Meeting the Challenge

Programme

and

Conference Proceedings

UKMi

UK Medicines Information

32nd UK Medicines Information Conference

Chester 14th – 16th September 2006

UK Medicines Information Conference

University of Chester, 14th-16th September 2006

UKMi
UK Medicines Information

Dear Delegate

Welcome to the North West, the University of Chester and the 32nd UKMi Conference. I am delighted you are able to be here.

I am indebted to the organising committee for putting together a broad professional programme, which features issues of current pharmacy-wide interest as well as those with a more specific medicines information bent. The programme will be delivered in the usual mix of plenary and workshop styles. I would like to thank all our external speakers for their contributions which are so important in making the conference a success.

I would also like to thank our professional partners and the pharmaceutical industry who continue to support the conference by attending the exhibition. This year the pharmaceutical industry is responsible for delivering a number of workshops on management and leadership topics, and for providing an award, through the College of Pharmacy Practice, for the practice & research oral and poster presentations.

The social programme is an important part of the conference. It provides useful opportunities for networking, and with your active participation it will again prove to be a positive and successful element of the proceedings.

On behalf of the organisers, I hope you have an enjoyable and professionally rewarding conference.

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

Christine Proudlove

Chair, Conference Organising Committee

Conference Organising Committee

Christine Proudlove – ***Chair***

North West Medicines Information Centre, Pharmacy Practice *Unit, Liverpool*

Mike Brandon

East Anglia Medicines Information Service, Ipswich

David Erskine

London & South East Medicines Information Centre, Guy's & St Thomas' Trust, London

Peter Golightly

Trent Medicines Information Centre, Leicester Royal Infirmary, Leicester

Louise Hulme

North Cheshire Medicines Information Centre, Halton Hospital

Sheena Kerr

Lothian Medicines Information Centre, Royal Infirmary of Edinburgh, Edinburgh

Joanne McEntee

Medicines Information Centre, Hope Hospital, Salford

Christine Randall

North West Medicines Information Centre, Pharmacy Practice Unit, Liverpool

Pam Rushworth

Medicines Information Centre, Countess of Chester Hospital, Chester

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

Conference Secretaries

Marian Madden

North West Medicines Information Centre, Pharmacy Practice Unit, Liverpool

Sandra Wharton

London Medicines Information Centre, Northwick Park Hospital, Harrow

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Opening session

Welcome to Chester

Dr. Keith Ridge, *Chief Pharmaceutical Officer, Department of Health, England*

Keith registered as a pharmacist in 1988 having trained at the School of Pharmacy, University of London. His PhD (University of Manchester) was informed by the evaluation of pharmacy automation. He has worked at most levels in hospital pharmacy, his last two posts being Chief Pharmacist at North Glasgow University Hospitals and University Hospital Birmingham NHS Foundation Trust. Whilst in Glasgow he was part of the National Pharmaceutical Forum, which advised the Chief Pharmaceutical Officer for Scotland and a member of the Scottish Medicines Consortium. In Birmingham he was working on a new patient centred model for pharmacy services before taking up his current post on 1 March 2006. He has also worked in community pharmacy and the pharmaceutical industry, as well as an earlier spell at the Department of Health as professional lead on prescribing and hospital pharmacy.

Annual report of UKMi

***Richard Cattell**, Director - South West Education & MI Centre*

Richard is the director of the South West Centre which provides a regional MI and pharmacy training service to Gloucestershire, Bristol, Somerset, Dorset and Cornwall. He is currently Vice Chair of the UKMi Executive and chairs the UKMi Education & Training Working Group. In his spare time he is Vice President of the Guild of Healthcare Pharmacists and leads on KSF issues.

Abstract

From the 16 'regional' centres to the 200+ local sites, from the secretary providing the much needed administrative support to the advanced level practice in many centres across the NHS, UKMi remains one of the most productive specialist groups within NHS Pharmacy.

The products of our combined labours for the last year include answering hundreds of thousands of enquiries, training hundreds of pharmacists and technicians, producing Medicines Q&As, developing NeLM news, the one-stop new product portfolio, Prescribing Outlook, plus the UKMi workbook and MiCAL.

The future looks bright – moving from 30% to 100% uptake of MiDatabank, more widespread use of NeLM as the first port of call for information relating to medicines, more of the service covered by UKMi recommended standard operating procedures, a clear career pathway including a new-look MI technician accreditation, and specialist and advanced level pharmacist training.

The Annual Review will celebrate all the efforts of the last year and focus on some of the key challenges for the next.

Annual report of UKMi: notes

Plenary session 1

Chair: Dr. Keith Ridge, Chief Pharmaceutical Officer, Department of Health

Informing the MI strategy

Dr. Pat Oakley, *Director, Practices Made Perfect Ltd*

Pat is one of the founding directors of Practices Made Perfect Ltd, a specialist policy and research & development organisation which works with the NHS managers, clinicians, statutory authorities and workforce development organisations, to help them develop their clinical and staffing strategies and workforce plans.

A production and subsequently clinical pharmacist by background, Pat was Chief Pharmacist of St Stephen's Hospital, London from 1981-1987 when she moved to the regional health authority. While there she undertook a Master's programme at the London Business School, and then completed a doctorate in medical politics and conflict at London University. She is currently a Teaching and Research Fellow and Examiner in Organisational Psychology and Human Resource Management, Birkbeck and King's Colleges, London University. She has served on the English National Board for nurses, midwifes and health visitors as a non-executive director, is a past President of the Association of Healthcare Human Resources Managers and been a member of the NHS Task Force looking at good practices in staff involvement. She has acted as a specialist adviser to the House of Commons Select Committee on Health and the Scottish Executives Intergrated Workforce Planning Group.

Current work includes:

- *developing the NHS reforms in Wales for W.A.G and Chief Officers*
- *supporting the reorganisation & management changes in N.I.*
- *supporting the Scottish Executive's and Lothian Health Board's management development programmes*
- *supporting & modelling the provider and commissioning changes in the English regions, including the Cancer & Mental Health Clinical Networks*
- *researching the effectiveness of 'Every Child Matters' on children with MH problems*
- *researching the strategic workforce planning issues (UK-wide) for pharmacy staff*
- *researching how evidence-based practices fail to develop in the NHS.*

Abstract

One of the most important and common collective need of patients, prescribers and managers from the NHS is to have a safe and effective prescribing, dispensing and medicines management service which reduces the risks for patients. The prescribing decision-making system is increasingly complex with many more influencing forces (some of dubious quality) trying to have an impact on a growing number of prescribers, a proportion of whom are not very experienced. This, coupled with the fact that medicines are increasingly more potent, increases the propensity for mistakes to happen and for the risk profile to grow.

The key strategic role of the UKMI service therefore is to support the development of:

- the organisational context which is aware of the risks associated with medicines
- a culture of learning and practice improvement through the use of evidence
- a culture of respect for medicines and their use through effective policy development.

To this end, the UKMI provision of both proactive and reactive tailored information support to prescribers, education and training for prescribers, and specialist inputs to local policy developments, are all important locally in reducing risk.

However, the NHS is changing rapidly due to major developments in the legal and regulatory structure driven by Europe, the post-Shipman Review, and potentially, by the forthcoming legislation on corporate manslaughter.

In addition, devolution is creating an NHS with increasingly different governance structures and ways of working. This shift in power and resultant policy divergence will be driven further and faster by the recent legal developments for the Welsh Assembly Government and London Regional Assembly Government, and the proposals to develop further and strengthen the English Regional Government structures and powers.

This changes, across the UK, how service providers will develop in the NHS with the English reforms showing potentially a rapid broadening of the types of organisations involved. In addition, there are changes to how the service will be commissioned and how cash will flow to Trusts, particularly in England.

In the light of these developments, which form the bulk of this talk, we need to assess how the principle of a UK-wide MI Service can be maintained and developed, and how the service might be marshalled to support the forthcoming challenges associated with the NHS reforms, the post-Shipman Review and the increasingly potent Service Inspections, and the emergence of the complex multi-agency public service networks.

Informing the MI strategy: notes

Plenary session 2

Chair: Dr. Norman Morrow, Chief Pharmaceutical Officer, DHSSPS, NI

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. Within that arena he was awarded a Winston Churchill Travelling Fellowship to undertake a study of distance education in the USA, and in 1994 was presented with the Schering award for outstanding services to 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 was made a Fellow of the Pharmaceutical Society of Northern Ireland in 2004 and awarded the Guild of Healthcare Pharmacists' Gold Medal in 2005. In June 2006, he was made an Honorary Fellow of the College of Pharmacy Practice.

Medical treatment of breast cancer today and tomorrow

***Professor Robert Leonard**, Director, South West Wales Cancer Institute, Swansea*

Professor Leonard is Director of South West Wales Cancer Institute in Swansea. He is lead investigator of several multi-centre trials in early and late stage breast cancer including Anglo-Celtic high dose chemotherapy. He chairs the UK 'Texas trial' of taxoid/anthracycline chemotherapy in relapsed breast cancer, the UK Audit of intensive conventional chemotherapy for poor risk breast cancer and the UK Audit of oral capecitabine for metastatic breast cancer.

Professor Leonard is also researching dendritic cell immunotherapy; the manipulation ex vivo of blood cells, collaborating with Biomira Inc and SNBTS in phase I development of adoptive immunotherapy for breast cancer using peptide immunostimulants.

He chairs the Association of Cancer Physicians National Education Committee, the Subcommittee to assess tumour markers in breast cancer and the Anglo-Celtic Co-operative Oncology Group, and is a member of more than ten committees and associations across the UK and in the USA.

Professor Leonard co-authored DHS COG for Purchasing Guidelines Breast Cancer (publ. DHS 1996), and for many years has been a member of the editorial boards of "The Breast" and "British Journal of Cancer". He is an examiner at the Royal College of Physicians of Edinburgh and the University of Edinburgh, Final MB BS Examinations, and an external reviewer for the Gene Therapy Advisory Committee.

Note: This is the current biography at the time of going to print (August 2006) although Professor Leonard will be taking up a new position as Clinical Director, Cancer Services and Clinical Haematology, Hammersmith Hospital, London as from 1st September 2006.

Abstract

On overview of the treatment aspects of breast cancer.

Overview of breast cancer treatment: notes

Horizon scanning oncology products: notes

Horizon scanning oncology products

***Joanne Andrew**, Glasgow Cancer Network*

Joanne has been involved in horizon scanning for oncology medicines for the past 3 years. Her work, initially focused on regional priorities, has now expanded to a national level, collaborating with the Scottish Medicines Consortium in their remit to provide advanced planning information for new medicines in Scotland.

Since graduating Joanne has worked in a hospital pharmacy department environment. Prior to her current position she gained experience in specialities on oncology pharmacy and medicines information. These roles provided different skills and experience which have proved beneficial in her horizon scanning role and in the development of systematic horizon scanning processes for oncology medicines.

Abstract

Horizon scanning is a process for the early identification of new medicines, new indications for existing medicines and changes in treatment that are likely to impact on clinical practice. Horizon scanning is informed by various sources, including regulatory authorities, current awareness publications, journal articles and also local clinical expertise. Drugs likely to impact in the next 12 – 24 months are identified and information on place in therapy and potential cost and service implications are detailed.

Advances in technology have resulted in the development of many new and exciting drugs targeted to specific tumour characteristics. Drugs have been designed with novel mechanisms of action, some target specific growth factor receptors on tumour cells whilst others interfere with tumour blood supply. The specificity of these agents has prompted the need to investigate patient eligibility testing and ways to identify patients most likely to respond to treatment. Many of these novel anticancer medicines are additive to traditional chemotherapy and as such have potentially significant financial and service implications.

It is also equally important to review new and extended uses for existing medicines, which can be associated with significant impact. Identifying these potential key pressures allows impact to be determined and informs the service and financial planning process. The aim is to enhance patient care by streamlining the managed entry of new cancer medicines into the NHS through advanced consideration and appraisal of the oncology product pipeline.

Decision making and health economics in oncology

***Andrew Walker**, Scottish Medicines Consortium, Glasgow*

Andrew is a Senior Lecturer in Health Economics at University of Glasgow. Prior to this he was Head of Health Economics at Greater Glasgow Health Board. He is a member of the New Drugs Committee at the Scottish Medicines Consortium and heads the economics review team. He has carried out work for NICE in England and Health Technology Board for Scotland. He acts as an advisor to the Health Committee of the Scottish Parliament on budget issues.

