



Programme and Conference Proceedings



***38th UKMi Practice Development Seminar
University of Warwick, 13th – 14th September***

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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

A report of the activities and developments of the UK Medicines Information network (UKMI) during 2011/2012.

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

Update on current NHS issues – including medicines optimisation, Public Health and the NHS Outcomes framework.

Keith Ridge, Chief Pharmaceutical Officer, Department of Health & National Commissioning Board

Dr Keith Ridge has been Chief Pharmaceutical Officer at the Department of Health since March 2006. He has led major changes to pharmacy including the establishment of a new pharmacy professional regulator, the General Pharmaceutical Council and was lead for Pharmacy in England; Building on Strengths, Delivering the Future a landmark White Paper published by the previous Government, setting out a vision for Pharmacists and Pharmacies to provide clinical and public health services. Under the auspice of Medical Education England, he established and leads the Modernising Pharmacy Careers programme which will shape the future of undergraduate and postgraduate pharmacy education and workforce planning in pharmacy. He plays a senior role in the UK's influenza programme and has represented Government nationally and internationally. With the ongoing NHS reforms, he is expected to lead the NHS Commissioning Board's approach to optimising medicines use. Previously, he was chief pharmacist at University Hospitals Birmingham, and North Glasgow University Hospitals.

Abstract

An overview of current NHS issues including medicines optimisation, Public Health and the NHS Outcomes framework.

NHS Evidence

Alexia Tonnel, Director of Evidence Resources, NICE

Alexia Tonnel is the director of Evidence Resources at the National Institute for Health and Clinical Excellence. She is responsible for the delivery of the NHS Evidence and UK PharmaScan services and leads the information management and technology, user research and information services resources of NICE. Before joining NICE, Alexia was a Director with Deloitte where she advised a range of clients in the healthcare and life science industries on policy and strategy development as well as programme implementation. Alexia studied business and management in France after which she completed a Master of Science in International Accounting and Finance at the London School of Economics and Political Science.

Abstract

The presentation from Alexia Tonnel will focus on how medicines and prescribing information is now displayed in NHS Evidence and within NICE. Alexia will introduce new and planned digital service developments for NICE, especially as they relate to medicines and prescribing information.

Plenary session 2 – Therapeutic Updates: Diabetes and Antibiotic Resistance

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

Current and future management of Diabetes

Dr Steve Jackson, Consultant Physician, Diabetes & Endocrinology, University Hospitals Leicester

Dr Jackson has been a Consultant in Diabetes Medicine since 2001.

Abstract

An overview of the current and future management of diabetes

Antibiotic resistance – current areas of concern and responding to them; risk assessment before initiating antibiotic prescribing.

Dr Kieran Hand, Consultant Pharmacist – anti-effectives, University Hospital Southampton NHS Foundation Trust

Dr Kieran Hand is a hospital pharmacist with a PhD in Pharmacology from the London School of Pharmacy and an MSc in Infection Management from Imperial College London. Kieran has worked in a specialist infection management role in the NHS for ten years and is on the committee of the UKCPA's infection management group. In 2007, Kieran was appointed to the first UK consultant pharmacist post in the infectious diseases speciality, at University Hospital Southampton NHS Foundation Trust, and will shortly be taking up an academic fellowship post at the University of Southampton. Kieran has worked as an editor at the Journal of Antimicrobial Chemotherapy and served for 3 years on the Council of the British Society for Antimicrobial Chemotherapy. Kieran currently represents pharmacists on the Health Protection Agency and Department of Health advisory boards for antimicrobial stewardship.

Abstract

Do you know your ESBLs from your NDMs or your fosfomycin from your temocillin? Are you confident giving dosing advice for amikacin and colistin and do you know why are such older drugs are enjoying a renaissance? What antibiotic prophylaxis would you recommend for a patient undergoing transrectal prostate biopsy after returning from holiday in Turkey? Should your local endometritis treatment guideline include genital mycoplasma cover? How would you advise on the treatment of an infected finger laceration in a patient who had been mending his blocked dishwasher at the weekend? If you would like to know the answer to these questions and more then this therapeutic update is right up your street.

Infectious Diseases is a dynamic speciality, challenging clinicians and researchers to keep pace with changes in pathogen epidemiology and antimicrobial drug resistance, as well as an evolving understanding of antibiotic pharmacokinetics, pharmacodynamics and risk-benefit ratio.

This presentation aims to raise awareness of the current threat to public health in the UK posed by antimicrobial resistance and healthcare-associated infection; to provide an insight into new uses for older antimicrobials; to update delegates on the science of antimicrobial PK/PD; and to appraise delegates of the concept of risk assessment as applied to infection management and the application of mobile information technology to provide clinical decision support to optimise treatment with antimicrobials

How to get the most out of MiCAL

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.

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).

Abstract

MiCAL version 12 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.

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 (v12) and appreciate how MiCAL can help manage the time spent training.
- Be able to select appropriate example enquiries from section two of MiCAL (v12) to assist in the performance management of trainees.
- Contribute to future developments of MiCAL.

Creative thinking for new environments

Rob Huntingdon, Go MAD Thinking

Rob joined Go MAD as a Thinking Engineer, having had extensive experience over the last 20 years, in a senior position within the public sector including leading multidisciplinary inspection teams on high profile reviews of service delivery within local authorities, emergency and health organisations. His career has included senior positions at the Audit Commission and most recently as Director of Policy, Performance & Transformation at a metropolitan Local Authority. His passion for innovation, the creative use of resources and the generation of possibilities to improve the quality of services and image of the public sector remain his key drivers. Rob is also passionate about helping people to be more aware of how their own thinking ultimately effects actions and could lead to different results and he actively encourages organisations and individuals to make a difference. Rob's extensive background in business and cultural transformation has helped global clients develop their organisations and culture to achieve measurable differences.

Abstract

90 minute workshop session:

Key Themes

- Creative ways of thinking
- How to make a difference by taking a new approach
- How to involve others for greater success

Proposed session structure:

- A 5-10 minute participative and fun pairs/group problem solving exercise which is debriefed to reveal the 4 common components of how we think and how these can help or hinder the actions we take.
- The link between “Thinking”, “Actions” and “Results”
- A questioning technique borrowed from Einstein to turn problems into solutions.
- An introduction to the Go MAD Thinking Framework and 7 success principles (this will be interspersed with short 1 & 2 minute thinking exercises to illustrate key points
 - including “Involving Others”).
- A 20 – 25 minute “blind coaching” activity where each person picks a topic of their choice and is simultaneously helped to apply the Go MAD Framework to do creative possibility thinking and leave with an action plan.

The session will be a blend of lively fun, pragmatism and inspiration with lots of practical takeaway tools and ideas.

Communicate medicines information clearly – does your writing get the message across?

Joanne McEntee, North West Medicines Information Service

Joanne is a medicines information pharmacist at the North West MI centre. Before moving to the regional centre in 2007, she managed the local MI centre at Hope Hospital in Salford for nearly ten years and also specialised in neonatology. Like many MI pharmacists, she spends most of her time writing and finds it increasingly important that her writing gives a clear and simple message. She has developed and delivered training courses in plain English and writing skills for NHS staff, including one-to-one sessions and workshops. Her 7-year old son's homework makes sure she doesn't forget the basics of English language, such as adverbs and past participles!

Abstract

The aim of this workshop is to change the way you write - starting today! Firstly you'll find out what plain English is and what its advantages are. Then you'll learn some plain English basics. After that you'll hear about techniques for making writing easier to read. Finally working in small groups, you'll have a go correcting an example of poor writing. The writing skills you learn today will work for all types of writing – emails, letters, medicines information enquiries, bulletins, reports for D&T Committee, guidelines, etc.

Learning Outcomes

- To understand why it's important to use plain English
- To know some principles of plain English
- To understand what makes some writing hard to read
- To be able to make a variety of texts easier to read
- To be able to write in plain English

Treating Neonates: information for the non-specialist

Neil Caldwell, Consultant Pharmacist Children's Services, Wirral Hospital

Neil joined Wirral Hospitals and Liverpool John Moore University in 1993 as teacher practitioner in clinical pharmacokinetics. He provides pharmaceutical care to children and neonates within in a district general hospital, and has extensive experience as a supplementary prescriber, in particular with aminoglycoside therapy. He led development of the distance learning Certificate in Professional Development in Clinical Pharmacokinetics at LJMU. From 2002 he was Deputy Chief Pharmacist, Clinical Services, and became Consultant Pharmacist, Children's Services in August 2008. Neil has published a range of research/review papers and 3 chapters in textbooks. He has been a member of NPPG committee since 2009 and on the Paediatric Formulary Committee of the BNF for Children since 2011. He was appointed to the NICE Guideline Development Group to review Antibiotics for Early-Onset Neonatal Infection in 2010. Neil is a very enthusiastic clinical pharmacist, and tries to deliver in everything he does, the best care to children and families. His driving philosophy was learnt while studying for his MSc in Clinical Pharmacy, "Drugs don't have doses, patients do."

Abstract

Everyone knows that children are different! But the population cohort within neonatology are clearly very, very different. As medicines experts, pharmacists have to add value to the knowledge and practice of clinicians who have studied neonatal care for many years. But what can pharmacy possibly add? The presenter believes that pharmacy can add considerably and significantly, in terms of individualised packages of care with clear focus on the basic sciences. Not everything is supported by case reports or clinical evidence and sometimes a best guess is appropriate. Neil hopes to convince you of the value of neonatal clinical pharmacists working in collaboration with medicines information experts.

