UK Medicines Information
PRACTICE DEVELOPMENT
SEMINAR 2013

Programme
and
Proceedings

39th UKMi Practice Development Seminar
Birmingham NEC, 13th September

In association with

TRUVEN HEALTH ANALYTICS MICROMEDEX® 2.0

39th UK Medicines Information Practice Development Seminar Birmingham 13th September 2013

UKMI 39th Professional Development Seminar – Birmingham 13th September 2013

Programme

09.30	Registration and refreshments	
10.00	Welcome to Birmingham & UKMi Annual Report	Ben Rehman *Chair- UKMi Executive*

Plenary Session 1: UKMI future strategic direction

Chair: Ben Rehman, *Director, London Medicines Information Service*

10.05	Specialist Pharmacy Services (SPS) Review	David Webb / Ron Pate *Team Leads for National Review of Specialist Pharmacy Services*
10.25	SPS Review MI perspective	Ben Rehman *Director, London Medicines Information Service*
10.45	Question & answer session	
11.00	**Comfort break**	

Plenary 2: RPS Faculty & ACLF – taking the profession forward

Chair: Sue Dickinson, *Director of Pharmacy, Regional Drug and Therapeutics Centre, Newcastle-upon-Tyne*

11.15	RPS Faculty & the ACLF – What you need to know	Hannah Wilton *Royal Pharmaceutical Society, Faculty Practitioner Expert*
11.40	How to use the ACLF and RPS Faculty for career progression	Dr Louise Dunsmure *Advanced MI Pharmacist - Patient Information Lead, Leeds Teaching Hospitals NHS Trust*
12.00	Question & answer session	

Plenary Session 3: Information resources update

Chair: Katie Smith, *Director, East Anglia Medicines Information Service*

12.10	Medicines in compliance aids database	Trevor Beswick *Director of South West Medicines Information & Training Service*
12.15	Drugs in breast feeding database	Peter Golightly *Director of Trent & West Midlands Medicines Information Services*
12.20	NICE Evidence – medicines search top tips	David Erskine *Director, London & South East Medicines Information Service*
12.30	**Lunch, posters and exhibition**	

Plenary 4: Polypharmacy – implementing change

Chair: Carol Roberts, *Strategic Prescribing and Medicines Optimisation Lead, Eastern Academic Health Science Network*

14.00	Pragmatic approaches to polypharmacy: better guidelines in a multimorbid world	Dr Martin Wilson *Consultant Physician, Raigmore Hospital, Inverness* & Alpana Mair *Deputy Chief Pharmaceutical Officer, Scottish Government*
14.50	Optimising safe and appropriate medicines use	Katie Smith *Director, East Anglia Medicines Information Service*
15.15	Question & answer session	
15.30	**Tea break**	

Plenary Session 5: The Francis Report and medicines safety

Chair: David Erskine, *Director, London & South East MI Service*

15.50	The Francis Report – The Stafford experience	Peter Cooke *Chief Pharmacist, Sandwell and West Birmingham NHS Trust*
16.10	The Francis Report – medicines safety issues	Dr David Cousins *Senior Head of Safe Medication Practice and Medical Devices, NHS England*
16.35	Question & answer session	

Prize giving and closure

Chair: Ben Rehman, *Director, London Medicines Information Service*

16.45	2013 UKMI award for outstanding contribution to MI
16.55	2013 UKMI PDS poster award
17.00	Seminar closing comments

Dear Delegate

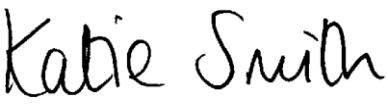
Welcome to the Midlands, The Hilton Birmingham Metropole Hotel and the 39th UKMi Practice Development Seminar. We have put together a professional programme that reflects current pharmacy-wide and MI specific topics of interest to inform and inspire you.

We are heavily indebted this year to Micromedex / Truven Health for their sponsorship of the Seminar, which has made the event possible, and our professional partners who continue to support us. The exhibition contains a number of posters from your peers for your professional perusal. With your active participation we hope this will make the event the professional and social success it has been for many years.

As usual we are very appreciative of the work the organising committee has undertaken and to the UKMI members and external speakers who are contributing to make this event a success.

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

We look forward to meeting you during the day.



Katie Smith **Peter Golightly**

on behalf of UKMi PDS Organising Committee

Seminar Organising Committee

Katie Smith – Programme Co-ordinator & Posters

East Anglia Medicines Information Centre, Ipswich Hospital

Peter Golightly – Exhibition, Finance & Local Organiser

Trent & West Midlands Medicines Information Services, Leicester Royal Infirmary

Trevor Beswick

South West Medicines Information and Training Centre, Bristol Royal Infirmary

Ben Rehman

London Medicines Information Centre, Northwick Park Hospital, Harrow

Fiona Woods

Welsh Medicines Information Centre, University Hospital of Wales, Cardiff

Christine Proudlove

North West Medicines Information Centre, Pharmacy Practice Unit, Liverpool

David Erskine

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

Sue Dickinson

Northern & Yorkshire Regional Drugs & Therapeutics Centre, Newcastle

Janice Watt

Area Medicines Information Centre, Glasgow Royal Infirmary

Seminar Administration Team

Clare Nelson – Local Organiser

Trent Medicines Information Centre, Leicester Royal Infirmary

James Turton

IT support and Website Design, Queens Medical Centre, Nottingham

Sandra Wharton

London Medicines Information Centre, Northwick Park Hospital, Harrow

Contents – Conference Proceedings

Practice Research Posters

Practice Development Posters

Opening session

Welcome to Birmingham

Ben Rehman**,** *UKMi Executive Chairperson and 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.

Annual report of UKMi

A report of the activities and developments of the UK Medicines Information network (UKMI) during 2012/2013.

Plenary session 1 – UKMi future strategic direction

Chair: 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.

Specialist Pharmacy Services (SPS) Review

David Webb & Ron Pate – *Team Leads for National Review of Specialist Pharmacy Services*

David Webb
No available

Ron Pate

Ron Pate is currently a Consultant Pharmacist and co-lead to the 2013 review of the Specialist Pharmacy Service in England. Formerly he was Secondary Care Pharmaceutical Adviser to the Department of Medicines Management at Keele University, Secondary Care Pharmaceutical Adviser to the West Midlands Strategic Health Authority (NHS West Midlands) and, prior to this, Clinical Director Pharmacy and Medicine Management Services for the Dudley Group of Hospitals. Ron is a past President of the Guild of Healthcare Pharmacists (1992-94) and was former Honorary Secretary to the European Association of Hospital Pharmacists (1996-2000). In his former role, Ron supported NHS West Midlands in the performance management of former regional pharmacy specialist services, including Medicines Information.

