Effective information for managing medicines

Programme and Seminar Proceedings

UKMi
UK Medicines Information

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in association with the Royal Pharmaceutical Society of Great Britain

Royal Pharmaceutical Society of Great Britain

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Plenary session 1

Chair: *Robert Clayton, Head of Practice, RPSGB*

Robert has worked at the Department of Health in the pharmaceutical and technology branch, as an area/district pharmaceutical officer and as a prescribing adviser in several regional health authorities and as a community pharmacy manager. He was appointed lead for long-term conditions and public health within the Royal Pharmaceutical Society's Directorate of Practice and Quality Improvement in January 2005. In this newly created role he was responsible for ensuring that the Society was prepared for the implementation of the new pharmacy contract and advising on how pharmacy could deliver on the Department of Health's public health White Paper, "Choosing health: making healthier choices easier". At the beginning of 2006 he was appointed Head of Practice within the same Directorate

Welcome and launch of the UKMi strategy

Eilish Smith, Chair, UKMi Executive

Eilish graduated from Queens University, Belfast in 1973 with a degree in Pharmacy and later graduated with an MSc in Hospital Pharmacy. Her initial career was in community pharmacy. She then moved into hospital pharmacy practice when medicines information centres were being established throughout the UK. She has spent many years developing and providing medicines information services and in representing Northern Ireland at UKMi. She is currently Chair of the UKMi Executive.

How the media promote a public misunderstanding of science

Ben Goldacre, Author, Bad Science Column, The Guardian

Ben Goldacre is a medical doctor who writes the Bad Science column in the Guardian, examining the claims of scaremongering journalists, quack health products, pseudoscientific cosmetics adverts, and evil multinational pharmaceutical corporations. He has recently won awards for Best Science Feature, Best Freelance Health Journalist, the Heatlhwatch award, and the Royal Statistical Society's inaugural award for statistical excellence in journalism.

Abstract

From MMR to the formula for the worst day of the year: every day in the media we are bombarded with miracle cures, hidden threats, amazing breakthroughs, and wacky boffin stories. But is there any evidence behind them?

Often there is none: but we can find patterns in the dirt, reflecting broader themes. If we are charitable, the pace of medical development has changed since the golden age of medicine, and the many smaller, incremental discoveries of modern medicine don't lend themselves so readily to exotic headlines.

But there are also more sinister forces at work. Bizarre and bad science reporting in the media may well be the product of ignorance among journalists, and the need to sell readers to advertisers. But more than that, these stories are often planted by people with clear personal and commercial interests, who exploit the flaws in the media's approach to science for their own gain.

And if the stories weren't so funny, it would all be very upsetting.

What the patient needs to know and how to tell them

Mark Duman, Patient Information Forum

Having started his professional life as a pharmacist, Mark developed an interest in how information technology and improved communications play key roles in improving patient experience.

After working in the NHS and private healthcare, Mark managed the King's Fund 'Promoting Patient Choice' programme looking at shared clinical decision-making, and published their 2003 bestseller "Producing Patient Information" which was recently reprinted.

Moving to the BBC to harness the power of mass media communications, Mark developed a range of beyond-the-broadcast products and services to motivate people to improve their health and lifestyle.

He has written and lectured extensively on health communications, has judged the BUPA Foundation Communications and BMA Patient Information Awards, and chairs international conferences around these topics.

Mark co-chairs the PECMI working group and through this founded the Ask About Medicines campaign, aimed at providing consumers with higher quality information about their medicines.

Mark sits on a range of Department of Health groups, including the Choice Information Taskforce on Clinical Outcomes for the Patients, High-Level Information Reference Group, Information Accreditation Scheme, National Collaboration for Health Literacy and Working in Partnership Programme Mark presides over the Patient Information Forum (www.pifonline.org.uk) in a voluntary capacity, and is a Manager in BearingPoint's Public Services Healthcare practice.

Abstract

This will be an overview of general issues in consumer health information, looking specifically at medicines information for patients and the public. Participants should gain a broader understanding of the current government initiatives around health information (with a focus on England), sources of medicines information available to consumers, and some of the challenges that remain to be solved. The highlights of a survey of UKMi members on their attitudes to and experiences of providing consumer health information will also be presented.

