

# UKMI Annual Conference 2025

Thursday 23 – Friday 24 January 2025

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UKMI's 50th annual conference  
encouraging networking, practice sharing  
and development within Medicines  
Information.



***UKMi***  

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**UK Medicines Information**

Dear Delegate,

Welcome to 50th UKMi Conference. We are delighted you are joining in the celebration of half a century of medicines information and advice.

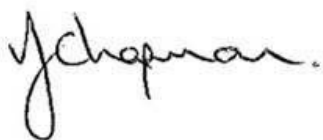
We have put together a professional programme that reflects current pharmacy-wide and MI specific topics of interest to inform and inspire you.

We are also excited to host a two day event, allowing us to continue our networking and celebration with an evening meal. A number of UKMi alumni from the past 50 years will be joining us.

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 are also very thankful to our exhibitors whose sponsorship allows us to keep the costs to an absolute minimum.

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



J. Chapman



**UKMi**

UK Medicines Information

# Proceedings

Day One – Thursday 23<sup>rd</sup> January 2025

**10:00am**

Welcome to UKMI conference with prize winners  
*Vanessa Chapman, UKMi Chair, Associate Professional Medicines Advice Lead, Midlands MA*

**10:30am**

*Keynote Speech: Andrew Evans, Chief Pharmaceutical Office Wales*

**11:15am**

Coffee break and exhibition / poster viewing

**11:45am**

Plenary 1: Looking back to look forward  
*Panel discussion with alumni of UKM*

**12.15pm**

Look to the future. What does the health system need from MI  
*Mark Cheeseman, Director of Medicines Optimisation & Pharmacy Suffolk & North East Essex ICB*  
*Dianne Burnett, National Lead Pharmacist, Welsh Medicines Advice Service*

**1:00pm**

Lunch break  
Opportunities to visit the exhibition, view posters  
network & socialise

**2:15pm**

**Workshop 1:** Delegates will be able to choose from the following sessions:  
***Journey towards advanced/consultancy level practice*** –  
*Vanessa Chapman/Laura Kearney, Midlands MI*  
***Advances in technology to support Practice*** – *David Preece, Senior Pharmacist*  
*Anna Burgess, Digital Lead Pharmacist, Welsh Medicines Advice Service*  
***Paternal medication exposure and teratogenic risks*** – *Luke Richardson,*  
*Principal Medical Information Scientist & Data Manager, UK Teratology Service*  
***Peer Review*** – *Luke Elliott, Advanced Medicines Advice Pharmacist,*  
*SPS London Northwick Park*  
***Greening Pharmacy Practice and Medicines Information*** – *Minna Eli,*  
*Chair of Sustainability, Guild of Healthcare Pharmacists*

**3:15pm**

Comfort break

**3:30pm**

Workshops

**4.30pm**

Day one programme ends

7.00pm

50<sup>th</sup> Anniversary meal, Welsh folk band & DJ



# Day Two – Friday 24<sup>th</sup> January 2025

**10:00am**

Conference Introduction

*Vanessa Chapman, UKMi Chair, Associate Professional Medicines Advise Lead, Midlands MA*

**10:10am**

Keynote Speech: Leadership and influencing how to motivate, engage & inspire, *Jamie Hayes, Director Welsh Medicines Resource Centre*

**11:15am**

Coffee break and exhibition / poster viewing

**12.00pm**

Plenary 2: Clinical update – Advanced Therapy Medicinal Products (ATMPs) Current & future clinical uses and considerations for MI, *Sarah Irwin, Consultant ATMP Pharmacist, Cardiff & Vale University Health Board*

**12.45pm**

Lunch break

Opportunities to visit the exhibition, view posters network & socialise

**1.30pm**

Plenary 3: Future training needs of the pharmacy workforce

*Lyn Hanning, Professor of Pharmacy Education and Head of the Bath MPharm at Plymouth*

*Katy Davies, Advanced Clinical Pharmacist – MI, University Hospitals Birmingham*

*Rosemary Dempsey, Head of Pharmacy Education and Paediatric Renal Pharmacist, University Hospital Southampton*

*Ellen Williams, Director of Regional Pharmacy Training, Pharmacy Workforce Development South UHBW*

**3.30pm**

**Conference Close**



# Speaker Information

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## Vanessa Chapman

Chair of the UKMi Executive & Associate  
Professional Medicines Advise Lead  
Midlands Medicines Information

Vanessa has been Head of the Midlands Medicines Information Centre (MIC) and UKDILAS in Leicester since 2014 having worked at the centre since 1990. She has spent her career in Medicines Information and worked for many years advising CCG health care professionals in matters relating to MI at an operational and strategic level. She is one of the Associate Medicines Advice Leads for the Specialist Pharmacy Service (SPS) which provides specialist information and advice about medicines use for health care professionals and policy makers. Her most recent achievement was to establish the first Consultant Pharmacist in Medicines Advice in the UK within the Midlands MIC.

Midlands MIC is a large centre providing Medicines Advice and training for Leicestershire and other NHS Trusts. We act as one of the five MI centres for SPS publishing a wide range of online resources to support medicines optimisation and patient safety and supporting primary care with enquiries.

We also provide the UK Drugs in Lactation Advisory Service. UKDILAS has been the national specialist advisory service for use of medicines during breastfeeding for 50 years. providing advice to healthcare professionals and patients both online and through individual enquiries and working with national strategic organisations and policy makers.



# Speaker Information

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## Kelly Thompson

Lead Pharmacist for Medicines Information, Craigavon Area Hospital, Southern Trust

Kelly Thompson is the joint Lead Pharmacist for Medicines Information in Craigavon Area Hospital, Southern Trust Northern Ireland.

After graduating from Queens University Belfast, she worked in community pharmacy for a short while before moving to hospital pharmacy in University Hospitals of Leicester. Here she quickly moved into a role within the Medicines Advice Service contributing to work being carried on a local and national level. After years in a senior role in the Midlands and East Medicines Advice Service she moved with her family back to Northern Ireland.

During a short period of employment with the Belfast Trust she completed her post graduate masters. The opportunity to move back into a Medicines Advice Pharmacist role then arose in Craigavon Area Hospital. From this local centre she has become involved with the UKMI workforce development group and hopes to continue contributing to UKMI outputs while representing Northern Ireland and other local Medicines Advice centres across the network.



# Speaker Information

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## Andrew Evans

Chief Pharmaceutical Officer Wales

Andrew has been the Chief Pharmaceutical Officer at the Welsh Government since 2016. He is a public health specialist and prior to his appointment was principal pharmacist in pharmaceutical public health at Public Health Wales NHS Trust. He was previously a pharmaceutical adviser in the NHS in Wales and England, a postgraduate education tutor, GP practice and community pharmacist.

He is an honorary lecturer at Cardiff University with research interests in a range of areas including how socioeconomic deprivation influences the prescribing of medicines and on the impact of the expanding role of community pharmacists has on population health.

Andrew was made a fellow of the Royal Pharmaceutical Society in 2018 and in 2022 he was recognised in the Queen's Jubilee honours with an OBE for services to the UK's pandemic response.

Abstract of presentation

Not available at this time



# Speaker Information

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## Alumni of UKMi

### Peter Golightly,

Former Director of Trent and West Midlands  
Medicines Information Services

Established one of the first Resident Pharmacy services at Nottingham City Hospital in 1971.

Established an Area Drug Information Service for Nottinghamshire in 1974 and then appointed as first Director (then Principal Pharmacist) of the Trent (Regional) Drug Information Service, covering the East Midlands and South Yorkshire and based in Leicester in 1976.

Assumed additional responsibility for the West Midlands Medicines Information Service in 2009.

Founder member of UKMi in 1975 firstly called Regional Drug Information Pharmacists Group (RDIPG), then DISC (Drug Information Sub-Committee of RPhOs, UKDi and finally UKMi.

Chaired UKMi for two periods of 3 years and 7 years respectively.

Established the national Drugs in Lactation Information Service in 1980.

Developed MI support for and formal links with various organisations (some now defunct\*) including primary care, NHS Direct\*, MeReC\*, NICE, BP Commission, and the pharmaceutical industry (AIOPI).

Pioneered introduction of technology into MI practice, from first PCs to first MI websites and other online services.

Appointed Fellow of the Royal Pharmaceutical Society in 2010 for services to Medicines Information.

Retired in 2013 (just prior to establishment of SPS). Now enjoys travel, family, cooking, outdoor activities, and Chair of 15 school Academy Trust.





# Speaker Information

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## Fiona Woods

Former Director of Welsh Medicines Advice Service

Fiona was the National Lead for Medicines Information in Wales from 1987 until her retirement in April 2021. Prior to this she held DI posts at Guy's Hospital and in the South West Thames Regional Drug Information Centre in Guildford.

Her UKMi interests and contributions included helping to develop and lead the Pharmacy Technician MI Accreditation scheme and chairing the UKMi Quality and Risk Management Group (and its forerunners).

In Wales, Fiona, together with Clinical Pharmacology colleagues, championed the yellow card scheme as the YCC Wales and also worked closely with the All Wales Therapeutics and Toxicology Centre (AWTTC) to support the work of the All Wales Medicines Strategy Group (AWMSG).

During her career Fiona was keen to support local MI services and colleagues in Wales and to encourage a 'do once and share' philosophy to reduce duplication of effort.



## David Erskine

Former Director London and South East Medicines Information Service.

I was Regional Director of the London and South East Medicine Information Centre from 2003 until I retired from the post in 2021. During that time, I was involved with the development of the National electronic library for medicines, the Medicines Awareness News Service, Prescribing Outlook and Medicines Guides for the NHS. Since retiring from the post, I have continued to do some work with Medusa and in the MI centre at Guys.



# Speaker Information

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## Mark Cheeseman

Director of Medicines Optimisation & Pharmacy and Chief Pharmacist (interim), Suffolk & North East Essex ICB

Mark is currently Director of Medicines Optimisation and Pharmacy at NHS Suffolk & North East Essex Integrated Care Board and also interim Chief Pharmacist at East Suffolk & North Essex NHS Foundation Trust.

Mark has worked in the NHS for just over 25 years, primarily hospital pharmacy, across a range of different sized Trusts in the South and East of England. He has also worked in primary care for one of the largest clinical commissioning groups in England and in community pharmacy.

Throughout Mark's career he has worked as a medicines advice pharmacist in two large centres in England and most recently was the NHS Specialist Pharmacy Service Medicines Advice Hub Lead.

He holds a MSc in infection management for pharmacists having previously worked as an antimicrobial pharmacist, and a PhD for which his thesis focused on "Medicines advice – exploring the opinions of healthcare professionals on the use and provision of on-call pharmacy services in England".



# Speaker Information

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## Dianne Burnett

National Lead Pharmacist, Welsh Medicines Advice Service. Chair of the UKMi MIDB Online Steering Group

Dianne is the National Lead Pharmacist for the Welsh Medicines Advice Service (WMAS) and the Director of WMAS Cardiff (Cardiff and Vale University Health Board (CAVUHB)). She previously worked as the Pharmacy Site Manager in Glangwilli General Hospital, Carmarthen (Hywel Dda University Health Board), during the pandemic and prior to that she was the Lead Medicines Advice Pharmacist for Hywel Dda University Health Board for 15 years.

Dianne's current role as National Lead is focused on transforming the Medicines Advice Service in Wales. There are 4 individual medicines advice services which provides individual bespoke medicine advice within their organisation. Her vision has a strong emphasis on connecting these individual medicines advice services together to form the Welsh Medicines Advice Service, using innovative technology, reducing duplication of work, collaborating together to provide advice "Once for Wales".

As Director of the Cardiff service, she is responsible for the delivery of the specialist porphyria service, delivery of the Yellow Card Centre Wales strategy and the enquiry answering service to patients and healthcare professionals from all sectors within CAVUHB. The Cardiff medicines advice team provides enquiry answering support to the individual medicine's advice services across Wales. It also has a growing publications portfolio delivering targeted advice to healthcare professionals which is shared across Wales.

Dianne is currently the Chair of the Mi Databank Online Steering Committee. She also chairs the All Wales Drug Library and Smart Pump Group.

Dianne works closely with Welsh Government to deliver key priorities set out in the vision document Pharmacy: Delivering a Healthier Wales, in particular the Clinical Community Pharmacy Service for example: seasonal influenza vaccination, emergency contraception, the Common Ailment Service. WMAS also works closely with Public Health Wales and NHS Executive to deliver the national immunisation framework for Wales through development of national patient group direction templates.



# Speaker Information

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## **Looking back to look forward**

Abstract of workshop

A panel discussion in two parts.

In the first section, respected UKMi alumni from different stages of UKMi's history discuss the challenges they faced when building and developing the UKMi network and structure, and how they overcame them.

## **Look to the future. What does the health system need from MI**

Part two will focus on the future; what challenges we face now and over the next few years? What are our threats and our opportunities? How we can be an organisation with a memory and learn from the past 50 years to ensure we continue to evolve and prosper.



# Workshop Information

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## Vanessa Chapman

Associate Professional Medicines Advise  
Lead Midlands Medicines Information

Vanessa has been Head of the Midlands Medicines Information Centre (MIC) and UKDILAS in Leicester since 2014 having worked at the centre since 1990. She has spent her career in Medicines Information and worked for many years advising CCG health care professionals in matters relating to MI at an operational and strategic level. She is one of the Associate Medicines Advice Leads for the Specialist Pharmacy Service (SPS) which provides specialist information and advice about medicines use for health care professionals and policy makers. Her most recent achievement was to establish the first Consultant Pharmacist in Medicines Advice in the UK within the Midlands MIC.

Midlands MIC is a large centre providing Medicines Advice and training for Leicestershire and other NHS Trusts. We act as one of the five MI centres for SPS publishing a wide range of online resources to support medicines optimisation and patient safety and supporting primary care with enquiries.

We also provide the UK Drugs in Lactation Advisory Service. UKDILAS has been the national specialist advisory service for use of medicines during breastfeeding for 50 years, providing advice to healthcare professionals and patients both online and through individual enquiries and working with national strategic organisations and policy makers.



## Laura Kearney

Consultant Lactation Medicines Advise  
Pharmacist

Laura has been working in Medicines Information since 2008. She is a pharmacist with a clinical background in hospital pharmacy, and previously worked at the BNF, where she gained her MSc. She specialises in medicines use in breastfeeding, and in 2022 was the first UK pharmacist to become a UNICEF UK Baby Friendly Initiative Qualified Advocate. She has a passion for ensuring all babies and families are supported to breastfeed, providing evidence-based holistic care, and advocating for change. Laura is the Clinical Lead pharmacist for the team at the UK Drugs in Lactation Advisory Service, is part of the SPS service, and has recently been successfully credentialed with the RPS as the first Consultant Medicines Advice Pharmacist.



# Workshop Information

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## **Journey towards advanced/consultancy level practice**

Abstract of presentation

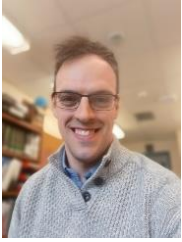
In this workshop you will learn about the Royal Pharmaceutical Society (RPS) two-stage route to establishing consultant pharmacists.

