UKMi

UK Medicines Information
PRACTICE DEVELOPMENT
SEMINAR 2011

Programme
and
Conference Proceedings

37th UKMi Practice Development Seminar
University of Warwick, 22nd – 23rd September

Contents – Conference Proceedings

Opening session

Welcome to Warwick

Trevor Beswick, UKMi Executive Chairperson and Director of South West Medicines Information and Training Service

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

Annual report of UKMi

Trevor Beswick, UKMi Executive Chairperson and Director of South West Medicines Information and Training Service.

Abstract

UKMi annual update

A report of the activities and developments of the UK Medicines Information network (UKMi) during 2010/11.

Plenary session 1 – Changing landscapes – professional, prescribing and medicines issues in the reformed NHS

Chair: Trevor Beswick, Director of South West Medicines Information & Training Service

Structural changes in the NHS

Vic Standing, Director, North West Specialist Service Pharmacy Practice Unit

He is Director of the North West Specialist Services Pharmacy Practice Unit; SHA Pharmaceutical Adviser and Member of the DH/SHA Pharmacy and Prescribing leads network reporting to the Chief Pharmaceutical Officer, Dr Keith Ridge who is in turn accountable to Bruce Keogh and the Medical Board.

Vic is Professional Secretary to the NHS Medicines Manufacturing and Preparative Services National Advisory Board (NAB) which was allocated £200K in 2009/10 over 2 years to undertake a number of patient safety related collaborative research projects that relate to the use of 'specials'.

He has a PhD in experimental pharmacology and Open University qualifications in Management (MIHcM) and Health and Social Care (CertHSC).

Vic is a Member of the General Pharmaceutical Council (GPHc) and a Fellow of the Royal Pharmaceutical Society of Great Britain.

His wife Marilyn is Senior Lecturer in Health Sciences at the University of Leeds and they have two children, Joe an MRC Research Fellow at UCL/Great Ormond Street and Helen who is a Public Relations Specialist working for a private sector consultancy.

Abstract

Structural changes in the NHS will be traced back to the late 1980's to include the evolution of Regional Health Authorities, Family Practitioner Committees, Primary Care Groups, Primary Care Trusts and through to PCT Clusters, SHA Quadrants, the National Commissioning Board and its proposed 'Field Force'.

Opportunities for medicines information services in this new environment will be profiled in relation to Clinical Commissioning Groups, associated Professional Networks and Senates. QIPP and QOF priorities will be identified. The Commissioning Board will require 'medicines optimisation' capacity and this will be scoped with reference to the proposed NHS Outcomes Framework.

The potential role of NHS Evidence will be touched on and so will the New Cancer Drugs Fund and the Value-based Pricing consultation. The need for collaborative working with the Pharmaceutical Industry in relation to UKplc will be stressed and thoughts shared on what might comprise a 'covenant' between the research-based life sciences sector and the NHS. And in conclusion the need to consolidate drug evaluations into the wider context of treating patients with long-term conditions outside hospital.

Electronic submission of Yellow Cards by MI pharmacists

Professor Sir Kent Woods, Chief Executive, Medicines & Healthcare products Regulatory Agency

Kent Woods was appointed as the first Chief Executive of the MHRA in January 2004 and since June 2011 has also been Chairman of the Management Board of the European Medicines Agency. He had previously held Department of Health appointments as Director of the National Health Service Health Technology Assessment Programme (1999-2003) and Regional Director of Research & Development, NHS Trent (1995-1999), commissioning research in and for the NHS.

A graduate of Cambridge and Harvard School of Public Health, he was a consultant physician at Leicester Royal Infirmary from 1984-2003 and was appointed Professor of Therapeutics at Leicester University in 1996. His clinical and research interests have been in coronary heart disease. He is a Fellow of the Academy of Medical Sciences, a Fellow of the Royal College of Physicians and an honorary Fellow of the Faculty of Pharmaceutical Medicine.

Abstract

The Yellow Card Scheme, run by the Medicines and Healthcare products Regulatory Agency (MHRA), is a valuable source of information on adverse drug reactions. Pharmacists are recognised as a key reporter group, however the MHRA recognised that Medicines Information (MI) pharmacists are uniquely placed in their role providing advice on use of medicines and in their knowledge of adverse drug reactions. Efforts to improve Yellow Card reporting such as the innovative project with UKMI introducing Yellow Card reporting into MiDatabank are strongly welcomed. The pilot demonstrated the contribution that MI pharmacists can make and scaled up to the whole UK would produce significant increase in UK-wide Yellow Card reporting. The MHRA seeks to further understand what MI pharmacists needs in return from the MHRA in order to maximise their contribution to the Scheme.

Role of the Royal Pharmaceutical Society as our professional leadership body

Dr Catherine Duggan, Director of Professional Development and Support, Royal Pharmaceutical Society

Dr Catherine Duggan is the Director of Professional Development and Support at the Royal Pharmaceutical Society of Great Britain. In her role, she is responsible for the delivery of professional advice and support to all members across all sectors and the development of strategies to share and showcase good practice across the profession. She has a leadership role in developing programmes of professional development, advancement and recognition in line with the RPSGB mission.

Her previous role was a joint appointment as Associate Director of Clinical Pharmacy and a Senior Clinical Lecturer at the School of Pharmacy, University of London. Catherine has published widely, over 70 peer reviewed papers and articles and secured £600,000 in research income. Catherine was the Chair of the United Kingdom Clinical Pharmacy Association for 2007 to 2009 and an elected member of the Council of the RPSGB between 2008 and 2009. She is a Fellow of both the RPSGB and the Royal Society of Arts.

Plenary session 2 – Drug dosing in liver disease

Chair: Graham Cox, Head of Medicines Information, Leeds Teaching Hospitals NHS Trust

Graham has been Head of Medicines Information at LTHT since 2006. His background is not Mi but clinical and operational management. He regularly practices as a clinical pharmacist with recent experience in cardiology, elderly care and now endocrinology. Current ongoing projects include developing a Leeds wide approach to new drugs, patient focused MI and supporting delivery of pharmacist led outpatient clinics.

Medicines issues in liver disease

Penny North-Lewis, Paediatric Liver Pharmacist, Leeds Teaching Hospitals NHS Trust

Penny North-Lewis is the Paediatric Liver Pharmacist for the Children's Liver Unit at Leeds General Infirmary where children with acute and chronic liver failure, biliary atresia and those requiring transplantation are managed. She has specialised in paediatric liver disease for nearly 15 years, both in Leeds and at King's College Hospital and her developments have included editing 'Drugs and the Liver' which was co-written by members of the UK and Eire liver transplant pharmacists group.

Abstract

Liver disease and dysfunction encompasses a huge range of disorders and often requires changes to medicines, either because of altered drug handling or concerns over side effects of drugs. The aim of this session is to illustrate some of these issues and examine how to go about finding solutions.

Parallel Session 1

MiDatabank version 3

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

Abstract

The new features included in version 3 will be demonstrated with a focus on implementation problems and trouble shooting. Practical information will be given on how to how to submit yellow cards electronically as well as an update on what's new & future developments.

The future of your MI service

Trevor Beswick, Director of South West Medicines Information & Training Service

Ben Rehman, Director of London Medicines Information Service

Ben is currently Director for London Medicines Information service based at Northwick Park Hospital which serves North London, Essex, and Hertfordshire. He has previously held a range of clinical pharmacy and medicines information positions, as well as an editorial role at the British National Formulary. He is particularly interested in ensuring MI continues to respond appropriately to the changing NHS environment.

Mark Easter, Chief Pharmacist at University Hospitals Coventry & Warwickshire NHS Trust

Abstract

This workshop will review the operating environment, particularly the financial constraints, that the hospital pharmacy service will experience in the next few years.
Consideration of the ways in which local MI services can demonstrate their worth in adding value and improving quality and safety of medicines use in a severely restrained financial environment will be discussed and challenged.

Can I believe the findings of this systematic review/meta-analysis and explain them to others?

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

David Erskine has been Director (or Acting Director) of the London & South East Medicines Information Service for the last 8 years but has worked at the centre since 1996. David has been closely involved with the development of NeLM since it was originally launched as DrugInfoZone in 1998 and has been project lead for the development of the new platform since 2005. He is a member of the Medicine Information Reference Group and the NHS Evidence Editorial Board. He also teaches critical appraisal to pharmacists in London and the South East on behalf of the London Pharmacy Education & Training and also teaches on post-graduate courses at the School of Pharmacy, Kings College, and the Medway School of Pharmacy.

Abstract

This workshop will describe the criteria used to evaluate the quality of a systematic review/ meta-analysis and use the criteria for assessing the validity and applicability of the results of a systematic review/ meta-analysis.

Complementary medicine enquiry masterclass

Fiona Woods, *Director, Welsh Medicines Information Centre*

Fiona Woods is the Director of the Welsh Medicines Information Centre (WMIC) which is the regional Medicines Information Centre for Wales and is based at the University Hospital of Wales in Cardiff.

Fiona Woods is an experienced Medicines Information Pharmacist who has been Director of the WMIC for over 20 years and has spent nearly all her post-registration experience working in Medicines Information, which is the aspect of Pharmacy she finds the most enjoyable, stimulating and rewarding.

The WMIC has provided a Complementary Medicines Advisory Service for the past 30 years. The service is available to other MI Centres across the UK. More recently WMIC has moved to providing a tertiary referral service, advising on complex patient-specific enquiries.

Gail Woodland, *Senior Medicines Information Pharmacist*

Following my basic grade rotation I worked briefly in the Medicines Information Centre for United Bristol Healthcare Trust before commencing as Medicines Information pharmacist at Princess of Wales Hospital, Bridgend. Since 2004 I have been undertaking a split post working for the Welsh Medicines Information Centre and Welsh Medicines Partnership.

Abstract

This workshop will provide information on how to handle a complementary medicine enquiry involving interactions or adverse effects. Information on how to get the most out of the complementary medicine information resources available to you will be discussed.
Attendees will gain an appreciation of the background information and preparation required prior to submitting an enquiry to WMIC and understand the role of WMIC as a tertiary referral service.

Medication errors

Gillian Cavell, *Specialist Medicines Safety Pharmacist, King's College Hospital NHS Foundation Trust*

Gillian Cavell is Deputy Director of Pharmacy, Medication Safety at King's College Hospital in London where she leads on development and implementation of strategies to promote safe medicines use. She has had an interest in medication safety since 1993, when she led the introduction of an anonymous medication error reporting scheme at King's, one of the first in the UK. Gillian has been involved in projects and publications for both the Department of Health and the National Patient Safety Agency to raise awareness of medication safety issues nationally.

Abstract

The profile of medication safety in NHS trusts has risen greatly since the publication of an Organisation with a Memory in 2000 and the establishment of the National Patient Safety Agency. Guidance issued by the NPSA has given pharmacy departments responsibility for promoting safe medicines use by implementing recommendations made in alerts and rapid response reports. As well as implementation of national guidance local issues with medicines use also need identifying.