Abstract
Specialist Pharmacy Services (SPS) are delivered using specialist pharmaceutical expertise and provided at scale across many health organisations. They support improvements in safety and outcomes, and the delivery of medicines optimisation. Much of the work of UKMi is delivered through arrangements for SPS.

Commissioning and delivery of SPS varies across England and in the devolved administrations. The significant structural changes to the NHS in England have provided an opportunity to re-visit historic models and to mould and shape SPS configuration and delivery for the future.

This presentation will focus on the interim results from the review of SPS in England. It will reflect on current arrangements, talk through the process that has been followed in reviewing delivery, and outline interim recommendations for future commissioning and deployment with a particular emphasis on the MI function.

SPS Review MI perspective

Ben Rehman, *Director, 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 UKMi Executive Group has been engaged and involved in the review of specialist pharmacy services. This talk will reflect on the process and in particular how UKMi defined its activity and outputs in response to the review. The presentation will move on to discuss the opportunities now present, and in particular the coalescences between the review's findings and our national consultation on medicines optimisation. To close, the presentation will focus on how implementation of the review's recommendations might be achieved.

Plenary session 2 – RPS Faculty & ACLF – taking the profession forward

Chair: Sue Dickinson, *Director of Pharmacy, Regional Drug and Therapeutics Centre Newcastle-upon-Tyne*

Sue has been Director of Pharmacy at the Regional Drug and Therapeutics Centre (RDTC) in Newcastle for the past seven years having worked at the centre since 2000. She has a broad spectrum of professional experience gained in community pharmacy (large multiples and small independents), GP practice work, hospital pharmacy and bespoke prescribing analysis and support. She is currently adding to this experience as Professional Secretary to UKMi whilst simultaneously attempting to avoid any responsibility for spelling errors or factual inaccuracies in the Exec minutes! Sue represented UKMi on the Workstream II Sub Group of the Modernising Pharmacy Careers programme.

The RDTC aims to promote the safe, economical and effective use of medicines within the NHS across its stakeholder organisations, delivering a broad range of services for healthcare professionals including regional level Medicines Information.

RPS Faculty & the ACLF – What you need to know

Hannah Wilton, *Royal Pharmaceutical Society, Faculty Practitioner Expert*

After graduating with MPharm from Aston University in 2002, Hannah completed her pre-registration and foundation level training at Guys and St Thomas' NHS Foundation Trust. She went on to hold senior pharmacist positions in neurology at Barts and the London and Cardiology at UCLH before becoming Lead Pharmacist for Cardiac Services at the Heart Hospital in 2009. She is a pharmacist independent prescriber contributing to the advanced heart failure service at UCLH and has strong links with the Cardiomyopathy Association (CMA), both working with regional patient support groups, giving information and advice about medication side effects and the aims of optimising treatments, and speaking at the CMA annual general meeting. She has a particular interest in patient flow and improving patient experience and her most recent work focuses on improving patient pathways and maximising the quality and timeliness of information given to patients after an acute hospital admission.
Hannah is an honorary lecturer at UCL supervising undergraduate students through early exposure to hospital pharmacy practice and regularly contributes to medical and pharmacy undergraduate student programs. She is part of a team developing a curriculum and assessment tool for advanced and consultant level specialist cardiac pharmacists in conjunction with the UKCPA and Royal Pharmaceutical Society. She has been working alongside the RPS producing development tools for the Faculty launch and is about to take the position of Faculty Development Lead.

Abstract

Not available at this time.

How to use the ACLF and RPS Faculty for career progression

Dr Louise Dunsmure, *Advanced MI Pharmacist – Patient Information Lead, Leeds Teaching Hospital NHS Trust*

Louise is a Medicines Information pharmacist at St James's Hospital with a specialist interest in patient information. Prior to working in Medicines Information, Louise worked as lead pharmacist for neurosciences. She recently completed her Doctorate in Pharmacy and her research study considered patients' perceptions of the management of medicines during a hospital admission, including the availability of information about medicines.

Louise has used the ACLF throughout her career to reflect on her current level of practice and to identify future development opportunities. She is currently trying to move towards regularly using the APF and exploring the tools provided by the Faculty.

Abstract

The session will consider how the APF and the Faculty can be used to support career progression for MI pharmacists.

The session will include some practical examples of identifying gaps in practice and developing methods to address these gaps.

Plenary session 3 – Information resources update

Katie Smith, *Director, East Anglian Medicines Information Service*

Katie Smith has been Director of the East Anglia Medicines Information Service since March 2007. The East Anglia Medicines Information Service is based at Ipswich Hospital and covers the CCGs and acute Trusts based in Bedfordshire, Cambridgeshire, Norfolk and Suffolk. Katie started her medicines information career 10 years previously in 1997, after a brief period with Boots the Chemists as a Consultant Pharmacist. She has held a range of medicines information roles at the East Anglia MI Service and now writes and reviews a variety of evidence based documents on medicines for various local, regional and national groups.

Medicines in compliance aids database

Trevor Beswick, *Director of South West Medicines Information & 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.

Abstract

This will be a brief update on the development of the UKMi database of advice about the stability of tablet and capsules in medicines compliance aids. It will review how the database has been developed, report on the pilot work and the next steps in its development.

Drugs in breast feeding database

Peter Golightly, *Director, Trent & West Midlands Medicines Information Services*

Peter is Director of the Trent and West Midlands Medicines Information Services. He established the Trent Regional Medicines Information Service at Leicester Royal Infirmary in 1976 and assumed role of Director of West Midlands MI Service 2007. He has been a member of UKMi Executive (previously DIPG) since 1976 and has been its Chair for two periods - 1979 to1982 and 1995 to 2004. His main special professional clinical interest is drugs in lactation, having established the national advisory service, UK Drugs in Lactation Advisory Service (UKDILAS), in 1980. He was made a Fellow of the Royal Pharmaceutical Society in 2012 for services to pharmacy.

Abstract

One of the main 'specialist' advisory services provided from UKMi is 'Drugs in Lactation'. This service, the UK Drugs in Lactation Advisory Service (UKDILAS), was established as a national service in 1980 and provided jointly by Trent and West Midlands Regional Medicines Information Services. The joint service is aimed mainly at supporting local medicines information services on all medicines-related aspects of lactation, but is also available to all health care professionals in the NHS, as well as to breastfeeding support organisations such as La Leche League.