We will cover the process of getting the post approved by the RPS, and also focus on individual accreditation and portfolio development.



# Workshop Information

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## David Preece

Senior Pharmacist – Medicines Advice (SPS)

David is currently working as a Senior Pharmacist as part of the Medicines Advice Team in the Specialist Pharmacy Service (SPS). This role includes MI enquiries for those working in primary care and providing input into the various webpages that need updating. Prior to this he was Lead Pharmacist for Medicines Information at York and Scarborough NHS Trust and started his MI journey at the Leeds Medicines Advice Service, based at St James' Hospital.

His interest in improving the use of technology within MI is from the view of improved efficiency (avoiding waste or “Muda” in Japanese Quality Improvement terms) and ensuring that high quality answers are always provided in the best possible way. He hopes that the session will provide ‘food for thought’ within the profession about being part of the conversation about constantly improving technology and not afraid of it.

In his first year on the UKMI Executive as Chair of the Technology and Innovation group he has been working with colleagues across the UK for this session, the role of AI in MI and hopefully as you will see brings a passion to getting people talking!



## Anna Burgess,

Digital Lead Pharmacist, Welsh Medicines Advice Service

Anna Burgess is the Digital Lead Pharmacist for the Welsh Medicines Advice Service (WMAS), based in Cardiff and Vale UHB. She is passionate about finding digital solutions to improve work and patient outcomes and is about to complete an MSc in Leading Digital Transformation. She is currently working closely with the UKMi network members, UKMi executive and CoAcS to ensure user-centred development of the new national enquiry database, MiDBOnline. She was the NPPG Information Officer until May 2023, supporting their responses to consultations, and acting as a contact point to provide specialist advice on paediatric medicines to other organisations.



# Workshop Information

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## **Advances in technology to support practice**

Abstract of presentation

The use of technology in the delivery of healthcare is rapidly moving forward:

- Is the world of Medicines Information / Medicines Advice ready for the changes?
- Do you want to be part of shaping it?
- Do you have the skills/knowledge needed to utilise the available tools to deliver MI/MA services?

By bringing together colleagues from across the UK, facilitated by members of the UKMI Innovation and Technology subgroup, we will assist participants with terminology, a greater understanding and inspire them to incorporate available technology into service delivery.

We will introduce different approaches to enhance the smooth running of MI/MA departments. This includes sharing ideas across departments, assisting with workload management, training and formulary work or processes.





# Workshop Information

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## Luke Richardson

Principal MI Specialist & Data Manager  
UKTISS

Luke has worked at the UK Teratology Information Service (UKTIS) since 2009. His main research interests include improving UK teratogen surveillance techniques, international collaborative approaches for pregnancy drug safety studies, and developing academic standards in data collection, data synthesis and risk communication for pregnancy drug safety. Luke also helps to maintain the UKTIS medication safety online literature, which includes electronic information pages for healthcare providers and pregnant women. He is currently working on an international project (IMI ConcePTION) aiming to improve approaches to studying drug safety in pregnancy and risk-benefit communication to women and healthcare providers.

### **Paternal medication exposure and teratogenic risks**

Abstract of workshop

This presentation will explore paternal periconceptual medication use and its potential teratogenic effects. We will examine the theoretical mechanisms underlying paternal teratogenicity, including genetic and epigenetic mechanisms that may contribute to developmental risks in offspring. The session will also review commonly queried medications and will involve a detailed examination of the data relating to paternal sodium valproate exposure. Through an in-depth review of the available data, this presentation will provide evidence-based insights for clinicians and researchers to better understand the risks of paternal medication use.



# Workshop Information

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## Luke Elliott

Advanced Medicines Advice Pharmacist, SPS  
London North West University Healthcare

Luke Elliott is a registered pharmacist with over a decade of experience, having qualified in 2013. Throughout his career, he has demonstrated a commitment to excellence in Medicines Advice (MA), with a broad range of experience across both local, regional and specialist MA services. Luke currently holds a leadership role within the Specialist Pharmacy Service (SPS) Enquiry Answering Service (EAS), where he oversees operations at the London MA sites (hosted at Northwick Park Hospital and Guy's & St Thomas's Hospital).

In addition to his work with the EAS, Luke has a focus on developing diverse medicines content, including contributions both NHS and SPS webpages, as well as webinars and podcasts. He is passionate about education and regularly delivers teaching sessions on topics such as literature searching and evidence-based enquiry handling, aimed at healthcare professionals at all levels. Luke has extensive experience in training trainee and foundation pharmacists, having played a role in shaping the next generation of professionals in MA.

Luke also has a specialist interest in renal services and collaborates with the Renal Pharmacy Group, helping to foster professional ties in this area.

In his spare time, he enjoys exploring various crafts, including metalworking, leatherworking, sewing, and crochet, although he is still honing his skills in these areas.

### **Peer Review: using the updated UKMi peer review process**

Abstract of presentation

Peer review is a valuable tool for evaluating the quality of enquiries in accordance with UKMi national enquiry answering standards. It facilitates constructive dialogue and provides consistent, objective feedback, contributing to the standardisation and improvement of both individual practices and the overall service quality. Moreover, peer review creates an opportunity to highlight best practices, exchange ideas, learn from colleagues, and identify areas for professional development. It is designed to be a supportive and collaborative process, rather than a critical or evaluative one, and does not involve a pass/fail assessment.



# Workshop Information

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Participants in this session will evaluate a variety of sample enquiries, as well as their own, utilising the updated UKMi RAG rating system developed by QRMG for grading enquiries. We will explore how peer review can be applied in various scenarios to enhance governance within Medicines Advice services. We will also discuss practical strategies for establishing regular assessments and share tips for ensuring their success.



# Speaker Information

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## Minna Eli

Chair of Sustainability, Guild of Healthcare Pharmacists

Minna is the Chief Sustainability Officer's clinical fellow 2023/24 and the project lead for Royal Pharmaceutical Society's greener pharmacy guide and toolkit. She is the current Chair of Sustainability at the Guild of Healthcare Pharmacists and co-founder of the UK environmentally conscious pharmacy group Pharmacy Declares. Minna is also working as an Acute Medicine hospital pharmacist and part-time as NHS 111 urgent care pharmacist.

### **Sustainability considerations in medicines use**

Abstract of presentation

Minna will be running a workshop considering various aspect of the pharmaceutical supply chain ranging from procurement to administration. Minna will also be showcasing the RPS greener pharmacy guide and toolkit planned for launch early 2025.



# Speaker Information

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## Helen Jones

Advances      Pharmacist      Medicines  
Information, Midlands MA

Helen is a definite 'yellow' personality (IYKYK). Having developed an early passion for the specialism, Helen has worked in Medicines Information for over 14 years. Many of those years were based in Southampton and involved training others, writing, and reviewing national documents, research/projects, enquiry answering as well as working on the national training resource, the Medicines Learning Portal. She has been a tutor for postgraduate students, mentored foundation pharmacists and a line manager. After a couple of years spent working in medicines safety she came back to MI and is now based in the Midlands Medicines Advice Centre which includes the UK Drugs in Lactation Advisory Service.

Outside of MI Helen is a keen cyclist, recently completing the UK 'coast to coast' trip. She enjoys playing netball and badminton, plays flute and piano and is a busy mum to 2 children. She is also a vicar's wife (but can't bake or make jam) and leads groups for kids, Messy Church for families, baby and toddler groups, plays music, runs church camps etc.

If she wasn't working in MI she would sell ice creams or be a counsellor.



# Speaker Information

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## Jamie Hayes

Director, Welsh Medicines Resource Centre,  
NHS Wales

Jamie is a pharmacist and director in NHS Wales and an Honorary Professor at Cardiff Metropolitan University, School of Sport and Health Sciences.

A clinical pharmacist by background, Jamie has a thirty-year career in healthcare leadership, medical education and behavioural change. He served as an elected board member for the Royal Pharmaceutical Society for six years, from 2016 to 2022, and was awarded Fellowship in 2021.

In 2017, Jamie founded JMH Collaborations Ltd, a boutique coaching, leadership and performance consultancy offering one-to-one and team coaching to executives, leaders and managers from organisations across private and public sectors.

Jamie has coached individuals and teams from start-ups to blue chips. Clients include executive directors, entrepreneurs, medical consultants, senior healthcare professionals, lawyers, retail leaders, journalists, managing directors, financiers, chief executives and chief operating officers. Jamie is one of the executive coaches at Cardiff Business School, coaching and supporting learners studying for MBA and Executive MBAs.

Jamie is co-host of The Aural Apothecary Podcast. A podcast about medicines, people and stories. The podcast is downloaded in over 60 countries across the world and frequently features in the Apple Top Ten for Medical Podcasts.

### **Leadership and influencing – how to motivate, engage and inspire**

Abstract of presentation

Jamie's session will help you discover people-focused strategies that will build your self-awareness and accelerate your ability to energise and support yourself and your teams.

Shining a spotlight on workplace behaviours, this session will challenge assumptions as we explore confidence, human performance, leadership presence, mental toughness and mindset. Looking to equip the workforce for the challenges ahead, Jamie asks - is there a different way of working?



# Speaker Information

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## Sarah O'Beirne

Lead Pharmacist Grampian Medicines  
Information Centre

Sarah is the Lead Pharmacist for the Grampian Medicines Information Centre based at Aberdeen Royal Infirmary, which provides an MI service for NHS Grampian, NHS Shetland and NHS Orkney. She has been working in Medicines Information for almost 10 years. She is a member of the Association of Scottish MI Practitioners (ASMIP), vice-chair of the UKMi Workforce Development Working Group, and a member of the UKMi Executive.



# Speaker Information

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## Sarah Irwin

Consultant ATMP Pharmacist, Cardiff and  
Vale University Health Board

Sarah Irwin has been a Consultant Pharmacist in Advanced Therapy Medicinal Products (ATMP's) for the last 3 years. She works for Advanced Therapy Wales (ATW) and Cardiff and Vale University Health board (C&V UHB). The ATW vision is to create a sustainable platform for the Welsh patient population to have equitable access to these emerging new treatments and maximise opportunities for Wales to play a leading role in contributing at a local, UK wide and international level in the development of Advanced Therapies. Within C&V UHB, Sarah is responsible for the development and implementation of a strategic plan for pharmacy to support the introduction and delivery of both licenced and investigational ATMP's. Previously Sarah has previously worked within Clinical Haematology for 13 years.

### **Advanced Therapy Medicinal Products (ATMPs) – current and future clinical uses and considerations or MI**

Abstract of presentation

Advanced Therapies is the collective term for a new class of biological medicines that are based on genes, cells or tissue. They offer new treatment and opportunities but are often complex in delivery and require new clinical pathways. There are currently 13 Advanced Therapy Medicinal Products (ATMP) recommended by NICE for NHS adoption with CAR-T's being the most commonly delivered in the UK. However, consideration is required for horizon planning what is coming in terms of disease states and volume of patients.

With regards to Pharmacy and ATMP's, additional governance arrangements are required with special consideration for spillage, transport, waste management etc. Therefore, ATMP's presents clinical, manufacturing, financial and regulatory challenges. As a result, specialist information is required, and Medicines Information need to be aware of these and use both the published information available and specialists in the area. MI also help to support those specialist pharmacists with literature reviews in producing relevant guidance. A vast educational portfolio is available to support ATMP delivery and implementation.





# Speaker Information

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In Wales, we have a delivery plan for AMTP's which includes the vision, goals and themes. We are working on the challenges we face and the dependencies which can be addressed to overcome these. The UK government and industry are aware of these challenges and there are several organisations such as Advanced Therapies Wales, the Advanced Therapy Treatment Centres and APBI which are looking to the future for ATMP's.



# Speaker Information

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## Tiffany Barrett

Lead Pharmacist for Medicines Information  
and Advice, University Hospitals Plymouth  
NHS Trust

Tiffany Barrett has worked across a variety of settings in community pharmacy, primary care, secondary care and University level postgraduate teaching. Running through all of that has been a 30-year career as a Medicines Information pharmacist, ranging from managing a regional MI centre to developing and reinvigorating an MI centre in a large teaching Trust in the South West of England. Collaboration, communication, and curiosity are key to Tiffany's career development.



# Speaker Information

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## Katy Davies

Advanced Clinical Pharmacist – Medicines Information, University Hospitals Birmingham

Katy has been managing the Medicines Information service at University Hospitals Birmingham since 2018 having started as the service deputy in 2016. Prior to this she has had a varied pharmacy career including many years as the Acute Medical Unit Pharmacist at North Bristol NHS Trust, and a short period at South Warwickshire CCG as the Medicines Optimisation Pharmacy Lead



## Lyn Hanning

Professor of Pharmacy Education and Head of the Bath MPharm at Plymouth

Lyn Hanning is Professor of Pharmacy Education at The University of Bath. She has recently been appointed as the Head of the new MPharm degree in Plymouth where the Bath MPharm is being delivered from Sept 2024.

Lyn has taught at undergraduate and postgraduate levels with experience in delivering MPharm, Pre-registration (Foundation), Diploma and Independent Prescribing programmes. Since 2014, her work has focussed on curriculum design and delivery of practice based learning elements of the MPharm at Bath. Lyn's research interests focus on the development of skills and competence for the pharmacy workforce and in particular the role of Entrustable Professional Activities (EPAs) to support pharmacy students during experiential learning. She has recently led a steering group to develop EPAs for use in MPharm degrees in England. Lyn is a Senior Fellow of the Higher Education Academy and was awarded an Advance HE National Teaching Fellowship in 2022 for her work in pharmacy education



# Speaker Information

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## Rosemary Dempsey

Head of Pharmacy Education and Paediatric Renal Pharmacist, University Hospital Southampton NHS Foundation Trust

Rosemary has spent the past 20 years in Pharmacy Education and Training, where she has led the training of Trainee Foundation Pharmacists within acute trusts. She developed some of the first cross-sector training placements and is currently collaborating with colleagues across the Hampshire and IOW Integrated Care System (ICS) to develop the training plan for 2025-26, including the integration of prescribing into the training programme. Rosemary is a member of the Programme Board for Trainee Pharmacists across NHSE South East and the South West MPharm Practice Based Learning Management Board.

Previously, Rosemary led on Pharmacist Postgraduate Diploma programme delivery and is now Head of Pharmacy Training at Southampton. In this role, she supports learning across the pharmacy department, including apprenticeship programmes for Pharmacy Support workers, Pharmacy Technicians and in the Aseptic service Science Manufacturing Process Operatives and Science Manufacturing Technicians.

In addition to her educational responsibilities, Rosemary maintains a patient-facing role as a Paediatric Renal Pharmacist. She works with the multidisciplinary team (MDT) across primary and secondary care in an outpatient setting, focusing on medicines optimisation for patients with chronic renal conditions.



# Speaker Information

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## Ellen Williams

Director of Regional Pharmacy Training,  
Bristol Royal Infirmary

As Director of Regional Pharmacy Training, Ellen leads Pharmacy Workforce Development South (PWDS) and is responsible for driving innovative training programme development, and steering pharmacy workforce development and education locally, regionally and nationally.

An Independent Expert member of the UK Pharmacy Professional Leadership Board, and Fellow and former Vice President of the Association of Pharmacy Technicians UK, Ellen is a passionate advocate for the pharmacy technician profession.

