
Better Information for Managing Medicines

A Strategy for pharmacy's
Medicines Information Service
in the NHS

IMPLEMENTATION FRAMEWORK



August 2000

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1. INTRODUCTION

In July 2000, a strategy for pharmacy's **Medicines Information Service** in the NHS, titled '**Better Information for Managing Medicines**' was published. This is a strategy for the next five years and is aimed at all individuals and groups in the NHS with an professional interest in the service, from medicines information pharmacists to key NHS stakeholders. It has been endorsed by the Health Departments of the four home countries of the United Kingdom.

It is intended as a strategic framework for the development of medicines information at all levels of practice, a framework which recognises both the past and present benefits and achievements of the service and the opportunities for development in an environment of rapidly changing health care provision and technological innovation.

This document, the **Implementation Framework**, details for medicines information pharmacists and their managers how the strategy will be implemented in practice. It will act as the guide over the 5-year tenure of the Strategy for the development of priorities for achieving the Strategy's overall aims and actions.

The opportunities for service developments to new customer groups, using new methods of information delivery and new skills have never been so great as at the present time. The opportunities, and the challenges resulting from them, will change the provision and practice of medicines information services, from bedside to surgery, from primary to secondary care, from health care purchaser to health care planner, and from policy maker to policy implemented. They have the potential to provide a key and unique influence on the use of medicines in the NHS, from early development to point-of-patient use and to provide a pivotal lead in the development of the practice of pharmacy in all areas.

Some of the key developments which medicines information services will embrace include:

- The evolution of primary care, with Primary Care Groups and Trusts,
- The emergence of patient and general public focussed services (such as NHS Direct) and the increasing consumer demand for information on which to base informed decisions about self care and greater participation in health care provision.
- The rapidly changing face of technology which not only gives ready access to a vast amount of medicines-related information, much of which is of dubious quality, but also provides new and effective methods of delivering medicines information to its end users and for changing the fundamental practice of medicines information, at every level and in every location that it is provided.
- The need to act as 'information gatekeepers' in the face of ever increasing amounts of information and ever decreasing amounts of time for the end-user to assess, evaluate and effectively utilise this information.
- In support of clinical governance and the implementation of risk management strategies, where there is a move towards greater and demonstrable quality in the provision of health-related services, with quantifiable outcomes.

- The introduction of national initiatives which will have a direct influence on the introduction and use of drugs in the NHS.
- The training of and provision of support to a profession which itself is becoming more consumer focussed and more central to the core health care team.
- The demand for a high level of skills and knowledge to provide a technology orientated, evidence based, quality driven range of services to a diversity of end users.

This Strategy, and its Implementation Framework, has been produced to equip medicines information services throughout the UK to meet the challenges and opportunities now being faced. It will provide the means to respond to, as yet unknown, future developments. It will provide the flexibility to develop the service at local, regional and national levels. It will utilise the expertise, skills, knowledge and enthusiasm of all its practitioners. Finally, it will respond to the changing NHS environment in which it functions.

The Strategy has evolved partly through a process of ongoing service development and partly through a response to the new NHS agenda. The concept of a 'total strategy', rather than the more traditional 'piece-meal' approach to strategy development, was born through a series of medicines information focus groups which identified the needs of the service in the new NHS and the flexibility and breadth of approaches that would be needed to take the service forward. The philosophy of a new partnership and collaboration between all medicines information pharmacists has emerged which will make the service stronger and more adaptable. Leadership and support through regional and national (UKMI) services will be more visible and open across the whole service. The development of the Strategy has been heavily influenced by the initial focus groups, and through the subsequent survey responses of 173 local medicines information pharmacists and 156 medicines information users from all main professional user groups, all from across the United Kingdom.

This Strategy is the foundation and the blueprint for medicines information services over the next 5 years. Some of its action points will be implemented rapidly, whilst some will assume lower priority and be undertaken over a longer period. The Strategy itself will also be adaptable and will evolve in response to changes within the NHS and with the opportunities constantly being presented.

The opportunities and challenges are there now. The vision, imagination, skills and expertise to start to meet these challenges are in existence now. It is now up to the service and its practitioners to recognise the challenges and to rise to meet them.

2. MEDICINES INFORMATION: CORE VALUES & PRINCIPLES

Medicines Information Services are a significant resource for evidence-based decision making on drug therapy

Medicines Information Services will:

- Apply evidence based principles in the provision of impartial, evaluated, accurate and timely information in a suitable format to promote the safe and effective use of medication
- Provide professional advice to support and influence clinical decisions with respect to patient care and to enable the individual to make a balanced choice
- Keep abreast of development in therapeutics, professional practice, technology and information sources to support continuing professional development within the specialty and to ensure that the service provided is as up to date as possible
- Be readily accessible and responsive to user needs
- Network with others to share information and experience at local, regional and national levels

In pursuance of these core values and principles, medicines information services will:

- Produce information independent of commercial, medical and managerial interests
- *For clinical problem solving for individual patients:* Maintain professional integrity, honesty, respect and individual focus to enable a choice to be made
- *For guidelines, bulletins and similar work:-* Gather and critically evaluate information, making choices based on evidence and judgement, communicate this in an acceptable format. Judgement takes into account training, knowledge and experience.

3. INFORMATION ACTIVITIES

3a. Local, Regional & National Activities

Background

In the UK, MI services operate as a co-ordinated national network of centres. Services are provided at local, regional and national levels. Whilst there is some overlap of service provision at the three levels, principal functions are :

Local level

- First line enquiry answering service for local health service professionals
- Provision of proactive information with a local focus
- Support for clinical pharmacy services
- Support for clinical governance initiatives at local level
- Support for nurse prescribing
- Support for local Drug and Therapeutics Committees and other committees requiring MI input
- Support for local formulary and guideline development
- Operation of Medicines Help Lines for patients
- Local training in MI skills e.g for Pre-registration graduates
- Support for ADR reporting

Regional level

- Second line query answering service for referred items
- Provision of proactive information - bulletins/current awareness
- Horizon scanning for new drugs
- New product assessments
- Co-ordination and monitoring of local MI services
- Provision of education/training for local MI pharmacists
- Audit and Quality Assurance programmes for local MI services
- Promotion of collaborative ventures to reduce duplication of effort
- Strategic support for Health Authorities
- Input to national UKMIPG schemes, e.g. Pharm-line, New Products Scheme, UK Medicines Information Manual, training, conference

National level

- Formulation of a strategy for UK MI services
- Central co-ordination of national schemes
- Advice on policy development in MI

UKMIPG

At present UKMIPG comprises the most senior pharmacists from regional MI centres. It is a "virtual" organisation that aims to lead and co-ordinate the national network of 300 hospital-based pharmacists. Key activities include:

- Commitment to joint working to produce a range of products
- Promotion of continuous improvement of MI services by formulation of national standards and audit programmes
- Training for continuous and organisational development in MI
- Sharing of information and good practice
- Development of broad strategies for MI services

- Promotion of MI services and formation of working relationships with key groups and agencies

The results of the Strategy Survey suggest that UKMIPG is successful in co-ordinating work to produce national products; that service development and overall direction are reasonably well led; but that strategic vision and liaison with external groups are perceived to be weak. These perceptions may, in part, reflect poor communication.