Objectives:

- Have an appreciation and understanding of what additional factors to consider when dealing with an enquiry from neonatal intensive care.
- Know what resources are readily available to staff working within neonatal intensive care.
- What resources does the specialist pharmacist use?
- Medicine information and the neonatal specialist pharmacist: a pooling of common expertise or ignorance?

Chair: Katie Smith, Director, East Anglia Medicines Information Centre

Changes in EU Legislation relevant to medication safety

Mick Foy, Group Manager, Vigilance Intelligence & Research Group, MHRA

Mick has been with the MHRA for most of his career, 14 years of which have been in pharmacovigilance. Mick has also managed the General Practice Research Database (GPRD). Amongst his responsibilities are the operation and development of the Yellow Card Scheme, together with the ADR reporting and signal management systems. He is also responsible for the management of the Agency's management of safety variations, renewals and the MHRA's pharmacoepidemiology function. Mick is one of the Member State co-chairs of the PV legislation implementation project.

Abstract

This session will identify recent changes to the Pharmacovigilance provisions in UK and European law. It will identify changes to that impact on the Yellow Card Scheme, the UK Black Triangle Scheme, the provision of information and the establishing of a UK medicines information web portal.

Pharmacovigilance in the Pharma industry

Willeijn Van der Spuij, International Operations Lead and Pharmacovigilance Intelligence at BMS

Willeijn has over 12 years experience within the pharmaceutical industry, both in clinical and pharmacovigilance. 8 years have been within Bristol Myers Squibb, in global pharmacovigilance, based in Belgium as part of the Global Quality Standards and Training group, and currently based in Switzerland responsible for International Operations and Intelligence as part of the International Organisation. He also has a Degree in Nursing from the Netherlands and a BA in Sociology from Goldsmiths College, UK as well as an MSc in Pharmacovigilance from Hertfordshire University, UK.

Abstract

An overview of the new EU legislation around medication safety and new medicines from the pharmaceutical industry perspective.

Reconfiguration of MI services: sharing services and resources across site.

Janice Watt, *Lead Pharmacist MI Services, Glasgow Royal Infirmary*

Janice Watt is the Lead Pharmacist for Medicines Information Services in NHS Greater Glasgow and Clyde. This includes responsibility for the Medicines Information enquiry service, development and implementation of the Medicines Formulary, production of the Therapeutics Handbook for Acute prescribers and management of the Pharmacy Clinical Effectiveness Team. She is currently vice-chair of the Area Drugs and Therapeutics Committee, is a member of the New Drugs Committee of SMC and is secretary for the UKMI Executive.

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.

Abstract

The reconfiguration of Medicines Information Services and consolidation onto a single site has the potential to improve the efficiency and effectiveness of the service but is also associated with a number of challenges.

These include management of the change process and the staff involved in the transition, consideration of new ways of working with MiDatabank, how best to manage junior pharmacists' training from a centralised service and how to ensure how sites without Medicines Information to continue to have ownership of the service.

This workshop aims to provide a forum to describe the experiences of the workshop leaders and give participants an opportunity to ask questions and seek feedback to inform similar projects within their own organisations.

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

An interactive, discussion session to focus on implementation problems; trouble shooting with version 3; what's new & future developments and how to submit yellow cards electronically.

Drug purchasing in the NHS and dealing with drug shortages

David Stead, Medicines Procurement Specialist Pharmacist, NHS South West England

David is currently Specialist Medicines Procurement Pharmacist for NHS South West at University Hospitals Bristol, where he negotiates contracts for medicines at a national, supra-regional and regional level. David has been chairman of the Pharmaceutical Market Support Group (PMSG) and is currently the Chair of the Generics Sub Group. He has pioneered a lot of work on shortages in the South West and has worked with the Department of Health to try and improve the national response to shortages of medicines. He was previously Chief Pharmacist at Bournemouth Royal Hospital.

Abstract

An interactive, discussion session to gain an understanding of why medicines shortages arise. Topics to be covered include: are there any alerting systems that are used to make people aware that shortages may happen? Why do some people ring and say there is a supply problem with X but when MI ring the manufacturer there isn't a shortage? Do different parts of the UK deal with shortages in different ways?

Sarah Frost, Improvement Manager, Lilly UK

Sarah is a Quality Improvement Consultant working within Corporate Affairs Division of Eli Lilly & Co Ltd. She works in a non-profit role helping the NHS with the transformation and the QIPP agenda. She is a qualified facilitator, member of the Institute of Business Management as well as an NLP (neurolinguistic programme) practitioner, project manager and Lean Six Sigma green belt. She is ex NHS and has worked in both primary and secondary care and at Regional level within the NHS.

Abstract

Successful Networking

Aim: To understand and discuss how to maximise our current roles and value within our own clinical networking teams.

Objectives:

- 1 To identify the range of roles currently within clinical networks and interactions across the NHS in their health economy.
- 2 To understand why there is a need to be involved in the clinical networks, what their role can bring to these networks in the new NHS environment and identify risks of not being involved.
- 3 To develop recommended actions as a group
- 4 To develop personal actions.

Methodology: Facilitate discussions using a mixture of slides, group work and tools to help meet the above aims and objectives.

Steve Mott, *Managing Director, Medstream & DrugLogic Inc (UK & Europe)*

Steve is currently the founder and Managing Director of Medstream, a company that incubates new companies in the fields of medical information, pharmacovigilance, electronic medical records and information technology. Previously Steve was Chief Executive of Datapharm Communications and was responsible for the development of the eMC, Medicine Guides, X-PIL and the dm+d interface between industry & the PPD. Steve is currently evaluating Medwatch, a service for monitoring and responding to medicine related issues arising from social media networks.

Abstract

Social media represents one of the truly remarkable innovations to come out of the internet era. Few applications of the web have had such a cultural impact amongst a broad range of users. In essence social media sites represent one of the internet 'boom' applications we anticipated when the net first came along. Their success now is due to the ubiquity of access to the web, the low level of complexity in engagement and the personal connectivity they give individuals.

Perhaps the tipping point has been the successful commercialization of the major sites that in turn have fuelled and funded many ancillary sites. By designing a high level of integration into their design these sites have become platforms for completely new applications in their own right. Social media websites enable a large number of self selecting individuals to be reached and, in turn, be heard. This has been nectar to the business community whilst allowing us to individually control what has access to us.

In this presentation we will look at how the use of these sites has grown and where the phenomenon is heading. We will look at the level of use to exchange information about health and medicines and what the impact on the medical community could be.

More than this we will explore how we can actively use existing sites to inform us on issues such as disease prevalence, adverse reactions, and popular health debates such as vaccinations, obesity and diabetes.

What can we do to be more pro-active and is our self image as care providers ready to adapt to embrace a dialogue with patients using this media.

Information pharmacists are well placed to engage in responding to the messages from patients and carers. Indeed it may be argued that it is essential that a formal mechanism for moderating the information flow in the complex field of medicines be introduced or social networks might just become agents of mass mis-information exchange.

Chair: Peter Golightly, Director, Trent Medicines Information Service

Current research and future developments in the managements of Parkinson's Disease

Shelley Jones, Clinical Pharmacy Team Leader for Neurosciences, Kings College Hospital NHS Foundation Trust

Shelley Jones is the Clinical Pharmacy Team leader for Neurosciences at Kings College Hospital managing a team of pharmacists providing and developing services to the specialist tertiary referral centre for both neurology and neurosurgery. Clinical specialties include Parkinson's disease (in which Kings College Hospital is a recognised international centre of excellence), motor neurone disease, multiple sclerosis, and epilepsy, not forgetting the busy neurosurgical unit. Shelley specialised in neurosciences at Kings College Hospital in 2006, after completing her pre-registration and a clinical diploma at the Sheffield Teaching Hospitals. Shelley is also the chair of the UKCPA Neurosciences Specialist group.

Abstract

Current research and future developments in the management of Parkinson's disease.

First licensed in the 1960's levodopa remains the gold standard of drug therapy for Parkinson's. Recent developments have seen the advent of formulations to achieve continuous dopamine stimulation in the form of long acting dopamine agonists, and levodopa intestinal gel, but have not as yet successfully found new targets or mechanisms of action.

Current research and future development is focused on strategies to halt the progression of the disease (neuroprotection) and gene therapy to replace damaged dopaminergic cells.

Common Medication Problems for patients with Parkinson's Disease and practical issues and how to resolve them

Jean Martey, *Parkinson's Disease Specialist Nurse, University Hospitals Leicester*

Jean began working in Neurology research almost 20 years ago, then after two years moved into a Nurse Specialist post with the Parkinson's disease society covering the West Midlands, and for the next two and a half years she helped set up the PD service across the county. Once the service was up and running Jean moved back into the NHS working at the Queen Elizabeth hospital Birmingham, still keeping on many of her previous clinical duties around the county until new nurses were in place. She then took a post with Birmingham University and the Queen Elizabeth Hospital as lead nurse for the PD SURG trial. Eight years ago Jean moved to Leicester and back into the medical care of patients with Parkinson's, where she currently runs a single handed nurse service for approximately 900 patients within secondary care. Over the next few months two new nurses are being employed and the service is moving out into the community. Jean is currently involved in a number of research projects from psychology to peripheral nerve damage, and she is also very interested in the dementia side of Parkinson's and hopes to be able to expand her knowledge in this area over the next few years.