Ellen's regional and national leadership in pharmacy education and development ensures that the pharmacy workforce is provided the best opportunities to succeed and develop to their full potential and in turn be able to provide the highest level of care to our patients and the public

### **Future training needs of the pharmacy workforce – Worries, concerns and opportunities**

Abstract of presentation

MI teams across the UK are an integral part of the development of the wider pharmacy team in dealing with questions about medicines. One key group that we support is the trainee pharmacists. For this plenary session we have brought together a panel of experts to discuss the future of the pharmacy profession, how we can best support the pharmacy graduates who come out with prescribing qualifications, what we should expect them to have experienced during their time at university and therefore where can we in MI add value and benefit to their development. You will hear from Lyn Hanning, Professor of Pharmacy Education and Head of the Bath MPharm at Plymouth University, Ellen Williams, Director of Regional Pharmacy Training - at Pharmacy Workforce Development South, Rosemary Dempsey, Head of Pharmacy Education and Paediatric Renal Pharmacist University Hospital Southampton NHS Trust and Katy Davies, Advanced Clinical Pharmacist – Medicines Information, University Hospitals Birmingham NHS Foundation Trust. This is an opportunity to ask those questions that we know are worrying MI teams



# Speaker Information

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about the new style of pharmacy graduates and how we can best support and develop them. Each member of the panel will outline their vision of where the opportunities are for MI to support the future pharmacy workforce and there will be a Q&A session to enable you to ask the experts for their advice and ideas.



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# 2025 Posters

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# The role of Medicines Advice in managing shortages at Leeds Teaching Hospitals Trust

Dave Abbott, Leeds Medicines Advice, Dawn Lawrence, Leeds Medicines Advice, [Zirlish Afzal](#), Rotherham Foundation Trust

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## Introduction

Over the past few years, the number of medicine shortages experienced by the NHS has markedly increased and anecdotally, at the same time individual shortages have also become more complex to resolve affecting a wider range of clinical areas. Like many Medicines Advice teams, we have observed a significant increase in queries from Trust colleagues and primary care contacts regarding medication shortages. In light of this situation, it was decided to establish a “shortages group” to support the management of these shortages, formalise roles, responsibilities, and information output. The role of Medicines Advice is to contribute expertise to decision making and to communicate local decisions across the organisation.

## Method

An informal meeting between the procurement team and Medicines Advice evolved into a more structured weekly meeting that includes representatives from procurement, Medicines Advice, clinical pharmacy, and dispensaries and distribution. An effort is made to streamline the information documented in the meeting to share with the department weekly via the pharmacy shared drive. Medicines Advice provide customised local advice via briefings and shortages information is added to the Leeds Formulary on a case-by-case basis, particularly for widespread or critical shortages that require a change in practice. A monthly email is also distributed to the pharmacy department that details resolved shortages, all monitored shortages, and provides an update on new and critical shortages.

A generic template for medication shortage queries was developed for use in Medicines Advice, outlining where relevant information can be found. Additionally, a flow chart titled “So You Think You Have a Shortage?” was created for pharmacy colleagues, detailing the actions to take when dealing with a suspected medication shortage.

## Results

Consensus among the shortages group is that shortages are now better managed and there is greater clarity regarding roles. The Medicines Advice team has received positive feedback from the wider department regarding the monthly emails and has found that the generic template and flowchart save time while providing a helpful reference.

## Discussion

Medication shortages continue to be a significant and evolving challenge, and it is necessary that the impact of this on patients is minimised. While meeting weekly presents challenges, it helps keep discussions manageable and the insights gained from these meetings have significantly alleviated the burden on any one individual or team.

In summary, our collective approach to managing shortages by sharing locally customised information through various channels has proven to be valuable to the Leeds Teaching Hospitals Trust. To support this work stream, we have allocated 0.1 WTE of a pharmacy technician's time and 0.1 WTE of a senior Medicines Advice pharmacist's time to the project from Medicines Advice.



# Healthcare professionals' preferences for the Specialist Pharmacy Service Medicines Advice clinical enquiry service: a discrete choice experiment

Alison M Alvey, Specialist Pharmacy Service Medicines Advice Service

Lauren Flack, Matthew D Jones, Caitlin Lord, and Terry Waswa, Department of Life Sciences, University of Bath

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## Introduction

The Specialist Pharmacy Service Medicines Advice (SPS-MA) service answers enquiries from primary care professionals in England. The preferences of service users for the way this service is provided (e.g. opening hours, speed and route of reply, amount of detail in answer etc.) are unknown. Such information would be useful to ensure the service meets the needs of users as well as possible within the constraints of available resources. Therefore, this study aimed to determine healthcare professionals' preferences for the Specialist Pharmacy Service Medicines Advice clinical enquiry service using a discrete choice experiment (DCE).

## Methods

International Society for Pharmacoeconomics and Outcomes Research good research practices were used to conduct a DCE<sup>1</sup>. Previous literature<sup>2</sup>, documentary analysis of SPS-MA policies, and interviews with four SPS-MA enquirers and three SPS-MA service providers/managers identified seven key attributes of the clinical enquiry service. Each attribute could be defined using one of 2-3 descriptions ('levels'). A D-efficient experimental design generated 20 pairs of potential clinical enquiry service variants, each described by one level linked to each of the seven attributes. These 20 pairs were blocked into two online surveys (10 pairs per survey), which asked participants to choose which service from each pair they would prefer to contact. The 1669 SPS-MA clinical enquiry contacts with a recorded email in the year to November 2023 were randomised to receive an email invitation to complete one of the survey variants. Preferences for each attribute level were estimated using conditional logit regression.

Using the HRA decision tool, this project was not considered research by the NHS. It was given a favourable opinion by the University of Bath ethics review process on 27th November 2023 (reference 1153-2222).

## Results

236 participants completed a survey (52% GP pharmacists, 26% other pharmacists, 22% other professional; median 15 years' experience). Weekend opening and opening hours did not significantly affect preferences ( $p \geq 0.226$ ). All other attributes did significantly affect preferences ( $p \leq 0.015$ ). An answer within one hour or two days was most valued (preference weightings (95%CI) relative to five days: 0.89 (0.76-1.03) and 0.58 (0.45-0.72), respectively). Communication by email was highly valued (preference weighting: 0.62 (0.47-0.77) relative to telephone only). The availability of a website of frequently asked questions was also valued (preference weighting: 0.48 (0.31-0.64) relative to no website). Answering the telephone within 20 seconds and a detailed response were valued, but to a lesser degree. Sub-group analysis found that participants qualified for <15 years valued email communication and detailed responses more strongly than other participants ( $p \leq 0.035$ ).

## Discussion

Where clinically appropriate, the SPS-MA clinical enquiry service should prioritise speed of reply, communication by email and a website of frequently asked questions. Longer opening hours are not required. This is the first study to use a DCE to investigate professional enquirers' preferences for a medicines information/advice service. This allowed analysis of the strength of preferences and how they were traded off. Due to the small number of non-pharmacist enquirers to the SPS-MA service, it was not possible to investigate how professional background influences preferences.



## References

1. Bridges, JF et al. Conjoint analysis applications in health - a checklist: a report of the ISPOR Good Research Practices for Conjoint Analysis Task Force, Value Health, 2011, 14(4), 403-413.
2. Ashby, B and Jones, MD. Patient preferences for the provision of NHS medicines helpline services: a discrete choice experiment, J Pharm Policy Pract, 2024, 17(1), 2404973.



## Poster 3

### Technology and innovation in a hybrid MI centre

Tiffany Barrett and Leigh-Ann Williams, Medicines Information and Advice service, University Hospitals Plymouth NHS Trust

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In Dec 2022 University Hospitals Plymouth (UHP) NHS Trust pharmacy department relaunched its Medicines Information and Advice service. What was advertised as a 1 WTE on site role became a 0.8 WTE hybrid role with 0.2 WTE on site each week. This created some logistical issues that needed to be overcome.

- How would the MI pharmacist be contacted –bleep, phone, email, Teams?
- As the team grew, how would we ensure access to the service in a timely manner, dealt with by the appropriate team member?
- How would we ensure remote access to clinical systems and resources?
- How would the lead pharmacist support the MI pharmacy technician, rotational band 6 pharmacists, trainee pharmacists and others when working remotely?

Key to our success in running a hybrid service has been the use of technology in smarter ways. We used a variety of methods, for instance –

- UHP enables laptop access to clinical systems (including SeeEHR, iCM, Ascribe, Nerve Centre) via an AOVPN user tunnel, wherever we have a Trust laptop within the UK we can log in.
- We use 3CX internet phones with individual contact numbers. We can internally dial any Trust extension wherever we are working.
- The MI multitone bleep not only bleeps audibly but also simultaneously sends an email to our shared MI inbox alerting whoever is managing enquiries to call the enquirer.
- When people leave a message on our voicemail, a copy of the voicemail is automatically sent to our shared inbox
- We also dial in remotely to the MI phone to pick up voicemail messages.
- We have a shared MI Teams channel that we use to communicate when it's not urgent or to handover queries.
- We use the Teams video chat function for education and training sessions for trainee pharmacists, rotational pharmacists and the wider department as well as routine MI team meetings.
- We have a daily Teams catch up to discuss queries and support development
- We use a shared email inbox to ensure all those on the rota can access the enquiries in a timely manner and using a system of coloured allocation flags, we can all see who queries have been assigned to and when they have been completed.
- The shared inbox calendar is used to keep track of the rota, leave, on-call and training commitments.

We have also thought about how to use IT solutions for some of the data gathering we want to do including the enquirer feedback questionnaires. We have a system called IQVIA in the Trust. It allows you to send a text message to a mobile phone with a link to the questionnaire. This text comes via the shared email inbox. We are about to launch our patient feedback questionnaire using this system.

The UHP pharmacy team uses an electronic document management system called Q-Pulse to manage SOPs. This ensures document control. All MI SOPs are held on this system.



We have shown that a resilient and accessible MI service can be provided in a hybrid manner. The connectivity we've been able to create means that in the last 2 years the MI service has:

- grown in query numbers and staffing
- developed a 3-month band 6 pharmacist rotation programme
- provided MI training opportunities to more than 50 trainee pharmacists
- become a valued part of the Trust pharmacy team



### Are all enquiries to the patient medicines helpline appropriate?

Emily Jackson and [Mariam Bibi](#) Medicines Information Service, Pinderfields Hospital, Wakefield

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#### Introduction

The Medicines Helpline at MYTT provides a medicines advice service to patients. In the past 5 years the average number of patient helpline calls has increased from 10 to 30 per month. Enquiries through the helpline account for up to 20% of our service's enquiry workload. We aimed to undertake a review of enquiries received via the helpline to identify common themes, queries less appropriate to be dealt with by the Medicines Information service, and areas where provision of information around medicines could be improved prior to discharge.

#### Method

We reviewed all Medicines Helpline calls over a 6-month period from Jan-Jun 2023 (147 enquiries). Data was extracted from MiDatabank retrospectively, then entered and analysed in Microsoft Excel. Enquiries were categorised according to theme.

#### Results

- Most medicines-related enquiries were around the themes of administration/dosage (37%), supply (24%), and side effects of medicines (14%).
- 41% of all enquiries involved an element of general counselling on discharge medicines (medication changes, indications for new medicines, ongoing route of supply for medicines post-discharge, etc.)
- A discharge discrepancy (relating to the prescription, medication, or letter) was identified in 11% (17) of enquiries audited in the process of answering the enquiry. Patients being sent home with a physical supply of a ceased medication accounted for 12% of these discharge discrepancies.
- 35% of all enquiries were in relation to a critical medicine (continuation of supply, side effects, interactions, etc.)
- Questions not specifically related to medicines (patient feeling unwell, district nurse visits, disposal of ancillaries, etc.) accounted for 8% of all enquiries.

#### Discussion

The audit identified the following potential areas to improve patient safety and experience around medicines in our trust at the point of transfer of care and reduce pressure on our Medicines Information service to free up time for other activities:

- Increase provision of pharmacy-led discharge medicines counselling at ward level, with information to include administration, continuation of supply, common side effects, safety-netting, signposting.
- Improved pre/peri-procedural medicines management advice to patients.
- Review current available patient information leaflet on analgesia prescribed for discharge – currently only available on surgical wards. We have asked for pharmacy to be involved when this leaflet is due to be updated, to ensure it includes information on how to obtain further supply post-discharge. Promote awareness of this patient information leaflet amongst pharmacy and nursing staff and ensure copies available on all appropriate clinical areas.
- Improve safety of discharges by reviewing the process by which ceased or changed medications are removed from patients' bedside lockers. Review with Medicines Optimisation nursing team if this is covered in nurse induction training.
- Consider implementing a discharge medication checklist for use by pharmacy or nursing staff.
- Review the process for documenting and resolving medicines discrepancies found on medicines reconciliation or discharge reconciliation.



- Discussion with dispensary manager around adding course lengths to labels where appropriate e.g., antibiotics, and adding day of week for weekly doses of medicines.
- Consult with primary care regarding current processes for sharps bin collection in community and produce information card to supply with newly started injectables for discharge



## Automated Electronic HPC User Survey for MI Services

Chettina Bradley Medicines Information Lead Pharmacist, Altnagelvin Hospital, Glenshane Road, Derry, BT47 6SB

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### Introduction

Heads of Pharmacy in Northern Ireland (NI) asked the 4 local medicines information/advisory (MI) services to agree and report on a core set of Key Performance Indicators (KPIs). This was timely as UKMi had recently developed a new KPI tool and local MI services were also interested in improving service evaluation.

On review of the new KPIs it was noted it included Patient User Surveys as a core KPI but Health Care Professional (HCP) user survey was an expanded / suggested KPI.

As the 4 local MI centres in the NI Health & Social Care (HSC) Trusts (fifth centre being regional) provide a MI service to HCPs, only handling direct patient enquiries by exception, this resulted in an agreed core KPI not being fully evaluated.

The centres agreed, when providing a MI advisory services, it is important to get feedback from users so the services provided meet users' needs. Regularly collecting feedback using a standardised form allows comparison of your service to others in the same area, monitoring of changes in feedback on individual services over time, reporting trends across NI, and could potentially provide valuable endorsement of services.

The Western HSC Trust had an interest in user feedback had recently piloted use of an automated HCP user survey. They were aware regional MI used user survey feedback within KPI reporting, and there was also potential to share their own learning with others.

It was hypothesized that a standardised Electronic HCP User Survey with each emailed MI response could provide a better way to evaluate services provided by all Local MI services.

### Aim

to:

- Agree HCP User Survey as a Core KPI
- Design an Electronic HCP User Survey
- Agree core questions
- Distribute the HCP User Survey automatically within the MI enquiry response for ease of issue/ minimise workload.

### Design and Implementation process

The Western HSC MI designed the survey and completed the pilot study with the link to the survey attached via Survey Monkey initially.

A number of virtual MI meetings organised between the 4 local MI centres discussed core and expanded national KPIs and agreed a standardised HCP User survey would best evaluate the MI advisory service offered by the Local MI centres.