Barriers to effective functioning of the national group include:

- Regional vs national commitments limiting time available for national work
- Inability to attend necessary meetings due to resource constraints
- Lack of formal accountability of the group
- Lack of central funding for national work

The diminishing number of regional centres and the increasing national workload are also important factors. A larger pool of MI pharmacists able to contribute to national activities would alleviate some of these problems. Half the survey respondents stated that they were willing to become a member of a UKMIPG working group, and the majority were prepared to contribute on an ad-hoc basis to national activities. Most could not meet the necessary financial commitment.

The survey also indicated a perceived need for more specialist centres to be established; approximately 20 different subjects for specialist centres were highlighted. Local centres also perceived that the national group could give greater support by provision, for example, of generic business cases for gaining Internet access, core packages for local promotional activities, and generic risk management plans.

Strategy

- Ensure that UKMIPG concentrates on providing strategic and policy direction to MI services throughout the UK and delegates operational/functional activities mainly through it's subgroup and ad hoc working parties.
- Involve local MI pharmacists in national work .
- Establish a commitment to national activities within UKMIPG that translates into practical output.
- Forge links with key players in the national arena to establish an influential voice and be more active in promoting the service both internally within the NHS and externally

Action

UKMIPG will:

- 3.1 Encourage local MI pharmacists to participate in national work through membership of subgroups and ad-hoc working parties and provision of specialist advisory services., in line with their particular expertise and interests.
- 3.2 Explore the viability of more specialist advisory services and the possibility of these being provided from both regional and local MI services. Priority subjects identified for advisory services are palliative care, drug abuse, cardiology, IV additives, and IT. Provide support and advice in establishing these.
- 3.3 Engage in active dialogue with local MI services through regional MI services on issues relating to UKMIPG/national developments and requirements.

- 3.4 Establish accountability within UKMIPG by asking each centre to commit, on an annual basis, to a certain level national activity and to monitor output based on these commitments. Produce documentation of each region's level of national activity on an annual basis.
 - 3.5 Raise funding, initially from each region, to enable commissioning of certain national work, and explore sources of central funding for future work.
 - 3.6 Develop the relationship with the NPC and explore additional ways in which we may work together.
 - 3.7 Continue and develop links and establish working relationships with emerging key players including NICE, CHI, NHS Direct, the Regional Librarian's Group and the NeLH.
 - 3.8 Establish an influential voice by making representation to the respective health departments and the Chief Pharmacists and by commenting on all relevant national consultation papers.
- MI services will:
- 3.9 Establish links with specialist interest groups within pharmacy and investigate areas of future collaboration..

3b. Coordination of Bulletins and Current Awareness

Background

MI services in the UK have a key role in ensuring that pharmacists and other healthcare professionals in NHS Trusts and Health Authorities are well-briefed regarding recent developments in therapeutics and healthcare policy. This has been achieved through the production of a wide range of proactive material, including new product assessments, bulletins and current awareness briefings.

While some of this work has been conducted primarily for internal customers within Trusts, such as Drug and Therapeutics Committees, many of these information products are disseminated nationally, in hard copy, via regional MI services.

However, recent developments in information technology such as CD-ROMs, the world-wide web (WWW), email, and the NHSnet, are facilitating more rapid, efficient and economical methods of distribution. As workloads increase within local and regional MI services, particularly with the establishment of PCGs, there is an ever-greater need for these centres to collaborate and co-ordinate their work to ensure the minimal duplication of effort, and optimal use of resources.

These outputs important aspects of MI work because

- MI services need the information for its own work
- MI services have the expert skills to identify relevant new information and its potential impact on provision of medicines related services
- The customer base for this work is increasing with development of PCG/Ts
- It provides good publicity

Strategy

- Ensure the appropriate coverage of topics relevant to primary and secondary care customers
- Ensure co-ordination of proactive work through effective communication and collaboration to achieve minimal duplication of effort
- Utilise existing methods of electronic distribution of information within MI services and make wider use of new technologies to increase responsiveness and efficacy across the UK MI network.

Action

All MI pharmacists will:

- 3.10 Distribute copies of appropriate local bulletins and other relevant proactive material throughout the MI network, via regional MI services.
- 3.11 Advance the use of new information technologies, particularly e-mail, to establish more efficient means of distributing proactive material.
- 3.12 Ensure effective collaboration and communication regarding new proactive work with colleagues regarding new proactive work to minimise duplication of effort.

UKMIPG will:

- 3.13 Establish and maintain a register of major ongoing proactive work between MI services.
- 3.14 Publish all proactive work on the Pharm-line database.
- 3.15 Identify the most appropriate means of distribution of information for individual customer groups.
- 3.16 Develop more effective electronic methods of distribution of information to customers, including the web and email, and establish a deadline for migration away from paper-based means towards these new technologies.
- 3.17 Establish through Pharm-line a single point of reference for the location of proactive work produced by MI services.

3c. New Products & Horizon Scanning

Background

The UKMIPG New Products Scheme has been in operation since 1983. It has developed from production of post-marketing assessments to a comprehensive, 4-stage process encompassing horizon scanning and pre- and post- marketing assessments. UKMIPG currently collaborates with the NPC in production of pre-marketing assessments and in production of selected post-marketing monographs. Informal working contacts have been established with the NHSC. UKMIPG is creating strong working links with NICE both directly and via the collaborative New Products Schemes with NPC.

The importance of new drug assessments and horizon scanning was highlighted in recent NHSE documents e.g “A First Class Service” and “Faster Access to Modern Treatment”.

There is a great need for information on new drugs to inform decision making by prescribers, D&TCs and formulary preparation and to assist managed entry of new drugs, NHS planners and resource allocators. This information may be required as early as 5 years prior to product launch. There is a need for strong central co-ordination of production of new product assessments and horizon scanning to prevent duplication of effort and ensure high quality and consistency of outputs.

Strategy

- Improve coverage, timeliness and quality of outputs and elimination of duplication of effort in production of outputs
- Ensure that outputs reach all appropriate recipients
- Ensure that adequate resources are available for the New Products Scheme
- Develop strong links with national initiatives on health technology assessment, such as NICE, the NHS HTA programme, NHSC etc

Action

UKMIPG, through its New Products Working Party, will :

- 3.18 Form strong working links with NICE
- 3.19 Explore ways of working in closer collaboration with NHSC in horizon scanning for new drugs
- 3.20 Develop an electronic form of the database for new drugs in early clinical development.
- 3.21 Develop a national scheme for new product-summaries for GPs.
- 3.22 Further develop a national database for patent expiry dates.
- 3.23 Encourage submission of locally produced formulary support documents to Pharm-line MI files.
- 3.24 Ensure that each regional MI service makes an annual commitment for specified contributions to the UKMIPG New Product Schemes and that these agreements are monitored.
- 3.25 Improve working links with the pharmaceutical industry in the field of drug development
- 3.26 Investigate alternative/supplementary methods of funding for the scheme.
- 3.27 Develop electronic methods to publish and disseminate information on new products.
- 3.28 Involve, where appropriate, local MI services in production of Stage 4 of the national new products scheme (post-marketing assessments).

