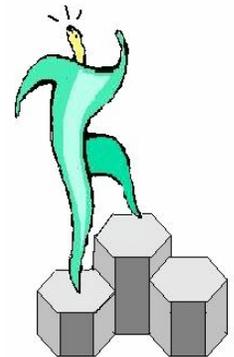


Stepping up to Excellence

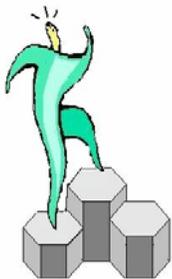
Programme
and
Conference Proceedings

UKMi

UK Medicines Information



**31st UK Medicines Information Conference
Coleraine 16th – 18th June 2005**



31st UK Medicines Information Conference

University of Ulster at Coleraine, Northern Ireland

16th-18th June 2005

Dear Delegate

Welcome to Northern Ireland, the University of Coleraine and the 31st UKMi Conference. We have put together a professional programme that reflects current pharmacy-wide and MI specific topics of interest in the usual mix of plenary and workshops styles.

We are indebted to the organising committee and to the UKMI members, UKMi working parties and external speakers who are contributing to hopefully make this conference a success.

We are also delighted that the pharmaceutical industry and our professional partners continue to support us and, with your active participation, will make the conference the professional and social success it has been for many years. This year, we would especially like to thank DataPharm Communications who are sponsoring our Thursday evening social event.

The ever popular Practice & Research poster presentations will also be displayed during the Exhibition.

The social highpoint is the Conference Dinner and dance to be held on Friday evening in a marquee adjacent the Riverside Theatre - please bring your dancing shoes and join in the evening's "craic".

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

I look forward to meeting you over the next 3 days.

Eilish Smith

Chairman, Conference Organising Committee

Conference Organising Committee

Eilish Smith – Conference Organising Committee Chairman

Regional Medicines and Poisons Information Centre, The Royal Hospitals, Belfast

Sharon Brownlee

Medicines Information Centre, Craigavon Area Hospital Group Trust, Northern Ireland

Richard Clements

Medicines Information Centre, Craigavon Area Hospital Group Trust, Northern Ireland

Alison Coleman

Medicines Information Centre, The Ulster Hospital, Belfast

Peter Golightly

Trent Medicines Information Centre, Leicester Royal Infirmary, Leicester

Claudine Hughes

National Medicines Information Centre, St James's Hospital, Dublin

Judith Lambert

Medicines Information Centre, Belfast City Hospital, Belfast

Anne Lee

Medicines Information Centre, Glasgow Royal Infirmary, Glasgow

Iris McIlroy

Medicines Information Centre, Antrim Area Hospital, Northern Ireland

Karen Miller

Medicines Information Centre, The Ulster Hospital, Belfast

Brendan Moore

Medicines Information Centre, Altnagelvin Area Hospital, Londonderry

Jane Neal

London Medicines Information Centre, Northwick Park and St Marks Hospitals

Chris Proudlove

Pharmacy Practice Unit, North West Medicines Information Centre, Liverpool

Kaye Scullion

Medicines Information Centre, Antrim Area Hospital, Northern Ireland

Michele Skipp

South West Medicines Information and Training Centre, Bristol Royal Infirmary

James Turton

IT support and Website Design, Queens Medical Centre, Nottingham

Fiona Woods

Welsh Medicines Information Centre, University Hospital of Wales, Cardiff

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Opening session

Welcome to Northern Ireland

Sean O'Hare, *Director of Pharmaceutical Services, The Royal Hospitals, Belfast*

Dr O'Hare has been the Director of Pharmaceutical Services in The Royal Hospitals since 1989. He is a past Council Member of The Pharmaceutical Society of Northern Ireland and a former part-time lecturer in The Queens University School of Pharmacy

Annual report of UKMi

Christine Proudlove, *Director - North West MI Service*

*Christine has been the director of the North West Medicines Information Centre since 2000
Christine has been the director of the North West Medicines Information Centre since 2000 and
Chair of the UKMi Executive since 2004.*

She graduated from UWIST in Cardiff and gained pre-registration experience with Liverpool Polytechnic and Liverpool Hospitals. She held a teacher/practitioner post and a number of hospital pharmacy posts in the North West before moving into medicines information, at what was then, the Mersey Drug Information Centre. Her first post in MI was a research post and she undertook an MSc project on 'The influence of the drug information services on the rational and economical prescribing of drugs'. Although she has been in MI for many years, she has briefly escaped on secondment to work with the Department of Health and in primary care.

Christine's interests lie in the area of new medicines and she chairs the UKMi working groups on new products and Prescribing Outlook.

Christine has gained postgraduate diplomas in Prescribing Science and Hospital Pharmacy Management and is a member of the College of Pharmacy Practice. She diligently completes her Plan & Record records.

Abstract

A report of the activities and developments of the UK Medicines Information network (UKMi) during 2004/5.

Plenary Session 1 – From Aspiration to Action

Chair: *Sean O'Hare, Director of Pharmaceutical Services, The Royal Hospitals, Belfast*

The future of MI in a changing health care system

Dr. Norman Morrow, *Chief Pharmaceutical Officer, Department of Health, Social Services and Public Safety*

Educated at Queen's University Belfast, Dr Morrow graduated with a degree in Pharmacy in 1974. He later graduated with an MSc in Hospital Pharmacy and was awarded a PhD in 1986. His initial career was in hospital pharmacy practice where he specialised in medicines information services. He then moved into the field of education and training where he became the first Northern Ireland Director of Postgraduate Pharmaceutical Education and Training. He was appointed to his current post in 1995. Dr Morrow has written numerous research and educational papers and is co-author of 'Communication Skills Training for Health Professionals'. His main professional interests are in medicines management, education and training and pharmacy practice development. He is a Fellow of the Pharmaceutical Society of Northern Ireland and was recently awarded the Guild of Healthcare Pharmacists' Gold Award for services to pharmacy in the NHS.

Abstract

Starting with a brief overview of contemporary and future arrangements for health care provision, considered from a pharmaceutical services perspective, the presentation will explore the contribution of medicines information services. This will take account of strategic organisation/networking, health care priorities for patients, carers and health care professionals, information utilisation and evaluation as well as impact measures that justify investment in medicines information services. Such analysis will afford a discussion of the key challenges facing the discipline.

Interfacing and working with primary care

Terry Maguire MPSNI, Community Pharmacist, Northern Ireland

Terry graduated from QUB in 1980 and obtained a PhD in 1984. He is a Past President of the Pharmaceutical Society of N Ireland and was member of Council Member for 12 years. During that time he has served on all the Society's committees and has represented the profession widely. He has served on the Central Pharmaceutical Advisory Committee, the Crown Review on Prescribing Supply and Administration of Medicines and the Post-graduate Pharmaceutical Education and Training Committee. He was Director of N Ireland Centre for Post-graduate Pharmaceutical Education and Training (NICPPET) from 1997 –2002. He was Principal Pharmaceutical Officer at the Dept. of Health Social Services and Public Safety from 2002-2005. He is a vice chairman of PharmacyHealthLink a UK charity that promotes public health through community pharmacy and he is a member of the Committee on Safety of Medicines. He is a Pharmaceutical Contractor with two pharmacies in Belfast that he runs and manages.

Abstract

As pharmacists working within, and supporting, primary care we are experiencing at the present time a radical change in the work we undertake. Primary care pharmacists are evolving and are taking up a middle ground between the domains of general medical services and pharmaceutical services. In general however these roles are, at yet, not complementary and remain discrete, their work in general practice is clinically focused whereas their work in the community pharmacy remains focused on the procurement and the supply of medicines.

However, a key driver for change, change that will bring medical and pharmaceutical practice closer with a key objective of improved patient care, is the New Pharmacy Contract. This represents by far the greatest change to the role of the community pharmacists in a century. The roles and tasks that will in the long-term defined the New Pharmacy Contract will ensure greater engagement of pharmacists in shared patient care. Even now medicine procurement and medicine supply are no longer the main contractual responsibility for community pharmacists in England and Wales and this will soon be the case in N. Ireland and Scotland.

An aspirational clinical role has become a reality yet these changes, long desired by many pharmacists, will place a considerable burden on the knowledge and skills of pharmacists especially when undertaking advanced and enhanced services – the second and third tier of the New Contract. The new contract represents a bold strategy designed to knit community pharmacy into the NHS. Key to the success of this strategy will be the provision of an Information Support Framework providing, on an ongoing basis, quality information at the right time and in the right format.

Little has been explicitly stated about such a framework. It already exists in an *ad hoc* way and many of its elements are effectively providing the necessary information to support the current system. However, information needs, like the services provided, will go through a radical change. Medicines Information pharmacists have for many years supported community based pharmacists but the challenge of the new contract will require further modification to the existing medicines information services.

This presentation will consider the key changes to primary care pharmacy and what information support will be needed. Suggestions will be made on how the current MI Services could change and adapt becoming a central pillar of the Information Support Framework.

Pharmacist Supplementary Prescribing: Experience of implementation in Primary Care

Fiona Reid, *Pharmacist for Cardiovascular Management, Lothian Primary and Community Division*

Fiona has been based in primary care for four years. She established the first pharmacist-led hypertension / cardiovascular risk clinic in the UK in 2001 and a primary care pharmacist-led heart failure clinic in 2002. She currently runs clinics for patients with or at risk of cardiovascular disease in two general practices in Midlothian. Fiona qualified from Robert Gordon University in January 2004 as a pharmacist supplementary prescriber and was the first pharmacist to write a prescription in primary care in April 2004.

Prior to working in primary care, Fiona was a Teacher Practitioner/ Clinical Lecturer in Cardiology working between the Royal Infirmary of Edinburgh and University of Strathclyde, Glasgow. She continues to work as an Honorary Lecturer at Strathclyde and is involved in teaching on the pharmacist supplementary prescribing course. She is a committee member on a number of national groups including the Scottish Executive National Advisory Group for CHD and is currently Vice Chair of the National Pharmacy Cardiovascular Group.

Objectives

- To illustrate the implementation process of pharmacist supplementary prescribing within general practice.
- To describe problems encountered in delivery of pharmacist supplementary prescribing.
- To identify medicines information needs of pharmacist supplementary prescribers within primary care.

Abstract

This session will relate the experience of implementing pharmacist supplementary prescribing in primary care within the setting of 2 general practices. The practicalities of prescribing will be discussed in addition to problems encountered to date both in this case and in the wider primary care setting.

Medicines information needs of pharmacist supplementary prescribers in primary care will be discussed.

Plenary Session 2 – Reckoning with risk

Chair: Dr. Jim Smith, Chief Pharmacist, Department of Health, England

Pharmaceutical trials: Current legal issues in pharmacy practice

Professor Tony McGleenan, Barrister and Chair in Law, University of Ulster

Tony McGleenan was appointed to the post of Lecturer in Jurisprudence at Queen's University in 1992 and became Senior Lecturer in Law in 2000. He was appointed Professor of Law at the University of Ulster in 2002. He studied at the Honourable Society of King's Inns in Dublin was called first to the Bar of the Republic of Ireland and then to the Bar of Northern Ireland. His main academic research interests are in the area of medical law and human rights law. He has published widely in legal and medical journals. He combines a part-time academic position with a private practice at the Bar of Northern Ireland specialising in the fields of public law, employment law, medical law and human rights. Appointments include

- *Royal Group of Hospitals: Clinical Ethics Committee*
 - *Northern Ireland Human Organs Inquiry.*
 - *Irish Council of Bioethics.*
 - *Mental Health Review (NI).*
-

Abstract

This presentation examines the potential legal challenges which face the Medicines Information practitioner. The specialist practice of Medicines Information has not been subject, as yet to definitive rulings by the higher courts. However, the Medicines Information practitioner operates in a sphere where contentious legal issues abound. This presentation will critically evaluate the present legal and ethical guidance provided to Medicines Information practitioners. In particular, the speaker will address the following issues :

Confidentiality and the relationship with the developing right to privacy under the Human Rights Act 1998. Is the duty of confidentiality different from the right to privacy? To whom does the MI practitioner owe a duty of confidentiality? How does the Freedom of Information Act impact upon privacy and confidentiality?