The pilot study was reviewed and the form used evaluated and deemed acceptable. Use of Survey Monkey was unacceptable longer term, as payment was required when responses surpassed 40. Microsoft forms was agreed as a suitable alternative for Trusts to implement.

### Limitations

- HCP user survey does not capture MI enquiries answered by phone or in person.
- HPC user survey does not link the MI enquiry to the completed HCP survey.





## Conclusion

The pilot study was successful, HCP User survey was found to be an untapped resource for evaluating MI services in NI.

- In 100% of completed HCP user surveys the enquirer was satisfied/very satisfied with the MI response to their enquiry.
- 100% would use the MI service again
- 100% thought the MI response contributed to patient care.
- 100% were confident or very confident in the MI answer they received.

## Going forward

All 4 Local MI centres in HSC Trusts NI will implement the new automated electronic HCP user survey 2024/2025, using regularly an agreed frequency.

This is included in the MI core annual KPI reporting for all Trusts in NI in 2024.

## Reference

1. Guidance for the use of User Surveys in UKMI Resources User satisfaction survey UKMI Resources



### How do PCN pharmacists use the SPS Medicines Advice Service?

Diane Bramley<sup>1</sup>, Haafizah Ahmed<sup>2</sup> and Jen Stevenson<sup>2</sup>

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

2 King's College London.

#### Introduction/Background

NHS England commissions 4 Medicines Information services (5 locations) to provide the Specialist Pharmacy Service (SPS) Medicines Advice (MA) enquiry answering service for NHS primary care healthcare professionals. The service is well used by primary care network (PCN) pharmacists who are in patient-facing roles taking responsibility for patients with chronic diseases and undertaking structured medication reviews to proactively manage people with complex polypharmacy, especially the elderly, people in care homes and those with multiple co-morbidities. Integrated Care Services (ICS) and SPS were keen to understand how PCN pharmacists use the SPS MA service, focussing on the types of questions asked and identifying training needs to help PCN pharmacists feel more confident in independently addressing their own questions.

#### Method

Enquiries received by the MA service at Guy's and St Thomas' Trust (GSTT) between April and September 2023 were retrieved from the MiDatabank enquiry recording database. Data reviewed included: ICB area, enquiry questions, enquiry category and complexity, resources used by MA staff (free or subscription), method of contact, reply route, time taken and themes for commonly asked questions. A prospective data collection reviewed a further 50 enquiries to determine training needs of enquirers and availability of the answer in free resources.

#### Results

665 enquiries were received at GSTT from PCN pharmacists. SPS MA was used by 41 out of 42 ICB areas; enquiries per ICB region ranged from 2 to 41 enquiries per 6-month period. Mean number of enquiries per 100 000 population 1.36 (range 0 – 4.18). The majority of enquiries were received by phone (55%) and most answered by email (81%). 93% were answered within the 5-day agreed deadline. Of the enquiries breaching 5 days, 42% were handled over bank holiday periods, 35% were herbal and for 28% MA requested further information from enquirer. The majority of research to answer enquiries used mixtures of free resources and subscribed (47%), 32% used free resources only, 21% subscribed only. Most frequently used free resources were EMC (58%), BNF (28%), SPS website (23%), NICE/NICE CKS (14%). Most frequently used subscribed resources were Micromedex (17%), NEWT (13%), Stockley's Drug Interactions (11%), Handbook of Drug Administration Via Enteral Feeding Tubes (10%) and Natural Database (9%). The most common questions involved: interactions, crushing/covert/tube administration, herbal, HRT and adverse effects.

From the 50 prospectively analysed enquiries, 36 enquirers consulted resources before contacting SPS MA. For 35 enquiries, MA staff needed to request further details to fully understand the question. 20 enquiries were able to be answered with free resources only. Of these, 3 enquirers were unsure how to interpret the data they'd found themselves, 2 were asking for a second opinion and for 2 a training need was identified.

#### Discussion

SPS MA is well-used by PCN pharmacists although engagement varies by ICB region. Improved marketing of SPS MA may be beneficial in some areas. For a third of enquiries, the answer was in free resources available to PCN pharmacists which implies there are other potential barriers to enquirers answering their own questions. The prospective data revealed a training need to develop skills in using resources and finding information. Other barriers include a lack of confidence in interpreting the information and decision-making. Training on the most common free resources, such as EMC and SPS website may improve PCN pharmacists' confidence and enhance their clinical-decision-making skills.



### Getting the message across: sharing Common Ailments Service guidance with community pharmacists in Wales

[Anna Burgess](#) and Dianne Burnett, Welsh Medicines Advice Service (WMAS) Cardiff centre, Cardiff and Vale University Health Board.

The Common Ailments Service (CAS) is a Welsh Government commissioned NHS service provided by community pharmacists in Wales that was piloted in 2013-16 and then successfully rolled out nationwide. CAS allows community pharmacists to provide free NHS advice and treatment to patients with a common ailment, and reduce the burden on GP practices from minor conditions. It is one of the four priority components of the Clinical Community Pharmacy Service (CCPS), as laid out in the Welsh Government vision “A New Prescription: the future of community pharmacy in Wales”.<sup>1</sup>

Between March 2022 and April 2023, CAS consultations were provided in 99.7% of community pharmacies in Wales, with nearly 240,000 consultations recorded. Of these, just over 40,000 related to conjunctivitis and nearly 35,000 were for individuals presenting with allergic rhinitis symptoms.<sup>2</sup> The demands of providing CAS on community pharmacy are great. The number of consultations provided over the last 5 years has increased by over 450%.<sup>2</sup> As such, it is important that the process for providing each consultation is as easy and as smooth as possible.

The WMAS publications team, which includes advanced pharmacists, foundation pharmacists, pharmacy technicians and information specialists, write and review the portfolio of resources for CAS (evidence-based clinical framework, patient group directions (PGDs) and patient information leaflets (PILs)) in partnership with the local health board community pharmacy leads. These resources enable community pharmacists to provide CAS to patients across Wales.

User research led by WMAS with community pharmacists providing CAS to the public revealed a preference for a visual summary or pathway for some of the CAS conditions instead of a text-based document. A visual summary would serve as a reference guide during a patient consultation. Allergic rhinitis was the chosen clinical condition to develop in this way for the following reasons:

- the condition was due for an update to add in fexofenadine as a treatment option.
- the 2022-23 data highlighted that it was the second most common presenting complaint to CAS.<sup>2</sup>
- the health board community pharmacy leads flagged this as one of the conditions with the most supplies outside of the scope of CAS (e.g. wrong product, or ineligible patient).

The evidence-base was reviewed and the allergic rhinitis clinical framework was updated. A prototype clinical pathway for was then process mapped, developed and user tested. Usability tests highlighted areas for improvement and the prototype was refined through three iterations. The updated clinical framework and newly developed pathway have gone for consultation with the Community Pharmacy Clinical Advisory Group. Once agreed, these will be presented to the All Wales Prescribing Group (AWPAG) in December 2024 for approval and subsequent ratification by the All Wales Medicines Strategy Group (AWMSG). The summary clinical pathway will then be published on the WMAS website in April 2025, along with new and updated PGDs and PILs.

The WMAS team have shown leadership, innovation and empathy with service users, collaborating with subject experts in order to improve the resources available to support community pharmacists in Wales deliver this vital service. This achieves UKMi network objectives of supporting patients with medicines use, and improving patient safety and reducing risk associated with medicines and their use in practice.



## References:

1. Welsh Government. A new prescription: the future of community pharmacy in Wales. December 2021. Available at: <https://www.gov.wales/community-pharmacy-contractual-framework-reform> (Accessed: 21 October 2024).
2. Welsh Government. Community pharmacy services: April 2022 to March 2023. Statistics document, 20 December 2023. Available at: <https://www.gov.wales/community-pharmacy-services-april-2022-march-2023-html> (Accessed: 10 April 2024).



## Poster 8

### **Reducing risk with intravenous drug administration. The Welsh Medicines Advice Service (WMAS) leading the development of national Standard Operating Procedures (SOPs) for the Management of Drug Libraries (DLs) used in Dose Error Reduction Software (DERS) for Smart infusion pumps.**

Anna Burgess<sup>1</sup>, [Dianne Burnett](#)<sup>1</sup>, Hannah Dickson<sup>2</sup>, Laura Ellis-Moseley<sup>3</sup>, Charlotte Hay<sup>4</sup>

1 Welsh Medicines Advice Service, Cardiff and Vale University Health Board.

2 Welsh Medicines Advice Service, Hywel Dda University Health Board.

3 Welsh Medicines Advice Service, Cwm Taf Morgannwg University Health Board.

4 Welsh Medicines Advice Service, Betsi Cadwaladr University Health Board.

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The Welsh Medicines Advice Service (WMAS) is a Wales-wide team of medicines information (MI) experts working together, to provide medicines advice and information for NHS Wales. There are four local medicines advice centres in Wales, all with responsibility for the management of drug libraries for smart infusion pumps within their local health board.

In response to the Health Services Safety Investigation Body (HSSIB) report published in December 2020 on the procurement, usability and adoption of smart infusion pumps, the Director of WMAS Cardiff formed the All-Wales Drug Library and Smart Pump working group. Membership includes Medicines Information practitioners, Pharmacy, Clinical Engineering, Medicines Management Nurses and Medical Device Educators and Trainers. One of the objectives of the group was to obtain consensus and standardise the approach to DL development and implementation by developing “Once for Wales” Standard Operating Procedures (SOPs) for all aspects of DL management.

The required SOPs were identified through a process mapping exercise, highlighting all aspects of DL development, identifying the areas requiring a standardised approach. The exercise was led by WMAS and conducted virtually allowing representation from all health boards and for individuals with no experience of DLs to learn from individuals experienced in their development and implementation. Discussions were focused on the “before deployment” environment, the “Go Live” environment and data analysis.

The process mapping exercise also revealed:

- A lack of consistency in DL development in Wales as they are predominantly developed and aligned to local practice.
- No governance framework for DL management within the Health Boards.
- No standards for implementation within the Health Boards.

Six key areas were identified as opportunities for a “Once for Wales” approach, 5 SOPs and a workplace instruction. Each one was drafted by a lead medicines information practitioner in consultation with all members of the working group.

The national procedures identified and developed were:

- National workplace instruction for authoring, reviewing and updating a drug library using Mi-Databank.
- Development of a new library.
- Review of an existing library.
- User testing of a library.
- Ratification of a library.
- Release and upload of a library.



The MI practitioners of WMAS were integral to the development of these SOPs achieving consistency in DL management regardless of which DERS system is used, reducing variation and providing health boards with assurance that the DLs in use are fit for purpose and safe. The next step for the working group is to focus on the reporting function of the software and data analysis. The WMAS team has delivered some of key UKMi objectives by:

- Improving patient safety by reducing the risks associated with intravenous drug administration.
- Supporting the local health boards and the MI networks with their medicines optimisation planning and policy work regarding intravenous medicines.
- Improving patient care through a proactive and responsive advice and information service.

## References:

1. Health Services Safety Investigations Body (HSIB). Procurement, usability and adoption of "smart" infusion pumps. Published 03 Dec 2020. Available at: <https://www.hssib.org.uk/patient-safety-investigations/procurement-usability-and-adoption-of-smart-infusion-pumps/investigation-report/> [accessed 30 Aug 2024]
2. National Association of Medical Device Educators and Trainers (NAMDET). National DERS and "Smart pump" position statement group report. Published 12 Nov 2020. Available at: <https://namdet.org/2020/11/namdet-ders-and-smart-pump-position-statement-report/> [accessed 30 Aug 2024]



### **The Welsh Medicines Advice Service (WMAS) transforming a local community pharmacy urinary tract infection (UTI) service into a national clinical Community Pharmacy UTI service.**

Alex Bailey, Anna Burgess, [Dianne Burnett](#), Ffion Evans, WMAS Cardiff centre, Cardiff and Vale University Health Board

The Welsh Medicines Advice Service (WMAS) is a Wales-wide team of medicines information (MI) practitioners working together, to provide medicines advice and information for NHS Wales. WMAS Cardiff centre is commissioned by Welsh Government to support and deliver the priorities of the new Clinical Community Pharmacy Services contract “A New Prescription”, of which the Common Ailments Service (CAS) is included.<sup>1</sup> In 2021 Hywel Dda University Health Board (HDUHB) conducted a local pilot UTI service in 63 community pharmacies for 6 months. It was a huge success with a recommendation that the UTI service be included in CAS, available nationwide in all 687 community pharmacies throughout Wales. In July 2023, WMAS was tasked to develop an evidence-based national clinical framework for the clinical community pharmacy service for UTI.

The publications team of WMAS is a diverse team of MI practitioners including advanced pharmacists, foundation pharmacists, pharmacy technicians and information specialists. A literature review of the current guidelines for the treatment of UTI was carried out by the team and the local HDUHB UTI service specification was compared to the UTI guidelines from the other nations. WMAS led an in-depth clinical discussion between the local health board community pharmacy leads and the publication team of WMAS, with the objective to design and agree the clinical framework to enable community pharmacists to deliver the same standard of care for the treatment of UTI as recommended in Clinical Knowledge Summaries and the relevant NICE guidance. The national clinical framework was developed and consulted on by members of the Community Pharmacy Clinical Advisory Group (CPCAG), with expert input from leading Urology consultants in Wales and members of the Public Health Wales UTI patient pathway group. The agreed draft was presented to the All Wales Prescribing Advisory Group (AWPAG) with the agreement it would go out for wider consultation within Wales. During consultation period, the WMAS publication team designed and developed the patient information leaflet. The WMAS publication team responded to each individual comment received from the consultation and made amendments to the framework. It was finally presented to AWPAG in December 2023 where it was approved and further ratified by All Wales Medicines Strategy Group (AWMSG) in February 2024.

The agreed clinical framework was used by WMAS to author the national patient group directions for the antibiotic treatments and to program the Choose Pharmacy database, a platform used by community pharmacists to deliver the service, led by Digital Health Care Wales (DHCW). The full publication portfolio (clinical framework, PIL and PGDs) and the national UTI service went live on the WMAS website and Choose Pharmacy in June 2024. Since June 2024, community pharmacists in Wales have provided 2995 UTI consultations and 2141 of those consultations, antibiotic treatment was provided.

The MI practitioners of WMAS have provided leadership, clinical scrutiny and quality in the delivery of a complex and challenging component of the clinical community pharmacy service.

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# An Introduction to our Prospective Excipient Database for Neonatal and Paediatric Oral Solution

Fflur Christodoulou, Senior Pharmacy Technician – Medicines Advice, Betsi Cadwaladr University Health Board

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## Introduction

Our health board's hospital pharmacies do not carry out an official risk assessment process on oral solutions ordered in for the treatment of neonatal or paediatric patients.

There have been previous unsuccessful attempts within pharmacy to establish a paediatric and neonatal oral solution excipient database. The plan was for a database to contain information regarding the quantities of excipients of known concern within the oral solutions used by our health board. Following the expansion of our health board's medicines advice service, our team can now undertake such projects alongside enquiry answering and Covid anti-viral service duties.

Our objective is to create an excipient database that is correct, clear, and accessible.