This workshop aims to introduce participants to some of the methods by which actual and potential adverse drug events can be identified, the concepts of failure modes and effects analysis, and barrier analysis.

It also aims to explore ways in which Medicines Information and Medication Safety teams can collaborate to identify risks and disseminate information through networks.

Plenary session 3 – Updates on e-resources

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

David Erskine has been Director (or Acting Director) of the London & South East Medicines Information Service for the last 8 years but has worked at the centre since 1996. David has been closely involved with the development of NeLM since it was originally launched as DrugInfoZone in 1998 and has been project lead for the development of the new platform since 2005. He is a member of the Medicine Information Reference Group and the NHS Evidence Editorial Board. He also teaches critical appraisal to pharmacists in London and the South East on behalf of the London Pharmacy Education & Training and also teaches on post-graduate courses at the School of Pharmacy, Kings College, and the Medway School of Pharmacy.

NHS Evidence – latest developments

Mark Salmon, *Programme Director, Engagement and Management*

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

Abstract

The presentation will focus on latest developments of NHS Evidence and include a forward look. Areas covered will include: UK Pharmascan and changes to distribution for the BNF and BNFc.

MiDatabank version 3

Dr Steve Moss & Keith Brown, *CoAcS, University of Bath*

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

Abstract

The presentation will focus on latest and future developments with MiDatabank.

Injectable Medicines Guide Website

Susan Keeling, *Injectable Medicines Guide Co-ordinator, Charring Cross Hospital*

Susan co-ordinates the production of the Injectable medicines guide website (Medusa) and is based at Charing Cross Hospital in London

Abstract

To provide an update on the website and the future improvements.

Datapharm

Nicky Helyer, *Operations Director, Datapharm Communications*

Having previously enjoyed a systems analysis and project management career in the banking industry Nicky joined Datapharm in 1998 to project manage development of the very first version of the eMC. As Operations Director she is now responsible for the ongoing development, maintenance and support of all existing Datapharm systems and services and for the development of new products within the medicines.org.uk domain.

Abstract

An update on plans for eMC development including eMC version 4, scheduled for release in Q4 of this year. Also included in this short session will be an update on the significant improvements to eMC comprehensiveness over the last 12 months, particularly with regards to generic medicines.

Parallel Session 2

Update on the Injectable Medicines Guide Website

Susan Keeling, *Injectable Medicines Guide Co-ordinator, Charring Cross Hospital*

Susan co-ordinates the production of the Injectable medicines guide website (Medusa) and is based at Charing Cross Hospital in London.

Robin Burfield, *Development manager, NHS Wales Informatics Service*

Robin started his career in IT working in a number of private sector companies; a commercial printer, a retail jewellery chain in Bristol and in a Welsh Aluminium works before joining the NHS in 1985. He has worked on a number of systems including Child Health and the GP register and was involved with setting up the Cervical and Breast cancer screening programmes in Wales. Throughout he set up the Hospital Pharmacy systems in Wales.

The team then moved to the Prescription Pricing Services Division of the NHS Wales Informatics Service in 2000 and Robin has managed both the Primary and Secondary care information services. Recently, he has focused on the Hospital Pharmacy sector running the Hospital Pharmacy systems and providing information derived from them, together with systems for Medicines Information and Clinical Pharmacy. More recently, Robin has been involved with setting up the NHS Injectable Medicines Guide for the UK and has just completed a Wales Formulary system.

Abstract

To provide an update on the website and the future improvements.

The second part of the session will cover the functions available to monograph authors and how the Injectable Medicines Guide can be adapted to meet local needs. At the end of the session, you will understand the options for adapting the Guide and know how to use the functions to do this.

It will cover the following areas:
- Overview of the Injectable Medicines Guide and the monographs - IV and IM monographs and other routes
- Overview of the documents available and an explanation of the 'Use of monographs' and the 'Guidelines for writing and updating monographs' documents.
- Options for accessing the monographs – the standard layouts, customising access to the monographs, both headings and monograph lists, setting up a short-cut
- Customising printing of the Guide.
- Facilities for authors – access to draft monographs, index and comparison spreadsheets, access to local guides, contact list and progress table.
- Customising the website with Trust-specific information
- Editing Local guides and the difference between customising the website and local guides

Skills for delivering training

Tiffany Barrett, CPPE, South West Regional Manager

Abstract

MI audit standards now recommend those doing any training should have had some training themselves in how to train others but many MI pharmacists have no opportunity to do this. This workshop will use the CPPE e-learning package 'helping others learn'. The focus will be on the basic criteria for adult learning and different teaching methods that could be used within the workplace.

Using the new and improved MiCAL for more effective training

Ben Rehman, Director for London Medicines Information service based at Northwick Park Hospital and serving North London, Essex, and Hertfordshire

Ben is currently Director for the London Medicines Information service based at Northwick Park Hospital which serves North London, Essex, and Hertfordshire. He has previously held a range of clinical pharmacy and medicines information positions, as well as an editorial role and the British National Formulary. Ben is particularly interested in ensuring MI continues to respond appropriately to the changing NHS environment.

Appropriate training is part of that, and this session will focus on the new and significantly improved MI training tool, MiCAL.

Iram Husain, Regional MI Manager - Operations London Medicines Information Centre-Northwick Park

Iram has been the project lead for the Medicines Information Computer Aided Learning (MiCAL) content since 2002. She is responsible for the annual contents revision of MiCAL as well as the MI training provided by the London Medicines Information Service based at Northwick Park Hospital. Her current role at London MI (Northwick Park) is as the Regional Manager for Governance and Training. Prior to 2002, Iram worked as a local MI manager and held a number of clinical pharmacy roles in both primary and secondary care.

Iram works closely with Wessex MI (authors of the UKMi Training Workbook) and is an active member of both the UKMi Education & Training Working Group (ETWG) and Clinical Governance Working Group (CGWG).

MiCAL version 11 has been written to provide pharmacy staff with the basic knowledge and skills required to effectively deal with questions about medicines from the initial questioning stage to formulating the answer. It is now an online training tool available to users worldwide that we continue to develop in line with the requirements of NHS pharmacy staff.

Abstract

To understand the significant changes that have been put in place to improve MiCAL and make it a more complete medicines information training product. In particular to:

• Be aware of the content in MiCAL (v11) and appreciate how MiCAL can help manage time spent training
• Be able to select appropriate example enquiries from section two of MiCAL (v11) to assist in the
  performance management of trainees.
• Contribute to future developments of MiCAL.

New developments in anticoagulation

Helen Williams, Consultant Pharmacist, South London Cardiac & Stoke Network

Helen works across the South London Sector for a number of PCTs, acute trusts and the South London Cardiac and Stroke Network. She is involved in developing and implementing local prescribing guidance to promote high quality and cost effective prescribing for cardiac and stroke patients and helps manage the entry of new CV drugs across 11 Primary Care Trusts and 10 acute Trusts. She is involved in developing pharmacist-led clinics, supporting NHS Health Checks and working with local community heart failure services. Helen has worked with NICE on clinical guidelines for Post-MI Secondary Prevention, Familial Hyperlipidaemia, Acute Chest Pain and most recently, Hypertension.

Abstract

Dabigatran has recently been licensed for the prevention of stroke in patients with Atrial Fibrillation, with other agents (rivaroxaban, apixaban) expected to be licensed over the next 12-18 months. This workshop will focus on the national QIPP programme for AF stroke prevention, the current state of play with regard to anticoagulation in the UK, systems for Stroke risk assessment in AF and the evidence base for new agents versus old. The challenges facing the NHS in terms of commissioning issues and budget management will also be discussed.

How to apply risk management to medicines information

Trevor Beswick, South West Medicines Information & Training, University Hospitals Bristol NHS Foundation Trust

Fiona Woods, Director, Welsh Medicines Information Centre

Fiona Woods is the Director of the Welsh Medicines Information Centre (WMIC) which is the regional Medicines Information Centre for Wales and is based at the University Hospital of Wales in Cardiff.

Fiona Woods is an experienced Medicines Information Pharmacist who has been Director of the WMIC for over 20 years and has spent nearly all her post-registration experience working in Medicines Information, which is the aspect of Pharmacy she finds the most enjoyable, stimulating and rewarding.

The WMIC has provided a Complementary Medicines Advisory Service for the past 30 years. The service is available to other MI Centres across the UK. More recently WMIC has moved to providing a tertiary referral service, advising on complex patient-specific enquiries

Abstract

This workshop will cover how to use IRMIS reports to identify potential manageable risks in MI and to use standard risk management tools to assess risks in MI and create a practical risk register.

Plenary session 4 – UKMI research and development update

UKMi research and development update

Chair: Beth Allen, Head of Research, Royal Pharmaceutical Society

Beth Allen is Head of Research at the Royal Pharmaceutical Society where she has worked for six years.

She is also Trust Director for the Pharmacy Practice Research Trust, an independent charity giving research grants and training bursaries to pharmacists to develop themselves and their practice for the benefit of patients and the public.

She oversees the research grant administration for the Pharmaceutical Trust for Education and Charitable Objects, a charity that funds research to inform current and emerging policy issues in pharmacy.

She is a core member of Health Services Research Pharmacy Practice Conference Committee which seeks to disseminate the work of early career pharmacy practice researchers and provide an environment for pharmacy researchers to share ideas about their research with their peers.

Patient outcomes project

Alison Innes, MI Research lead, London MI Service

Alison has worked at the London regional MI centre based at Northwick Park Hospital since 1994, having previously managed the MI services at Charing Cross Hospital & St.Mary's Hospital in London. She is currently regional MI Research Lead and an active member of the UKMi R&D Working Group. In addition to leading on research projects she is committed to encouraging and supporting other research projects in Medicines Information. Since April 2007 Alison has also been on secondment to The School of Pharmacy, University of London where she was originally Course Coordinator for the Postgraduate Diploma in Pharmacy Practice and is now Deputy Director for the MSc in Pharmacy Practice (Advanced Pharmacy Practice fast-track). Since the beginning of 2010 she has also taken on the role of Lead for Assessment for the Postgraduate Diploma in General Pharmacy Practice. Following her MSc project investigating the impact of MI enquiry answering services on patient care and outcomes she led the national roll-out of this project.

Diane Bramley, Medicines Information Pharmacist

Diane has been the MI manager at St Thomas' Hospital since 2004 and on her return from maternity leave has joined the MI team at Guy's Hospital following the merger of the services. She previously managed the MI service at Kingston Hospital for 3 years. She is currently regional MI Research Lead for London & South East and is an active member of the UKMi R&D Working Group. She undertakes and supervises research projects including the initial pilot study for a patient outcome project published in the Pharmaceutical Journal. Following her MSc project investigating the impact of MI enquiry answering services on patient care and outcomes, which was carried out in 3 UKMi regions, she led the quantitative analysis of the national roll-out of this project.

