UK Medicines Information
PRACTICE DEVELOPMENT
SEMINAR 2010

Programme
and
Conference Proceedings

36th UKMi Practice Development Seminar
University of Warwick, 23rd – 24th September

Contents – Conference Proceedings

Opening session

Welcome to Warwick

David Erskine, *UKMi Executive Chairperson and Director of London & South East Medicines Information Service.*

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Annual report of UKMI

David Erskine, *UKMi Executive Chairperson and Director of London & South East Medicines Information Service.*

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Abstract

UKMI annual update

A report of the activities and developments of the UK Medicines Information network (UKMI) during 2009/10.

Plenary session 1 – Use of Evidence for Medicines Management

Chair: David Erskine, *UKMi Executive Chairperson and Director of London & South East Medicines Information Service.*

NHS Evidence and the National electronic Library for Medicines

Mark Salmon, *Programme Director, NHS Evidence*

Mark Salmon is Programme Director, Engagement and Management, NHS Evidence. He is responsible for the delivery of NHS Evidence's strategic communications and stakeholder engagement programme. Previous to this, Mark was Corporate Director at the National Institute for Health and Clinical Excellence.

Abstract

An overview of the rationale and the progress for integrating NeLM into NHS Evidence, due to be completed by March 2011 and an explanation of how key features of NeLM are planning to be integrated within NHS Evidence and some of the challenges that have been identified.

The Cochrane Library

***Toby Lasserson**, Senior Editor at the Cochrane Editorial Unit*

Toby Lasserson is a Senior Editor at the Cochrane Editorial Unit, which is the office of the Editor in Chief of The Cochrane Library. He has worked for The Cochrane Collaboration since 1999 and has taught on Cochrane methodology workshops and other systematic review courses. He is an author on several Cochrane reviews and since July 2010 has been an editor with the Cochrane Airways Group. He recently completed a MSc in Evidence for Public Policy and Practice at the EPPI-Centre

Abstract

The presentation will focus on systematic review methods and the importance of communicating findings of reviews to different audiences. Drawing on recent changes to *The Cochrane Library* the presentation will also highlight priorities for further development.

Local Decision Making for Medicines & Treatments in the NHS

Richard Lee, *Senior Commissioning Pharmacist – New Medicines*

C/o NHS Blackburn with Darwen & NHS East Lancashire

As a UK qualified pharmacist for almost 10 years I currently work as the central specialist coordinating new medicines (pre-NICE) work for East Lancashire Health Economy – comprising of two PCTs and in conjunction with one hospital Trust. The role involves managing the processes for local decision making at policy level around medicines, but also providing advice for any individual requests for the funding of medicines to the PCTs panels.

As a partial secondment I currently provide medicine management advice into the NW SHA Specialised Commissioning Team working with colleagues coordinating the commissioning of pre-NICE cancer drugs across the three cancer networks. I am also seconded to provide additional specialist medicines management advice to the Cumbria & Lancashire PCTs Collaborative Business Unit, commissioning services for non-rare cancers, AMD services, and other specialist areas.

My previous role in UKMi has enabled me to continue to input into the UKMi processes around Horizon Scanning, identifying major new drugs coming through development and helping shape the work programme for reviewing these medicines. I also sat as an advisor on the Department of Health's Guiding Principles for Local Decision Making which was produced in January 2009, advising PCTs on best practice around local decision making for medicines. In addition, I sat on the expert group overseeing the production and content of the National Prescribing Centre's Handbook on Local Decision Making which was commissioned by the DH, and recently endorsed by Lord Darzi & the NHS Chief Executive to PCTs to facilitate good decision making and share best practice.

Abstract/Objectives

There is an ever increasing move to local decision making, but little tolerance by the wider public for a 'postcode lottery' when it comes to decisions about medicines and treatments. These are not necessarily incompatible, and in this presentation I hope to explore the legal and ethical framework for local decision making, and how decision makers aspire to balance the needs of their wider population with those of an individual.

As the NHS operates with fixed budgets and unmet healthcare need, prioritisation of medicines against other competing investments is required which takes into account the clinical and cost effectiveness whilst also linking this to the opportunity costs and/or affordability. In contrast, the introduction of new medicines in an ad hoc basis through the mechanism of individual case funding risks inequity, since the treatment will not be offered openly and equally to all with equal clinical need. There is also the risk that diversion of resources in this way will destabilise other areas of health care which have been identified as priorities.

By exploring and understanding the concept of exceptionality, and the different types of individual funding requests, those advising individual case panels and prescribing/priorities committees can ensure that the information and advice they provide is relevant both in terms of content and also context.

Plenary session 2 – MI Research in Action

Chair: Dr. Simon Wills, *Head of Wessex Drug & Medicines Information Centre*

Simon is fortunate enough to chair the UKMi R&D Working Group, which is a very talented and enthusiastic team of local and regional MI pharmacists. Thanks to their determination, a number of key priorities from the UKMi National Research Strategy are being addressed and the plans for some of these will be presented at this Seminar.

Simon runs the Wessex Drug & Medicines Information Centre at Southampton. A team which leads the development of the UKMi Training Workbook, MiDatabank, the Medicines Q&As on NeLM, and working with the NPC, amongst other initiatives.

Impact of MI on patient outcomes project

Alison Innes, *London Medicines Information Service*

Since April 2007 Alison has been on secondment to The School of Pharmacy, University of London acting as the Course Coordinator for the Postgraduate Diploma in Pharmacy Practice and MSc in Pharmacy Practice (Advanced Pharmacy Practice fast-track). Since the beginning of 2010 she has also taken on the role of Lead for Assessment for the Postgraduate Diploma in General Pharmacy Practice. She has worked at the London regional MI centre based at Northwick Park Hospital since 1994, currently as regional MI Research Lead, and is keen to encourage and support research in this area. She recently completed an MSc project investigating the impact of MI enquiry answering services on patient care and outcomes and is leading on a national roll-out of this project.

Abstract/objectives

The paucity of robust research into the impact of Medicines Information (MI) enquiry answering services on patient care and outcomes has been recognised and research in this area is highlighted as a priority in UKMi's Research Strategy. A service evaluation project to evaluate the impact of MI on patient care and outcomes was successfully undertaken by the UKMi London & South East and London (Northwick Park) regions in 2009. UKMi has undertaken to support a national project based on the methodology developed in that study.

This presentation will explore why this project has been undertaken, the aims of the project, what the findings have been so far and how the project is being taken forward nationally.

Introducing a new method of Medicines Information training

***Celia Villalba-Mendez**, Medicines Information and Paediatrics. Barts and The London NHS Trust*

Currently band 8A pharmacist- Medicines Information and Paediatrics. Barts and The London NHS Trust
Rotational pharmacist at Barts and The London NHS Trust, Ealing Hospital NHS trust and Moorfields Eye Hospital

Worked in Italy in the industry sector and as a community pharmacist in Spain
Masters Degree in Pharmacy (Spain) and General Diploma in Pharmacy Practice (London)

Abstract/Objectives

The Head of Medicines Information (MI) at Barts and The London NHS Trust has implemented a new method of Medicines Information training for band 6 pharmacists. With the new method of MI training, band 6 pharmacists not longer undertake a specific MI rotation, instead they receive training throughout their clinical rotations. This includes providing training for senior, non MI pharmacists in the use of MiDatabank.

MiDatabank Yellow Cards project

Sandra Hicks, *Wessex Drug & Medicines Information Centre based in Southampton*

Sandra Hicks gained experience in Medical Information in Industry, before moving into Hospital Medicines Information. She has worked at Wessex Drug & Medicines Information Centre based in Southampton, for just over 4½ years in various roles. Her current role as Research Lead for the Yellow Cards Project started in April and runs for one year. This involves:

- *co-ordinating the feasibility project across five pilot centres*
- *co-ordinating & reporting to regular Project Board Meetings at the MHRA*
- *liaising with CoAcS, the developers of MiDatabank regarding design & functionality of the new ADR feature generating electronic Yellow Cards*

Previous work assisting with the development of version 2 of MiDatabank and an MSc in Pharmaceutical Information Management, have provided a useful background for the current project work.

Abstract/Objectives

Introduction

It is well recognised that one of the main problems with the spontaneous reporting system for adverse drug reactions (ADRs) ie. the Yellow Card (YC) scheme, is underuse. Even in European countries such as Spain, where ADR reporting is compulsory for healthcare professionals, under-reporting is a problem1. This may be because no practical mechanism of enforcement has yet been developed. If busy healthcare professionals are to submit reports voluntarily, they are only likely to do so if the process is straightforward. So development of mechanisms for automatic, systematic capture of ADRs is required2.

Wessex Drug and Medicines Information Centre (WDMIC) were recently granted research funding from the MHRA, to test a new Adverse Drug Reaction (ADR) function in the enquiries database 'MiDatabank'3. This will enable generation and submission of an electronic yellow card via MiDatabank. The project will be piloted soon - if successful, roll out to the rest of the UKMi network will occur next year.

Method

This is a service evaluation research project to be conducted over one year. The initial phase involved testing and re-design of the database, followed by training of participants, then installation of MiDatabank v3 at the five pilot sites (3 local centres, and 2 regional). The data collection phase will run for three months starting on 1st September and finishing on 30th November 2010. During this phase, all ADR enquiries received in each pilot centre will be assessed against the MHRA's criteria for reporting a Yellow Card. So all reactions to Black Triangle drugs and vaccines even if mild and all serious reactions for established drugs and vaccines4. If they meet the criteria, then an electronic YC generated via MiDatabank will be submitted to the MHRA.

This feasibility project involving 5 pilot centres aims to evaluate:

- whether the quantity of YC submissions to the MHRA is increased
- if quality of submitted YC data is acceptable
- impact upon MI Pharmacists' workload
- if MHRA follow-up of data is enhanced via MI Pharmacists (MIPs)
- extent of contribution to patient safety

Results

Results will be analysed in December 2010 - this will involve:

- quantitative assessment of YC reports from the five participating UKMi centres in the study, before and after introducing MiDatabank reporting
- quantitative assessment of impact upon MIPs' workload
- qualitative analysis of MIPs' perceptions of feasibility of this method of YC reporting

Discussion

The practicalities of implementing this method of electronic YC submission on a national basis will be explored. It's envisaged that MI Pharmacists' workload will not increase significantly, but this will add further value to the MI Service in terms of improved patient safety.

References

1. Ortega A, Aguinagalde A, Lacasa C et al. Efficacy of an Adverse Drug Reaction Electronic Reporting System Integrated into a Hospital Information System. Ann Pharmacother 2008; 42:1491-6
2. Waller PC. Making the most of spontaneous Adverse Drug Reaction Reporting. Basic and Clinical Pharmacovigilance and Toxicology 2006; 98: 32-323.
3. Introduction to MiDatabank version 3, accessed via the MiDatabank website at: http://www.midatabank.com/LinkClick.aspx?fileticket=lTpWMRaMAkY%3d&tabid=97&mid=436 (accessed on 12th August 2010).
4. Healthcare professional reporting: What to report accessed via the MHRA wesbsite at: http://www.mhra.gov.uk/Safetyinformation/Reportingsafetyproblems/ Reportingsuspectedadversedrugreactions/Healthcareprofessionalreporting/ Whattoreport/index.htm (accessed on 12th August 2010).

Parallel Session 1

Midatabank Version 3

Steve Moss, *MD CoAcS Ltd &* ***Keith Brown,*** *IT Director of CoAcS Ltd and principal software developer for MiDatabank*

Abstract

The new features included in version 3 of MiDatabank with be demonstrated. There will be an opportunity for delegates to ask for further details on particular aspects of the software as required.

Aim

To provide delegates with an overview of the new features in version 3 of MiDatabank, including enhancements to the core medicines information module, and the new clinical pharmacy and project management modules.

Outcomes

Delegates will be able to understand how to engage local IT services in the setting up of version 3 of MiDatabank and how to use it in their daily practice. They will also be able to promote and implement the new modules within their local Trusts.

New drugs: From the horizon to the patient

Helen Davis, *Assistant Director, North West Medicines Information Centre,* ***Elizabeth Arkell,*** *Medicines Information Manager, South Manchester*

Helen has over 13 years experience in horizon scanning for the NHS and is the executive editor of the UKMi horizon scanning document Prescribing Outlook – New Medicines. She is an advisor to the Department of Health on pipeline drugs that should be considered for NHS national tariff exclusion ('PbR excluded drugs'). Helen is currently the assistant director of the North West Medicines Information Centre with experience as a primary care medicines information pharmacist as well as experience in formulary, teaching and clinical posts in secondary care.