He also has active research interests including resource allocation decisions in the NHS and barriers to using evidence in those decisions. He has recently completed work on the costs of hospital-acquired infections, obesity and chronic obstructive pulmonary disease. He is Deputy Chairman of the Health Services Research Committee of the Chief Scientist Office, Scottish Executive Health Department. He also manages to fit in media appearances to tell the Executive where they are going wrong, but Andy Kerr assures him he doesn't listen to any of them.

Abstract

The Scottish Medicines Consortium has been evaluating new medicines (including new indications and new formulations) and issuing guidance to the NHS in Scotland for nearly five years. Of the first 297 medicines appraised 52 were related to the treatment of malignancy (ranging from the management of symptoms in advanced disease to potentially curative treatments). High profile examples SMC has accepted for use include trastuzumab for early stage breast cancer, bortezomib for multiple myeloma and erlotinib for non-small cell lung cancer. Examples of products that were not recommended by the SMC include bevacizumab for advanced colorectal cancer, pemetrexed for lung cancer (although it was accepted for treatment of mesothelioma) and docetaxel in advanced prostate cancer (whereas NICE recommended its use).

The SMC use a rapid review process which commences when a manufacturer submits a dossier of evidence on the SMC's forms. A review involves complementary reviews by a pharmacy review team and a health economics review team. Both reviews are then presented to a committee of doctors, pharmacists, a nurse and representatives of the pharmaceutical industry who scrutinise the quality of the evidence. The final stage is for further review by a second committee, including doctors, pharmacists, lay representation, managers and representatives of the pharmaceutical industry – their task is to consider whether the final guidance should rest solely on the evidence-based critique of the evidence or whether any other factor should come into play, such as making an allowance for a product having orphan drug status.

This presentation will cover the economics of this process including the cost per QALY for cancer and non-cancer products, the sorts of issues that might lead the SMC to not recommend a product on economics grounds, as well as a comparison of the 'acceptance rate' for cancer and non-cancer medicines. The presentation will also briefly touch on more general issues such as the relationship between the economics and pharmacy review teams and the relationship between NICE and SMC.

Decision making and health economics in oncology: notes

The patients' journey

Jenny Crews & Jackie Wall, *patients, and* ***Joanne McEntee****, MI pharmacist, Salford Royal Hospital Trust*

Jenny Crews *was born in 1943 and grew up in Rossendale, Lancashire. She studied psychology and graduated from the University of London in 1964. Apart from two years spent in Iraq, she has been involved in education in various ways for most of her working life. The last twenty years have been spent at South Trafford College, which is where she first met Jackie Wall. In 2005 she was one of a number of women found to have been misdiagnosed at a breast cancer clinic. She underwent surgery and radiotherapy and is now taking tamoxifen plus a homeopathic preparation 'Iscador'. She retired six months ago and now helps as a Christie volunteer, as a patient representative on the Patient Information Forum.*

Jacky Wall *was born in Liverpool and trained as a 3D designer at Manchester where she was awarded a BA in ceramics and jewellery. Following a post-graduate training course she spent two years at the Southport Grammar School for girls. She was then appointed as a lecturer in art & design at South Trafford College of Further Education working with 16-19 year olds, adults and special needs students. She stayed there for 25 years. Several years ago she took early retirement, and started working as a volunteer in the art room at the Christie Hospital. Typically she now spends around two days there each week working with patients who are offered a range of art activities, which include pottery and glass painting.*

Joanne McEntee *is the Senior Medicines Information Pharmacist at Hope Hospital. She qualified as a pharmacist in 1993 and started her career as a clinical pharmacist at Bolton Royal Hospitals. In 1997 she moved to Hope where she established a full-time Medicines Information Service. The service has grown and is now supported by a second medicines information pharmacist and a clerical assistant. In addition she is the lead pharmacist for neonates and sexual health and secretary for the Trust Medicines Management Group.*

Abstract: A discussion on Jenny's and Jacky's experiences of breast cancer and the health service.

The patients' cancer journey: notes

Plenary session 3 – Byte IT

Chair: Ann Slee, Clinical Lead, Electronic Prescribing Programme, NHS Connecting for Health

Ann is currently the National Clinical Lead for NHS Connecting for Health's electronic prescribing (ePrescribing) programme. She is responsible for outlining the way forward for the programme and delivering the business knowledge that is required to ensure systems are fit for purpose and meet the needs of the various users. In February this year Ann was one of 16 recipients of the Health Foundation's highly coveted Leadership Fellows award for 'having the potential to become the leaders of tomorrow and to make significant improvements to the quality of healthcare in the UK'.

Ann graduated in pharmacy in 1986 and, four years later, attained a post graduate diploma in clinical pharmacy and in 1993 a Master of Science. She was clinical pharmacist at the Wirral for 15 years in a variety of roles which included managing and developing theatres pharmacy, formulary management and their ePrescribing and other IT related pharmacy systems. Ann moved to North Wales in 1992 as Director of Pharmacy at Conwy & Denbighshire NHS Trust for three years where her modernisation and automation improvements included a fully robotic dispensary and distribution service with technician ward services being rolled out and developed.

Ann's research interests lie in demonstrating the benefits of IT on patient care, a subject on which she has published widely.

Core content on NLH

***Claire Honeybourne**, National Core Content Manager, Trent SHA*

Claire graduated in 1992 with a degree in Psychology from City University, London. After spending some time as a library assistant she qualified as a librarian with an MSc in Information and Library Studies from Loughborough University in 1996. She spent nine years as library services manager at University Hospitals of Leicester NHS Trust. During this period she was project manager of the clinical librarian service (Ward, LM. Honybourne, CJ. Harrison, J. A clinical librarian can support clinical governance. British Journal of Clinical Governance. 2001; 6(4): 248-251) and the handheld computer project (Honeybourne, CJ, Sutton, S, Ward L. Knowledge in the Palm of your hands: PDAs in the clinical setting. Health Information and Libraries Journal, 2006 23.51–59). She also developed a local evidence based journal, Practical Evidence, http://www.practicalevidence.org.uk/ and designed e-learning material to support information literacy skills. In November 2005 she took up post as National Core Content Manager for NHS England. The aim of the National Core Content project is to centrally procure electronic resources to provide all NHS staff with access to a core collection of key electronic knowledge resources, see http://www.library.nhs.uk/corecontent

Abstract

The National Core Content Collection is an electronic collection of bibliographic databases, electronic journals, electronic books and medical images. It also includes an open access publishing agreement. The project was established by the NHS Workforce Development Confederations in 2003 and is funded by the Strategic Health Authorities in England. This talk will provide an overview of the current content of the collection and the plan for re-procurement of a collection for 2008 onwards.

Core content: notes

National electronic Library for Medicines: notes

National Electronic Library for Medicines (NeLM) - update

***David Erskine**, Acting Director London & South East MI Service*

David has worked at the London & South East Medicines Information Service for the past 10 years. He was appointed to develop the Medicines Information service to primary care and was instrumental in the development of the website DrugInfoZone. During the last two years he has been Acting Director of the Centre and has taken on responsibility for delivering the national medicines information website known as National electronic Library for Medicines or NeLM

Abstract

The transformation of DrugInfoZone to become the National electronic Library for Medicines (NELM) began with a cosmetic makeover about 15 months ago. Since then Regional Medicines Information Centres have been working together closely to facilitate a gradual transition of material to the pilot site. We now offer a comprehensive daily news service including in depth assessments of important developments (known as In-Focus), an ever-expanding range of answers to commonly asked questions and a single repository of the new drug reviews written within the UKMi network.

In parallel with this work we have successfully commissioned a software developer (Framfab) to upgrade the website and introduce the technology which will enable the improved integration of content that users have requested. Work on that aspect has just started with an assessment of user requirements – this is being achieved through observation of practice and in-depth interviews with a range of potential users including GPs, hospital pharmacists, community pharmacists and prescribing nurses.

It is now aimed to deliver the fully functional NeLM as a series of incremental developments over the next 2 years with the first development scheduled for delivery late in 2006.

The new UKMi website

***Peter Golightly**, Director, Trent Medicines Information Services*

Peter established the Trent Medicines Information service at Leicester Royal Infirmary in 1976. He is past Chairman of the UK Medicines Information Pharmacists Group (two terms of office) and Chairman of its national IT Working Group.

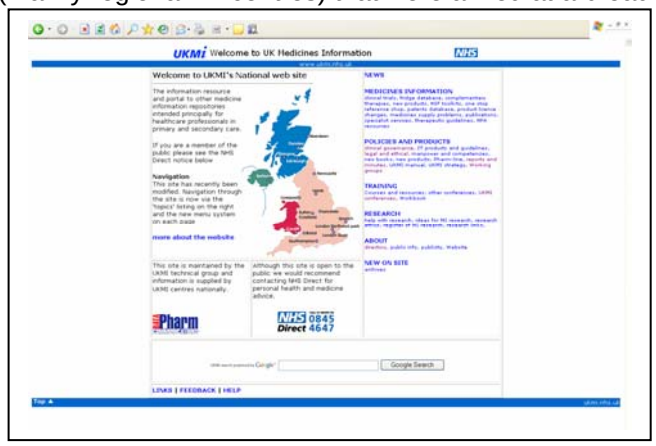
One of his main professional activities is the provision of strategic support to Purchasers (PCTs and Trusts) and Commissioners (Health Authorities), on the planned and rational introduction of new drugs into the NHS. His main input is through horizon scanning activities and joint management of the UKMi New Drugs Online database. He is currently leading the development of a new UK-wide strategy for medicines information services and the development of a new UKMi website.

Special professional clinical interests include drugs in lactation on which provides a national advisory service, UK Drugs in Lactation Advisory Service (UKDILAS). He also has an interest in travel medicine and the safe use of injectable medicines. Current research interests include the utilisation of web-based information for acquiring quality medicines-related information assisting in clinical projects to improve the quality of evidence for the safe use of drugs in breast feeding mothers.

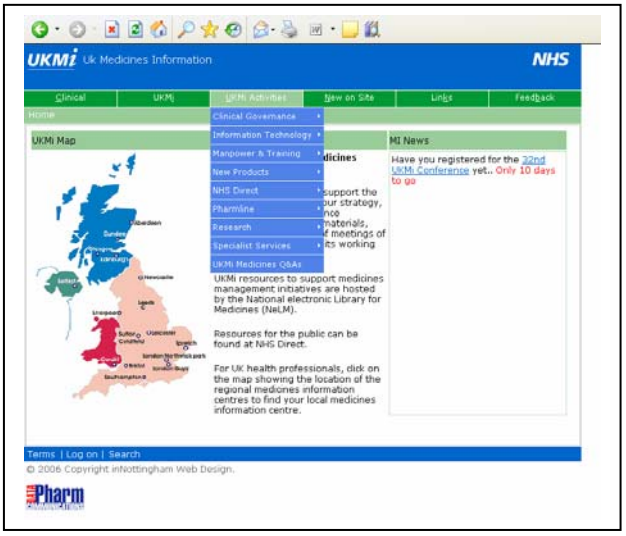
Abstract

This conference sees the launch of the new UKMi Website – www.ukmi.nhs.uk

The current website was launched in 2001 to provide a one-stop resource for medicines information outputs. It was structured in two main parts – clinical and non-clinical. The clinical components comprised the main clinical medicines information outputs and products from the UKMi network (mainly regional MI centres) that were aimed at a broad audience in the NHS, but also available, where appropriate, to anyone with an interest in the safe and rational use of medicines. This broadly encompassed news, new and forthcoming drugs, medicines Q&As, specialist MI services (drugs in lactation, pregnancy, renal failure, dentistry etc) and many other products relating to the clinical activities of medicines information. The non-clinical content was mainly aimed at supporting the practice and provision of medicines information, providing complete infrastructure support. This included training and manpower development, clinical governance, research, strategy, directories and other MI support outputs. The majority of the content of this website has been managed by 2 or 3 webmasters with limited facilities for information producers to post information on the website as it was published. This website has sustained a high profile for medicines information services, benefiting both the operational efficiency and the image of MI services.