The need for this database is evidenced by recurrent enquiries relating to excipients and near misses/errors relating to the supply of unsuitable oral solutions for paediatric patients.

The purpose of this database would be to bring excipients to the forefront of a prescriber/pharmacist/dispensing technician's mind and aid in the safe prescribing and dispensing of these solutions.

## Method

- A relevant and useful search strategy was devised following a review of trusted paediatric/neonatal resources.
- It was decided that the information gathered would be the product's licensing status, the quantities of excipients with known effects, and the maximum dose of the medication for neonatal and paediatric patients (mg/kg/day).
- To know what our maximum quantities of excipients of known effects will be, the Neonatal & Paediatric Pharmacy Group's guidance will be followed for each product entry.
- The quantities of any excipients present in the maximum daily dose will be calculated.
- The research and calculations receive a second check on MI Databank as per policy and once deemed correct, the information will be added to the database.

## Benefits

- Useful training aid for technicians, pharmacists, and prescribers
- An accurate, up to date resource
- A quick reference guide to reduce workload and streamline current processes
- Increases awareness regarding excipient content
- Will provide an evidence-based risk assessment for each product

## Limitations

- Maintaining trust – We would need to ensure that the database remained reliable and is updated often. We can't give users any reason to not trust its contents.
- Workload – The ability to performing regular maintenance will ultimately depend on the workload within our medicines advice service.
- Imitative – Although this database could be described as unoriginal, it would be the first of its kind within our health board and will offer the abovementioned benefits.





## Future plans

Although the database is still a work in progress, the ideal outcome of its implementation would be that it becomes an often used and trusted resource among our colleagues. It would benefit staff in a number of different sectors across our three general hospitals, not just those in pharmacy. The database would be able to aid during each step of supplying a medication – prescribing, clinical check, dispensing, accuracy check, and handing out. In future, if it is well received and proves its use, there may be the potential to distribute it further afield if there is a need for it.



### Bringing Medicines Information to the Aston University Campus

[Katy Davies](#)<sup>1</sup>, [Laura Kearney](#)<sup>2</sup>,

1 University Hospitals Birmingham NHS Foundation Trust

2 SPS Medicines Advice Service and UK Drugs in Lactation Advisory Service

In September 2023, several Medicines Information (MI) services in the region were approached by Aston University to deliver pioneering MI training for Year 2 MPharm students. The university wanted all students to have some MI experience and to gain MI skills by working through enquiry scenarios. Recognising the evolving pharmacy undergraduate course, the training focussed on key enquiry answering skills in several specialist areas to support this cohort in their development towards independent prescribing. The workshop session addressed the need for pharmacy education to integrate practical skills with theoretical knowledge. The training was provided under the required NHSE placement tariff. The decision to provide on-campus training was made as a strategic approach to solve the issue of training capacity on NHS sites and overcome the issue of not all sites having MI services. As a result of this training students are expected to be more prepared for their hospital placements and be in a better position for their foundation training.

Students received an introductory online session covering MI principles and then five speciality-based sessions. The build of materials and the delivery of on-campus sessions was undertaken by MI staff from across the region. Training content included pre-session work, on-campus sessions, post session work, and assessment questions. The MI team at University Hospitals Birmingham worked with Aston, and the UK Drugs in Lactation Advisory Service (UKDILAS), to jointly develop and deliver the Pregnancy and Breastfeeding session. Learning outcomes, templates and guidance were provided by Aston and content was reviewed by the university for alignment. The on-campus session incorporated interactive learning methods, including case studies, use of Mentimeter®, and group discussions, to engage students actively. As well as teaching relevant MI skills UKDILAS used this opportunity to raise general awareness around infant feeding. Organisations received payment for material development and delivery of the on-campus training.

Student feedback is limited. The students were poor survey responders, and it is not possible to identify feedback for specific specialist MI sessions. Available feedback indicates that students found the MI training useful and commented positively on receiving training from MI specialists. Further feedback is required to confirm increased competence post-training and observe the anticipated benefit during the students placements. Aston have confirmed that they plan to repeat this training which is some confirmation that it was deemed to be successful. It would be useful to assess whether Year 2 is the optimal time to deliver this practical training, considering factors such as curriculum alignment and student readiness. In future face-to-face training we will consider adding tools to facilitate student participation as we found engagement from many students within the sessions was poor.

In addition to working with Aston, this piece of work was a positive example of two MI centres working collaboratively to develop and deliver a joint teaching session. Using MS teams, and email we successfully coordinated the workload to meet the tight deadlines set by the university. Overall, both parties found this collaboration a positive experience.



### Comparison of Tablet Identification Methods – TICTAC® vs. Internet Resources

Gayle Duncan and Karen Harkness, Tayside Medicines Information Service, Ninewells Hospital & Medical School, Dundee

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#### Introduction/Background

TICTAC® is a drug identification database commonly used in Medicines Information (MI) centres. In response to an increase in TICTAC® subscription fees, the Association of Scottish Medicines Information Practitioners (ASMIP) and NHS Scotland began to question its worth. This project focused on assessing TICTAC®'s value by attempting to retrospectively answer MI enquiries using alternative resources. Assessment of outcome was compared from a time and accuracy perspective.

#### Method

MI enquiries were identified on MiDatabank that had been answered using TICTAC® from 1st January 2023 to 31st July 2024. These enquiries were thereafter answered as simulated enquiries using MiDatabank Trainer and alternative online information resources to determine how many could be answered without the use of TICTAC®. The methods used to answer were noted and time to answer compared to the original enquiries.

#### Results

Over the 19-month study period, 29 tablet identification enquiries were traced that had used TICTAC®. Some enquiries requested more than one medicine to be identified, which resulted in a total number of 47 tablets requested to be identified overall. Of the 47 requests, TICTAC® identified 29 tablets during the original enquiries, equating to a success rate of 61.7%. Interestingly, of the 47 requests, alternative resources identified 32 tablets, which equated to a success rate of 68.1%. The main resources used to identify tablets during the simulated enquiries were the Electronic Medicines Compendium (EMC) and/or Medicines & Healthcare products Regulatory Agency (MHRA) websites.

Regardless of outcome, the 29 original TICTAC® enquiries took a total of 1222 minutes to answer compared to 1304 minutes for the 29 simulated enquiries. This calculates to an average of 42 minutes per TICTAC® enquiry compared to 45 minutes without. Of all the enquiries included, 11 of the simulated enquiries came to the same positive conclusion as the original enquiries. These were deemed the most appropriate for time comparison analysis. Of the enquiries, the simulated enquiries took a total of 80 minutes longer to complete, which equated to an average of 7 minutes extra time per enquiry.

#### Discussion

Overall, TICTAC® does not appear to confer any great advantage from an efficacy point of view in being able to successfully identify tablets. Alternative internet resources were equally, if not more effective in many of the enquiries carried out. In 82% of positive identifications during the simulated enquiries, the EMC and MHRA websites were the sources used. As a general strategy, the advanced search function of the EMC website was used initially followed up immediately with an MHRA search if the drug identity was suspected. If there were no indications of drug identity and no EMC website hits, a general Google search of the drug descriptors was valuable to generate some leads. The suspected drug name could then be searched using the MHRA website.

The simulated enquiries completed without TICTAC® generally took longer to complete than when TICTAC® was used, however, the time difference was relatively short in most cases. The data generated from this project was presented to ASMIP for consideration at a recent meeting.



# Together We Thrive: Shaping Training & Development for UKMI Members

[Laura Granger](#), Medicines Advice Service, University Hospitals Dorset.

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## Introduction/Background

Summer 2023 brought a call from the United Kingdom Medicines Information (UKMI) executive team to reinvigorate the network and invited wider participation in the working groups. The renewed Workforce Development Working Group (WDWG) saw this as an important opportunity to reconsider their priorities and objectives, and that the views of the UKMI membership were vital in reshaping these.

## Method

A survey was developed on Microsoft Forms to gather views about what current challenges to deliver training, opinions on current training resources, and what support members wanted. The survey was open for 2 weeks in December 2023 and was advertised to members with posters at the UKMI 2024 Practice Development Seminar, and via the discussion forum and the social media platform "X".

## Results

28 responses were received. Respondents felt their biggest challenge was time to develop and deliver training. An overwhelming majority (78%) felt that the primary focus of UKMI should be supporting the training and development of staff working in medicines information (MI) rather than other groups. The key outputs respondents wanted to see were live webinars and template training materials.

## Discussion

Although the number of responses was disappointingly low, the feedback received has been valuable in determining the priorities for the WDWG and the wider network. UKMI has now hosted two extremely successful webinars with over 100 participants at each have been delivered to date 2024, and more are planned.



## An Audit of the GP Discharge Service

[Fauziah Hashmi](#) and Victoria Morgan, Medicines Information Department, Cambridge University Hospitals NHS Foundation Trust

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### Introduction/Background

Primary care services with discharge medication-related questions, contact the hospital via a designated Medicines Information email provided in discharge letters. These are sent electronically (via EPIC since 2005) and also by post. This service has been running for ~ 20 years but has never been audited. A pilot for future audits has been conducted aiming to improve discharge by identifying issues encountered in primary care.

### Objectives:

- To analyse the nature of medication-related enquiries.
- To ensure all enquiries are answered proficiently by MI, and consider where improvements can be made to the MI service.
- To analyse enquiry-answering steps taken and identify if improvements beyond the GP Discharge service can be made.
- To identify if any issues relate to an incident or posed a potential risk and consider how this could have been avoided.
- To confirm whether the prescribing documentation currently provided to surgeries is adequate or requires enhancement.

### Method:

All enquiries are recorded on MIDatabank software (MIDB). Those received in April 2023 were viewed. The GP discharge enquiries were identified and analysed using a keyword “GP discharge query” search of MiDatabank. If any other details were required, correspondence in the GP discharge mail box or information on EPIC was consulted.

### Results:

Almost one third of 148 MI enquiries received in April, related to discharge. 70% required crucial details e.g. dose, timing or treatment choice, hence involved potential risk. Two or more EPIC processes were consulted to answer 59% of questions. Almost all (93%) involved interpreting staff admission notes. Doctors, occasionally pharmacists were contacted afresh in 44% of cases.

Omission of clinical information e.g. dose change accounted for half of enquiries. 22% had resulted in incidents e.g. wrong medicine or dose. Further analysis looked more in depth at the underlying issue, e.g. whether the discharge summary was incomplete, or information in the summary confusing.

Problems with the electronic prescribing record (EPR) including ‘pulling across’ of information from previous admissions when medicines reconciliation was not completed for the current admission. This resulted in previously discontinued medicines being restarted, or amended doses reinstated. Clinical summary detail variation accounted for questions about rationale for changes. Further, as the EPR allows for summaries to be written ahead of patient discharge date, changes made after the first draft may subsequently not be reviewed, leaving out-dated information to be sent to the GP.

MI answered all enquiries within a reasonable time (44% within 2 days), averaging 51 minutes each, without receiving any complaint.



## **Discussion:**

This audit illustrates the critical nature of GP discharge enquiries, complexity of information analysed, demand on MI workload and need for improvement in our hospital discharge process.

We have proposed changes to EPIC e.g. a prompt preventing discharge letters closing before completion, creating additional columns in medication lists (for Indication or Reason for Change) and a tab to verify accuracy of data which EPIC pulls from previous medication histories.

This study highlights the need for more wide-scale data collection focusing on the issues identified and underlying causes. GP enquiries suggest that discharge letters sometimes lack content which is deemed important. This could be explored. It would be beneficial to consider the number of discharge summaries written over the audit period to put into context the significance of the proportion received by MI. Additional studies could consider the impact of pharmacist verification and staffing pressures.



### **Complementary Tincture and Chemotherapy: From a local medicines advice enquiry to a Once for Wales patient information leaflet.**

[Charlotte Hay](#)<sup>1</sup>, [Caroline Norris](#)<sup>2</sup>, [Jenna Walker](#)<sup>2</sup>, [Nina Fowler](#)<sup>2</sup>, [Sana Junaid](#)<sup>2</sup>, [Anna Burgess](#)<sup>2</sup>, [Dianne Burnett](#)<sup>2</sup>

1 Welsh Medicines Advice Service, Betsi Cadwaladr University Health Board

2 Publications Team, Welsh Medicines Advice Service, Yellow card Centre Wales, Cardiff and Vale University Health Board

In May 2023 the local Coroner asked the Medicines Advice Service at Glan Clwyd Hospital to investigate the literature and see if there was evidence of an interaction between prescribed systemic anti-cancer therapy (SACT) and a herbal tincture. The patient had been prescribed ixazomib, lenalidomide and dexamethasone for multiple myeloma. They had also purchased, and consumed, a tincture from a local herbalist which was labelled to contain: Hawthorn, Lime Flower, Yarrow, Horse Chestnut, Horsetail, Lilly of the Valley, Motherwort, Mistletoe, Bearberry, Corn Silk, Buchu Leaf, Fingertree Bark, Goat's Rue, Cat's Claw, Echinacea, Dandelion Root, Cleaves, and, Poke root. They were admitted to hospital on day four of the SACT cycle. They developed cholestatic liver damage and ultimately died of multi-organ failure.

Research of the enquiry was carried out utilising the Quality and Risk Management tools regarding handling complementary medicine enquiries and resources available to our service. The Medicines Advice enquiry concluded that there is potential for pharmacokinetic drug interactions between the herbal tincture and the SACT through induction or inhibition of the cytochrome P450 enzymes and P-glycoprotein. The findings were presented to the Coroner during the inquest in October 2023. It was concluded that a rare reaction contributed to the patient's death and the Health Board were instructed by the Coroner to provide clear information to patients regarding SACT and herbal medicines.

The Medicines Advice Service responded to the Coroners request and a patient information leaflet was produced which was disseminated locally within the Health Board. The team shared this important learning nationally via the Welsh Medicines Advice Service (WMAS) network. The team worked in collaboration with the WMAS publication team and the Yellow Card Centre (YCC) Wales to develop a national patient information leaflet. It has been through stakeholder consultation with the All Wales Toxicology and Treatment Centre (AWTTC), YCC, the Welsh Cancer Network and the Patient and Public Interest Group (PAPIG).

This was an excellent example of collaboration on a national scale with multiple partners and demonstrates that the WMAS network despite their local centres being geographically remote has a national strength that can cross multiple boundaries. Providing a standard patient information leaflet ensures our citizens receive consistent advice irrespective of where in the Country they receive their SACT. Working together WMAS has achieved the following UKMi objectives:

- Improving patient care through a proactive and responsive service.
- Improving patient safety and reducing the risks associated with medicines.
- Supporting patients with their medicines.



## **The Pen Is Mightier Than the Mouse: Comparing Response Rates Between Paper and Electronic User Satisfaction Surveys**

Laura Holloway, Medicines Advice Service, University Hospitals Dorset, Dorset

### **Introduction/Background**

Historically, the Medicines Advice Service (MAS) sent out paper versions of our monthly User Satisfaction Surveys (USS) (15 per month) with an average response rate of 49%. Following a sustainability initiative by the Trust in 2022, it was identified that the pharmacy department used more paper than any other department. In an effort to contribute towards the reduction in paper use, the MAS team changed to using electronic surveys with a Microsoft Forms link sent via email. Consequently, it was noted that the response rate appeared to drop. The purpose of this review was to compare the response rates of paper vs electronic surveys, identify if the drop was significant and if the change in format was the likely cause.