Abstract/Objectives

It is increasingly important for organisations to be aware of and plan for the managed entry of new drugs into the NHS. This workshop will explore the factors that influence which drugs should be highlighted for active management and consider how horizon scanning information can be used within an NHS organisation. An example of how a new drug was actively managed into a large Trust will be used to explore the barriers and challenges of this process.

Aim

To provide an understanding of how horizon scanning for new medicines is undertaken and how that information is utilised in the NHS.

Objectives

It is increasingly important for organisations to be aware of and plan for the managed entry of new drugs into the NHS. This workshop will explore the factors that influence which drugs should be actively managed into the NHS and consider how horizon scanning information can be used within an NHS organisation. Some of the barriers and challenges of this process with be explored.

Critical Appraisal: basic principles

David Erskine, *Director of the London & South East Medicines Information Service*

David Erskine has been Director (or Acting Director) of the London & South East Medicines Information Service for the last 6 years but has worked at the centre since 1996. He began his 2 year tenure of the Chair of UKMI Executive in September 2008 and is looking forward to handing over to Trevor Beswick to take up the reins!. David has been closely involved with the development of NeLM since it was originally launched as DrugInfoZone in 1998 and has been project lead for the development of the new platform since 2005. He teaches critical appraisal to pharmacists in London and the South East on behalf of the London Pharmacy Education & Training and also teaches on post-graduate courses at the School of Pharmacy, Kings College, and the Medway School of Pharmacy.

Abstract/Objectives

UKMI annual update

A report of the activities and developments of the UK Medicines Information network (UKMI) during 2008/9.

Aim

Using the Critical Appraisal Skills Programme (CASP) randomised controlled trial checklist to teach the principles of evidence-based medicine.

In this session participants will have the opportunity to work through some of the 10 questions outlined in the CASP checklist for a selected RCT in small groups. They will then teach the other participants about the rationale behind those questions and apply the principles to the selected RCT. The knowledge and skills developed in this workshop will be helpful for pharmacists that want to consolidate their critical appraisal skills perhaps with a view to running a journal club in their centre.

Lean in Medicines Information

Jamie Hayes, *Director of the Welsh Medicines Resource Centre (WeMeReC) & Director, Welsh Medicines Partnership (WMP)Honorary Clinical Teacher, Wales College of Medicine.*

BPharm (Hons), ClinDipPharm (UWCC), MRPharmS, PCME

Current positions: (6 years)

Director of the Welsh Medicines Resource Centre (WeMeReC) &
Director, Welsh Medicines Partnership (WMP)
Honorary Clinical Teacher, Wales College of Medicine.

Previously:

Training advisor and Clinical Author, National Prescribing Centre, Liverpool
Clinical pharmacist, primary and secondary care, UK and New Zealand

Interests

Medical education
The teaching of therapeutics and approaches to evidence based prescribing. Critical appraisal skills
Influences on prescribing
Risk communication
Lean thinking

Jamie studied Pharmacy at Cardiff. The early part of his career was spent as a clinical pharmacist in South Wales and a 12-month spell in New Zealand. Head of Prescribing Advice for the Conwy and Denbighshire Local Health Boards followed together with a training role at the National Prescribing Centre. Presently he is the Director of the Welsh Medicines Resource Centre and one of the Directors of the Welsh Medicines Partnership. His interests include the application of Lean thinking to healthcare and medical education, in particular the teaching of therapeutics and critical appraisal and approaches to evidence based prescribing. A keen sportsman, he is a rugby and cricket coach, and plays golf (badly).

Abstract/Objectives

Aim

Will cover the following:

- An introduction to Lean
- Lean in Healthcare
- Beware of the “toolheads”
- Recognising ‘value’ and ‘failure’ demand
- What can Lean offer Medicines Information?
- Moments of Truth

After the workshop attendees will be able to:

- Understand the background to lean and its increasing role in healthcare
- Recognise opportunities for service improvements in medicines information services
- Apply Lean tools and philosophies in their workplace
- Identify *Moments of Truth* in the medicines information process

Current Developments in COPD – update

Anna Murphy, *Consultant respiratory pharmacist at University Hospitals of Leicester NHS Trust*

Anna Murphy is a consultant respiratory pharmacist at University Hospitals of Leicester NHS Trust and honorary senior lecturer at Leicester Warwick medical school. Anna led the development of the UK Clinical Pharmacy Association (UKCPA) Respiratory Group and is currently chairperson of this.

The clinical aspect of her post offers assessment, medicines management, monitoring and advice to patients with respiratory disease. Referrals include adults with a variety of illnesses including asthma and COPD. Working across Leicestershire the post includes interface care and the development of services for respiratory patients with the PCTs, practices and community pharmacists.

Anna currently works with several national groups and organisations on issues surrounding prescribing in respiratory disease. She was a member of the external reference group for the development of the COPD National Clinical Strategy. Anna has published widely in peer reviewed journals. She is author of Asthma-in-Focus, a book primarily for pharmacists and other non-medical prescribers.

Abstract/Objectives

The prevalence and burden of Chronic Obstructive Pulmonary Disease (COPD) is unnecessary high and can be reduced. Approximately 835,000 people have been diagnosed with COPD, however it is estimated that around 3.2 million people have the disease. COPD causes more than 30,000 deaths in the UK. COPD is nor curable, but it is treatable, and can be managed to minimise the burden it imposes on patients, carers and healthcare systems. This workshop will discuss the appropriate management of patients with COPD, highlighting the key recommendations in both the recent NICE guidelines and in the long awaited national clinical strategy. Furthermore, Anna will provide an overview of the new treatments that have been licensed for patients with COPD and any new management strategies on the horizon.

To have an understanding of the developments in respiratory medicine which will enhance the knowledge and understanding of MI pharmacists to increase competence and facilitate practice in this area. The workshop will include:

- Current and future developments in respiratory medicine.
- New and forthcoming drugs and devices
- Developments in service delivery.
- Impact of national guidelines
- A discussion of issues encountered by MI pharmacists.

Parallel Session 2

Critical Appraisal: Advanced

David Erskine, *Director of London & South East Medicines Information Service*

David Erskine has been Director (or Acting Director) of the London & South East Medicines Information Service for the last 6 years but has worked at the centre since 1996. He began his 2 year tenure of the Chair of UKMI Executive in September 2008 and is looking forward to handing over to Trevor Beswick to take up the reins!. David has been closely involved with the development of NeLM since it was originally launched as DrugInfoZone in 1998 and has been project lead for the development of the new platform since 2005. He teaches critical appraisal to pharmacists in London and the South East on behalf of the London Pharmacy Education & Training and also teaches on post-graduate courses at the School of Pharmacy, Kings College, and the Medway School of Pharmacy.

Abstract

Using the AGREE instrument to assess the quality of a clinical guideline.

In this session participants will use the internationally accepted (and NICE endorsed) AGREE checklist to assess the quality of a clinical guideline. Participants will work in small groups to assess aspects of guideline quality and then compare and discuss their findings with the other workshop delegates. The knowledge and skills developed in this workshop should help pharmacists involved in the assessment and formulation of guidelines in their host Trust.

MiDatabank Version 3

Steve Moss, *MD CoAcS Ltd &* ***Keith Brown,*** *IT Director of CoAcS Ltd and principal software developer for MiDatabank*

Abstract/Objectives

The new features included in version 3 of MiDatabank with be demonstrated. There will be an opportunity for delegates to ask for further details on particular aspects of the software as required.

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Chinese Herbal Medicines

Dr Debbie Shaw, *Chinese Medicines Advisory Service, Guys Hospital*

Debbie Shaw left pharmaceutical research to work on traditional medicine safety at the Medical Toxicology Unit. As such she has been actively involved in reviewing and investigating suspected adverse reactions to herbal and traditional medicines for around 17 years. She is head of the Chinese Medicine Advisory Service set up in 2001. She works closely with the Royal Botanic Gardens Kew and has participated in field-work collecting medicinal plants. In travels in Africa, South America and Asia she has had the opportunity to study traditional medicines in many countries and works with teams in the US, Australia and New Zealand. She is a member of the Herbal Medicines Advisory Committee, the Herbals Signal Review Panel for the Uppsala Monitoring Centre (WHO Collaborating Centre for International Drug Monitoring) an advisor to the American Herbal Pharmacopoeia and the EU FP7 GP-TCM project.

Abstract/Objectives

Chinese medicine has become increasingly popular with at least 200 clinics in London and over 2000 practitioners in the UK. Most common uses include chronic conditions such as eczema, psoriasis or rheumatism, gynaecological conditions, none-specific ill health and to reduce side effects of orthodox treatment for cancer or HIV/AIDS. Patients may be treated with combinations of therapies including herbal medicine, acupuncture, moxibustion.

When patients indicate that they intend to use Chinese medicine, health care professionals need access to relevant information in order to be able to discuss the issues, and prevent unnecessary risks. The Chinese Medicine Advisory Service (ChiMAS) was set up in 2001 in order to assist in investigation of toxicity related to suspected adverse reactions or interactions and to provide information on the safety of herbal medicines.

We aim to assist with any types of enquiries on Chinese herbal medicine:

1. General information on use of Chinese herbal medicine
2. Specific queries on safety/efficacy or potential interactions
3. Investigation of suspected adverse reactions/interactions

This session will give a background to Chinese herbal medicine, what it is and how it is used with illustrations of some of the problems and the information that is needed when directing enquiries to ChiMAS to get the most useful feedback.

Aim

Learning outcomes

- To be familiar with the history and broad principles of Chinese Herbal Medicine.
- To understand developments in the regulation of Chinese Herbal Medicine in the UK.
- To have an understanding of the strengths and weaknesses of the main information resources that describes the practice of Chinese Herbal Medicine.
- To have an increased understanding of how the use of Chinese Herbal Medicines may impact on
- Western medicines.
- To discuss examples of enquires that have involved the use of Chinese Herbal Medicines and how they might influence the advice given.

Using the competency frameworks in medicines information

Ben Rehman, *Director, London MI Service & Chair of UKMi Education & Training Working Group*

Ben Rehman, BPharm, MRPharmS

Graduated London School of Pharmacy 1997
Registered with Royal Pharmaceutical Society 1998

Recent roles include:

Staff Editor, British National Formulary
Medicines Information Manager, North West London Hospitals
Director, London Medicines Information Service

Abstract/Objectives

Using the competency frameworks in medicines information

The presentation will focus on the use of competency frameworks in medicines information. It will describe the elements of both the GLF and ACLF that are of particular relevance to medicines information work, how the frameworks were put together and UKMi involvement in that, and how the frameworks can be used in practice. The presentation will also briefly discuss how these frameworks might sit within the revised regulatory structure for pharmacists following the de-merger of the Royal Pharmaceutical Society. The speakers particular interest in this topic as is Chair of the UKMi Education and Training Working Group.

Improve your communication skills with neurolinguistic programming

Chris Green, *Director of Pharmacy and Medicines Management*

Dr Chris Green is Director of Pharmacy at the Countess of Chester Hospital with key interests in patient safety, continuous improvement and practice research. His career has included spells as a Resident Pharmacist, Medicines Information Pharmacist, Teacher-Practitioner and Clinical Services Manager. He has been a General Committee member of UKCPA for almost ten years and is currently the Chairman.

He has supervised all levels of student up to PhD to successful completion, and written or contributed to almost forty research or review articles, presented a number of times at national conferences and is a co-author of "Pharmaceutical Care Made Easy". He is fortunate enough to enjoy family life and is hopelessly addicted to golf.

Abstract/Objectives

"Improve your communication skills with neurolinguistic programming."

- Understand the key concepts of NLP
- Understand how communication can fail
- Understand how to learn from difficult interactions

Plenary Session 3 – Quality & Productivity Challenges

Chair: Richard Seal, *Programme, Consultant in medicines management, NHS West Midlands*

Richard Seal MRPharmS BSc(Hons) MSc MCPP AFPMM

Richard Seal is a registered pharmacist with a Masters degree in Prescribing Sciences. He has worked in both primary care and secondary care, where he specialised in medicines information.