Impact on MI services of PCT commissioning and 'care closer to home'

Trever Beswick, Director, South West Medicines Information Centre

Following time in hospital pharmacy in Birmingham, Trevor moved to Bristol to run the South Western Regional Drug Information and Training Unit in 1987. He continued to do that up to 2001 and was also Regional Pharmaceutical Adviser for the South West between 1993 and 2001.In 2001 Trevor moved to Bristol South and West PCT as Head of Medicine Management. He then moved through a number of posts in primary care commissioning and was appointed as Associate Director of Commissioning for Primary Care and Practice Based Commissioning following the most recent re-organisation last year. Having spent some time in a general management role, he returned to Medicines Information and Training in order to move back into a specialist pharmacist role.

Abstract

As the NHS continues with its programme of reform, a number of key themes remain consistent. These include the desire to see services being redesigned and improved and delivered closer to peoples' homes. Patients are being encouraged to play a greater part in the management of their health through more self-management and by having greater choice about how and where they are treated. This will result in changes in how and who, both at an individual and organisational level, commissions and provides patient care. If UK MI services are to continue to support appropriate medicines management across the NHS, it needs to plan for how it will provide a service to a health care system that is undergoing significant changes. The presentation will examine the drivers for change and some of the emerging changes in service that are being seen and will pose some questions to address as the new UKMi strategy moves from publication to implementation.

Impact on MI services of foundation hospitals and Payment by Results

Tony West, Chief Pharmacist, Guy's & St Thomas' NHS Foundation Trust

Tony West is Chief Pharmacist and Clinical Director (Pharmacy and Medicines Management) at Guy's & St Thomas'. Guy's & St Thomas' is one of the largest Trusts in the country, with a financial turnover of >£750million. The pharmacy employs around 250 staff. He has held senior positions there, and one of the predecessor organisations, for almost 20 years. Additionally he has also chaired the Practice Committee of the Guild of Healthcare Pharmacists and been its President.

Abstract

Guy's & St Thomas' achieved Foundation Trust status in July 2004. At the time it chose to fully adopt 'Payment by Results'. The presentation deals with the implications of:

- Being a Foundation Trust
- Working under Payment by Results
- Monitor's requirement to investigate 'Service Line Reporting'

In addition to describing the overall impact of the above the presenter will explain how these impact on pharmacy services, including Medicines Information and planning for introduction of new medicines.

Plenary session 2

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

The new NeLM

***Katie Smith**, Director, East Anglia Medicines Information Centre*

Katie graduated from the University of Brighton 1992-1995 with a 1st class honours degree in Pharmacy. After her pre-registration year with Boot the Chemists in Ipswich and a further 9 months with the company as a Consultant Pharmacist she started at the East Anglia Drug Information Service at Ipswich Hospital in May 1997. She has held various positions within the department – secondary care support and education, primary care support and medicines review pharmacist. In March 2007, she was appointed as Director of the East Anglia Medicines Information Service.

Abstract

The National electronic Library for Medicines (NeLM) is the largest medicines information portal in the NHS that stores, links and disseminates medicines information from various sources. The NeLM evolved from DrugInfoZone and since its launch in 2005, the site has continued to grow and develop to ensure it meets the needs of the people who use the website. To improve the functionality and website experience of the NeLM, a new version is in development which is due to be launched early in 2008. This presentation gives an insight in to the new interface and the new features.

Information governance

***David Erskine**, Acting Director, London & South East Medicines Information Centre*

David has been based at London & South East Medicine Information Centre for the last 11 years. For the first eight years he was responsible for developing the medicines information service delivered to healthcare commissioners in the region and in the last three years he has been Acting Director of the unit. Over the years David has been closely involved with the development of national products such as NeLM (formerly DrugInfoZone) and Prescribing Outlook.

Abstract

The importance of information governance is gradually becoming more widely accepted in the health service and the Department of Health has recently issued guidance to the NHS on this subject. Information Governance is a wide ranging concept covering aspects of information handling such as security, confidentiality and accuracy. In this presentation, the role of medicines information in promoting the accuracy of the information used about medicines will be discussed under the following headings:

- Promoting knowledge about the use of appropriate information sources to support decisions about the use of medicines
- Ensuring the information used to support decision making is relevant, current, reliable and fit for purpose
- Ensuring the information used is provided in an efficient way
- Ensuring the information used to support decision making is recorded and retrievable

What the RPSGB can offer MI

***Austin Gibbons**, Information Centre and **Megna Joshi**, Practice Division, RPSGB*

Following a split pre-registration year in hospital and industrial pharmacy and a brief period working in the pharmaceutical industry, Austin has worked for the Society for nearly 25 years in what is now the Information Centre. Within his time there he has completed an MSc in Information Science through the City University and is now the Information Centre's Senior Information Pharmacist. While working for the Society there have been great changes in the provision of information from a time where everything was hand written, typed or photocopied and 'online searching' almost required knowledge of another language, to what we have now with internal e-resources and the power of the internet.