Abstract

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

This presentation will explore why the national project was undertaken, what the findings are and the implications of these findings for Medicines Information.

ADR reporting via MiDatabank an exciting and important milestone for patient safety

Christine Randall, *Senior MI Pharmacist, North West MI service*

Christine has worked at the North West Medicines Information Centre (NWMIC) since 1997. She leads the work of Yellow Card Centre North West which acts locally on behalf of the Medicines and Healthcare Products Regulatory Agency (MHRA) to support and promote adverse reaction reporting. Christine has had an interest in adverse drug reactions for over 20 years and has published many articles, developed a range of training materials and is currently working with CPPE to redevelop the ADR open learning resource. Christine's knowledge of the Yellow Card Scheme and membership of the MiDatabank user group led to the NWMIC being instrumental in the development of ADR reporting via MiDatabank.

Abstract

ADR reporting via MiDatabank represents an opportunity for MI pharmacists to have a huge impact on the number of ADRs reported in the UK and ultimately improve the safe use of medicines.

Pharmacists waited a long time to be recognised as independent reporters to the Yellow Card Scheme, it is now a professional responsibility and we need to embrace the opportunity that this ground breaking initiative gives us. Through MiDatabank and MiCal we have an opportunity to raise awareness of the scheme and change the mind set of the whole profession as we train the pharmacists of the future.

Are you up to the challenge?

Medicines Information helpline – analysis of enquiries

Vanessa Marvin, *Deputy Chief Pharmacist Clinical Services, Chelsea & Westminster NHS Foundation Trust*

Current post Deputy Chief Pharmacist Chelsea and Westminster Hospital. Joined the Trust from the Royal Surrey County Hospital 2 years ago having spent the majority of my career working in Critical Care there. I manage clinical services, financial planning – horizon scanning, budget setting, reporting on high cost drugs.

MSc in Health Sciences, 1996 (Dissertation subject H.Pylori)
DPharm, 2007 (Thesis subject was refeeding syndrome in parenterally fed patients).

My current initiatives/ projects include:
Production of the ward pharmacy manual linking all procedures policies and guidelines promoting excellence in pharmaceutical care
Medicines reconciliation
Promoting error-free prescribing
Benefits realisation of electronic prescribing

Side effects counselling and other initiatives to improve patient experience in hospital
CLAHRC medicines management project with NHS Direct – to improve communications about (changes in patient's) medicines from admission to discharge

Abstract

Objective

To find out what questions the public ask of pharmacists on a hospital medicines information helpline, and to assess the potential for improving individuals' management of medicines through telephone helpline support.

Methods

We analysed consecutive phone calls made by members of the public over 6 months to a hospital pharmacy medicines information helpline. Calls were coded for type of medicine, reason for phoning and any error revealed in the call. We also looked at which medicines were associated with harm and/or potential for harm had the caller not enquired about appropriate action to take.

Key findings

Five hundred of the 923 consecutive calls to the helpline were from members of the public (including discharged hospital patients). Antimicrobial agents, analgesics and cardiovascular medicines accounted for approximately half of all calls. The reason for phoning was most often to ask about interactions (22%), directions for use (21%) or advice on adverse effects (15%). In a third of calls it is possible an error had occurred (including patient error and directions missing from a dispensed item). Forty-eight per cent of calls were concerned with harm or judged to have potential for harm had professional information not been available. Four of these cases (0.8%), one of which was patient error and three of which were adverse effects reported by the caller, were categorised as Harm Index category F, defined as requiring intervention and referral.

Conclusions

Our medicines information helpline appears to be a valuable resource for discharged patients and public and the advice given may be expected to improve safety with medicines and reduce harm. Our results reveal gaps in patient education about their medicines, some of which could be addressed by dispensing staff or the pharmacist at discharge. The data provide a baseline for measuring improvements in medicines management and will be useful in identifying patients who may benefit from follow-up call support from pharmacists.

Plenary session 5 – Personalised medicine

Chair: Dr Sarah Carter, *Research Manager, School of Pharmacy, University of London & General Secretary, UKCPA*

Dr Carter has a background in health psychology and has worked as a researcher at the School of Pharmacy, University of London for 10 years, including completing her PhD on the impact of genetic test information on health behaviours in 2006. Since then she has managed various research projects on areas including behaviour change models and self-management support in older adults.
Dr Carter was also recently appointed as the General Secretary of the UK Clinical Pharmacy Association (UKCPA). Within this role she manages the communications and marketing strategies, investigates and pursues new models of working and delivering events, and coordinates partnership working with other pharmacy organisations.

Overview and application of personalized medicine in clinical practice

Dr Richard Fitzgerald, *Specialist Registrar, The Wolfson Centre for Personalised Medicine, Institute of Translational Medicine, University of Liverpool*

Poster Presentations

Best posters prize

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

Previous winners of the best poster prizes:

2010
Mark Cheeseman
Is txtN a useful function 4 Medicines info?

Linda McClue
The development of a medicines information resource pack for pharmacy technicians in NHS Ayrshire & Arran

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

David Anderton,
Rationalising the use of dipyridamole suspension

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

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

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

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

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

Poster 1

Designing a New User Survey

Angela Badiani, Jo Gibson, Jonathan Hall & Simon Wills, Wessex Drug and Medicines Information Centre, Southampton University Hospitals NHS Trust.

Focal Points

- The aim of this research was to inform the development of a new UKMi user satisfaction questionnaire ("the user survey") based upon the priorities of the users, providers and stakeholders of the clinical enquiry answering service.
- A modified Delphi technique was adopted in a series of one-to-one interviews and a follow-up email poll.
- Preliminary analysis indicates that aspects of the enquiry answering service which participants rated as most important included meeting agreed deadlines, MI staff understanding their question and ease of contact.

Introduction

UKMi aims to provide a high quality patient-centred clinical enquiry answering service. Currently user satisfaction is assessed using a postal questionnaire that was originally published in the UK Drug Information Pharmacists Group Manual, and then revised in 1999[1]. Importantly, neither version sought users' nor stakeholders' views of what mattered to them about the enquiry answering service. The questionnaire focuses on the constructs deemed significant by UKMi. Therefore this research was undertaken to inform the development of a new questionnaire based upon the priorities of service users, providers and stakeholders.

Method

The methodology of this study has previously been presented at the 2009 UKMi Practice Development Seminar and is based upon the Delphi technique, a consensus method that is used to determine the extent to which a group of expert participants, such as healthcare professionals, agree with a particular issue[2].

Participants were identified using a purposive sampling method to provide an informed group of users, stakeholders and providers from different disciplines and geographical regions. After recruitment, telephone and face-to-face semi-structured interviews were conducted with initial open questions followed by closed questions and a rating exercise.

Aspects of service provision which participants considered most important, most often were then collated. This was sent to all participants to assess whether this synthesis of everyone's views, still represented their key priorities.

Results

At the time of abstract submission the results of this study are still being analysed. The project will be completed in readiness for presentation at the UKMi Practice Development Seminar 2011.

References

1. Quinn J et al. Development of a questionnaire to measure customer satisfaction with enquiry answering in UK drug information services. 26th UK Medicines Information Conference, University of Wales, 2000. Proceedings p.34 [abstract].
2. Jones J, Hunter D. Consensus methods for medical and health services research. Br Med J 1995;311:376-80.

Twittering on about Medicines: The Reliability of Medicines Information in Less Than 140 Characters

Hayley Johnson, Regional Drug and Therapeutics Centre

Focal Points

- Twitter is being used as an area for discussions about medicines.
- The majority of tweets looked at in the study were rated as unreliable.
- UKMi, as experts in the retrieval and appraisal of medicines information is well placed to provide trusted medicines information via a twitter feed.

Introduction

Twitter is a free of charge social networking and micro-blogging website which has gained huge popularity since its inception in 2006. There are currently no studies assessing the reliability or type of medicines information on twitter. This research aims to assess the quality of tweets regarding a recent popular medicines information news story.

Method

A recently published medicines related study from the BMJ was selected as a suitable study subject. Searches were performed using the Searchtastic™ Twitter search engine and the term 'tiotropium' between the dates of 14th- 21st June 2011 (one week following publication of the paper) A rating scale was developed by the author to determine reliability of each tweet based on its content and links included. Only content viewable within one click from a tweet was included in the analysis.

Results

There were 112 tweets over the study period, of which 104 (92.9%) were regarding the BMJ study, 5 (4.5%) were regarding another paper, and only 3 (2.7%) were spam. 19 contained links which did not work, and so were discarded from the study.
Tweets about the study reached a total of 126,965 followers.

Discussion

The fact that tweets are limited to 140 characters makes it difficult for a full and rounded discussion of a paper to take place within tweets themselves. Most tweets (95.3%) included a brief summary of information along with a shortened link.

Few tweets linked to the original paper or its accompanying editorial. The majority linked to non-peer reviewed medical or scientific news sites or blogs.

The majority (63.5%) of tweets were rated as red, showing that currently available medicines information on twitter is either unreliable or incomplete. 81.1% of tweets mentioned the mist formulation, 67% mentioned the number needed to harm, and 62.3% included author quotes.

There was some critical appraisal of the paper in 28 (33%) tweets, and the absolute risk was mentioned in only 19 (22.4%). Some management advice was included in 27 (31.7%) of the tweets.

Inaccuracies identified within tweets and associated links included wrong figures, inaccurate pictures and misleading unmoderated comments. Broken and spam links also appeared to be a problem for a small number of tweets.

References

1   Singh S, Loke, Y, Enright P and Furberg C. Mortality associated with tiotropium mist inhaler in patients with chronic obstructive pulmonary disease: systematic review and meta analysis of randomised controlled trials. BMJ 2011: 342: d3215

What do hospital pharmacists think about the Medicines Information Service?

Janice Watt and <u>Laura Johnstone</u> – *Medicines Information, Pharmacy and Prescribing Support Unit NHS Greater Glasgow and Clyde.*

Focal Points

- Following centralisation of the medicines information service, this study aimed to find out what local hospital pharmacists think about the redesigned service
- Information on satisfaction with the service and the factors that influence whether pharmacists choose to use the service were ascertained
- Recommendations were made to ensure the MI service is meeting the needs of hospital pharmacists

Introduction

Secondary care pharmacists are one of the main users of the Medicines Information (MI) service. The MI service in NHS Greater Glasgow and Clyde (NHSGGC) was recently centralised. The centralisation aimed to ensure equity of service but it was recognised that hospital pharmacists' use of the service may change as less pharmacists have an MI service based on the hospital site in which they work. The aim of this study was to find out what secondary care pharmacists think of the MI service in NHSGGC and what factors (including location) influence their use of the service.