3d. Primary Care

Background

This government has continued to implement health service reforms which advance the concept of a primary care led NHS. Although medicines information services were originally created to support health service personnel working in the secondary care sector, over the years the customer base has gradually expanded to include many staff based exclusively in the primary care sector. Primary care will probably become vital as a potential source of the funding needed to develop medicines information.

MI services (local and regional) already make a substantial contribution to primary care. Further work at a national may be necessary to quantify this.

Strategy

- Develop practices and policies which ensure that MI services remain integral to primary care based initiatives at patient, practitioner and policy making levels
- Identify and meet the changing medicines information needs of:
 - i) PCG/T pharmacists
 - ii) HA Medical and Pharmaceutical and Prescribing advisers
 - iii) Existing and emerging dependent and independent prescribers
 - iv) Health service staff supplying medications under group protocols
- The ongoing review and development of these services will be informed by regular customer surveys which are collated nationally.
- Ensure that MI services are uniformly provided to customers in the UK
- Promote local and regional MI services to Health Authorities and PCG/Ts for the provision of strategic and patient-related MI support. Ensure that any service models minimise duplication of effort and share expertise.

Action

UKMIPG will

3.29 Establish a framework for providing a package of services for PCG/Ts with associated funding streams at regional and local levels.

3.30 Establish working links with the authors of Prodigy.

UKMIPG, through its Primary Care Subgroup, will:

3.31 Identify the medicines information needs of, and provide support to, PCG/T pharmacists and prescribing leads, and practice based pharmacists.

3.32 Encourage local MI services to provide services to primary care.

3.33 Review standards of enquiry answering to make sure that they meet the needs of primary care as well as secondary care (in conjunction with the QA group)

MI Services will:

3.34 Provide information and support to existing and potential dependent and

- independent prescribers and to those supplying medications under group protocol.
- 3.35 Use the framework (see 3.29) to secure funding.
- 3.36 When developing internet sites, ensure that they have a significant primary care focus.

3e. Information for the Public

Background

There is a trend for the public to want more information on their medicines to inform their decisions and to understand their own health. This trend is likely to continue as government encourages the public to take more responsibility for their own health and to self treat more often. The public shows signs of wanting information on an ever increasing range of health issues and the technology is available through the world wide web to enable efficient distribution of this information and to facilitate choice of information types and sources.

A number of private organisations, charities and NHS Health Helplines are available. The NHS first piloted NHS Direct in April 1998 and expects to roll it out throughout England by April 2000. NHS Direct nurse advisers answer all types of health related enquiries and use support from specialist providers including regional MI services. Health Helplines will be taken over by NHS Direct sites by April 2000.

NHS Direct is currently centrally funded and is very high profile. Estimates vary about the percentage of calls which involve medicines but it is thought to be high. From initial experience in the second wave pilots, 1-2% of calls have required expert support from regional MI services.

NeLH is being developed as a national information resource for health care professionals and the public. It is likely that many patient self group helplines and charity helplines will contribute to the NeLH public access site. They will also continue to provide helpline services to the public.

In general, NHS MI services have been available to the public but have not been advertised as such due to assumed inability to meet demand. There is enthusiasm for the concept but services have not been developed due to lack of resources. The notable exception to this has been the public medicines help line run by Trent Regional MI Service for the local population, funded for 4years as a research grant (1996-1999).

Medicines Helplines have been set up by local MI services to provide an enquiry answering service for hospital patients only. The helpline is available for a proportion of office hours and is advertised to patients. They are encouraged to ring about their own medicines which they have received from the hospital. These helplines have been running for up to 6 years and the first was set up at Seacroft Hospital in Leeds. Approximately 20% of MI services provide such a service.

These services provide an efficient and specialised service to a defined section of the public ie patients of that hospital. NHS Direct will inevitably take some of these calls when patients are not aware of the Medicines Helpline and will refer a proportion of them to the regional MI service for specialised help. For many patients, it is more appropriate for them to use the local Medicines Helpline as the hospital pharmacy holds information on their prescription and has good access to prescribers for further background information. A higher percentage of patient calls can be handled immediately via the Medicines Helpline.

Strategy

- Provide comprehensive and effective support and advice on the provision of information about medicines to the public e.g. NHS Direct.
- Target efforts on the more strategic aspects, training and provision backup support to enquiry answering services.
- Encourage the development and maintenance of Medicines Helplines in local hospitals
- Support NHS Direct and NeLH to provide high quality information for patients and members of the public
- Provide expert review for other medicines-related information sources and specific information for patients and members of the public about medicines.

Action

Local MISs

- 3.37 All hospitals with MI centres will be encouraged to develop local Medicines Helplines to provide support for their patients.
- 3.38 UKMIPG will develop standards for Medicines Helplines to ensure a consistently high standard of service

NHS Direct

- 3.39 Regional MI services will work with NHS Direct sites to address the provision of:
- 3.39.1 Support in developing the national training programme through links with the NHS Direct Pharmacy Support Network
- 3.39.2 Provision of training locally using the national programme with assistance from local pharmacy organisations including the Local Pharmaceutical Committee (LPC)
- 3.39.3 Enquiry answering support. This should be provided in office hours by the MI service supporting the site. The exact requirement for MI support out of office hours will be established.
- 3.39.4 Ongoing input into the Clinical Decision Support Software (CDSS).
- 3.39.5 Contribution to the NHS Direct web site which will be made available through the NeLH.
- 3.39.6 Support for the NHS Direct Pharmacy Support Network. This includes representatives from all MI services supporting NHS Direct.
- 3.39.7 Support the NHS Direct Pharmacy Support Network in developing standards for MI services support for NHS Direct

National Electronic Library for Health (NeLH)

- 3.40 UKMIPG will establish working links with NeLH in order to enhance the provision of MI to the general public.