A new web-based database will be launched in September which will provide an individual risk-based assessment of all drugs currently used in the NHS and included in the British National Formulary. The database stratifies risk according to the evidence available and the known and possible risks to a breastfeeding infant of administering a medicine to the mother. It also advises, where possible, on alternative medicines which have a lower and more acceptable risk rating. It provides a link to an evidence source which presents a more detailed assessment of the published evidence and which agrees most closely with the views of, and assessment by, UKDILAS. The presentation will give an overview of the development of the new database, its current status and plans for future development.

NICE Evidence – medicines search top tips

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

David is Director of the London & South East Medicines Information Service. He was instrumental in developing the web-based portal for medicines information NeLM which has recently been subsumed into NICE Evidence Services. He was awarded an honorary fellowship of the College of Pharmacy Practice in recognition of how this work had contributed to the development of practice. David is a member of the London Cancer New Drugs Group, the DTB editorial board and NICE Evidence Services editorial board. He was involved with planning and delivering the pharmacy service for London 2012 with particular responsibility for developing the Olympic formulary. In 2013 he was awarded a fellowship of the RPS.

Abstract

In April 2013, the UKMI product National electronic Library for Medicines was integrated into NICE Evidence services to form part of a comprehensive resource that provides internet access to high quality authoritative evidence and best practice. The NICE Evidence services cover health, social care and public health evidence.

In this session we will explore the range of medicine information resources that are available and discuss practical ways of promoting effective use of the site.

Plenary session 4 – Polypharmacy – implementing change

***Carol Roberts**, Strategic Prescribing and Medicines Optimisation Lead, Eastern Academic Health Science Network*

Carol has recently been appointed as the Assistant Director of Clinical Strategy for NHS England – East Anglia and the Strategic Prescribing and Medicines Optimisation Lead for the Eastern Academic Health Science Network (PrescQIPP).

She has 15 years' experience working in primary care and the past 3 years as the SHA Pharmacy and Prescribing Lead for the East of England and NHS Midlands and East.

In the East of England Carol has set up and lead the QIPP Delivering Prescribing Efficiencies Workstream (PrescQIPP) which, has gone from strength to strength.
Carol also managed the Cancer Drug Fund and for the past five years Carol has been the Eastern Region Lead for the Home Oxygen Service.

Nationally Carol has been involved with a number of major projects:

- *The development of the UK PharmaScan Horizon scanning data base.*
- *The 'Specials' Group to reduce the use and costs of unlicensed Specials.*
- *Innovation, Health and Wealth - NICE TA Formularies T&FG*
- *Hackett Report - Homecare Medicines - governance in acute trust*

Pragmatic approaches to polypharmacy: better guidelines in a multimorbid world

***Dr Martin Wilson,** Consultant physician, Raigmore Hospital Inverness*
***Alphana Mair,** Deputy Chief Pharmaceutical Officer, Scottish Government*

Alpana Mair

Deputy Chief Pharmaceutical Officer and Prescribing Adviser/Therapeutic Partnership Lead with Scottish Government

- *Board Member Royal Pharmaceutical Society*
- *Pharmacist independent Prescriber NHS Lothian*

Developed models for integrated delivery of medication reviews across health and social care
Developed and implemented and evaluated models for pharmacist led polypharmacy reviews in NHS Lothian integrating with Anticipatory care planning including

- *Chaired and lead the group that developed NHS Scotland Polypharmacy guidance and on national Scottish Government group to support polypharmacy and ACP work across Scotland.*

Martin Wilson

Consultant Physician with interest in care of the elderly. Raigmore Hospital in Highland since 2006
Main interests
Care of older adults in remote /rural areas
Parkinson's disease
Involved in the development of strategies aimed at enhancing community based care of older adults and those with multiple morbidities. Most recently in the development of local and (Scottish) national guidelines on the management of Polypharmacy

Abstract
Necessary polypharmacy is a feature of modern therapeutics. It is not without risk and elderly or frail patients are especially vulnerable. Four out of five people aged over 75 years take a prescription medicine and 36 per cent are taking four or more. Patients on multiple medications are more likely to suffer side effects from their medicines, which is more related to the number of co-morbidities than the patient's age. This is accompanied by a clear and steady increase in the number of patients admitted to hospital with side effects from their medicines.

This presentation will

- Discuss the concepts of multimorbidity and frailty in relation to prescribing
- Outline the limitations of current single-disease specific guidelines when faced with frail or multimorbid adults.
- Outline the need for the development of specific guidelines to aid prescribers when faced with a patient with multiple conditions on multiple drugs
- Outline research to date that has helped develop models of delivery in health boards
- Describe the development of a Scottish Guideline 'Polypharmacy Guidance for the review of Quality, safe and effective use of long-term medication"
- Outline the drug review process described in this guideline which for each medication is…
    1. Is there a valid and current indication? Is the dose appropriate?
    2. Is the medicine preventing rapid symptomatic deterioration?
    3. Is the medicine fulfilling an essential replacement function?
    4. Consider medication safety
    5. Is the medicine causing:
        i. Any actual or potential ADRs?
        ii. Any actual or potentially serious drug interactions?
    6. Consider drug effectiveness in this group/person?
    7. Are the form of medicine and the dosing schedule appropriate? Is there a more cost effective alternative with no detriment to patient care?
    8. Do you have the informed agreement of the patient/carer/welfare proxy?
- Improvement measures to demonstrate change

Optimising safe and appropriate medicines use

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

Katie Smith has been Director of the East Anglia Medicines Information Service since March 2007. The East Anglia Medicines Information Service is based at Ipswich Hospital and covers the CCGs and acute Trusts based in Bedfordshire, Cambridgeshire, Norfolk and Suffolk. Katie started her medicines information career 10 years previously in 1997, after a brief period with Boots the Chemists as a Consultant Pharmacist. She has held a range of medicines information roles at the East Anglia MI Service and now writes and reviews a variety of evidence based documents on medicines for various local, regional and national groups.

Abstract
Research and practice has demonstrated the value of regular medication reviews to optimise medicines use and reduce the risk of medication errors, particularly in care homes. Optimising medicines use may result in a medicine being stopped, and often there is no information to say how to do this. The development of the 'Optimising Safe and Appropriate Medicines Use' tool summarises evidence based recommendations for which medicines can be discontinued and highlights those which should be continued. Use of the tool in practice has shown that the advice on which medicines to focus on, based on the clinical need and cost risks, can also be used as an education aid.