Method

A questionnaire was sent to all secondary care pharmacists in NHSGGC. The questionnaire contained questions on user satisfaction, factors which influence use of the service, the influence of centralisation on the use of the service and potential service developments. A focus group was conducted to obtain more detail on the findings of the questionnaire.

Results

Overall there was a high level of satisfaction with the MI service. The main reasons pharmacists contact the MI service are to ensure they have the most up to date information, lack of time or resources to research the enquiry themselves or when the enquiry is complex. Pharmacists with longer periods of previous MI training were more likely to state they were confident in conducting their own MI enquiries. Potential barriers to using the service were the timeliness of reply and the formality of the enquiry receipt process.

For the majority of pharmacists centralisation has not changed their use of the service or their satisfaction with the service. A small number of pharmacists have changed how they use the service since centralisation, particularly those based on hospital sites from which the MI service has recently moved. The affected pharmacists expressed that they miss being able to drop into the MI department for an informal discussion and think the centralised service seems more remote.

Pharmacists were very positive about MI training; they have found this beneficial and would welcome regular training. They would also welcome increased access to MiDatabank and information on useful online resources.

Discussion

The identification of factors that influence secondary care pharmacists' use of MI services and their opinion on recent changes in service provision enables recommendations to be made on future developments to the service to ensure it continues to meet the needs of one of its main service users.

Initial recommendations are to conduct MI training sessions at departmental sites peer review sessions to maintain and build links with pharmacists across the organisation. The current training programme for junior pharmacists should be maintained as this has been shown to benefit the recipient and equip them to answer their own MI enquiries.

Would regionally produced new drug reviews benefit the NHS if they were more widely disseminated?

Katie Smith, <u>Mark Cheeseman</u>, East Anglia Medicines Information Service, The Ipswich Hospital NHS Trust, David Wright, Rebecca Hamp, Tom Molloy, University of East Anglia

Focal Points
- This service evaluation aimed to determine whether hospitals and/or Primary Care Trusts (PCTs) would benefit from regionally produced reviews of newly licensed medicines if they were more widely disseminated.
- 82.4% hospitals and 83.3% of PCTs said that a regionally prepared new drug review would be useful.
- A regionally produced review of newly licensed medicines would standardise the information provided and potentially improve efficiency.
- A potential cost-saving of £1.5 million per year was identified if regionally prepared new drug reviews were produced.

Introduction
Hospital trusts and PCTs are required to review newly licensed drugs for inclusion within their formularies which have not been reviewed by NICE. In addition to its enquiry answering service, the East Anglia Medicines Information Service (EAMIS) currently undertakes reviews of new drugs for local PCTs. This service evaluation aimed to determine whether hospitals and/or PCTs would benefit from regionally produced reviews of newly licensed medicines.

The aims of this study were to describe how reviews for newly licensed medicines are currently undertaken within PCTs and hospitals and estimate the potential cost savings which could be realised by regionalising such reviews.

Method
75 piloted questionnaires were sent to all hospital and PCT chief pharmacists in 3 regions – the East of England (rural), West Yorkshire (urban) and North West London (City) – to identify the amount of time currently spent on preparing new drug reviews.

The questionnaire recipients were additionally asked to send copies of their reviews for five recently introduced drugs (prasugrel, roflumilast, dronedarone, agomelatine, tolvaptan). The content of the reviews were compared against a set of 23 criteria provided by the EAMIS (also a member of the research team).

Results
23/75 (30%) of questionnaires were returned. The majority of people (19/23) writing reviews were Band 8b Pharmacists or above. The following data regarding new drug reviews was obtained:
- Each respondent produced an average of 27 new drug reviews annually.
- The average time spent writing a new review was 6.4 hr (PCT 5.1 hr, hospital 7.1 hr).
- 26.1% of reviews were written by one individual.
- 23% of hospital Medicines Management Committees always followed the new drug review recommendations.
- Only 7/23 criteria needed for a new drug review were met by all respondents.

82.4% of hospitals and 83.3% of PCTs agreed that a regionally prepared new drug review would be useful. It was estimated that the cost of preparing 27 new drug reviews by every Trust in England was £1,583,539 and this could be reduced to £50,112 if the process was regionalised.

Discussion
An average of 27 new drug reviews are written by Trusts in England each year. Differences in the quality of the reviews and the decisions made for five recently introduced medicines were identified. Regionally produced reviews of newly licensed medicines more widely disseminated would standardise the information provided and potentially improve efficiency and reduce costs for the NHS. A potential cost-saving of £1.5 million per year was identified if 27 regionally prepared new drug reviews were produced.

The Welsh Medicines Information Centre's Porphyria Information Service

Mrs Alana Adams, *Welsh Medicines Information Centre;* ***Dr Mike Badminton,*** *Cardiff Porphyria Service, Medical Biochemistry & Immunology, Cardiff and Vale University Health Board;* ***Mrs Cerys Lockett,*** *Welsh Medicines Information Centre.*

The Welsh Medicines Information Centre (WMIC) is part of the national and regional network of medicines information centres, the United Kingdom Medicines Information (UKMi) Service, which are staffed by specialist medicines information (MI) pharmacists, technicians, information scientists and support staff. WMIC is the national centre for Wales and is based in the pharmacy department at Cardiff and Vale University Health Board.

The aims of UKMi are to support medicines management within NHS organisations and the pharmaceutical care of individual patients. Staff have clinical expertise and skills in locating, assessing and interpreting medicines information. Services include:

- enquiry answering on all aspects of drug therapy
- specialist medicines information – e.g. medicines use in porphyria, pregnancy, breast feeding.
- proactive information services – e.g. Medicines Q&A's, evidence based drug
- reviews, publications
- quality assurance
- training and education
- input into drug and therapeutic committee and formulary decisions

The Porphyria Information Service provides information and advice on the safe use of drugs to healthcare professionals and members of the general public with porphyria throughout the UK. The service started providing information in 1995 working in close collaboration with Professor George Elder and subsequently Dr Mike Badminton from the Cardiff Porphyria Service.

WMIC received 233 enquiries about porphyria and therapy choice in 2010. 30% of these calls were from members of the public. The centre has written the Porphyria Bulletin for Healthcare Professionals and produces and sends an annual safe drugs list to patients and healthcare professionals. Both of these publications are available on our website: www.wmic.nhs.uk. WMIC has also published advice on the administration of haem arginate, which is available from the National electronic Library for Medicines: www.nelm.nhs.uk. Between 2007 and 2010 WMIC also participated in the Europe wide EPNET study of drug safety in acute porphyria, to improve information for patients. Over 1000 reports were submitted from the centre, contributing to 5071 reports overall. This led to the safety of 37 drugs in porphyria being reclassified by the Norwegian Porphyria Centre, NAPOS.

There are many benefits of a specialist porphyria information service. Experienced information pharmacists are readily available via the telephone between 08:30 – 17:30 Monday – Friday and 09:00 – 13:00 Saturdays, who have access to a wide variety of information sources and the skills to interpret clinical information. They have the expertise to help assess risks versus benefits of treatments and suggest safer alternatives where appropriate or offer practical advice. If a medication is required that is not classified as safe for use in acute porphyria they are also able to offer specialist clinical advice, for example, how to monitor a patient to enable early diagnosis of an acute attack. The information pharmacists are also skilled in explaining complicated medicines information to the general public in an appropriate manner and have developed a good rapport with users of the service who feel confident to seek further advice from WMIC.

Providing information on drugs in lactation – ensuring quality and value

__Sarah Fenner__, Pauline Walker and Peter Golightly, West Midlands Medicines Information Service

Focal Points

- A short pilot survey, targeted at users of the UK Drugs in Lactation Advisory Service (UKDILAS), was developed to assess how the service is used and the impact of information provided.
- Many enquirers have access to appropriate resources, and have undertaken research prior to contacting UKDILAS, suggesting they are seeking "expert opinion" rather than resource-based information.
- A breast milk enquiry reply template will be produced to facilitate the provision of clear and appropriate advice.
- This survey will be developed and used alongside the regular UKMi user survey to ensure continued targeted feedback on UKDILAS across both sites from which the service is provided.

Introduction

UKDILAS was established in 1976 and is provided jointly by West Midlands and Trent Medicines Information Services. Whilst users of UKDILAS are included in the regular UKMi user survey, a targeted survey has not previously been undertaken. Following an audit recommendation, a pilot survey was undertaken to evaluate how UKDILAS and the information it provides is accessed and utilised. The results from this will provide useful information on how UKDILAS should be developed in the future. In addition, the pilot will be developed and extended to capture on-going feedback from users of UKDILAS.

Method

A short, electronic, pilot user survey was developed to collect information on service awareness, resource availability, prior research and impact of information provided. The survey was sent to all enquirers contacting UKDILAS (at both service provider sites) over a four week period. Where possible an electronic link to the survey was e-mailed to the enquirer. For those without an e-mail address a paper copy of the survey was sent via the post. As the survey was completely anonymous, a reminder was sent to all enquirers after two weeks, asking them to complete the survey if they had not already done so.

Results

A total of 80 questionnaires were sent out (34 from West Midlands and 46 from Trent); 50 were completed, a response rate of 63%. Many enquirers had access to appropriate resources – for example 67% had access to the current edition of Hale's Medication and Mother's Milk and 66% were aware of the relevant Medicines Q&As available via NeLM. The majority of enquirers (80%) had undertaken research prior to contacting UKDILAS with 38% stating that they had found the information needed but contacted UKDILAS for an expert opinion. UKDILAS appears to be meeting users' needs; 92% of respondents stating that UKDILAS completely provided the information required, whilst 38% answered that UKDILAS also provided advice on issues not identified in their original question. 74% of respondents stated that the information provided influenced the subsequent care of the mother and baby.

Discussion

With the availability of basic resources, UKDILAS should position itself as a provider of "expert" opinion and advice, including interpretation of the evidence, rather than solely providing information from the standard resources. A higher level of support may be provided with complex or high-risk clinical situations. The recent introduction of MiDatabank 3 will facilitate the introduction of a standardised breast milk enquiry reply template. This template will reflect that many enquirers have already undertaken research and ensure that the advice and opinion given is presented clearly. Ensuring standardisation in answers will support the production of further breast milk Q&As. There is also a need to further promote the availability of the relevant Q&As currently available.

I heard it on the grapevine:
A survey of new enquirers using a UKMi enquiry answering service.

Joanne McEntee, North West Medicines Information Centre, Liverpool.

Focal points

- We conducted a survey to find out more about enquirers using the North West Medicines Information (MI) service for the first time – who they are, where they work and how they find out about the service.
- 43% of new enquirers found our telephone number in the British National Formulary (BNF) and 41% found out about the service from their colleagues or other health professionals.
- With more than half of new enquirers appearing unaware that UKMi centre telephone numbers are in the BNF, UKMi might need to consider other methods of advertising its enquiry answering service to health professionals.