As the Practice Pharmacist within the Practice and Quality Improvement (PQI)Directorate, Meghna's current role involves:

- *Supporting and developing the key works streams within the Practice Division.*
- *Supporting the Society and it's various committees with their work streams and agendas.*
- *Working with membership organisations to develop and support pharmacy practice.*

Meghna is the professional secretary to the Veterinary Pharmacists Group, co-ordinates the divisions MEP and Practice Guidance and is currently developing a programme of pharmacy involvement with NICE.

Abstract

This presentation will give a brief overview of the Information Centre and the Pharmacy and Quality Practice directorate, including current work and future developments.

The Society's Information Centre includes the advisory services provided by the information pharmacists and has been providing a free information service for nearly 40 years.

The information pharmacists at Lambeth have a varied background in community, hospital and industrial practice and with access to a wide range of resources including our own in-house database. They can offer advice to pharmacists and other health professionals on pharmacy and its practice whatever their background or requirements. Additionally we also have the services of the Society's Fellow in Pharmaceutics who adds his expertise in formulation, stability and pharmaceutical technology as well as experience in hospital pharmacy.

Plenary session 3

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, awarded the Celltech Gold Medal of the Guild in 2003 and in 2006 he was admitted to the Freedom of the Worshipful Society of Apothecaries of London.

Consultant pharmacists in MI – how might I get there?

***Catherine Duggan**, Associate Director of Clinical Pharmacy, Development and Evaluation for East & South East England.*

Catherine is Associate Director of Clinical Pharmacy Development and Evaluation for East & South East England Specialist Services and a Senior Clinical Lecturer at the School of Pharmacy, University of London. This new post promotes the evaluation of the impact of guidance on clinical drug use patterns as well as developing the evaluation skills of advanced and consultant practitioners consistent with the Advanced Level Competency Framework. Prior to taking on this post, Catherine was Director of the Academic Department of Pharmacy for eight years where she had responsibility for integrating research into practice. There, her research interests included development and evaluation of evidence-based practice from policy level to practice implementation and improving communication between professionals and patients.

To date, Catherine has published over 50 papers and articles and more than 80 abstracts and has been successful in securing £600,000 in research income. Catherine is regularly invited to speak at national and international conferences and meetings, she regularly reviews papers for academic journals and sits on several committees to judge grant applications. She works closely with New Drugs Group and Medicines Information to fully integrate practice and evaluation. Catherine is Chair of the United Kingdom Clinical Pharmacy Association for 2007/2008.

Abstract

For most healthcare professionals in the UK, education is competency based. At the point of registration of doctors, dentists, opticians and nurses bespoke competency frameworks or performance standards are used to ensure uniformity in knowledge, skills and attitudes. Until recently, pharmacy has not had an accepted competency framework either at the point of graduation or post-registration. Indeed, we have not had a defined career pathway that directs pharmacists through different levels of practice.

The General Level Framework (GLF) was developed in the South of England for both primary care and secondary care as a result of academics and employers working in partnership (Antoniou et al, 2004; Mills et al, 2005) and provides an opportunity for the standardisation of pharmacy graduate outcomes. Acceptance of this as the national standard will ensure that employers recruiting a pharmacist with a postgraduate qualification based on the framework will have confidence in the applicants' abilities as a practitioner.

The next step is the development of higher level practice and practitioners. Since the publication of the DH guidance on Consultant level practice We have many pharmacists, in different areas of practice, working at high levels who now have a framework to pin their development upon and towards. The Advanced and Consultant level framework (DH, 2005) underpins the development of higher level practice and is closely aligned with developments in academic awards. We are in the early stages of defining how HEIs can support the development of higher level practice.

At the present time, it looks like there might need to be various types of higher level programme (or at least delivery in different contexts); for junior staff who have completed the Diploma and are moving into their next level of practice, Run Through Training, and some form of Accelerated Senior Development for those advanced practitioners on the verge of consultant appointments.