3f. Adverse Drug Reactions

<i>Background</i>	<p>Adverse drug reactions (ADR) are a major cause of morbidity in the community. They are also reported to account for up to 5% of all medical admissions to hospital and they are occasionally fatal.</p> <p>Spontaneous suspected ADR reporting is one of the principal sources of information used in regulatory pharmacovigilance to identify drug safety hazards. The UK reporting scheme, known as the Yellow Card scheme, has been in operation since 1964; reports of suspected ADRs are primarily submitted voluntarily by doctors, dentists and coroners. Reports are also received via the pharmaceutical industry, which has a statutory obligation to report suspected ADRs.</p> <p>In 1992 and 1993, a pilot scheme run by the Committee on Safety of Medicines Regional Monitoring Centre (northern region) concluded that reporting of suspected ADRs by hospital pharmacists would enhance the Yellow Card Scheme. In 1997, the CSM subsequently recommended that the Yellow Card Scheme should be extended to include hospital pharmacists as recognised reporters.</p> <p>At the same time demonstration projects for community pharmacists reporting were initiated in the CSM's four regional monitoring centres.</p>
<i>Strategy</i>	<div style="border: 1px solid black; padding: 10px;"> <ul style="list-style-type: none"> • Encourage and facilitate doctors, dentists and pharmacists to improve the quantity and quality of their yellow card reporting. • Provide education and training in adverse reactions and mechanisms for their reporting to all healthcare professionals. </div>
<i>Action</i>	<p>3.41 MI services will write to local education organisers offering to provide education on ADRs.</p> <p>3.42 MI services will establish a policy for following-up adverse effect enquiries for completion of a yellow card where appropriate.</p> <p>3.43 UKMIPG will establish a formal link with the CSM. This will be achieved through the three of the four Regional Monitoring Centres (RMCs) which have a strong MI input.</p> <p>3.44 MI services will encourage and participate in a local policy for pharmacists reporting ADRs.</p>

3g. Practice Research

<i>Background</i>	<p>MIS, like most areas of pharmacy practice, have not been very active in providing research-based evidence on the needs for, impact and value of the services provided. It is recognised that there are many barriers to undertaking formal practice research, including time and financial support. However, research into aspects of medicines information services, where it had been undertaken, has often been of high quality and has enabled developments in the provision of the overall service. It is also recognised that there is a significant amount of work undertaken within medicines information to validate new developments and to assess the value and quality of the service to its users. However, most of this work is not published, peer reviewed, or even shared with other</p>
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parts of the service. MIS have a unique forum for MI-related practice research through the annual National Medicines Information Conference. They also have the publishing and communication infrastructure, e.g. Pharm-line and the UK MI Network, to promulgate the outputs and outcomes of such research .

MIS, through routine enquiry answering, are also supporting practice research in other areas and by other disciplines and professions on an ongoing basis. Also, the routine gathering and evaluation of evidence for routine MI activities places the services in an ideal position to identify where there are gaps in pharmaceutical or clinical evidence, which could be the focus of future research initiatives.

Strategy

- Encourage practice research in medicines information related areas at all levels of service provision
- Advise on pharmaceutical and clinical evidence gaps for further NHS or commercial R&D consideration.

Action

UKMIPG will:

- 3.45 Provide an annual forum at the National Medicines Information Conference for the presentation of medicines information and related practice research through oral and poster presentations.
- 3.46 Establish a national register of practice research initiatives and projects related to medicines information.
- 3.47 Encourage peer reviewed publication of medicines information practice research.
- 3.48 Strive to establish Pharm-line as the primary bibliographic source of pharmacy practice research in both primary and secondary care (*see also 5.12.2*)

MIS will:

- 3.49 Submit MI practice research outcomes for dissemination through Pharm-line MI files, in addition to any other publication outputs.

4. ORGANISATION & MANAGEMENT

4a. Name of Service

<i>Background</i>	<p>'Drug Information' has been the principal adopted name of the specialty since its inception over 30 years ago. It is a title which is in routine use, commonly prefixing concepts such as 'Service', 'Centre', and 'Pharmacist'. In recent years there have been a few examples of information services in other areas of health care, especially drug misuse/abuse, where similar names have caused some confusion. Also, in the context of the general public, the term 'drug' is invariably interpreted as being associated with 'drug abuse', whereas the term 'medicine' is more normally associated with therapeutic agents, whether prescribed or over-the-counter. Widespread consultation has indicated that a change of name of the service to 'Medicines Information' would be timely, appropriate and in line with other concepts, including Medicines Management. There is no apparent drawback or resistance to a name change as long as there is a interim period to allow for promotion of the change to users and to change existing printing material, including letterheads etc.</p>
<i>Strategy</i>	<ul style="list-style-type: none"> • The speciality will adopt a corporate descriptive name which identifies it most accurately and meaningfully to its users, taking into account its history and the potential perceptions of different user groups. • The corporate description will be applied to all aspects of the service, including its practitioners, locations, outputs etc.
<i>Action</i>	<p>4.1 'Medicines Information' will be used as the descriptor for the overall service and for services aimed at health professionals in both primary and secondary care.</p> <p>4.2 'Medicines Information' will also be promoted as the descriptor for services aimed at a lay audience, e.g. Medicines Helpline, public websites etc.</p> <p>4.3 The name change will be widely promoted and used from the time launch of the Strategy, with the old terminology 'Drug Information' phased out by the end of 2000.</p>

4b. Availability

<i>Background</i>	<p>Traditionally, hospital-based MI services have operated within the "normal" working hours of the pharmacy department, which is usually between 8.30am and 5.30pm Monday to Friday. Some centres are open into the evening or Saturday mornings, but these are in the minority. (NB. Arrangements for Poisons Information Services are different).</p> <p>Requests for medicines information outside these opening times are usually dealt with by the on-call pharmacist. They will attempt to answer urgent enquiries but are likely to refer non-urgent enquiries to the MI centre the next morning.</p> <p>Potential drivers for change to the "normal" opening hours for routine enquiry answering are:</p> <ul style="list-style-type: none"> ➤ NHS Direct at regional MI centres
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- Primary Care Groups
- Clinical Governance initiatives
- Changing patterns of health care
- Nurse prescribing under protocol out-of-hours

Regional MI services providing enquiry answering support to NHS Direct sites, may be expected to provide 24 hour support. Once this initiative has been rolled out nationally and data around the need and nature of medicines information support is available, the service will be in a better position to gear itself up to achieve this.

General Practitioners, Community Pharmacists and other primary care health workers may expect a MI service to be available during their "normal" working hours. This would include early evening and Saturdays, although some might expect this to be extended further. Extended hours of service could be incorporated into service level agreements with PCG/Ts. Trusts may want a more comprehensive range of pharmacy services to be available round the clock as part of clinical governance strategies. It may be deemed unacceptable for hospital staff not to have access to the same quality of service out of hours as during the working day.

Patterns in health care provision are gradually changing and there is impetus from the new initiatives in the NHS to provide health care at the convenience of the public, rather than the workforce.

The overall views of both users and providers of the service were in favour of keeping hours of service the same, i.e. 8.30am to 5.30pm Monday to Friday, particularly for local MI services, and that on-call pharmacists should be able to adequately deal with queries out of hours.

