Westminster (CW) site completed a 1 week training as part of their new starter induction period; four of their counterparts at the West Middlesex (WM) site completed one day of training. This gives them a base knowledge of MI skills in order to effectively answer questions arising through on call shifts. A longer 4 month rotation period was offered to three rotational band 6 pharmacists at the CW site. Further to training foundation and pre-registration pharmacy HCPs, the MI department also met with eight new pharmacists and pharmacy technicians (PTs) who joined the CW pharmacy department and offered a 30 minute induction to discuss the role of MI within their individual job roles.

Training Improvements:

Rotation packs for PRPs, PTPTs, Resident Pharmacists and Band 6 Pharmacist inductions (both sites) were reviewed. Rotation packs were streamlined where possible in order to reduce duplication of work. The new paperwork allows the comparison of work that has already been completed in prior rotations and allows HCPs who return to work within MI the ability to pick up where they left off.

The PRP, PTPT and Resident Pharmacist rotation packs were amended to include up to date criteria from the GPhC, HEE and Joint Pharmacy Board (JPB) Foundation diploma. This allows them to effectively extrapolate enquiries they were involved in to an evidence that is also meaningful for their training requirements.

This review has allowed CWHFT MI to successfully implement a revised training plan tailored to the requirements of the many different healthcare professionals trained and allows for more autonomy with training and a more comprehensive overview of MI. The impact of these will be reviewed in due course.

How do pharmacists at MFT use information technology platforms/applications to access information about medicines?

Aoidin Cooke, Derek Ho Ping Chan, Katrina Yu, Manchester University Foundation Trust- Oxford Road Campus, Manchester.

Focal Points:

- The project explored the use of social media platforms and applications amongst hospital pharmacists at MFT and if they have potential to enhance MI services
- The BNF app is the most commonly used app (53%) and Whatsapp is the most commonly used social media platform by pharmacists for work purposes
- Thematic analysis from the focus group aims to explore the opinions on the use of social media platforms for work purposes
- It may be beneficial for MI to produce a recommended list for medical-related apps

Introduction:

This project aims to evaluate how Medicines Information (MI) service can utilise social media to provide better services and disseminate information to pharmacists in MFT effectively.

1. To identify the best potential social media platforms to disseminate different types of information about medicines
2. To determine the feasibility for MI to reply to simple enquiries on social media
3. To investigate what apps pharmacists use for work purpose and review the benefits of MI recommending apps as additional resources

Method:

An online questionnaire was designed and sent to all pharmacists. Data collection was set to two weeks and responders had an option to express interest in participating in the focus group. Participants for the focus group were selected based on a variety of specialities and banding. Data from the questionnaire was analysed and helped guide the topics of discussion in the focus group. The focus group, which was recorded with the consent of the participants, further explored the opinions on the use of social media platforms and applications for work purposes and other associated issues around them. A verbatim transcription was typed up and thematic analysis was performed to pick out common themes from the focus group.

Results:

There were a total of 62 responses for the questionnaire with a variety of clinical specialities represented. 53% of pharmacists used the Microguide and BNF daily and around 20% used Up-to-date few times a month. Other apps were used and included: EMC, BMJ Best practice, Toxbase, Micromedex. 91% of pharmacists used WhatsApp daily for personal purpose, and 50% used it daily for work purposes, which had a higher preference than all other apps. 53.3% used Twitter for personal use, but only 35% used it for work purposes. Responders indicated that they would find it beneficial for MI to disseminate information via social media platforms on drug safety alerts (22%), new guidelines available (21%) and pharmacy memos (20%). 58.4% of responders would consider using social media platforms to access MI service.

Four pharmacists took part in the focus group of varied bands and specialties. Thematic analysis is currently in progress and will give more information on the perceptions of social media in work and other associated issues.

Discussion:

There was a fairly low usage of technology platforms for work purposes. WhatsApp was used more regularly by shift-working pharmacists, which may be used as a support system out of hours. There is interest in MI producing a recommended resource list for medical-related apps. The focus groups will allow further qualitative analysis to address the potential use of social media platforms by MI, the perceived pros and cons of social media for work purposes, and how MI can further exploit these platforms to assist staff.

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