Richard Seal joined NHS West Midlands as Programme Consultant in Medicines Management in September 2008 and has been Medicines Management Adviser to the NHS Institute for Innovation and Improvement since November 2007. Previously, he was Director of Medicines Management at the National Prescribing Centre. Richard is QIPP medicines management work stream lead in the West Midlands and also a member of the national QIPP medicines management advisory panel. He is also a the interim lead for the Birmingham and Solihull local practice forum.

His specialist interests include psychological and sociological influences on prescribing behaviour, medicines management and pharmaceutical public health.

Department of Health View

Mr Martin Stephens, *National Clinical Director for Hospital Pharmacy, Department of Health Associate Medical Director, Southampton University Hospitals NHS Trust.*

Mr Martin Stephens, BPharm., MRPharmS., MCPP.,MSc.,
National Clinical Director for Hospital Pharmacy, Department of Health
Associate Medical Director, Southampton University Hospitals NHS Trust.

Martin became National Clinical Director for Hospital Pharmacy in 2008, taking a lead on a variety of medicines related patient safety issues, and working collaboratively with other NCDs. The role requires Martin to provide clinical leadership for the service and advice within the Department of Health.

Martin graduated from Nottingham University in 1979. He then worked as a hospital pharmacist in the West Midlands, including as drug information lead in Kidderminster Health Authority, before becoming Chief Pharmacist at the Royal Wolverhampton Hospitals in 1989. He took up the Chief Pharmacist at Southampton University Hospitals in 1997, alongside broader clinical leadership. In 2006 he commenced his current post in Clinical Effectiveness for SUHT, which he undertakes on a part-time basis alongside his NCD. Martin's MSc is in Health Economics and Management. He edited Hospital Pharmacy, and authored Strategic Medicines Management both published by The Pharmaceutical Press.

Abstract/Objectives

The 2010 White Paper for the NHS in England introduces a radical change in structure that will bring challenges and opportunities. Pharmacy, including medicines information specialists, needs to respond to these changes and to contribute to the various consultations.

At the same time, the NHS faces a dramatic financial challenge and has indicated its response as being to drive up quality and productivity, to use innovation and focus on prevention. Pharmacy, medicines information included, must deliver services effectively, collaboratively, it must be ‘lean’, it must avoid duplication.

Medicines information needs to understand the environment ensure it is well placed to make its important contribution to patient care – delivering high quality medicines use, with effectiveness, safety and good patient experience the key elements.

Chief Pharmacists and SHA view

Tom Gray, *Chief Pharmacist, Derby Hospitals NHS Foundation Trust & Pharmacy Lead NHS East Midlands*

Tom Gray graduated in Pharmacy at Robert Gordon's University in Aberdeen, in 1989, and following registration completed a residency and postgraduate Diploma in Clinical Pharmacy at the Derbyshire Royal Infirmary. He specialised in cancer chemotherapy and palliative medicine for many years before transferring to the University of Derby as a senior lecturer to support the delivery of post-graduate pharmacy and Doctor of Pharmacy programmes, and development of medicines management training for senior pharmacy technicians. In 2000, he transferred back to the Derby Hospitals as Clinical Pharmacy Lead and subsequently Chief Pharmacist, a post he has held for the past 8 years.

Last year Tom Gray was appointed as Pharmacy Lead for East Midlands, on secondment one day per week, to provide clinical leadership and advice to the Strategic Health Authority and support to regional pharmacy networks. Working with pharmacy leads in procurement, commissioning and medicines information, and senior clinicians, he hopes to deliver 'best care at best value' through rationalising prescribing and medicines use across the East Midlands.

Abstract/Objectives

Quality is at the heart of healthcare reform to improve patient safety, clinical outcomes and their experience of services. The challenge is to deliver this more effectively and more efficiently, to deliver 'better care at better value'. This Quality-Productivity challenge applies to every aspect of healthcare provision – products, processes and people, and is central to the new Government's priorities for reforming healthcare, to deliver 'equity and excellence, and liberate the NHS' from bureaucracy, rework and waste.

Fundamentally the Quality-Productivity challenge is about 'engaging hearts and minds', and pharmacy teams need to embrace this challenge and deliver quality and productivity through innovation and a focus on ill-health prevention. Pharmacy needs to overcome traditional professional and 'sectoral' boundaries and work as a clinical care team across the health community to support and deliver evidence-based pharmaceutical care that meets patient needs and commissioning requirements of local GP consortia and Public Health.

The Government QIPP programme will deliver this through 12 key workstreams; 'Prescribing and Medicines' is a cross-cutting theme in transforming practice to deliver best care at best value. In the East Midlands we are achieving this through cost effective procurement and commissioning, rational prescribing and maximising reuse of patients' medicines to support self-care, reducing rework and waste. Medicines Information has a key role to support the delivery of evidence-based practice, disinvestment in unproven therapies and support for patients and their carers.

UKMi executive view – discussion and questions

Panel of UKMi executive members

Abstract

Using competency frameworks Objectives

- Where are we now with the competency frameworks in MI?
    - An update on the replacement of the MI specific framework with the GLF and ACLF.
    - Use of the ACLF in MI.
- Using the competency frameworks to provide tailored delivery of training.
- Group work with scenarios that use frameworks to develop a personal development plan and map a career path, or maintain professional competence and deliver continuing professional development.

Plenary Session 4 – Medicines Management Issues in the Elderly

Chair: Trevor Beswick, *Director, South West Medicines Information Service*

Director of South West Medicines Information and Training since 1987 apart from a six year break working for Bristol Primary Care Trusts in Medicines Management, Primary Care Management and Commissioning Roles.

Common disease of older people

Dr James Reid, *Consultant Physician, University Hospitals of Leicester NHS Trust*

Dr Reid trained in Geriatric Medicine in the West Midlands mainly at Walsall Manor Hospital and Birmingham Heartlands Hospital. He has been a consultant in Geriatric Medicine at Leicester Royal Infirmary since 1998 and has interests in Falls in older people and Orthopaedic / Geriatric liaison. He has a strong interest in patient safety matters and was involved in setting up the Clostridium difficile isolation ward in Leicester and in improving care of hip fracture patients.

Abstract/Objectives

Most chronic diseases that are common in middle age are even more common in older people, so this is potentially a huge topic. Older people are very diverse in life experience, health status, ability, and physiological parameters. Older people are more likely to have several coexisting diseases and disabilities than younger people, with resulting issues of polypharmacy. I propose to cover four specific areas in more detail:

- Management of osteoporosis
- Dementia and delirium
- Orthostatic hypotension
- Anticoagulation in patients at risk of falls

Decisions on treatment in elderly patients need to be made on an individual basis. The evidence base for rational therapy may be weaker, as older patients are often not well represented in clinical trials. The benefits of treatment must be weighed against the burdens of treatment and quality of life should be the main aim. The best person to judge this is the patient.

Pharmaceutical care of the elderly

Lisa Fitzpatrick, *Intermediate Care Pharmacist, NHS Bristol*

2000 – 2004 Master of Pharmacy degree, Nottingham University

2004 - 2005 Pre-registration year split between Kent & Canterbury hospital and Pfizer

2005 – 2008 PhD at Bath University entitled: Dermato-pharmacokinetics: an approach to evaluate topical drug bioavailability. Regular weekend community pharmacist

Jan 2009 – Intermediate Care pharmacist with Bristol PCT.

Abstract/Objectives

Many elderly patients have specific pharmaceutical care issues such as altered drug handling and multiple concurrent illnesses, resulting in polypharmacy. The National Service Framework for Older People (DH, 2001) highlighted that four in five of the over 75s are prescribed one or more medicines, with 36% taking four or more medicines.

Patient-orientated factors such as reduced cognitive ability, deteriorating mobility or eyesight; coupled with medication-related issues such as polypharmacy, complicated treatment regimes, infrequent reviews/monitoring, adverse drug reactions and hospital admissions, all contribute to confusion regarding medication for elderly patients.
How care, including social, pharmaceutical and medical care, is currently provided in the community will be discussed.

Pharmaceutical care issues that arise on a daily basis with elderly patients in the community, based on experience of Bristol Intermediate Care, will be considered. Topics include: compliance aids (including dosettes and assistive technology); troublesome medicines which cause confusion; swallowing difficulties; discrepancies upon transfer between primary and secondary care; monitoring; inappropriate prescribing; rationalising medication regimes.

Finally, examples will be given on how hospital and Medicines Information pharmacists can help to address some of these issues.

A patient's perspective

Dr Frank Leach, *Retired Pharmacist*

Frank Leach graduated B.Pharm and M.Sc (Biopharmacy) from London University. After experience in both community and hospital pharmacy, he undertook research in the Department of Child Health, University of Manchester, for which he was awarded Ph.D in 1973. Following a brief period of postdoctoral work, he was appointed Director of the North Western Regional Drug Information Service and remained in this post until regional merger in 1999, when he transferred to part-time work with the Regional Medicines Information Service at Liverpool.

During his work with the NHS, he became extensively involved in teaching a wide range of healthcare professionals as well as scientists from the pharmaceutical industry, mainly on the related themes of clinical trials and medical statistics. He was also author and co-author of a number of published papers on a range of drug-related themes.

Although now retired from the Pharmaceutical Register, Frank is currently an Expert Member of the Manchester Independent Research Ethics Committee and is also actively involved with several local patient groups and treatment issues.

Abstract/Objectives

The speaker, a retired pharmacist with a long career as a medicines information pharmacist, describes his experiences as a patient, following a myocardial infarction in 2003 (Leach & Deaton, 2005). His professional background has been found to facilitate both interaction with carers and informed appraisal of both primary and secondary health services, particularly in respect of the medication aspects of treatment. Examples of personal intervention on his part have included several changes in medication and also corrections of attempted inappropriate prescribing; the implications for lay patients are discussed. Of particular interest has been the problems derived from the presence of several other health problems, a common characteristic of the elderly; chief among such problems are difficulties with differential diagnosis and potential drug-drug interactions.

Other consequences of a combined patient-pharmacist status include enhanced empathy with other patients, which can facilitate both active participation in research projects and contribution to specialist patient groups. The implications for both community and medicines information pharmacists are also briefly discussed.

Reference

Confessions of an MI Pharmacist, Leach FN & Deaton MC, Poster Presentation 31st UK Medicines Information Conference, 16th -18th June 2005.

Plenary Session 5 – Are you competent to practice?

Chair: Keith Wilson, *Associate Dean Taught Programmes*
School of Life and Health Sciences, Aston University Ashton University & lay member of GPhC

BSc Pharmacy (Aston University) 1971
PhD Pharmacology (Aston University) 1974
Lecturer in pharmacology, Aston University, 1976 to 1995
Senior Lecturer in Pharmacy, Aston University, 1995 to 2003
Professor of Pharmacy Practice, Aston University, 2003 to date.
Fellow of the Royal Pharmaceutical Society 1999

Now Associate Dean Taught Programmes, School of Life and Health Science, Aston University.

1996 to 1999 Subject reviewer for pharmacy in Wales, Scotland and England. Quality Assurance Agency for Higher Education UK.
2001 to 2010 Member of the Education Committee of the Royal Pharmaceutical Society
2000 to 2009 Member of the Overseas Qualifications Adjudicating Committee of the RPSGB.
1999 to 2009 member of the accreditation team for undergraduate degree programmes, RPSGB. Team leader since 2006
2008-2010 Member of Council: Royal Pharmaceutical Society of Great Britain
2010 on Appointed Member of Council: General Pharmaceutical Council.
2005 to date Advisor on Education: Pharmaceutical Society of Ireland
2009 to date Member of the Modernising Pharmacy Programme Board

How to use the MI competency framework and Advance/specialist practice frameworks

Ben Rehman, *Director, London Medicines Information Service*

Ben Rehman, BPharm, MRPharmS, Graduated London School of Pharmacy 1997, Registered with Royal Pharmaceutical Society 1998

Recent roles include:
Staff Editor, British National Formulary, Medicines Information Manager, North West London Hospitals
Director, London Medicines Information Service

Abstract/Objectives

The presentation will focus on the use of competency frameworks in medicines information. It will describe the elements of both the GLF and ACLF that are of particular relevance to medicines information work, how the frameworks were put together and UKMi involvement in that, and how the frameworks can be used in practice. The presentation will also briefly discuss how these frameworks might sit within the revised regulatory structure for pharmacists following the de-merger of the Royal Pharmaceutical Society. The speakers particular interest in this topic as is Chair of the UKMi Education and Training Working Group.

The case of the incompetent MI/formulary pharmacist – where is the evidence?