The development of the National Electronic Library for Medicines (NeLM) over the last 2 years, and the vision for its future development and role, has led to a gradual migration of clinical outputs from the UKMi network from the current UKMi to NeLM. Significant outputs including daily news, new products (including UKMi's horizon scanning database – New Drugs Online) and Medicines Q&As (formerly FAQs) has already migrated to NeLM with plans to move the remaining products during the forthcoming NeLM development. UKMi Executive assessed the implications of these changes and concluded that there is an absolute imperative to maintain a website which provides access to the support resources and products for the UKMi network and to meet the requirements of the UKMi Executive, UKMi Working Groups and the broader UKMi network, and to extend access to anyone who has a professional interest in MI, including external partners. Accordingly, UKMi Executive commissioned a new website at the beginning of 2006 which would maintain the availability of current MI support material, expand functionality, give content control and management to those producing the material to accelerate availability, and provide a platform to both support the current UKMi network and promote it to a wider audience. A basic principle of 'open access' has been adopted by which very little of the website content will be password protected.



The resulting website, which incorporates all these features, is launched at this conference. Comments on its design, features, functionality and future development are welcomed.

MiDatabank. A paperless medicines enquiry management system

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

Steve qualified as a pharmacist in 1968 after receiving a BPharm from Nottingham University. He was awarded an MSc in radiation biology in 1970 and PhD in molecular biology in 1972, both from the University of Bath. He was appointed to the faculty of the School of Pharmacy and Pharmacology in 1972 and has remained a faculty member until the present time. He was appointed as a visiting scientist as Stanford University, California working in the Medical School between 1979 and 1980. His undergraduate teaching activities have included pharmaceutics, pharmaceutical microbiology and industrial pharmacy and he supervised 26 PhD students

He has been a member of a number of scientific and professional bodies and in 1995 was designated a Fellow of the Royal Pharmaceutical Society of Great Britain. His publications include more than 40 full papers and a further 60 communications on topics including pharmaceutical stability, cellular repair of radiation damage, drug targeting, gene delivery and the formulation of poorly soluble drugs in lipid mixture.

In addition to his activities as a pharmaceutical scientist, Steve has always been involved in teaching and research in relation to the application of computers in pharmacy. This has included teaching computer programming to undergraduate students and acting as the Director of PCCAL, the Pharmacy Consortium for Computer Aided Learning.

In parallel with his academic career, Steve founded CoAcS Ltd in 1994 and has acted as the Chairman and Managing Director from the company's formation until the present time. CoAcS Ltd has two divisions, the software division has established itself as a world leader in the supply of computer applications to the pharmaceutical profession, and the pharmaceutical division has acted as consultants to major pharmaceutical industries in Europe and the Middle East

Abstract

MiDatabank is a computer application designed to enable all aspects of handling medicines enquiries in a paperless manner. Its functionality was specified by a group of MI pharmacists from UKMi and the software was developed and written by CoAcS Ltd in conjunction with UKMi. It is intended that MiDatabank will become a national standard for MI centres in the UK and replace paper based systems and the existing computer based systems developed by a number of individual and regional centres. A particular mention should be made relating to Discan, which has been the leading paperless MI system to date. Discan was developed by Steve May who has agreed that existing users of his system will be fully supported during transfer to MiDatabank and were offered a free subscription to MiDatabank for a year from September 2005

MiDatabank was announced at the UKMi 2005 conference and version 1.0 was released on September 14th 2005. As of July 2006, 96 MI centres had ordered MiDatabank and a significant number of these were fully operational. One area, which, as expected, has involved a significant level of support has been the transfer of legacy data from existing computer based systems. Another major upgrade to the system has been adaptation of the software to link to scanned version of paper based enquiries.

A full review of the uptake of MiDatank will be presented including a summary of feedback and upgrades that have been issued in the course of the past year. A plan of further upgrades and developments will also be outlined.

UKMi website: notes

Mi Databank: notes

Parallel sessions

Managing change

Martin Clarke *and* ***Hilary Shields****, Trainers, Inspire Change, courtesy of Servier Ltd*

Hilary and Martin are experienced at developing and writing course material tailored to their clients' requirements. Both have had articles published in Pharmacy Management and Information Management journals.

They have considerable training experience within the pharmaceutical industry and the NHS. They have worked for over 16 and twenty years, respectively, in the pharmaceutical industry (in sales, marketing, clinical research and training) before setting up Inspire Change to train people in the industry and the NHS.

Hilary is a qualified Transactional Analysis Practitioner and is Belbin accredited. She has recently been appointed as a Justice of the Peace. Martin is Belbin accredited and his BA is in Business.

Abstract

The acceleration in the speed and complexity of change has brought a new set of problems for both team members and team leaders alike.

Ranking high amongst these challenges has been the urgent need to change workplace culture so that continuous change can be both effective and accepted.

This challenge is particularly apparent in today's NHS. We will take you through a highly interactive and fun workshop that will focus on how to manage change effectively and achieve the results you need.

The workshop will give you a range of tools and techniques that you can start to use immediately you go back to work. See www.inspirechange.com for free hints and tips.

Making your case effectively

Pat Ashton *and* ***Steve Fortune****. Pfizer Northern regional trainers*

Pat has over 18 years working in the pharmaceutical industry in sales management and sales training. Her current role is Regional Training Manager for Pfizer based in Manchester. This involves assessing the training needs for staff ranging from sales representative to senior management and aligning these with business needs, developing & delivering appropriate training packages, ensuring all personnel have robust development plans, supporting future 'talent' and appropriate succession plans, and developing leadership & management capabilities.

Pat's areas of expertise include:

- *High Performing Teams (Blanchard)*
- *Situational Leadership (Blanchard)*
- *8 Skill Coaching*
- *Selling Skills*
- *Insights – personal effectiveness*
- *Change Management*
- *Adult learning*
- *The OZ Principle*

Abstract/objectives

This is an interactive session that will develop the influencing skills of the delegates.

When was the last time that you wanted to persuade someone to think or do something differently but did not succeed? If it was more than a week ago you are either a hermit, have little desire to change anyone's mind or are a great influencer. Many of us can think of an example in the last 24 hours. Psychological research shows that we tend to favour one or two influencing techniques and ignore the rest.

This workshop will enable participants to:

- gain an insight into planning for the most effective influencing strategy
- develop the skills of assertive communication.
- Recognise, adapt and connect to different types.

Facilitation skills

Barry Mangnall *and* ***Peter George,*** *NovoNordisk*

Barry and Peter have between them, worked for Novo Nordisk for 53 years. After a variety of experiences in sales, marketing, NHS liaison and business development, their current posts are as Customer Relations Managers. This involves running management skills workshops, leading customer development initiatives, and planning, organising and managing major regional customer meetings. They work mainly for customers involved in the treatment of diabetes.

Abstract/objectives

This workshop will enable participants to:

- understand the impact of the first 15 minutes as a group facilitator
- understand the difference between facilitation and presentation skills
- be able to focus a group's efforts towards its objectives
- improve their problem solving skill

MiDatabank

Steve Moss *and* ***Keith Brown****, CoAcS, University of Bath*

Keith is IT director, and Steve, project director, for CoAcS, a private limited company founded in 1994, with offices in UK, Australia and the United Arab Emirates. The company develops, publishes and markets software for the pharmaceutical, medical and healthcare applications.

Abstract/Objectives

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.

This workshop will enable participants to:

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

Mission Impossible IV: Understanding the syringe driver

Andrew Dickman, *Specialist Principal Pharmacist, Palliative Care Team, Whiston Hospital*

Andrew is the specialist principal pharmacist for palliative care at Whiston Hospital, the Liverpool Marie Curie Hospice and Willowbrook Hospice. He is the co-author of the 'Syringe Driver' and the 'Palliative Care Formulary (PCF2)'. He was also one of the original contributors to www.palliativedrugs.com. Andrew has contributed chapters to several books, including the 'Care of the Dying' and 'Wall and Melzack's Textbook of Pain'. His post involves clinical work, research and education and he is currently undertaking a Doctorate in Pharmacy Practice. As a committee member of the Palliative Care Pharmacists' Network, he is presently examining the issue of verbal orders for controlled drugs with the Healthcare Commission. Andrew is also a project lead within the Marie Curie Palliative Care Institute in Liverpool. At the request of the National Council for Palliative Care, he is part of a team that is currently updating the policy document 'Changing Gear – Guidelines for Managing the Last Days of Life in Adults'.

Abstract/objectives

Administration of drugs via the oral route should be maintained for as long as practical. However, as a patient's condition deteriorates, it will be necessary to use an alternative method of administration. Invariably, the subcutaneous route is chosen since it offers a safe and effective option for the administration of many drugs that are considered critical for the continued care of the patient during the last few days of life. The rectal route is rarely used.

Portable infusion devices, commonly known as syringe drivers, allow continuous infusions of medications to be given subcutaneously. This prevents the need for multiple injections and maintains a smooth delivery of medication. There are a number of such devices currently available, but the Graseby MS26 is by far the commonest.

This workshop will include a talk about common symptoms and drugs used to manage them, using the syringe driver. There will also be a practical session when the participants will be divided into smaller groups and will be able to physically set up a syringe driver.

This workshop will enable participants to:

1) describe the common symptoms encountered at the end of life

2) understand the choices behind the drugs used to treat these symptoms

3) explain which drugs can be safely mixed and which diluent should be used

4) explain how at least two different syringe drivers work

5) describe how to set up the MS26 syringe driver, including how to set the delivery rate.

Critical appraisal of systematic reviews

David Erskine *and* ***Satpal Soor,*** *London & South East Medicines Information Centre*

David has been at the London and South East Medicines Information Service for the last 10 years, and Acting Director for the past 2 years. David was primarily responsible for the development of the MI Service for PCT advisers in the area and for the development of content for NeLM.

Satpal has been Senior MI pharmacist at Guy's for the last 5 years, and is responsible for part of the enquiry answering service and Education & Training.

Both David and Satpal have been providing critical appraisal sessions to pharmacists in the London & SE Region for the past 5 years.

Abstract/Objectives

This session will focus on the practical aspects of critically appraising systematic reviews. It will include a brief overview of the concepts (including tests for bias, tests for heterogeneity and models for combining data), and will involve a workshop discussion on a published systematic review (participants will be notified of paper prior to session).

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

- describe the criteria used to evaluate the quality of a systematic review
- use the above criteria for assessing the validity and applicability of the results of a systematic review

Workshop one: notes

Personality profiles

Barry Mangnall and Peter George, *NovoNordisk*

Abstract/ Objectives

By the end of this session participants will:

- have an overview of the Insights Discovery programme
- understand their own colour energies
- enhance their own interpersonal skills
- have a greater understanding of their colleagues

Update in schizophrenia

Graham Newton, *Principal Clinical Pharmacist – Mental Health Services, Halton*

Graham is currently a clinical pharmacist for the local mental health services in Halton, part of the 5 Boroughs Partnership NHS Trust, although, in a previous life, ran a specialist medicines information service for a mental health trust in Liverpool for about 9 years. His area of interest is rehabilitation services and the optimal use of clozapine in the treatment of schizophrenia. He is an accredited Member of the College of Mental Health Pharmacists (http://www.ukppg.org.uk/cmhp.html).

Graham is a member of the executive committee and currently secretary to the United Kingdom Psychiatric Pharmacy Group; he is also the immediate past Chairman of the group. The Group is a special interest group for all pharmacy staff working in mental health and works to ensure best treatment with medicines for people with mental health needs and their carers. This is achieved through education of professionals, mainly through the annual conference and various training courses, and accreditation for pharmacists through the College. The Group also promotes the profile of the specialty of psychiatric pharmacy. Of note, the Group produces a well respected range of patient advice leaflets on mental health medication (http://www.ukppg.org.uk/ukppg-pals.html). He has previously served on the Liverpool Local Research Ethics Committee.

Graham is a Christian, is married, has two children, and used to sing in the Royal Liverpool Philharmonic Choir until his spare time vanished.

Abstract/objectives

At the end of the workshop the participants will be able to:

- define schizophrenia and be aware of the common presentations
- understand their own stigma in relation to schizophrenia and those with schizophrenia
- summarise current significant guidance available for treating schizophrenia and psychosis; current guidance includes NICE and SIGN
- describe current controversies in the management of schizophrenia and the use of antipsychotics along with possible management strategies
- relate the recently published evidence base of the CATIE studies to practical management situations
- describe useful questions in taking medicines information queries in relation to mental health generally and schizophrenia specifically

Best research for best medicines information

Professor David Brown, *University of Portsmouth, and* ***Angela Emerson,*** *Wessex Drugs & Medicines Information Centre*

David is a qualified pharmacist who graduated from Bath in 1976, registered in 1977 and was awarded a PhD from Nottingham in 1980. After some time abroad studying as a post-doc at the University of Pennsylvania School of Bioengineering and the Children's' Hospital, Philadelphia, he lectured at the School of Pharmacy, University of Portsmouth between 1982-5. He then worked as Medicines Information Manager for Parke-Davis (Warner Lambert) for seven years before returning to Portsmouth to teach clinical pharmacy.