The legal significance of local (and national) guidelines. What is the effect, in law, of guidelines? Should they be considered legally binding? In what, if any, circumstances can guidelines be departed from? Do local or national guidelines have retrospective effect? What happens if guidelines conflict?

The role of the MI pharmacist in the legal process. In what circumstances will an MI pharmacist be called to give evidence in a trial? What are the functions of an expert witness?

The problem of prescription-related illness

Hugh McGavock, *Visiting Professor of Prescribing Science, University of Ulster*

Research Physiologist

GP

MO/SMO responsible for QA in GP prescribing

Director, Drug Utilization Research Unit, Q.U.B.

1998-present Course organizer, GP continuing professional development, NIMDTA

Former Provost, RCGP, Northern Ireland

Former Chair, UK Drug Utilization Research Group

Former Chair, UK Research Ethical Committee

Long-term Member: N.I. Medicines & Poisons Information Service Steering Group

Former chair, University of Ulster research ethical committee.

Author: How Drugs Work – Basic Pharmacology for Healthcare Professionals (2nd ed)

RCGP Practice Formulary, Editor, 4th edition.

Abstract

Prescribed drugs are now a major cause of morbidity and mortality, particularly in the elderly. The extent of this pandemic is described and its likely causes in primary care are identified: unnecessary prescribing, imprecise diagnosis, inadequate undergraduate and postgraduate education in pharmacology and therapeutics, the uncritical application of evidence-based medicine, the outstanding development of new drugs and their sometimes unjustified promotion. Urgent action is recommended under seven headings, by health administration, epidemiologists, medical educators and prescribing doctors. The future role of the pharmacist is discussed.

Plenary Session 3 - Byte IT

Chair: Simon Wills, Head of Wessex Drug and Medicines Information Centre

Simon started at the Wessex MI Centre in 2000, and before then ran the local MI centre in Portsmouth for 10 years. He has an interest in substance misuse which partly explains his occasionally odd behaviour. He also supports Southampton Football Club and perhaps followers of football will realise that this interest could only have developed after the interest in substance misuse. He is co-author of the UKMi Training Workbook, and leads the UKMi Q&A project. He also has an active interest in legal and ethical matters and research.

Datapharm – developments in supporting healthcare

Steve Mott, Executive Director, Datapharm Communications Ltd

Steve is the Executive Director responsible for Datapharm Communications, a not-for-profit company that came out of the Association of the British Pharmaceutical Industry (ABPI) to support the dissemination of medicines information.

Steve Has a degree in Human Anatomy & Biology and has an IT background in Bioengineering, AI, Expert Systems and Online Information Systems.

After graduating Steve worked for Searle & Lorex in sales and marketing. Since 1998 Steve has been managing the development & introduction of the electronic Medicines Compendium (eMC) which is now one of the most used medicines information websites in the world. The eMC represents a major investment by the UK pharmaceutical industry to ensure that the seminal medicines information produced by manufacturers is delivered, accurately and reliably, into the public domain.

Currently Datapharm are involved in the Medicines Information Project in partnership with NHS Direct Online to produce a new body of work, Medicine Guides, that are designed to help patients have access to reliable information about medicines. Datapharm are also developing components of the Dictionary of Medicines + Devices with the Prescription Pricing Authority and NHS Information Authority.

Datapharm aims to improve the quality and access to medicines information for the medical professional and public alike using traditional and innovative technologies.

Abstract

Following on from last years presentation I will cover progress on developments Datapharm are involved with.

In the professional environment the National Programme for IT has given us much to respond to and has accelerated our plans to develop a National Medicines Database that will be provided as a service throughout the NHS.

In a similar vein Datapharm has now completed its project with the PPA and industry is now updating and populating the dm+d directly. We will look at the impact the dictionary will have now and in the future.

Finally we will cover Medicine Guides and the progress that has been made since last year.

National Electronic Library for Medicines - NeLM

David Erskine, Acting Director London & South East MI Service

MI pharmacist at the regional unit at Guys for last 9 years, prior to that was an HIV specialist pharmacist at Chelsea and Westminster Hospital. Primarily responsible for the development of content for DrugInfoZone and for the development of the MI service for PCT advisers in this area. In the last 18 months have been acting up as Director and have thus inherited, amongst other things, responsibility for the delivery of NeLM

Abstract: not available

MiDatabank. A paperless medicines enquiry management system

Steve Moss, *Managing Director, CoAcS Ltd, University of Bath*

Steve Moss is a pharmacist who after an initial time in the family community pharmacy joined the School of Pharmacy in Bath as a lecturer and has over the years taught pharmacy practice, pharmaceuticals and pharmaceutical microbiology. His research interests have included repair of radiation induced DNA damage, drug targeting, gene delivery and the formulation of poorly soluble drugs.

Throughout his academic career Steve has always been involved in the development and use of computer software in relation to pharmaceutical applications. In 1992 he lead the group of academics that founded PCCAL (The Pharmacy Consortium for Computer Aided Learning) which has been responsible for the production of more than 30 CAL packages used in over 400 universities worldwide with pharmacy undergraduate students.

In addition to his academic career Steve has always been closely involved with the pharmaceutical industry and commerce. He is currently managing director of CoAcS Ltd which produces and markets pharmaceutical software. Examples of software projects include Capex and Lipidex, commissioned by Pfizer and widely used in the formulation of powder and lipid filled capsules, and training packages for AstraZeneca and the Department of Health. Most recently CoAcS has been responsible for implementation of the RPSGB computer based CPD recording system.

In the context of the UKMI meeting, Steve, through CoAcS, has worked with the UKMI to produce MiDatabank which is designed to be a national database application to record and process MI enquiries.

Abstract

MiDatabank is a paperless medicines information enquiry management system that has been developed by CoAcS Ltd in collaboration with UKMI over the last two years. It is intended that MiDatabank will become a national system for the UK and replace paper based records and also the various computer based systems currently in use. There are several reasons why it is appropriate at this time to replace existing systems with a national system. A number of the existing systems have evolved using database software, often Microsoft Access, intended for home or small office use. These systems, while reflecting considerable input from their developers and having served a very useful purpose, are now showing their age. In addition it is inherent in Microsoft

Access based systems that they have limited reliability with multiple users and do not allow adequate security or audit trails. Of the existing systems DIScan is the most well developed with a well tested user interface but it also has limitations in particular in respect to secure audit trails. The user interface and functionality of MiDatabank has been developed with valuable input from Steve May, the developer of DIScan. In the last three months pilot versions of MiDatabank have undergone extensive testing with UKMI pharmacists, in particular Simon Wills and Pam Buffery, and feedback has helped considerably in optimizing the functionality of the software. Features of the software will be described and the release version of the software will be demonstrated.

Parallel sessions

Drugs in renal disease

Julia Kuczynska, Senior Pharmacist, Medicines Information, SWMIT

Michele Skipp, Pharmacist, Medicines Information, SWMIT, Bristol Royal Infirmary

Julia is a graduate of Bath (BPharm) and Cardiff Universities (MSc) and has worked in MI for a number of years, mainly in Bristol. Currently, Julia is a member of the national clinical governance group and is involved in writing reviews including new products, renal monographs etc.

Michele is a graduate of Nottingham University and is currently completing her postgraduate diploma in clinical pharmacy. She has previously worked at Southmead Hospital, Bristol where she gained experience in renal medicine.

Abstract

South West Medicines Information and Training (SWMIT) holds the specialist file for drugs in renal impairment.

What does the file consist of?

The "file" consists of the following resources:-

- a) *standard texts* - including Drug Prescribing in Renal Failure and the Renal Drug Handbook
- b) *previous enquiries database* - a valuable resource, as SWMIT has held the file since the 1980s
- c) *standard answers* – e.g. antidepressants in renal impairment or individual monographs such as amikacin and clarithromycin
- d) *lateral file* – which is updated by a fortnightly Medline™ search
- e) *links* - with our local renal units in Exeter and Southmead

Where will you find us?

SWMIT is based in the Bristol Royal Infirmary and can be contacted on 0117 9282867, Mon to Fri 8.45am to 5pm. Our website, www.swmit.nhs.uk provides general information about the department and details of pharmacy contacts in the Region, in addition to our renal monographs and reviews, list of renal references, 'Renal Crib Sheet' and links to other sites of interest.

What can we do to help you?

We specialise in advice on adjusting doses of individual drugs in patients who are currently undergoing renal replacement therapy or who have renal impairment. We *do not* have specialist information on adverse effects of drugs on the kidney or on drugs used in renal transplantation.

What are the aims of this tutorial?

1. To gain a knowledge of the necessary background information-gathering questions that need to be asked before contacting the renal specialist MI centre
 2. To understand the pharmacokinetic principles which can be used to predict possible drug handling in renal disease
 3. To understand the differences between various common renal replacement therapies and how drug handling may be affected by them
 4. To know which first-line sources should be used, their advantages and limitations and when to access regional and specialist centres
 5. To be able to apply knowledge and information to solve clinical problems
-

Industry Medical Information Departments adding-value to your service

Sophie Graham. *Head of Medical Information & the Information Centre, Pfizer*

Sophie Graham is Head of Medical Information & the Information Centre at Pfizer Pharmaceuticals Group in Surrey.

Sophie has worked for Pfizer since 1999, initially as Senior Medical Information Officer, responsible for product and information support to internal and external customers. Prior to that, she was Information Manager for an international medical education agency in London, responsible for creating a new information centre for their business needs. In her capacity as Head of Medical Information, Sophie is responsible for a team of 13 including first line managers who respond to enquiries from healthcare professionals.

Sophie has been an active member of the Association of Information Officers in the Pharmaceutical Industry (AIOPI) since 1996, and was on the committee as Internet & PR Co-ordinator from 1999-2001. Sophie is also a member of the Chartered Institute of Library & Information Professionals (CILIP).

She has contributed a number of articles for the AIOPI and CILIP newsletters, had her MSc Thesis published in Aslib Proceedings (May '97), and is also the author of 'Pharmaceutical/ Health Information on the Web' for Free Pint, the Internet newsletter <http://www.freepint.com/issues/180399.htm> Sophie has guest lectured on a number of information related courses and at professional meetings.

She holds a BSc in Biochemistry from King's College London, and an MSc in Information Science from City University, London and is a CILIP Fellow since October 2003.

Introduction

How well do you understand a pharmaceutical industry's Medical Information Department?

Do you wish value could be added to existing information provided by industry to better meet your service and patients' needs?

If you're an experienced manager, pharmacist or technician, then join us at our interactive workshop and help us work together to make a difference!

Session Objectives

- Gain an insight into a pharmaceutical industry's Medical Information Department
- Explore opportunities for industry and UKMi to add value to existing exchanges of information
- Provide concrete suggestions for action that can be followed up with UKMi and Pfizer

Safe use of medicines in lactation

Elena Grant, *Director West Midlands MI Service*

Elena Grant has led the West Midlands MI Centre since its establishment in 1974. Drugs in breast milk has been a longstanding interest and the specialist file, held jointly with the Trent MI Centre, was set up in 1976.

Elena has acted as Secretary to UKMiPG (now UKMI Executive) and is currently a member of the UKMi Clinical Governance and New Product Working Groups.

She holds a Masters' degree in Pharmaceutical Sciences from Aston University and is a member of the College of Pharmacy Practice.

Session abstract/objectives

This session will focus on using available data to provide good advice on the safe use of medicines during lactation. It will include an overview of the operation of the specialist file, reference sources, formulating advice and problem areas. Some group work will illustrate use of data in practice.