Plenary session 5 – Empowering Patients and shared decision making

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

The philosophy behind shared decision making

Professor Alan Cribb, Centre for Public Policy Research, King's College London

Professor Cribb is an applied philosopher and Co-Director of the Centre for Public Policy Research at Kings College London. He has a particular interest in developing interdisciplinary scholarship that links philosophical, social science and professional concerns, and has pursued this interest through writing about a range of themes including health care ethics, health promotion and psychosocial oncology. Professor Cribb has done various projects with the Royal Pharmaceutical Society and was the author of their 2011 discussion paper 'Involvement, Shared Decision-Making and Medicines' which was based on work done as an AHRC Fellow. (Arts and Humanities Research Council).

Abstract

This talk will ask some foundational questions about shared decision-making (SDM). Why has SDM become such an influential idea? Why is it generally thought to be a good thing? What are some of the complications associated with it?

It will focus on questions of principle rather than practice but will also have some relevance for reflecting on practice. It will touch upon some of the issues reviewed in the RPS discussion paper 'Involvement, Shared Decision-Making and Medicines' and anyone particularly interested in these themes could follow up by looking at that paper and the references it includes.

Shared decision making research and implications for practice

Mike Spencer, Assistant Director for Patient Experience, Cardiff & Vale University Health Board

Mike Spencer qualified as a pharmacist in Nottingham and Leeds and worked in a number of clinical and management roles between 1977 and 1999. In particular he developed interests and expertise in provision of medicines information services and patient safety initiatives. From 2000 to 2010 he was the General Manager for Clinical Support Services and Facilities in the Cardiff and Vale NHS Trust. In January 2010 he was appointed to the new post of Assistant Director Patient Experience in the Cardiff and Vale University Health Board. The post has responsibility for a wide range of patient support services including cleaning, nutrition and catering, portering and security, Infection Prevention and Control, spiritual care, volunteer co-ordination, support for carers, patient information and patient feedback. His main interests are in developing methods of gaining patient feedback, improving provision of support for carers, encouraging patients to be more engaged in decisions about their care and embedding Shared Decision Making in clinical practice.

Abstract

Shared Decision Making (SDM) in clinical practice is an approach where clinicians and patients communicate together using the best available evidence when faced with the task of making decisions.

Patients are supported to consider the possible risks, benefits and consequences of options and to arrive at an informed, preferred choice. They are encouraged to think about the available

screening, treatment or management options and the likely benefits or harms of each so that they can communicate their preferences and help select the best course of action *for them*. SDM respects patient autonomy and promotes patient engagement.

In order to facilitate the decision making process patient decision aids or decision support tools have been developed to support SDM. These tools are usually designed for situations where there is some uncertainty about the best treatment option for a patient. They provide information about the harms and benefits in as balanced a way as possible.

A Cochrane review of trials using decision aids has shown a number of benefits for patients. The challenge has been how to transfer the research into everyday clinical practice. The Health Foundation is supporting clinicians in Cardiff and Newcastle to explore and develop a generalisable approach to the implementation of SDM in clinical practice. This presentation will provide an update on the work to date of the MAGIC (Making Good Decisions in Collaboration) programme and promote a discussion about the future embedding of SDM in clinical practice.

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:

2011

Mark Cheeseman, Katie Smith, David Wright, Rebecca Hamp & Tom Molloy

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

Laura Johnstone, Janice Watt

What do hospital pharmacists think about the Medicines Information Service?

2010

Abigail Scott, Mark Cheeseman, Katie Smith, Kerstin Weber, Mike Brandon, Sarah Cavanagh, Sue Webb & Vicky Gibson

Is txtN a useful function 4 Medisins 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)

An investigation into information resources utilised by community pharmacists in NHS Grampian, Orkney and Shetland

Melissa Byrnes, Grampian Medicines Information Centre, Aberdeen Royal Infirmary, Foresterhill, Aberdeen AB25 2ZN

Introduction

Enquiries received from community pharmacists by the Grampian Medicines Information (MI) centre appeared to be in the minority. The centre felt it important to establish whether this represented an unmet need for community pharmacists or alternatively that community pharmacists had the skills and resources to answer enquiries themselves.

Objectives

- 1) To quantify the number of enquiries received from community pharmacists by the Grampian MI centre and compare this to other regional centres in Scotland
- 2) To establish the enquiry types and information resources commonly used by community pharmacists in NHS Grampian, Orkney and Shetland.
- 3) To determine use, awareness and views towards the NHS Grampian MI centre's enquiry answering service by the community pharmacists

Method

Part 1 – Using the databases for logging enquiries the number of enquiries from community pharmacists between 01/01/2009 and 01/10/2009 were obtained from Aberdeen, Dundee, Edinburgh and Glasgow MI centres. Part 2 – A focus group involving 4 community pharmacists from NHS Grampian was held to discuss enquiry answering in the community setting and use of the Grampian MI centre. Part 3 – Using information from the focus group a postal questionnaire was developed and posted to all community pharmacies in NHS Grampian, Orkney and Shetland

Results

- 8.8% of the total number of enquiries received by the Grampian MI Centre were from community pharmacists. A similar level of usage was seen in the other 3 centres.
- 60 questionnaires were returned producing a response rate of 47.6%
- A wide variety of enquiries were received by community pharmacists. Patients were the most common enquirer to the community pharmacist, and the BNF and BNFC the most commonly used resources. Online resources tended to be underutilised. Lack of time and cost of textbooks / subscriptions were the main constraints to answering enquiries.
- Most pharmacists (81.7%) felt that the resources they had were adequate for answering enquiries. However, 60% of pharmacists had been unable to answer at least one enquiry in the previous 6 months.
- 35% of responders had not used the Grampian MI centre. The main reason for this was a lack of awareness of the service followed by a lack of need.

Discussion/Conclusion

Although the community pharmacists did feel that they had adequate resources and skills to answer medicine related enquiries themselves, enquiries could not be answered all of the time. On such occasions the Grampian MI could prove a useful additional resource. As many community pharmacists were not aware of the service, advertising needs to be improved.

Ask your Pharmacist.....Analysis of Community Pharmacy Medicines Information Queries in Ireland

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In Ireland to date, no comprehensive study of medicines information queries (MIQs) has been made available which solely defines the nature of enquiries that are dealt with by community pharmacists. International literature is also limited. Previous studies have described and reported on structured MI services, however there is a lack of data which describes MIQs which are specific to community pharmacy. By establishing the nature of common enquiries to community pharmacists, the development of specific education and training programmes to adequately prepare practitioners for medicines and health information provision is envisaged, with resultant benefits for patient care.

The aim of the project was to characterise medicines information queries received from interns based in community pharmacies, to characterise them using a specific set of criteria and to develop a database to facilitate descriptive analysis of the demographics of the MIQs. A secondary objective was to identify common and unusual queries and to develop a repository of frequently encountered MIQs following a quality control assessment.

The sampling frame for the study was the MIQs submitted by the interns (2010-2011) as part of the formative assessment of the Health and Medicines Information Module. Outcome variables were chosen based on a preliminary review of 20 MIQs and existing definitions from the UKMI. A convenience sample of the total MIQs submitted were read, reviewed and relevant information inputted textually into a draft Excel® spreadsheet. A codebook was subsequently developed for each variable (n=27 in total) populated by specific coded categories.

The MIQ database developed contained information from n=624 MIQs. Information was sought most frequently on drug interactions (15%), clinical therapeutics (10%) and stability (5%) and adverse reactions (5%). Queries relating to medicines use in paediatrics, pregnancy and breastfeeding were common. Warfarin, amoxicillin and ivabradine featured as the top 3 agents in queries, while information on new drugs, contraception and cutting of transdermal preparations were among the top hot topics. The quality of the answers to the MIQs was variable in terms of completeness of query, integrity of sources of information used and documentation of outcomes. Formal validation of the MIQs was noted as a priority for future studies.

This analysis has provided valuable information on the nature of MIQs occurring daily in primary care, the need for enhanced education and training. The potential for a data-sharing repository in the future will be dependent on a validated quality control mechanism.

The East Anglia Medicines Information Service – how can we best provide a service to GPs?

David Wright, Jayshri Patel, Stuart Richmond, School of Pharmacy, University of East Anglia; Katie Smith, Mark Cheeseman, Sarah Cavanagh, East Anglia Medicines Information Service, Ipswich Hospital

Focal Points

- The East Anglia Medicines Information Service (EAMIS) is currently used by a small number of GPs but use is increasing.
- This study aimed to investigate why and how use could be further increased.
- GPs highly value the service while the main barrier to lack of use is awareness.
- Email promotion of the EAMIS should be balanced with service capacity.

Introduction

Research carried out at EAMIS in 2011 showed that use of the service by GPs was low but increasing rapidly. It recommended that future research should identify why some GPs use the service and others do not, and to find out how GPs hear about the EAMIS.¹

Only one study has surveyed non-service user GPs but no comparison was made with current service users. Resources used by GPs were also investigated.²

The primary aim of this study was to identify the use of EAMIS by GPs and how it can be better promoted. The objectives of the study were to determine GP awareness of the service, describe the reference sources currently used by GPs and explore future pathways for promotion.

Method

MiDatabank was analysed to obtain data on GP enquiries completed during 2011. A total of 170 GPs from four PCTs in East Anglia (1621 GPs in this area) were sent a piloted postal questionnaire: 85 GPs who had contacted the centre and 85 GPs that had not used the service during the last 12 months.

Results

The response rate for this study was 52% (89/170). 89% of users believed that EAMIS improved patient outcomes and 95% would recommend the MI service to colleagues.

Although 87% of non-users were unaware of the service, 84% still felt the service could benefit them. The resources used by non-users compared with users reflect their awareness of the EAMIS. GPs felt that the MI service could be better promoted particularly via emails (72%) and teaching sessions (31%).