Plenary session 5 – The Francis Report and medicines safety

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

David is Director of the London & South East Medicines Information Service. He was instrumental in developing the web-based portal for medicines information NeLM which has recently been subsumed into NICE Evidence Services. He was awarded an honorary fellowship of the College of Pharmacy Practice in recognition of how this work had contributed to the development of practice.

He is a member of the London Cancer New Drugs Group, the DTB editorial board and NICE Evidence Services editorial board. He was involved with planning and delivering the pharmacy service for London 2012 with particular responsibility for developing the Olympic formulary. In 2013, he was awarded a fellowship of the RPS.

The Francis Report – The Stafford experience

Peter Cooke, *Chief Pharmacist at Sandwell and West Birmingham NHS Trust*

Other than my first pharmacist job where I spent a couple of years in Yorkshire at the LGI my whole career has been in the West Midlands in Dudley, Birmingham, Wolverhampton and Stafford. I was Director of Pharmacy for Mid Staffordshire for the last four and a half years and have just moved to be Chief Pharmacist at Sandwell and West Birmingham. I am a past-President of the Guild of Healthcare Pharmacists, and was a Board Member of EAHP.

Abstract
Everyone is aware of the events at Mid Staffordshire, but probably more from the press than from the extensive investigations/reports published. This presentation will discuss from a pharmacy perspective the issues arising prior to the original report and the challenges faced over the last four and a half years since then. It will look at the Francis Report and some of the possible implications for pharmacists and pharmacy in the future.

The Francis Report – medicines safety issues

Dr David Cousins, *Senior Head of Safe Medication Practice and Medical Devices, NHS England*

Dr Cousins was appointed as Senior Head of Safe Medication Practice and Medical Devices in the NHS Commissioning Board Authority (now NHS England) in June 2012. He held a similar position in the National Patient Safety Agency (now abolished) between 2002–2012. Previous to this he was Chief Pharmacist in Southern Derbyshire Acute Hospitals NHS Trust between 1983-2002.

He is a graduate and postgraduate of the School of Pharmacy, University of London. He completed his doctorate on quality systems for a clinical pharmacy in a district general hospital with the Welsh School of Pharmacy, Cardiff.

He has been researching and publishing on medication error prevention since 1990 and has been the author of national guidance on safe medication practice for primary, secondary and tertiary healthcare providers and pharmaceutical and the medical devices industry in the UK.

Recently he has been working with the WHO on an EU funded project to investigate the role of national pharmacoviglance centres introducing reporting and learning medication error reporting programmes. He has also been working with the European Medicines Agency on the introduction of the new EU Directive on Pharmacovigilance.

Dr Cousins was made a Fellow of the Royal Pharmaceutical Society and won the first ever Life Time Achievement Award from the Society in 2011. He is also the recipient of the Guild of Healthcare Pharmacists Gold Medal For Excellence in Professional Practice in 2002 and the College of Pharmacy Practice Schering Award for an outstanding contribution to pharmacy practice in 1997.

Abstract

The Francis Report and Medicines Safety

What mention of the pharmacy service and safe use of medicines in the Report?
Omitted doses of medicines were mentioned.

Policy and actions arising from the Francis Report and other recent patient safety reports.

- The Keogh Report
- The Berwick Report

Five key areas for safe medication practice

1) Increase our understanding of the problems in medication safety

- Enhance reporting and learning of medication errors and medical devices incidents
- Measurement tools and dashboards
- UKMI Risks assessment tool

2) Creating the conditions for safety

- Greater use of technology
- Design / commission services / professional standards

3) Building capacity for safety

- Medicines governance
- Education, training and learning
- Harness expertise

4) A whole system response

- Patient and public involvement
- Actions required from individual practitioners and organisation
- Networks, champions and campaigns

5) Tacking key safety concerns

- Vulnerable groups – children / acute renal failure projects underway
- Improving safety at key point – transition. handover – links to IT and contract
- Action on high risk meds – opioids, anticoagulants, etc.

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:

2012

Diane Bramley, Navdeep Dhutty, Alison Innes, Radha Patel
The impact of Medicines Information advice on patient care and outcomes: perceptions of patients using MI Patient Helplines

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

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 usful 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

Poster 1

QIPP detail aids can deliver real savings in primary care prescribing costs

Vanessa Chapman and Sue Carr, Trent Medicines Information Centre, University Hospitals of Leicester NHS Trust, Leicester Royal Infirmary, Leicester

Focal Points

- QIPP detail aids were first written by Trent Medicines Information in 2010. We have now analysed their impact on prescribing in the East Midlands and CCG prescribing advisers opinions of them.
- 87% of responders to an electronic survey thought the detail aids have contributed to cost savings, either directly or as part of a CCG or practice initiative
- 92% considered that the detail aids were invaluable or useful in helping deliver their QIPP agenda
- Analysis of ePact prescribing data for 14 drugs that were the subject of a detail aid found that the expenditure for these drugs has fallen by approximately £10.4million in primary care in the East Midlands since publication of the detail aid.

Abstract:

In 2010, in response to the QIPP agenda, Trent MI developed academic detail aids for drugs which have been identified in the East Midlands as having limited advantages over alternatives and were considered to be a cost pressure.

The detail aids have a simple layout of four text boxes. They provide local expenditure data and potential disinvestment savings, background evidence, cost comparisons and three or four key message points.

We have analysed their impact on prescribing in the East Midlands since their introduction and surveyed health-care professionals' (HCPs) opinions of them.

Method

An electronic survey was conducted in January 2013 to ascertain how HCPs used the detail aids and their opinions of them. All members of PCT medicines management teams in the East Midlands and South Yorkshire were invited to respond.

We have also monitored Epact prescribing data for 14 drugs for which we have meaningful data. We compared the average amount spent on the drug for the 6 months prior to publication of the detail aid with the amount spent after publication on a quarterly basis up to March 2013.

Results

To date we have produced 21 detail aids. The majority have related to drugs which are considered a cost pressure although some have concentrated on the quality agenda, for example choice of NSAID, antipsychotics in dementia and hypnotics.

The response rate for the survey was low (19%), however responses indicated that:

- the detail aids are used in a variety of ways:
  - in face-to face meetings with prescribers and locality meetings;
  - to identify new QIPP areas;
  - to formulate clinical commissioning group (CCG) policy and in discussions at Area Prescribing Committee (APC) meetings;
  - uploaded onto CCG websites and distributed to colleagues.
- 87% of responders thought the detail aids have contributed to cost savings, either directly or as part of a CCG or practice initiative.
- 92% considered that the detail aids were invaluable or useful in helping deliver their QIPP agenda.