Strategy

- All MI services will be provided during normal office hours.
- Arrangements will be reviewed as new initiatives develop and expand

Action

All MI pharmacists will:

- 4.4 Continue to operate MI services primarily within "normal" working hours.
- 4.5 Play a major role in ensuring that all pharmacists with on-call commitments are trained to competently deal with enquiries in terms of use of resources and documentation.
- 4.6 Review the need to extend opening hours according to the needs of users. It is best that these are negotiated locally as services should be appropriately funded.

UKMIPG will :

- 4.7 Consider the need and means of providing 24 hour MI support to NHS Direct, in liaison with the Pharmacy Support Network for NHS Direct.
- 4.8 Explore alternative means of out of hours delivery of services.

4c. Location

<i>Background</i>	<p>The majority of MI centres, especially at local level, are located within pharmacy departments. Potential drivers to change are to ensure that MI centres are best placed to serve their core users.</p> <p>The results of the Strategy Survey showed that most MI pharmacists want local MI services to be situated within the pharmacy department. Service providers favoured either a pharmacy or library base for regional MI services.</p>
<i>Strategy</i>	<ul style="list-style-type: none"> • The location of MI services will take into account ease of access • The location of MI services will take into account accessibility to resources for users • The location of MI services should not clinically or professionally isolate the MI workforce.
<i>Action</i>	<p>All MI pharmacists will:</p> <p>4.9 Review the location of their service in relation to local circumstances and needs.</p> <p>4.10 Ensure that IT is utilised optimally so that location is not critical.</p>

4d. Organisation

<i>Background</i>	<p>In the UK, MI services operate as a co-ordinated national network. Services are organised at local, regional and national levels (UKMIPG). Principle functions are outlined in section 3a.</p> <p>This organisation has served the NHS well, giving easy access to a national network of information centres with minimum duplication of effort. However, several developments have meant that the MI service is having difficulty meeting the demands placed on it. These include:</p> <ul style="list-style-type: none"> • a shortage of pharmacists • competition for MI pharmacists from PCGs and other organisations • an increased demand for independent evaluation from PCGs, HAs, NHS Direct, and NPC • new demands for information related to clinical governance and risk management <p>Services from some local MI centres are hampered by lack of staff and by redeployment of MI pharmacists to cover other pharmacy activities, such as dispensary and ward/clinical services. The national level of MI services, through UKMIPG, has been seriously threatened by the loss of regional centres and their accompanying resources (finance, expertise and manpower). Additionally, regional centres have experienced a significant increase in service demands at both regional and national levels and suffered from problems similar to those outlined above for local services. These developments have placed further strains on service delivery.</p>
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Strategy

- Ensure that the national network of MI services is maintained
- Ensure that local MI services are adequately resourced and staffed for all normal working hours
- Ensure that regional MI services provide a comprehensive range of services according to customer demand
- Ensure that national MI services are adequately financed and resourced.

Action

UKMIPG will

- 4.11 Strongly encourage every hospital pharmacy to have a person with designated responsibility for medicines information.
- 4.12 Investigate the optimum size and organisation of local centres according to local needs and, if appropriate, develop alternative models.
- 4.13 Use best endeavours to ensure that there are sufficient regional services and staff to adequately contribute to national strategic and operational activities.
- 4.14 Pursue alternative means to fund increasing demands on the service at local, regional and national levels (*see section 4e*).
- 4.15 Supplement national operational activities by better use of local MI pharmacists (*see section 5a*)

4e. Management and Funding

Background

Management and accountability

The management of local MI services is normally invested in a MI Manager, the grades of whom vary. There is also considerable variation in the line of accountability, varying from NHS trust Senior Pharmacy Manager (SPM) to clinical services or dispensary managers. Although medicines information can be seen as a clinical support to clinical services, its central role requires a consistent approach to its line management at the most appropriate and effective level. These should also take into account the developing interfaces between MI services and the public and primary care.

Regional MI pharmacists are managed variously through Regional Pharmaceutical Advisers, steering and management groups and local SPMs. These different arrangements have the potential to lead to anomalies in priority setting and commitment to national activities.

UKMIPG has developed by evolution of the original MIPG/MISC (Medicines Information Subcommittee to the former Regional Pharmaceutical Officers Committee) which was constituted of regional representatives from NHS regions. Since the abolition of Regional Health Authorities (RHAs), to whose officers it was originally accountable, UKMIPG has been autonomous whilst retaining AN informal link to Regional Pharmaceutical Advisers and Pharmnet.

Funding

Funding of local MI services is predominantly through NHS Trusts within pharmacy services. A small number of local services have secured funds from Health Authorities and PCGs or from the private sector for service provision.

Funding of regional MI services varies, including through Has, NHS trusts or consortia arrangements. There is no central funding for national activities which are resourced through individual regional services.

Strategy

- Management, accountability and funding will be appropriate to the nature and level of service to ensure its efficient and effective provision.
- MI services will clear accountability..

Action

- 4.16 Annual reports at all levels of service provision, service development and strategy implementation will be encouraged.
- 4.17 UKMIPG will develop, in liaison with senior pharmacy managers, guidelines for appropriate grading and management MI staff.
- 4.18 Regional MI services will develop appropriate lines of communication with their main user groups and funding bodies.
- 4.19 UKMIPG subgroups and working parties will be accountable to UKMIPG who will set annual objectives and receive regular written reports..
- 4.20 Funding of local centres will be reviewed as part of the formal review/audit procedure (*see section 5d*) in conjunction with the appropriate SPM.
- 4.21 UKMIPG will strive to identify and secure central, or other, funding for appropriate national developments. As an interim, UKMIPG member regions will contribute to a fund for pump-priming national developments.

5. INFRASTRUCTURE

5a. Communication within Medicines Information

Background

Communication between UKMIPG and local centres

The principal means of formal communication between UKMIPG and local MI pharmacists include:

- Distribution of UKMIPG meeting minutes
- Discussion of UKMIPG business at local MI meetings
- UKMIPG Manual
- Annual MI Conference

The survey and 'Management of Change' groups indicated that its members value the medicines information network. MI pharmacists are proud of the results of national co-operation including the new product reviews, Pharm-line, the UK Medicines Information Manual, and the training and QA programmes. There is, however, a general perception that the ethos, current thinking and strategy of UKMIPG are not always well communicated to local MI pharmacists.

Local MI pharmacists currently have limited opportunities to get involved directly in national activities. Many consider that they have little influence on national discussion and strategy, although this varies between regions.

Communication between local centres

Communication between local MI pharmacists takes place principally:

- Via the DI-UK e-mail discussion group
- At regional MI meetings
- At annual MI conference
- At MI training courses

Strategy

- Improve and maximise communication and ensure consistency throughout the MI network.
- Increase the wider use of electronic communication.

Action

UKMIPG will:

- 5.1 Involve local MI pharmacists in national activities.
- 5.2 Establish a procedure to request items for the UKMIPG agenda from all MI pharmacists.
- 5.3 Encourage discussion of topics raised at UKMIPG and sub-group meetings by reviewing them on the DI-UK mailbase.
- 5.4 Use the UKMI website for posting, in a password protect area, minutes of UKMIPG and working group meetings, conference abstracts, and the annual "State of the Union" address.