Discussion

The EAMIS is highly valued by GPs within its region and plays a pivotal role in the provision of patient care. However, the service is utilised by only a minority of GPs. The MI service should be promoted to GPs by emails and teaching sessions. The way in which this is done needs to be carefully considered taking into account service capacity.

References

- 1 Butler C, Cavanagh S. GP enquiries to the East Anglia Medicines Information Service: Are things changing? Presented at the 37th UKMi Practice Development Seminar, Warwick; September 2011
- 2 Rutter J et al. Primary care practitioners' uptake of a secondary care-based medicines information service in the United Kingdom. *Drug Inf J* 2004; 38:407-16

The impact of Medicines Information advice on patient care and outcomes: perceptions of patients using MI Patient Helplines

Diane Bramley,* Navdeep Dhutty, Alison Innes,** Radha Patel, Medicines Information, Guy's and St Thomas' Hospital* and London Medicines Information (Northwick Park)/ UCL School of Pharmacy, London**.

Focal Points:

- This study aimed to investigate patients' opinions on the advice from Medicines Information (MI) Patient Helplines and the impact this advice had on their care and outcomes.
- MI advice prevented a harmful situation for 43% patients; resulted in treatment change for 45% patients (73% of whom reported improved health); and reassured 88% patients.
- Advice provided by MI Patient Helplines had a positive impact on patients' healthcare and outcome.

Introduction:

Few studies have investigated patients' opinions on the impact of MI advice¹. The value of obtaining feedback from service users in the NHS is increasingly being recognised, and is crucial for assessing the impact of MI on meeting the needs of patients (such as patients' understanding of their medicines, and patients' ability to participate in decisions about healthcare)². A national study investigating the impact of MI advice found that MI services had a positive impact on patient care and outcomes, based on the opinions of healthcare professionals. The on-line questionnaire used in that study was a useful tool to determine the opinions of enquirers on MI advice and its impact, but the questions were unsuitable for patients to answer themselves because they required clinical knowledge. No questionnaires were identified in the literature that assessed patients' opinions on MI advice specifically related to the direct impact on patient care and outcomes. This study aimed to investigate patients' opinions on the advice from Medicines Information (MI) Patient Helplines and the impact this advice had on their care and outcomes.

Method:

Three MI centres in London took part in prospective data collection during the study period in late 2011 (one centre; 6 week study period; October-November 2011) or early 2012 (two centres; two month study period; February-April 2012). Patients who contacted the Patient Helplines at these centres were invited to participate. Participants were contacted by an independent investigator and completed a questionnaire via telephone interview.

Results:

Of the 136 patients invited to take part in the study, 115 patients (85%) agreed to take part in the study, and of these 73 (63%) completed the questionnaire. All patients felt that the MI staff understood their question and the majority (71, 97%) understood the advice that they received. Of the 73 participants, 71 (97%) felt that their query was answered quickly enough, 68 (93%) found the advice helpful, and 64 (88%) felt that no improvements were necessary to better the service they received from the MI Patient Helplines. Most patients (65, 89%), followed the advice they were given. In 31 cases, (43%) patients felt that a harmful situation was prevented from occurring with their medicines. Patients' treatment was changed as a result of MI advice in 33 cases (45%), and of these 24 (73%) stated that their health was improved. Most patients 64 (88%) felt reassured after receiving advice from MI; however 4 patients did feel slightly more anxious. Additional advice that was not originally requested by the patient was given to 10 (14%) of patients.

Conclusion:

Advice provided by MI Patient Helplines had a positive impact on patients' healthcare and outcomes. The service was valued by patients as they considered it helpful and the majority followed the advice given to them by the MI staff.

References:

- 1 Joseph A et al. An evaluation of a hospital-based patient medicines information helpline. *Pharm J* 2004; 272: 126-129
- 2 Health Foundation. Patient and public experience in the NHS. 2007.

<http://www.health.org.uk/publications/patient-and-public-perceptions-a-chartbook/>

Poster 5

Can you trust what you find on Google?

Hayley Johnson and Nancy Kane, Regional Drug and Therapeutics Centre

Focal Points

- Websites are a primary source of medicines information for the general public.
- Websites use different language, concepts and types of evidence depending on whether they identify as pro-alternative therapy or skeptical.
- Patients using Google may find confusing and conflicting information which may trigger inappropriate treatment decisions by patients and carers.

Introduction

Previous studies have shown that patients are likely to turn to the internet as a primary source of medicines information, in some cases prior to consulting medical professionals (1).

We hypothesised that the concepts and language used to describe complementary and alternative medicines varies depending on the background and motivations of the commentator. This may be significant when patients turn to the internet for more information on a disease or treatment. Previous content analyses have discussed the quality of reporting in the press. Hind *et al* identified that press coverage of Herceptin[®] was often sensationalised by characterising it as a wonder-drug, implying that it had no clinical harms, or using supernatural or militaristic language (2). Since the public obtain information primarily from search engines, we adapted these categories to apply to internet results. Our chosen topic was antineoplastons, a controversial alternative cancer treatment which has been widely discussed online and in the press.

Method

A Google search was performed using the search term “antineoplastons.” The first 50 results were independently scored by two researchers for concepts such as clinical benefit, clinical harm, cost, and the use of supernatural, militaristic, and emotive language. Articles and their comments were scored separately to identify whether commentators react differently to different styles of coverage.

Results

Websites identified as skeptical or neutral were more likely to point out that the clinical benefits of antineoplaston therapy are uncertain, and that there may be clinical harms associated with their use. They were also more likely to point out that treatment is potentially expensive.

Websites identified as pro-alternative treatments were more likely to say that treatment has clinical benefits, or is curative or life-saving. They were also more likely to claim that clinical harms are absent, and to use terms implying that antineoplaston therapy is natural, gene-targeted, or is a miracle treatment. When comments were examined, it was found that none of the pro-antineoplaston sites had a facility for comments. In contrast, comments left on skeptical sites often used language & concepts that directly contradicted the content of the main article.

Discussion

We found a wide variation in the language and concepts used between different websites. While neutral websites (and to some extent skeptical websites) attempted to present all of the clinical evidence and reach an objective conclusion, “pro” websites tended to cherry-pick evidence, use emotive language, and present anecdotes in place of evidence. These conflicts and variations may make it extremely difficult for a patient to identify reliable information, and raises the possibility that they may be swayed by anecdote and emotion rather than evidence.

References

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- 2 Hind D, Wailoo A and Sutcliffe P. Demands for ‘off-licence’ access to trastuzumab (Herceptin): content analysis of UK newspaper articles. *Health Expectations*, 14 38-47

Service Evaluation of Enquiries concerning the stability of medicines that have not been stored correctly under refrigeration.

Tim House, Nicola Holmes, Medicines Information Department, Addenbrookes Hospital, Cambridge.

- Service evaluation to determine the reasons for MI queries regarding inappropriately stored cold chain items and estimate the costs saved by the hospital MI service
- Inappropriate storage of medicines requiring refrigeration on delivery was the main reason for MI queries
- This element of the hospital MI service saves the hospital over £30K per annum
- Further savings may be realised by effective promotion of the service.

Introduction

It is estimated that the NHS loses in excess of £300 million per year due to medicine waste¹. Whilst hospitals have introduced a variety of interventions to minimise this, a common problem is incorrect storage of cold chain items (CCIs) in the pharmacy and on the ward. MI plays an important role in responding to such incidences. The aim of this article is to determine the reasons for poor storage of CCIs and estimate potential cost savings realised by the provision of MI advice.

Method

Over a period of 8 months (from October 2009 – May 2010) in addition to routine MiDatabank collection, staff were requested to record the quantity of medicines involved when stability information was requested about medicines that had had temperature excursions from recommended storage of 2-8°C. Reasons were categorised and the cost of medicines judged to be usable as a result of MI advice were calculated using internal prices. The cost of the service was estimated by quantifying the time spent on the enquiries as recorded on the MiDatabank and using the minimum cost of a band 7 pharmacist (including salary, National Insurance and pension costs).

Results

The reasons for the 63 enquiries involving 109 medicinal products were failure to refrigerate on receipt

<i>Location</i>	<i>Total value</i>	<i>Judged as useable (£)</i>	<i>Cost of MI service (£)</i>	(57) and
Pharmacy	12,463	10,698	257	
Wards	26,147	12,811	321	
fridge failure (6).	20,610	22,500	270	

Costs associated with the service are provided in table 1.

Table 1 Summary of costs associated with MI queries over 8 month period

Discussion

Systems to ensure the maintenance of cold chain discipline need re-enforcing to reduce the number of MI queries regarding CCIs. The cost of response to such enquiries is negligible considering the amount of money saved as a result. Whilst the extent of medicine wastage where MI advice was not sought is unknown, further promotion of the service may realise additional cost savings e.g. provision of an additional label on CCIs offering the MI service if left out of temperature range.

References

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Acknowledgment:

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Medicines left outside of a fridge: does the Wessex Medicines Information Service save UHS money?

Angela Badiani, Jo Gibson and Nicola Watts Wessex Medicines Information Centre, University Hospital Southampton NHS Foundation Trust and Prof David Brown and Michael Pritchard, School of Pharmacy, University of Portsmouth.