David led the MSc in clinical pharmacy and the MPharm at Portsmouth before being appointed Professor of Pharmacy Practice in 2005. Key teaching responsibilities include the practice of clinical pharmacy at undergraduate and postgraduate levels, and pharmacy practice research methods.Key research interests are pharmacy practice research, including medicines information supply to professionals and patients, adverse drug reactions and interactions and risk management. He is currently supervising five MScs, three PharmDs and six PhDs in these areas.

Angela has worked as a medicines information pharmacist at the Regional Medicines Information Centre at Southampton General Hospital for 9 years. Previously she has held posts with the Drug Safety Research Unit, Southampton as a researcher studying the safety of new drugs in secondary care practice. She has sat on her local research ethics committee for 5 years, and her current research interests include supporting prescribers 'out-of-hours' with accurate information and advice about medicines. She is currently a part-time student with the School of Health Sciences and Social Work at the University of Portsmouth, studying Health Research and Design.

Abstract/objectives

Ever wanted to be on a TV game show? Fancy yourself as the next Bill Beaumont or Ian Hislop? Then this is the session for you! 'Best research for best medicines information' (subtitled the 'Never mind thinking it's all over, I've got news for you challenge'*), is a light-hearted session aimed to get you thinking about MI research. Come along and learn about the benefits of getting involved in practice research and how to get started with your own research project. We'll introduce the new 5-year UKMi Research Strategy and guide you through how to design your study, how to interpret your results and how to navigate the ethical constraints. (*Please note there will be no 'Feel the MI Director' round).

Workshop two: notes

Plenary session 4

Chair: Dr Chris Green, Director of Pharmacy and Medicines Management, Countess of Chester

Chris is the Director of Pharmacy and Medicines Management at the Countess of Chester NHS Foundation Trust. He is also an honorary lecturer at the School of Pharmacy and Chemistry at the Liverpool John Moores University and a General Committee member of the United Kingdom Clinical Pharmacy Association. He has been involved in research with regard to adverse drug reactions and pharmacy practice for almost a decade and has pursued an interest in safe medication practice during this time.

ADRs: incidence and role of the pharmacist

Munir Pirmohamed, *Professor of Clinical Pharmacology, University of Liverpool*

Munir is a consultant physician at the Royal Liverpool and Broadgreen University Hospital Trust, and a Professor of Clinical Pharmacology at the University of Liverpool. He graduated from Liverpool in 1985, and obtained his PhD in Pharmacology in 1993. His main research interest is drug safety – in particular, he is involved in studies looking at the molecular basis of idiosyncratic drug reactions, including those affecting the liver. He is also co-ordinating UK-wide studies into pharmacogenetics and its clinical utility in preventing adverse drug reactions. Munir is a member of the Commission on Human Medicines, the advisory committee to the MHRA, and is Chair of the Pharmacovigilance Expert Advisory Group.

Abstract

Adverse drug reactions are a common clinical problem. However, until recently, incidence data were only available from studies conducted either 20 years ago or from the US. Over the last few years, we have conducted two major prospective studies in NHS hospitals. These studies were designed to determine the incidence of ADRs and to collect information on factors contributing to them and their possible avoidability. The studies can be summarised as follows:

1. ADRs causing hospital admission – 6.5% of all admissions were related to ADRs, at an annual cost to the NHS of £0.5 billion per year (Pirmohamed et al, *BMJ*. 329: 15-19).
2. ADRs occurring after hospital admission – this study, nearing completion, has evaluated about 3000 patients and suggests that the ADR frequency after admission may be as high as 15%. Fortunately, the majority of these ADRs were mild, but nevertheless caused discomfort and affected patient quality of life.

Although we now have robust data on ADRs in hospitals, we have a distinct lack of data in

a) primary care, where the ADRs, by definition, are not serious enough to cause hospital admission but nevertheless lead to patient discomfort, additional work for the healthcare team, and have an adverse influence on patient compliance;
b) specialist units such as dialysis units or theatres;
c) some patient groups such as children; and
d) certain areas of medications, for example herbal medicines.

Such studies need to be conducted urgently.

A consistent finding from many of the studies performed to date is that approximately 70% of ADRs are potentially avoidable (Howard et al, *BJCP*, 2006 Jun 26; [Epub ahead of print]). Many are due to poor prescribing including the use of inappropriate doses or inappropriate drug combinations. This provides a golden opportunity for prevention for all healthcare professionals including pharmacists. The presentation will go through the incidence of ADRs, and outline how different professional groups, including pharmacists, can have an active role in reducing the burden of ADRs.

The Yellow Card Scheme – new reporters including patients/ open access to information

***Sarah Wark**, Manager – Risk Management Group, Medicines and Healthcare products Regulatory Agency*

Sarah has worked in the MHRA and its predecessor the MCA for 12 years and currently manages the Risk Management Group within Vigilance and Risk Management of Medicines. She is the principal assessor for Pharmacovigilance to the Commission on Human Medicines and is the UK delegate on the European Pharmacovigilance Working Party.

Abstract

The Report of an Independent Review of Access to the Yellow Card Scheme published in April 2004 made recommendations to:

- incorporate patient reporting of suspected ADRs through the Yellow Card Scheme
- open access to Yellow Card Scheme data, especially for public health research
- strengthen the Yellow Card Scheme by increasing quantity and quality of reports

This talk will focus on the progress with patient reporting in the UK and on access to Yellow Card information.

Patient reporting

Until recently only healthcare professionals (HCPs) were asked to contribute to the UK spontaneous adverse drug reaction (ADR) reporting scheme, the Yellow Card Scheme. Following an independent review of access to the Yellow Card Scheme direct patient reporting of suspected ADRs was introduced. The patient reporting scheme pilot was launched in January 2005, patients may now report suspected ADRs directly to the UK regulatory authority. An evaluation has been conducted of ADR reports submitted by patients and compare the reports with those submitted by HCPs.

Patient reports received in the first six months of the pilot scheme were compared with HCP reports received in the same time period. Comparisons were made for various reporter characteristics and report details such as age/gender of the patient, seriousness of the reaction, drug(s) involved, completeness of the report, causality, whether the ADR was labelled or not, and the impact of ADRs on quality of life.

A total of 407 patient reports were received in the first 6 months of the pilot scheme. Patient reports were more likely to be for adults 18-65 years and less likely for children or the elderly than HCP reports. The gender distribution was similar but a greater proportion of HCP reports did not state gender. Despite differences in the reaction reported, there was no difference in the seriousness of reports between patients and HCPs. Patients reported more ADRs to established drugs while HCPs reported more ADRs to vaccines and new drugs. Patient reports were less complete than HCP reports but had no difference in causality or the proportion of unlabelled ADRs. Patient reports gave more information regarding the impact of suspected ADRs on quality of life including psychological effects, effects on everyday tasks, effects on mobility and effects on sleep.

Overall, our evaluation has found that patient reports are of a similar quality to HCP reports and may enhance the current Yellow Card Scheme by providing information on a different range of ADRs and by providing information not previously captured from HCP reports such as quality of life.

Access to information

As with all other information held by the MHRA, release of Yellow Card data is subject to the Data Protection Act (DPA) 1998 and the Freedom of Information Act (FOIA) 2000. Some information from the Yellow Card Scheme is already routinely published or provided on request. The Independent Review of Access to the Yellow Card Scheme recognised the research potential of the Yellow Card database as one of the largest single compendiums of suspected ADRs in Europe. Following the Review, the systems have been developed to ensure that (any) information included in the database that is subject to release on request under the Freedom of Information Act[1] (FOIA) will be readily available while at the same time protecting the confidentiality of individuals and their personal data as the Data Protection Act[2] (DPA) requires. The Independent Scientific Advisory Committee for MHRA database research (ISAC) was established earlier this year to provide advice on request to access data from the Yellow Card Scheme which fall outside the provisions laid down in the FOIA.

Plenary session 5

Chair: Professor Bill Scott, Chief Pharmaceutical Officer, Scottish Executive Health Department

Bill was the architect of the 2002 document the 'Right Medicine' which has been the basis for the new pharmacy contract in Scotland. He was awarded an honorary Doctor of Science degree in July this year from the Robert Gordon University in recognition of his provision of strong leadership for the pharmacy profession in Scotland. He is a Fellow of the RPSGB.

NPSA – patient safety issues

Professor David Cousins, *Head of Safe Medication Practice, National Patient Safety Agency*

David Cousins is a graduate and postgraduate of the School of Pharmacy, University of London. He completed his doctorate on quality systems for a clinical pharmacy in a district general hospital with the Welsh School of Pharmacy, Cardiff. He is a visiting professor of Pharmacy Practice at the University of Derby. He has been researching and publishing on medication error prevention since 1990.

David was appointed as Head of Safe Medication Practice in the National Patient Safety Agency in September 2002. He was Chief Pharmacist in Southern Derbyshire Acute Hospitals Trust since 1983. Before this, he had a series of junior hospital pharmacist posts in Devon and Essex.

Abstract

The NPSA plans to issue safer practice guidance on several medication topics during the remainder of 2006 and the first half of 2007. Guidance is planned on the following:

- Safer practice with epidural injections and infusions
- Reducing the risk of hyponatraemia when administering intravenous infusions to children
- Preventing wrong route errors with oral liquid medicines
- Safer practice with injectable medicines
- Safer practice with anticoagulants
- Safer design of dispensed medicines and the dispensing environment

A review of this work will be presented with particular emphasis on the issues that will be of interest to the medicines information community.

IRMIS – lessons learnt

Fiona Woods, *Director, Welsh Medicines Information Centre, Cardiff*

Fiona is the Director of the Welsh Medicines Information Centre, the regional Medicines Information for Wales, based at the University Hospital of Wales in Cardiff and is also the Convenor of the UKMi Clinical Governance Working Group.

Abstract

IRMIS has now been operating as a national scheme for over 18 months. This presentation will consider the incidents reported in the first 18 months. It will look at patterns of reporting and also highlight recurring themes. Key examples of how our working practice could become safer will be raised as well as some thoughts about the future development of the scheme.

Risk management – and how it applies to a Medicines Information Pharmacist

Elizabeth Mellor*, Clinical Governance Lead Pharmacist, Leeds Teaching Hospitals NHS Trust*

Hospital pharmacy has been the focus of Liz's work as a pharmacist for the majority of her career, working with a wide range of specialist clinical teams across medicine and surgery and she has been actively involved in teaching and course development at all student and graduate levels. She has also spent periods of time working as a research and development manager, in trust management and as a Primary Care Trust Pharmaceutical Advisor. Liz has been involved in a number of diverse regional and national committees most recently involving research ethics, hospital medicines manufacturing and preparative services, controlled drug developments and medicines risk management.

Liz was the manager of the then Regional Drug and Poisons Information Service at Leeds for five years and now in her current role counts senior management responsibility for the current Medicines Information Service at Leeds as part of her clinical governance portfolio. Other areas of direct service responsibility include medicines management policy, prescribing advice, drug and therapeutics, primary care liaison, clinical trials and unlicensed medicines services, medicines commissioning and finance and medicines risk management.

Abstract

The presentation will develop the concepts introduced in the earlier plenary presentations and present some ideas of practical approaches for local consideration. The role of medicines information activities in the context of the wider management of medicines will be explored.

Oral presentations

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

Ian is 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. Before that he spent 20 years in hospital pharmacy in Belfast, Zambia and Oxford, where he was District Pharmaceutical Officer for nine years. During his career Ian has played a leading role in a number of pharmaceutical organisations, in recognition of which he was designated a Fellow of the Royal Pharmaceutical Society in 1997, elected an Honorary Member of the Guild of Healthcare Pharmacists in 2002, and awarded the Celltech Gold Medal of the Guild in 2003. Earlier this year he was admitted to the Freedom of the Worshipful Society of Apothecaries of London.

He lives in Oxford with his wife Margaret, who teaches French. They have two grown up sons and one granddaughter.

Best Oral Presentation and Best Posters

Servier Laboratories Limited, in association with the College of Pharmacy Practice, will award prizes of £250 each for the best oral presentation and poster. There will also be a UKMi poster prize of £100. Prizes will be awarded at conference dinner.