Analysis of ePact data has identified that the amount spent in the East Midlands in primary care for the 14 drugs which we assessed has fallen by approximately £10.4 million since publication of the detail aids. In most cases prescribing has reduced or the rate of reduction has increased since publication of the detail aid. However, there are certain drugs for which no change in prescribing has been seen. More work will be required to identify the drivers for prescribing of these agents and alternative methods to control prescribing.

Limitations of these data:

Patients may have been transferred to an alternative product; the cost of any alternative medicine has not been considered.

It is not possible to be sure that all the reduction is as a result of use of the detail aids by local medicine management teams.

We have assumed prescribing would have remained at the level pre-publication of the detail aid. In two cases, cost reductions have been aided recently by generic availability.

Conclusions

QIPP detail aids are used in a variety of ways by CCGs and have contributed to £10.4million reduction in expenditure in the East Midlands in the past 2 years.

Poster 2

East Anglia Medicines Information Network – working together to demonstrate its contribution to patient care/safety

Gemma McGuigan, John Hunter, Julie Phillips, Kathryn Want, Mark Cheeseman, Maya Patel, Morag Truscott, Nicci Cook, Robyn Sanderson, Tim House, East Anglia Medicines Information Network

Introduction

UKMi provides a service during normal working hours and in 2007, answered nearly half a million enquiries. [1] However, outside of UKMi working hours, an on-call pharmacist can be contacted if a healthcare professional requires advice or information about medication. There is no published information about the way in which hospital on-call pharmacy services in England are provided. This study aimed to identify the way hospital on-call pharmacists provide medicines information (MI). In addition, the study aimed to determine the training provided by hospitals for on-call pharmacists in relation to MI advice.

Method

An online survey was developed, piloted and then sent to chief pharmacists in NHS England inviting them to participate anonymously in the study (n=218). A reminder was sent after 2 weeks. The survey was closed after approximately six weeks. Ethical approval was given by The Behavioural Sciences Ethics Committee, University of Wolverhampton.

Results

The response rate for this study was 53% (n= 116/218). Overall, 87.1% (n=101/116) of Trusts provided an on-call pharmacy service, with most (66.2%) on-call pharmacists being Band 6 to 8a. Most Trusts (77.6%, n=66/85) handled up to 30 calls per week for the supply of medication but more (87.7%, n=78/89) Trusts handled the same number of calls for medicines advice.

Only 41.1% (n=39/95) of Trusts had a standard policy for the documentation of medicines advice with just half (49.5%, n=47/95) of Trusts stating this advice was documented all the time. Just a third of Trusts' (33.3%, n=31/93) on-call pharmacists documented medicines advice on an electronic database, e.g. MiDatabank or equivalent, at the time of a call.

Nearly a fifth (18.9%, n=18/95) of Trusts did not provide any MI specific training to pharmacists before they began on-call. Where this training occurred, it was only delivered by MI staff just over half of the time (53%). This most often (72.2%) was provided as a 1:1 training session. Chief pharmacists selected the 'use of MI resources/databases' as the greatest training need for on-call pharmacists whether the Trust provided training (19.8%) or not (18.3%). Interestingly, nearly half (48.1%, n=37/77) of Trusts did not provide any 'refresher' training for on-call pharmacists.

Discussion

This is the first study to identify how hospital pharmacies across England provide MI services out of hours. A greater number of Trusts handle up to 30 calls per week for medicines advice than for the supply of medication. On-call pharmacists still primarily use paper-based forms to document MI and this is probably due to the current availability of databases such as MiDatabank. Further research is needed to explore when on-call pharmacists would document advice. Refresher training for on-call pharmacists does not occur in over half of the hospitals in England even though there are always new resources and changes to the way in which information sources/databases can be used. This is of particular interest as chief pharmacists selected the 'use of MI resources/databases' as the greatest training need for on-call pharmacists. Further study is needed to identify when healthcare professionals would contact the on-call pharmacist regarding MI advice.

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Poster 3

Evaluation of medicines information training for NHS Greater Glasgow & Clyde (NHSGGC) clinical pharmacists

Fiona Diston, Janet West and Louise McNeill, NHSGGC Medicines Information Service, Glasgow Royal Infirmary, Glasgow.

Focal Points

- This small project aimed to evaluate whether medicines information (MI) training provided to clinical pharmacists met the needs of their practice
- All respondents believed that the training was relevant to their practice and most said that they used the skills learned in their clinical practice.
- Changes to future training will include sessions on medline/embase being made optional

Introduction

In 2011 the NHSGGC MI service delivered full day training sessions for clinical pharmacists. The purpose of which was to provide the pharmacists with some basic MI skills and increase their confidence in using them in practice. Fifty three pharmacists attended the training, from both the acute sector and primary care, and immediate feedback was generally very positive. To assess relevance to practice and inform content of future training sessions a more formal evaluation of the training was conducted approximately 12 months later. The objectives were to determine whether the skills and resources learned at MI training are being used in practice, and to identify further training needs of both primary care and acute sector pharmacists.

Method

A questionnaire was sent to pharmacists who attended the training.

Results

Nineteen pharmacists responded to the questionnaire (44% response rate). All respondents felt that the training was relevant to and met the needs of their clinical practice. Sixteen (84%) stated that they subsequently used the training in their clinical practice. The majority of respondents claimed that, after the training, they felt more confident to research enquiries themselves and about when to refer an enquiry to MI.

Respondents indicated that they used most of the resources taught at the sessions on at least a monthly basis. NeLM and eMC were the most frequently used. There appeared to be some variability in practice relating to Medline/Embase. Although 10 respondents (53%) used this monthly and 2 weekly (10%) there were a further 7 (37%) who stated that they never used these resources in practice despite the training.

All respondents stated that they would recommend the training to colleagues and the majority felt that they would benefit from some refresher training in the future. There was no particular area highlighted where further training could be provided. Most respondents indicated that they felt the format of the training was appropriate.

Discussion

Overall it seems that the MI training provided to clinical pharmacists is relevant and is being used in practice. The NHSGGC MI vision is that clinical pharmacists should, where possible, research and answer their own clinical enquiries, only referring to MI if a more complex search is required or the question is urgent and they are unable to meet the deadline. It was hoped that this training would encourage this practice by improving the attendees' skills and confidence and this appears to have been the case.