Focal Points

- The study aimed to quantify the value of providing advice about medicines inadvertently stored outside of a fridge
- During the 4 month study period Wessex Medicines Information service answered 56 enquiries related to medicines requiring refrigeration
- These included 209 separate items at a total cost of almost £96,000
- Wessex Medicines Information enabled £87,000 of the medicines to be safely returned to the fridge and re-used throughout the host Trust (UHS)

Introduction

Wessex Medicines Information Service often provides advice about medicines requiring refrigeration that have been inadvertently stored outside such controlled conditions Previous researchers had estimated the cost of products requiring destruction, but not the potential cost savings that medicines information services could make in enabling the products to be safely returned to the fridge .

Therefore the primary objective of this study was to estimate the value of products that could be safely returned to the fridge and the value of products that needed to be destroyed for enquiries originating from the host Trust (University Hospital Southampton NHS Foundation Trust). The secondary objective was to investigate the reasons given by enquirers as to why medicines were incorrectly stored to establish whether there were any learning points.

Method

Primary and secondary objectives - retrospective analysis of 4 months' consecutive enquiries from UHS about medicines requiring refrigeration that had been inadvertently stored outside such controlled conditions.

Results

56 enquiries were received during the 4 month study period from August to November 2011 about 209 different products. The value of the items that were able to be returned to the fridge and be re-used during this time was £87,000. The value of the items that needed to be discarded was approximately £8,000. Analysis of these enquiries did not reveal a great deal of helpful information with respect to why medicines were not stored correctly, although broken fridges and stock simply being put away at room temperature were the most common reasons.

Discussion

Extrapolating from this 4month study shows that the Wessex Medicines Information service could potentially save UHS in excess of £260,000 in answering enquiries about medicines stored outside of refrigerated conditions over a 12month period. This figure may be have been distorted though by an unusually large number of malfunctioning fridges during the study period.

With respect to learning points about why these storage errors occurred, this study did not add a great deal; analysis of past enquiries did not prove an effective means of collecting these data. Future studies could adopt interview methods to establish why, for example, products were received into stock and subsequently stored at room temperature.

References

- 1 McClellan L An analysis of medicines information (MI) enquiries involving out-of-fridge storage of medicinal products requiring refrigeration.32nd UK Medicines Information Conference, Chester, 2006.Proceedings p.46 [abstract]. Available at
- 2 <http://www.ukmi.nhs.uk/activities/manpowerTraining/default.asp?pageRef=14>

Improving medication safety: The Orgaran (danaparoid)-Story

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Focal Points

- Clinical pharmacists and medicines information pharmacists in an interdisciplinary working group help increasing medication safety.
- In-house recommendations concerning drug dosing of danaparoid were developed. The BfArM intend to achieve a change in the German SPC.
- A collaboration between a clinical pharmacist, the medicines information centre, the quality management system and external experts can improve medication safety on an international level.

Introduction

During rounds a clinical pharmacist identified and corrected sub-therapeutic doses of danaparoid. This error was caused by misleading information in the German Summary of Product Characteristics (SPC). As a consequence the error frequency within a period of 4 months was determined and in-house measures were implemented to increase sustainable medication safety.

Method

The medicines information centre intensified the routine check of orders for Orgaran as well as the counseling on dose adjustment. Medication errors were reported to the manufacturer and the Federal Institute for Drugs and Medical Devices (BfArM). At the same time an interdisciplinary working group developed in-house dosing recommendations. Suggestions for modifications of the SPC were submitted to the BfArM.

Results

From April to July 2011 sub-therapeutic doses were detected in 7 of 21 patients treated with danaparoid at the university hospital Klinikum rechts der Isar: because of misleading information in the SPC, prophylactic doses were administered despite of indications for a therapeutic anticoagulation. In July 2011 the results of the working group were communicated in the hospital's formulary committee meeting, an in-house journal published by the pharmacy and the intranet-based quality management system. The BfArM initiated steps to effect a change of the German SPC on a European level in November 2011 .

Discussion

As a result of collaboration between a clinical pharmacist, the medicines information centre, the quality management system and external experts an in-house guideline was developed. On a European level the BfArM intend to achieve a change in the German SPC.

References

- 1 Orgaran (Danaparoid), Summary of Product Characteristics, via www.fachinfo.de, accessed on 09/07/2012, last update 07/2011
- 2 Written and personal communication, Prof. A. Greinacher, Department of Immunology and Transfusion Medicine, Greifswald, Germany
- 3 Written and personal communication, Dr. C. Unkrig, Federal Institute for Drugs and Medical Devices (BfArM), Bonn, Germany
- 4 http://www.medicin.unigreifswald.de/transfus/fileadmin/user_upload/doku_thrombo_gerinnung/42dosi_erschema_danaparoid.pdf, accessed on 09/07/2012, last update 07/2011

Exploring MI pharmacists' views of the UKMi Training Workbook

Prof. David Brown and Radhika Lakhani, School of Pharmacy, University of Portsmouth and [Angela Badiani](#) and Alex Weston Wessex Medicines Information Centre, University Hospital Southampton NHS Foundation Trust

Focal Points

- This study aimed to investigate whether the paper-based format of the UKMi Training Workbook remained acceptable in today's e-learning environment.
- Nearly 90% of respondents indicated that the Workbook should be available in a paper format, but over 50% expressed an interest in an electronic version.
- 90% of pharmacists surveyed stated that the Workbook saved them time.
- There is a clear preference for the Workbook to remain in paper format, but an additional electronic version would appear to be of interest to over half of those surveyed.

Introduction

An important role of the UK Medicines Information network is to train and develop pre-registration and junior rotational pharmacists. This is achieved, in part, using the UKMi Training Workbook. The development of this national training tool has so far been informed by two research studies, but the primary objective of this present study^{1,2} was to investigate whether this paper-based tool was still acceptable in today's e-learning environment. In addition the study explored how the Workbook was used in practice and how much time it saved MI tutors in delivering knowledge and skills, that would otherwise require one-to-one or small group teaching.

Method

Postal survey of UKMi pharmacists using a newly developed questionnaire.

Results

Of the 200 questionnaires distributed, 95 usable returns were received (48% response rate).

Nearly 90% of respondents indicated that the Workbook should remain available in paper format because it was 'easy to take anywhere', 'user friendly', 'easy to make notes', to track progress and provided a 'permanent record of learning'. Interestingly over half of respondents (59%) also indicated that there was a need for the Workbook to be available in an electronic format, with interactive web-based learning being the most popular choice. Electronic formats were perceived to be easier to update, cheaper, more environmentally sound and interactive.

Of those respondents that trained pre-registration pharmacists in their centres 100% (n=89) used the Workbook to support their development; for those centres training general rotation pharmacists (n=78), 95% used the Workbook in this way. Nearly 90% (n=84) of pharmacists surveyed thought that the Workbook saved them time in delivering MI training and over 70% (n=60) estimated this saving to be at least 3 hours per individual student.

Discussion

The UKMi Training Workbook remains a very well used training tool throughout UKMi, supporting pre-registration and rotational pharmacists in developing their clinical problem solving skills, and their tutors through significant time savings.

There is still currently a clear need for the Workbook to be available in a paper format. However it is interesting that over half of respondents in this study indicated that an electronic version would be helpful.

References

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- 2 Aulja T, Brown D, Emerson A. UKMi training tools: are they fit for purpose? Poster presented at UKMi Conference 2007.

MiDatabank ADR reporting – one year on

Mitul Jadeja, Medicines and Healthcare products Regulatory Agency, London & Christine Randall, North West Medicines Information Centre, Liverpool

Focal points

- MiDatabank Version 3.1 was launched in October 2011. By the end of June 2012, 37 centres were actively reporting via MiDatabank and 311 ADR reports had been made.
- Professor Sir Kent Woods's 'The Week' communication, published in June 2012, asks that Trusts prioritise the installation of updated software for MiDatabank to enable electronic Yellow Card reporting directly to the MHRA.

Three plenary session presentations at the UKMi PDS in September 2011 highlighted the imminent launch of MiDatabank version 3.1 (MiD V3.1). MiD V3.1 enables Adverse Drug Reaction (ADR) reporting directly from MiDatabank to the MHRA's systems in real time allowing suspected ADR reports to be quickly available for pharmacovigilance investigations which feed the continuous assessment of medicines safety. MiD V3.1 was made available to the MI network in October 2011.

One barrier to the uptake of MiD V3.1 has been the lack of resources within NHS Trusts to allow IT services to carry out the necessary server upgrades and support the work to be carried out. Professor Sir Kent Woods, Chief Executive of the MHRA, wrote to all NHS Chief executives via the Department of Health's 'The Week' communication on Thursday 28th June (number 236) asking for their support in encouraging their IT colleagues to prioritise the installation of MiD V3.1 thus enabling electronic Yellow Card reporting directly to the MHRA.

The MHRA has provided feedback to UKMi on the number of MiD V3.1 ADR reports. The data were sent directly to reporters and forwarded to the whole UKMi network via Maitalk in January, March and May 2012. Support for MI pharmacists, in the form of an ADR quick start guide, SOP and Good Practice Guide, is available via the Help function within the database or via the MiDatabank website at www.midatabank.com/ADRs/UsefulResources.aspx.

Highlights of the first year's reporting (to June 2012):

- 37 MI centres are actively reporting.
- 311 reports of suspected ADRs were made directly to the MHRA via MiD V3.1 of which 206 (66%) were considered serious.
- In the 2nd quarter of 2012 MiD V3.1 reports accounted for 29% of all hospital pharmacist reports and 2.5% of all direct reports.
- Hospital pharmacist reports in this quarter were up 7% compared to the same period in 2011.