Introduction

The UK Medicines Information (UKMi) service does not advertise widely to primary care, so how do people find out about it? In hospitals, some local MI centres have their telephone number on the front cover of ward and department copies of the British National Formulary (BNF) and they may advertise their service at new staff induction training. We conducted a survey to find out who new enquirers using the North West MI (NWMi) service are, where they are from and where they find out about the service.

Methods

Between 1st February and 30th June 2011, we identified all first time (new) enquirers of the NWMi service using MiDatabank. We collected information on job role and place of work. We asked all MI pharmacists at the NWMi centre to ask new enquirers, phoning or emailing with an enquiry, where they found out about the service. We excluded new enquirers who were MI pharmacists working at other UKMi centres and NHS Direct staff.

Results

250 new enquirers (90% from primary care) contacted the NWMi service, from a total of 1,332 enquires, during the survey period. 32% were dentists (NWMi provides a national dental advisory service), 29% were community pharmacy staff and 7% were hospital pharmacy staff. 77% of new enquirers were from the North West. Most new enquirers from areas other than the North West were dentists (44 of 58, 76%). Of the 250 new enquirers, 86 (34%) were asked where they found out about the service. 37 (43%) found our telephone number in the BNF. A similar number (35, 41%) found out from other people, either a colleague they worked with or a health professional in a local hospital or community pharmacy. The British Dental Association recommended our service to six dental professionals, NICE told one dentist and pharmaceutical companies advised two community pharmacists. One enquirer got our number from written UKMi material and one from the internet.

Conclusion

UKMi may want to consider doing more to advertise its enquiry answering service, especially to primary care. Many new enquirers find out about the service through 'word of mouth'. UKMi advertises in the BNF. However more than half of new enquirers of the NWMi service appeared unaware of our telephone number in the BNF and had been told of our service by others, either NHS colleagues, professional bodies or private companies.

NICE Bites User Survey

Lindsay Banks, *North West Medicines Information Centre, Liverpool*

Focal Points

- A web-based user survey was undertaken of readers of *NICE Bites*. 160 completed responses were received. Of these:
    - 38% of respondents were prescribers.
    - 73% thought *NICE Bites* was relevant to their practice.
    - 54% were prompted to change their practice after reading *NICE Bites.*
- *NICE Bites* is widely distributed and reaches a variety of health professionals who think it succinct, relevant and delivered in a timely manner. It has influenced practice.

Introduction

NICE Bites is a monthly bulletin for healthcare professionals intended to provide clear and succinct summary of prescribing points from NICE guidance. We surveyed readers to assess if *NICE Bites* is useful, relevant to practice and easily accessible. We asked how they used it and if it had changed prescribing practices in line with NICE guidance.

Method

Data were collected using a web-based survey over six weeks in 2010. Readers were signposted to the survey via the *NICE Bites* email and bulletin, and via www.nelm.nhs.uk.

Results

Of 160 respondents, 79% worked in England (46% of these in the North West), 10% in Wales, 7% in Northern Ireland and 1% in Scotland. The main professional groups were pharmacists (58%), GPs (16%), nurses (7%) and pharmacy technicians (7%). 38% of respondents were prescribers; 72% worked in primary care. Respondents (%) indicated that *NICE Bites* is relevant (75%), easy to read (98%) and of an appropriate length (97%). 46% used *NICE Bites* to support implementation of NICE guidance. They also used it as a reference source (86%), for continuing professional development (74%), training (34%), providing information to patients (21%), prescribing committee work (18%), audit (14%) and for incorporating into newsletters and formularies (1-2%).

54% of respondents were prompted to change their practice after reading *NICE Bites.* 24 respondents gave examples including;
- increasing the use of warfarin for atrial fibrillation (CG36),
- switching patients onto a beta-blocker licensed for heart failure (HF) [CG108]
- using a beta-blocker for HF in patients with COPD [CG108],
- referring patients with HF for rehabilitation [CG108],
- reducing the use of ezetimibe with a statin [CG67].
- following the hypertension protocol better and being more innovative [CG34]

40% of respondents did not access *NICE Bites* online; of these 14% were not aware it is available online. 42% of respondents (n=67) forward *NICE Bites* to others - by email (80%), inserting a hyperlink in an electronic bulletin (15%) or uploading onto an intranet (8%). We asked how many people were included in distribution cascades. From the responses we estimate that *NICE Bites* is distributed to over 2,000 people just from these 67 respondents.

Discussion

A user survey has shown that *NICE Bites* is widely distributed and reaches a variety of healthcare professionals across the UK. Users think that the content is succinct, relevant and delivered in a timely manner. Many are not aware of online access to the bulletin which highlights the need to signpost readers to appropriate websites.

Poster 9

Regional audit of MI services – what are the benefits?

*__Elena Grant__ and **Peter Golightly**, West Midlands Medicines Information Service, Good Hope Hospital, Heart of England NHS Foundation Trust, Sutton Coldfield B75 7RR*

Focal Points

- External audits of local MI centres in the West Midlands were conducted between 2008 and 2010.
- Data collected allowed measurement of compliance with UKMi standards, identification of training needs and dissemination of good practice points.
- Feedback from MI Managers and Senior Pharmacy Managers confirmed the value of the audit programme and several benefits were identified.
- Barriers to implementation of auditor recommendations were identified.

Introduction

The first cycle of external audits to include a follow up survey was conducted by the regional MI centre. This involved all 17 local MI centres. Results allowed production a regional MI map, provided a baseline reference point for future service development and assessed compliance with auditor recommendations.

Method

Audits were conducted using the UKMI Audit Standards and Toolkit[1]. A follow up survey was conducted 6 – 9 months post audit to determine the extent of implementation of auditor recommendations.

Results

Enquiry answering scores were: documentation 69% - 90%, analysis 77% - 99%, search coverage 71% - 93% and answer 75% - 92% .Overall answer scores were 72% - 91%. Of the 17 local centres audited, 10 conducted regular annual user surveys, 12 had MiDatabank in operation on the day of the audit and only two had a risk management policy in operation. All centres provided some MI training but the extent was variable. Good practice points identified included development of electronic support for clinical decision-making, a cascade system of e-mail alerts for clinical pharmacists, support for prescriber training, development of a MI section on the Trust intranet, support for on-call pharmacists and production of an assessment programme for pharmacists rotating through MI. The percentage of auditor recommendations wholly implemented ranged from 13% - 100% and those partially implemented from 6% - 61%. Barriers to implementation were identified as manpower constraints, cost and poor IT support.

Discussion

Data from the audit programme and follow up survey were used as a basis for discussion with Chief Pharmacists on the development of the regional MI network and of local services. There was strong positive support for the audit programme from MI Managers and Chief Pharmacists. Benefits of the audit programme included provision of a regional MI map, support for benchmarking, a strengthening of links between the regional MI centre and local Trusts, identification of trends and training needs, dissemination of good practice and improvement of local facilities.

References

1. UKMI Audit Standards and Toolkit (version current at time of audit)

GP enquiries to the East Anglia Medicines Information Service: are things changing?

__Catherine Butler__ and **Sarah Cavanagh**, *East Anglia Medicines Information Service, The Ipswich Hospital NHS Trust*

Focal Points

- This service evaluation aimed to determine if the number and types of enquiries received from GPs have changed in the last 3 years.
- Retrospective analysis has shown that GP enquiries now represent an increasing proportion of the East Anglian Medicines Information Service (EAMIS) workload.
- A possible explanation for this increase is the policy change by local MI centres to refer primary care enquirers to the EAMIS.
- EAMIS management of GP enquiries from the region ensures consistency with enquiry answering and prevents duplication of work. It also maintains a good working relationship between the regional MI centre and the practitioners who are likely to be commissioning future services for patients in the new NHS.

Introduction

The EAMIS has always answered a variety of enquiries from general practitioners (GPs) across East Anglia. Following a decision in February 2010 by local MI centres to no longer accept primary care enquiries but instead refer them to the EAMIS, anecdotal evidence suggested that the number of enquiries from GPs had risen [1]. The primary aim of this service evaluation was to identify if enquiries received by the EAMIS from GPs has increased. The secondary aim was to identify any trends in the types of enquiries being asked. This was felt to be relevant given the changes occurring to the NHS at present.

Method

Using retrospective data collected from MiDatabank, we analysed GP enquiries from a 6 month period, January to June 2011. This was compared with data from the two previous years; January to June 2010 and January to June 2009. The three data sets were then compared.

Results

Results are shown in Table 1 below.

Table 1 GP enquires by year

	2009	2010	2011
Number of GP enquiries	78	115	122
% of total workload	4.56	8.36	9.85

Discussion

Over the last three years, GP enquires appear to have represented an increasing proportion of the EAMIS workload. This increase is likely to originate from the decision by local MI centres to no longer accept primary care enquiries but instead refer them to the EAMIS. This data shows that EAMIS has regular contact with GPs in the area, and helps to validate the good working relationship between the regional MI centre and primary care practitioners. Similar questions are being asked by GPs across the East Anglia region and so maintaining a central enquiry answering database at the regional MI centre ensures that work is not duplicated and consistent answers are provided.

References

1. East Anglia MI Network meeting; February 2010.

Do healthcare professionals use a web-form for submitting electronic enquiries? Findings from the East Anglia Medicines Information Service

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

Focal Points

- The primary aim of this service evaluation was to identify the proportion of healthcare professionals (HCPs) using a web-form to submit enquiries.
- Secondary aims included the opinions/views of HCPs and MI staff about its functionality and to identify trends associated with the workload generated by its use.
- 44% (76/173) of enquiries submitted electronically during January – June 2011 were made via the web-form.
- Although HCPs and MI staff liked the functionality of the web-form, it needs to be more widely promoted.

Introduction

Email is the second most common route of communication for healthcare professionals (HCP) to use when submitting enquiries to the EAMIS[1]. A web-form for HCPs was previously developed to try and improve the amount of information provided when submitting electronic enquiries to the service. After a small successful pilot, HCPs were asked to use the web-form instead of emailing the service.

The web-form has now been available for 6 months. The primary aim of this service evaluation was to identify the proportion of HCPs using the web-form to submit enquiries. Secondary aims included the opinions/views of HCPs and MI staff about the functionality of the web-form and to identify trends associated with the workload generated by its use.

Method

Users of the service were purposively sampled from the last 6 months and HCPs were emailed with a link to an online questionnaire. During the same time period all EAMIS pharmacists (except the author) were sent an email with a link to an online questionnaire.

Workload data was also retrospectively analysed for the period January to June 2011 and compared with data from the two previous years to identify any trends.

Results

Table 1. Proportion of enquiries submitted to the EAMIS electronically

	Jan – June 2009	Jan – June 2010	Jan – June 2011
Total no. of electronic enquiries	167	134	173
% of total workload	10.2%	9.8%	15%

44% (76/173) of enquiries submitted electronically during January – June 2011 were made via the web-form. This represents 7% (76/1221) of the total workload for this period.