### **Method**

Response rates over a 1-year period of paper surveys were compared to response rates for an equivalent 1-year period of electronic surveys. User Satisfaction Surveys were then switched back to paper for 3 months. Response rates were then compared with electronic surveys from the previous 3 months and the same period the previous year.

### **Results**

Period	Survey Format	Average PRR* (%)	Range
Oct 2021- Sept 2022	Paper	49.4	33 - 64
Oct 2022 - Sept 2023	Electronic	34.5	13 - 53
Mar 2024 - May 2024	Electronic	40	33 - 47
Jun 2024 - Aug 2024	Paper	58	47 - 67
Jun 2023 - Aug 2023	Electronic	20	13 - 27

\*PRR - Percentage Response Rate

### **Discussion**

Contrary to the modern belief that an electronic form would be quicker and more convenient for users, our findings show a significant decline in user engagement with electronic surveys compared to the traditional paper format. Whilst the reduction in paper use contributes to the Trust's sustainability objectives, it is essential to balance this with the need to gathering meaningful insights for service improvement. The outcome from this review was to continue with paper surveys for the at least the coming year.





**Training Non-Medicines Information Staff for Effective Patient Helpline Support**Katy Davies and [Tayyibah Hussain](#), University Hospitals Birmingham NHS Foundation Trust**Background**

Following the merger of Queen Elizabeth Hospital Birmingham (QEHB) and Heart of England NHS Foundation Trust, Medicines Information (MI) services were centralised at Solihull hospital, and in November 2020 the Medicines Helpline was extended to patients discharged from QEHB - a 1215 bed tertiary centre. This service extension, plus a heightened pharmacy presence in primary care, resulted in a substantial increase in workload within MI, especially from the patient helpline.

**Table 1 Patient helpline enquiry numbers**

Year	Helpline Queries Total	Helpline Queries Monthly Average
2019/20	481	40
2020/21	1224	102
2021/22	2706	226
2022/23	2872	239
2023/24	3439	287

Despite the service extension, minimal additional staffing resources were allocated to MI resulting in a service bottleneck. To manage this capacity constraint, we explored cooperative strategies within the wider pharmacy team. Our aim has been skill development of non-MI staff, specifically training clinical pharmacy technicians, to build competence and increase capacity for helpline coverage.

**Methods:**

- Standard Operating Procedure (SOP) development: Ensuring safe working processes of non-MI staff.
- Training: Providing structured training via a workbook and checklist.
- Assessment: Utilising training logs to sign-off a technician's competency.
- Feedback: Staff have provided ongoing feedback to tailor the training.

**Discussion:**

The implementation of structured training enables non-MI pharmacy technicians to be trained for the patient helpline when the overall capacity of the pharmacy department permits. As a result, we have improved helpline coverage by sharing responsibilities, fostering greater interest and skills in MI among pharmacy team members, and raising awareness of discharge challenges – ultimately improving discharge processes and enhancing patient outcomes.

Collaboration with our pharmacy governance team helped overcome challenges such as varying clinical expertise among staff – the implementation of SOPs and associated training tools ensure appropriate supervision and safe work processes.

Working collaboratively with the wider pharmacy team has effectively managed the increasing demand for patient medicines advice services whilst enhancing the skillset of the wider pharmacy team. Future considerations include ongoing professional development to sustain high-quality service delivery



## Understanding Porphyrogenicity: A Pharmacological Approach to Drug Safety

Anna Burgess and [Sana Junaid](#), Welsh Medicines Advice Service (WMAS) Cardiff Centre, Cardiff and Vale University Health Board.

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### Background

The acute porphyrias are a group of disorders caused by inherited defects in the enzymes of the heme biosynthetic pathway. Patients with these conditions are susceptible to potentially fatal acute attacks, often triggered by exposure to commonly used drugs. Accurately predicting the porphyrogenicity of drugs - whether a drug can induce an acute attack - is crucial for the safe management of patients with acute porphyrias. Acute attacks involve autonomic dysfunction, manifesting as severe abdominal pain, tachycardia, hypertension, intestinal dysmotility, and neuropsychiatric disturbances. In severe cases, this can progress to motor neuropathy, quadriparesis, respiratory failure, and even death. Current practice focuses on predicting porphyrogenicity based on drug properties, primarily its metabolism.<sup>1</sup> The Welsh Medicines Advice Service (WMAS) provides the UK Porphyria Medicines Information Service (UKPMIS), publishing an annual list of medicines considered safe for use in the acute porphyrias.<sup>2</sup> In partnership with experts from the International Porphyria Network (IPNET), UKPMIS are refining the standardised global classification of drug porphyrogenicity. This collaboration aims to improve the consistency and reliability of safety recommendations for porphyria patients worldwide. Drugs are classified using the Norwegian Porphyria Centre (NAPOS) database categories: not porphyrinogenic (NP), probably not porphyrinogenic (PNP), possibly porphyrinogenic (PSP), probably porphyrinogenic (PRP), and porphyrinogenic (P).<sup>1,3</sup>

### Pharmacological Analysis

Experimental data on drug porphyrogenicity is limited, and predicting whether a drug may induce an acute attack is complex. Determining a drug's porphyrogenicity requires understanding its interaction with the heme biosynthetic pathway, particularly its influence on delta-aminolevulinic acid synthase 1 (ALAS1).<sup>1</sup> The algorithm developed by Thunell et al. evaluates various drug properties which are linked to this system. Cytochrome (CYP) 3A and 2C9 induction is a critical factor in assessing a drug's porphyrogenicity, as it results in a stronger ALAS1 response compared to the induction of other CYPs. Mechanism-based, irreversible inactivation of CYP enzymes also leads to an increase in heme synthesis and subsequent induction of ALAS1. Both mechanisms increase the drug's porphyrinogenic potential. Other factors include a drug's ability to penetrate hepatic cells and interact with nuclear receptors, which depend on both the dose and the nature of the drug administered. Drugs that are poorly absorbed, not lipophilic, or undergo significant first-pass metabolism in the gut are unlikely to have a marked porphyrinogenic effect.<sup>1,4</sup>

### Discussion

Whilst assessing porphyrogenicity is complex and inter-individual variability can mean that expert case-by-case clinical decisions are needed, this model has allowed standardised practice globally. However, its accuracy depends on the availability and quality of pharmacological data. The process relies on the assessors' expertise and interpretation, introducing a degree of subjectivity. Many new drugs lack detailed pharmacological information, which may lead to overclassifying their porphyrogenicity. For example, the absence of information regarding CYP enzyme inhibition may lead to higher porphyrogenicity classification, particularly since only irreversible inhibition is significant. Moreover, when available data is solely in-vitro, the results may not accurately reflect in-vivo effects. It is essential to continuously assess available data and reassess drug classification as new information becomes available. This method of evaluating drugs is under constant review to ensure the robustness of the predictive model. MI practitioners in the UK should seek specialist advice from UKPMIS for any medicine that is not included on our safe list<sup>2</sup> or classified as anything other than NP or PNP on the NAPOS database,<sup>3</sup> or in complex patients.



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## SPS article publications: Impact on a specialist breastfeeding service

Amandeep Hayer, [Gagandeep Kaur](#), Laura Kearney UK Drugs in Lactation Advisory Service, Midlands Medicine Information Centre, University Hospitals of Leicester NHS Trust

### Introduction/Background

The Specialist Pharmacy Service (SPS) provides advice relating to medicines for healthcare professionals<sup>1</sup>. The UK Drugs in Lactation Advisory Service (UKDILAS) have published around 45 articles on the use of medicines in breastfeeding on the SPS website. Some of these articles have huge impact, for example 'using antihistamines during breastfeeding' had 13,132 views in a rolling year to June 24.

### Method

A retrospective enquiry analysis was undertaken to understand the impact of 15 SPS safety in breastfeeding articles, published for more than 12 months. Enquiries were reviewed where the SPS article was relevant to the medicines within the enquiry. Enquiries were reviewed 12 months prior to and for the 12 months post publication of each article. Data were extracted from MiDatabank<sup>®</sup> using keywords (Breast feeding and Lactation with drug name). Total number of enquiries received, total time taken to complete enquiries and enquirer type were obtained. The mean time for completion was calculated for enquiries with multiple drugs, to allow comparison with single drug enquires.

### Result

572 enquiries were initially analysed, reducing to 455 after exclusion criteria were applied. From the preliminary analysis, article publication had the most impact on single drug enquiries, reducing the number received into the service by 33.3%. In contrast, the number of enquiries received into the service involving multiple medicines increased by 5.5%. The most common enquirer type was hospital pharmacy staff, followed by GPs and then midwives/nurses. The effect on the time taken to complete an enquiry is still be explored, but again it is predicted there will have been a greater impact on single drug enquiries. The SPS article which had the most impact is also being examined.

### Discussion

The impact of article publication in introducing efficiencies in the number of enquiries received into the UKDILAS service has been very effective for single medicine enquiries. This confirms that the SPS breastfeeding articles are more applicable in less complex enquiry scenarios. This also demonstrates their usability for non-specialist Medicines Information/Advice services receiving breastfeeding enquiries, and therefore, use of these articles should be encouraged across the UKMi network. For more complex enquiries, the SPS articles have had less impact, since the number of multiple medicine enquiries has slightly increased post publication. This may well reflect the complex nature of the enquiry. Further exploration is needed to determine if the UKDILAS team can improve efficiency by better signposting to these articles, even in complex scenarios. Additionally, publishing articles on the SPS website may have raised awareness of the UKDILAS service, explaining the increase in multiple medicines enquiries. Analysis of the impact of article publication on time to complete enquiries is in progress but is also predicted to show greater impact for single medicine enquiries. Although many of the articles have very high view rates; this is not necessarily the case across the whole article suite. This audit therefore evidences the need for increased awareness of article availability on the SPS website, initially targeted to the most frequent users – hospital staff, GPs and midwives/nurses.

The SPS article publication has introduced efficiencies into the UKDILAS enquiry management. However, further analysis to release the full potential of article publication, and raising awareness, will have benefit across the UKMi network.

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# Implementing Critical Appraisal Training to Promote Evidence-Based Practice in Clinical Decision Making

Zainita Meherally- Research Assistant, Medicines Information- East Kent Hospitals University NHS Foundation Trust (EKHUFT)

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## Introduction/Background

With the increasing complexity of healthcare, implementing evidence-based practice (EBP) is essential for improving patient outcomes and ensuring informed clinical decisions. In line with a vision to foster a research-driven culture within the Trust, particularly in the Pharmacy department, the Medicines Information (MI) department at the East Kent Hospitals University NHS Foundation Trust (EKHUFT) department hired a research assistant in 2022. This role was established to empower staff to confidently apply EBP in daily practice. Part of role was to develop and deliver a structured training program aimed at enhancing healthcare practitioners' ability to critically appraise and incorporate clinical evidence into decision-making processes. The key objectives of this initiative was to equip staff with the ability to locate, assess, and apply relevant evidence to support clinical judgments.

## Method

A multi-faceted approach was taken to design and deliver the training program. Sessions were conducted in three formats: in-person training, virtual meetings via Microsoft Teams, and pre-recorded video tutorials available on the Trust's Pharmacy Zone intranet page. The training content included:

- Introduction to evidence-based practice (EBP).
- Introduction to Critical Appraisal- Tools and stages for appraising papers critically.
- Basics of statistics relevant to interpreting research.
- Search strategies to find high-quality evidence.
- Identifying and understanding different biases in research studies.
- Integration of EBP into clinical decision-making.

Participants were encouraged to engage with real-world clinical scenarios, applying the knowledge gained to improve their clinical practice. Feedback was collected post-session to assess the effectiveness of the training and areas for improvement.

## Results

Preliminary results suggest that the training program has been positively received by the healthcare professionals who have participated so far. Initial feedback indicates that the majority of participants report increased confidence in applying EBP in their clinical work. Many have also expressed an improved ability to critically appraise research evidence and incorporate findings into their decision-making processes. Engagement with the Pharmacy Zone intranet resources, including video tutorials, has begun to increase, with participants accessing the materials at their own conveniences. Further evaluations are planned to assess the long-term impact and broader adoption of the training across the department.

## Discussion

The training program has shown promise in improving the critical appraisal skills of healthcare professionals, contributing to better clinical decision-making grounded in evidence-based practice. The flexibility of delivery formats (in-person, Teams, and intranet resources) was a key factor in ensuring accessibility and participation across diverse staff schedules and preferences. Moving forward, additional modules will be developed to further support continuous professional development in EBP and clinical decision-making. Challenges encountered include time constraints for participants and the need for ongoing support to reinforce the learning objectives. These findings suggest that ongoing critical appraisal training, combined with easily accessible digital resources, can foster a culture of evidence-based practice within healthcare settings.



# A Quality Improvement Project on the Reporting of Adverse Effects from A Medicines Information Service to the MHRA

William Moore, Megan Starling. Guy's and St. Thomas NHS Trust.

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## Introduction/ Background

The Yellow Card Scheme (YCS) is a national pharmacovigilance initiative encouraging reports of suspected Adverse Drug Reactions (ADRs). Reporting helps identify safety issues not detected in clinical trials and improves patient safety.<sup>1</sup> Hospital pharmacists are frequent submitters of reports<sup>2</sup> and Medicines Information (MI) staff are well placed for reporting as they routinely respond to queries relating to sADRs. At Guy's and St. Thomas' (GSTT) 553 (8%) Medicines Information (MI) queries completed in 2023 were coded to the Adverse Effect core category highlighting the significant opportunity to submit Yellow Card Reports (YCRs). Despite this our MI centre has observed a decrease in YCR submission over recent years which mirrors a national decline. Previous work has identified factors contributing to decreased YCR submission include time constraints, perceived lack of benefit, and uncertainty about reportable incidents.<sup>3</sup>

## Methods

An initial Quality Improvement (QI) project was run from June 2024 to September 2024 aiming to increase YCR submission in our centre using baseline data taken from MI Databank (MIDB). The IHI Model for Improvement was used to deliver PDSA cycles which included a revision of training materials, updating enquiry processing procedures, and integrating the identification of potential reporting requirements and prompts into response templates. YCR submission data was collected during the QI period as the outcome measure and enquiry numbers, average query time, and proportion of queries meeting deadlines were considered as balancing measures.

## Results

An increase in YCR submission was seen in the 7 weeks following first PDSA implementation which exceeded report submission from the previous 2 years. There was no negative impact on other measures and feedback from staff suggest changes were well received.

## Discussion

The project benefited from being confined to a single centre, so changes were quick to implement and observe. The use of metrics that are already collected meant that the project had significant resource impact and will continue sustainably. The project was limited by a small timeframe. PDSA cycles were completed rapidly so the impact is not fully observed and could spill over to future PDSA cycles. The small dataset meant that meaningful analysis using run-chart rules was not possible. The act of trying to improve YCRs will have created a transient raised awareness and so the project timeframe cannot capture any fall-off that may happen. Intervention based on staff following processes has potential to drop-off as it is reliant on staff maintaining this. However, with the YCR being now monitored as a KPI it can be revisited if required. The upcoming launch of an online MIDB programme means the project needs to be reviewed in future however this also brings welcome opportunities to consider new points of intervention and data collecting for YCR.