Winner of the best oral presentation 2005

Janet West*, Senior Pharmacist (North Glasgow University Hospitals Division)*

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

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

Dental endocarditis prophylaxis – getting to the heart of the matter

Christine Randall, Senior Medicines Information Pharmacist, North West Medicines Information Centre, Pharmacy Practice Unit, 70 Pembroke Place, Liverpool L69 3GF

Dental endocarditis prophylaxis

- What is dental endocarditis prophylaxis?
- What is the evidence for dental endocarditis prophylaxis?

History of the guidance and recommendations for dental endocarditis prophylaxis

- BNF 3 to BNF 51 followed the recommendations of the Expert Working Party of the British Society for Antimicrobial Chemotherapy (BSAC) on prevention of endocarditis (last updated 1997)
- April 2004 - British Cardiac Society published guidance on dental aspects of endocarditis prophylaxis.(1) Challenged by the dental profession as not being scientifically robust. Not adopted by the BNF.
- 2005 - BSAC Expert Working Party reconvened at the request of the DOH to look at prevention of endocarditis.
- April 2006 – BSAC published new guidelines for the prevention of endocarditis.(2) Guidelines welcomed by the dental community.
- Summer 2006 – the conclusions of the BSAC were challenged. Cardiologists were unhappy.
- June 2006 – the Chief Dental Officer (DOH) issued an equivocal statement to dentists
- July 2006 – the British Dental Association advise dentists to follow the BNF
- August 2006 – BNF-C appears to adopt the new BSAC guidelines
- Summer 2006 – BNF says that BNF 52 will not adopt the new BSAC guidelines. BNF advice will remain unchanged.
- Dental defence organisations support the BSAC guidelines as coming from a 'responsible body of clinical opinion' and will defend dentists who apply them.
- The DOH has asked NICE to re-look at the evidence and produce guidance.

The confusion

- Many dental hospitals, hospital dental departments and general dental practitioners adopted the 2006 BSAC guidelines and are now unsure if they are in a medico-legally defendable position.
- Patients are being given potentially conflicting advice.

The current position of the BSAC, BDA, CDO, BNF, NWMIC, NICE and the dental defence organisations will be discussed.

References

(1) Dental aspects of endocarditis prophylaxis: New Recommendations from a Working Group of the British Cardiac Society Clinical Practice Committee and Royal College of Physicians Clinical Effectiveness and Evaluation Unit. 19 April 2004.

(2) F. K. Gould, et al. Guidelines for the prevention of endocarditis: report of the Working Party of the British Society for Antimicrobial Chemotherapy. J Antimicrob Chemother 2006 ; JAC Advance Access published on April 19, 2006. doi:10.1093/jac/dkl121

Oral presentation 2

Medicines information to the developing world. Whose need is greatest?

Sarah Cavanagh and Lynn Martin, Medicines Information Department, Addenbrookes Hospital, Cambridge

Aim
Establish if providing a UK based medicines information service to certain health care providers in the developing world would be useful and appropriate[1], and research the requirements and logistics of providing such a service.

Background
2005 was an important year for the developing world. The 'Make Poverty History' campaign, together with the coverage given and the commitments made at the G8 summit, did a great deal to increase awareness of the plight of millions of people in Africa and across the developing world. A literature search was conducted which led us to believe that Medicines Information was severely lacking in many of these countries[2,3]. It seemed appropriate to consider whether a medicines information department in this country might be able to play a part in contributing to the safe and effective use of medicines in Africa and whether health professionals could carry this out as part of their normal working day.

Method
Potential users were identified using an email questionnaire. A time limited medicines information service was offered by email or post to 5 centres in different countries in Africa; Ghana, Madagascar, South Africa, Sudan and The Gambia. Questions were quantified and categorised.

Results
11 enquiries were received from 3 centres; Madagascar, Sudan and The Gambia over a 6 month period. 95% of enquiries were received by email the remainder by post.
The mean time taken to answer enquiries was less than 30 minutes per question.

Conclusion
Users of this service perceived a benefit. The time taken to offer this service was minimal. Simple communication methods worked best. In addition to the benefit to users there was a potential benefit to the providers in terms of job satisfaction. The relatively minimal financial remuneration for this work could perhaps be sought via the charity sector, Non-Governmental Organisations or the Department for International Development. For this, further research would be required on a larger scale.

References
1. Pekenham-Walsh N, Eddleston M and Kaur M. Developing world needs access to low cost pharmaceutical information from reliable sources. BMJ 1999;319:1265
2. Kasilo O and Nhachi C. Recommendations for establishing a drug and toxicology information centre in a developing country. DICP, The Annals of Pharmacotherapy 1991;25:1379 – 1383
3. Joshi M. University hospital based drug information service in a developing country. European Journal of Clinical Pharmacology 1997;53 (2):89 – 94

Comparison of Pharm-line, Embase and Medline coverage of UK oriented medicines management literature

Tom Burnham, Pharmacy Department, Guy's & St Thomas' NHS Foundation Trust, London SE1 9RT

In preparing a bibliography of literature references on the effectiveness of hospital pharmacy in the UK on behalf of the Guild of Healthcare Pharmacists in 2001, more references considered to be relevant were found using Pharm-line than the other electronic databases used – 39% of all references identified using electronic databases[1]. However, only 34% of the final references were found using any electronic database.

Since 2001, Pharm-line has been transferred from CD-ROM to Internet access, and its subject coverage has become increasingly focused on issues medicines management, pharmacy practice and prescribing. It was therefore considered appropriate to compare Pharm-line's coverage of the literature of these fields with that of the two largest general databases in the healthcare field, Embase and Medline.

Six well-referenced papers on medicines management published in the first half of 2006 were selected, and after removal of duplicates, a total of 149 citations were obtained from their reference lists. Of these, 109 (73%) were journal papers, 29 (19%) were reports, books, theses, etc. and 11 (7%) were conference papers.

Appropriate searches were carried out to determine whether each paper was included in Pharm-line (www.pharm-line.nhs.uk), Embase (DataStar) or Medline (PubMed). The total found in each database was 90 (60.4%) in Pharm-line, 83 (55.7%) in Embase and 67 (45.0%) in Medline.

Pharm-line also gave the greatest number of unique papers (i.e. those not included in the other two databases) at 15, compared with 7 for Embase and 3 for Medline.

28% of the 149 citations were not included in any of the databases: 8% of journal papers, 55% of conference papers and 93% of reports, etc. This finding confirms the value of increasing Pharm-line's coverage of conference papers and reports.

1. The effectiveness of hospital pharmacy in the UK: methodology for finding the evidence. D. Child, J. Cantrill and J. Cooke Pharmacy World & Science Feb 2004;26(1):44-51

Poster presentations

Best poster presentations

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

Winners of the best poster prizes 2005

Anne Lee, Sheena Kerr et al
Complexity indicators for medicines information enquiries

Adam Hocking
What is the effect of a peer review system on the standard of enquiry answering in medicines information

Winners of the best poster prizes 2004

Tracy Boyce et al.
The Northern Ireland Medicines Governance Project

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

Poster 1

The role of the pharmaceutical technician in medicines information

Flynn A & O'Hanlon N, Pharmacy Department, St. Vincent's University Hospital (SVUH), Dublin

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Background:

The Medicines Information (MI) service provides unbiased, evidence-based, and critically evaluated information about medicines, to help improve patient care. The service is located within the pharmacy department of SVUH and is run by pharmacy staff – an MI Chief II pharmacist, a basic grade pharmacist, rotating pharmaceutical technicians, and rotating pre-registration pharmacists.

Reference sources used in MI include primary sources (pharmacy journals, medical journals), secondary sources (computer indexing systems e.g. Micromedex®, Pharmline®, Medline®) and tertiary sources (reference textbooks e.g. Martindale, Meyler's, Stockley). Between Feb 2005-6, 1184 medicines information enquiries were answered, with an average time per enquiry of 55 minutes. Ten percent of all queries were answered by pharmaceutical technicians. Forty eight percent of enquiries came from hospital pharmacists, 13% from consultants, 13% from nurses and 11% from registrars.
The main types of medicines information enquiries related to administration and dosage, indication/contraindication and adverse drug reactions.

Methodology:

- Basic grade pharmaceutical technicians undertake a three month rotation in MI, as part of their training in SVUH.
- Training is based on MiCAL® (a computer assisted learning package for medicines information staff), the UKMI training workbook, and participating in actual enquiries with MI staff.
- Training is given on all databases used in MI: DI-Scan® (the electronic MI enquiry management system), Micromedex®, Pharmline®, Medline®, and Cochrane® databases.
- All enquiries are checked by a pharmacist before giving out information.
- At the end of rotation, the pharmaceutical technician gives a presentation to all pharmacy staff on an interesting enquiry.

Results and Conclusions:

A rotation in MI can improve the competence and professionalism of a pharmaceutical technician by expanding their knowledge and improving their communication and writing skills. This rotation allows the pharmaceutical technician to learn new skills, and can enhance job satisfaction and improve self-confidence through answering enquiries, giving presentations, and speaking with different health care professionals.

Poster 2

Read the label, understand the directions

D'Arcy, J. & Reilly C. Pharmacy Department, St. Vincent's University Hospital (SVUH), Dublin

Introduction

Well-prepared information materials will contribute to the effectiveness of any health promotion programme. Over half of the general public in Ireland find written health information difficult to read and understand. In the pharmacy department in SVUH we dispense staff prescriptions and discharge prescriptions. It is important to remember that some people may have poor literacy skills or English may not be their first language.

Aims and objectives

To produce dispensing labels, which comply with the Health Promotion Unit's guidelines 'Writing Effective Health Information Materials'. These guidelines have been endorsed by the National Adult Literacy Agency.

Methodology

Using the guidelines we selected information relevant to dosage instructions on dispensing labels. We printed out a list of all codes used to produce patient's instructions, which appear on our labels, we checked and modified these to comply with the guidelines.

Results

Of the dosage instructions a little over half did not comply with the guidelines and these were modified accordingly.

Conclusion

Labels on prescriptions dispensed form the pharmacy department, SVUH now comply with the guidelines 'Writing Effective Health Information Materials'. This will make them easier to read and understand.

Poster 3

Information provided by pharmacists contacting NTIS for advice about drug/chemical exposures in pregnancy.

Elizabeth Pridgeon, Northern & Yorkshire Regional Drug &Therapeutics Centre.

Introduction:
The National Teratology Information Service provides information on the risks to the foetus following maternal exposure to drugs or other agents during pregnancy, taking into account any pre-existing risk factors from the maternal history. Selected cases are followed up to obtain details of the outcome of the pregnancy and hence expand data for use in future enquiries. The following data are considered essential to provide a full risk assessment and allow follow–up: patient identifier, age, stage of pregnancy, medical history, obstetric history.

Aim:
This study was designed to investigate the percentage of pharmacist enquirers unable to provide these essential data.

Method:
A sample of 540 patient specific enquiries from pharmacists taken from 1 Jan 06- 31 Mar 06 were analysed. The presence or absence of the essential data was noted with enquirer category – hospital pharmacist, community pharmacist or primary care pharmacist. The percentage of each missing piece of information was then calculated and is presented below.

Results: 18% of community pharmacists, 15% of hospital pharmacists and 38% of primary care pharmacists could not provide any of the essential information.

	Percentage of enquirers unable to provide essential information				
Pharmacist	Identifier	Age	Stage of Pregnancy	Medical history	Obstetric history,
Hospital/MI	50.9	59.1	22	56	68.1
Community	48.6	47.3	34.5	67.6	70.3
Primary care	61.9	71	38.1	61.9	76.2

Discussion:
At least 15% of enquirers from each field of pharmacy asking for a patient specific risk assessment had none of the required essential information.
Hospital pharmacists – who should be MI trained and therefore aware of the details required, were our most frequent enquirers. Only 13% were able to provide all of the required information and over half of were unable to provide an identifer, age, medical or obstetric history. Over one fifth of hospital pharmacist callers did not know the stage of pregnancy of the patient.

Conclusion:
Poor provision of data from all pharmacists means that we are unable to provide a full risk assessment for each case. There are limited data on drug use in pregnancy and the lack of essential details from pharmacists limits our ability to expand the available information.

Poster 4

Development of a template for answering a liver medicines information query

F. Kennedy. Pharmacy Department, St Vincent's University Hospital, Elm Park, Dublin 4.

Background and objectives:

St Vincent's University Hospital is a tertiary teaching hospital which houses the National Liver Transplant Unit. Many liver-related queries are received from internal and external sources.