Location	Total value	Judged as useable (£)	Location	Total value	Judged as useable (£)
Pharmacy	12,463	10,698	Pharmacy	12,463	10,698
Wards	26,147	12,811	Wards	26,147	12,811
Total	38,610	23,509	Total	38,610	23,509

Suspect Drug	Number of reports	Suspect Drug	Number of reports
Simvastatin	12	Simvastatin	12
Immunoglobulin normal	7	Immunoglobulin normal	7
Lansoprazole	6	Lansoprazole	6
Adalimumab	6	Adalimumab	6
Amiodarone	5	Amiodarone	5
Citalopram	5	Citalopram	5
Ramipril	5	Ramipril	5
Methotrexate	5	Methotrexate	5
Piperacillin and tazobactam	5	Piperacillin and tazobactam	5

Table 1 Top ten suspect drugs reported via MiDatabank

Table 2 Top ten serious ADRs reported via MiDatabank

Identification of hospital-specific quality signals using documented enquiries to the drug information centre of the pharmacy

Cornelia Vetter-Kerkhoff, Jacqueline Richter, Dorothea Strobach Drug Information Centre, Hospital of the University of Munich, Pharmacy Department, Munich, Germany; Drug Information Working Group of the ADKA (German Association of Hospital Pharmacy)

Focal Points

- Enquiries to our Drug Information Department show information needs of a caregiver (nurse or doctor) referring to one patient or a small group of patients
- Is this information need also elsewhere in our hospital?
- How can we use quality signals out of questions to meet information needs in the hospital as a whole and try to enhance patient safety in different areas by using our documentation system -ADKA *Arzneimittel-Info-Datenbank*- as a source of quality signals.

Introduction

Enquiries to the drug information department in the pharmacy show the specific need for information of each enquirer in a single department of the hospital. Our hospital doesn't have pharmacists routinely based on the wards as it is the case in most German hospitals. Is it possible to develop quality signals out of enquiries concerning drug administration, which will after installing hospital wide accessible information materials, possibly improve drug safety in different areas of the hospital?

Method

Documentation of all ward based enquiries of medical doctors or nurses in the *ADKA Arzneimittel-Info-Datenbank* including also the answers of the drug information pharmacist. Retrospectively we evaluated all the enquiries concerning drug administration during 2010 with the statistics tool. All enquiries were evaluated and categorised by content, type of enquirer and department. Integration of the generated quality signals in hospital wide or departmental information products.

Results

Of 1833 documented enquiries and answers in 2010 248 (14%) were dealing with drug administration issues. Quality signals were f.e.: time of administration of oral drugs administration of drugs through jejunal feeding tubes administration of intravenous phenytoin administration of intravenous potassium chloride solution on general wards preparation of intravenous anti-infectives rate of administration and maximal concentration of intravenous drug solutions correct administration of inhalative medication optimisation of SOD (selective oropharyngeal decontamination solution)

Quality signals helped to focus education and training materials for medical and nursing staff, intranet tables and pharmacy information leaflets on hospital-specific topics.

Discussion

The evaluation of enquiries and answers of individual enquirers generated quality signals which could be integrated in information products to improve drug safety information hospital wide. Also other enquiry-types should be evaluated to develop quality signals. In the future enquiry-based quality signal information can be implemented and spread by clinical pharmacists on the wards to enhance patient safety and reduce costs.

Improving patient perception on the provision of medicines information

Aoidin Cooke, Medicines Information Manager. Medicines Information Dept, Central Manchester University Hospitals NHS Foundation Trust.

Introduction

The National In-patient Survey highlighted a need within our Trust to enhance patient perception on the provision of information relating to their medicines. This is extremely important in terms of the CQUIN relating to Patient Experience. It is apparent from the results of this Survey that we are required to improve how we deal with patients throughout their in-patient stay and at the point of discharge, particularly in relation to information about their medicines including side-effects.

Due to the enhanced service to patients already provided by the Medicines Information (MI) Dept via the Pharmacy Medicines Helpline, the MI dept was seen as a key resource by the Trust to initiate change in practice to improve patient perception of the provision of medicines information.

Actions

⑩ *Pharmacy Admissions Leaflet* We produced a pharmacy in-patient admissions leaflet which explains to patients about medicines use in general during their hospital stay. It is used as a means by which the pharmacy team can introduce themselves and advertise their service. In the leaflet we encourage patients to ask questions about their medicines with a member of the Pharmacy team.

⑩ *Core Discharge Checklist* A discharge checklist was produced with nursing input to ensure adequate information was provided at the point of discharge. Patients should be receiving information regarding their medicines throughout their in-patient stay, but reiteration of this information when they are given their discharge prescription and reinforcing this is important. This checklist covers 10 key points to ensure the patient has an adequate level of information for a safe discharge with medicines.

⑩ *Education* To ensure that all nursing staff were comfortable with using the discharge checklist we developed an interactive e-learning package. This highlights the necessity behind patient counselling and the consequences of inadequate information provision. Local training was also provided by ward pharmacists to nursing staff in specific clinical areas.

Follow up

The Survey results for this year will hopefully show an improvement on previous results. We will be able to break down the results and target areas where results indicate a need for improvement. The implementation and documentation of the completion of the checklist is to become part of the Quality ward-based initiatives. Local audit should highlight where further improvements are required. Subsequently, incidents picked up by the Pharmacy Medicines Helpline, relating to poor provision of information to patients should reduce.

Could analysis of patient helpline calls help to determine whether we need a screening tool for women of child bearing age in outpatient clinics?

Charlotte Hay and Laura Smith, Medicines Information Centre, Central Manchester NHS Foundation Trust.

Focal Points

- Majority of drugs in pregnancy or lactation enquiries are received retrospectively.
- Use of a screening tool and promotion of the MI service in outpatient clinics could prompt consideration of the suitability of the medication in women of childbearing potential.

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Introduction

The Medicines Information (MI) Service at Central Manchester NHS Foundation Trust covers a specialist Obstetrics & Gynaecology hospital (St. Mary's) and therefore receives calls relating to the safety of medications in pregnancy and lactation. A project to analyse these calls was undertaken to determine whether the enquiries are made prospectively or retrospectively. It was hoped that examination of these calls would identify whether those relating to existing medications for planned pregnancy or planned breastfeeding were made prospectively. If made retrospectively then the analysis would support the introduction of a screening tool to be used in outpatient clinics.

Method

In order to collect appropriate data two searches of MiDatabank were carried out. Reports for the categories "Drugs in pregnancy" and "Drugs in breast milk" were produced for set time frames; allowing all enquiries relating to these topics to be analysed. Each enquiry form was then examined to determine whether the medication asked about was acute or chronic. For those relating to existing chronic medication the timing was also considered to determine whether the enquiry was made prospectively (pre-conception for pregnancy enquiries, before commencement of breastfeeding for lactation enquiries) or retrospectively, documenting the stage of pregnancy or the age of neonate.

Results

For enquiries relating to chronic medication use in pregnancy the majority were made retrospectively, MI are mostly contacted during the first trimester of pregnancy. In some cases by clinics attended when patients are considering a termination of pregnancy and would like information regarding potential adverse effects of drugs on the foetus. Less than a fifth of calls were made prior to conception. The majority of lactation queries are made in the postnatal period. The enquirer type included new mothers requesting advice about their medication as well as midwives and clinicians.

Discussion

Ideally consideration of the safety of drugs in pregnancy should be given to the prescriptions of all women of child bearing age. Prospective pregnancy enquiries tended to come from secondary care, however, the majority of queries from all clinicians were retrospective. The results show that there is huge potential for a screening tool to prompt clinicians and patients of child bearing potential alike to think in advance about the suitability of their medicines during prospective pregnancies.

Some of the drugs in lactation enquiries were made after the birth of the child despite the medication already being established in the mother before the birth. Ideally, long term medication that the mother is already taking would be considered for its safety before the child is born. Promotion of the MI service in antenatal clinics should encourage earlier consideration of the safety of the medication in breastfeeding. However, prospective lactation enquiries are not always possible as there would be unknowns regarding the neonate's gestational age at birth and their medical condition.

A pilot study in the future will help develop the proposed screening tool and offer an enhanced service to these patients.

Why Do Patients Under The Care of The Royal Eye Hospital Contact the Medicines Helpline?

Aoidin Cooke, Charlotte Hay and Shazia Akram, Medicines Information Centre, Central Manchester NHS Foundation Trust.

Focal Points

- A third of the patient's helpline enquiries at Central Manchester NHS Foundation Trust (CMFT) originate from Manchester Royal Eye Hospital (MREH).
- Analysis of the nature of the calls indicate a consistent, proactive approach to patient counselling could answer the query before the patient leaves the hospital,
- The Medicines Information Team at CMFT have led the development of 'Eye Can See Clearly Now', an eye prescription counselling training pack and competency tool.

Introduction

A card advertising the Pharmacy Medicines Helpline is included with all outpatient and discharge prescriptions dispensed at CMFT. A previous audit has highlighted that a large volume of calls originate from MREH and over 85% could gain benefit from pharmacy input earlier in the patient journey. This audit recommended that counselling to MREH outpatients could be improved. Before the development of a tool to address inconsistencies in counselling, a baseline analysis of enquiry nature was performed thus highlighting areas for improvement.

Method

The advanced search function of MiDatabank was used to identify enquiries documented with the origin 'patient helpline' or 'member of the public' in the time period 1st September 2010-31st August 2011. Keywords relating to the eye were selected (eye, or; eye drops, or; ophthalmology, or; ophthalmic solutions, or; ophthalmic ointments). 123 unique enquiries were returned and were categorised depending on the nature of the enquiry. Whether the queries may have been pre-empted by hospital staff was also considered.