A total of 23/30 (77%) HCPs and 6/7 (86%) MI pharmacists completed their respective online questionnaires. 22/23 (96%) of respondents strongly agreed or agreed that the web-form was easy to use. The opinions/views of enquirers and MI staff about the functionality of the web-form and the trends associated with the workload generated by the web-form were also obtained.

Discussion

Enquiries to the EAMIS via the web-form accounted for 44% of electronically submitted questions, 7% of its total enquiry workload. HCPs found the web-form easy to use. However, greater promotion of the form and increasing its accessibility may help to improve its usage.

References

1. In-house enquiry database. Accessed 27th July 2011.

Accreditation for Rotational Pharmacists

Balpreet Dhanda, Medicines Information Centre, St George's Hospital, Tooting, London.

The UKMi Risk Management policy encompasses four areas in which risk can be potentially introduced into the medicines information (MI) service; environment, equipment and information resources, outputs and people. The policy is aimed to help centres develop a high quality service delivering the best quality of care to patients and ensuring that systems are in place for quality improvement year on year.

As part of the MI centre's education and training role, St George's Hospital can see up to 6 new rotational pharmacists pass through the centre each year. As we are increasingly asked to take up larger roles outside of the medicines information centre, it is difficult to directly supervise all trainees at all times to ensure the quality of the service is maintained.

As commonly seen in other areas of pharmacy, the St George's Medicines Information Centre has incorporated an accreditation process for new pharmacists that rotate through the centre.

The accreditation process is based on the existing UKMi peer-review enquiry answer assessment form, but is used as a checking log for pharmacists to complete once their documentation skills have been deemed to be up to standard.

The tool is utilised in the same manner as intended for use as a peer review tool. The trainee, when checking an enquiry, documents in MiDatabank the suggestions for change so that the checking thought-process may be noted when the senior pharmacist is conducting the final check. The trainee pharmacist conducts the checking procedure independently of the senior pharmacist, marking the enquiry in the areas of documentation, coverage, analysis and answer as per the peer assessment tool.

The tool helps guide the trainee in areas that should be checked, and using the marking scheme, the calibre of enquiry that is expected for full marks.

A minimum of 10 enquiries, across a range of levels, must be checked adequately. Once completed, the trainee becomes accredited to double check enquiries as needed without a further mandatory check from the senior pharmacist.

This process helps to instil confidence in the skills of the trainee pharmacist, increase their independence and consolidates the standards of practice that all members of the team should be working towards. Ultimately by completing the accreditation process, the risk introduced by newer more inexperienced members of the team, are minimised.

References

1. Risk Management Policy for NHS Medicines Information (MI) Services, UKMi. Accessible from:
    http://www.ukmi.nhs.uk/activities/clinicalGovernance/default.asp?pageRef=5
2. Enquiry Answer Assessment Form, UKMi.
    http://www.ukmi.nhs.uk/activities/clinicalGovernance/default.asp?pageRef=3

Evaluation of a new method of training delivered to pre-registration pharmacists at the East Anglia Medicines Information Service

Abigail Scott, East Anglia Medicines Information Service, The Ipswich Hospital NHS Trust

Focal Points

- The training programme for pre-registration pharmacists at the EAMIS was altered, to maximise the benefit each individual gained from their time spent in MI.
- Trainees attended in pairs, spending 4 weeks in the MI centre (1 week underpinning knowledge, 3 weeks work on real enquiries).
- All trainees felt that the amount of time spent in MI (4 weeks) was "about right".
- All trainees felt that they had had sufficient time working on real enquiries.
- Further study is needed to evaluate the impact of this training on the pre-registration pharmacist's professional development, and their role within the wider department.

Introduction

In recent years, the number of pre-registration pharmacists taken on each year has increased, to a point where the historical "one-to-one" MI training delivered by the East Anglia Medicines Information Service (EAMIS) has become impractical.

In previous years, feedback from trainees after they had completed their MI training included comments that more opportunities to work on real enquiries would be beneficial. It was therefore decided by the centre that the training program should be altered, in such a way as to maximise the benefit each individual trainee gained from their time spent in MI, while at the same time keeping disruption to the normal running of the service at a minimum.

The primary aim of this study was to investigate whether the proposed changes would benefit the trainees and improve their learning experience in MI.

Method

For the 2010-2011 cohort of pre-registration pharmacists, trainees attended the EAMIS in pairs. They first undertook a week of intensive "underpinning knowledge", in which they completed the recommended chapters in the workbook. The remaining three weeks was then devoted to working on real enquiries received by the service, and developing their telephone communication skills. Each trainee was allocated a period in which they acted as "enquiry flow co-ordinator", receiving calls and monitoring the work-load.

Using an online evaluation form, trainees' views were obtained after they had completed their MI rotation. This was compared to the results obtained in previous years, to assess the effect of the changes.

Results

Like previous years, all trainees felt that the amount of time spent in MI (4 weeks) was "about right". However, unlike previous years, all trainees felt that they now had sufficient time working on real enquiries.

All trainees also felt that their MI tutor devoted enough time to their training, particularly in respect of telephone communication skills, although one trainee still felt they would have liked even more time taking in real enquiries.

Discussion

"Pairing up" pre-registration pharmacists and enabling them to undertake 3 weeks of practical experience appears to have improved their MI learning experience.

However, further study is needed to evaluate the impact of this training on each pre-registration pharmacist's professional development and role within the wider department.

Introducing and evaluating a Medicines Information Helpline

Victoria Price and **Clare Worvill,** *Medicines Information Department, Oxford Radcliffe NHS Trust, Oxford.*

The UKMi strategy aims to increase the access to and the number of patient helplines.[1] This supports national standards to provide information to patients about their medication.[2] In addition, local feedback from patients also suggested a need for this service within our Trust. The aim of this study was to implement and subsequently audit this new service.

Guidance for all Medicines Information staff was written following research into similar patient helplines. A dedicated phone line was set up. It was agreed that the helpline would be manned between 9am and 1pm Monday to Friday. Calls outside these hours are directed to leave a message. A Helpline Enquiry Record Sheet was produced for initial documentation of the query and to aid as a prompt. The Helpline was launched in conjunction with the Pharmacy Operational Team and leaflets advertising the service were given to patient on discharge.

Since the implementation of the service in September 2010, a total number of 49 calls resulting in 51 different questions have been received. In general, the trend appears to show an increase per month from September 2010 until June 2011. The most popular type of enquiry (47%) has concerned the administration of medication. Interaction queries have accounted for 17%, adverse reactions 12% and supply a further 12%. The remaining 12% included pregnancy, identification, pharmaceutical and choice of therapy.

Overall, approximately 22 hours of MI time has been spent on answering these enquiries including documentation on MiDatabank. The time taken for each enquiry has ranged from 2 to 214 minutes, with a mean of 27 minutes.

Feedback from users of the service has been received directly and via the Trust Patient and Advice Liaison Service. Also comments from members of the MI team have resulted in changes to the Helpline Enquiry Record Sheet.

It has become apparent that the advertising leaflets are not always given to patients on discharge. MI staff have liaised with the Pharmacy Operational Team to rectify this problem. It is hoped that this will raise the profile of the service. Continued audit will monitor this. Extension of the opening hours of the helpline is planned for the future.

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Patients' understanding of Medicine Information resources

Anniela Iqbal and **Palvina Patel,** *Leeds Medicines Information Service, Leeds Teaching Hospitals NHS Trust, Leeds*

Introduction

The Patient Survey Report 2010 conducted by the Care Quality Commission (CGC) showed that Leeds Teaching Hospitals NHS Trust (LTHT) had scored "intermediate" with regards to providing information to patients about their medicines. This audit was designed to determine what resources patients use to access medicines information in order to inform what measures are needed to improve these results. LTHT currently have a Medicines Information patient helpline but with low usage at the time of the audit it was decided to look at the reasons why and how to boost numbers.

Method

28 male patients were interviewed on the Cardiology unit at Leeds General Infirmary over a 6 week period between December 2010 and January 2011. Patients were asked about what resources they used to find out information about medicines (e.g. NHS Direct, Medicines Information patient helpline, community pharmacists) and reasons behind their choices. The list of possible resources was then explained to them and then the patient was asked whether this changed which resources they would use in the future.

Results

Face-to-face sources (Community Pharmacists and GP's) were the preferred resources (82% and 89% respectively) with only a small number of patients using NHS Direct (14%) and the Medicines Information patient helpline (7%). Although initially only 7% of patients stated they would use the Medicines Information patient helpline, after an explanation of the service 82.1% stated they would use it in the future.

Discussion

Although the patients interviewed had some awareness of some of the resources available to them to provide information on medicines, there was a lack of knowledge on how these resources could be used to best effect. Some patients were happy with their relationships with their GP/Community Pharmacists and so did not feel alternative resources were needed for them, whereas others were keen to learn about other resources. At the time of the audit, the LTHT Medicines Information patient helpline was only promoted in the "How to take your medicines leaflet" added to each outpatient and discharge prescription. This work highlighted the fact that patients were not aware of its existence or what the service could offer. Since the audit was undertaken, the Leeds Medicines Information service has actively promoted the patient helpline through the LTHT Health Fair and moving the contact details from the leaflet given out with medicines to the bag label itself. Future plans include the production of a promotional business card that can be given to patients at discharge. Compared with the same period last year a preliminary report has shown there has been a 200% increase in the numbers of calls to the helpline.

The study was limited by the small numbers of solely male patients and with a mean age of 64, therefore no comparisons could me made based on age or gender. Further work is required to ascertain the reasons why certain resources are favoured over others.

Could analysis of patient helpline calls highlight areas where counselling could be improved for Manchester Royal Eye Hospital out-patients?

Aoidín Cooke and *Robert Greenwood,* *Medicine Information. Central Manchester & Manchester Children's University Hospital NHS Foundation Trust.*

Focal Points

- A large proportion of eye-related enquires arise from our patient helpline service.
- Analysis of the nature of these calls indicates pharmacy could have a more proactive role in patient counselling.
- Developments are in place within the Trust to improve our counselling of this patient cohort.

Introduction

On provision of the Pharmacy Medicines Helpline patient service, there appeared to be a large proportion of calls originating from patients who attended the Royal Manchester Eye Hospital, who did not fully understand information about their medication. It was hoped that analyse of enquiry data could assess what percentage of eye-related enquiries arise from patients. It was hoped that by consideration of the nature and volume of the enquiries, that possible deficits in patient counselling can be identified and strategies can be implemented to reduce these types of call.