As liver medicines information queries are multi-factorial and complex, a knowledge of liver physiology and liver disease is required to answer them appropriately and accurately. Elevations in liver function tests do not necessarily indicate synthetic dysfunction. Five areas require attention.

1. The patient's liver function needs to be established. A reduction in synthetic function may result in reduced clearance of drugs that are metabolised by the liver. Even if liver function is not currently compromised, the patient might decompensate suddenly in the future: it is important to establish the stability of their disease through an accurate medical history.
2. Physiological changes which occur in liver disease can affect a drug's disposition: -

hypoalbuminaemia	hyperbilibrubinaemia
coagulopathy	ascites
cholestasis	cachexia.

3. There are several classes of drug that can precipitate encephalopathy, coagulopathy or hepato-renal syndrome. These should be avoided or used with caution in liver disease.
4. Some drugs may be known hepatotoxins.
5. There is a potential for drug interactions. These may be clinically significant.

The objective was to develop a standardised template to guide clinical and medicines information pharmacists through answering a liver query.

Methodology

A text template has been developed by the specialist hepatology and medicines information pharmacists. This is inserted into the electronic medicines information query (DIScan®) and filled in on-line by the pharmacist.

Results and conclusion

Medicines information and clinical pharmacists now have a tool for answering a liver medicines information query, facilitating an appropriate, accurate and comprehensive response to the enquiry.

Poster 5

Training tools for developing knowledge and skills in medicines information

Richard Cattell (Regional Medicines Information Service, Bristol Royal Infirmary), Angela Emerson (Regional Medicines Information Service, Southampton General Hospital, Iram Husain (Regional Medicines Information Service, Northwick Park Hospital, London), Bridget Rankin (Medicines Information Centre, Kent & Sussex Hospital, Tunbridge Wells), Satpal Soor (Regional Medicines Information Service, Guy's Hospital, London), Janet West (Medicines Information Centre, Southern General Hospital, Glasgow).

The UKMi Education and Training Working Group (ETWG) meet quarterly to discuss ways of improving and maintaining the knowledge and skills of NHS staff with regards to medicines information skills. The group has produced a number of successful outputs. To name a few:

- Competency Frameworks
- Training Workbook
- Medicines Information Computer Aided Learning (MiCAL) CD-ROM
- Training programme templates for local adaptation
- National Training Courses

The Training Workbook and MiCAL are both essential resources for all medicines information services. These UKMi approved outputs are part of a structured medicines information career path that is being developed for all NHS pharmacy staff.

If you would like to find out more about the training tools and the remit of the ETWG or would like to discuss joining the group then please visit the ETWG stand in the exhibition area or contact your ETWG representative.

Poster 6

Would patients of Hope Hospital find a medicines information (MI) helpline useful?

K. Dix, K. Johnson, J. McEntee, Hope Hospital, Stott Lane, Salford, Greater Manchester, M6 8HD

Background

The amount of information patients receive regarding their discharge medication can vary and not all patients leave hospital with adequate amounts of information. This project has been conducted to determine whether patients of Hope Hospital would find a MI helpline useful and what they would expect from it.

Objectives

1. To determine how useful a medicines information helpline would be.
2. To determine the proportion of patients discharged from Hope Hospital who feel they do not have enough information, and of those patients, the proportion that would use a medicines information helpline.
3. To determine the information required and how patients/carers currently obtain it.
4. To obtain details of how patients/carers would prefer the service to be provided.

Method

Data collection was by questionnaire consisting of 14 questions. The study population included all patients discharged from Hope Hospital with a prescription over a one-week period. Exclusion criteria were patients discharged without medication and patients seen solely in A&E. The response rate was 24% (65/270 returned).

Results

1. 81.5% of patients/carers said they would find a MI helpline very useful or useful.
2. 55.4% of patients/carers left hospital wanting more information. Of these, 75% would have used a MI helpline, meaning a total of 41.5% of all the patients/carers discharged would have used the helpline.
3. See poster for results from objective 3.
4. 54% would use the service to ask about other medicines. The preferred method of contacting the service would be by telephone, 77% would leave a message and be contacted later and only 1.5% would not use a 9am-5pm only service.

Conclusion

The results showed that just over half of the patients required more information after discharge and that a possible 41.5% of all discharged patients would use a helpline if it was available.

Poster 7

Don’t let them pull the wool over your eyes or why independent critical evaluation of the evidence is essential.

Jonathan Hall, Wessex Drug & Medicines Information Centre, Southampton University Hospitals NHS Trust, Southampton.

To ensure that limited NHS monies are used to fund the most cost-effective drugs, it is essential that decisions to allow the local prescribing of drugs are based on the best available evidence.

Ideally the decision making process needs to be robust, accountable, and transparent, with full clinical engagement. It is also essential that the process is provided with an independent critical evaluation of the evidence base. As many studies are sponsored by the pharmaceutical industry, this time consuming process is made even more difficult because trials can be designed, and results presented, in ways to maximise favourable outcomes. This poster will highlight some of these methods, and provide specific examples.

Poster 8

Home alone

Kate Pickett. Wessex Drug and Medicines Information Centre, Southampton General Hospital.

Background

The UKMi Medicines Q&A database was established in 2002. The aim of this national project is to provide a high quality, regularly updated database of evidence-based answers to frequently asked questions about medicines for the NHS.

With the introduction of the 'Improving Working Lives' initiative, the development of electronic information sources and the increasing use of electronic transmission of data, it was suggested that answers to Medicines Q&As could be researched and the literature critically evaluated from home. In addition, co-ordination of the Medicines Q&A scheme within the UKMi network is also possible from home.

Considerations

- Availability and funding of IT equipment and support
- Maintenance of colleague contact, support and networking
- Access to information sources
- Personal style of working, self-motivation and time management
- Variety of work

Advantages of Working From Home

- No commuting to work!
- No interruptions or distractions while completing detailed answers to complex questions
- Ability to manage your own workload

Disadvantages of Working From Home

- Professional isolation
- Lack of direct colleague contact

The Future

Following a successful 2-year period of home working on Medicines Q&As, the long-term objectives are to expand the Medicines Q&A scheme further and to explore the possibility of answering non-urgent, complex MI enquiries using MIDatabank from home.

Poster 9

The design and validation of an assessment tool to evaluate medicines information training needs

Hudson S,[2] Johnson BJ,[2] MacDonald [1, 2,] Needleman F[1], Smith K.[1] [1]Pharmacy Department, Southern General Hospital, Glasgow, [2] Department of Pharmaceutical Sciences, University of Strathclyde, Glasgow

Introduction

The hospital pharmacy service model in the UK features extension of clinical pharmacists' activities at ward level and an increasingly centralised medicines information (MI) service.[1] Ward-based clinical pharmacists respond to MI enquiries previously met by the MI service and so MI skills need to be practised widely and effectively. Continued professional development is being implemented across the pharmacy profession[2] and it requires self-assessment methods.[3] Results from such methods offer a means of assessing training needs of a team of pharmacists delivering a service across a health care organisation. The aim of the study was to design and validate a prototype tool, informed by the views of expert groups and by piloting its implementation.

Methods

Potential items of MI competencies were drawn from a previous national Delphi survey.[4] An expert group (six senior clinical, MI or education and training specialist pharmacists) advised on the design of the tool by scrutinising prototypes in terms of included competencies, the format and the assessment methods. A research group (three senior MI pharmacists with clinical experience and two research pharmacists) and a third pharmacist group (two clinical service providers and two MI specialists) performed content and face validation, respectively. A study by eight pharmacists provided limited field-testing and evaluation by questionnaire feedback to inform the design process.

Results

Group discussions were recorded and transcribed for content analysis. The research led to selection and expression of the MI competency statements for inclusion in a preferred format based around scenario questions.

Conclusion

A tool to support the self-evaluation of MI training needs has relevance for use by both the individual practitioner and the training provider. In this way the tool may help to establish standards of access to MI provision across all patient care settings.

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Poster 10

An analysis of medicines information (MI) enquiries involving the out-of-fridge storage of medicinal products requiring refrigeration.

Lesley McClellan, Medicines Information Manager, Wirral Medicines Information Centre (WMIC), Clatterbridge Hospital, Wirral Hospital NHS Trust (WHT), Wirral, CH63 4JY

Aim:
To investigate the causes and cost implications when medicinal products requiring refrigeration between 2 - 8^{o} C ('fridge items') are inadvertently stored above 8^{o}C, recommend strategies to prevent future occurrences and support a business case for a refrigeration facility in the automated dispensing system.

Objectives:
To provide evidence to produce recommendations which will ensure all 'fridge items' are stored and transported appropriately, eliminating avoidable waste.

Background:
Patients deserve to be treated with medicinal products of high, unquestionable quality. All personnel in the NHS have a duty to reduce costs and eliminate waste. Inappropriate storage of products above the manufacturers recommended temperature of 2-8^{o}C often results in costly waste. WMIC receives enquiries asking for advice on the stability, and therefore suitability for use, of affected products. The WHT Medicines Management audit 2006 also revealed deficiencies in ward refrigeration regarding temperature gauges/thermometers and temperature recording.

Method:
An analysis was performed of MI enquiries received during 2005 involving the inappropriate storage of 'fridge items'.

Results:
32 enquiries were received between 1 January and 31 December 2005 concerning 70 items comprising 38 products requiring refrigeration which had been found at temperatures above 8^{o}C. Information obtained from MI resources and pharmaceutical manufacturers resulted in the destruction of products at a cost of more than £4165. Most commonly, items were left at room temperature after delivery.

Conclusions:
The cause of the inappropriate storage of 'fridge items' was mostly due to communication failure. Procedures, and improved awareness of the importance of storing 'fridge items' correctly, will remove the uncertainty concerning suitability for use and eliminate unnecessary waste.

Recommendations
- Procedures must be implemented to ensure medicinal products requiring refrigeration are stored in the refrigerator immediately on receipt.
- All ward refrigerators for storing medicinal products must have a maximum and minimum thermometer, the temperature of which must be recorded daily, and records kept.

Poster 11

Implementation of standard answers in medicines information for frequently asked questions of a specialist nature

Lisa Britton, Jeremy Liew and Vibha Teli, Medicines Information Centre, Royal Brompton & Harefield NHS Trust

Background

The Royal Brompton & Harefield NHS Trust is a national and international centre of excellence in the diagnosis, research, treatment and care of patients with heart and lung disease. The Medicines Information (MI) Service receives numerous requests for specialist information from health professionals at other hospitals. Most of the information required for handling these enquiries is located in past enquiries or is in various forms in lateral files and personal folders. Specialist clinical pharmacists are frequently called upon to provide information from their own personal knowledge and experience. As there is no stringent validation process for answers which rely on specialist knowledge of practice within the Trust, answers provided may vary depending on personal knowledge and experience of the pharmacy staff member dealing with the enquiry.

Aim

To produce Standard Answers for MI enquiries that are identified as being related to practice at the Trust and where documentation is currently lacking. All information would be standardised, referenced and updated annually. The production of Standard Answers would ultimately safeguard the quality of MI answers provided, and identify potential areas for policy and/or guideline development where approval by the Trust's Drug and Therapeutics Committee is required. There is also potential for some Standard Answers to be made widely available e.g. Trust's Medicines Management Website or National Electronic Library for Medicine (NeLM).

Method

Potential topics for Standard Answers were identified from the MI enquiry-management databases. Each topic will be researched and a Standard Answer written in a consistent format. Research will include consulting specialist files and in-house guidelines, manufacturers data sheets, specialists (e.g. consultants, pharmacists and clinical nurse specialists). Examples of topics for Standard Answers include:

- What dose of fludrocortisone is used for a sweat test for Cystic Fibrosis?
- What dose of acetylcysteine do we use for DIOS in cystic fibrosis?
- Do we use acetylcysteine or carbocisteine for pulmonary fibrosis?
- What is the Brompton Cocktail?

Results and Conclusion

Pending

Poster 12

Review of pre-registration pharmacy graduate MI training

Michèle Skipp, South West Medicines Information and Training Centre, Bristol.

Aims & Objectives:

To compare and contrast medicines information (MI) training available nationally for pre-registration pharmacy graduates (PRPGs) and identify best practice. To agree a PRPG training programme for South West MI centres for use in the 06/07 training year, which provides the best available training to PRPGs.

Method:

Data was collected through the use of 2 electronic questionnaires; one was sent to regional MI centres (RMIC) to identify the current and future provision of regional MI training for PRPGs; one was sent to MI pharmacists in the SW Region to identify local training, and local centres' needs from regional training.