A UKMi executive production

Poster Presentations

Best posters prize

Prizes for the two best posters will be awarded at the closing session (Plenary 5)

Previous winners of the best poster prizes:

2009
Simon Wills,
The role of an expert user group to evaluate e-learning about injectable medicines compatibility

David Anderton
Rationalising the use of dipyridamole suspension

2008
Sahera Uddin, Louise Nolan and Gillian Stead
Information resources for hospital pharmacies: managing the risk

Paula Russell
Analysis of poisons enquiries from hospital pharmacists to the National Poisons Information Service (NPIS)

2007
Sarah Rimmer, Lindsay Harkness and Prof Graham Davies
The use of advice provided by a Medicines Information enquiry answering service and its impact on patient outcome

2006
Elizabeth Pridgeon
Information provided by pharmacists contacting NTIS for advice about drug/chemical exposures in pregnancy

Lisa Britton, Jeremy Liew and Vibha Teli
Implementation of standard answers in medicines information for frequently asked questions of a specialist nature.

Poster 1

Medicines Information needs YOU! An exploration into why people choose Medicines Information as a career.

Hayley McDonald, *Regional Drugs and Therapeutics Centre, Newcastle upon Tyne.*

Focal Points

- An Exploration into why people choose Medicines Information as a career
- Discovering what the main advantages and disadvantages of a career in Medicines information are.
- Assessing what motivates MI staff and what levels of job satisfaction there are within the field.

Introduction

There is currently no research assessing levels of job satisfaction or motivation within the MI sector. However in the current climate of cutbacks and austerity, UKMi need to understand their workforce better in order to target their services specifically at the motivations and concerns of MI staff.

Method

A survey was developed then trialled in paper form on 5 members of staff from within the Regional Drugs and Therapeutics Centre. Feedback was then included into an online version of the survey, which was e-mailed to Medicines Information leads throughout the UK in June 2010. It was requested that the survey was sent to all members of staff who spend time in medicines information. The Questionnaire consisted of 21 questions. After three weeks, a reminder communication was sent. The results were collated and data analysed by the investigator. Any surveys which were not fully filled in were discounted.

Results

267 responses were received following distribution of the survey. 20 of these were discounted due to not being completed in entirety. The most important factors involved in deciding on MI as a career included the challenge, suited to personality, and good training prospects. The factors most often stated as ‘very important’ included ‘challenging’ (n= 132), good training prospects (n=99), and ‘would suit my personality’ (n= 91). The most common’ not important factors included ‘lack of other roles’ (n=81), knowing a staff member (n= 74), and staff benefits (n=63), whilst not considered factors included research opportunities (n=119), staff benefits (n=116), and knowing a staff member (n= 114). The most popular disadvantages included ‘Lack of Recognition’ (43.1%), Politics (40%) and stress (85%), while the disadvantages least selected included fear of failure, boring work, and performance barriers. Most MI staff felt either ‘satisfied’ (49.6%) or ‘very satisfied’ (41.9%) with their job.

Discussion

This research suggests that most MI staff did not choose MI as their career choice. Consensus gathered from comments suggests that many MI staff simply ‘fell into’ their role, then found that the job suited them well once they were in the post.
The MI workforce is highly motivated by patient care and patient safety, whilst more traditional ‘management strategies’ such as targets, appraisals, and financial incentives have little influence on everyday practice.
Lack of recognition of the MI service as a whole could be an area for UKMi to focus on to increase levels of job satisfaction amongst its staff.

Poster 2

East Anglia Medicines Information Service: is our advice acted upon?

***David Wright**, **Rowan Yemm, Arshdeep Nijjar**, University of East Anglia**, Mark Cheeseman, Katie Smith,** East Anglia Medicines Information Service, The Ipswich Hospital NHS Trust*

Focal Points

- This study aimed to determine the value of the East Anglia Medicines Information Service (EAMIS) by investigating its demand and impact on patient care through evaluation of its response to patient-centred enquiries.
- 70.8% of enquirers reported that advice provided by MI was being acted upon fully and 65.2% reported a positive effect on patient care.
- Significant trends in total time taken to answer enquiries, enquiries from NHS direct, category types and complexity were identified over a 2 year period.
- The EAMIS is well utilised by hospital staff, with a high level of advice implementation.

Introduction

The East Anglia Medicines Information Service (EAMIS) is a regional MI centre based at a 600-bed UK hospital. The service is operated by 4.43 whole-time equivalent pharmacists and handles approximately 150 enquiries per month from within the base organisation.

This study, conducted in early 2009, aimed to determine the value of the MI service by investigating its demand and impact on patient care through evaluation of its response to patient-centred enquiries.

Method

A service evaluation from January 2007 to December 2008 was conducted using MiDatabank. A sample of 120 enquiries involving a specific patient and originating from the base hospital was selected. Each enquirer was sent a postal questionnaire investigating advice uptake, patient outcome and their opinion as to the effect on patient care. The drug chart of the patient involved in each enquiry was also reviewed in order to identify interventions made as a result of MI advice.

Results

A total of 69/120 questionnaires were included in the study. 70.8% of enquirers reported that MI advice was being acted upon fully (95% CI +/- 10.7%) and 65.2% reported a positive effect on patient care. A total of 41 drug charts were obtained and the interventions that were made as a result of MI advice were visible in 58.5% charts (95% CI +/- 15.1). Discrepancies were found between what actions the enquirer recalled taking and what was recorded on charts.

The service evaluation identified significant trends in total time taken to answer enquiries, enquiries from NHS direct, category types and complexity; pharmacists were also found to be the highest users of the MI service over the 2 year period.

Conclusion

These results suggest that the EAMIS appears to be well utilised by hospital staff, with a high level of advice implementation.

Poster 3

Determining methods to promote the Medicines Information service to junior Doctors.

***Yousef Munif**, pre-registration pharmacist, **Selwa Elrouby** Medicines Information Manager and **Aoidin Cooke**, Medicines Information Pharmacist, Central Manchester University Hospitals NHS Foundation Trust.*

Focal Points

- This project aimed to determine the best ways to promote the MI service to FY1/FY2 doctors.
- To determine the preferred option by which to communicate new protocols and guidelines
- To determine if junior doctors would like to receive a Trust wide medicines management bulletin and if so determine the content and the preferred distribution method.

Introduction

The recent merger of the hospitals at CMFT means there is an increasing need to promote the MI service to new staff and knowledge of and access to the MI service is ever more important. Promotion of the service will also help strategic aim two and three of the UKMi strategy; Effective information for managing medicines, 2007. Workload data from MIDatabank highlights a need to advertise the MI service more widely to staff in the Trust, in particular to tackle the low numbers of enquiries from junior clinicians. Due to this, the MI department has identified the need for a project to determine the best ways to promote the MI service to FY1/FY2 doctors. Little published work has examined this topic.

Method

- Semi-structured interviews were carried out with the post graduate co-ordinator and junior doctors to obtain knowledge on their awareness of the MI service, to help construct and determine the best way of distributing a questionnaire.
- A questionnaire was constructed and included open and closed questions to gather information to help achieve the project objectives.

Results

27 (45%) doctors replied to the questionnaire of a possible 60 FY1 and FY2 doctors. 17 (63%) of respondents were FY1 and 10 (37%) FY2 doctors. 71% of FY1s and 100% of FY2 doctors considered the MI service to be poorly advertised. Preferred methods of advertising the MI service and communicating medicines management information were via the Trust intranet, stickers on BNFs, teaching sessions and posters in doctors areas on wards. The use of e-learning packages received a mixed response. The preferred method of distributing a medicines management bulletin was via the intranet and the ward pharmacist, although the majority of FY2 doctors did not want to receive a medicines management bulletin. For those that did they wanted information including on doses, antibiotics guideline & updates, critical incidents and prescribing errors.

Discussion

The FY1s were more aware of the MI service than the FY2s, perhaps due to them having a clinical training session by an MI pharmacist whilst the project was conducted. This suggests that teaching session are effective at increasing the level of awareness of the MI service. The FY2 doctors did not want to receive a medicines management bulletin service. This could be due to a lack of understanding of what medicines management is and how it may affect them. The results of this project are limited by the poor response rate and incomplete questionnaires. The findings identified there needs to be increased promotion of the MI service using the methods identified.

Poster 4

A Service Evaluation of the use of Midatabank 2 By Non-Medicines Information Pharmacists

Elizabeth Arkell*, *Carolanne O'Sullivan *University Hospital South Manchester,* ***Jill Rutter****, North West Medicines Information, Liverpool*

Background

A 2010-11objective for the UHSM Medicines Information (MI) Service is to embed the use of MiDatabank 3 in the practice of all clinical pharmacists since its use can have an important influence on clinical risk reduction.

Introduction

The aim of this service evaluation is to identify the advantages / disadvantages of the use of MiDatabank 2 by hospital pharmacists to help inform the factors that need to be considered to help ensure the effective implementation of MiDatabank 3.

Objectives

To find out:

- why non-MI pharmacists do not use MiDatabank 2
- what read-only users think of MiDatabank 2
- what research and documentation users think of MiDatabank 2

Methods

An awareness session of MiDatabank 3 was delivered at a pharmacist educational meeting. Time was given at the start of the meeting to complete a questionnaire to assess opinion of MiDatabank 2.

Key findings

Questionnaires were completed by 84% (28 / 34) of non-MI pharmacists at UHSM and were classified into the following categories: non-users (5);read-only users (12);research & documentation users (11). Despite the offer of training for "read only" status of MiDatabank, almost a fifth (5/28) of respondants had not taken this opportunity.
All but two read-only users (10/12) were positive in wanting to research and document their enquiries. However 50% foresaw barriers in their ability to do this; lack of time being the key reason.
For pharmacists that had been trained to research and document their own clinical enquiries four out seven do not use this function for the following reasons: forgotten training, MiDatabank too complex, obtain information from other sources, do not have time, prefer to ask MI.
The majority of all MiDatabank users (n=23) found the information of use in the dispensary and on-call and felt that access to MiDatabank on the wards would be of benefit.
The following core themes from comments and ticked questionnaire parameters were:

- **Positive**
  - Source of information on unlicensed medicines use 9
  - Source of information on medicines use in specialist areas 12
- **Negative**
  - Lack of time 14
  - Level and quality of documentation required 7

Conclusions

The positive opinions from the questionnaire need to be emphasized to help “sell” the benefits of MiDatabank 3 to non- and read-only users i.e. MiDatabank is a valuable source of information in the dispensary, on-call and on the wards particularly for information relating to unlicensed and specialist medicines.

Concern about the time needed to research and document was the over-riding barrier to MiDatabank being enthusiastically embraced.
When training pharmacists on MiDatabank in the future, the plan will be to demonstrate the ease with which a past enquiry can be read and a routine search carried out. This will be done by:

References

1.Review and rationalisation of UHSM in-house MiDatabank training.
2.Promotion of the key functionalities / benefits of MiDatabank 3 useful for non-MI pharmacists.

Poster 5

The Development of a Medicines Information Resource Pack for Pharmacy Technicians in NHS Ayrshire & Arran

Linda McClue, *Medicines Information Technician, NHS Ayrshire & Arran Medicines Information, Ayr Hospital*

Focal Points

- The need to produce a self directed learning Medicines Information (MI) Resource Pack was established
- A Medicines Information Resource Pack was produced
- Evaluation showed that the pack is a useful resource and of value to the users

Introduction

The need to develop a self directed learning MI resource pack was established by distributing a questionnaire to 25 pharmacy technicians, with a return rate of 84% (21). The results indicated that it would be well received by this staff group. Increased training needs of this staff group due to the national vocational training requirements of students and assessors, the evolving role of the pharmacy technician and the requirement to undertake continuing professional development (CPD) were also reasons given for a pack being useful.
It was established that no existing packs were suitable for use, although some MI training packs had content that could be adapted.

Method

The following were used to ascertain the optimum content, layout and format of the MI resource pack

- Research – internet, UKMi, specialists in the field
- A Focus Group consisting of various grades of pharmacy staff
- Senior Medicines Information staff

A draft MI resource pack was produced and evaluated by pharmacy technicians for ease of use and relevance to practice.