No major differences between the training needs of acute sector and primary care pharmacists were identified. Additionally the resources perceived as most useful were similar in both sectors.
Despite a full half day training being dedicated to Medline/Embase searching there appears to be some inconsistency in pharmacists confidence and/or enthusiasm to use these resources in practice. The NHSGGC MI service is able to support clinical pharmacists by undertaking enquiries where more complex searches are necessary. For future sessions Medline/Embase searching will be made optional.

Poster 4

Compatibility glyceryl trinitrate and furosemide at a Y-site. The importance of MI in interrogating the data, identifying information gaps and helping to fill them.

Jonathan Hall, Wessex Drug & Medicines Information Centre, Dr Marisa van der Merwe and Yen Ping Chew, School of Pharmacy and Biomedical Sciences, University of Portsmouth

Focal Points

1. To determine the physical and chemical compatibility of furosemide and glyceryl trinitrate (GTN) when administered intravenously via Y-site.
2. Precipitation was observed in mixtures containing furosemide and GTN diluted in either NaCl 0.9% or glucose 10%.
3. Furosemide is physically incompatible with GTN when diluted in either or NaCl 0.9% or glucose 10%.
4. MI is in an excellent position to identify clinically important information gaps in the literature and produce/facilitate the production of data to help fill them.

Introduction

Enquiries regarding IV compatibility are commonplace in many MI departments, and there are a number of UKMi recommended resources to answer these enquiries. Two resources used locally [Trissel & Trissel's 2 (via Micromedex)] provide compatibility data on this combination, with all but one entry stating that the combination is compatible. However, the one reference citing incompatibility used a GTN product, that whilst being a lower concentration, more resembled the formulation used locally (and in most UK hospitals) i.e. a premixed infusion with a low pH. As this information gap was deemed to be clinically important, the University of Portsmouth were approached to conduct a study to generate physical and chemical compatibility data with the preparations used locally.

Method

Mixtures of furosemide and GTN were diluted with glucose 10% or NaCl 0.9% and subjected to 4-hour incubation at different temperatures (ambient or 37ºC) and different lighting (ambient or blue light phototherapy). Samples were then analysed for physical incompatibility (indicated by precipitate formation, pH changes and colour changes) and chemical incompatibility confirmed by percentage recovery of below 90%.

Results

Precipitation was observed in mixtures containing furosemide and GTN diluted in either NaCl 0.9% or glucose 10%. Precipitation was also observed in mixtures containing only furosemide diluted in glucose 10%.

Discussion

This scenario highlights the fact that locating data is only the first step in answering enquiries. The next step is to interrogate the information to ensure its applicability to the question in hand. Locally, 'Trissel' is available to the wider pharmacy department, and even though all pharmacists are informed of the limitations of available databases, the perception was the data suggested this combination was compatible. This scenario relates to IV compatibility, but the same principles of data applicability, apply to all enquiry types.

The scenario also shows how MI is in an excellent position to identify clinically important information gaps in the literature and produce/facilitate the production of data to help fill them. We are fortunate to have ties with one of our local universities to help generate relatively significant pieces of information like this, but any MI department can generate useful data by following up enquiries where the literature search highlights information gaps. Examples of enquiries followed up locally will be provided in the full poster.

Poster 5

A Side Effect of Social Media

Hayley Johnson and Nancy Kane, Regional Drug & Therapeutics Centre, Newcastle upon Tyne.

Focal Points

1. We postulated that social media may contain valuable information about adverse drug reactions, which may be harvested and used for Pharmacovigilance purposes.
2. We found that ADRs are discussed on Twitter, and there appear to be differences in frequency compared to MHRA Drug Analysis Prints
3. Twitter may be a valuable source of ADR reports. Methods to efficiently extract these data are worthy of investigation.

Introduction

The social networking and micro blogging site Twitter is gaining recognition as a valuable potential source of healthcare data. Previous studies have indicated it may be useful in tracking pandemic flu or disease outbreaks as well as disseminating health information to the wider public[1, 2].

The Yellow Card Scheme collects spontaneous reports of adverse drug reactions from health care professionals, coroners, and patients in the UK. Under-reporting is a problem, however, and in recent years the reporting rate has been in decline for some reporter groups, particularly patients[3, 4]. New and innovative ways of increasing reporting numbers or locating ADR information are therefore increasingly important in the digital information age.

Twitter is commonly used as an area for informal conversation, and users may utilise this forum to talk about their experiences with medicines and adverse effects. We postulated that Twitter data may be harvested to provide information about the incidence and nature of adverse drug reactions.

Varenicline (Champix) has consistently appeared in the top 10 of adverse drug reactions reported via the Yellow Card Scheme. We therefore selected this agent for this pilot study.

Method

Searches were performed over a period of 10 days Insert dates) using the terms “champix” and “varenicline” via the Storify search engine.

Tweets were then assessed by the researcher using a rating system of “General, General efficacy, general lack of efficacy, general ADR, Patient-specific, patient-specific efficacy, patient-specific lack of efficacy, patient- specific ADR, Spam, and other.

Where mentioned, ADRs were assigned MedDRA terms by the investigator.

Results

A total of 305 relevant Tweets were identified, of which 35 discussed ADRs in general and 53 mentioned at least one ADR experienced by a specific patient. The most commonly reported ADRs were psychiatric (e.g. depressed mood) followed by psychophysiological (e.g. abnormal dreams) and neurological (e.g. seizures). There were significant differences between the frequency of some ADRs reported on twitter and those seen MHRA data (Drug Analysis Prints).

Discussion

Information contained within Twitter may be a useful source of adverse drug reaction data. However, more efficient ways of mining this data need to be designed to make this an accessible and valuable resource.

Ways of translating Twitter data into an increased number of Yellow Card reports may be investigated in the future, for example developing an automated “bot” to recognise Tweets about ADRs and prompt reporting.

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Poster 6

Proactive Medicines Information – what do Junior Doctors want and how do they want to receive it?

Julienne Johnson - University of Strathclyde, Jenny Macdonald, Yvonne Semple and Caroline Thomson, Pharmacy Prescribing and Support Unit, NHS Greater Glasgow and Clyde.

Focal Points

- The project aimed to determine junior doctors' awareness and opinion of local prescribing bulletins, and how we can effectively disseminate these bulletins.
- Awareness of local prescribing bulletins was low however there was agreement the bulletins would be useful if methods of dissemination were improved.
- There is work underway to improve advertising and communication of these resources, and a smartphone app is being developed.