Main Results:

- 13 RMICs, and 92% of MI centres in the SW responded to the questionnaires.
- 77% of the RMICs who responded run a regional training course for PRPGs with similar content to the SW course, 80% being held in September and October.
- Available facilities may limit the content of regional courses e.g. IT access.
- A visit to a RMIC is beneficial; 8 RMICs receive visits from PRPGs during the pre-registration year, ranging from 1 day – 5 weeks.
- Communication between local and regional centres is varied and there are examples of good practice.
- 2 RMICs requested national guidance about the content of regionally run MI training courses.
- Bradford sandwich students' limited time poses a problem for MI training.

Application to Practice:

A minimum recommended placement in MI for PRPGs has been agreed nationally as ≥ 4 weeks. All PRPGs should be offered a minimum of a single day visit to a regional centre. Increased communication between local and regional MI centres will improve PRPG training. A working group is needed to provide guidance concerning regional MI course content. The SW training programme has been reviewed and updated to reflect results. National guidance should be produced specific to MI training for Bradford sandwich students.

Poster 13

New Medicines Profiles – a survey

Alison Alvey, Alex Denby[*]*, Jonathan Hall, Peter Golightly, Christine Proudlove, UKMi New Product Working Group. * London-Northwick Park MI Centre*

Background

New Medicines Profiles (NMP) are post-launch new product evaluations produced by UKMi and were first published in July 2003. They are two page documents, focussing on major clinical trials, designed with a number of target audiences in mind, including prescribing committees and prescribers. We conducted a survey to determine whether the new monographs are meeting users' needs.

Method

The survey used Zoomerang, an internet-based tool, and ran over a two month period from November 2005 to January 2006. Regional MI centres asked local users, principally chief and MI pharmacists in secondary care, and pharmaceutical advisers and practice pharmacists in primary care, to participate in the survey.

Results

There were 281 complete responses, almost equally split between primary care and secondary care. Half of the respondents had been introduced to *NMP*s via the UKMi 'What's new on the website' email. 95% had used *NMP*s within their role; 56% to answer an enquiry, 56% to update their personal knowledge, 45% to support a prescribing decision, 35% as a basis for writing a D&TC evaluation and 33% used them as published for prescribing committee submissions. 42% of respondents circulated copies of *NMP*s to others, including members of prescribing/medicines management teams. Timeliness of publication was an issue but it was acknowledged that this had improved recently.

The depth of information contained in the *NMP*s was judged appropriate with the exception of the place in therapy section. A more directional approach was requested. All *NMP*s produced in the last 6 months were considered useful. A question about products not currently covered indicated that new formulations, such as modified release preparations, and extended indications were an issue.

Conclusion

The survey responses were generally positive. The value of the 'What's new on the website' email as an alert was highlighted. The two principal outcomes of this survey are that the template for writing *NMP*s will be enhanced to strengthen the place in therapy section and greater input from clinical experts will be sought. There will also be a lower threshold for allocating *NMP*s on new formulations and extended licence indications.

Poster 14

Improving chemotherapy services: applying a capacity planning toolkit to the pharmacy department at Bradford Teaching Hospitals NHS Trust.

Noshi Iqbal MPharm (Hons), Medicines information pharmacist (relief oncology pharmacist), Bradford Teaching Hospitals NHS Foundation Trust, Bradford, BD9 6RJ

Aim
To investigate pharmacy chemotherapy workload, and to calculate the resources needed to meet the demands placed on the service.

Design
A list is created of all chemotherapy drugs dispensed at Bradford. The manipulation time for each drug is calculated with all chemotherapy dispensing staff to obtain averages. Average fixed times for each item prepared (e.g. clinical check, setting up of ingredients, transfer decontamination, labelling, release etc.) as well as for each session of chemotherapy (e.g. cleaning, monitoring, changing gloves etc.) is recorded. The National Capacity Planning Toolkit[1] published by the Cancer Services Collaborative 'Improvement Partnership' is used to collect data.

Main Outcome Measures
The purpose of using a toolkit is to account for labour intensity as well as the number of chemotherapy items dispensed, to give a more accurate indication of the workload. A simple manipulation of an item is regarded by the toolkit to take five minutes to prepare. Hence, if a complex item takes 20 minutes to prepare, this is equivalent to the dispensing of four items.

Results
The results supported the business case for extra technical staff, another cytotoxic isolator, & an extended build to the existing production unit.

Conclusion
Applying a Capacity Planning Toolkit to the production unit provided a means to account for labour intensity, and gave a more accurate reflection of workload.

Future work
Applying the toolkit to oral chemotherapy workload in the dispensary.

Acknowledgements - Jeff Cox & Osman Chohan – Oncology Pharmacists, all the staff in the Dispensing Support Unit, members of the Chemotherapy Services Group, & the nursing staff on the Oncology & Haematology Day Case Units

References
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Poster 15

NHSD – examining the change in call referral patterns following implementation of UKMI SLA

Paula Russell, RDTC Newcastle, Wolfson Unit, Claremont Place, Newcastle-upon-Tyne

Aim:
To examine the change in call referral patterns with the introduction of the UKMI /NHS Direct SLA.

Background:
The implementation of the UKMI SLA with NHS Direct in April 2005meant a reduction in MI support at the Newcastle site, from 24 hours (offered under a previous local SLA) to office hours only. We investigated the effect this had on our total call numbers and on the pattern of referral, ie were out of hours calls (OOH) prioritised for UKMI referral the following day or were they 'lost' to another endpoint (community pharmacy, GP, out-of-hour services etc).

Method:

I downloaded historical data from the Medinfosys electronic record system for the period from 1st October 2004 to 1st October 2005. I then examined the data for the entire period to see if any broad patterns had been established. I also looked at the data for each month for the three months before and after the introduction of the UKMI SLA (1st April 2005). I noted the number of calls (OOH and normal), the origin of the NHSD caller (North East or elsewhere), the days (weekend or weekday) and times of the calls. I recalled the full record of the out of hours calls and those referred in the morning time to see if they had been taken during the night and held in a low priority queue for UKMI referral the next day. I also looked at the comparative period for 2006 to see if any pattern had been established after one year.

Results:

No clear pattern was found to support the theory that OOH MI calls were placed in a queue for referral to UKMI the following morning. The number of OOH 'therapeutic' pregnancy calls (via the NPIS phone number) has remained relatively stable. The total number of calls being referred from the North East site decreased over the year.

Conclusion:

There were confounding factors which meant that the transition from 24 hour support to office hours only was not as dramatic as it might have been and so the referral patterns were not as defined as one might expect. There has been a reduction in the total number of MI calls (both normal and OOH) and so one can only postulate as to the endpoint of these calls. There remain a consistent number of therapeutic pregnancy and lactation calls which are inappropriately being referred via the NPIS line. There appears to be a need for better support for NHSD staff in this area.

Poster 16

It's risky not to have a risk management policy! …….. ....Launch of UKMi Risk Management Policy

Sandra Hicks, Wessex Drug & Medicines Information Centre on behalf of UKMi Clinical Governance Working Group (CGWG)

Introduction:

One of the main actions for the UKMi CGWG in 2005 was to write a new national Risk Management Policy (RMP) for all UK Medicines Information Services. The intention of CGWG is that each MI centre will download this Word document from the Clinical Governance section of the UKMi website, inserting the Trust logo and adapting it for local use if necessary to avoid duplication of effort. The aim of the RMP is to highlight areas of risk plus possible solutions, and so prevent critical incidents in MI before they actually occur. The RMP will also assist with budgeting and making a case for acquisition of IT and information resources.

Background:

The new policy was based on two previous risk management documents from March 1998 and November 2003. The new RMP is based on four key areas of risk:

1. Environment
2. Equipment/information resources
3. Outputs
4. People.

Once downloaded a baseline assessment can be carried out using the policy.

In practice:

The RMP is to be launched at the UKMi conference, but managing risk must be a dynamic process and the contents will be kept under regular review. Any suggestions for improvements to the document are welcome, and should be fed back to CGWG prior to the RMP's annual review – the first is due in July 2007.

Outcome:

The new RMP is in an easy to use, tabular checklist format. It will readily highlight any specific points within the four key areas of risk which require addressing. This is the first step to minimising potential adverse outcomes in MI centres. CGWG recommend that the new RMP is used in each MI centre to carry out a baseline assessment, then on an annual basis as part of the internal QA audit. The RMP will also assist with budgeting and acquisition of essential resources.

Poster 17

Audit to assess staff use and awareness of medicines information service at Royal Bolton Hospital

Preetha Varma and Sarah Blackham, Royal Bolton Hospital, Minerva Road, Bolton, Bl4 0JR

Background:
The medicines information service within the hospital operates to provide medicine related information to healthcare professionals. The audit assessed the use of the service by staff and also the level of awareness of the service.

Objectives:
1. Identify the main resources used by nursing and medical staff at Bolton Hospital NHS Trust, to ascertain medicines information.
2. Determine the degree of awareness of the staff about this service.
3. Determine whether improved awareness of MI will increase use of the service.
4. Identify the areas that the nursing and medical staff want more information on.
5. Identify methods of improving the use and awareness of the service.

Method:
Questionnaires were sent out to all departments that were most likely to make use of the MI service. The questionnaire consisted of 14 closed questions, the answers to which were to be selected from a drop down menu. Only one answer could be selected.

Results:
96% of the respondents indicated that they would be prepared to use a helpline dedicated to medicines information. 76% of respondents were aware that Royal Bolton Hospital had a MI service operating, which meant that quite a significant proportion of respondents (24%) were unaware. 42% of respondents became aware of the service through a colleague, and most respondents indicated that the best method of advertising MI is through posters on wards and in departments with the details of MI printed on them.

Staff indicated that they would prefer a 24 hour service, but acknowledged the impracticalities of such a service and were content with working hours to be Monday to Friday 9am to 5pm.

The majority of respondents stipulated that MI should be available also to primary care e.g. community pharmacists and GPs, but again acknowledged that this may not be practical.

Conclusion:
There is a significant proportion of staff who are unaware of the MI service. As well as continuing to use current methods of advertising, there should be an increase in the number of posters containing the details of MI i.e. extension number, pharmacist in charge, email etc, displayed on wards and in departments. Also the MI service should be emphasised and explained to new staff members at the Trust induction. Generally increased awareness of MI should increase usage of the service.

Poster 18

Use of a Delphi technique to identify UKMi research priorities

Simon Wills, Head of Wessex Drug & Medicines Information Centre, Southampton

Research is needed to help inform service development and to demonstrate the value of medicines information centres to the NHS and patient care. Compared to certain areas of pharmacy practice such as clinical pharmacy, the specialty of medicines information can call on little published evidence to support the importance of its role.

In order to correct this, the UKMi Executive has agreed that a national plan is necessary. Accordingly, the UKMi Research Strategy has been launched with well-defined though broad objectives. However, in order to focus research efforts, UKMi Executive needed to identify major specific research topics.

Method

A modified Delphi technique was used to allow 33 participants from around the UK to vote for ten research topics selected by UKMi and to nominate research questions of their own. After voting, the 5 most popular of the UKMi topics were combined with the 5 most popular of participants' own suggestions to form a new voting list. This was circulated in a second Delphi round and the five topics with the highest scores were identified as the top priorities for UKMi research in the Research Strategy.

Results

Of the 33 individuals approached to participate, 24 responded to the Delphi round 1 (73% response rate) and 22 of these completed round 2.

The two rounds of the Delphi technique clearly identified the top five specific priorities for UKMi research. The most popular was: 'What impact does the UKMi enquiry answering service have on patient care?' This scored 100% in the round 2 vote. The other four top suggestions scored at least 68%. None of the other round 2 research topics scored more than 40% of the vote.

Discussion

Although the Delphi technique has limitations, it has been a useful mechanism to both secure agreement between participants and to engage service users and partners in the decision-making process. UKMi must now take these clearly identified research priorities forward and ensure that evidence from research is used both to support and improve its services.

Acknowledgements
With thanks to Angela Emerson, Principal Pharmacist for Research and Training at Wessex MI for comments and support.

Poster 19

Pharmaceutical identification – assessment of different resources

Simone Noblet, North West Medicines Information Centre, Liverpool.

Background:
Medicines information pharmacists and technicians are often asked to identify unknown pharmaceutical products where a sample is available. In addition we are also asked to identify foreign pharmaceuticals with a view to suggesting a UK equivalent. The most commonly used resources for these types of enquiry are *Tic Tac* and *Martindale*, respectively. However, other resources are available and may be used when *Tic Tac* and *Martindale* are either unavailable or insufficient.