Results

A draft MI resource pack was produced consisting of the main resources in monograph form, each with questions and step by step guides to the answers for users to complete. The monographs were for resources such as BNF, Martindale and eMC. Brief sections on specialist books available in MI and useful websites were also included.
The draft MI resource pack was distributed and evaluated by a questionnaire, to 26 pharmacy technicians with a response rate of 65% (17), and 5 focus group members with a response rate of 80% (4). 100% (17) responses indicated that the content and design of the pack was very good or good. Ease of use was judged as very easy by 47% (8), easy by 35 %(6) and OK by 18 %(3). 82 %(14) responses indicated that the pitch of the questions was about right and 18 %(3) didn't try the questions.

Discussion

The MI Resource Pack produced was seen as a relevant and user friendly tool to support the role of the hospital pharmacy technician.
To ensure it has an effective role its use will be supported by offering individual advice to users (if required) and peer review sessions to all pharmacy technicians.
The MI resource pack will be reviewed after 1 year, with updates distributed to all recipients.
The MI resource pack can be adapted for use by other staff groups e. g community pharmacists, non medical prescribers and junior doctors. Further developments will include an online version and to be made available on the local intranet.

Poster 6

What are the most appropriate methods/tools for UKMi centres to use when developing trainees' telephone/communication skills?

Mark Cheeseman, *East Anglia Medicines Information Service, The Ipswich Hospital NHS Trust*

Focal Points

- The aim of this study was to establish the most appropriate training methods for UKMi centres to use when developing trainees' telephone skills.
- Four methods//tools were identified that could help develop trainee's telephone/communication skills.
- It was also identified that a tool for assessing trainees' telephone skills should be developed.
- The UKMi Education and Training Working Group will review the results of this study and agree on how best to take these findings forward.

Introduction

Although most enquiries received by MI centres are via the telephone there is currently no telephone/communication skills' training provided to permanent MI staff or trainees. A short section about telephone skills is included in the Enquiry Answering section of the UKMi workbook. No information is provided in the Medicines information Computer Aided Learning package (MiCAL).

The aim of this study was to establish the most appropriate training methods for UKMi centres (local, regional) to use when developing pre-registration/rotational pharmacists' telephone skills.

Method

The study consisted of three parts:

1. Scoping exercise with an Industry Medical Information department who had won a PIPA Impact Award for their telephone/communication skills training package.
2. Focus groups involving three UKMi networks (East Anglia, North West, Wessex) to identify what training is currently provided and how this could be developed.
3. Scoping exercise with NHS Direct to find out what training methods are used in practice to train their call handlers.

Results

Four methods//tools were identified that could help develop trainee's telephone/communication skills (not in order of popularity). These were:

- Multimedia/computer- based learning telephone skills training package
- Written phone scenarios which the MI supervisor can use with the trainee to develop their telephone skills.
- A telephone skills training workshop for use with trainees.
- A dedicated UKMi Workbook tutorial on telephone (communication) skills

It was also identified that a tool for assessing trainees' telephone skills should be developed.

Conclusion

The UKMi Education and Training Working Group will review the results of this study and agree on how best to take these findings forward.

Poster 7

'Yellow Fever': Can UKMi contribute more to the MHRA yellow card scheme?

Jessica Burnup, Marc Miell, Sandra Hicks *and* ***Simon Wills,*** *Wessex Drug and Medicines Information Centre, Southampton General Hospital, Southampton.*

Focal Points

To evaluate the potential UKMi impact on ADR reporting to the MHRA.
63% of relevant ADR enquiries at Wessex MI could have been yellow carded.
Enabling yellow card reporting via MiDatabank should increase ADR data sent to the MHRA thus improving patient safety.

Introduction

Adverse drug reactions (ADRs) are common, causing about 3% of all hospital admissions1. Medicines Information pharmacists (MIP) have an important role to play in increasing the reporting of suspected ADRs to the Medicines and Healthcare products Regulatory Authority (MHRA). This will ultimately improve patient safety.

The Wessex Drug and Medicines Information Centre (WDMIC) have recently obtained funding from the MHRA to test a new ADR function in the MiDatabank database. This will allow completion of an electronic yellow card via MI databank. This project will be piloted soon, running for three months. If successful, subsequent roll out to the rest of the UKMi network will occur. This research will evaluate in advance of the pilot, some of the potential workload involved and how UKMi can contribute to reporting.

The MHRA requires the following to be reported via its yellow card reporting system[2]:

- All suspected adverse drug reactions for:
  - Drugs marked ▼Reactions to established drugs that areserious - even if well recognisedReactions in children; drug interactions; herbal medicines; vaccines.

Method

1. The advanced enquiry search function on MiDatabank at WDMIC was used to check adverse effect enquiries during a 3 month period (1st April 2010 to 30th June 2010).
2. All of these enquiries were checked to ensure they were true ADR enquiries, where the patient had experienced a side-effect with medication as the suspected cause. Of these enquiries, all were assessed to investigate whether a yellow card should have been sent.
3. Of the enquiries identified, they were further divided into origin of call (e.g. GP, nurse) and whether or not the MI pharmacist at the time specified or recommended that a yellow card be completed.

Results

Over the 3 month period, the WDMIC answered 63 true ADR enquiries. It would have been appropriate to complete a yellow card for 40 (63%) of these enquiries. Of these 40 enquiries, 57.5% came from secondary care, 25% from primary care and 17.5% from NHS Direct. In 6 of these cases it was recommended that the enquirer fill in a yellow card.

Discussion

Currently UKMi centres collect relevent information, which would enable the reporting of suspected ADRs to the MHRA via the yellow card scheme. A small in-house assessment has shown that it takes between 2 to 8 minutes (average 4 minutes) to complete a yellow card via MiDatabank. This is in addition to the time required to complete each enquiry as per usual. Using the results obtained, this works out to be approximately 3 - 4 yellow card reports a week, and thus an estimated average workload increase of 12-16 minutes per week. This is for a very busy regional MI centre answering over 5000 calls per year.

We conclude that by reporting suspected ADRs to the MHRA using MIDatabank, UKMi could increase the data received by the MHRA, thus contributing to patient safety, without significantly increasing workload. The pilot project will provide a detailed assessment of workload and impact, and will involve 3 local and 2 regional MI centres.

Limitations

Determining when a yellow card should be completed can be subjective.
Only enquiries where the 'adverse effect' category was ticked on MIDatabank were included in the research.

References

1. National Patient Safety Agency. Accessed via http://www.npsa.nhs.uk/ (03/08/10).
2.Medicines and Healthcare products Regulatory Agency. Accessed via http://www.mhra.gov.uk/ (03/08/10).

Poster 8

Comparison of adverse effect enquiries received by the RDTC with Yellow Card reports submitted in the Northern and Yorkshire region

Sarah Smith, *Regional Drug and Therapeutics Centre, Newcastle.*

Focal Points

- A retrospective analysis of ADR enquiries received by the RDTC compared with Yellow Cards submitted from the Northern and Yorkshire region.
- Community pharmacists identify ADRs but do not seem to submit yellow cards in the numbers which would be expected.
- MI enquiries tend to regard ADRs to more established drugs, whereas Yellow Card reports predominantly involve black triangle drugs

Introduction

For many years health professionals have made a valuable contribution to drug safety by reporting suspected adverse drug reactions (ADRs) to the Medicines and Healthcare products Regulatory Agency (MHRA) via the Yellow Card scheme. The Yellow Card Centre Northern and Yorkshire (YCCNY) acts on behalf of the MHRA in the North East of England and Yorkshire and the Humber to facilitate and promote this activity. The aim of this research is to determine if adverse effect calls to the RDTC medicines information line are comparable with actual yellow cards received by the MHRA for the Northern and Yorkshire region.

Method

MiDatabank was used to compile adverse effect enquiries between 1st April 2009 and 31st March 2010 in the Northern and Yorkshire region. Enquires were then assessed and excluded if the enquiry:

- Was not patient centred
- Came from NHS Direct

Involved a medical device or substance which was neither a drug, herbal product or supplement
The data was then compared against data received from the MHRA of yellow cards submitted in the Northern and Yorkshire region from the same time period.

Results

The RDTC received 2738 medicines information enquiries during the study period, of which 190 (7%) were regarding adverse effects of drugs. After assessment 59 (2%) enquires met the inclusion criteria for the study. The MHRA received 1447 Yellow Cards from the Northern and Yorkshire region. When the data was analysed by reporter type, GPs were the largest group who both enquire about ADRs (61%) and submit yellow cards (23%). Community pharmacists were the second largest groups of enquirers (15%) but only submitted 3.5% of all yellow cards in the region. When data is examined at a PCT level, Newcastle PCT had the most enquiries and submitted the most yellow cards per million population. ADR enquiries were not received from 14 PCTs. When the list of top 10 most enquired about drugs is compared with reported drugs via yellow card, simvastatin appeared 2nd and 3rd in the lists respectively.

Discussion

GPs are the highest Yellow Card reporting group and also largest group of enquirers. Interestingly community pharmacists, a group who historically have poor yellow card reporting rates, were the second largest group of enquirers suggesting they are often presented with ADRs but do not actually convert these enquiries into actual yellow cards, whether the reason be lethargy, lack of time or misunderstanding of the scheme is unknown. When data is analysed geographically, the PCTs whom enquired regarding ADRs tended to be those in the surrounding area of the RDTC, suggesting they may be more aware of the MI service and the YCCNY. The top10 list featured six black triangle drugs from submitted yellow cards compared with two black triangle drugs from the enquiry list. This may be reflective of the fact all black triangle drugs should be reported on a yellow card but they are not prescribed in as great numbers as established drugs and therefore the MI service receives less enquiries regarding this group of drugs. It may also be that ADR enquiries for established drugs are for those effects which are not in the product information and therefore needed more specialist input.

Poster 9

How do dental health professionals use the National Dental Medicines Information Service in caring for their patients?

H Davis, S Henderson, J McEntee and J Rutter, *North West and National Dental Medicines Information Centre, Liverpool and* ***P Rutter****, University of Wolverhampton.*

Focal Points

- To find out how dental health professionals use the National Dental Medicines Information Service – what they ask, what they use the information for and if they find the advice provided useful.
- Dental health professionals follow the advice provided; 99% used this for the care of a patient.
- Dental health professionals contacting the National Dental Medicines Information Service find the service useful.

Introduction

The North West Medicines Information Centre (NWMIC) provides a National Dental Medicines Information Service. In the financial year 2008/2009 the service received 841 enquiries from dental health professionals (22.5% of total enquiries). The aim of this study was to find out what dental health professionals ask about, how the advice provided is used and what it is used for.

Method

A questionnaire was designed and sent to all dental health professionals who contacted the NWMIC with an enquiry over a six month period (September 2008 to March 2009). If a dental health professional contacted the centre more than once during this time then a questionnaire was sent only in response to their first enquiry. The questionnaire consisted of three sections focussing on satisfaction with the service, how the advice was used and its usefulness to patient care.

Results

Of 204 questionnaires issued, 150 were returned (144 dentists and 6 dental technicians, 74% response rate). The most common enquiry types were about appropriate choice of therapy (43% [64/150]), adverse effects (27% [40/150]) and drug interactions (15% [22/150]). Almost all respondents used the advice provided (96% [144/150]); 90% (128/143) used the advice for managing current patients and 44% [63/143] for future patients. Most common uses for the information were to check if current or proposed management was appropriate (62% [86/138]), to manage an adverse effect or drug interaction (29% [40/138]) or to start a medicine (23% [32/138]). Other uses included continuous professional development (29%) and training or teaching (23%). Overall, 99% of dental health professionals stated that the information provided answered their question and was useful in the care of their patient. Many respondents made comments on the good or excellent quality of the service and helpfulness of staff.

Conclusion

Most dental health professionals contact the NWMIC wanting to ensure that a proposed course of action is appropriate or to potentially minimise risk to patients by avoiding drug interactions and adverse effects. This study shows that dental health professionals contacting the National Dental Medicines Information Service find the service useful. They follow the advice provided and consider it useful in the care of their patients.

Poster 10

Medicines information provision at Ipswich Hospital - is there a need for a patient helpline?

David Wright, Palvina Patel, Tasha Tatham, *University of East Anglia****, Mark Cheeseman, Katie Smith,*** *East Anglia Medicines Information Service, The Ipswich Hospital NHS Trust*

Focal Points

- The aim of this study was to determine if there is a need for a patient helpline at Ipswich Hospital.
- Patients would use their GP for further information about their medicines post-discharge (a telephone helpline was the least popular choice).
- However, 57% of respondents would use a patient helpline if one was available at Ipswich Hospital.
- These results suggest that if promoted, there may be demand for a patient helpline from patients discharged from Ipswich Hospital.