Results

123 patient helpline enquiries originate from MREH, a third of all patient helpline enquiries. Comparison to an audit of calls over the previous 12 months showed that the volume of enquires from MREH patients had increased more than three fold. The majority of enquiries (30%) related to the prescribed regimen; 19% of patients required advice about the suitability of treatment and a further 19% enquired about further supplies of their prescription.

The majority of the enquiries were deemed able to be preventable by effective communication and counselling by hospital staff with pharmacy staff potentially able to address the query in 46 cases.

Discussion

Analysis of the nature of enquiries highlighted the areas of patient counselling which require an improved approach. Based on the results of the analysis the CMFT Medicines Information team, supported by the wider Medicines Management team have created a counselling framework and competency pack specifically for counselling patients with MREH prescriptions. The pack is designed to ensure all aspects of effective counselling for eye prescriptions are covered: general counselling points; indications for treatment; treatments and common adverse effects; administration advice; and, compliance aids. Pharmacy staff who will be handing out prescriptions to MREH patients will be required to demonstrate competency and to achieve and maintain high standards. It is expected that 12 months after full implementation of the pack the proportion of enquiries which may have been prevented by hospital pharmacy staff will have been reduced.

Improving patient counselling at the Manchester Royal Eye hospital (MREH)

Shazia Akram, Charlotte Hay and Aoidín Cooke, Medicines Information, Central Manchester & Manchester Children's University Hospital NHS Foundation Trust

Focal Points

- 37% of enquiries received by the medicines information service between September 2010 and September 2011 from MREG patients could have been resolved by Pharmacy staff if effective counselling had been used.
- A patient survey was conducted to assess whether the counselling being given by Pharmacy met their requirements and highlighted any areas for improvement.
- A training and competency pack for outpatient dispensary staff was developed to ensure consistent and comprehensive counselling for all MREH patients.

Introduction

There was an observation by MI pharmacists that the majority of eye-related enquiries were received from patients. Analysis of all eye-related enquires received from September 2010 and September 2011 indicated 37% of these could have been resolved by Pharmacy staff through appropriate counselling when giving out prescriptions. Following the development of a training and competency pack for staff working in MREH who are requested to counsel patients on medications, the quality and consistency of counselling provided to patients has shown improvement.

Methodology

34 MREH patients who had just received their prescription were consented and surveyed to assess whether the counselling given by Pharmacy met their expectations. A training and competency pack for counselling MREH patients was developed. The training pack was rolled out to selected staff and a 2 week pilot study of the training pack was launched. 27 MREH patients were re-surveyed to assess if any improvements were made following the new prescription counselling. Questions asked to participants included how would you rate the explanation given for what the eye drops are for; how often and how long to use the eye drops; side effects of medication; the order in which to instil the eye drops and where to obtain further information.

Results

Patients in the pilot survey (after training pack introduction) were asked whether any information they received was new to them (i.e. not duplicated after attending clinic). 85% of patients said at least some information was new. 22% of patients said there had been some repetition of information given to them by clinicians (this related to eye drops and indication of the eye drops). 93% of patients felt the information given to them was sufficient. A 30% improvement was seen in the explanation given to patients on how to use their eye drops. The quality of which had improved by 20%. A 28% improvement was seen in the explanation provided for order of eye drops instillation.

Discussion

The results are slightly limited, as only patients surveyed during the Pharmacy department pilot received the new counselling. Nevertheless, they indicate a definite improvement in the provision of information. Once rolled out to all pharmacy staff, any inconsistencies in approach to counselling due to lack of education should be minimised. The training pack will initially be completed by pharmacists and technicians in the adult outpatient pharmacy. Nurses and clinical support workers may also complete the training, to deliver this information to patients in the clinic alongside pre-dispensed medication, thus reducing waiting times in clinic and at pharmacy for their prescription. Improvements in the consistency and quality of counselling to MREH patients are constantly ongoing. 'Bigword' telephone translation services have been introduced into all dispensaries and there are plans for development of further counselling tools for visually impaired patients and patients whom English is not their first language.

Medicines Information Awareness Audit

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Focal Points

- We wanted to know how aware staff are of Medicines Information and how we could improve this and the service we offer.
- Our results showed that although 78% of hospital staff had heard of Medicines Information only 23% had actually contacted the service.
- We concluded that Medicines Information needs to be promoted at a ward level and the service developed according to the changing needs of the users.

Introduction

In April 2011 South London Healthcare Trust (SLHT) Medicines Information (MI) Centre was opened. This was the result of the merging of three local MI centres in order to centralise the service across the newly formed trust. In order to try and investigate the unexpected fall in enquiry numbers we decided to audit healthcare workers awareness and perception of the MI service within SLHT. We used the following standard to assess staff awareness;

1. 100% of hospital staff have heard of Medicines Information
2. 100% of hospital staff know how to contact Medicines Information
3. 100% of hospital staff know that Medicines Information is provided by Pharmacy

Methods

A data collection form was designed and three healthcare professionals from every ward at all three sites within SLHT, excluding healthcare assistants and pharmacy staff, were asked to fill in the questionnaire.

Results Table 1: Table of data for all sites (QMS, QE & PRUH). 144 people were surveyed.

<i>Location</i>	<i>Total value</i>	<i>Judged as useable (£)</i>	<i>Cost of MI service (£)</i>
Pharmacy	12,463	10,698	257
Wards	26,147	12,811	321
Total	38,610	23,509	678

Suspect Drug	Number of reports
Simvastatin	12
Immunoglobulin normal	7
Lansoprazole	6
Adalimumab	6
Amiodarone	5
Citalopram	5

Discussion

The results of the data clearly show that none of the standards are currently being met. Although the audit highlighted some reasons why our enquiry numbers are not as expected, there may be other contributing factors that have not been taken into account. These are primarily to do with having to provide a service across three sites that have been used to working independently until recently. In conclusion, there is not a high enough awareness of the MI Service within SLHT. This has led to a decrease in the number of users and hence the number of enquiries received by the MI centre. Staff awareness of the service will have to be raised through effective advertisement and championing of the service by pharmacy at a ward level.

Evaluating the Development of a National Service providing Medicines Information for Palliative Care

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Focal Points

- To examine the work of a new national medicines information (MI) service which responds to enquiries (enqs) about medicines in palliative care (PC) and to gain an insight into the information needs of health professionals using the service.
- A wide range of healthcare professionals, including doctors, nurses and pharmacists used the service.
- Drug administration and dosage formed the largest category of enquiry.
- Data from the service demonstrates demand among health professionals in Ireland for a medicines information service for PC.

Introduction

To examine the work of a new national medicines information (MI) service which responds to enquiries (enqs) about medicines in palliative care (PC) and to gain an insight into the information needs of health professionals using the service. The service is provided by pharmacists at a specialist centre for PC in Ireland.

Methods:

Information was extracted from the database of enquiry responses. Enquiries were categorized according to the symptom they related to and according to type of information requested. Time spent on responding to information requests was evaluated.

Results:

Total number of enquiries received since national launch of the service was 292. At least 59% were from practitioners working in specialist PC. 17% of enquiries were from practitioners in primary care. Doctors submitted 39% of enquiries, while 33% and 28% of enquiries were received from nurses and pharmacists respectively. 45% of enquiries related to medicines for pain alone or to medicines for pain and other symptoms. Drug administration and dosage formed the largest category of enquiry. Information on equi-analgesic doses of opioids was sought in 10.3% of enquiries, while 9.9% related to compatibility of injectable medicines. Ranked in accordance with UKMi guidelines, 88% of enquiries were complex (level 2 or 3), defined as requiring review of multiple sources and often requiring professional judgement. Proactive activities included development of patient information leaflets and PC guidelines. Average time spent on responding to an enquiry was 3.75 hours and total time spent over one year was 1,095 hours.

Conclusion:

Data from the service demonstrates demand among health professionals in Ireland for a medicines information service for PC. When compared with medicines for other symptoms, demand for information on medicines for pain predominated. The complexity and time-intensive nature of enquiries may be related to high numbers of enquiries about unlicensed use of medicines, of which further review is proposed.

Development of a neonatal formulary: collaborative working between Medicines Information and pharmacy and directorate teams

Dave Abbott, Leeds Medicines Information Centre, Leeds Teaching Hospitals NHS Trust

Abstract

The neonatal service at Leeds Teaching Hospitals NHS Trust (LTHT) is a tertiary service providing care to neonates on two sites across Leeds. In 2010 it was decided that the current prescribing and administration guide would be updated and accessed via our intranet. The project involved developing a template for prescribing and administration monographs, producing monographs for all key products used on the neonatal units, and developing a site to host the information that would be accessible from all areas of the Trust.

A group was convened including medics, nurses, specialist pharmacists and Medicines Information pharmacists to develop this resource. The development was collaborative between all groups, but the skills and knowledge that Medicines Information pharmacists brought were:

- Advising on appropriate standard search strategies
- Research on more complex / controversial aspects
- Guidance on record keeping, audit trail and quality assurance requirements
- Contacts with IT specialists to facilitate hosting

During development, the decision was taken to integrate the new guide into the Trust electronic formulary (netFormulary - Nottingham University Hospitals NHS Trust) as an additional 'neonatal formulary' chapter. Because of this decision, the features of the netFormulary could be exploited to add links to local, regional and national guidelines, expanding the scope of the project to an information hub for the use of medicines on the neonatal units.

The neonatal formulary has been live for approximately 1 year and is highly regarded as a clinical resource by nurses, medics and pharmacists. It is accessed between 20 and 40 times a day.