Objective:
To compare and contrast the resources available to support pharmaceutical identification enquiries.

Method:
The description of the dosage form from the last ten pharmaceutical identification enquiries received in the department were input into the *Tic Tac* database, the electronic *Medicines Compendium (eMC)* and *eMIMS* to assess usefulness in practice and compare advantages and disadvantages for each resource.

The same method was used to identify ten foreign medicines using the following resources: *Martindale*, *Google*, *Identidex*, *Tic Tac*, the RPSGB website and the American Hospital Formulary Service (AHFS).

Results:

- Six of the ten dosage forms could be identified on the *Tic Tac* database. None of the products could be identified using the *eMC* and *eMIMS*.
- *Tic Tac* is more comprehensive than the other resources, and has the option to include detailed information such as size, shape, markings and logos.
- The *eMC* is useful for branded products but is limited as not all the Summary of Product Characteristics included on the database have a description of the tablet.
- *eMIMS* provides a description of all dosage forms included in the database so is useful to confirm the identity of a product.
- The usefulness of the databases available to identify foreign products varies according to the information available for the product.
- The advantages and disadvantages of each database are presented.

Poster 20

Empowering clinical pharmacists across a multi-site Trust.

Victoria Mott & Katharine Westcott, Medicines Information Department, Oxford Radcliffe Hospitals NHS Trust

Aim

To enable clinical pharmacists based on all the sites within the Trust to provide a reliable and consistent medicines information (MI) service to their specialty, with support from the local MI department.

Background

The Oxford Radcliffe Hospitals (ORH) is one of the largest NHS teaching trusts in the country. It provides a wide range of general and specialist clinical services and has over 100 departments and wards spread across its four hospitals and satellite clinics.
The local MI department, based on the John Radcliffe site, provides a service to the Nuffield Orthopaedic Centre (NOC) in addition to the whole ORH Trust.
It was identified that of the 250-300 enquiries handled per month by MI, the vast majority were from clinical pharmacists. Was this appropriate use of the MI service?

Method

- Evaluate & update the medicines information resources available to clinical pharmacists on each site. This was done by holding focus groups and completing a resource checklist for each site.
- Provide education & training to clinical pharmacists to enable them to use the available resources. Refresher sessions were organised for key pharmacists.

Results

Certain key issues were identified and an action plan was created to tackle the problems. There were inconsistencies in many aspects of how enquiries were handled by clinical pharmacists ranging from awareness/availability of MI resources, which enquiries were referred to the local MI department and at what stage, through to documentation (or not!) of enquiries that had been answered.

Conclusion

Initiatives that stemmed from this review include improved accessibility to up-to-date MI resources on all sites; a clinical website, maintained by the MI department, available to all clinical pharmacists cross-site; an enhanced MI induction process for new pharmacists; and, soon, the introduction of MIDatabank which will enable clinical pharmacists to access past enquiries completed by the local MI department.

References:

1. Oxford Radcliffe Hospitals NHS Trust website homepage. Accessed 31/07/06 via www.oxfordradcliffe.nhs.uk/home.aspx
2. Statistics from local data stored on DISCAN version 6.0

Poster 21

An assessment of the appropriateness of NSAID and COX-2 inhibitor prescribing in primary care management

Anne Boyter[1], Anne Lee[2] and Yvonne Semple[3] . [1]University of Strathclyde, Glasgow, UK; [2] National Services Scotland, Glasgow, UK; [3] Glasgow Royal Infirmary, Scotland, UK

Background:
This study was undertaken in 2004 to assess the appropriateness of non-steroidal anti-inflammatory drug (NSAID) and cyclo-oxygenase-2 (cox-2) inhibitor prescribing in a cohort of randomly selected patients within a primary care setting. At the time of study, rofecoxib and valdecoxib were still available and a European wide review was being carried out to assess the gastrointestinal (GI) and cardiovascular (CV) safety of cox-2 inhibitors.

Objectives:
To develop an assessment tool to determine the appropriateness of NSAID and cox-2 inhibitor prescribing with or without gastroprotective agents and to use the tool to determine the appropriateness of their prescribing in a primary care setting.

Methods:
The study used a validated method, the RAND appropriateness method (RAM) to develop the appropriateness tool. This involved a two round modified Delphi process. The tool considered patients' age, GI history, CV history and concomitant therapy (aspirin, warfarin or corticosteroids) as possible risk factors. Patient cases were identified from a sample of GP practices. Information extracted about these patients was matched to the information contained within the tool to determine the level of appropriateness in the chosen population.

Based on the RAM, an appropriateness tool was developed. Within the tool, the total number of scenarios (n=384) categorised as appropriate, inappropriate and uncertain was 37 (10%), 280 (73%) and 67 (17%), respectively.

Results:
Using the appropriateness tool only 43% of patients' anti-inflammatory therapy was categorised as appropriate. There was a large number of patients whose therapy was considered inappropriate. There were many factors that influenced the issue of appropriate versus inappropriate NSAID and cox-2 inhibitor prescribing. Some patients with risk factors for GI toxicity were not prescribed gastroprotectants and, conversely, some patients with no risk factors for GI toxicity were prescribed cox-2 inhibitors.

Conclusion:
This study supports the use of the RAM methodology as an aid to developing appropriateness criteria in the context of prescribing but suggests that the method should not be used in isolation. The high level of inappropriate prescribing found in the study population suggests educational issues that should be addressed. To date, the appropriateness tool has been developed into a guideline which aims to improve the prescribing of these agents.

Poster 22

Introduction of the eIV Guide to hospitals in Wales

Kingsbury SD†, Spark S‡ and Woodland G‡. † Pharmacy Department, Royal Glamorgan Hospital, Llantrisant. ‡Pharmacy Department, University Hospital of Wales, Cardiff.

Background:

An NHSweb based electronic intravenous Guide (eIV Guide) providing information relevant to the preparation and administration of intravenous drugs was launched four years ago[1]. More recently, as part of a risk management strategy to reduce the hazards associated with IV therapy, the Welsh Chief Pharmacists Committee (WCPC) agreed to adopt the eIV Guide for use in all Welsh NHS Trusts. It will also help Welsh NHS Trusts to meet the requirements of the Welsh Risk Management Standards[2] and forthcoming NPSA Patient Safety Alert[3].

Methods:

Two subgroups of the WCPC, Medicines Information Sub-Committee (MISC) and (Welsh Aseptic Services Production Pharmacists (WASPP) undertook to prepare and maintain 25 IV drug monographs on the UK IV Guide. Trust leads were nominated from all Welsh NHS Trusts. Three individuals (authors) from medicines information and aseptic services were tasked with providing regional project co-ordination and ongoing support to Trust leads. A training day for Trust leads was held in March 2006. The regional co-ordinators subsequently produced a guidance document for Trust leads along with supporting material i.e. presentations.

Results:

All Welsh NHS Trusts now have access to the eIV Guide. Trust leads are undertaking the first stage of implementation, training pharmacists within their departments. The production and review of IV drug monographs is underway.

Conclusion:

This is an example of how collaboration at a regional level between different sections of pharmacy can lead to significant service developments, improve patient care and help meet national standards at a local level. We recommended that such a model is adopted across the rest of the UK. Further meetings with Trust leads have been arranged to discuss progress and roll out of the eIV guide to nursing and other healthcare professionals on the wards. Work is currently being undertaken to develop an electronic IV training and assessment programme for nurses, which would include training on the use of the eIV Guide.

References:

1. Uren S. Development of an intravenous drug administration guide. Pharm J 2002;269:366
2. Welsh Risk Management Standards 2005-2006. Standard 31:Medicine Management – Area for Assessment 16.10
3. National Patient Safety Agency. Safer use of injectable medicines in near-patient areas.

Poster 23

An audit tool for NHS Direct medicines calls

Jill Rutter, North West Medicines Information Centre, Liverpool

Aim:

To design a tool to assess how well NHS Direct nurses answer calls involving medicines.

Background:

UKMi have a service level agreement to provide NHS Direct in England and Wales the following support:

- medicines information training to all NHS Direct front line staff: nurse advisors, health information advisors and health advisors (Call Handlers);
- a mechanism for referral of complex medicines calls to regional medicines information centres (RMICs) and,
- quality assurance of NHS Direct medicine calls.

As a result most RMICs in England and Wales employ a NHS Direct lead pharmacist to deliver the SLA. During 2006, UKMi developed an audit tool to assess NHS Direct medicine calls, which is based on the quality assurance standards used by UKMi to assess their own enquiries. There are 6 sections which are coded red, green or amber (i.e. a traffic light system) and a checklist is used to 'score' the enquiry against a list of standards.

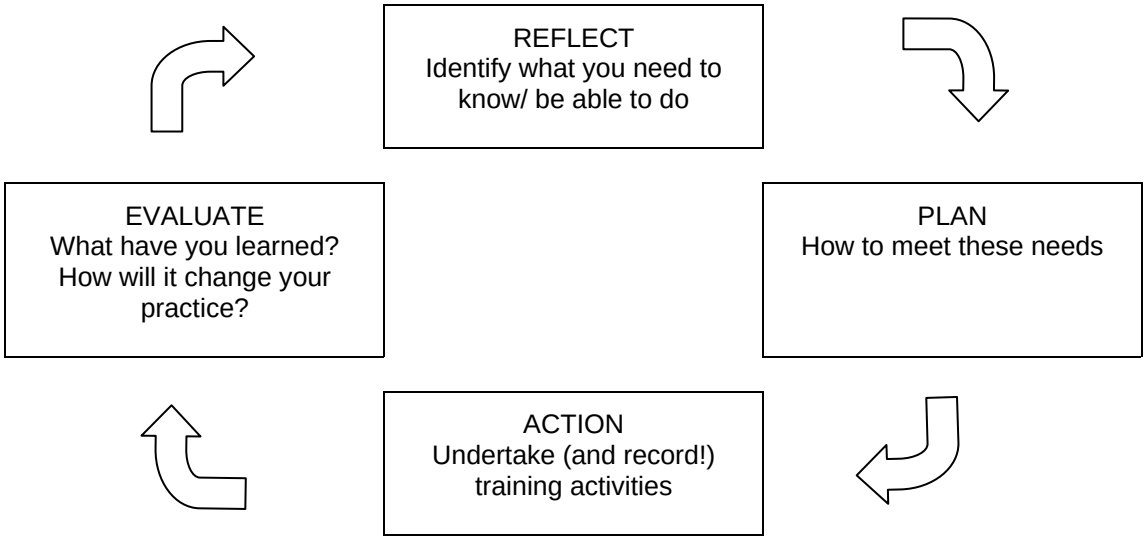
This tool has been piloted to assess medicines calls answered by health information advisors during *Ask About Medicines Week* and subsequently modified for use with nurse advisor calls to be audited over the next few months. The results will inform future training of NHS Direct staff.

THE COLLEGE OF PHARMACY PRACTICE

Turning continuing education (CE)
into continuing professional development (CPD)

Many people think that CE and CPD are the same thing. They're not. Continuing education is a largely passive activity, usually didactic in nature, and perhaps best illustrated by attendance at conferences and courses. CPD is an active process which involves not just attending a training event, but also a reflection of what your training needs are, planning how to meet these needs, and evaluating what you learn and how this might change your practice. But the step from CE to CPD, and the reflective and evaluative approach required, isn't always an easy one.

The questions overleaf are designed to help you with the CPD cycle -



Remember that any action points should be SMART -

- **Specific** - Does the action point tell you precisely what you are going to do differently as a result of the activity?
- **Measurable** - Can you measure the change in practice?
- **Achievable** - Is the action point challenging, and yet not totally unachievable?
- **Relevant** - Does the action point relate to the specific job you are currently undertaking (or perhaps to a future identified role)?
- **Time Bound** - When will you have it done by, and when will you reflect upon it?

Personal Objectives (to be completed *before* starting the course)

What would you like to be able to do, or what do you expect to learn as a result of attending the course?

When you have achieved these objectives, how will it benefit you at work?

Learning points (to be completed at the *end* of the course

What you are able to do, or what have you learnt as a result of attending the course?

Action Points (to be completed at the *end* of the course)

How are you going to apply this?

Review (to be completed *after* the implementation of the action points)

Have you been able to apply these action points? How have they had an impact upon your professional practice?

Further Reflection

Has this course, and what you have learned from it, identified other areas where you need to acquire knowledge/experience?

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