## References

1. Medicines and Healthcare products Regulatory Agency. The Yellow Card scheme: guidance for healthcare professionals, patients and the public. Accessed online via: <https://www.gov.uk/guidance/the-yellow-card-scheme-guidance-for-healthcare-professionals> [Accessed on: 21/08/2024]
2. Medicines and Healthcare products Regulatory Agency. Contribution of Yellow Cards to identifying safety issues. Accessed online via: [https://assets.publishing.service.gov.uk/media/5f3fa4878fa8f53717418ef7/Contribution\\_of\\_Yellow\\_Cards\\_to\\_identifying\\_safety\\_issues.pdf](https://assets.publishing.service.gov.uk/media/5f3fa4878fa8f53717418ef7/Contribution_of_Yellow_Cards_to_identifying_safety_issues.pdf) [Accessed on: 21/08/2024]
3. Jones M, Jones S, Smith L. Barriers and enablers affecting Yellow Card reporting in submissions in medicines information. 2023. Poster session presented at 49th UKMi Conference 2023, Manchester, UK United Kingdom



### "I've got this patient...": examining ad-hoc clinical pharmacist queries in medicines information

[Thomas Morley](#) University Hospitals of Derby and Burton NHS Foundation Trust

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#### Introduction

There is much overlap between medicines information and well-informed clinical pharmacy: each feeds the other and, by definition, a "level 3" query requires specialist (often clinical) interpretation and application by the MI provider. A large proportion of queries asked of the local MI service (one "lead" pharmacist +/- pre-registration trainee based in a corner of an open plan office) are in person, on the spot, from other pharmacists for pragmatic there-and-then advice often regarding acute management of specific inpatients - unusual relative to some other MI centres. These typically include discussion of patient factors (level 3 query) and either own-knowledge response or signposting to specific information resources, usually <10min. Due to their brief nature and risk of misapplication to future cases, they are recorded outside of MIDatabank; those becoming more lengthy or generalisable are transferred onto it. This review aimed to understand the types of ad-hoc query typically seen, impact of this contribution and views of users (other clinical pharmacists).

#### Method

Records were reviewed from August 2023 (beginning of specific records for this class of query) to September 2024. Different categories were identified, and numbers noted for descriptive data comparison. Notable examples were recorded. A survey was also conducted of all clinical pharmacists at the MI centre hospital site to seek their perspectives, using SurveyMonkey as a convenient and anonymous interface, with descriptive statistics prepared of rating scales and word cloud schematics of free text commentary (prepared via [freewordcloudgenerator.com](#), excluding "pharmacist", "pharmacists" and "MI") to aid representation of themes.

#### Results

There were 445 ad-hoc queries logged over this 13-month period. The most common subjects were antimicrobials (53), renal queries including dose adjustments and renal replacement therapies (48), enteral drug administration issues including dosage form manipulation (34), parenteral drug administration/preparation (29), anticoagulation/ antiplatelets or reversal (26), policies or formulary/procurement (25), analgesia and sedation/anaesthesia and reversal (23), and fluids, electrolytes and nutrition (including parenteral nutrition) (22). Other specific queries included ongoing help with an MSc research project and instant advice on magnesium for a refractory ventricular fibrillation arrest.

The survey received 19 responses. The MI pharmacist was mostly deemed to be "always" or "mostly" accessible and approachable for on-the-spot queries, and all respondents felt that they "always" had confidence in answers given and "always" received enough detail and practical application. Commentary themes included the MI pharmacist's annual leave and ward cover as obstacles to accessibility, explanation of advice and signposting of information resources, specific clinical application and greater approachability than a more separated MI centre.

#### Discussion

A small local medicines information service is demonstrated as a valued, trusted and very frequently/disproportionately used first-line source for on-the-spot advice for the clinical pharmacy service, albeit not necessarily equitably for other sites in the Trust. Challenges are increased immediate workload and MI governance aspects which would not necessarily apply to non-MI clinical pharmacy (no second check, recorded outside standard MIDatabank). Areas for further research include prevalence of use by experience/grade, more detail on what local factors make MI first-line (beyond being in an open-plan office and perceived approachability), how reproducible this might be, and how helpful this might or might not be in other centres with their own local factors, both in terms of MI service pressures and non-MI sources of clinical pharmacist peer/senior advice: should MI be the convenient first port of call?



### Re-establishing a medicines advice service user satisfaction survey and 1 year analysis of the responses

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#### Background

The UKMi user survey is designed to obtain enquirers' opinions of the service they receive when they contact Medicines Advice (MA) services. Data obtained assists in ensuring MA Centres meet the requirements of their users, and provide a high quality service. Positive results provide a valuable endorsement for the Service, whilst negative results can be used to identify areas that require improvement<sup>1</sup>. Historically, the Royal Glamorgan and Princess of Wales Hospitals local MA services both sent out user surveys in paper form from both centres. This was done by randomly selecting 3 enquiries per month to send out, recording the return of completed questionnaires and entering the details onto a KPI spreadsheet. During the COVID-19 pandemic and due to staffing issues and the time-consuming nature of the process, the survey fell by the wayside.

#### Method

In 2023, we re-established the user survey for the CTMUHB MA service (combining the two services) using Microsoft Forms and linking to Excel to record the results. A link is sent with all email responses and after verbal responses with the exception of frequent users (to prevent repeatedly surveying the same people) and some basic level enquiries. 392 enquiries were completed in 12 months.

#### Results

35 completed surveys were received in 12 months with the following responses:

- - Were you able to contact us easily by phone, email or in person? Yes 35
- - Did our staff interpret your needs correctly? Yes 35
- - Was a deadline agreed for a reply? Yes 25 No 5 Can't recall 1 N/A 4
- - Did you receive the answer by the agreed time? Yes 26 No 1 Can't recall 1 N/A 8
- - Did our response answer your question? Yes 35
- - Did we offer practical advice where appropriate? Yes 31 N/A 4
- - Did we give you the right amount of detail? Yes 35
- - Were you confident in the answer we gave you? Yes 35
- - Did our answer contribute to patient care? Yes 34 No 1
- - Would you use the service again? Yes 35
- - Overall, what is your opinion of the service provided at this centre? Average rating 4.94/5
- - What can we do to improve the enquiry answering service? 17 responses, all complimenting the service

Responders included a wide range of health care professionals including doctors (6 consultants, 3 registrars), pharmacists (8 hospital, 8 primary care, 1 community, 1 trainee), 2 hospital pharmacy technicians, 5 nurses (dermatology, urology, occupational health, ophthalmology, community) and 1 radiographer.





## Discussion

We re-established and streamlined the user survey process by moving to an electronic survey combining the two centres within the Health Board with readily available results. Responses point toward an easily accessible service that correctly interprets the needs of enquirers, answering the enquiry in the right amount of detail whilst providing practical advice and contributing to patient care in 97% of enquiries. All responders indicated that they would use the service again with one stating that they recommend to all their prescribing colleagues. Areas for improvement include ensuring a deadline is agreed at the outset and then meeting those agreed deadlines. Ideas to increase future responses include prompting MA staff to send out the survey, informing enquirers that it takes around 2 minutes to complete (the survey records this data) and sending reminder emails.

## References

1. Abbott D. UKMi Quality and Risk Management Group Guidance for the use of user surveys in UKMI services. Version: 1.0. Date of Preparation: March 2022 Date for Review: March 2024.



### Evaluation of Medicines Information Training for Pharmacy Technicians

Nicola Dickson and [Vinod Patel](#), Midlands Medicines Information Centre, University Hospitals of Leicester

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#### Introduction/Background

Medicines Information (MI) delivers quarterly training sessions to pharmacy technicians at University Hospitals of Leicester (UHL). The training is open to all pharmacy technicians and covers various clinical topics, questions to ask, available resources and practical workshop scenarios.

The project objective was to evaluate the impact of the delivered training on pharmacy technician's awareness of resources and confidence in answering questions about medicines.

#### Method

Between January and October 2024, MI provided three training sessions for pharmacy technicians at UHL. Pharmacy technicians (n = 22) completed an anonymous questionnaire before and after the session. They were asked to select a number on a 10-point scale of how confident they were asking the right questions, using resources and advising questions related to different clinical topics; 1 being "not confident at all" and 10 being "extremely confident". Data on perceived ongoing benefits and constructive feedback was also collected in the post-training questionnaire.

#### Results

Increased confidence in using resources and providing advice was seen across all individual clinical topics. The overall average pre-assessment confidence score was 4/10, which increased to 8/10 after the training.

100% of pharmacy technicians reported they thought the training would improve the care they give to patients and 100% reported it would help them answer questions more quickly. 100% of pharmacy technicians reported that they would recommend the training to colleagues.

Nine attendees explicitly mentioned the interactive scenarios questions in the open comments about the session's most positive aspects. Two attendees thought more practical examples for each topic could be included.

#### Discussion

- The training provided by Medicines Information increases pharmacy technician's knowledge and confidence in answering questions about medicines.
- The benefits could lead to more autonomous working by answering clinical problems within their competence with improved efficiency.
- The 'learning through doing' practical workshop scenarios were a positive aspect of the training.
- Pharmacy technicians working in other clinical areas (i.e. primary care or Mental Health Trusts) would benefit from similar training.
- Upskilling the workforce is vital for the future, as the roles of pharmacy become expanded and diverse.



### Peer review of the UK Drugs in Lactation Advisory Service

[Caroline Sathe](#) and Reena Taylor, Midlands Medicines Information Service and UK Drugs in Lactation Advisory Service (UKDILAS)

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#### Focal Points

- Background to UKDILAS peer review process
- How it was implemented
- Positive feedback and comments from colleagues via a staff survey
- Overall positive outcomes and consideration for future improvement of the service

#### Background

The UK Drugs in Lactation Advisory Service (UKDILAS) is based at the Midlands site (Leicester) and provides evidence-based information and advice to healthcare-professionals on the use of medicines during breastfeeding. Peer review of the specialist service allowed us to monitor the standard of enquiry answering compared to national UKMi enquiry answering standards. We have previously conducted peer reviews for our general enquiries, and with another MI team but not a specialist breastfeeding peer review.

#### Previous peer review processes

Previously our peer review process involved small groups of colleagues with one enquiry randomly selected for review by each colleague. A Microsoft Teams meeting was used to discuss the enquiries and written feedback was sent to the organiser using the old style UKMi enquiry answering assessment forms.

#### Implementation of the UK Drugs in Lactation Advisory Service peer review

- Small groups of three or four colleagues
- One breastfeeding enquiry randomly selected for review for each colleague
- Use of the new UKMi 'assessing enquiries spreadsheet'
- Removal of the RAG rating from the 'accessing enquiries spreadsheet' to provide feedback and promote honest discussion without fear of being rated.
- Use of Microsoft Teams meetings to discuss the enquiries
- Use of the Microsoft Teams whiteboard to collate the key learning points
- Presentation of feedback and discussion at the departmental breastfeeding training meeting
- Use of a survey to find out how staff found the whole process

#### Positive outcomes

- All (100%) of the responses from the survey thought that the peer review was beneficial and helped to improve work quality and standards
- 88% thought that the peer review helped to identify their development needs
- 63% thought that peer reviews improve team relationships and working better together

#### Challenges

- Use of the Microsoft Teams whiteboard was difficult to use for some groups partly due to unfamiliarity.
- Difficult to get prompt replies to the survey due to staff annual leave etc.



## Conclusion

Overall, there was positive feedback from the UKDILAS team. Key learning points were discussed to help to improve the enquiry answering. Continuous review and revision of the process is necessary with audits of key learning points to monitor improvement and future surveys to see if staff have acted on their development needs. This pilot also shows other specialist centres an example of how we organised our peer review for UKDILAS.

## References

1. Guidance on assessing enquiries. Accessed via [www.ukmi.nhs.uk](http://www.ukmi.nhs.uk)
2. Assessing enquiries spreadsheet. Accessed via [www.ukmi.nhs.uk](http://www.ukmi.nhs.uk)



### Re-establishing the Northwest MI Network: Enhancing collaboration and support

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2 Medicines Information Department, Noble's Hospital, Isle of Man

3. Medicines Information Department, Mersey and West Lancashire Teaching Hospitals NHS Foundation Trust, Whiston Hospital

#### Focal points

- Pre 2020: The Northwest MI Centre held regular face to face network meetings.
- 2020-2022: Meeting frequency reduced due to the Covid-19 pandemic
- Post 2022: NWMIC meetings ceased entirely due to SPS transformation
- July 2023: Three senior MI pharmacists in Northwest re-initiated regular networking meetings

#### Introduction

Re-establishing local Medicines Information (MI) network meetings fosters a crucial support system for MI staff. These meetings enable pharmacists and technicians to exchange knowledge, discuss ideas, tackle shared challenges, and participate in peer review processes. Networking is instrumental in harmonising local practices, minimising duplication of effort and providing an escalation route to SPS hub leaders. For pharmacists new to MI, these meetings provide access to an experienced network for guidance, reducing isolation and enhancing a sense of support with the profession. This initiative aligns with NHS networking principles, promoting collaborative learning, rapid sharing of innovations and a well-connected regional support system.<sup>1</sup>

#### Method

In 2023 a series of planning meetings were held between 3 senior MI pharmacists in the NW region. They agreed to act as co-chairs for a new NWMI networking group in order to share organisational responsibilities.

The co-chairs assessed online platforms to create a virtual hub for document sharing and discussion.

A preliminary member list was established from the UKMI directory, and a trial Teams meeting was arranged to gauge initial interest.

#### Results

NHS Futures proved effective for document storage, agenda sharing and discussion facilitation, though minor limitations exist, such as requiring users to accept invitations via personal rather than generic MI email addresses.

Member feedback following the initial meeting in July 2023 was overwhelmingly positive and ongoing meetings are now held every 3-4 months. To date five meetings have taken place virtually and 24 individual members are on the NHS Futures platform. At the last meeting in October 2024, 14 MI pharmacy staff attended representing 12 different NHS organisations.



## Discussion

Establishing the Northwest MI group has been highly beneficial, aligning with NHS England's network principles, which emphasise the value of collaborative connections to drive improvements and accelerate learning. While the group is still evolving, it already serves as a valuable platform for sharing experiences and best practices across the Northwest region.

We are still actively recruiting members and hope to have representation from all NHS organisations in the Northwest region very soon.

We encourage other regions to consider forming similar network groups if they have not done so already and we are open to sharing our experiences to facilitate their success.

## References

1. NHS England. *Networks*. Retrieved October 25, 2024, from <https://www.england.nhs.uk/spread-and-adoption/seven-interconnected-principles/networks/>



### Is the Patient Medicines Helpline providing timely and appropriate advice?

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#### Introduction

The Oxford University Hospitals patient medicines helpline has operated for over 10 years. It was initially audited in 2021, focussing on patient awareness of the helpline at discharge<sup>1</sup>. With increasing NHS pressures in primary care, more patients are using the helpline for medication queries. This audit analyses the timeliness and quality of advice given by the helpline.