Introduction

The NHS Greater Glasgow and Clyde (GGC) Medicines Information (MI) service provides proactive MI through production and input into prescribing newsletters known as PostScript bulletins. Four of these bulletins provide useful, relevant and current information on safe prescribing practice for junior doctors: PostScript, PostScript Extra, PostScript Acute and PostScript Safety. The project aimed to determine what resources junior doctors use for prescribing information, their awareness and opinion of local proactive MI and determine how this information can be effectively disseminated.

Method

A questionnaire was designed and sent to all junior doctors (FY1 and FY2) in the NHSGGC acute service to determine which information sources they use and their awareness and opinion of proactive MI. Two small focus groups were held to explore their opinion of proactive MI further and consider methods of disseminating this information.

Results

Forty FY1 and FY2 doctors in NHSGGC acute service responded to the survey. Two focus group discussions (comprising two FY2s and three FY1s respectively) were held at one hospital site.

Of local sources of prescribing information, the 'NHSGGC Therapeutic Handbook' was used by 82% respondents on a daily basis. Other frequently used local sources of information were NHSGGC StaffNet and the Clinical Pharmacists. Awareness of proactive MI was low, though there was agreement that it was useful and feedback was positive with respect to the style and content of current bulletins.

It was found that junior doctors would prefer to access/receive local prescribing information electronically, though the current email cascade was not effective. Potential methods of increasing awareness include introducing proactive MI at teaching sessions and direct dissemination via email. The development of a smartphone app would be welcomed.

Discussion

Work is currently underway within NHSGGC to apply the findings from the project. This includes the implementation of novel strategies to increase awareness through improved advertising and methods of communication.

An NHSGGC smartphone app for prescribing information is under development. This will include a dedicated 'prescribing news' section which will link to the bulletins and users of the app will automatically receive updates. Future project work will determine junior doctors' use and opinion regarding the new smartphone app.

Poster 7

Medicines Helplines and Local Knowledge

Angela Badiani, Samantha Owen, Jessica Parker, Simon Wills, Wessex Drug and Medicines Information Centre, University Hospital Southampton NHS Foundation Trust.

Introduction

Medicines Information-led hospital pharmacy helplines are well described in the literature.[1] Their advantages are numerous including providing patients with access to individualised advice about their medicines, acting as early warning systems detecting prescribing and dispensing errors before patients have suffered harm and providing positive publicity for the host Trust to commissioners, local GPs and patients. Helplines have been shown to have a positive impact upon patients' lives and reported levels of satisfaction are generally high.[2]

The nature of enquiries to helplines does vary but Marvin et al. identified that in at least one third of calls an error may have occurred and more than one fifth of patients required information about the administration and/or dose of their medicines[3], suggesting that there is a need for timely access to patients' medical notes, pharmacy dispensing records and electronic prescribing systems.

Pharmacy staff that run a medicines helpline based in a Trust have access to local knowledge about individual patient's treatments. To make best use of NHS resources, it is important to know whether this local knowledge adds significant value to a successful helpline, compared to a helpline run from a more remote location but perhaps covering a larger geographical area. This study aims to accurately describe how many calls received by the University Hospital Southampton's (UHS) medicines helpline required prompt access to patients' medical and/or pharmacy records, to the healthcare professionals that cared for the patient during their hospital stay, or required other local expertise such as knowledge of treatment guidelines, prescribing policies or systems of work.

Method

Retrospective review of calls (n=200) received by the UHS medicines helpline from a patient or their carer about a medicine. Calls will be assessed by an experienced medicines information pharmacist to establish whether access to patients' medical records (paper-based notes, e-docs, JAC e-prescribing), pharmacy records (JAC dispensing), healthcare professionals (doctors, pharmacists or pharmacy technicians, nurses) or other local expertise (knowledge of UHS guidelines, policies, systems of work) was required to answer the question. Descriptive statistics will be used to summarise the results.

Results

- Local knowledge, as described above, was deemed essential in order to answer 55% of helpline calls.
- Local knowledge was desirable, although not necessarily essential to answer 17.5% of helpline calls
- Local knowledge was not required to answer 26.5% of helpline calls

Conclusion

Local knowledge was essential to answer more than half the calls received by the UHS medicines helpline. In a further significant number of calls, local knowledge was desirable in order to answer calls; in many of these cases, local knowledge allowed an enhanced answer to be given. This project has therefore demonstrated the value of local knowledge in providing effective and timely advice to patients about their medicines.

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Poster 8

Accessibility of a Medicines Helpline: A Survey of Pharmacy Outpatients

Diane Bramley 2 Jaanki Kotecha 1, 1 Institute of Pharmaceutical Science, King's College London, London SE1 9NH. 2 Medicines Information, Guy's and St Thomas' NHS Foundation Trust, London SE1 9RT

Focal Points

- This survey aims to determine if patients would use a Medicines Helpline and how they would like to use it.
- 69% patients would use a helpline; 85% are not put off by revealing personal details; 95% would telephone the service; 96% would call during normal working hours but 67% and 40% would like to contact the service on weekday evenings and daytime at weekends respectively.
- Patients' preferred method of being informed of the service is by advertising on medicine labels followed by being informed by members of hospital staff and leaflets.
- Patients would like to use the Medicines Helpline service but would like better promotion of the service and extended opening hours.

Introduction

The Patient Helpline at Guy's and St Thomas' Hospital is a telephone helpline for patients and is advertised on patients' prescriptions. Patients may call the helpline to ask any question about their medicines and a pharmacist advisor will try to resolve their problem.
It is important to obtain patients' views regarding their requirements for a service that provides advice about medicines. This study aims to find out whether patients would use a helpline service and to determine their preferences on the practicalities of using the helpline.

Method

A questionnaire was designed to obtain patients' views about Patient Helplines. Patients attending the outpatient pharmacies at Guy's and St Thomas' hospitals' were surveyed. Recruitment of patients took place during one hour periods per day, over two weeks in June 2013. Every third patient was asked to participate and consenting patients were interviewed by the same investigator to ensure consistency.

Results

A total of 184 out of 213 patients completed the survey giving an 86% response rate.
The majority of people surveyed (69%) said they would use the helpline if they had a question about their medicines, a further 23% would consider using it and 8% would not use it. Advertising on medicines' labels was most commonly stated as the preferred method of being informed of the helpline service (41%), followed by being told by hospital staff (23%), leaflets (15%) and on prescriptions (8%). Nearly all patients (95%) said their first choice for contacting the helpline would be by telephone. Almost all patients (96%) want the helpline service to be available during normal working hours on Mondays to Fridays; however, 67% would like it to be accessible between 5pm and 8pm on weekdays and 40% would like to be able to contact the helpline between 9am and 5pm, on weekends. The majority of respondents (85%) said that giving personal details would not put them off using the helpline although 5% said that revealing details about their condition or medication would deter them and 2% people would be reluctant to give their email address or telephone number.