Future collaborative work on the neonatal formulary includes reviewing the existing information and expanding the number of monographs available via the formulary. We are also looking at the feasibility and appropriateness of expanding access to other neonatal units within the Yorkshire Neonatal Network.

Within Medicines Information we are using the development of the neonatal formulary as a model for future collaborative working between ourselves and other clinical areas and the lessons we have learnt are feeding into our next project of Medicines Information providing governance over all information on medicines produced and distributed by LTHT Medicines Management and Pharmacy Services.

An evaluation of Medicine Information Services at Cambridge University Hospital NHS trust: A review of five years data

David Wright, James Desborough, John Wood, Nadwa Alkhalidi, Tim House, Medicine Information Centre, Cambridge University Hospital NHS Trust, Medicine Management Team, Pharmacy Practice Department, University of East Anglia, Norwich.

Focal Points

- The aim of this evaluation was to describe the changing medicine information (MI) workload over the last five years and predict which factors influence time spent answering each query.
- MI centre received a monthly average of 180 enquiries with different complexity levels, mainly level 2 enquiries.
- The proportion of level 3 enquiries received by MI centre remained constant over the last five years
- The workload model can be useful to predict the time needed handling MI enquiries.

Introduction

The medicine information (MI) centre at Addenbrookes hospital has been recording enquiries on MI-Databank for the past five years. However, like most centres it has not had the opportunity to review enquiries to determine any changes in service provision over time and identify alternative strategies based on workload model for managing enquiries. Therefore, the aim of this evaluation was to identify any changes in enquiries trends including complexity levels received over the last five years and identify predictors for enquiries that are likely to take more time or be more complex.

Method

Following a one month pilot data collection period all enquiries registered on MI databank for the months of May and October for all years from 2006 to 2010 were included in the analysis. These months were selected because they stand for a sample of typical months that represent the common service users, enquiry types and enquiry complexity levels. In which, enquiry complexity can be classified in to three levels depending on standard criteria (e.g. literature search) established by the UKMi. All data was statistically analysed using Microsoft excel and SPSS version 18.0 (SPSS Inc., Chicago IL). Multiple linear regression analyses were used to measure the contribution value of the individual factors in the workload model (enquiry user, complexity levels, and category) and their affect on time taken handling MI enquiries. P values < 0.05 were considered statistically significant.

Results

1605 MI enquiries were analysed over the last five years. Results showed that most enquiries were recorded as level 2 (47%), or level 1 (42%) with fewer level 3 (11%) enquiries. Throughout the evaluation period, hospital pharmacy staffs have been the main users of the service and more than 30% of their enquiries were recorded as administration/dosage. Other common enquiries types received were choice of therapy, and pharmaceutical, however, administration/dosage was the main type increasing over the last five years. MI workload significantly predicted the significant factors affecting time spent answering the enquiries (adjusted $R^2 = 0.35$, $P < 0.001$). Thus, enquiries came from dietician and consultants were consuming more time handling their enquiries.

Conclusions

The centre provided a constant information service in respect to enquiries numbers, complexities, categories, and users. However, the number of level 1 and level 2 enquiries was increased over the study period and mainly from hospital pharmacists. Accessing to the most common resources to answer these enquiries by hospital pharmacy may help to reduce the MI workload and give them more time to deal with complex enquiries. The time spend answering enquiries can be predicted by using workload equation. The workload model can be useful to predict the time needed handling MI enquiries and also for evaluating and comparing changes in the complexity of enquiries over time.

Can LactMed be used as a standalone resource?

Kelly Anderson and Laura Kearney, Trent Regional Medicines Information Centre, Leicester Royal Infirmary, Leicester.

Focal Points

- Is LactMed comprehensive enough to be used as a standalone resource for all breastfeeding enquiries?
- LactMed is an extremely useful resource; however there are limitations, and occasions where additional resources are necessary.
- Limitations include: drugs missing from the database, the recommendations regarding suitable alternatives, and inconsistencies regarding use in prematurity.

Introduction

LactMed is an American database. It gives information in the form of monographs on the use of drugs in breastfeeding. It is free to access and is a valuable resource for breastfeeding enquiries. This research aimed to determine more about the database (e.g. how it is updated and maintained), and to assess whether it can be used as a standalone resource.

Method

Forty complete breastfeeding enquiries were selected from the Trent Regional Medicines Information Centre from the period 1st November 2011 to 1st May 2012 and were reviewed retrospectively. The search strategy used for each enquiry was recorded. Information provided in the answer was compared to the information provided in LactMed. An answer was attributed solely to LactMed where the LactMed monograph was sufficient to fully answer the enquiry, even if other resources had been used. Where additional resources were required, the information taken from them was documented. Sub-analysis was carried out looking specifically at how useful LactMed was in answering enquiries involving premature infants and multiple drugs.

Results

LactMed is written and peer reviewed by pharmacists. Literature is searched for relevant breastfeeding articles weekly, and the database is updated with any new information monthly.

The information provided by LactMed was used as part or all of the answer in 72.5% of the enquiries. In 37.5% of the enquiries LactMed was the only resource needed to give a full answer. It proved most useful in full term, healthy infants where monotherapy was being used. If the clinical situation was complicated by multiple medications, an unwell or premature infant, or the drug not being advised in breast-feeding; LactMed could not be used as a standalone resource.

Discussion

LactMed has been shown to be a valuable resource. Where a monograph is available it is considered comprehensive and up to date. The observed limitations of the database include:

- Some monographs are missing (e.g. dihydrocodeine and ondansetron)
- Suggested alternatives section is not always present. If it is present, it is not clear which alternative would be most preferred, and does not make suggestions across drug classes.
- Uncertainty about whether the information can be applied to premature infants. Rarely, advice on suitability in premature infants is given regarding prematurity. However, prematurity is generally not mentioned. Where it is not mentioned, it is unclear whether the general advice can be applied to premature infants or not.

LactMed can be used as a standalone resource for enquiries involving single medications in full term and healthy infants. This may save enquiry answering time. Other resources must be referred to if the mother is taking multiple medications, the medication is not advised during breast-feeding, or the infant is unwell or premature.

Does the Injectable Medicines Guide meet the needs of healthcare professionals in Leicester?

Gill Stead, Principal Pharmacist, Medicines Information, University Hospitals Leicester

Introduction

In April 2011 the Injectable Medicine Guide (IMG) was adopted by University Hospitals of Leicester NHS Trust (UHL) as the recommended resource for health care professionals on the preparation and administration of intravenous (IV) drugs in adults. This decision was in response to a lean working directive as our in-house adult IV monographs were all due to be reviewed proving a considerable workload.

The IMG is an online resource. However at the request of nursing staff, clinical areas were supplied with a folder containing up to 100 of the IV guides relevant to that clinical area as computer access was considered to be too limited. The folders are updated biannually.

Method

In March 2012 an electronic survey was designed and circulated to all nurses, pharmacists and doctors within UHL to ascertain whether the IMG meets their needs.

Results

The majority of staff use the IMG as the main resource for administering IV preparations but the BNF, ward pharmacist, package insert, Summary of Product Characteristics and the Medicines Information Service are also used. It is unclear under what circumstances other resources would be used and also how frequently they are used.

Most staff use paper copies kept in the folders in their clinical areas (67.5%) with only 32.5% accessing the information online. The greatest barriers to using the online version were not being able to find the link to the website or not being able to access a computer. Another reason put forward was that the paper version was quicker and easier to use in an emergency.

Approximately 85% rated the overall clarity and content of the individual IV guides as good to excellent although several people commented that the writing style could be more directive and straightforward. Some specific individual guides were identified as being problematic.

Most respondents thought most of the information was either essential or very useful apart from the following categories which were thought to be occasionally useful; displacement value, sodium content, osmolarity, pH, product risk factors, infusion pump.

Discussion

The results show that overall the IMG does meet the requirements of healthcare professionals within UHL for preparing and administering IV medicines.

Staff predominantly rely on paper copies of the IMG which is not ideal as these need to be continually updated. The ideal would be to use the online version only and therefore accessibility and awareness needs to be improved. This will be partially addressed by a link via a new electronic prescribing system which is currently been rolled out across the Trust, with better computer access as a result, and in the interim to re-engage with IT to add a desk top link.

Overall staff rated the clarity and content of individual IV guides as good to excellent. However the aim for the national steering group should be for all IV guides to be rated as "good" as a minimum. Individual IV guides that have been highlighted as problematic will be followed up.

Following a comment on inconsistencies between local policies and the Injectable medicine guides, a further recommendation would be that the Trust endorse inclusion of the IMG as part of the standard evidence based procedure when writing a guideline that includes intravenous administration of a drug.

- AstraZeneca UK
- Bayer HealthCare
- Biogen Idec
- Bristol-Myers Squibb
- Durbin
- GlaxoSmithKline
- Lilly UK
- Lundbeck
- Napp Pharmaceuticals
- Novartis Pharmaceuticals
- Pfizer
- Quintiles – Novo Nordisk
- Rosemont Pharmaceuticals
- Sandoz
- Sanofi-Aventis
- Teva UK

- CoAcS
- CPPE
- EBSCO Information Services
- eMC (Datapharm)
- Haymarket Medical (MIMS)
- netFormulary
- NHS Evidence
- NHS Injectable Medicines Guide
- Pharmaceutical Press
- Royal Pharmaceutical Society
- RSM Press
- Springer Healthcare - Adis
- Truven Health Analytics - Micromedex
- Wolters Kluwer Health - Ovid

UKMi Exhibitors

- UKMi Clinical Governance Working Group
- UKMi Education & Training Working Group
- UKMi New Products Working Group

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