- 5.5 Explore the feasibility of a national electronic-based newsletter.
- 5.6 Increase training opportunities for experienced MI pharmacists to enable a greater degree of interaction.
- 5.7 Explore the feasibility of alternatives to meetings, e.g. teleconferencing.
- 5.8 Extend the annual 'State of Union' session at the MI Conference to encourage a forum for discussion and feedback on developing and implementing national MI strategy and activities. The 'State of Union' address, together with any subsequent discussion outcomes, will be widely published (UKMI Website and Pharmaceutical Journal). (*see also section 3a*)

MI services will:

- 5.9 Increase the use of electronic communication facilities.
- 5.10 Review the progress of the strategy plan on an annual basis.
- 5.11 All local centres must have dedicated e-mail facilities (*see section 5b*).

5b. Information Technology

Background

The spread of electronic media, and particularly the Internet, during the 1990s has broken down many of the barriers - geography, time, cost, professional qualification, organisational membership - which previously restricted access to specialised information resources. The publicity given to the Internet has dramatically raised the expectations of the customers of medicines information - including health professionals, managers, patients and the general public. However, when they seek information on a particular topic, they are faced with an 'information overload', and before the information can become a guide to action, it must be evaluated and rejected if unreliable. These are tasks which call for informed, professional judgement.

The NHS information strategy "Information for Health" focuses on using information to make services more responsive to patient needs. Key developments include the National Electronic Library for Health (NeLH), improving access to information by patients and the public using NHS Direct and on-line services, and support for information services to GPs and Primary Care Groups.

This implies that MI pharmacists' emphasis will switch from passive response to enquiries to actively seeking and managing information. In this context, MI pharmacists' knowledge and experience enables them to become key players in converting data to information and information to knowledge. Further training will enable them to convert this potential to reality.

With the support of appropriate information management tools, MI pharmacists can create an environment in which drug use is targeted more effectively and cost-effectively than could be achieved merely by applying universal evidence-based guidelines.

Information management and technology is advancing at an increasingly rapid pace. Examples of the developing use of IT by MI services include the migration of Pharm-line to CD-ROM and the NHSnet, establishment of a national MI website and a national e-mail discussion group (DI-UK). It is impossible to foresee precisely which developments will be most crucial to MI over the next few years. However, MI pharmacists will certainly need to have full access to a national communications

infrastructure and must ensure that IT policies at all levels take this into account.

Strategy

- Medicines information pharmacists will take advantage of developments in information management and technology to:
 - ensure that regional and local MI centres meet the minimum specification for IT resources and skills
 - be influential in the development of electronic prescribing and decision support systems
 - supply targeted, evaluated information on drugs to decision makers at the point of decision, whether clinical or managerial
 - adopt electronic methods as the primary method of distributing information
 - ensure that the expertise of medicines information pharmacists is used as efficiently as possible
 - develop efficient information management systems
 - eliminate duplication of effort.
 - improve communication between MI pharmacists.
 - use Pharm-line as the MI database for national material and focus it towards acting as a means for meeting needs not being met by other systems.

Action

UKMIPG, through its IT Task Group and the Pharm-line Management Board, will support the following projects which will to be important building blocks for future MI systems.

5.12 Pharm-line database

5.12.1 Move towards Web or other direct electronic access, with frequent updating

5.12.2 Priorities for development are:

- i) fast-track indexing and availability of key sources to avoid the need for maintaining local indexes
- ii) expanded coverage of pharmacy practice literature, especially from 'grey literature' in the UK and Europe
- iii) links from Pharm-line records to provide full text of papers from Web or other sources
- iv) UKMIPG will strive to establish Pharm-line as the primary bibliographic source of pharmacy practice research in. both primary and secondary care.

5.13 UKMI web site - Development priorities are:

5.13.1 Further development as a signpost to key information resources for MI in the UK

5.13.2 Implementation of a password-protected area for UKMIPG and working group minutes, conference abstracts and annual reports, and will decide on priority for inputs.

5.13.3 Investigation of the feasibility of adding a current news feed.

- 5.13.4 Exploration of the use of e-mail alert systems to enable new information to be located in this way and directed to end users in accordance with their interests without human intervention.
- 5.13.5 Use of the NHSnet and/or the public Internet as the primary location(s) for MI resources.
- 5.14 **National MI files**
All bulletins, new product information and other appropriate materials from MI services centres will be included in the Pharm-line MI Files database, with linked full text.
- 5.15 **National Frequently Asked Questions (FAQ) database**
Will initially form part of the Pharm-line MI Files database. FAQs will be written by MI services, particularly specialist centres
- 5.16 **NeLH**
UKMIPG will seek to influence the medicines-related aspects of NeLH to ensure that Pharmline and other medicines information-related databases are accessible.
- 5.17 **E-mail**
- 5.17.1 All local centres must have dedicated e-mail facilities and skills to meet the requirements of modern electronic communications .
- 5.17.2 Will be used for communication within MI, for distributing alerts, avoiding duplication, exchanging information and sharing best practice.
- 5.18 **Resources**
- 5.18.1 UKMIPG will incorporate minimum requirements in the MI Quality Assurance programme.
- 5.18.2 Central funding from NHS or other sources will be sought for national information management projects, including Pharm-line and the UKMIPG website.
- 5.18.3 Explore a national IT support resource for regional and local services.
- 5.19 **IT support**
- 5.19.1 IT support and advice will be provided at regional level, driven by the national strategy.
- 5.19.2 The UKMIPG IT Task Group will continue to act as a forum for regions to exchange their experience in this field.
- 5.19.3 UKMIPG will monitor provision of IT communications infrastructure locally and nationally to ensure that it meets the needs of the service.
- 5.20 **Training**
UKMIPG will regularly identify training needs and to organise training for MI pharmacists in aspects of IT specific to medicines information and not easily or economically available from other sources.

5c. Manpower

Background

Traditionally, MI Centres have been staffed by pharmacists with clerical and secretarial support. In recent years, a small number of centres have employed pharmacy technicians, pharmacy assistants, life science graduates and IT experts. In common with other sectors of hospital pharmacy, Medicines Information currently faces problems in recruitment and retention of staff. A survey conducted by UKMIPG in autumn 1998 showed no significant overall fall in the number of pharmacist wtes in the MI network. However, a decrease of time available for MI work was noted in a substantial proportion of cases. Even where nominal staffing is maintained, many centres report loss of time devoted to MI activities. Difficulties in recruitment of MI pharmacists, even at senior grades of “E” and above, have been apparent for some years. The increasing number of advertisements for pharmaceutical Advisers for PCG/Ts will create additional pressures since MI pharmacists may move to such posts.