Introduction

There is currently no formal patient helpline at Ipswich Hospital. Although not promoted, enquiries from patients discharged from the Ipswich Hospital are currently answered by the MI service.

Method

The aim of this study was to determine if there is a need for a patient helpline at Ipswich Hospital. The study consisted of two phases:

Phase 1

A total of 400 questionnaires were distributed to patients between 8th and 19th February 2010 via the hospital pharmacy. The questionnaire analysed patient satisfaction about the level of MI provided; who provided them with MI; and, patients' preference for accessing MI post-discharge.

Phase 2

Enquiries received by the EAMIS from patients during February 2008 to February 2010 were retrospectively analysed. This identified categories of patient enquiries, the average time per enquiry, and the number of enquiries that could have been prevented.

Results

Only 69/400 questionnaires were returned but the results suggest that locally:

- Outpatients are generally more satisfied with the information they receive about their medicines compared to inpatients.
- Outpatients receive MI most commonly from doctors whereas inpatients receive MI most commonly from nurses.
- Patients would use their GP for further information about their medicines post-discharge (a telephone helpline was the least popular choice)
- 57% (39/69) of respondents would use a patient helpline if one was available at Ipswich Hospital.

Conclusion

These results were presented to and discussed with the Ipswich Hospital Pharmacy Risk and Governance group. In relation to the need for a patient helpline – these results suggest that if promoted, there may be demand from patients discharged from Ipswich Hospital.

Poster 11

An insight into NHS Direct referrals to a Regional MI Centre

Jill Rutter. *North West Medicines Information Centre (NWMIC), Liverpool.*

Focal Points

- A retrospective analysis of NHS Direct calls referred to NWMIC.
- Over a third (37%) of all calls referred were about interactions, 28% administration and dose, 18% choice of therapy, 16% adverse effects and 13% drugs in pregnancy.
- In 43% of calls UKMi staff obtained additional information from the patient/carer.

Introduction

UKMi has a national Service Level Agreement (SLA) with NHS Direct (NHSD) to answer medicines calls referred by NHSD staff. Most Regional Medicines Information Centres (RMICs) participate in this SLA via a national rota with each RMIC taking calls on different days of the week. NHSD staff are trained by UKMi staff to answer straightforward calls on medicines but to refer more complex calls. NHSD staff telephone the RMIC with the details of the call and the RMIC aim to call the patient / carer back that day with an answer. This retrospective analysis reviewed NHSD calls referred to NWMIC.

Method

MIDatabank was used to compile a report of NHSD calls referred to NWMIC during a 12 month period (1/7/09-30/6/10). Calls were evaluated with particular reference to enquiry category, enquiry level assigned (Level 1: simple; Level 2: intermediate; Level 3: complex) 1, and whether NWMIC obtained additional information from the patient/carer.

Results

NWMIC answered 3824 medicines calls during the study period, of which 440 (11.5%) were NHSD referrals. 416 (95%) referrals were from health information advisors (HIA) and only 24 (5%) were from Nurse Advisors (NAs). The average time taken to complete an enquiry was 38 minutes and 98% of referrals were completed that working day.

Completed calls were assigned enquiry levels according to UKMI guidance: 140 (32%) were categorised as Level 1; 239 (54%) Level 2; and 61 (14%) Level 3.

In 189 (43%) calls NWMIC obtained additional information from the patient/carer in order to answer the caller's question(s).

Over a third (37%) of all calls referred were about interactions: 28% administration and dose; 18% choice of therapy; 16% adverse effects and 13% drugs in pregnancy.

When comparing enquiry level to type of enquiry: 37% of interaction calls were assigned level 1; 50% level 2; and 13% level 3. For administration and dose calls: 38% level 1; 50% level 2; and 12% level 3 and for choice of therapy: 23% level 1; 57% level 2 and 20% level 3. For adverse effect calls: 39% were assigned level 1; 50% level 2; and 11% level 3. Twelve percent of pregnancy calls were assigned level 1; with 68% assigned level 2 and 20% level 3.

For those HIA referrals regarding administration and dose (n=115, 28%): 21(18%) were about missed doses; 4 extra doses; 2 unsure if taken and 1 wrong dose. Of the 24 NA referrals, 7 calls were about wrong dose/toxicity, 8 interactions and 2 pregnancy.

Discussion

Just over 10% of calls to NWMIC were referrals from NHSD, with the majority of calls referred by non-medically qualified HIAs. In 43% of calls additional information was obtained from the patient, to confirm the question, enable the question to be answered fully and to answer additional questions raised. Calls were categorised as Level 2 or 3 in 69% of cases, indicating that calls warrant the expertise of a UKMI pharmacist as level 2 calls require searches of multiple sources/application of clinical pharmacy expertise and level 3 calls require complex searches; interpretation and/ or advice. Additionally, NHSD staff may require more training regarding calls about incorrect/missed doses, HIAs should not handle extra dose type calls.

References

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Poster 12

What was the impact of the swine flu pandemic on the enquiry answering service of a regional medicines information centre?

Helen Davis, *North West Medicines Information Centre (NWMIC)*

Introduction

Pandemic flu planning had been ongoing at a strategic level for a number of years but had little impact on frontline NHS services until an outbreak of swine flu was confirmed in Mexico in April 2009. The impact of the world-wide swine flu pandemic on the operation of a medicines information service is described.

Method

MiDatabank was searched from April 2009 to March 2010 for pandemic flu related enquiries. This was facilitated by the early decision to include the word 'swine' in the title of all relevant enquiries as no suitable keyword was available. Data were used to quantify and characterise the number and nature of enquiries received.

Results

142 enquiries were identified, 12 were excluded as not being primarily related to swine flu. Of 130 enquiries, 64% originated from primary care, 22% from NHS Direct and 14% from secondary care. The monthly enquiry numbers gradually increased to a peak of 39 in July followed by a decline to zero in September then increased again to a second peak of 29 in November. 82% of enquiries were patient focussed. The enquiry category *'choice of therapy'* was assigned to 35% of enquiries, *'administration'* to 34%, *'interaction'* to 20%, *'adverse reactions'* to 13% and *'pregnancy'* to 12% (more than one category could be assigned to each enquiry). The categories of *'breast feeding'*, *'availability'*, *'pharmaceutical'*, *'non clinical'*, *'toxicity'* and *'other'* were each applied to less than 9% of enquiries. 30% of enquiries were categorised as level 1 complexity (least complex), 58% level 2 and 12% level 3 (most complex). The total time taken handling swine flu related enquiries over the study period was 104 hours and the mean time taken to handle one swine flu related enquiry was 48mins. UKMi Medicines Q&As (including those developed for use by NHS Direct) were used for either research or the answer in 35% of enquiries. Where a Medicines Q&A was used the mean time taken to complete an enquiry was 55mins versus 44mins where a Q&A was not used.

Discussion

The two peaks in monthly enquiry numbers coincided with peaks in reported swine flu cases nationally (July and November[1]), initiation of the 'treatment phase' (July[1]) of the national response with antiviral drugs, and implementation of the national vaccination programme (late October[1]). The National Pandemic Flu Service telephone helpline was set up at the end of July and may have contributed to the decline in enquiries received in subsequent months. An independent review estimated that the government spent more than £1.2 billion planning for, and responding to, the swine flu pandemic.[1] UKMi responded by preparing Medicines Q&As although their use did not appear to reduce the mean time taken to process enquires, although they may have reduced the number of enquires received due to public accessibility. This may also reflect the wide ranging focus of enquiries and the use of Q&As as a research tool in more complex enquiries. A limitation of this study is that only the impact on the enquiry answering service could be assessed. The impact of preparation of Q&As for use nationally as well as planning for service continuity locally is difficult to quantify. Anecdotally, swine flu related work displaced other work both within the department and that of users of the medicines information service.

References

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http://www.cabinetoffice.gov.uk/media/416533/the2009influenzapandemic-review.pdf

Poster 13

Where's the yellow sheet? Auckland MI Service goes paperless.

***R Ticehurst**, Medicines Information Department, Auckland City Hospital, Auckland, New Zealand*

The Medicines Information (MI) department at Auckland City Hospital (ACH) went live with a paperless enquiry database in December 2009. Prior to the new database over 22,000 enquiries had been entered into the existing system – Pracsys. In 2002, an electronic archive was started by scanning the paper enquiries and accessing them via a web-based server.

The main drivers for the move to a paperless system were:

- Cost associated with scanning
- Having to use two separate databases (one for the question and one for the answer)
- Difficulty in accessing Pracsys outside of the pharmacy department
- Desire to increase quality of MI enquiry recording

Until recently, the 6 established New Zealand (NZ) MI departments were all using different enquiry databases. However, the group decided that they should aim for consistency in the way the enquiries were recorded. The obvious way to do this was to use the same software system. In 2004, an in-house paperless database (Mi DATABaSE AOTEROA) was developed at Wellington Hospital. By having consistency we hoped that it would facilitate the quality assurance process (assessing the quality of our enquiries across the country) and also enable a subset of enquiries to be made available across the country for all hospital pharmacies to access (a particular benefit for those without their own MI service). After reviewing the software options, ACH opted to be the second MI department to use Mi DATABaSE AOTEROA. Cost and local support were the main drivers in selecting this database over the other contenders.

The database has now been in use at ACH for >6 months. In order to assess the system, we audited the quality of enquiries using the UKMi audit tool (an audit we traditionally conducted once a year). The audit showed that the quality of enquiry recording using the paperless system is very good. Whether the paperless database has improved the quality of the actual MI service is difficult to assess – however, informal feedback from pharmacists at ACH suggests that accessing previous enquiries is much easier and they are now using the MI database as a primary information source when they are working on the wards – something that was not possible with Pracsys.

Mi DATABaSE AOTEROA is not perfect and the audit results identified some important enhancements that should improve the quality of enquiry recording. We expect to have these enhancements delivered before the end of 2010. Two other MI centres in NZ are currently piloting the database and expect to go-live by the end of 2010.

Death to the yellow enquiry sheet, long live the paperless enquiry database!

Poster 14

Is txtN a usful function 4 Medisins info?

***Abigail Scott, Katie Smith, Kerstin Weber**, **Mark Cheeseman**, **Mike Brandon, Sarah Cavanagh, **Sue Webb** and **Vicky Gibson**, East Anglia Medicines Information Service, The Ipswich Hospital NHS Trust*

Focal Points

- The aim of this pilot study was to determine if sending SMS/text messages to enquirers to inform them that an answer to their enquiry is ready works.
- Sending SMS/text messages to enquirers to inform them that an answer to their enquiry is ready was found to be a useful function for both MI staff and enquirers.
- Due to the positive results of this project, the MI centre has decided to offer this functionality routinely alongside other routes of communication.
- This functionality could prove to be extremely useful for those UKMi centres handling enquiries referred to them by NHS Direct.

Introduction

Typically, the telephone is still the most common method used by the East Anglia Medicines Information Service (EAMIS) to provide an answer to enquirers. However, this may result in reduced productivity if MI staff have to spend time trying to contact enquirers because they are not readily available.

The EAMIS wanted to determine if SMS/text messages could be used to inform enquirers that an answer to their enquiry was ready.

Method

All enquiries received by EAMIS over a 7 week period from healthcare professionals working in primary care were offered the option to receive a SMS/text message to inform them when an answer to their enquiry was ready.

Enquiries from patients (including NHS Direct referrals) and healthcare professionals working in secondary care were excluded from this study.

Once an enquiry was completed, the standard UKMi user survey was sent to the enquirer with three additional questions about the SMS/text functionality.

Results

The following data were collated:

- number of enquiries included in the pilot study.
- number of enquiries where the SMS/text function was successful.
- demographics of the enquirers/enquiries.
- time taken for enquirers to contact the service after SMS/text message sent.
- technical issues identified from this pilot.
- feedback from enquirers who had experienced this functionality.

Conclusion

The results of this pilot project were positive. The EAMIS has decided to now offer this functionality routinely alongside other routes of communication. This functionality could prove to be extremely useful for those UKMi centres handling enquiries referred to them by NHS Direct.

Poster 15

What questions do patients ask when they ring the Trust's Medicines Information Helpline?

***Aoidin Cooke* and Selwa Elrouby** *Medicines Information, Central Manchester University Hospitals NHS Foundation Trust.*

Focal Points

- In Sept 2009 CMFT launched the Trusts MI patient helpline.
- This poster examines the types of questions patients have asked since the launch of the patient line.
- Future service development work will include a focus on ensuring patients are receiving the information they need around adverse effects of medicines which forms part of the CQUINs payment framework for Trusts.