These radical reforms to educational career development and opportunities for MI practitioners to develop to consultant level will form the basis of the presentation.

References

Antoniou S, Webb DG, McRobbie D, Davies JG, Wright J, Quinn J, Bates IP. A controlled study of the general level framework: Results of the South of England competency study. Pharmacy Education 2005, 5: 201-7.
Mills E, Farmer D, Bates I, Davies G, Webb D, McRobbie D. Development of an evidence-led competency framework for primary care and community pharmacists. Pharmaceutical Journal, 2005; 275: 48-52.
Department of Health. Guidance for the development of consultant pharmacist posts. HMSO 2005.

How does CPD fit in with the KSF?

***Jennifer Fleck**, CPD Division, RPSGB*

Jennifer has worked in health throughout her career in particular for professional organisations. She joined the Proprietary Medicines Association of Australia in 1993 and worked in regulatory affairs, before moving into research and policy roles with the Australian Hospital Association. In 1998 she joined Divisions of General Practice, managing projects in education and promotion of the use and application of information management to support general practice. In 2001, working for the Australian College of Rural and Remote Medicine, she worked on projects to support the professional development of rural doctors and the recognition of rural and remote medicine as a speciality. Jennifer moved to the UK in April and joined the RPSGB in August 2007 as the CPD Project Manager.

Abstract

An overview of:

- How the Society's CPD system can be used to assist in meeting requirements for KSF, particularly as a tool to collect evidence relevant to the KSF.
- The changes that have occurred in the CPD system and in particular CPD Online v3, and starting an entry at any point of the cycle
- The current CPD review pilot, its purpose, why you should take part and how to volunteer.
- Looking to the future and the direction of CPD – what changes to expect and how to get involved.

Poster presentations

A prize for the best poster will be awarded at the end of the seminar

Previous winners of the best poster prizes:

2006

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

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

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

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*

There will be no oral presentations at the seminar. Previous winners of the best oral presentation are:

2006: Sarah Cavanagh.
Medicines information to the developing world. Whose need is the greatest?

2005: Janet West
Assessment of the impact of pharmacist dose adjustment of aminoglycosides and vancomycin in the intensive care unit

2004: Niamh O'Hanlon,
Medicines Information as a tool to decrease medication error in the hospital setting

Poster 1

UKMi 24/7: Quality of medicines information enquiries answered out-of-hours

Helen Auckland (nee Sutherland) and Rachel Belton, Wessex Drug and Medicines Information Centre, Southampton

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Introduction:
The aim of the United Kingdom Medicines Information (UKMi) service is 'to provide accurate, timely, appropriate and unbiased information and advice on all aspects relating to the use of medicines'[1]. However, in line with the opening hours of many hospital pharmacy departments, the UKMi enquiry answering service is generally available only between the hours of 9am to 5pm, Monday to Friday. Outside of these hours, the answering of medicines information (MI) enquiries generally falls to on-call and resident pharmacists, often among the most junior pharmacists in the department.

Method:
The answers to all requests for medicines information received by the on-call team between May and October 2006 were audited. Any questions answered by MI pharmacists who were also members of the on-call team were excluded. In the absence of any standards for the quality of such enquiries, they were peer reviewed against the current UKMi standards by two independent MI pharmacists[2]. During the review, any common learning points were recorded.

Results:
75 enquiries were analysed. The performance of the individual on-call pharmacists was variable. The average performance was as follows: documentation 60% (UKMi standard 100%); analysis of enquiry 82% (UKMi standard 100%); search coverage 54% (UKMi standard 95%); answer 87% (UKMi standard 95%).

Discussion:
Slee has commented that it is unacceptable for pharmacy departments to claim responsibility for the provision of drug therapy whilst only providing a 'nine to five' service[3]. Prescribing of medicines does not only occur between 'normal' working hours, in fact half of all prescriptions may be written outside this time[3,4]. The specific responsibility of MI departments to assist in the safe and effective use of medicines 'out-of-hours' has been highlighted by the Department of Health[4]. This audit has shown that the quality of MI enquiries answered by on-call pharmacists out-of-hours is below that required during the day, although only one was considered to be unsafe. UKMi should endeavour to ensure that on-call and resident pharmacists are appropriately trained and supported, and that it critically reviews how it may further support the NHS 24/7.