By the end of the session participants will:

- Be familiar with the service provided by the UK Drugs in Lactation Information and Advisory Service
- Be aware of the main sources of information on drugs in breast milk and their relative merits
- Understand the process for formulating advice on safe use of drugs in lactation
- Be aware of potential problem areas
- Apply the factors above to situations encountered in daily practice

Improving patient safety

Tracey Boyce, Medicines Governance Pharmacist, Royal Hospitals, Belfast;
Jillian Redpath, Medicines Governance Pharmacist, Craigavon Area Hospital Group Trust

Tracey Boyce: After graduating from Queen's University, Belfast and completing pre-registration training, Tracey held various posts in the Royal Hospitals and the Belfast City Hospital. In 1998 Tracey was appointed as the Assistant Director of Pharmaceutical Services at the Ulster Community and Hospitals Trust. After and in the same year completed a BSc in Health Economics and Management. In 2002, Tracey was appointed to her current position as the Northern Ireland Medicines Governance Team Leader and is currently studying for a D Pharm in the area of patient safety.

Jillian Redpath: After graduating from Queen's University, Belfast and completing pre-registration training, Jillian took up the post of Resident Pharmacist at Addenbrooke's Hospital, Cambridge in 1995. After completing the post-graduate diploma in pharmacy practice and a period as Community Services Pharmacist for Lifespan NHS Trust, Jillian moved in 1998 to Papworth Hospital, Cambridge as Transplant Directorate / Clinical Trials Pharmacist. She worked there until 2002, when she was appointed to her current position as Medicines Governance Pharmacist.

Abstract

Medication incidents, a major cause of preventable patient injury have been estimated to occur in 2-14% of patients admitted to hospital¹ and to cost the United Kingdom health service £500 million pa in additional hospital bed days.² It has been suggested that, nearly 1100 people died annually in England and Wales alone, as a result of medication errors or adverse reactions.²

The Medicines Governance Team aims to improve medication related patient safety by a systematic regional approach to medication risk management through the deployment of six senior pharmacists dedicated to medicines risk management in Northern Ireland hospitals.

Beginning in August 2002, the team have addressed three main areas: the development of the risk management process itself, including identification, analysis and evaluation of risk, the development of 'good practice' initiatives and risk education.

In November 2004 the Team were awarded the Health Services Journal Award for Patient Safety. The honour, sponsored by the National Patient Safety Agency, recognised the Team's outstanding work in the field of patient safety

References

1. Leappe LL. Error in Medicine. JAMA 1994; 272: 1851-1857.
2. Department of Health. Building a safer NHS for patients. 2001

MiDataBank

Steve Moss and Keith Brown, CoAcS Ltd, Bath

Abstract

A hands-on workshop with MiDatabank software.

The MiDatabank medicines information enquiry management system will be made available on a suite of PCs to enable participants to experience first hand the functionality and user interface of software. Keith Brown, IT director, and Steve Moss, project director, for CoAcS, the software developers, will be available to explain and discuss the software. The version in use will be running on standalone PC's operating MSDE, Microsoft's version of SQL server designed for single computers. This version is identical in respect to user interface and functionality to the SQL server version which is available to MI Centres using Windows based local area networks. The MSDE version itself can be used by MI pharmacists in circumstances where a networked SQL server is not available but security and audit will be limited. The background to the development of MiDatabank is described in the abstract to the Byte IT session.

Objectives

By the end of the session, participants will be able to:

- know how enquiries are entered onto and retrieved from the MiDatabank enquiry management system
 - know the key features of the system and how they differ from other enquiry management systems in use
 - know the requirements for using MiDatabank in their own centre.
-

Bipolar disorder – an update on treatment

Anne Connolly, *Principal Pharmacist Medicines Information. Maudsley Hospital, , London*

Anne is Principal Pharmacist Medicines Information at National Centre for Psychiatric Medicines Information and a Member of the College of Mental health Pharmacists

Session objectives / Abstract

The session will

- describe the symptoms and treatment of bipolar affective disorder
- describe the background information needed when answering medicines information enquiries about bipolar affective disorder
- explain the Maudsley Prescribing Guidelines treatment algorithm for bipolar affective disorder
- direct participants to sources of information useful for answering psychiatric medicines information enquiries
- allow participants to use the information from the session to complete cases studies about bipolar affective disorder

At the end of the session participants will be able:

- to describe the symptoms and course of bipolar affective disorder
- to describe the drug treatment of bipolar affective disorder
- to describe a treatment algorithm for bipolar affective disorder
- to obtain all necessary background information when answering medicines information enquires about bipolar affective disorder

Drugs in pregnancy

Dr Patricia McElhatton, Lecturer in Reproductive Toxicology and Head of National Teratology Information Service (NTIS)

Dr Patricia McElhatton has been a reproductive toxicologist for 30 years. She is a founder member of the UK National Teratology Information Service (NTIS) established at Guy's Hospital Medical School in 1984 and the European Network of Teratology Information Services (ENTIS) founded in Milan in 1990. Pat moved to the RDTC in Newcastle in May 1995 where she is a consultant teratologist and Head of NTIS. She was awarded an Honorary Lectureship in Reproductive Toxicology, at the University of Newcastle Medical School in 1996. Pat lectures nationally and internationally and has over 100 publications. She was appointed to the Government's Advisory Committee on Pesticides and the Medical Toxicology Panel as the reproductive toxicity expert (2003-2007).

Objectives

At the end of the session, delegates will be familiar with:

- **The service provided by NTIS**
- **Drugs can cause different types of fetal toxicity at different stages of pregnancy**
- **Drugs can cause functional as well as structural abnormalities**
- **Fetal drug exposure can cause long-term postnatal development deficits**
- **Drugs may cause transplacental carcinogenesis**
- **Effects on the fetus following paternal exposure**

Personal effectiveness

Billy Dixon, Corporate and Personal Communications Advisor

BILLY DIXON is a former lecturer in post-graduate marketing who has now established himself as a leading speaker and commentator on all aspects of personal and corporate projection who earns rave reviews everywhere he goes. He is a Partner with Propeller, a Belfast-based consultancy specialising in personal and corporate communications advice.

His speaking responsibilities have taken him across the UK and Ireland in the past year where he has addressed audiences large and small. He is equally at home delivering addresses to hundreds and providing confidential one-one advice.

He is a regular contributor in image and body language to both the BBC and RTE and is responsible for advising the BBC's presenters in Belfast, Glasgow and Bristol on their dress. BBC Belfast's presenters were recently recognised as the best dressed of all regional journalists in the UK. He has also appeared recently on a BBC series examining the concept of singles nights where he offered advice on body language and confidence boosters.

Billy has been advising full-time on personal image for around five years and has strong relationships with major banks, pharmaceutical companies; management consultancies; a wide range of blue chip clients and public sector organisations for whom he provides image and communications' advice. He has also been advising local and national politicians on dress and communication skills for a number of years.

He is currently writing a series of books on personal marketing.

Objectives:

This session will examine how individuals can become more effective communicators by understanding the principals of personal projection.

The three pillars of personal projection:

- Confidence
- Trust
- Quality

Plenary Session 4 – Focus on Complementary Medicines

Chair: Kate McClelland, *President of the Pharmaceutical Society of Northern Ireland*

Kate is a Contractor pharmacist in Maghaberry. She was elected to Council of Pharmaceutical Society NI in 1996. Currently she is also Pharmacist Board member of the Lisburn Health and Social Care Group, member of the EHSSB SPG for mental health and learning disability, member of Eastern Area Prescribing Forum, President of PSNI and member of the Steering Group for the Making it better Strategy (DHSSPS)

The regulation of herbal medicinal products in the UK

Dr Linda Anderson, *Pharmaceutical Assessor, MHRA*

Linda Anderson is a Pharmaceutical Assessor in the MHRA and has been with the Agency since 1987. Within MHRA she was initially involved in the assessment of new chemical entities and is now mainly involved with abridged applications and has specific responsibility for herbal products.

Linda is Principal Assessor to the Committee on Safety of Medicine's (CSM) Sub-Committee on Chemistry, Pharmacy and Standards (CPS) and is UK delegate to the CPMP Quality Working Party. She is also UK Delegate to the EMEA Herbal Medicinal Products Committee and is Vice-Chair of the BP Committee on Herbal and Complementary Medicines. Linda is a Fellow of the RPSGB and is a Member of the RPSGB Working Group on Complementary and Alternative Medicine. She is one of the authors of Herbal Medicines published by the Pharmaceutical Press.

Abstract

The vast majority of herbal products on the market in the UK are not currently regulated as medicinal products but are exempt from licensing requirements under the Medicines Act 1968. In contrast to licensed medicinal product, there are no specific safeguards on quality and safety. Furthermore, there are no statutory provisions for labelling or information to be provided to the patient.

Over the past decade important safety issues associated with the use of herbal products have resulted in regulatory action world-wide in an effort to protect public health. The safety problems emerging with herbal products reflect a growing global market, largely unregulated where many of the safety concerns arise due to lack of effective quality control. Evidence of poor quality and safety standards continues to grow and reports about the use of potentially toxic herbal ingredients, deliberate addition of hazardous substances such as heavy metals and pharmaceuticals are widespread. One emerging area is the evidence of potential drug-herb interactions that may have significant clinical implications. The MHRA has reached a wide measure of agreement with the UK herbal sector that the current arrangements for unlicensed herbal medicinal products do not afford sufficient protection for public health and that there is a need to improve the regulatory position.

The European Commission has recognised the difficulties faced by herbal manufacturers in fulfilling the regulatory requirements for marketing authorisations. In an effort to achieve a single market for herbal medicinal products, the Commission has adopted a new Directive that provides a simplified registration procedure for traditional medicinal products. The Directive on Traditional Herbal Medicinal Products (2004/24/EC) was adopted in March 2004 and Member States will have to introduce national simplified schemes by October 2005.

Under the Directive, no derogation is made with regard to the quality aspects of the product and manufacture will have to take place in compliance with GMP. Provided that the product is intended for minor conditions that do not require medical supervision and the traditional use of the product is plausible on the basis of long-standing use and experience, evidence of efficacy from clinical trials will not be required.

Whilst the Traditional Use Directive may not provide all of the solutions to the problems encountered with herbal medicinal products it does provide significant advantages over existing regulatory arrangements. It is hoped that the additional safeguards for patients will make an important contribution to protecting public health by ensuring that the patients have access to a wide range of good quality products with comprehensive patient information.

Chinese medicines – what lies behind the labels

Debbie Shaw, Research Scientist, Medical Toxicology Unit, Guy's & St Thomas' NHS Foundation Trust, London

Debbie Shaw is a Research Scientist at the Medical Toxicology Unit, Guy's & St Thomas' NHS Foundation Trust in London responsible for herbal and other traditional medicines. Formerly a research pharmacologist with Beechams Pharmaceuticals working on potassium channel activators she left industry to join the Traditional Medicines Surveillance project at the MTU. Debbie runs the herbals work at the Unit and has been actively involved in reviewing and investigating suspected adverse reactions to herbal medicines for the last 12 years. A benefit of this has been the opportunity to work closely with the Royal Botanic Gardens Kew and involvement in the development of the Chinese Medicinal Plants Authentication Centre, including field work collecting herbal material for authentication and addition to the reference collection.

In 1999 Debbie was awarded a Churchill Fellowship following a study of regulation of Chinese medicine in Australia and subsequently became an advisor on herb scheduling to the Chinese Medicine Registration Board of Victoria. She obtained a grant from the Charitable Foundation of Guy's & St Thomas' NHS Trust in 2001 and started the Chinese Medicine Advisory Service to provide information to medical professionals on the use and safety of Chinese herbal medicines. Ongoing interests include safety and quality of herbal medicines, use and attitudes of patients and medical professionals, investigating and monitoring safety. Primary research interest at present is investigating the association of liver toxicity with the use of Chinese herbal medicines through detailed review of the case reports. Other areas of research include development of toxicity monographs on Chinese medicinal herbs in collaboration with the Chinese Medicine Unit of the University of Western Sydney. She is a member of the Herbals Signal Review Panel of the UMC (WHO International Drug Monitoring Programme).

Abstract

Use of Chinese herbal medicine (CHM) has increased in the UK and there are over 200 clinics in London. A broad section of the British public use CHM for treating various skin conditions, gynaecological disorders or general ill health. Clinical trials have shown the benefits of CHM and anecdotal reports show that patients perceive benefits even if these cannot be scientifically validated

At present there is no system of compulsory training standards or registration for practitioners, and variable quality control of herbal medicines. CHM has been associated with issues of safety resulting from adulteration or contamination such as steroids in herbal creams or fenfluramine in weight loss products. Other problems include renal failure from use of a toxic herb and interactions with orthodox drugs.