#### Method

The timeliness of 707 enquiries from the 2023/24 financial year were audited against target timeframes. A stratified sample of 30 patient enquiries was obtained, excluding enquiries from healthcare professionals. The sample was stratified proportionate to the complexity of the 707 enquiries, with 58% being level 1, 41% level 2 and 1% level 3. The enquiries were checked for suitability of the advice provided and whether the appropriate documentation was used. The sample was audited against UKMI standards. For enquiries where the outcome was to contact primary care, the advice provided was reviewed by a GP for analysis of appropriateness of the referral and information gathering. All six members of MI staff were interviewed about their confidence completing IRMIS reports, using language line and training in MI. The MI SOPs were checked regarding data protection and answering enquiries. Finally, the frequency of incident reporting to IRMIS was evaluated<sup>3</sup>.

#### Results

Compared to 2020/21, the number of level 1 enquiries has decreased by 20.3%, with the more complex level 2 enquiries increasing by 20%. In 2023/24, 97.8% of the 707 enquiries were answered within the agreed timeframe. Of the 30 patients in the stratified sample, most were answered correctly to a high standard. However, there was a theme of inappropriate signposting to primary care and lack of in-depth questioning. 40% of enquiries resulting in a referral to primary care were inappropriate as determined by a GP.

Regarding IRMIS reporting there were no reports for the helpline. 83.3% of staff interviewed did not know the method for IRMIS reporting, nor how to utilise language line for interpretation. 17 out of 19 MI SOPs require updating to reflect the current processes. Regarding the SOP for data protection, there was scope for including new software and redacting obsolete technologies.

#### Discussion

To prevent inappropriate referrals to primary care, staff working in MI should use resources such as NHS A to Z for information around red flag symptoms and effective safety netting. Additionally, staff should complete the CPPE course section, introduction to minor ailments<sup>4</sup>. On MI databank, in the patient medicines helpline form, prompts around duration of symptoms, severity, red flags and safety netting would enable safer signposting and better safety netting. Nationally, there is a training gap for differentiating between side effects and symptoms for patient helplines. Staff should also be trained on submitting IRMIS reports. Monthly audit of a sample of reports by senior pharmacists could enable early error rectification, reporting and reflection. Additionally, the SOPs should be reviewed and updated within the next six months.



## References

1. Healthwatch Oxfordshire. OUH Discharge with medicines final report. Oxfordshire: Healthwatch Oxfordshire; January 2023. Available from: <https://healthwatchoxfordshire.co.uk/wp-content/uploads/2023/01/OUH-Discharge-with-medicines-final-report-Healthwatch-Oxfordshire-January-2023.pdf>
2. UK Medicines Information. Guidance on Documenting Enquiries on MiDatabank. [place of publication]: UK Medicines Information; [January 2022]. Available from: <https://www.ukmi.nhs.uk/fileDownloader.aspx?ID=57>
3. UKMI. UKMI resources - Incident Reporting in Medicines Information (IRMIS) [Internet]. Nhs.uk. [cited 2024 Oct 5]. Available from: <https://www.ukmi.nhs.uk/Resources?ContentID=8c0ef2f7-b950-43cb-8a25-6c1a158d3900>
4. Centre for Pharmacy Postgraduate Pharmacy Education. Minor ailments [Internet]. Cppe.ac.uk. [cited 2024 Oct 5]. Available from: <https://www.cppe.ac.uk/gateway/minor>





## Key Performance Indicators shine a light on hidden workload across the Northern Ireland Medicines Advice Network

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### Introduction

The Quality and Risk Management group (QRMG) updated Key Performance Indicators (KPIs) to standardise measures across all Medicines Advice Centres<sup>1</sup>. Heads of pharmacy in Northern Ireland asked local medicine advisory services to agree and report on a core set of measures. Historically, local centres contributed enquiry numbers however recognition of local workload and review of performance is necessary to provide a better understanding of workload across NI. These KPIs will enable benchmarking and demonstrate the value of the service to NI Heads of Pharmacy. They will be included in the NI region annual report.

### Method

A series of meetings was undertaken, at which UKMi recommendations formed the basis of discussions to determine a set of core and expanded KPIs across the network.

### Results

The table details core and expanded KPIs that were agreed and adopted by the local centres.

INDICATOR	KPI type	Measure
Total number of enquiries	Core Recommended	Number
Enquiries from patients/ members of the public	Core Recommended	Percentage
Simple (Level 1) enquiries	Core Recommended	Percentage
Specialist knowledge (level 2 and 3) enquiries	Core Recommended	Percentage
Number of yellow cards submitted from Medicines Information	Core Recommended	Number
Percentage of users who considered service good (score 4) or above	Core Recommended	Percentage
Number of rotational staff trained	Core Recommended	Number
Number of induction/ short training/refresher sessions provided	Core Recommended	Number
Number of guidelines / protocols / SOPs / PGDs etc authored	Core Recommended	Number
Number of guidelines / protocols / SOPs / PGDs etc second checked	Core Recommended	Number
Number of evidence reviews (e.g. new drug submissions) completed	Core Recommended	Number
Number of other proactive resources (e.g. memos, newsletters) produced	Core Recommended	Number
Proportion of enquiries that impact safety	Expanded KPI	Percentage
Proportion of enquiries that impact patient experience	Expanded KPI	Percentage
Proportion of enquiries that impact treatment outcomes	Expanded KPI	Percentage
HCP user survey responses	Expanded KPI	Number
HCP User survey: Mean rating of service provided (state range eg 1-5)	Expanded KPI	Number
Number trainee pharmacists completing MI rotation & associated objectives	Expanded KPI	Number
Number of weeks in total/year for trainee pharmacists and student technicians	Expanded KPI	Number
Number of weeks in total/year for rotational band 6/7 pharmacists	Local KPI	Number
Number rotational band 6/7 pharmacists completing MI rotation & associated objectives	Expanded KPI	Number
Number induction/short training/refresher sessions provided	Expanded KPI	Number
Tutor/supervisor eg for diploma pharmacist, pre-reg pharmacist	Expanded KPI	Number
Risk: Approx time (number weeks/year) where gap in staffing due to vacancies/redeployment/sickness	Expanded KPI	Days
Risk: Approx time (number weeks/year) when no MI service possible	Expanded KPI	Days

### Discussion

PGDs were identified as a major workload. Including this as a core figure supports the need for additional hours or staffing required to continue this output. NI Centres do not currently have patient helplines so the focus was on HCP user satisfaction. This data is useful for annual appraisals as many pharmacists operate alone. Trainee numbers differ across NI centres. Collating training data regionally allows centres to request changes to their training programme as necessary with supportive figures from the wider network. Recording gaps in staffing highlights the network does not have sufficient resilience built in to provide backfill for planned and unplanned leave.



## Conclusion

Figures were reported for 2023/24 and included in the NI region Annual Report, alongside regional centre activity. Working collaboratively to agree a core set of KPIs allowed ownership of the data and any barriers to recording to be addressed locally. PGD workload is now tracked via MiDatabank. Local centres developed a standard set of user satisfaction questions as part of this process. This exercise has not only helped local centres demonstrate their contribution to their local trust but also the wider NI medicines advice network. The local centres found the QRMG KPI resource helpful and demonstrated that it could easily be adapted for local use.

## References

1. 1 Key Performance Indicators (KPIs) excel spreadsheet and explanatory Notes [UKMI Resources](#)



### A review of enquiries received which involve an error/incident

Esther Wong, Joanna White, Sarosh Aminuddin Chelsea and Westminster NHS Foundation Trust

#### Introduction/Background

The aim of this review was to retrospectively analyse the number of enquiries received at the Medicines Information centre where an error/incident occurred. An error was defined as any preventable event that may cause or lead to inappropriate medication use or patient harm. From this data, common trends could be assessed and fed back. Further analysis of the data was carried out to determine if a DATIX was reported in a timely manner.

#### Method

Data was extracted from MiDatabank retrospectively using the Reporter function<sup>1</sup>. Data was collected from 01/04/2023 to 31/03/2024. The data was entered on an excel spreadsheet and analysed<sup>2</sup>.

#### Results

- Between 01/04/2023 to 31/03/2024 the Chelsea and Westminster MI service received a total of 919 enquiries of which 103 enquiries there was an error reported (11%).
- Of the 103 enquiries:
  - 66 enquiries (64%) related to incorrect storage of medications
  - 23 enquiries (22%) related to incorrect documentation on a discharge summary
  - 11 enquiries (11%) related to incorrect supply of medications from pharmacy
  - 3 enquiries (3%) related to clinical errors which occurred at ward level
  - 20 enquiries (19%) had a documented DATIX reference number.

#### Discussion

During the one-year period captured within the data collection, 11% of all enquiries received related to a medication error. Of these, a large percentage (66%) related to incorrect storage of medications. This included fridge excursions where medications were exposed to higher or lower temperatures. 22% of enquiries related to incorrect documentation on a discharge summary. This included incorrect doses of medications, omitted medications, discrepancies between the clinical summary and medication list and missing documentation. 11% of enquiries related to the incorrect supply of medications from pharmacy, primarily the incorrect quantity.

The Trust policy is to complete a DATIX for any error that has occurred, in order to learn from mistakes. The number of DATIX's submitted in relation to the enquiries (20 enquiries) may not be a true value as the responsibility for reporting does not solely lie with Medicines Information, therefore the DATIX incident reference number was not always recorded/logged on MiDatabank. This was a key limitation of the data collection for the documentation of a DATIX reference number.

Recommendations following this review include:

- Feedback to relevant departments on medication error trends received via the Medicines Information department
- Feedback to Trust patient safety group
- Local SOP developed for reporting of incidences received in Medicines Information

#### References

1. COACS. MiDatabank Enquiry Manager v3.2.
2. Microsoft 365. Microsoft Excel Spreadsheet Software 97-2003



### Pharmacy Support Staff providing Medicines Advice Training for Trainee Pharmacists in the Welsh Medicines Advice Service (WMAS)

Rebecca Wong, Welsh Medicines Advice Service, University Hospital of Wales, Cardiff

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#### Background

In 2022/23, Wales mandated multi-sector training for all trainee pharmacists (TP). WMAS Cardiff faced challenges with increasing numbers (from 6 to 18 TPs) rotating through the centre annually. WMAS Cardiff has expanded services recently and pharmacists have limited additional capacity to participate in training. This prompted a skill mix decision to involve pharmacy technicians and medical writers/information specialists to assist with training for 2023/24.

#### Method

Following an engagement session in May 2023, the staff agreed to contribute in the training of the TPs. The pharmacy education and training (E&T) team supported this initiative. Training materials, including an in-house booklet and sample enquiries, were provided. Staff reviewed their own knowledge of specific topics on the Medicines Learning Portal in preparation for their new roles. Regular meetings facilitated discussions on training delivery. Pre-recorded webinars were created which replaced live sessions with specialist pharmacists (e.g. formulary, publication), ensuring efficient use of time. During one week of afternoon sessions in WMAS Cardiff, each TP was guided by a designated member of staff for each session. Pharmacy technicians managed the Objective Structured Clinical Examination (OSCE) held at the end of the week, whilst medical writers managed the critical appraisal section. Reflection meetings were held after each TP cohort had rotated through WMAS Cardiff. Feedback from TPs and staff were discussed, slight amendments to the timetable and content were made throughout the year in view of the comments received.

#### Results

Of the 18 TPs, 16 completed the feedback form. Among these, 87.5% (14 TPs) rated they were "very satisfied" with the overall training. One TP was "somewhat satisfied", and another "somewhat dissatisfied". All TPs agreed the training met its objectives, and 87.5% felt all aspects of training met their expectations. Notably, 62.5% (10 TPs) highlighted elements of the training that exceeded their expectations. WMAS Cardiff staff reported feeling well-equipped and actively engaged in training delivery.

#### Discussion

Overall, feedback from TPs and the E&T team was positive, indicating that training provided by this new group of staff effectively met the TPs' needs. WMAS Cardiff staff gained new knowledge and skills, gradually taking more ownership of the training. With the involvement of staff, an electronic feedback form was developed, and critical appraisal questions were revised. Staff also felt more confident in their role within the advice service team.

Tps requested to be involved in real enquiries; this is incorporated in the training programme for the 2024/25 cohort. Training materials from WMAS Cardiff were shared with other local MA centres in Wales; ideally, the provision of MA training will be standardised across Wales.

In 2025/26, TP training will adapt to include independent prescribing in the foundation year. WMAS Cardiff will continue to collaborate with the UKMi Workforce Development Group to create a strategy to ensure robust MA training for future TPs.



### Implementing Critical Appraisal Training to Promote Evidence-Based Practice in Clinical Decision Making

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#### Introduction/Background

With the increasing complexity of healthcare, implementing evidence-based practice (EBP) is essential for improving patient outcomes and ensuring informed clinical decisions. In line with a vision to foster a research-driven culture within the Trust, particularly in the Pharmacy department, the Medicines Information (MI) department at the East Kent Hospitals University NHS Foundation Trust (EKHUFT) department hired a research assistant in 2022. This role was established to empower staff to confidently apply EBP in daily practice. Part of role was to develop and deliver a structured training program aimed at enhancing healthcare practitioners' ability to critically appraise and incorporate clinical evidence into decision-making processes. The key objectives of this initiative was to equip staff with the ability to locate, assess, and apply relevant evidence to support clinical judgments.

#### Method

A multi-faceted approach was taken to design and deliver the training program. Sessions were conducted in three formats: in-person training, virtual meetings via Microsoft Teams, and pre-recorded video tutorials available on the Trust's Pharmacy Zone intranet page. The training content included:

- Introduction to evidence-based practice (EBP).
- Introduction to Critical Appraisal- Tools and stages for appraising papers critically.
- Basics of statistics relevant to interpreting research.
- Search strategies to find high-quality evidence.
- Identifying and understanding different biases in research studies.
- Integration of EBP into clinical decision-making.

Participants were encouraged to engage with real-world clinical scenarios, applying the knowledge gained to improve their clinical practice. Feedback was collected post-session to assess the effectiveness of the training and areas for improvement.

#### Results

Preliminary results suggest that the training program has been positively received by the healthcare professionals who have participated so far. Initial feedback indicates that the majority of participants report increased confidence in applying EBP in their clinical work. Many have also expressed an improved ability to critically appraise research evidence and incorporate findings into their decision-making processes. Engagement with the Pharmacy Zone intranet resources, including video tutorials, has begun to increase, with participants accessing the materials at their own conveniences. Further evaluations are planned to assess the long-term impact and broader adoption of the training across the department.

#### Discussion

The training program has shown promise in improving the critical appraisal skills of healthcare professionals, contributing to better clinical decision-making grounded in evidence-based practice. The flexibility of delivery formats (in-person, Teams, and intranet resources) was a key factor in ensuring accessibility and participation across diverse staff schedules and preferences. Moving forward, additional modules will be developed to further support continuous professional development in EBP and clinical decision-making. Challenges encountered include time constraints for participants and the need for ongoing support to reinforce the learning objectives. These findings suggest that ongoing critical appraisal training, combined with easily accessible digital resources, can foster a culture of evidence-based practice within healthcare settings.



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