References

1. *Judd, A. (2001) Medicines Information in the UK National Health Service. In A.S. Robson, D. Bawden, & A. Judd (Eds.), Pharmaceutical and Medicines Information Management Principles and Practice (pp. 90-108). London: Churchill Livingstone.*
2. *UKMI National Standards for Medicines Information Enquiry Answering http://www.ukmi.nhs.uk/filestore/ukmiacg/EnqStandards.doc (Accessed: 25/01/07)*
3. *Slee, A. (2000). Should pharmacy departments provide an extended-hours service? [Electronic version]. Hospital Pharmacist, 7(2), 34.*
4. *Department of Health Audit Commission (2001). Spoonful of Sugar – medicines management in NHS hospitals. London: HMSO.*

Poster 2

UKMi training tools: are they fit for purpose?

Tejmeena Aujla and Prof. David Brown, School of Pharmacy, University of Portsmouth and Angela Emerson, Wessex Drug and Medicines Information Centre, Southampton

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Background:
An important role of the UK Medicines Information network is to train and develop pre-registration and junior rotational pharmacists. This is achieved, in part, through using two national training tools – the UKMi Training Workbook and MiCAL. The development of these tools thus far has only been informed by two small questionnaire-based studies, both of which were affected by poor response rates1,2. Therefore the Education and Training Working Group (ETWG) wished to discover whether these training tools are fit for purpose and how they may be developed in the future.

Method:
Audiotaped focus groups with pre-registration and junior rotational pharmacists and their medicines information (M) trainers at regional training meetings or similar forums.

Results:
Three focus groups were conducted (2 in Wessex and I in East Anglia). The Workbook and MiCAL were perceived to be useful complementary tools in supporting training in MI and were used alongside the answering of 'real' enquiries. Strengths of the Workbook included its structure, pitch and portability; for MiCAL, its e-learning format was considered helpful by some tutors as UKMI move towards paperless systems of working. The main disadvantage of both MiCAL and the Workbook from both the tutors' and students' perspective was the time required to discuss the exercises; although considered to be labour-saving devices in allowing independent study, most tutors did not have time to check on student learning. Suggested improvements included the addition of learning material on specific clinical topics, and improved exercises on literature searching; training tool-specific feedback was also received. Both tools were considered appropriate in their current formats; there were mixed opinions about the use of new technologies and learning environments.

Conclusions:
The UKMi Training Workbook and MiCAL aim to facilitate structured, standardised learning in MI. Although both tools are perceived to be fit for purpose, this study has discovered that tutor-student contact time to check on learning can sometimes be limited, an important consideration in developing future material.

References

1. *Emerson, A. Evaluation of users' views of the 2003 UKMi Training Workbook. Poster presented at UKMi Conference 2004.*
2. *Fletcher, C., Gilbert, M., Moss, S., & Sharp, J. MiCAL – feedback and development. Poster presented at UKMi Conference 2002.*

Poster 3

Caught in the web? Helping PCT pharmacy staff use the internet to find information about medicines.

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

Background:
An increasing number of medicines information resources are freely available to NHS healthcare professionals via the Internet. In order to support NHS pharmacy staff working in primary care, staff at the North West Medicines Information Centre (NWMIC) developed a Primary Care Medicines Information Resource Pack to explain how to navigate key websites such as the National electronic Library for Medicines and to suggest sources of information for specific types of medicines-related questions. Feedback from users of the Resource Pack, and from a work-shadowing project, showed that many staff thought hands-on training on the use of internet resources would be of added value.

Objective:
To deliver hands-on training for pharmacy staff working in primary care on the use of online resources to find useful information about medicines, and to evaluate the usefulness of this training.

Method:
A study day was developed and training offered to NHS primary care pharmacy staff in the North West. The training was delivered in IT suites to give participants hands on experience in using databases and websites available to them. Participants used real-life enquires to explore the resources. In May 2007, a questionnaire was sent to attendees of the previous fourteen study days (delivered January 2005 – February 2007, total number of participants =152) to determine the effectiveness of the training on their confidence in using online resources to find information about medicines.