In order to be able to identify the risks and understand the implications, healthcare professionals require access to accurate and unbiased information. The Chinese Medicine Advisory Service can address this need. Our team is able to provide information on the use of CHM, work with health care professionals to identify potential problems, discuss specific enquiries or assist with investigating suspected adverse health effects. As the use of CHM in the community increases there will be a greater need for balanced and, where possible, evidence-based advice regarding the potential risks related to their use.

Herbal medicines: Their perioperative use and potential drug interactions

Nicola Whelan, Clinical Pharmacist, St. Vincent's University Hospital, Dublin

Nicola trained as a pharmacist in Trinity College Dublin and graduated in November 2000. She did her pre-registration year at St. Vincent's University Hospital in Dublin and qualified as a pharmacist in 2001. She then worked as a basic grade pharmacist at St. Vincent's for 2 years, working as a clinical, ward-based pharmacist and also as a medicines information pharmacist in the MI department of the hospital. Nicola is currently on sabbatical from St. Vincent's in order to travel and to gain some community pharmacy experience. She is currently employed by Unicare Pharmacy Ireland and manage their pharmacy in Drumcondra, Dublin.

Abstract

Introduction: There is enormous public enthusiasm for herbal medicines, largely due to the fact that the public perceive them as harmless. Patients are reluctant to report their use to healthcare professionals. Reasons for this include the belief that physicians are not knowledgeable about herbal medicines or are prejudiced against their use. Some fear admitting herbal medicine use while others do not consider these to be medicines.

The regulation of herbal medicines is also troublesome. Experimental data on herb-drug interactions is limited making a definite association between herb and interaction difficult. Patients undergoing surgery use herbal medicines more frequently. This trend is worrying as morbidity and mortality associated with herbal medicines may be more likely in the perioperative period due to the physiological alterations and polypharmacy that occur. Such complications include myocardial infarction, stroke, bleeding, inadequate oral anticoagulation, prolonged or inadequate anesthesia and drug-herb interactions.

Aim: As some herbs are known to cause unexplained and potentially serious intraoperative physiological alterations, the production of a guide on the use of these medicines during the perioperative period was seen as the best way to inform physicians of the precautions required. This could then be made available to healthcare professionals within the hospital.

Methods: Medline and Cochrane Collaboration database searches were performed. Additional data sources included searches of recent journal articles, reference dredging, textbooks and other internet sites.

Results: The American Society of Anaesthesiologists suggest that patients discontinue their herbal medicines at least 2-3 weeks before surgery. However, pharmacokinetic data on active constituents indicate that some may be discontinued closer to surgery. Also, herbal medicines may interact with conventional medicines in several ways. Interaction may increase or decrease the pharmacological or toxicological effects of either component. This data was presented in the form of two tables contained within the herbal medicines guide.

Conclusion: The herbal medicine guide produced contained information on the pharmacological actions, adverse effects, perioperative management and possible herb-drug interactions of commonly used herbal medicines. The guide was circulated to healthcare professionals within the hospital (in particular to junior doctors and anaesthetists) and is available on the computers in the pharmacy department, in theatre and on the intensive care unit. This guide will prove useful to healthcare professionals during their preoperative evaluation and perioperative management of patients using herbal medicines.

Plenary Session 4 – Improving performance: New days, new ways

Chair: Jeremy Savage, Deputy Chief Pharmaceutical Adviser, Welsh Assembly Government
Jeremy is Deputy Chief Pharmaceutical Adviser to the Welsh Assembly Government, this is a civil service appointment providing support to the Chief Pharmaceutical Adviser across the portfolio of Pharmaceutical services. I also have a range of specific responsibilities covering issues such as Modernisation, IM & T, Professional Advisory machinery, Substance Misuse to name a few. I took up this appointment in May 2005.

Consultant Pharmacists and the Knowledge and Skills Framework

David Webb, Director of Clinical Pharmacy, London Pharmacy Services

Richard Cattell, Director South West Education and Medicines Information

David is Director of the Clinical Pharmacy Specialist Service for London, Eastern and South East. He is active in promoting an integrated strategy for pharmacist development, the design and evaluation of competency frameworks for general and advanced pharmacy practice, assessment of key performance indicators for medicines management, pharmacy workforce modelling, reporting and learning from medication errors and supporting the implementation of pharmacist prescribing. David is a member of the Department of Health Steering Group on consultant pharmacists and has contributed to the assessment framework for the accreditation of advanced services in community pharmacy. He is an honorary lecturer at the School of Pharmacy, University of London, a member of the Royal Pharmaceutical Society's Hospital Pharmacists Group Committee, the UK Clinical Pharmacy Association and an Associate Editor of the Pharmacy Education journal.

Richard is the Director of SWMIT. This includes the regional MI and pharmacy training service to Gloucestershire, Bristol, Somerset, Devon and Cornwall. He currently chairs the UKMi Education and Training Working Group, and the UKMi Accredited MI Technician Training Scheme. He is also Guild of Healthcare Pharmacists leads for the KSF and is a member of the DH Consultant Pharmacist Steering Group.

Abstract

The Consultant Pharmacist post provides an opportunity to improve patient care by enabling expert practitioners to shape the development, delivery and evaluation of pharmacy services. In essence, it is an alternative career goal for the most highly experienced and talented pharmacists.

The presentation will explore the guidance recently published by the Department of Health in England. This will include the processes for post approval and for candidate selection, including the required competency profile based on the Advanced and Consultant Level Framework (ACLF). The presentation will also link pharmacist development under Agenda for Change to the Knowledge and Skills Framework (KSF); in particular it will highlight the relationship between the KSF and ACLF.

As the final part of Agenda for Change the impact of the KSF is yet to be determined. It will however offer many opportunities to those of us who work in Medicines Information

The presentation will be given by David Webb and Richard Cattell, both of whom are members of the Department of Health steering group on consultant pharmacists. Richard is also GHP lead for the KSF

Objectives

At the end of the session, participants will be able to:

- Describe key elements of the guidance on consultant pharmacist posts developed by the Department of Health
 - Identify the competency requirements for appointment to a consultant pharmacist post
 - Link the Advanced and Consultant Competency Framework to the dimensions of the NHS Knowledge and Skills Framework
 - Describe how the NHS KSF will be implemented and used
-

Oral presentations

Sponsored by the R&D Office, Central Services Agency, Northern Ireland

Chair: *Ian Simpson, Chief Executive, College of Pharmacy Practice*

Ian is now Chief Executive of the College of Pharmacy Practice, an educational charity dedicated to the promotion of professional and personal development of pharmacists and their staff. His previous posts include Pharmaceutical Adviser to Oxfordshire Health Authority, Professional Secretary of the Guild of Healthcare Pharmacists and the European Association of Hospital Pharmacists, and a Special Adviser to the European Commission

Best Oral Presentation and Best Posters

The prize for the best oral presentation will be awarded at the Conference Dinner

Winner of the best oral presentation 2004

Niamh O'Hanlon, Chief II Pharmacist, St Vincent's University Hospital, Dublin

Medicines Information as a tool to decrease medication error in the hospital setting

A survey of UKMI by AIOPI MI personnel – Improving the working relationship

Meghna Joshi (MI Pharmacist) Wessex Drug & Medicines Information Centre, Southampton University Hospital NHS Trust

Meghna graduated in 2001 from King's College London and did her pre-registration training at UCLH Trust, based at Whittington Hospital, London. In 2002 she moved to a post at Southampton General Hospital and since May 2003 she has been working in the Wessex Drug and Medicines information Centre. She is working with the senior pharmacist for Education and Training in providing MI training to regional and local pre-registration pharmacists and other service users, such as NHS Direct. Meghna is also currently undertaking a diploma in clinical pharmacy at the School of Pharmacy, London, which included the current UKMi / AIOPI project.

Abstract

There is currently a high level of interaction between UK Medicines Information (UKMI) centres and the pharmaceutical industry. The Association of Information Officers in the Pharmaceutical Industry (AIOPI) regularly review their services by means of a survey to UKMI personnel. However, to date, there is no data on the pharmaceutical industry's perception of UKMI staff. Hence a reciprocal survey was proposed which explored the pharmaceutical industry's perceptions of the UKMI workforce.

A survey form was devised which addressed various issues including telephone manner, sufficient background searches prior to contacting AIOPI and ease of reply. This form was disseminated to twelve industry MI centres with the assistance of AIOPI. Industry MI personnel were requested to complete the form for all MI enquiries received from UKMI personnel, during one week in January 2005.

215 forms were completed for enquiries received from the UKMI workforce; 15 forms were invalid. 81.5% (n=163) of enquiries were asked by MI pharmacists. The main requests were for information regarding pharmaceutical data and unlicensed drug use. On a four point Likert scale of excellent to very poor the telephone manner of staff was considered good (52% n= 104) with enquirers giving sufficient information to answer the enquiry adequately (93.5% n = 187). UKMI personnel generally did not ask for easily accessible information (67% n= 164). However, 27.5% (n = 55) asked for information readily found in sources such as in the Summary of Product Characteristics. When replying to enquiries, 54% (n = 108) of responders found it easy, with the majority of enquiries (54.5% n = 109) answered straight away by phone.

The results of this survey show that, overall, members of UKMI interact appropriately with AIOPI officers and that there is a good working relationship between the two groups. UKMI personnel generally request drug specific information, not readily accessible elsewhere.

A journal club that works

Paulette Main, *Principal Pharmacist (Medicines Information and Formulary), Ealing Hospital NHS Trust*

Paulette registered as a pharmacist in New Zealand and came to live in the UK nine years ago in 1996 and has worked as a hospital pharmacist in several Trusts, mostly in the London region. She joined Ealing Hospital NHS Trust almost four years ago as Medicines Information manager and currently holds the post of Principal Pharmacist for Medicines Information and Formulary. Her areas of specialist clinical involvement are Intensive Care and Surgery

Abstract

Journal clubs are a useful way to encourage CPD and common in many pharmacy departments, medical teams and other health professional groups. The task of coordinating the running of a Journal Club usually falls to a few enthusiastic individuals and over time poor attendance, lack of relevance and missed meetings often leads to the Journal Club failing to achieve its aims and falling into disuse.

Three years ago Ealing Hospital pharmacists met and discussed their needs for CPD and the needs of the Department and from this discussion a regular monthly lunchtime meeting of a Journal Club was established.

At each meeting one paper is discussed by all the members. The paper is chosen because it is relevant to current practice. Medicines Information distribute to each member two weeks before the next meeting the reference for the chosen paper, a copy of a pro-forma with a series of questions which help the member to appraise the paper and list of six tasks, which are designed to encourage members to read around the subject and apply what is learnt to daily practice. Each participant is assigned one of the tasks and they come to the meeting having appraised the paper, completed their task and are prepared to enter a lively discussion on the validity of the paper and its implication on our current and future practice. Department of Health directives (e.g. NICE and NSFs), implications for local practice and cost issues are often discussed as they may be relevant and reviewing these are set as tasks.

Junior pharmacists on rotation are required to prepare and lead at least one Journal Club session as part of their objectives during their MI rotation. Specialist pharmacists from other sections regularly contribute.

Since the introduction of this format, pharmacists who regularly attend are more confident in critically appraising journals and able to discuss the significance of the evidence presented. As the structure is simple and pro-forma easy to follow newer staff members learn quickly the basic techniques of critical appraisal and are able to contribute to every meeting. There has been a culture of change over the time and by linking Journal Club and critical appraisal to competencies and ensuring meetings take place regularly every month the skills and information learnt at each meeting are built upon.

NVQ III – What can it do for me?