Strategy

- Promote the need for MI services to have adequate manpower resources to deliver a high quality service capable of responding to changing demands.
- Develop skill mix models to allow flexibility in service delivery taking into account different local circumstances whilst maintaining national standards of service.
- Promote, in conjunction with other specialist pharmaceutical services, the need for an appropriate career structure. This should recognise the level of professional expertise within the service.

Action

UKMIPG will :

- 5.21 Establish a working group to review skill-mix in MI services and make recommendations on roles and opportunities for non-MI pharmacists.
- 5.22 Working group to consider suggestions from national MI survey to improve recruitment and retention issues and make recommendations.
- 5.23 UKMIPG/Working Groups to liaise with other bodies active in this area to identify common concerns e.g. career structure, payscale.
- 5.24 Undertake regular national surveys on manpower and recruitment to inform the planning process for MI and pharmacy services.
- 5.25 Develop a framework for career progression and succession planning to ensure the continuity of a high quality service.

5d. Clinical Governance

Background

MI Services in the UK have considered as paramount the assessment of the quality of their services. A quality assurance programme for enquiry answering was produced by the UKMIPG QA Working Group in 1990 for implementation throughout the service. This has been subsequently revised and additional programmes developed for active information and education and training. The advent of clinical governance makes the issue of quality assurance even more important.

Clinical governance consists of four main components, which are as follows:-

- i) clear lines of responsibility and accountability for the overall quality of clinical care.
- ii) a comprehensive programme of quality improvement activities, including clinical audit, continuing professional development, clinical guidelines/evidence-based practice, research and development, and effective monitoring of clinical care.
- iii) clear policies aimed at managing risks.
- iv) procedures for all professional group to identify and remedy poor performance

UKMIPG will provide direction for MI services on addressing clinical governance issues both internally, and externally with other health care staff with regard to enquiry answering, formularies or general medicines management issues. When addressing the wider issues of clinical governance medicines information will support general pharmaceutical services and feed into the overall structure either via the hospital trust chief pharmacist or the local clinical governance lead.

Risk Management is a priority issue within the NHS. The practice of clinical medicine is seen as a high risk activity. Since the NHS and professionals working within it have a duty of care to patients, service providers are devising risk management programmes. UKMIPG recommends that MI services should develop such a plan and has produced standards to enable them to do so.

The existing standards and quality assurance package meets overall requirements but would benefit from constant updating and revision.

Strategy

- Ensure that the quality assurance package will evolve to meet the changing needs of the MI service and the clinical governance agenda
- Promote development risk management plans for MI services which reflect the clinical governance agenda.

Action

The following actions points are currety being reviewed by the UKMIPG QA Group

- 5.26 *UKMIPG, through its Quality Assurance Working Group, will provide a core outline risk management plan suitable for local adaptation and implementation.*
- 5.27 *A self-audit package for enquiry answering in MI*
- 5.28 *Future revision of standards will consider :- Centres will be developed as a supplement to the existing national programme.*
 - *extension to non-pharmacist staff working in MI*

- *process and quality in addition to output*
 - *minimum IT specification for MI centres*
 - *development of peer review as a tool for quality assurance of MI services*
- 5.29 *Standards for training will be further developed to incorporate continuous professional development, further qualifications and clinical governance.*
- 5.30 *UKMIPG will provide direction for MI services on addressing issues raised by clinical governance. A revision of the current UKMIPG Quality Assurance Programme is required to reflect this guidance. MI services also have a role in ensuring that other health care staff answering drug related enquiries also adhere to standards of good practice.*
- 5.31 *Central collation of anonymised assessment results from the QA programme will be fed back to individual local MI services.*
- 5.32 *An accreditation system for MI services will be investigated and implemented as appropriate.*

5e. Marketing and Promotion

Background

The MI Service has developed over the last 30 years as a pharmacy speciality which reflects the changes in the NHS and incorporates all the principles of clinical governance. However, it suffers from incomplete recognition by some of those that would most benefit from it, and even existing users may not be aware of all its activities.

In the past the good reputation of the service has been its main advertisement, although some forms of promotion (e.g. labels on BNFs, leaflets, helpline cards and posters, and the UKMIPG web site) have been used.

Local MI services have, in the main, been reluctant to advertise their service too widely outside the hospital, for fear of not being able to cope with a significantly increased workload without additional resources. Apart from the UKMIPG web site, there is little national promotion of MI services outside the profession.

The Strategy Survey showed much enthusiasm for promoting MI services locally and nationally. Most respondents favoured developing a core package of promotional material that could be adapted locally.

Strategy

- Increase the awareness, profile and status of MI services across the UK.

Action

- 5.33 UKMIPG will form a Publicity Group which will include MI Pharmacists from local and regional centres and which will:
- 5.33.1 Identify existing and new customers and products/activities of the MI service
 - 5.33.2 Seek examples of promotional material already in existence
 - 5.33.3 Consider all suitable means of promotion e.g. Internet, media, video, NHSnet.
 - 5.33.4 Design and commission the production of a core package of promotional material capable of local adaptation, and seek sources of funding.
 - 5.33.5 Design and commission the production of a package for use at external national and international events which promotes MI services in the UK.
- 5.34 Encourage UKMIPG Subgroups and MI pharmacists to publish details of work.

5f. Education and Training

Background

a. Training for MI pharmacists

Level 1 training - Training in basic MI skills for all newly appointed MI pharmacists is provided on a national basis through the National MI Training Course. The duration of this training course is 2-3 days. There is a desire that the course should be extended to accommodate additional topics, such as ethics, and to satisfy the increased need for training in IT skills. However, the survey identified 3 days to be the optimum course length.

Level 2 training - Nationally, advanced training for experienced MI pharmacists is conducted on an ad-hoc basis. Most is done at a regional level and varies in content, standard and frequency. The Management of Change course identified a wish for greater interaction between, and more training courses for, experienced MI pharmacists. The survey highlighted a perceived need for advanced training in the following topics: managing a MI unit, training skills, IT, audit and risk management.

Level 3 training - City University runs a diploma in “Pharmaceutical Information Management”. This is designed principally for medical information officers from the pharmaceutical industry, but has benefited several MI pharmacists.

Most training is currently run by course or study day attendance but other methods of delivery must be developed to satisfy the scope of training needs identified. All MI pharmacists must actively participate in continuing professional development

b. Training in MI skills for non-MI pharmacists -

Pre-registration Pharmacists are trained principally by local MI pharmacists using the training package provided in the UKMIPG Medicines Information Manual.

Other pharmacists and health care professionals - The majority view from survey was that the National MI training course should be aimed at MI pharmacists only. However, there was a general acknowledgement that other pharmacists (including directorate, clinical and practice pharmacists) and other health care professionals should be given training in basic MI skills. However, many clinical pharmacy programmes include medicines information in their syllabus. This training should be undertaken at a local or regional level. The growing number of pharmacists providing prescribing advice in primary care may bring additional demands.