Introduction

The Care Quality Commission has highlighted the need to help patients with their medicines after discharge and a need for patient helpline services. In addition, the pharmacy white paper underlined the importance of promoting the safe use of medicines to help reduce hospital admissions which have been shown to be medicines related in 4-5% of cases. The UKMi strategy document "Effective Information for managing medicines" highlights the need for a service to reflect a patient focussed NHS & increased access to good quality health information for patients. In Sept 2009 the Trust's MI service launched a patient helpline. Credit card sized advertising cards are provided in all adult take home TTO and out patient prescriptions. This poster examines the workload data and the types of questions patients have asked since the launch of the patient line.

What has been the impact of the MI patient line service?

- Since the launch we have received 56 telephone calls form the public
- 31 of the 56 patients obtained our number as a direct result of receiving the advertising card in their prescriptions
- 47 of the 56 calls were answered in less than 1 hour
- 8 calls were answered in 1 to 4 hours and 1 was answered within the day.
- 42 of the calls were classed as Level 1 enquiries, 13 were Level 2 and 1 was Level 3.
- A total of 40.5 hrs were spent on these enquiries and average of 43 mins per enquiry.

What questions do patients ask when they ring?

The majority of calls were around adverse effects, 18 enquiries; administration & dosage, 16; availability & supply, 8; and interactions, 7. Examples of the questions asked by patients are shown in the poster.

Service development plans to meet CQUINs targets

Patients are calling the MI helpline with appropriate enquiries and is offering information around adverse effects with medicines. Last years National Inpatient Survey report demonstrates there is work to be done by the Trust to improve the provision of medicines information at discharge from hospital. This survey has formed part of the CQUINs payment framework for Trusts and service development plans are in place to develop the patient line further to support achievement of these goals.

Poster 16

MI and the QIPP Challenge – what about dis-investment?(or - which medicines should be consigned to Room 101?)

David Anderton, *Royal Derby Hospital*

Focal Points

- Trusts must focus on preserving / enhancing services that improve quality (Q) and productivity (P), embrace innovation (I) and promote prevention of harm (P).
- Dis-investment in poor value for money medicines should be given a higher priority
- Mi can contribute to this process by working with DTCs, ensuring best available evidence is utilised in the decision-making process
- Key areas for dis-investment are considered
- Five examples of medicines consigned to Room 101 are highlighted

Introduction

The NHS is facing some challenging times in the years ahead with the expectation that £15 – 20 bn of efficiency savings will need to be delivered over the next few years. Expenditure on medicines will undoubtedly come into sharp focus as Trusts look hard to see how they can achieve more for less. But how can MI contribute to this process?

A UKMi document "Medicines Information Services: A Major Contribution to QIPP for the NHS" outlines examples of how MI is already delivering on this agenda. However, MI can also assist D&T committees in deriving the maximum health benefit from finite NHS resources by abandoning poor value-for-money medicines by a process of "dis-investment". Medicines that are not evidence-based, for example, should be consigned to this Room 101 of Discarded Therapies.

Method

Review of Top 50 lists of drugs by expenditure

Results / Discussion

Five examples of medicines consigned to Room 101 are highlighted

Conclusions

- ❑ It is important that methods used for identifying such medicines that can be discarded are as rigorous as those used for assessing potential new treatments i.e. MI can assist in applying evidence-based decision making in the disinvestment exercise.

- ❑ UKMi should develop a data-base of evidence-based disinvestment projects

Poster 17

Especially for you – promoting appropriate use of special-order medicines.

Karoline Brennan, *North West Medicines Information Centre, Liverpool.*

Focal points

- Patients with swallowing difficulties and /or feeding tubes cannot take solid oral dosage forms and require their medication in an alternative formulation.
- Special order liquid formulations ('Specials') are available but are unlicensed and expensive. In most cases, licensed medicines are available that meet the patients needs.
- In order to reduce the inappropriate use of Specials, prescribers and healthcare professionals need information about other available therapeutic options. The North West Medicines Information Centre (NWMIC) has produced documents for this purpose.

Background

Enquiries received by NWMIC, and information from primary care colleagues, highlighted the increasing use of Specials for patients with swallowing difficulties or feeding tubes. In many cases where a Special had been prescribed, a licensed alternative (e.g. dispersible tablet or granules for suspension) was available, or a licensed medicine could be used off-label (e.g. capsule opened or tablet dispersed in water) in order to meet the patient's needs.

Specials are unlicensed and expensive, sometimes many times the cost of a licensed alternative. After discussion with primary care colleagues, it was felt that prescribers were unaware of the high cost of these products, compared with licensed alternatives and that there was a lack of information to support decision making. A document highlighting alternatives to Specials would be helpful for Medicines Management staff advising prescribers. Specific therapeutic areas (e.g. proton pump inhibitors, atypical antipsychotics) were highlighted as being of particular concern due to a high spend on Specials in these areas.

Solution

A Medicines Q&A document was prepared describing a stepwise approach to choosing suitable formulations for adult patients unable to take solid oral dosage forms. [1] It takes into account the patient's method of feeding and medication required, and recommends that licensed preparations are used where possible. An appendix provides suggestions for choosing suitable formulations in specific therapeutic areas, based on those highlighted by local PCTs.

Further developments

The Medicines Q&A was positively received by medicines management staff, who expressed the desire to promote its stepwise approach to prescribers. To help encourage appropriate prescribing, an academic detail aid, suitable for local adaptation, was prepared highlighting the key points to GPs and non-medical prescribers.[2] Local variations on the academic detail aid have been prepared and used in the North West.

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2.UKMi. Medicines Q&A 307.1. Academic detail aid for prescribers – choosing medicines for patients uable to take solid oral dosage forms. January 2010. www.nelm.nhs.uk/en/NeLM-Area/Evidence/Medicines-Q--A/QA-307-1-academic-detail-aid-for-prescribers/ (accessed 26/7/2010)

Poster 18

Collaboration between acute and primary care to improve oral proton pump inhibitor prescribing in surgical patients

***Cristina Coelho* and Yvonne Semple** – *Medicines Information, Pharmacy and Prescribing Support Unit NHS Greater Glasgow and Clyde*

Focal Points

- The appropriate use of proton pump inhibitor (PPI) treatment in surgical patients is recognised as a challenging area of practice due to a limited evidence base.
- Consensus guidance on use of PPIs following discharge from surgical units was produced.
- Baseline data has been captured for future evaluation of the impact of the new prescribing guidance.

Introduction

The appropriateness of proton pump inhibitor (PPI) treatment in surgical patients is recognised as a challenging area of practice, given the frequent off-label prescribing in this group of patients and the limited clinical evidence available on surgical indications. During admission to surgical units patients are frequently started on a PPI, or changed to a higher dose, for treatment of acute symptoms. This is often required as a short treatment course. Failure to pass comprehensive information on indication and length of therapy on discharge may lead to inappropriate prescribing of PPIs in primary care. The aim of this project was to produce local guidance for oral PPIs use in surgical patients and to capture baseline data for future evaluation of this piece of work.

Method

A list of licensed and common off-label indications for PPIs was collated as described in manufacturers' Summary of Product Characteristics, national guidelines and local Therapeutics Handbook. Common surgical interventions requiring post-operative treatment with a PPI were also included. Surgeons were invited to comment on this proposed list and advise on recommended doses and duration of treatment with the aim of reaching a consensus appropriate use of PPIs.

Prospective data collection was undertaken for all patients prescribed a new PPI or a new dose of PPI in the surgical unit of an acute teaching hospital during January and February 2010. Follow up data from primary care was collected using GPASS up to seven months after hospital discharge. Appropriateness of prescribing was determined using the newly approved guideline.

Results

Consensus guidance on appropriate indications and duration of PPIs following discharge from surgical units has been produced. This includes information from a number of specialist sources as well as expert advice from NHS Greater Glasgow and Clyde surgical team. This was approved in July 2010 and is available on the Health Board online guideline store.

Thirty-one patients were included in the audit. The majority of patients were prescribed a high-dose PPI, defined as equivalent to omeprazole 40mg or more (n=21, 68%). The indication and dosage of PPI treatment was appropriate in 65% of cases (n=20). Information in the discharge documentation was often incomplete, with 32% of patients (n=10) having no details on the indication for PPI treatment and 45% (n=14) having no information on duration of treatment. Eleven patients (35%) were continued on a PPI prescription indefinitely following discharge, including six patients on a high-dose PPI.

Discussion

New local guidance is now available for oral PPIs in surgical patients following discharge from hospital. This is expected to help improve prescribing of PPI treatment on discharge and inform medicines use review initiatives in primary care. Further audit work across acute and primary care is required to assess the impact of this prescribing guidance.

Poster 19

A role for the clinical/MI pharmacist in a residential nursing home

Sarah Cavanagh, *East Anglia Regional Medicines Information Service, Ipswich Hospital, Ipswich.*

Focal Points

- The clinical/MI service provided to a large nursing home for last 18 months was evaluated to assess its impact and guide future priorities.
- Results from a questionnaire indicated a perceived benefit amongst nursing and medical staff.
- Medicines reconciliation and drug administration queries were perceived most useful.
- Contributing to cost effective prescribing will need to be an ongoing focus.

Introduction

There is a clear need for better management of medication in nursing homes and appropriateness of drug use is an important indicator of the quality of care1. NHS Suffolk fund a service to a large residential nursing for four hours per week on a sessional basis. The clinical/MI service was provided by a regional medicines Information pharmacist who was also an independent pharmacist prescriber. Each of the four houses in the nursing home was visited each week. Interventions are recorded on a spread sheet and returned to the PCT on a monthly basis. These are entered into a master spread sheet from which cost and quality savings may be measured.

Method

A simple service evaluation questionnaire was distributed to all the trained nurses and GPs with responsibility for care in the nursing home which asked for views on the usefulness of various aspects of the pharmaceutical care provided. Respondents were also asked for general comments and suggestions for improving the service.

Results

60% of the trained nurses and 100% GPs completed the questionnaires. The greatest benefit was around medicines reconciliation and drug administration queries. Both prescribing medication and stopping medication no longer required by residents was deemed useful, as was the pharmacist's contribution to cost effective prescribing.

Discussion

Although the service is well received by the staff working in the nursing home, if the service is to continue following the NHS reforms, clinical/MI pharmacists need to be able to demonstrate cost effectiveness as well as quality savings.

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1.Joseph Rowntree Foundation. Improving care in residential care homes: a literature review 2008. Available via www.jrf.org. (accessed 17th August 2010)

Poster 20

Bisphosphonate-induced osteonecrosis of the jaw – past, present and future

Christine Randall, *North West Medicines Information Centre/Yellow Card Centre North West*

Focal Points

- Bisphosphonate-induced osteonecrosis of the jaw (BONJ) was first recognised in 2003; the risk factors for and incidence of BONJ are still not fully elucidated.
- The first report of BONJ to the Yellow Card Scheme was in 2004. UKMI's specialist dental advice centre receives 60 to 80 calls a year about managing dental patients on bisphosphonates.
- A UK case registration study is underway with the aim of estimating incidence and risk factors.

The North West Medicines Information Centre (NWMIC) provides UKMI's specialist service for drug use in dentistry and also hosts Yellow Card Centre North West (YCCNW). The adverse effect of bisphosphonate-induced osteonecrosis of the jaw (BONJ) has impacted on both services and means that the centre is ideally placed to undertake research in this area.

The Past

Bisphosphonates are licensed for the treatment of hypercalcaemia of malignancy, Paget's disease and prophylaxis and treatment of osteoporosis, and are given either by the IV or oral route. The association between osteonecrosis of the jaw and bisphosphonates was first highlighted in the literature in 2003[1] with a case series describing 36 cases of painful bone exposure in the mandible and/or maxilla. All patients were receiving pamidronate or zoledronate. A dental extraction was presumed to be the precipitating factor for BONJ in 28 cases. The first report of suspected BONJ to the UK's Yellow Card Scheme was in 2004, and YCCNW received its first report in March 2005.