Sarah Davies (Specialist Technician) and **Mair Martin** (Principal Pharmacist), Medicines Information, Ysbyty Gwynedd, North West Wales NHS Trust, Bangor, North Wales

Mair graduated from the Welsh School of Pharmacy, Cardiff and has recently received her long service award! She has worked in various hospitals in Wales and England, including Derby, Cardiff and Oxford. She started her MI career in 1990 at Ysbyty Gwynedd and has managed the MI centre since 1998.

Sarah is specialist technician in MI. She is currently undertaking her MI accreditation and hopes to pass within the next month. She has trained student technicians in medicines information since 2003.

Abstract

Strategic aim 2 of the MI strategy 'Better information for managing medicines' looks at developing the service in secondary care. Developments include 'career development pathways for the MI service, which facilitate staff development in the whole of pharmacy'. Although the strategy document is being updated, its vision remains broadly the same. All student technicians in the department spend two weeks training in MI. This allows them to cover units 3.03 and 3.07 of the NVQ Level III in Pharmacy Services. To ensure all elements of these NVQ units were covered, an in-house training programme was written to structure the student's MI rotation. It draws together the three main teaching sources used: MiCAL, UKMi Workbook and in-house material. The programme clearly sets out the training to be completed by the student.

The training

The Medicines Information Computer Assisted Learning (MiCAL) package gives good underpinning knowledge about MI and has sections that can be used towards the NVQ. The teaching activities used are: Introduction to MI, Information sources, Literature searches and writing and referencing skills. The example enquiries section allows students to attempt processing a typical MI enquiry. There are 30 examples available, of which the 10 most appropriate for Student Technicians have been selected.

The tutorials used from the UKMi workbook are:

- | | | |
|----|--------------|---|
| 2 | ADR | A query typically answered by a technician. |
| 3 | Interactions | Not covered well by BTEC/NVQ but is something that Technicians should understand. |
| 20 | Excipients | To demonstrate the importance of pharmaceutical excipients. |

The teaching sections on writing and telephone skills are useful and are important for the communication skills in the NVQ.

In-house training includes an in-house MI activity book with tasks and questions. This makes the training more interactive and it ensures the student takes in information from MiCAL and the UKMi Workbook rather than just reading it and forgetting it.

Summary

The in-house training programme ensures that all the NVQ units relevant to MI are covered and it gives the students an understanding of what's involved in the training. Feedback from the students has been positive so far. Most enjoy the time they spend in MI and would like to return for some time when qualified. They feel the training programme can be easily related to the NVQ units and that unit 3.03 would be difficult to cover without the MI rotation. Training Student Technicians in MI has shown to be beneficial to both the department and to the student. The first student technician to have an MI rotation included in their training will hopefully go on to become an accredited MI technician.

Pharmacy led medicines management service on cardiac investigations ward

Roisín O'Hare, Cardiology Pharmacist, Royal Victoria Hospital, Belfast

Roisin is a graduate of Strathclyde University (1996). She did her pre-registration training and worked as a B grade in Liverpool, at the Royal Liverpool Hospital. Roisin then spent 2 years in Australia at Prince of Wales hospital, Sydney.

After completing the MSc in clinical pharmacy at Strathclyde in 2000, Roisin moved to the Royal Victoria Hospitals, Belfast to a clinical pharmacy post, where she developed an interest in cardiology. Now a supplementary prescriber, she is about to start a DPharm in cardiology specialising in pulmonary hypertension. Roisin will be investigating the impact of a pharmacist supplementary prescriber on the management of patients with pulmonary arterial hypertension at the Royal Victoria Hospitals.

Abstract

The NHS Plan¹ and Spoonful of Sugar² describe how pharmacists must aim to identify and meet the changing needs of patients. A reduction in junior doctors hours presented an opportunity for pharmacists to expand on their role in Cardiac Investigations. Over a 3 month period 544 patients were seen by the pharmacist – 100% had one intervention, 46% had two, 34% had three or more. The pharmacist is involved in every aspect of the patient admission from establishing an accurate drug history, transcription of drug kardex, patient counselling, smoking cessation, use of PGD's, use of patients own drugs as well as medicines management recommendations to medical staff.

1. DOH. *Pharmacy in the Future – implementing the NHS plan*, September 2000.
2. Audit Commission. *A Spoonful of Sugar – Improving Medicines Management in Hospitals*, Audit Commission, 2001.

Assessment of the impact of pharmacist dose adjustment of aminoglycosides and vancomycin in the intensive care unit

Anne Boyter, Lecturer in Clinical Practice (University of Strathclyde), **Alison Thomson**, Principal Pharmacist and **Janet West**, Senior Pharmacist (North Glasgow University Hospitals Division)

Janet graduated from Strathclyde University in 1994. After her rotational training at Glasgow Royal Infirmary she provided pharmaceutical care to patients on the Intensive Care Unit (ICU), the Medical Admissions Unit and various general medical wards. In 2001 she joined the MI team at Glasgow Royal Infirmary where she now has a specific remit for MI Education & Training. Janet has retained a clinical commitment to the ICU and recently carried out research evaluating the effect of a pharmacist dose adjustment protocol for aminoglycosides and vancomycin. This was undertaken as part of the Clinical Pharmacy MSc course which she successfully completed in 2003.

Abstract

Background

At Glasgow Royal Infirmary a TDM pharmacist liaises with the ward clinical pharmacist who advises medical and nursing staff on the most appropriate dosing schedule for each patient. On the Intensive Care Unit (ICU) concern was raised about excessive analysis of serum drug concentrations, multiple dosage changes before achieving target concentrations, poorly completed request forms and difficulties with communication.

Objectives

To design, introduce and assess the impact of a pharmacist led dose adjustment protocol for aminoglycosides and vancomycin in the ICU.

Methods

A retrospective longitudinal 2-phase cohort study was carried out to assess the appropriateness of drug level monitoring before and after the introduction of a pharmacist led dose adjustment protocol. A User Satisfaction Survey was carried out to determine the satisfaction with the pharmacist led protocol.

Results

Data were collected over 2 six month periods from 34 patients (33 aminoglycoside & 16 vancomycin courses) before and 48 patients (32 aminoglycoside & 23 vancomycin courses) after the introduction of the new dose adjustment protocol. The new service resulted in a statistically significant fall (from 73 to 19) drug levels which were difficult or impossible to interpret (defined as “practically inappropriate” drug levels) and a non-significant reduction in clinically inappropriate drug levels (drug levels for which there was no clinical need). There was no difference observed in the study drug course length, time on antibiotics, renal impairment, length of ICU stay or mortality. The response to the user satisfaction survey suggested that the new service was highly valued by the ICU staff with 100% of respondents indicating a preference for pharmacist led dose adjustment protocol compared to the previous advice only service.

Conclusion

The pharmacist dose adjustment protocol is a popular service with the ICU staff, many of whom believe that it has optimised patient care with respect to aminoglycosides and vancomycin. No benefit was demonstrated in clinical outcome measures; however the reduction in samples without a sample time is potentially beneficial to patients as it eliminates the need for guesswork when interpreting measured drug levels. Further study is needed to assess whether there is a clinical benefit to patients.

Poster Presentations

Sponsored by the R&D Office, Central Services Agency, Northern Ireland

Best poster presentations

Prizes for the two best posters will be awarded at the Conference
Dinner

Winner of the best poster prizes 2004

1. Tracy Boyce et al.
The Northern Ireland Medicines Governance Project
 2. Krishna Ghosh, Mair Martin and Rowena McArtney
*Do you know what you are doing? Establishing Standard
Operating Procedures for use in Welsh Medicines Information
Centres*
-

Confessions of an MI Pharmacist: “Empta dolore docet experientia”

*Mary C Deaton, Professor of Nursing, University of Manchester and
Frank N Leach, Medicines Information Pharmacist, North West Medicines Information
Centre*

Abstract

During recent years, user involvement in service evaluation and development has become a core value in the NHS, with anticipated benefits of improved understanding of patient needs, improvement in health services, reduced health inequality, and health improvement (DoH, 2004). The provision of services within the interface between primary and secondary care may particularly benefit from the involvement of users. It is in this area that deficiencies in communication and coordination of care may adversely affect the patient experience.

Recovery from myocardial infarction (MI) imposes adaptation to a heightened awareness of the seriousness of heart disease, potentially decreased cardiac function, psychological adjustment, the need for risk-factor modification, and likely exposure to multiple medication. When the patient is a health professional, such an experience can, in the light of his/her training and experience, provide the opportunity for informed appraisal of healthcare at both primary and secondary levels. This process is enhanced by communication with fellow MI patients in various clinical settings, such as hospital wards, rehabilitation and heart-focus groups, especially in the absence of a perceived health-professional/patient barrier.

The poster is a preliminary communication and includes an outline of the experience of a medicines information pharmacist during a 16-month period of recovery from myocardial infarction, with particular emphasis on various medication-related issues. A selection of these are documented and discussed as potential signals for subsequent study. Key topics include choice of medication, control of hypertension, and patient counselling as well as dosage, adverse effects, pharmacokinetics, and interaction potential of commonly used medications. The informal comments of fellow patients, as well as relevant experience with teaching health professionals, are also considered.

These anecdotal findings have suggested the need for further, multidisciplinary studies. Discussions are currently underway (FNL and MCD) to define a plan of investigation, encompassing medication issues, health-care coordination and management of risk factors. A key aim of such an investigation would be to identify the experiences of MI patients during the early recovery period, to identify relevant problems, and to suggest ways of improving service provision to such patients.

Evaluation of online medicines information resources

Hicks SM, Wessex Drug & Medicines Information Service Southampton and Bawden SB, Department of Information Science, City University, London.

Objective: To evaluate the potential for online Medicines Information (MI) resources, to enhance the interventions process made by clinical pharmacists on ward visits, by providing near-to-patient MI services. Those MI resources provided, enabled answering of the more basic types of enquiry. The aim of this study was to determine whether clinical pharmacists found this method of working acceptable as an adjunct to the current service. Also if it accelerates the MI answering process and provides greater convenience for them, improving patient-care as a result.

Design: Prospective, controlled, quantitative evaluation

Methods: The Control group contacted the MI department with their enquiries as per usual, then completed a paper questionnaire for each query. The trial group used one or more of the 7 online resources available instead of contacting MI. These comprised WeBNF, eMIMS, eMC, Stockley's Drug Interactions, Martindale, UKMi Fridge Database and TICTAC1. The Trial group completed questionnaires via the intranet following the use of an online resource. The main parameters measured for each enquiry were: whether a full answer was found, speed of answering the enquiry, satisfaction with the time taken, ease of answering, how user-friendly each of the MI tools are in practice^{2,3,4}. Finally there was an overall rating for the online resource used for each enquiry⁵. The Trial group were also interviewed individually to ascertain their perceptions of this new method of working and whether they preferred it. They were asked what they liked / disliked about the resources, plus whether they encountered any problems with using them.

Results: Statistically significant difference between the Trial group and Control group with respect to the variables "Resource Used" $p=0.006$ and "Time Taken to Answer" $p<0.001$ using Kruskal-Wallis (non-parametric one-way ANOVA).

Conclusions: This method of working is viable as an add-on facility to the existing MI Service. The Trial group in this study were enthusiastic about this new approach and feel that it is the way forward. It would be possible to apply this system to any NHS Trust in the UK, or hospitals further afield, which have good intranet access.

References:

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We're behind you! Looking to support practice-based pharmacy staff.

Karoline Wadsworth, Medicines Information Pharmacist, North West Medicines Information Centre, Pharmacy Practice Unit, 70 Pembroke Place, Liverpool L69 3GF.

Background: Over the past decade there has been a large increase in the number of pharmacy staff working in primary care, many of who are practice-based. They receive medicines-related questions from staff and patients and need information to answer questions arising during medication reviews. In order to support these practice-based staff, pharmacists at the North West Medicines Information Centre (NWMIC) decided it was important to be aware of the types of enquiries they receive, how they address them and the resources they have available.

Objective: To explore how pharmacy staff working in general practice answer the medicines-related questions they receive. This information will be used to identify training or other support that may be beneficial.