Method

A number of search strategies can be employed in order to recall previously stored enquiries in MiDatabank for data analysis. The standard search function was employed using a variety of keywords. The return of relevant answers was assessed and the greatest return was for the particular keyword 'Eye'. Of those enquiries only patient-line calls were subjected to further analysis. These enquires were categorised to review the nature of the calls and assessed to see if pharmacy could have more proactive counselling role and could prevent the need for these patients to call.

Results

Patient line calls constituted almost 60% of the total eye-related enquiries in the September 2009-2010 period, outweighing those from professionals. These enquiries were assigned into various categories dependent upon the nature of enquiry to see the distribution of the types of enquiries to identify those areas where pharmacy input was most likely to have an impact.

Table 1- September 2009-10 patient line calls relating to eye enquiries; categorised according to enquiry-type to identify key areas.

Enquiry Type	Percentage of enquiries
A- Queries in relation to side effects experienced or those a patient was concerned about experiencing.	29.7
B- Queries in relation to products that the customer was having difficulty in obtaining or had been discontinued by a manufacturer.	18.9
C- Queries surrounding how to correctly store a product or whether a product was still suitable to use after incorrect storage.	8.1
D- Regime enquiries i.e. those in relation to frequency, duration or order of installation or where conflicting instructions had been given.	24.3
E- Queries relating to the clinical appropriateness for the patient	13.5
F – Other	5.4

Discussion

Data analysis also shows that 86.5% of all patient enquiries could potentially gain benefit from pharmacy input in relation to their enquiry and of the remaining 13.5% this was due to shortcomings elsewhere in the patient journey. Information pertaining to side effects, storage of medicine, obtaining further supplies of medication and information relating to installation of the eye drops are possible areas for enhancement in patient counselling.

"Siarad Cymraeg?" – "Do you speak Welsh?"

Mair Martin, *Sarah Davies*, *Medicines Information, Ysbyty Gwynedd, Betsi Cadwaladr University Health Board (BCUHB) (West)*

Focal Points

- To report on setting up a bilingual (Welsh/English) Medicines Helpline and on the language preference of service users.
- We identified that 40% of enquirers who contacted the Medicines Helpline preferred to converse in the Welsh language and 60% preferred to use English.
- There is the need for a bilingual Medicines Helpline in Ysbyty Gwynedd.
- Is this the first official bilingual Medicines Helpline? Have other MI centres considered the need to offer another language when discussing medicines by telephone?

Introduction

Gwynedd and Anglesey have the highest percentage of Welsh speakers in Wales (69% and 60.1% respectively)[1] and 88% of fluent Welsh speakers speak Welsh daily.[2] As Ysbyty Gwynedd serves a population amongst whom the ability to speak Welsh is highly prominent, it is essential that patients are able to use their preferred language when discussing their health needs. Therefore, when setting up the Medicines Helpline, it was necessary for a bilingual service to be established.

Method

A literature search on Medicines Helplines was undertaken and we consulted other MI colleagues in Wales who were already running Helplines. We produced a bilingual leaflet advertising the Helpline. These were placed in discharge and outpatient prescription bags. The Medicines Information team worked together to establish a bilingual greeting for the Helpline, ensuring language choice was given at the outset. This also complies with the Health Board's Welsh Language Scheme, which states that all calls from patients must be answered bilingually.[3] Extra nodes were added to MiDatabank which allow us to audit the relative proportion of Welsh to English speakers calling the Helpline.

Results

In the first nine months a total of 120 enquiries had been received. Of these, 40% had preferred to converse in Welsh and 60% had preferred to use English. Analysis of the Welsh speaking enquirers did not identify any trends in age or geographical location. Since then the on-going audit has identified a similar comparative percentage of users. A patient satisfaction audit/questionnaire is planned for the Autumn. The Helpline has since attracted funding from the Welsh Language Board to advertise it to patients, GPs and community pharmacists in BCUHB West. Some work is planned for extending the bilingual Helpline across BCUHB, encompassing the population of North Wales.

Discussion

There is the need for a bilingual Medicines Helpline at Ysbyty Gwynedd. Offering patients the opportunity to converse in their first language improves communication and concordance, which in turns improves patient safety. It also offers value for money, keeping patients in the community and improves 1°/2° care communication.

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Investigating a lean method for answering fridge enquiries

Gill Stead and *__Sahera Uddin__*, *Trent Medicines Information Service, Leicester*

Introduction

Between July 2010 – July 2011, Trent Medicines Information Service received approximately 51 enquiries relating to the disruption of the cold chain of medicines. Usually the enquiries involved multiple drugs. If the information is not readily available on the UKMI fridge database, it can result in the MI pharmacist spending a substantial amount of time on the telephone contacting manufacturers. In addition, feedback via the user survey from 2 enquirers was that the time to respond to their enquiry was unacceptable.

Aim

- To determine the leanest method of obtaining information from manufacturers in terms of MI time and response time to enquirers.
- To explore a process for entering new information in to the UKMI fridge database.

Method

- Generate 6 enquiries each with 6 drugs that have had disruption to the cold chain. Drugs already on the fridge database were excluded.
- Contact the manufacturers for 3 of the enquiries by telephone for the stability data and record the response time.
- Contact the manufacturers for the other 3 enquiries by email requesting that they add any information to a template similar to the one used by Northwick Park MI when updating the UKMi Fridge Database. Record the response time.
- Determine whether the manufacturers contacted by email, would authorise the information to be forwarded onto Northwick Park MI so that it could be published on the UKMi Fridge Database for future enquiries.

Results

For the 3 enquiries undertaken by telephone, the total time taken for the MI pharmacist to contact the manufacturers of 6 drugs and complete each enquiry ranged from 29-44 minutes. Most manufacturers (16/18) were able to provide the data straightaway within 1-7 minutes. In 2 cases, a message had to be left on the answer phone and the manufacturers responded after 42 and 92 minutes. For the 3 enquiries undertaken by email, the total MI time taken to email the six manufacturers in each enquiry was on average 7 minutes. However, the manufacturer response time ranged from 36 minutes to just over 5 working days. Of the 13 responses received, only 6 were within 24 hours and no response was received at all from 5 manufacturers.

Conclusion

The results show that processing fridge stability enquiries by email rather than telephone is time saving for MI pharmacists. Unfortunately, the email method is limited by unpredictable and long response times. Also, the vast majority of the manufacturers who did respond did not want the stability data to be forwarded, published or re-used. Emailing a standard template may be useful, time saving method for non urgent enquiries, especially if initiated as soon as the enquiry is received. However, contacting enquirers by telephone, albeit time consuming for the MI pharmacist allows feedback to the enquirer within a few hours and on the same working day.

Implementation of fridge monitoring systems at WUTH to improve the storage of medicines that require refrigeration

Marianne Charlton, *Medicines Information Centre, Wirral University Teaching Hospital (WUTH), Wirral.*

Focal Points

- Implementation of monitoring systems to improve the storage of medicines that require refrigeration.
- Systems implemented: wireless temperature monitoring system installed in the pharmacy department; pharmacy staff now regularly check that clinical areas are monitoring refrigerator temperatures; and the development and implementation of a 'Medicines Information Fridge Enquiry Form'.
- The systems put in place should ensure that the quality of medicinal products is maintained and reduce avoidable waste.

Introduction

Patients should to be treated with medicinal products that are high quality and fit for purpose. Some medicinal products need to be stored at 2-8°C ('fridge items') to ensure that their quality is maintained. Inappropriate storage of products outside the recommended temperature range may impact efficacy, subsequently, affected products are typically disposed of, thus wasting money.

In 2010, the MI department at WUTH received 90 enquiries (7% of total enquiries) regarding the inappropriate storage of 'fridge items'. Of these enquiries, 17 cases involved fridges that had deviated from the recommended temperature range of 2-8°C, including one incident that incurred the loss of £55K of medicinal products.

Aim

Improve systems associated with the storage of medicinal products requiring refrigeration at 2-8°C ('fridge items') and reduce avoidable waste.

Objectives

- Ensure that medicines are stored at the optimum temperature up until the point of administration to the patient.
- Ensure that appropriate storage facilities and associated monitoring systems are available to staff in the pharmacy department and in clinical areas.
- Document and process fridge enquiries received by Medicines Information in a consistent manner.

Systems Implemented

1. Installation of a wireless temperature monitoring system, which records the temperatures of all fridges within the pharmacy department 24 hours a day. In the event of a temperature deviation, staff are alerted in the following ways: an alarm in the dispensary and pharmacy stores; key staff are e-mailed; and an autodialer dials predefined telephone extensions, including switchboard. This ensures that the relevant pharmacy staff are notified whatever time of day or night the temperature deviation occurs.

2. Pharmacy staff regularly check that clinical areas are monitoring and recording refrigerator temperatures. Ward medicines refrigerator daily temperature record sheets are checked by pharmacy support staff during the pharmacy top-up. Failure to record temperatures daily or failure to take action if outside temperature range is reported to the pharmacist responsible for that clinical area. The Nursing and Midwifery Audit reviews compliance on an annual basis in addition to a pharmacy-led annual audit of the whole Trust.

3. Development and implementation of a Medicines Information Fridge Enquiry Form. This form is filled in by the enquirer and includes details of the temperature deviation, the products involved and a prompt for the reporter to fill in a Trust incident form. Details of the required action are then filled in by Medicines Information staff. The completed form is then e-mailed or faxed back to the enquirer, and is attached to the enquiry on MIDatabank. The form also standardises the way Medicines Information handles enquiries involving the inappropriate storage of 'fridge items.'

Does *Meyler's Side Effects of Drugs* represent value for money?

Laura Kearney on behalf of the UKMi Clinical Governance Working Group, Trent Regional Medicines Information Centre, Leicester Royal Infirmary, Leicester

Focal Points

- How does Meyler's Side Effects of Drugs (Meyler's) compare to other available resources for researching adverse effect enquiries?
- Meyler's does not offer any additional information that cannot be found in other resources
- Consideration should be given to removing Meyler's from the UKMi's Essential Resource List for Purchase.

Introduction

In an increasing financially pressurised NHS, we should constantly be striving to achieve value for money. Meyler's is currently considered a 'Core' resource by UKMi (a resource which should be held by all regional and local centres). It is available in both paper and electronic formats and is considered a high cost resource.

Anecdotal experience shows that it does not seem to offer any advantage over other resources.

Method

Twenty completed adverse effect enquiries were selected from the Trent Regional Medicines Information Centre from the periods 14th February 2011 to 28th June 2011. These were looked at in retrospect. Information from Meyler's was compared to the information held in the Summary of Product Characteristics (SPC), Martindale, Drugdex, AHFS, and the MHRA Yellow Card Data. If any of these resources had not been looked at during the completed enquiry, the resource was looked at for the purposes of the comparison.

Results

In every enquiry, information on the adverse event listed in Meyler's fell into one of the following categories:
- The information given did not add anything to information from other resources.
- Information on the adverse event was not included (but was found in other resources).
- The drug itself was not listed (duloxetine, finasteride, pregabalin).