In September 2004 US product information for IV pamidronate and zoledronate was updated to describe known risk factors for BONJ and advised avoidance of invasive dental treatment in patients at risk. UK SmPCs were similarly updated in December 2004. Europe wide safety reviews were conducted in 2005 and 2009. The Medicines and Healthcare products Regulatory Agency (MHRA) took action to strengthen relevant warnings in the SmPCs for all IV and oral bisphosphonates. Healthcare professionals were informed about these changes via Current Problems in Pharmacovigilance.[2]

The Present

Enquiries to the NWMIC from dentists nationwide about BONJ and managing patients on bisphosphonates started with 4 enquiries in 2005, increasing to 25 in 2006, 62 in 2007, with a peak of 80 enquires in 2008 and dropping to 60 in 2009.

There are no evidence based national or international guidelines on how to manage the risk of osteonecrosis of the jaw in patients on bisphosphonates who require dental surgical procedures. Local guidance was drawn up by the NWMIC in June 2008, in collaboration with Liverpool-based dental and maxillofacial clinicians, to support centre staff and local dentists. The document has been updated twice since 2008.

The Future

Staff from NWMIC/YCCNW have collaborated with local primary and secondary care dentists to develop a national case registration project which aims to estimate the incidence of, and risk factors for, BONJ. The project is supported by the British Association of Oral and Maxillofacial Surgeons and the Royal College of Surgeons Faculty of General Dental Practice (RCSFGDP). Registration is web-based and is administered by the RCSFGDP. All case reports will also be submitted to the MHRA via the Yellow Card Scheme. The project began in 2009 and is due to run for two years. Interest in the results of the project has come from the European Medicines Agency, researchers in the US and the pharmaceutical companies who market bisphosphonates.

References

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2. MHRA/CSM. Osteoporosis of the jaw with bisphosphonates. Current Problems in Pharmacovigilance 2006; 31: 4-

Poster 21

Roll up, roll up – how promotion increased registration with NDO.

Alexandra Denby[1], ***Joanne McEntee***[2], ***Christine Proudlove***[2] *and* ***James Turton***[3].
[1] *London North Thames Medicines Information Centre, Northwick Park and St. Mark's Hospitals, Harrow.* [2] *North West Medicines Information Centre, Liverpool.* [3] *Nottingham University Hospitals NHS Trust, Nottingham.*

Focal Points

- The effect of promotion on the number of NHS staff registering with the UKMi NewDrugsOnline (NDO) database is described.
- Issuing a monthly newsletter and, to a lesser degree, allowing access to NDO through NHS Evidence and promotion at the UKMi Practice Development Seminar, increased the number of registered NDO users by 440% from 358 to 1,565 over a period of 22 months.
- Promotion has been successful in increasing the number of UK NHS professionals registered with NDO.

Introduction

The UKMi NewDrugsOnline (NDO) database is a horizon scanning resource that tracks developments in new medicines and licence extensions. Registration is free and available to all NHS staff. The database underwent a major re-design and re-launch in June 2008. All previous users were asked to re-register. The database was advertised at the 2008 UKMi Practice Development Seminar (PDS), in Prescribing Outlook (another UKMi horizon scanning product) and with a promotional flyer. In May 2009, in order to increase awareness of and access to NDO, the UKMi Executive agreed to a request from the National Institute for Health and Clinical Excellence for abbreviated NDO monographs to be available via NHS Evidence. In March 2010, a monthly e-newsletter listing recent changes to the database was launched; a link to the newsletter is sent to all registered users. To attract new users the link is also sent via regional medicines information centres to NHS staff who usually receive UKMi publications. The effect of these promotional efforts on registration with NDO is described.

Results

At the end of August 2008, there were 358 registered users of NDO. Following promotion of the database this increased by 440% to 1,565, at the end of June 2010. The newsletter had the greatest impact on registrations – the average number of new registrations per month after the newsletter was launched was 132 compared with 38 after inclusion in NHS Evidence and 37 after promotion at the UKMi PDS. Since launch of the e-newsletter, 530 requests for registration have been accepted. There is a large regional variation in the number of new users and in the total number of registered users. The greatest percentage increase in users is in the Northern and Yorkshire MI region (148%); the smallest is in the London North Thames region (18%). Most new users are pharmacists working in secondary care (40%). Over one quarter are primary care/medicines management pharmacists or technicians. Other new users include information specialists, working in medicines information centres (8%), for health technology appraisal (HTA) organisations, such as NICE (4%), or in libraries (1%), plus professionals working in public health (4%) and commissioning (2%).

Discussion

Promotional efforts to increase registration with the NDO database have been successful. Publication of a monthly e-newsletter had the greatest impact, with the monthly rate of new registrations increasing more than three-fold. The greatest increase in number of registrants since the newsletter was launched is in the north of England – it is unclear why promotion appears to have been more successful in some regions than others. New users are mostly pharmacists but also individuals working for HTA organisations and in public health or commissioning. At present, we do not have data on how often NDO is used and why it is used. The NDO registration process has already been amended to determine how future users hear about the database, and a 'visitor counter' is to be added.

Poster 22

Medicines Education – A Significant Challenge in today's NHS

***Elaine McIvor**, Senior Pharmacist, Medicines Education, **Yvonne Semple**, Lead Pharmacist, Clinical Effectiveness, NHSGGC Medicines Information Service, Glasgow Royal Infirmary, Glasgow*

Focal Points

- The role of the Medicines Education pharmacist is to be responsible for the development and delivery of proactive medicines information to encourage safe, secure and cost-effective use of medicines across NHS Greater Glasgow & Clyde (NHSGGC).
- Practising evidence based medicine is a high priority within the NHS today and the provision of educational material is an aid to facilitate this.
- A previous user survey has shown the resource of an educational series of bulletins, "PostScript Extra" to be a useful resource for improving pharmacists' knowledge and influencing prescribing.

Introduction

New drugs, complicated drug regimens and the need to ensure evidenced based prescribing cause significant educational challenges for the NHS. Within NHSGGC, the Medicines Education pharmacist working within the Medicines Information Team is responsible for the development and delivery of proactive information.

Method

Priorities for proactive information are identified through multidisciplinary prescribing advisory committees and liaison with lead pharmacists and clinicians within acute and primary care. Examples of proactive information are the "PostScript Extra" bulletins. These are prescribing bulletins which are part of a family of bulletins within NHSGGC and feature a brand that is recognisable within the Health Board.

The "PostScript Extra" bulletins review the evidence base for therapies and are an important part of the health board strategy for ensuring cost effective use of medicines. They are used as an aid to support GPs at the point of prescribing and also to support pharmacists working with clinicians as a tool for engaging in prescribing decisions.

Outcomes/Results

Positive feedback was received from a previous user survey of the "PostScript Extra" bulletins. Recent proactive work has focussed on safe and effective prescribing and on reducing waste. Examples include:

- 'Clopidogrel and possible interaction between proton pump inhibitors'
  Following the publication of national guidance on this interaction, the "PostScript Extra" bulletin provided interpretation and practical guidance for prescribers on how to manage patients.

- 'Respiratory Inhalers – Good Practice Guide'
  Targeted educational pack for nursing staff on inhaler devices with the aim of highlighting wastage and ensuring safe and cost effective prescribing whilst maintaining continuity of patient care.

Discussion

Evidence based medicine is a high priority within the NHS today. The future delivery and impact of medicines education will be reviewed to ensure proactive information is received by local prescribers to influence patient care.

Poster 23

User Evaluation of the *Thinking Ahead* resource on NELM

Nicola Watts, *Wessex Drug & Medicines Information Centre, Southampton*

Focal Points

- Service evaluation research looking at the Thinking Ahead resource.
- To ascertain the user demographic and the fitness for purpose of Thinking Ahead in terms of content and format.
- Thinking Ahead is used by its intended audience and has an appropriate format and content for their needs.

Introduction

Thinking Ahead provides users with links to internet resources that support the medicines aspects of specific health promotion events (e.g. No Smoking Day). It is written by Wessex Drug and Medicines Information Service (WDMIC) and published in the Health in Focus Section of NeLM. Each year it receives more than 5000 hits on the website1. Although Thinking Ahead was originally designed as a resource document for Primary Care, the user demographic has never been investigated. The document's usefulness in terms of topics covered, content or format has also never been assessed. This study therefore aimed to identify the principle users of Thinking Ahead and to assess the document's fitness for purpose.

Method

An online questionnaire was designed using Zoomerang with a link added to four successive Thinking Aheads (Depression Awareness Week, Hay Fever Season, World Asthma Day & Diabetes Week). Results from the questionnaire were then analysed.

Results

- Pharmacists make up the majority of Thinking Ahead users (65%) along with nurses (22%). More than half of users work in primary care (57%).
- The majority of Thinking Ahead users (61%) did not realise that there was a subscription option available for Thinking Ahead on NeLM.
- Of the twelve topics covered by Thinking Ahead in 2010, seven were considered to be 'useful' by more than 50% of responders. The topic that most responders found to be useful was No Smoking Day (71%). No topic was considered to be 'not useful' by >5% of responders. Other topics were also suggested by users.
- 85% of responders felt that both the format and publication time of Thinking Ahead was appropriate.

Discussion

The results are limited by the low return rate on the questionnaire when compared to the hits recorded for the individual documents. However, these results suggest that Thinking Ahead is used by its target audience in primary care, but is also used in secondary care. None of the topics currently covered are considered extraneous and additional topics such as heart disease and dementia would also be considered useful.

The format and content are considered to be appropriate by users and the document in its current form can be viewed as fit for purpose.

The data collected will be used to inform future editions of Thinking Ahead to ensure that it continues to be useful to the target audience.

References

1. NeLM statistics. Accessed July 2010.

Poster 24

An Audit Of Warfarin Prescribing: An Assessment Into The Prescribing Of Warfarin And Its Impact On Patient Safety

***Kavit Amin**, St George's hospital, London*

Focal Points

- This audit aims to evaluate warfarin prescribing in terms of safety and accuracy
- Warfarin prescribing at the largest hospital in London is currently recorded to a low standard
- The introduction of a new drug chart could potentially make prescribing safer
- There are encouraging results from Australia to suggest the use of a standardised drug chart makes warfarin prescribing safer. We aim to re-audit with the imminent arrival of a new drug chart within the trust

Introduction

When prescribing anticoagulation, we select those with an increased risk of major thrombo-embolic events. We also aim to minimise haemorrhagic morbidity and mortality. We can achieve these objectives by safer prescribing, patient education, and effective communication between health professionals involved with the patients care1. This audit aims to evaluate warfarin prescribing in terms of safety and accuracy. The generic warfarin prescription charts of inpatients on wards at St George's Hospital will be interrogated for errors in order to establish whether warfarin is prescribed correctly or if there are areas for improvement.

Methods

Sixty patients admitted into the Medical Assessment Unit (MAU) already taking warfarin will have their inpatient warfarin charts assessed. They will be assessed in accordance with NICE guidelines with answers recorded as yes or no. We will then re-audit with the introduction of a new drug chart in the trust which has a dedicated 'warfarin section'. Our exclusion criteria included those commencing on warfarin in hospital for the first time.

Results
See Table 1

Discussion

We have identified that the accuracy of warfarin prescribing in a large teaching hospital is below standard. Parameters that have been suggested by NICE, which include recording indication and target INR were poorly carried out. There has been discussion lately about the need to standardise inpatient prescription charts across all hospital trusts. The evidence for this comes from Australia, where a state standardised their inpatient charts and found a significant reduction in errors. There have been suggestions that poorly designed charts have contributed to prescription errors. Interestingly, in particular the authors focus on errors with anticoagulant prescribing, where a specific section was designed for this purpose. The benefits and potential risk reduction with regards to warfarin management were obvious with the authors claiming the success was attributed to the 'multi-disciplinary' recommendations from medical, pharmacy and nursing staff2. We will re-audit in the near future, but wish to share discussion on our current cycle.

References

1.NICE Guidelines: Anticoagulation prescribing

2.Coombes ID, Stowasser DA, Reid C, Mitchell CA Impact of a standard medication chart on prescribing errors: a before-and-after audit Qual Saf Health Care. 2009 Dec;18(6):478-85

Table 1

	First Run	
Documentation	% Yes	% No
Hospital Number	94	6
Name, D.O.B	92	8
Indication for Warfarin completed	76	24
Charted on drug chart	88	12
Risk factors completed	6	94
Patient on Aspirin answered correctly	16	84
Usual dose recorded	76	24
Target INR recorded	78	22
Correct dosing via recorded schedule	80	20
Listed as correct units	94	6
INR monitored regularly	94	6
Taken at patients usual time	60	40
Within target INR range	60	40

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