Method: The researcher (KW) will spend time shadowing practice-based pharmacists and technicians in order to collect data on the following aspects of enquiry answering:

1. Formulating the question. An enquirer may ask a question but, on discussion, it may be that in order to solve their problem, a different question needs to be answered.
2. Using resources to answer the question. Not all resources will be available within the practice. This study will look at the types of enquiries received, which resources are available and which are used. It might be that resources are available but pharmacy staff may be unaware of or untrained to use them. It might also be that resources are used of which we are unaware.
3. Recording the enquiry. Ideally, answers should be recorded for future reference and to comply with clinical governance. Systems may or may not be in place for this.

Results and follow-up: Results on the above areas will be described as will plans for training or other support arising from the project.

Trent Medicines Information Service support to NHS Direct - How can our experience inform Medicines Information providers of the new National Service Level Agreement to NHS Direct?

Cheema RG, Golightly PW, Trent Medicines Information Service, Leicester.

Abstract

NHS Direct, the national nurse led telephone service, provides health information and advice 24 hours a day, seven days a week. It was established in 1998 and in May 2004 was granted Special Health Authority status. NHS Direct handles 6.5 million calls per year (1) and 40% of all callers are given advice about medicines (2). Trent Medicines Information Service has provided a Medicines Information Service to NHS Direct Nurses and Health Information staff at NHS Direct East Midlands for over four years. Two key aspects of the service we provide are training and enquiry answering support. At NHS Direct Call Handlers, Health Information Advisors and Nurse Advisors deal with calls. They receive a comprehensive programme of Medicines Information preparation and further skills training to equip them to safely handle the ever-increasing volume of medicines related calls. The training meets specific learning outcomes, which have now been incorporated into nationally agreed learning outcomes. Trent Medicines Information Service provides an enquiry answering support service for medicines calls from NHS Direct East Midlands. NHS Direct Nurse Advisors and Health Information Advisors receive training on how and when to refer enquiries to Medicines Information. We provide a verbal answer to each NHS Direct staff member who refers an enquiry. Data on over three years of enquiry support by Trent Medicines Information Service to NHS Direct East Midlands are shown. They include information on the numbers and types of calls referred during the time period. We discuss the range and types of calls received and consider new developments for Medicines Information within the national SLA.

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Poster 5

I'm an MI pharmacist: Get me out of here! - An analysis of non-Medicines Information (MI) related telephone calls taken by MI pharmacists.

Lesley McClellan, Medicines Information Pharmacist/Manager, Wirral Hospital NHS Trust (WHT), Arrowe Park Hospital, Upton, Wirral, CH49 5PE

Aim: To investigate the impact on the MI service of telephone calls taken which do not result in documented Medicines Information enquiries.

Objective: To use an evidence base to effect change and thus improve the quality of the MI service and the working lives of Wirral MI pharmacists.

Background: A 2002 audit recording the telephone contacts made with the Wirral MI service revealed that one third were not related to MI enquiries¹. As a result, all telephone calls not related to MI enquiries are recorded daily. Non-MI related calls interrupt workflow within MI, reduce pharmacists' concentration, and therefore efficiency, and produce a stressful working environment. MI is situated in an open plan office with 3 telephone extensions, two of which are dedicated MI lines.

Method: All telephone calls for 2004 collected on the daily recording sheet were analysed for origin, content and result.

Results: 934 calls were recorded for 252 working days from 1 January to 31 December 2004: 60% from within WHT and 40% from outside WHT. Parameters measured included communication issues (35%), miscellaneous information not classed as an MI enquiry according to UKMi standards² (34%), calls transferred to another department or specialist (8%), a wrong number (6%), supply of medicines (11%), prescribing advice (3%), and formulary enquiries (2%),

Limitations: Not all telephone calls are recorded.

Recommendations: Awareness raised to staff of the impact of constant avoidable interruptions; draft business plans for (a) moving the MI service to an environment conducive to concentrated study, (b) secretarial support to minimise missed deadlines and improve working lives and output quality by managing distraction; use of the hospital bleep system to be encouraged, as 27% of communication calls received were for non-MI colleagues.

References:

1. A Question of Time: When do people contact the Wirral Medicines Information Service? Poster Presentation 28th UKMi Conference Sept. 2002
2. UKMi standards for enquiry answering www.ukmi.nhs.uk

Development of an enquiry screening system for Medicines Information technicians

Janet West and Lorna Rankine, Senior Pharmacists, and Anne Lee, Principal Pharmacist, Medicines Information, North Glasgow University Hospitals Division

Background: In December 2003 the Medicines Information (MI) Centre in North Glasgow recruited a pharmacy technician for the first time. A requirement of the UKMi technician accreditation scheme is that Standard Operating Procedures that define the role and boundaries of the MI technician are in place. These procedures should include a process for screening enquiries to ensure they may appropriately be completed by an MI technician. Making an assessment of whether an enquiry is appropriate for a technician to handle is a subjective process which could potentially be dealt with inconsistently when several pharmacists are involved in the process.

Objectives: To produce guidance on enquiry screening and to assess its impact on consistency of screening within the MI team.

Methods: The principal pharmacist and the two senior MI pharmacists independently reviewed a sample of 30 enquiries. For each enquiry a judgement was made as to whether it was suitable for completion by an accredited MI technician and if so whether it would need a final check by a pharmacist. The 3 pharmacists then reviewed those enquiries where a difference of opinion existed. This generated discussion of the various factors considered by all 3 pharmacists. A brief guide was written taking these factors into account. Four MI pharmacists were then asked to independently assign categories to a sample of 31 enquiries before and after reading the guidance. The Kappa test for agreement was used to compare the categories assigned by each of the 4 pharmacists with those assigned by the senior pharmacist who produced the guidance document. Six months later the same 4 pharmacists were asked to assign categories to a sample of 23 enquiries and agreement was assessed using Kappa.

Results:

Weighted Kappa values of each rater compared to author of guidance Kappa values

| Rater | Pre-guidance | Post guidance | Round 2 | | |
|-------|--------------|---------------|---------|-------------|----------|
| 1 | 0.30 | 0.43 | 0.52 | <0.2 | poor |
| 2 | 0.16 | 0.25 | 0.54 | 0.21 – 0.40 | fair |
| 3 | 0.44 | 0.66 | 0.31 | 0.41 – 0.60 | moderate |
| 4 | 0.34 | 0.52 | 0.38 | 0.61 – 0.80 | good |
| | | | | >0.81 | perfect |

Conclusion: The provision of written guidance initially appeared to improve consistency of enquiry screening between MI pharmacists. Unexpectedly the agreement between the author and 2 of the MI pharmacists decreased with time but agreement was improved with the other 2. Written guidance did not appear to improve consistency and in practice may not be superior to applying individual judgement.

The new NVQ/SVQ technician qualification: Meeting the Medicines Information (MI) training needs

Carol Neilson, Senior Technician, Education & Training, NHS Greater Glasgow, Lorna Rankine & Janet West, Senior MI Pharmacists, North Glasgow University Hospitals Division

Abstract

The NVQ/SVQ technician qualification now contains a Unit on Providing Pharmaceutical Information and advice. The Student Pharmacy Technician (SPT) must provide evidence of receiving and also preparing and delivering a response to various types of pharmaceutical enquiries from a range of different enquirers. There are also a number of questions relating to providing information and advice which the SPT must answer to complete the Unit. To achieve this, the UKMi Education & Training working group suggests that, if possible, SPTs should spend time in MI (maximum 10 days). They also recommend that an assessor who is competent in MI should be available but if this is not possible assessors should, as a minimum, have an awareness of MI practice.

The existing training commitment for the centralised North Glasgow Division (NGD) MI service is considerable (9 pre-registration pharmacists per annum, 18 Basic grade pharmacists plus numerous clinical pharmacists, undergraduates, HNC students, MSc students, checking technicians etc). Additionally none of the MI staff are SVQ assessors. Therefore despite agreeing that MI should support the SPTs in meeting these competencies, senior MI staff at NGD do not consider it feasible to provide time in MI for the 14 SPTs currently employed by NGD.

To address this problem a collaborative approach with the Glasgow Education & Training Department will be adopted. There are also plans to collaborate with South Glasgow Division so that a consistent approach is adopted across Glasgow. MI staff will provide the following to the SVQ assessors to ensure that they are aware of MI practices:

- 1) A formal teaching session at the annual training day for SVQ assessors and
- 2) Material for self directed learning.

In addition, a range of appropriate sample enquiries will be prepared and kept in the MI centre. This will provide enquiry 'simulations' for any SPT, who is having difficulty in obtaining appropriate evidence. (Simulations are permitted when an individual does not normally deal with an enquiry/enquirer type in the course of their normal duties). To aid the assessors, MI staff will provide suggested answers to these enquiries and also to the questions in the SVQ Unit.

Administration of subcutaneous terbutaline for brittle asthma

Lisa Britton (Manager) and Vibha Teli (Principal technician), Medicines Information Service, Royal Brompton and Harefield NHS Trust

Aim: To produce an easy to follow reference guide for healthcare professionals on subcutaneous terbutaline for brittle asthma.

Background: The term 'brittle asthma' was first used in 1977 to describe patients who maintained a wide variation in peak expiratory flow (PEF) despite high doses of inhaled steroids, a pattern which could lead to death from an acute severe attack. These patients may experience an improvement in symptoms and PEF variability if a subcutaneous infusion of terbutaline is added to their therapy.¹

Objectives: to provide appropriate information and guidance on the administration of subcutaneous terbutaline e.g. dose, rate setting and ancillaries to distribute the information resource to health professionals within and outside the trust to ensure continuity of care to review and update information provision for patients regarding the administration of subcutaneous terbutaline

Method: To collate existing information from a number of sources and health professionals within Royal Brompton & Harefield NHS Trust to produce a reference guide.

Possible impact on practice: It is anticipated that the reference guide will contribute to the understanding of the use of subcutaneous terbutaline within the Pharmacy department, and provide a useful learning tool for training Pharmacy staff. Distribution of the guide to other health professional within the Trust will allow clear information to be available at hand, and thus reduce risk to patients using subcutaneous terbutaline. The guide will be a useful addition to the information resources held by the Medicines Information Service, and be freely available to healthcare professionals from outside the Trust to promote continuity of care.

References:

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Preventing clots safely - an audit of clopidogrel use

Katie Smith, East Anglia Medicines Information Service, Ipswich Hospital, Heath Road, Ipswich, Suffolk IP4 5PD

Abstract

The use of clopidogrel as an alternative to aspirin to decrease platelet aggregation and inhibit thrombus formation has been subject to a lot of scrutiny and discussion.

In Suffolk, the Cardiac Consensus Group produced guidelines for use of clopidogrel in the autumn of 2003 that clearly set out appropriate situations and length of use of clopidogrel.

In an attempt to assess whether patients at a local GP surgery were being treated with clopidogrel appropriately, the guidelines were used as a basis for an audit.

In September 2004, a search on the practice database of roughly 10,500 patients revealed 39 with clopidogrel listed as a prescribed medicine. Of the 39 patients, 12 had discontinued treatment and 3 were resident in nursing homes. The 24 patients not resident in nursing homes and still taking clopidogrel were contacted, inviting them to make an appointment for a review with the pharmacist.

During consultations with the 24 patients, further information about their use of clopidogrel was elicited, which was added to their electronic medical record.

The audit highlighted a number of issues –

- The number of patients taking clopidogrel is low.
- Over 25% of patients had discontinued use as a result of intolerance.
- Often paper and electronic notes both had to be used to obtain complete details about the history of the clopidogrel use.
- Some hospital clinicians advised a defined course of clopidogrel followed by a switch to aspirin while others did not.
- There is no mechanism on the prescribing system to highlight a point after which supplies of clopidogrel should cease.
- Some hospital clinicians did not follow the local guidelines and expressed the view that clopidogrel had a more favourable GI profile than aspirin.

As a result of the audit the GPs are more aware of the local guidelines for clopidogrel use, they are questioning patients about 'intolerance' to aspirin and they are checking reasoning for long term use with consultants to improve patient safety.