Results and follow-up:
Thirty-four completed questionnaires were returned. Feedback was positive, with respondents generally confident in their ability to find information using the internet. Respondents were most confident in using the electronic Medicines Compendium and National electronic Library for Medicines. The electronic BNF did not appear to be widely used. Most respondents had referred to the online Primary Care Medicines Information Resource Pack. Evaluation of promotional literature was identified as a further training need by many; a training session on this is being developed by NWMIC for clinical PCT staff in the North West. Due to demand, more training sessions on the use of internet resources have been arranged for staff who have not yet attended.

Poster 4

Adverse Dug Reactions – who should report?

Gillian Cavell, Sarah Morse, Chris Robinson, King's College Hospital NHS Foundation Trust, London

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The limitations of clinical trials in assessing a drug's safety have been recognised.[1] Post-marketing surveillance and pharmacovigilence are vital for continually assessing the safety of a new product.[2] Healthcare professionals have a professional obligation to report suspected ADRs. Estimates of reporting rates of ADRs are as low as 10% of serious ADRs and 2-4% of non-serious ADRs.[3] A variety of reasons have been suggested for this.[4] We sought to:

- assess the current extent of ADR reporting at King's and identify perceived barriers to reporting
- assess whether staff know which types of ADRs should be reported
- seek opinions on a pharmacy referral system for ADR reporting

A questionnaire was circulated to medical and pharmacy staff as paper copies and via e-mail. It was accompanied by a letter explaining the background of the project. Results of returned questionnaires were recorded anonymously and analysed.
Sixty-nine questionnaires were returned by medical staff and 21 by pharmacists. From the results, it appears that the reporting of ADRs by doctors is quite low; only 28% had submitted a yellow card. More pharmacists than doctors have submitted a yellow-card report to the CSM (67% of respondents), but there is still scope for improvement. The main barriers to reporting for doctors are knowledge of what to report and time. This is reflected in the numbers of doctors who did not recognise reportable ADRs or did not feel confident to respond to the question. Pharmacists report the same barriers but in addition, state recognition of ADRs as a significant barrier to reporting. Overall pharmacists seemed to have a better awareness of what to report, particularly of the need to report all ADRs with black triangle drugs. Again there is scope for improvement.

The majority of respondents (93%) were in favour of a pharmacy referral system for reporting of ADRs. Such a referral team would follow up any ADR they were made aware of and determine which of these met the criteria for submission of a yellow card. This would address some of the barriers to reporting which have been identified, namely time and knowledge of what to report, and support the aims of post marketing surveillance and pharmacovigilence in the UK.

References

1. *Stricker B et al. Detection, verification and quantification of adverse drug reactions. BMJ 2004;329:44-7*
2. *Reporting adverse drug reactions – A guide for healthcare professionals, British Medical Association, May 2006. Available at http://www.bma.org.uk Accessed 04/07/07*
3. *Rawlins M. Pharmacovigilance: paradise lost, regained or postponed? J Royal College of Physicians of London 1995;29(1):41-49*
4. *Eland IA et al. Attitudinal survey of voluntary reporting of adverse drug reactions. Br J Clin Pharmacol 1999;48:623-627*

Poster 5

Evaluation of a horizon scanning resource.

Davis H, North West Medicines Information Centre,70 Pembroke Place, Liverpool, L69 3GF

The UKMi horizon scanning resource *Prescribing Outlook* (PO) comprises *PO New Medicines* (PO-NM), *PO National Developments* (PO-ND) and *PO Cost Calculator* (PO-CC) and is aimed at those involved in medicines management and budget setting in the NHS. A survey was used to assess whether horizon scanning resources are used as recommended[1], the usefulness of listed resources[2] and the usability of PO.

An electronic questionnaire was circulated nationally in February 2007 to primary and secondary care chief pharmacists and medicines information pharmacists with requests for onward circulation to appropriate individuals. 112 anonymous respondents completed the survey; 58% work in secondary care and 38% in primary care. 49% of respondents described their role as either director or assistant director of pharmacy. 25% have commissioning responsibilities and 78% NICE implementation responsibilities. 90% are involved in deciding on use of new medicines and 73% are involved in budget planning.