Discussion

Guidance is given by UKMi on which sources are considered 'Core' or 'Additional' for all centres (local or regional) in order to provide a safe and efficient service. For adverse effect enquiries, Meylers is considered an essential resource by UKMi and it is therefore expected, as an Audit standard, that all centres keep this resource.

This comparative study has shown that Meyler's does not offer anything in addition to the information many other recommended resources can offer, some of which are free.

By excluding Meyler's from the search strategy for an adverse effect enquiry, the enquiry could be answered in a more time-efficient manner.

It is recommended that consideration is given to removing *Meyler's Side Effects of Drugs* from the UKMi Essential Resource List for Purchase. If this happened, and no Medicines Information centre subscribed to the resource, a potential saving to the NHS of around £55,000 could be made.

QIPP detail aids: Disseminating QIPP messages in the East Midlands

**Vanessa Chapman** and **Susan Carr;** _Trent Medicines Information Centre, Leicester Royal Infirmary, Leicester_

Focal Points
- In response to the QIPP agenda we have developed academic detail aids for drugs which have been identified in the East Midlands as having limited advantages over alternatives and are a considerable cost pressure.
- The detail aids have a simple layout of four text boxes. They provide local expenditure data and potential disinvestment savings, background evidence, cost comparisons and three or four key message points.
- The detail aids have been enthusiastically adopted within primary and secondary care. We are currently assessing any impact on prescribing patterns and are looking to expand the scope of the detail aids to include East Midlands clinical guidelines as topics.

Introduction
The QIPP programme (Quality, Innovation, Productivity and Prevention) is intended to improve the quality of care the NHS delivers whilst making efficiency savings. Within the East Midlands Strategic Health Authority, the Quality and Productivity group (EM QP group)- consisting of PCT heads of medicines management, hospital trust chief pharmacists and a regional MI pharmacist- identified certain drugs which they considered provide poor value for money.

We therefore considered how best to support local health communities in actively promoting messages of disinvestment in these drugs.

Method
Academic detailing is an established method known to change prescribing behaviour[1]. It involves a health care professional or industry representative engaging a prescriber in a one-to-one discussion about a specific therapeutic topic, either for educational or sales purposes. Detail aids are used widely in North America and by the pharmaceutical industry but have not been widely used within the NHS to date. The Canadian Agency for Drugs and Technologies in Health (CADTH) has developed an evaluation tool for assessing the quality of academic detail aids. This recommends using short bullet points to emphasis key messages, using colour and graphs where appropriate and highlights the importance of ease of readability[2]. We considered this would be a suitable method for disseminating QIPP messages. We designed our detail aids as one-, or occasionally two- sided documents with a simple layout of four colour text boxes. This is in line with the evaluation tool from the CADTH. Each detail aid tackles one topic, providing EM expenditure data and potential disinvestment savings, cost comparisons, background evidence, and 3 or 4 key message points. They are produced according to clear writing guidelines and utilise evidence-based resources; the major sources are referenced in the document.

Support documents are produced in parallel with the detail aids to provide background information.
The detail aids are distributed to PCT prescribing leads, hospital trust chief pharmacists, MI and formulary pharmacists within the East Midlands and South Yorkshire. The format allows for local PCTs or Trusts to add their own prescribing figures if they wish or be adapted for local formulary choices. They can be used as a starting point to aid discussions with prescribers in implementing the QIPP agenda. They have also been used in group or practice meetings, as posters or simply distributed to appropriate healthcare professionals. The priorities for the topics for detail aids are set by consensus at the EM QP group.

Results
The detail aids have been enthusiastically adopted. Feedback has praised the simple design and straight-forward messages. We are currently assessing any impact on prescribing patterns. Anticipated benefits include a reduction in prescribing costs, better adherence to local formularies, consistent SHA-wide advice, reduction in duplication of workload and improvements in quality prescribing.

We are currently looking to expand the scope of the detail aids to include dissemination of East Midlands clinical guidelines. Ongoing discussions are being held nationally within UKMi regarding improved dissemination and work-sharing of outputs relevant to the QIPP agenda.

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Unlicensed and Off-label Medicines: a pilot project

Sue Gough and **_Simon Wills_**, *Wessex Drug and Medicines Information Centre, Southampton University Hospitals NHS Trust*

Focal Points

- Four reviews of unlicensed/off-label medicines were written, uploaded onto NeLM and their impact evaluated.
- In a survey of healthcare professionals, 97% of respondents liked the presentation of the reviews, 83% were satisfied that UKMi wrote them and 89% wanted more to be written. Respondents recognised that this work would reduce duplication of effort.
- Respondents identified 107 different medicines for review.

Introduction

Unlicensed and off-label medicines have a valuable role in healthcare. They meet the special clinical needs of certain patients when licensed medicines cannot. However, currently there is insufficient information for doctors and patients to decide whether these medicines are safe and effective, and when they are most likely to yield good patient outcomes.

What we did

Between October 2010 and March 2011, three UKMi centres wrote four reviews of unlicensed and off-label medicines; the Wessex Centre also produced the supporting documentation.

The process included asking UKMi regional centres to identify potential topics for review, using exclusion criteria to produce a shortlist and setting up a steering group to prioritise medicines for review. The steering group included clinicians and a patient. A writing guide, quality assurance procedures and publication process were written by Wessex.

The finished reviews were uploaded onto NeLM and 'Zoomerang' software was used to set up an on-line questionnaire to assess the impact of the reviews and gauge the need for more.

What we produced

The medicines that were prioritised for reviews were bortezomib for relapsed or refractory mantle cell lymphoma, oral pentosan for painful bladder/interstitial cystitis, midodrine for orthostatic hypotension and oral n-acetylcysteine for idiopathic pulmonary fibrosis. The reviews included a summary for patients and one for healthcare professionals; a figure highlighting the balance of risks, benefits, evidence, costs and regulatory position for the intervention; a review of the data available and an appraisal of the strength of the evidence.

What we found

205 on-line questionnaires were completed. A total of 194/200 respondents (97%) liked the presentation of the reviews, 83% were satisfied that UKMi wrote them (167/202) and 89% wanted more to be written (178/200). GPs commented that they were often asked to prescribe these medicines by specialists without enough information. Respondents identified 107 different medicines for review. Many comments received highlighted how this work would reduce duplication of effort.

Why is this relevant to practice?

This was a worthwhile pilot project and the on-line questionnaire identified an unmet need. A report on the project has been sent to the Department of Health explaining why this work should be funded in the future and how UKMi could prevent a lot of duplication of effort within the NHS.

Alcohol: An Excipient in commonly used medicines for children

Peter Farrell, Paula King, <u>Judith Lambert</u>, Regional Medicines and Poisons Information Service Northern Ireland

Introduction

The Regional Medicines and Poisons Information service (RMPIS) receives numerous primary and secondary care enquiries regarding the choice of product when prescribing medicines for children and in particular the appropriateness of the alcohol content in some commonly used medicines for children. Furthermore, a MSc project by the paediatric clinical pharmacist, to improve discharge information about extemporaneous medicines, has generated additional enquiries and highlighted procurement issues in selection of appropriate formulations for children. The creation of a comprehensive list or database of extemporaneous and commercial oral liquid medicines used in the Royal Belfast Hospital for Sick Children (RBHSC), with alcohol content clearly defined, would potentially provide a shared reference document for: medicines information (Mi), procurement, dispensary and paediatric pharmacy teams. This would also assist in standardising Mi enquiry responses and prevent duplication of effort in enquiry answering, improve awareness of the hazards of alcohol as an excipient in medicines for children amongst hospital and community pharmacists, and improve interface medicines information provided at discharge from the RBHSC to primary care GPs and pharmacists.

Method:

Audit of enquiries which related to the alcohol content of medicines for administration to children. Comparison with medicines identified within the MSc project - extemporaneous medicines. Creation of a spreadsheet to collate the alcohol content of commercial medicines and the suspending agents used in extemporaneously prepared medicines. Completion of a literature search to identify the significance of alcohol as an excipient and determine the acceptability of alcohol as an excipient[1].

Results:

The alcohol content was routinely asked about in 20 commonly used medicines. In some cases alternative formulations could be sourced however some medicines containing alcohol continue to be used in clinical practice and RBHSC clinicians are aware of alcohol as an excipient.

Discussion:

The amount of ethanol contained in any medicine should not be able to produce a blood concentration greater than 25 mg/100 ml after a single dose, and appropriate dosing intervals should be prescribed to prevent accumulation of blood[2]. In some cases liquid medicines containing alcohol will continue to be used e.g. ranitidine and furosemide. In the absence of an alternative to an ethanol-containing furosemide formulation, cardiologists and neonatologists need to consider the risk of chronic ethanol administration in deciding how best to manage infants and children with heart failure[3].

Conclusion

When alcohol free medicines cannot be sourced there must be appropriate risk assessment to balance delivery of essential medicines against the risk of undesirable health effects and adverse outcomes from alcohol as an excipient. Provision of medicines information to primary care colleagues will provide reassurance based on clinical practice at RBHSC.

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Availability of antidotes for management of poisoned patients in NI

*Matthew Dolan, Pharmacy/A&E Department, **Paula King**, Regional Medicines and Poisons Information Service (RMPIS), Royal Hospital Site, Belfast Health and Social Care Trust (BHSCT)*

Introduction:

The RMPIS NI provides advice regarding the management of individual poisoned patients during working hours Monday to Friday 9am to 5pm. Out-of-hours advice is provided by the National Poisons Information Service (NPIS) rota. Over the last two years other NI Trusts have enquired about: recommendations for local stockholding of antidotes by A&E Departments, selection of specialist antidotes, confirmation of regional supply arrangements for supraregional antidotes. The TOXBASE website is the main UK resource used by both A&E staff and the RMPIS for information and advice on management of poisoned patients.[4] TOXBASE provides antidote availability by geographical area. The antidote availability within BHSCT requires update on TOXBASE with confirmation of supply arrangements across NI, with consideration of future inclusion of antidote local stockholding in other NI Trusts.

Method:

Audit of antidote stockholding across adult and children's A&E departments BHSCT was completed November 2010. This was reviewed against current national and regional guidance.[1, 2, 3]

Results:

Current guidance was not in use. There was difficulty in locating stock. Expired antidotes where detected. Cyanokit, fomepizole, antidotes for heavy metal poisoning and snake antivenoms required further guidance, as did the choice of specific antidotes, when alternatives were listed. Confirmation of appropriate stockholding levels for all NI Trusts is required.

Conclusions:

Regular review of antidote availability in NI is required to update TOXBASE. An effective communication strategy is required to inform NI Medicines Information and A&E pharmacist networks regarding information resources and guidance and changes to antidote recommendations. Local arrangements should ensure regular checks of antidote expiry dates and stockholding according to current guidance.

References:

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