Medicines Information – A technician led service

Clare Drain and Jane Giles. Medicines Information, Mid Essex Hospitals

Abstract

The role started as a business case for a technician in M.I, and developed into a pilot scheme for 6 months. After 6 months it was agreed by all involved to be a success and a permanent position was appointed.

Over the next three years the M.I manager took on more clinical roles including supplementary prescribing in oncology and gradually the role of the technician developed from administrative and basic query answering to a more functional role involving training staff, prioritising queries, managing QA initiatives and answering more complex queries under supervision.

On completion of the national accreditation scheme and with three years experience the M.I technician was offered a role in the local area-wide prescribing team, producing an area wide formulary, protocols and shared care guidelines, working out of M.I as information support to the PCT. As a result the other half of the time was allocated to another technician who is now undertaking the national accreditation scheme also.

In April 2004 the management structure at Broomfield was changed dramatically. It was decided that the accredited technician would become M.I manager and manage the day-to-day running of the service, and the existing M.I manager would be promoted and manage the overall service as Core services manager. This presentation shows the roles of all of the M.I team, how the roles have developed and how the system works.

Spreading the word.....a review of proactive information provision by the National Medicines Information Centre, Dublin

Godkin, C., Hughes, C., McGarry, L., O'Malley, G., Teeling, M. National Medicines Information Centre, St Janes's Hospital, Dublin

Abstract

Information newsletters/bulletins are widely used media for communicating medical information to healthcare professionals. They provide an effective means of communicating up-to-date drug-related issues, while also maintaining high visibility for the institution concerned. The National Medicines Information Centre (NMIC) currently provides proactive information to doctors and pharmacists in Ireland by two methods. Since 1995 a bimonthly, four-page bulletin has been produced, featuring systematic reviews of individual drugs, drug groups or disease states. More recently, since April 2001, the monthly newsletter, Therapeutics Today, has been published as a joint initiative between the NMIC and Department of Pharmacology and Therapeutics, Trinity College, Dublin. The objective of this two-page publication differs from that of the bulletin as it aims to inform primary care professionals of recent developments in therapeutics by providing short summaries on new studies, indications, safety alerts etc.

We recently undertook a review of both publications with regard to their therapeutic content and how it relates to the main areas of prescribing in the Community Drugs Schemes in Ireland, thus allowing us to assess the relevance of the information provided. It has enabled us to highlight topics for inclusion in future editions of the publications. Evidence to date suggests that these publications are well received. The bulletins currently fulfil part of the continuing professional development material for GPs as recommended by the Irish College of General Practitioners and are a Pharmaceutical Society of Ireland recommended reference source for all pharmacies.

What is the effect of a peer review system on the standard of enquiry answering in Medicines Information?

Adam Hocking, Pre-registration Pharmacist, Wessex Regional Drug and Medicines Information Centre, Southampton University Hospitals NHS Trust, Southampton, SO16 6YD

Introduction: In a review of quality assurance procedures, Wessex Drug and Medicines Information Centre identified that the work of more experienced medicines information pharmacists (MIPs) was not subject to formal peer review. It was hypothesised that a system of formal peer review within the centre would improve the quality of enquiry answering by the more experienced members of the team.

Aim: To establish the effect of a formal system of peer review for experienced MIPs on the quality of the enquiry answering process.

Objectives:

1. To review any published literature regarding peer review in hospital MI centres.
2. To establish the peer review systems, if any, already in place at other regional MI centres (RMICs).
3. To establish whether a system of internal peer review of enquiries improves the standard of enquiry answers using pre and post scores as measured by the United Kingdom Medicines Information (UKMI) Clinical Governance Working Group tool to assess compliance with standard 4A.

Methods:

1. Literature search performed using search strategy
2. Semi-structured telephone interview.
3. Baseline audit of the score of 40 randomly selected finished enquiries by two independent evaluators. Introduction of the test peer review system; once a month paired MIPs reviewed 5 of each other's recently completed enquires. Team meetings were used as a forum to discuss learning points. Repeat audit of a further 40 enquiries after three months.

Results:

1. Very small sample of papers identified and reviewed; peer review judged to be a useful tool.
2. All RMICs participated. 64% (n=7) have a system of peer review; 2 have evaluated their system.
3. The introduction of a peer review system at Wessex resulted in a small overall improvement in enquiry scores.

Conclusion: The small improvement in enquiry scores needs to be balanced against the associated additional workload. The limitations include a small sample size of enquiries selected for review and the short time period for the implementation of the peer review system.

National Introductory Medicines Information Training Course: Past, Present and Future

*Richard Cattell (South West MI), Paul Mills (East Anglian MI), Jane Neal (London MI – Northwick Park) and Iram Reza (Husain) (London MI – Northwick Park) on behalf of the UKMi Education and Training Working Group**

Background: The National Introductory Medicines Information Training Course (NIMiTC) is a 3-day residential course organised and delivered by the UKMi Education and Training Working Group (ETWG). The NIMiTC has been established for over 15 years providing courses each year to meet the demands of MI staff nationally. The poster aims to demonstrate where the NIMiTC fits in the MI pharmacists career plan and highlights the MI training available nationally.

Past: The NIMiTC (often called the 'Sheffield Course') continually developed over the years based on feedback from the attendees and speakers/facilitators. For example, the introduction of sessions demonstrating efficient searching of databases such as Medline and Embase. The course later moved from Sheffield to Chester which provided the organisers with a greater range of teaching facilities. The biggest changes came in 2003 with the introduction of the UKMi training programme and the requirement for all NIMiTC attendees to meet minimum UKMi competencies prior to nomination.

Present: The NIMiTC is aimed at permanent MI pharmacists who meet a minimum entry criterion and are at the appropriate stage in their MI career to attend the course. The current UKMi service standards require MI pharmacists to attend the NIMiTC within 6 months of appointment unless there is a valid reason for not attending or they have provided an MI service to national standards for at least 2 years. As a result the NIMiTC aids in attaining part B competencies of the UKMi pharmacist's training programme, with part A competencies being attained through the use of training tools such as the Medicines Information Computer Aided Learning (MiCAL) CD-ROM and the UKMi Training Workbook. Previous students and trainers continue to develop the course through evaluation.

For example, attendees now have greater access to IT facilities allowing more one-2-one training on a wider range of databases and websites. For dates and full details about the next NIMiTC visit www.ukmi.nhs.uk (under the course and resources section).

Future: UKMi aim to develop a course that meets the needs of the specialist MI practitioner and forms a more structured MI training career path.

Acknowledgements: The UKMi ETWG would like to thank all course speakers, facilitators and administrators who have taken the time to volunteer their services and experience to prepare and deliver the courses run over the last 15 years.

***UKMi Education and Training Group:**

Richard Cattell (South West MI), Angela Emerson (Wessex MI), Paul Mills (East Anglian MI), Jenni Monk (Northern General MI), Jane Neal (London MI – Northwick Park), Bridget Rankin (Maidstone & Tunbridge Wells MI), Iram Reza (Husain) (London MI – Northwick Park), Satpal Soor (London MI – Guys' Hospital), and Janet West (North Glasgow Division MI) (Full contact details for members available via www.ukmi.nhs.uk).

Medicine Review – a double entendre?

Katie Smith, East Anglia Medicines Information Service, Ipswich Hospital, Heath Road, Ipswich, Suffolk IP4 5PD

Abstract

What does the term 'medicine review' mean to you? The Compact Oxford English Dictionary defines the individual terms medicine and review respectively as 'a substance used to treat disease' and 'a formal assessment of something with the intention of instituting change if necessary'.

In the course of my day to day work, the phrase 'medicine review' means different types of activity.

One of my main roles is to examine the published written evidence on various medicines e.g. those in development, new products just launched, similar groups of medicines, existing medicines with new uses or medicines that have been used for a long time with little or no information.

After reading, interpreting and reviewing the evidence this is normally presented as an answer to a personal enquirer either in the form of a verbal conversation or a written response, a concise bulletin summarising salient points for dissemination to local GPs or a comprehensive detailed review that examines and discusses all the clinical trials in depth and can be used widely by other pharmacists and healthcare professionals.

Another part of my job is to review individual patients medicines in a GP surgery – this can be done either by looking at their electronic records, talking to the patient on the telephone or having a face to face meeting the patient.

The aim of the review is to determine what each patient is actually taking and provide any information that may encourage concordance as needed. This is done by checking what medicines are listed on the electronic record, deleting any that occur more than once, checking how frequently they order repeat medicines, whether they can remove the medicine from the packaging, if any adverse effects occur as a result of taking medicines and understanding the patients beliefs about health, disease and medicines.

Both of these show how it is possible to assess the use of substances to treat disease in different ways to institute change in therapy if necessary for the benefit of patients.

Complexity Indicators for Medicines Information Enquiries

A Walker, C MacFarlane, Y Hounat, AF Ooi, CY Leow, S Jordan, A Boyter Department of Pharmaceutical Sciences, University of Strathclyde, Lee A Medicines Information, Glasgow Royal Infirmary and S Kerr, Medicines Information, Royal Infirmary of Edinburgh.

Abstract

Enquiry complexity may be regarded as a key performance indicator for medicines information (MI) services. It can be assessed using a tool developed by the UKMi Quality Assurance Working Group,¹ which is used variably across the UK. Over the last few years many regional MI centres have observed a downward trend in the annual number of enquiries answered yet there is a perception that enquiry complexity is increasing. This investigation aimed to start the process of establishing the factors in an MI enquiry which influence the complexity.

The MI centres at Glasgow Royal Infirmary (GRI) and Royal Infirmary of Edinburgh (RIE) were involved in the investigation. A total of 600 completed enquiries were analysed, (300 from the past year (present) and 300 from more than 3 years ago (historical); 400 were from GRI and 200 from RIE. The enquiries assessed were selected randomly from all those answered in the specified year and represent a sample of about 5%. Data were collected about the enquirer status, enquiry category, time taken to answer the enquiry, grade(s) of staff involved in the answering process, number and type of information sources used and method of reply to the enquirer. A complexity level was assigned to the enquiry based on the 3 levels designated by the UKMi Quality Assurance Working Group.

Of the 600 enquiries analysed, 287 (47.83%) of the enquiries were Level 1 complexity: 134/600 (22.33%) were level 3 complexity. No correlation was found between the status of the enquirer, date of receipt or reply, urgency of request or enquiry category with the complexity level assigned. When a weighting was assigned to the information sources used to answer the enquiry (3 for primary, 2 for secondary and 1 for tertiary), and when this was combined with the time taken a correlation was seen with the level of complexity. When historical enquiry data were compared with present, there was no significant difference in complexity level for one centre (GRI) while for the other (RIE) there was a trend towards increasing complexity.

Based on the sample analysed it was not possible to identify factors that influence complexity other than the number and type of information sources used to find an answer. There was no evidence that a major shift towards more complex enquiries has occurred. It may be possible to refine the data collection process or to carry out a further prospective analysis of enquiry complexity; a proposal for a qualitative analysis is now being planned.

Reference:

1. Guidelines for ensuring quality in enquiry answering (UKMi Executive Quality Assurance Working Group) (http://www.ukmi.nhs.uk/Policy_product/cg_enq_answering.asp)

Poster 16

IRMIS – What have we learnt?

*Julia Horwood, Assistant Director, London Medicines Information Service, Northwick Park Hospital, on behalf of UKMi Clinical Governance Working Group**

Introduction: The Incident Reporting in Medicines Information Scheme (IRMIS) was launched on 10th January 2005. The IRMIS database captures details of near misses or errors occurring within MI. The overall aim of the scheme is to enable UKMi and MI managers to identify common themes and look at ways to avoid future incidents and inform training programmes, risk management strategies and national standards accordingly.

What has been reported?:

To date (end March 2005), six incidents have been entered onto the database, of which 3 are near misses and 3 are errors. All of these incidents have caused no or minor detrimental effect on the patient.

What happens to the data?