Respondents use the PO series for anticipating the impact of new medicines and/or implementation of NICE guidance (84%), general information about new drugs (80%), decision support for prescribing committees (62%) and negotiating funding for drugs (32%). Respondents were asked to rate the usefulness of resources listed in good practice guidance.[2] The percentage who rated usefulness ≥ 7 out of 10 was as follows: PO series (90%), London New Drugs Group publications (87%), NPC 'On the Horizon' publications (84%), SMC assessments (81%), National Horizon Scanning Centre publications (78%), NPC 'Planning ahead' publication (73%), Centre for Evidence Based Purchasing documents (31%), Pharmaceutical companies' information (10%). Factors determining usefulness include presentation, content, format and timeliness of publication. Respondents thought information was easy to find throughout the PO series. 94% found the detailed content of PO-NM about right, 88% PO-ND about right and 80% found PO-CC information about right. 55% thought autumn publication of constituent parts at monthly intervals was appropriate for their planning cycle, 18% thought it inappropriate and 22% were unsure.

It appears horizon scanning resources are used by respondents for anticipating financial pressures as recommended.[1] Results suggest PO is useful and the current format, content and publication times are appropriate. Data will be used to ensure the PO series continues to meet user needs.

References

1. *Managing the financial implications of NICE guidance. Audit Commission September 2005. Available from www.audit-commission.gov.uk.*
2. *Good practice guidance on managing the introduction of new healthcare interventions and links to NICE technology appraisal guidance. Department of Health December 2006. Available via www.dh.gov.uk.*

Poster 6

UKMi 24/7: What are the medicines information needs of health professionals out-of-hours?

Angela Emerson, Wessex Drug and Medicines Information Centre, Southampton

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Background:
The United Kingdom Medicines Information (UKMi) service helps healthcare professionals make decisions about medicines to inform the care of their patients through its enquiry answering service, and many other initiatives. However the service is only available between the weekday hours of nine to five. Prescribing in UK hospitals does not only occur between these times and there has been a rise in the number of adverse incidents relating to medicines recently, the majority occurring out-of-hours[1]. Since poor access to information has repeatedly been proposed as a potential cause of medication errors[2-3], UKMi wished to discover the nature of information secondary care practitioners required out-of-hours and how this information was accessed. In addition UKMi wanted to establish whether the network could provide further support to these professionals during this time.

Method:
Cross-sectional survey of NHS nurses and doctors working out-of-hours at a large tertiary teaching hospital in Hampshire using quota sampling.

Results:
Healthcare professionals estimated that they needed to find information about medicines between one to five times per shift out-of-hours. Questions were most likely to relate to adverse effects, drug interactions, dose and the practical aspects of drug administration. The answers to their questions were usually sought from paper-based resources or their peers; few used electronic resources. Practitioners did not perceive that there were barriers to finding information during this time but there were scenarios that were more difficult to resolve, such as those relating to intravenous medicines. Respondents indicated that they would prefer to be supported out-of-hours through improved links to validated online sources information, ready-made answers to frequently asked questions and improved access to the Medicines Information service.

Conclusions:
This small study has shown that NHS healthcare professionals need reliable, relevant information and advice that can be accessed quickly and with minimal effort out-of-hours beside the patient. There are opportunities for UKMi to develop its expertise and engage with other bodies to better support these professionals in making decisions about medicines, thereby ensuring quality of care and patient safety.

References

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3. *Winterstein AG, Johns TE, Rosenberg EL, Hatton RC, Gonzalez-Rothi R, & Kanjanarat P. Nature and causes of clinically significant medication errors in a tertiary care hospital. Am J Health-Syst Pharm 2004;61:1908-16.*

Poster 7

Do inpatients receive enough information about their medicines?

Jean Madigan and Sarah Morse, Kings College NHS Foundation Trust, London

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Studies have found that many patients discharged from hospital often had simple questions about their medicines when they returned home.[1] The problem was who to ask. Many hospitals now have hospital pharmacy based medicine helplines.[1,2] We sought to ascertain:

- what level of information patients in the hospital feel they currently have about their medicines and what further information they require
- whether they would find a medicines helpline useful
- which resources patients currently use to obtain information about their medication in hospital and after discharge

A questionnaire was developed and piloted. It was given to 5 patients on each of 29 wards (chosen to represent all specialities at King's) to complete either themselves or with the help of the ward pharmacist. One hundred and twenty two patients completed the questionnaire; 23 patients were excluded (unable to speak English, confused, sleeping, or not at their bed). Of the 122 patients, 95 patients had had previous hospital admissions. Of these 95 patients, 72 had felt happy with the amount of information they received about their medicines on discharge. Specific areas where unsatisfied patients needed more information include reasons for taking their medicines, when to stop taking them and side effects. At present, of the 122 inpatients questioned, 95 feel they receive enough information about their medicines. Current inpatients required similar information to those patients with previous discharges, although information about side effects and precautions was particularly requested by patients with previous hospital admissions. This may highlight a need for improved provision of information about medicines on discharge. Of the 122 inpatients interviewed, only 43 received information about their medicines from the pharmacist.