Strategy

- Review the provision, frequency and content of level 1 training
- Develop national level 2 training with the aim of establishing a modular programme with a recognised postgraduate qualification.
- Develop core programmes for the training of other health care professionals in MI skills.
- Continue to develop training at all levels in response to changes in the NHS and professional practice.

Action

UKMIPG, through its Education and Training Group, will:

- 5.35 Accredite all national MI training courses with the College of Pharmacy Practice.
- 5.36 Set up a working party to review training material including the training section of the UKMIPG Medicines Information Manual. The section in the manual intended for Pre-registration pharmacists training will be updated to take into account the new competencies required by the RPSGB from year 2001.
- 5.37 Review level 1 training. Identify those elements that can be taught other than by attendance, and include additional elements that require workshop/discussion format. Review content and delivery of the National MI Training Course.
- 5.38 Identify, evaluate and recommend existing useful training courses and teaching material of value to experienced MI pharmacists.
- 5.39 Develop a national programme of level 2 training courses. Involve outside expertise in the provision of this training and investigate whether materials from existing courses can be used.
- 5.40 Develop this programme into an assessed modular course leading to a diploma or certificate in medicines information.
- 5.41 Canvass providers of relevant postgraduate courses to identify medicines information content and offer advice on their format and content to meet the requirements of pharmacists specialising in medicines information.
- 5.42 Set standards for CPD, training and further qualifications that will be incorporated into the quality assurance programme.

MI services will

- 5.43 Participate in the review, provision and uptake of training at all levels.
- 5.44 Ensure that the CPD needs of MI pharmacists are reflected in the programme of the MI conference.
- 5.45 Adapt existing core packages for training MI skills for non-MI pharmacists, pharmacy technicians and other healthcare professional.

6. EXTERNAL LINKS

These links are in addition to those detailed in other parts of the strategy.

6a. Department of Health

Development of links with organisations and bodies within or related to the Department of Health or the broader NHS are considered crucial to MI services achieving an appropriate profile and status. These links have been described elsewhere in this strategy:

- CSM (*section 5f*)
- DECs/InterDEC
- NeLH (*section 3e,5b*)
- NHSC (*section 3c*)
- NHS Direct (*section 3d,3e*)
- NICE/CHI (*section 3a*)
- NPC (*section 3a,3c*)
- PCG/Ts (*section 3d*)
- Regional Prescribing leads/PharmNet

6b. Pharmaceutical Industry

Background

NHS MI services and the Pharmaceutical Industry (PI) have long-standing links which work to the advantage of both parties. The PI acts as a primary source of information to MI services, both in terms of proactive information (SPCs, product monographs, promotional literature, clinical trials and reviews, etc) and reactive information (responses to telephone enquiries from MI services, normally on patient specific/drug specific issues). The PI points of contact are routinely through medical information departments, sales representatives, NHS liaison representatives etc.

The PI is also increasingly seen as a partner in educational activities, providing both expertise and financial support for training courses, conferences etc. There are also some more substantial links for supporting service developments, especially national specialist advisory services.

The role of NHS MI services in providing key support to NHS prescribing policy and decision making in the NHS has been recognised by the PI, who increasingly provide an appropriate level of information support rather than the more traditional 'commercial/promotional' activities. The PI also recognises and largely respects the 'impartiality' imperative of MI services

A greater understanding of the 'business' objectives of both sides is essential to foster the co-operative and collaborative 'partnership' approach to information support which will enable both sides to function effectively within their own respective environments. Future medicines information strategy will serve to enhance and strengthen these links.

Strategy

- Promote close working relationships with the PI at all levels.
- Advise the PI, at both a local and national level, of the information needs of the service to ensure appropriate and effective information support to the NHS.
- Guarantee the independence of MI services from the PI in any of the links that it establishes at any level of service provision/development in order to maintain its ethos of impartiality and image to its users, and hence maintain its credibility.

Action

- 6.1 UKMIPG will encourage and support the development of electronic forms of information from the PI.
- 6.2 UKMIPG will develop greater links with the PI in respect of inputting into industry training schemes for local, regional and national representatives and officers, especially in areas relating to information provision to the NHS.
- 6.3 UKMIPG will, through its 'New Product Working Party', continue to develop collaboration, and open appropriate channels of communication, with the PI for issues relating to new and forthcoming drugs and subsequent pre- and post-marketing information.
- 6.4 UKMIPG will, through its 'Pharmaceutical Industry Liaison Group', forge stronger links with ABPI and AIOPI and will act as a channel for communication between MI services and the PI for issues which need to be addressed, from either side, at a national/central level.
- 6.5 MI services will, both locally and through UKMIPG, continue to develop links/partnerships with the PI in relation to educational activities.

6c. Librarians

Background

Historically library services in the NHS have developed separately from MI services. Locally, regionally and nationally there has been informal collaboration but there have not been any formal links. The development of electronic journals, and the easy accessibility of all healthcare professionals to online searching facilities are two of the many factors which have changed the traditional role of the librarians.

The publication of a Health Service Guideline [HSG(97)47] on Library and Information Services reflected these changes and focused on the opportunities for future developments. A review of skillmix and appropriate utilisation of skills is also timely.

Strategy

- Strengthen liaison between MI services and Library and Information Services to ensure appropriate utilisation of resources and skills.

Action

- 6.6 UKMIPG will re-establish a formal liaison with librarians at a national level through DoH and the Regional Librarians Group.
- 6.7 MI services will establish formal links with and Library and Information Services

at the same level.

- 6.8 MI services will investigate joint education and training initiatives between librarians and Medicines Information .
- 6.9 MI services will continue to develop and improve opportunities to reduce duplication, e.g. in journal holdings.
- 6.10 MI services (local) and Library and Information Services will explore appropriate referral of enquiries between their services.
- 6.11 UKMIPG will play a full part in the implementation and subsequent development of the NeLH

GLOSSARY

The following are used without explanation or definition in the preceding sections

ABPI	Association of the British Pharmaceutical Industry
ADR	Adverse drug reaction
AIOPI	Association of Information Officers in the Pharmaceutical Industry
CAL	Computer assisted learning
CHI	Centre for Health Improvement
CPD	Continuing professional development
CPPE	Centre for Pharmacy Postgraduate Education
D&TC	Drug and Therapeutics Committee
MI	Medicines information
FAQ	Frequently asked questions
HA	Health Authority
IT	Information technology
LPC	Local Pharmaceutical Committee
NeLH	National Electronic Library for Health
NHS	National Health Service
NHSC	National Horizon Scanning Centre
NICE	National Institute for Clinical Excellence
PCG/T	Primary Care Group/Trust (<i>England only</i>) <i>Wales = LHG (Local Health Group)</i> <i>Scotland = LHCC (Local Health Care Cooperatives)</i> <i>Northern Ireland = PCG (Primary Care Group)</i>
RMIS	Regional Medicines Information Service
SPC	Summary of Product Characteristics
UK	United Kingdom
UKMIPG	United Kingdom Medicines Information Pharmacists' Group