All data is completely anonymous to all users, IRMIS monitors and the CGWG members. Two IRMIS monitors, who are members of the Clinical Governance Working Group (CGWG), review the data entered onto the database, prior to each meeting of the Group. A report summarising the details and statistics of the incidents and learning points to be shared is produced and submitted to the UKMi Exec for onward dissemination via regional MI centres. The reports are displayed on the UKMi website, in the incident reporting section. Regular reports will also be sent to the National Patient Safety Agency to ensure that our learning is fed into the wider NHS clinical governance agenda.

What have we learnt so far?

Learning points shared to date (end March 2005)

| <u>Issue</u> | <u>Learning point</u> |
|--|--|
| Confusion about drug name left in message on answer phone | Always confirm details of enquiry left on answer phone before starting to answer |
| Two enquiries written on the same enquiry form – second enquiry missed | Each enquiry should be written on separate enquiry form |

Want to know more?

Visit the UKMi website at: www.ukmi.nhs.uk/Policy_product/CGIncidentRep.asp for details.

* Fiona Woods (Convener) – Welsh MI Service; Elena Grant (Secretary) – West Midlands MI Service; Janet Darlington – Leeds MI Service; Julia Horwood – London MI Service (Northwick Park); Julia Kuczynska – South West MI Service, Paul Mills – East Anglia MI Service; Davina Wraight – London & South East MI Service (Guy's).

Appropriateness of clopidogrel prescribing in a primary care setting

Janice Watt and Anne Lee, Medicines Information, North Glasgow University Hospitals Division, Richard Lowrie, Primary Care Division, NHS Greater Glasgow and Keith Beard, South Glasgow University Hospitals Division.

Background: The prevalence and mortality from coronary heart disease (CHD) in Glasgow is the highest in Europe. More than 10% of the Glasgow population require lifelong antiplatelet therapy for prevention or treatment of CHD. Aspirin and clopidogrel have similar licensed indications but clopidogrel is 200 times more expensive. Over the last three years there has been a rapid increase in clopidogrel use. Glasgow guidelines for appropriate prescribing of clopidogrel include patients:

- intolerant of aspirin despite a trial with a proton pump inhibitor (PPI) for gastroprotection.
- with recurrent stroke or transient ischaemic attack (TIA) while taking aspirin and dipyridamole in combination.

At the time of this study, clopidogrel was licensed for use in acute coronary syndrome (ACS) but no local or national guidelines were available to support prescribing decisions.

Objectives: To describe the extent to which clopidogrel use in Primary Care is in line with local guidelines.

Method: The study was a retrospective review of medical records of patients prescribed clopidogrel between January and March 2003. We chose a convenience sample of 499 patients from 22 out of 220 general practices in Glasgow.

Results: Data were collected for 432 of 499 patients prescribed clopidogrel.

Clopidogrel was initiated in hospital for most patients (69%) and for half of these, the recommendation was by a cardiologist. Secondary prevention following a cardiac or cerebrovascular event was the commonest indication for use. Previous peptic ulcer / gastrointestinal (GI) bleed or GI irritation were the most common reasons for choosing clopidogrel instead of aspirin (48%). No data were available on the number of patients with GI irritation on aspirin given a trial of a PPI before changing to clopidogrel.

17.4% of patients had no documented reason for prescribing clopidogrel instead of aspirin. 10% of patients on clopidogrel had ACS. Cardiologists gave advice on an appropriate duration of therapy for only 16.3%.

Conclusion: The study identified the main reasons for prescribing clopidogrel and areas where further guidance to clinicians might be necessary. In particular, it appears that there is significant inappropriate prescribing with associated opportunity costs for Primary Care within the city. Primary care support pharmacists will now use this information to assist physicians' prescribing behaviour relating to appropriate clopidogrel use. The data have also been used to support review of the more general Glasgow Antiplatelet Guideline.

Integrating evidence based medicine into clinical practice

Hugh McGavock, Queens University, Belfast

Abstract

A debate on EBM has already begun, but not in the most widely read clinical journals.^{1,2,3} The title EBM is itself loaded and misleading. It contains a subtle implication that this is a new form of medical practice, and that prior to its advent, doctors had practiced medicine which was somehow, not evidence based. That is clearly not so. For over a century clinical practice has relied upon scientific evidence and has been founded upon the body of knowledge in pathology, physiology, pharmacology and microbiology. Sackett et al, (2000), use a much better acronym than EBM, using the phrase "best research evidence" (BRE)⁴.

The poster explores the following:

1. What is Best Research Evidence (EBM)?
2. How germane is BRE/EBM in the real world of primary care?
3. Where is BRE/EBM most useful?
4. Where BRE/EBM is problematic

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Enoxaparin Guidelines

Judy DeMello, Medicines Information, Ealing Hospital NHS Trust

Abstract

The issue of thromboprophylaxis is an important one because at least 10% of hospitalised patients suffer a pulmonary embolus as a result of inadequate thromboprophylaxis (1). Risk factors for VTE have been long established in surgical patients but recent evidence suggests that acutely ill medical patients have similar risk factors to a moderate risk surgical patient (1). Pharmacological thromboprophylaxis include low dose unfractionated heparin or low molecular weight heparin. Enoxaparin is the LMWH of choice at Ealing Hospital and is used for all forms of thromboprophylaxis, treatment of DVT and ACS and use in obstetrics.

Following a thorough literature review, existing EHT Trust guidelines were updated and new guidelines were written for medical thromboprophylaxis, dose adjustments in renal impairment and monitoring of enoxaparin therapy. An audit was carried out at baseline and after the circulation of the guidelines in order to assess the impact of the guidelines.

The results indicated that a number of patients had been prescribed incorrect doses of enoxaparin for medical thromboprophylaxis, DVT and ACS, whilst some surgical patients were prescribed inadequate thromboprophylaxis. Ward pharmacists did not intervene in all the cases. There were a number of patients who received no thromboprophylaxis in the presence of two or more risk factors for VTE.

The duration of treatment thromboprophylaxis in some patients, exceeded the licensing of up to 14 days.

The audit highlighted education needs for both ward pharmacists and doctors. Ideas for improvement were also suggested.

Reference

1. Stark JE and Kilzer WJ. 2004. Venous thromboembolic prophylaxis in hospital medical patients. *Ann Pharmacother* 38:36-40.

Audit of Medicines Information (MI) enquiries given by pharmacists to a local MI hospital based MI centre.

Anita Ranchan, Tutu Ogunsanwo, and Angeline Joseph. Medicines Information, Harold Wood Hospital, Gubbins Lane, Romford, Essex, RM2 OBE

Background/Objectives

MI helps health care professionals in the rational use of drugs. A large proportion of MI enquiries are made up of those asked by pharmacists within the trust. The aim of this audit is to determine the type of enquiries asked by the pharmacists in the trust. Factors considered were the resources at each hospital site, the location, hospital site and position of the enquirer.

Method

Retrospective study of MI enquiries asked by 215 pharmacists during April 2004 and June 2004

Results

The D grade pharmacists asked 33% of the enquiries. 67% of enquiries asked by all grades of pharmacists were level 1 enquiries. Most pharmacists did not check a basic resource before calling MI regardless of their position. 36% enquiries were from the clinical sector.

Conclusion

There is a lack of up-to-date resources and at the hospitals. Resources need to be made easily accessible, and easy to use. The development of trust policies would help pharmacists answer some of their enquiries quickly and efficiently. Orientation of non-MI pharmacists will benefit pharmacists by improving their search abilities and increasing their knowledge of what information to have handy when calling MI.

References

1. Kerr S., Using medicines wisely. The medicines information pharmacists' role. Hospital Pharmacist 2002;9: 164-166

Something for nothing? Free full-text journal resources for prescribing and medicines management

Tom Burnham, Pharm-line Database Manager, Medicines Information, Guy's and St Thomas' NHS Foundation Trust

Abstract

The rapid growth in the availability of full-text specialised journals online over the decade has led to a revolution in document supply and in the role of libraries.

This is most apparent where there are subscriptions to particular journals, for example through NHS England National Core Content. In this case, a commercial supplier has some responsibility for managing access, offering training resources, and so on.

However, there has also been a move towards electronic publishing free to the reader, for example through BioMedCentral. Many existing journals are also offering a free full-text option – either for the whole content or after a time delay. A number of these are titles of interest to people working in medicines information (MI), which can supplement the National Core Content resources.

Although this expansion is undoubtedly a benefit, the addition of so many journals to those available at the (computer) desktop undoubtedly creates a problem of assessing their quality and relevance and deciding which to refer to in an enquiry.

This contribution discusses the rationale of electronic publishing free to users, suggests some means of locating them and searching their content, and lists a number of journals of specific interest to MI.

Pharmacokinetics made easy

Carina Joanes, Medicines Information and Formulary Manager, Pharmacy Department , Heatherwood and Wexham Park Hospitals NHS Trust, Ascot.

Abstract

A program has been developed which facilitates the pharmacokinetic calculations for digoxin. It rapidly enables us to advise on the following:

- Loading dose
- Maintenance dose
- Time to steady state
- Time to decay from toxic dose to normal range
- It allows the following parameters to be taken into account:
- Renal function (requires plasma creatinine levels)
- Presence of heart failure
- Current digoxin plasma levels (if available)
- Concurrent administration of verapamil or amiodarone.

I have also already developed a similar worksheet for gentamicin calculations

I have used them in a small number of MI queries, and where it was possible to assess, the advice given fell close to monitored levels

Future plans include: To develop spreadsheets for phenytoin and theophylline.

These spreadsheets have been eagerly embraced by my Trust's Pharmacy Clinical Services Manager, and Chief Biochemist, and I am planning a trial concurrent with an audit of effectiveness.

These spreadsheets could potentially be used with DI-Scan/ MI-Databank

Knowledge needs of community pharmacists

King T, Department of Computer and Information Sciences, University of Strathclyde; Wales A, E-library, NHS Education for Scotland: Power A, Watson A, Brailey A, and Parr RM, NHS Education for Scotland (Pharmacy); and Lee A, Medicines Information, Glasgow Royal Infirmary.

Long term NHS policy in Scotland focuses on the provision of health care within a community setting. As a key source of health information and advice, community pharmacists have seen their roles extended with increasing responsibility for provision of health care. (1) NHS Scotland Knowledge Services has a national strategy which recognises the need for improved knowledge support for community-based health care staff. (2) The extended role of the community pharmacist entails a high level of need for such support.

The e-library has subject-specific portals reflecting priority healthcare areas. These provide a single point of easy access to information relating to these specific priority areas. NHS Education for Scotland (NES) has considered the creation of a pharmacy portal as a possible aid to community pharmacists. This could provide tailor made services to the community pharmacist, filling their specific knowledge needs. However, little is known of the community pharmacist's knowledge needs, the extent to which the e library in its current form meets those needs, nor the ways in which the resource could be adapted to better meet them. This research aims to examine the knowledge needs of community pharmacists through a small qualitative study.

Objectives

- To discuss issues of access to the e library by community pharmacists
- To identify content requirements for a community pharmacy portal. To identify any ICT training needs required by the community pharmacist
- To discuss the advantages and barriers which may inhibit the use of the resource

Method: A focus group of 7 community pharmacists was facilitated, taped and transcribed. Four community pharmacists from different geographical regions were approached and interviewed by telephone. These interviews were taped and transcribed. Content analysis was carried out on the transcriptions from the focus group and telephone interviews. They were subsequently coded using a framework approach. Ethics approval was sought for this project and it was deemed not required.

Results: Results cover issues of potential applicability of a pharmacy portal for practice and continuing professional development within community pharmacy. Requirements for content, interactive knowledge services and support for knowledge sharing within communities are identified. Barriers and facilitators for effective use are highlighted.

Discussion: From this study it would appear community pharmacists feel that the e library offers them several key benefits. However, issues of access need to be addressed and usability optimised in order to ensure that a pharmacy portal can deliver knowledge support effectively to this NHS staff group.

References

1. Scottish Executive. The Right Medicine: A strategy for pharmaceutical care in Scotland. Edinburgh: Scottish Executive, 2002.
2. Exploiting the Power of Knowledge in NHS Scotland – A National strategy: Managing knowledge to support the patient journey. Edinburgh: NHS Education for Scotland, 2003.

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