The results suggested that some of the medicines information sources used by patients are not always appropriate and may provide inaccurate, unreliable or biased information, for example, internet, television or friends. The majority of patients questioned (81%) said they would find a medicines information helpline useful. This study has demonstrated a need for a direct medicines helpline. Recently King's College Hospital have developed a patient leaflet about medicines which advertises the medicine information number as a helpline.

References

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Poster 8

The use of advice provided by a Medicines Information enquiry answering service and its impact of patient outcome.

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Objectives:
To determine whether healthcare professionals using a Medicines Information (MI) enquiry answering service are satisfied with the service, if they follow the advice provided, and to establish the impact of the MI advice on patient outcome.

Method:
After trialing a pilot questionnaire, a final multiple choice questionnaire was devised and sent out to healthcare professionals who made patient specific enquiries to the MI service at Guy's and St Thomas' NHS Foundation Trust (GSTFT) between 31st January and 1st March 2007. The questionnaire consisted of 6 questions regarding user satisfaction, for which participants were asked to rank their level of agreement with 6 positive statements, followed by 3 multiple choice questions regarding the use of advice given, perceived patient outcome following the use of advice, and reasons why information was not used if this was the case. The data was collected and analyzed using SPSS version 14.0 for Windows.

Main Outcome Measure:
Satisfaction with the MI service, use of the advice provided by MI, and the perceived impact of the advice on patient outcome.

Results:
Of the 75 questionnaires sent out during the study time period, 41 were returned giving a response rate of 54.6%. The mean overall satisfaction of the service was high across a range of healthcare professionals, with no significant differences observed between them. The majority (n=39) of the enquirers used the advice given. A large proportion of enquirers (n=16) reported an 'unknown' patient outcome, 10 enquirers reported an 'improved' patient outcome and three reported a 'deteriorated' patient outcome.

Conclusion:
The high level of satisfaction and the high proportion of enquirers who used advice provided by MI demonstrate that the service GSTFT is a valued source of information for a range of healthcare professionals. Interpretation of the results relating to patient outcome is more problematic and, while they appear positive, there are a number of limitations that affect their validity. Limitations include the low number of participants and the high number of unknown outcomes reported. The development of a validated method for quantifying the influence of a particular action on patient outcome may be needed before this question can be robustly addressed by larger studies with more detailed follow-up of outcome.

Poster 9

Improving working relationships: UKMi and industry Medical Information Units.

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UKMi and Pharmaceutical Industry Medical Information Units interact regularly. We took the opportunity to arrange an exchange visit with the Pharmaceutical Industry to improve our working relationship. A Medical Information advisor from Solvay Healthcare visited the Wessex Drug and Medicines Information Centre. In return, three of the Wessex Medicines Information pharmacists visited the Medical Department at Solvay.

Learning Points for Solvay:

- How enquiries are logged, processed and archived using MiDatabank.
- The wide range of information resources used by UKMi for answering enquiries.
- Governance initiatives used by UKMi including the auditing of individual MI centres and the use of peer review to monitor and develop the enquiry answering work of medicines information pharmacists and technicians.
- UKMI's local and national medicines management roles including support to prescribing committees, the evaluation of new medicines and the development of the National electronic Library for Medicines.
- Evaluation techniques to assess service performance and inform future development.

Learning Points for Wessex:

- The advantages and disadvantages of Solvay's enquiry management system compared to MiDatabank.
- The differences between the resources that Solvay use to answer their enquiries and those used by UKMi.
- The benefits of having ready-made, standard letters for commonly asked questions.
- The pharmaceutical industry's obligation to perform post marketing surveillance and how adverse event forms are processed.
- Advisors in the Medical Information Unit answer questions relating to any Solvay product and do not necessarily have a pharmacy background.
- How the Medical Information Unit form part of the wider Medical Department, and their role in supporting their Solvay colleagues with information.

So why not arrange an exchange with medical information unit near you and see what you can learn?