Discussion

The majority of outpatients would use a Medicines Helpline and most would like to contact the service by telephone. Promotion of the Helpline by printing details of the service on prescriptions is not one of patients' top three choices and further advertising using labels on medicines, counselling from hospital staff and leaflets would meet their needs better. There is a clear patient interest for the Medicines Helpline to extend its opening hours to include evenings Monday to Friday 5pm to 8pm and daytime on weekends. The small sample size was a limitation of this study.

Poster 9

Does a patient medicines information line improve patient safety and outcomes?

Cuthbert Melinda, Lothian Medicines Information Service, Edinburgh
Kinnear Moira, Education Research and Development, NHS Lothian and Honorary Senior Lecturer, Strathclyde Institute of Pharmacy and Biomedical Sciences
Johnson Julienne and Malek Maryam, Strathclyde Institute of Pharmacy and Biomedical Sciences, University of Strathclyde, Glasgow

Focal Points

1. This study aimed to evaluate a pilot patient medicines information telephone line (PPMITL) in terms of patient satisfaction, care/outcome and risk reduction for patients recently discharged from hospital.
2. Very high user satisfaction was observed with the pilot service. Positive impact on patient care or outcome was agreed in 89% of the enquiries; and a positive impact in 78% enquiries was agreed in terms of patient safety/risk reduction by an expert panel.
3. This small pilot of PPMITL suggests that the service improved patient care and safety with an improvement in patient outcomes in the majority of patients.

Introduction

This study aimed to evaluate a PPMITL in terms of patient satisfaction and risk reduction for patients recently discharged from hospital. The objectives included an evaluation of patient satisfaction with the PPMITL, and to assess patients' perceptions of the effect of the information provided; and measurement of possible outcome and risk reduction attributable to the information provided.

Method

The PPMITL was carried out by the area MI Service based at a large teaching hospital and dealt with 18 enquiries from 10 patients and 8 carers over a six-week period.
A retrospective telephone survey was utilised to measure user satisfaction of the service and to assess their perception of the effect of the information provided on their health. A nominal group process was undertaken to establish the potential impact of the information given on patient safety and patient care/outcome by consensus of an independent expert panel.

Results

Of the 18 enquirers who used the service, 17 were surveyed. All of them expressed high level of satisfaction with the service. PPMITL advice was followed by 15 patients (88%) of the enquirers. Treatment of 9 patients (53%) was change as a result of MI Service advice. All of the interviewees reported that they were reassured by the MI service advice. Fourteen (82%) of the interviewees reported that the PPMITL helped them to understand their medicines better, and 8 (47%) were supplied with additional advice/information that they did not request. Eight (47%) of the interviewees had noted an improvement in their or their family members' condition as a result of following the MI Helpline advice. Ten (59%) enquirers felt that the advice given prevented a harmful situation with their medicines. Sixteen (94%) reported that the service does not need any improvement.

The independent expert panel rated all 18 enquiries. Positive impact of the PPMITL on patient care or outcome was agreed in 16 (89%) cases. Of these "some positive impact" was allocated in 7 cases; "positive impact" was allocated in 8 cases; and one "very positive impact" was allocated in one case. In terms of patient safety/risk reduction, the panel saw that the service had a positive impact in 14 (78%) cases. Of these, low risks were avoided in 8 cases; moderate risks were avoided in 5 cases; and a major risk was avoided in one case.

Discussion

This small PPMITL suggests that the service improved patient care and safety with an improvement in patient outcomes in the majority of patients. The service was valued and satisfactory to the users; and the service had a reassuring effect on patients or their careers. A larger study with availability of objective documentation of patient outcomes is needed to confirm the impact and benefit of such a service.

Poster 10

Helpline Enquiry Analysis

Jackie Box, Caroline Hynes, Medicines Information Centre, St Charles Hospital, Central and North West London NHS Foundation Trust, London

Focal Points

- An analysis of helpline enquiries was carried out between November 2011 and October 2012 to establish trends in types of enquiries received by the medicines helpline including which medicines are most commonly asked about
- Almost half of all enquiries received (46%) were with regard to the adverse effects of medicines, 23% of enquiries were on 'Administration/Dosage', 'Interactions' was the third most common MI category (19%) and 'Choice of Therapy/Indications/Contraindications' comprised 16% of enquiries
- The most popular classes of medicines were the atypical antipsychotics, the SSRI/SNRI/NaSSA antidepressants and physical health medicines
- This data highlights the role of the medicines helpline in providing additional support and information to patients in the community. It also emphasises the need for healthcare professionals to routinely discuss adverse effects, administration/dosage issues, drug-drug interactions and alternative treatments (the most common enquiry categories) and to signpost to relevant resources where necessary.

Introduction

Non-adherence to medication is a significant problem for patients with a chronic condition, with 30–50% of patients not taking their medication as prescribed. According to NICE, in order to improve medicines adherence, patients should be provided with information about their medicine for involvement in decision making. The Medicines Helpline is an information and support service for patients with mental illness and their carers. An analysis of the helpline queries was carried out from November 1st 2011 to October 31st 2012.

The aim of this analysis was to highlight the importance of the medicines helpline in providing information and support to patients and to establish trends in the types of enquiries received by the medicines helpline, including which medicines are most commonly asked about.

Method

Data from medicines helpline enquiries (extracted from the medicines information database – MI Databank) was analysed both quantitatively and qualitatively. All medicines helpline enquiries from November 2011 to October 2012 were reviewed and categorised according to their content. Each enquiry was also categorised according to the class of medication to which it referred. Simple statistics were used to analyse the data. Interesting examples of enquiries from each category were also extracted.

Results

The highest percentage of enquiries received (46%) were with regard to the adverse effects of medicines e.g. '*My water tastes horrible, could this be due to my medication?'* The second most common category – Administration/Dosage (23%) included questions about missing doses of medicines, taking an extra tablet and time to effect of medicine. 'Interactions' was the third most common MI category (19%) and included queries about interactions between psychotropics and physical health medicines, nutritional supplements, food and other psychotropics. The most popular classes of medicines were the atypical antipsychotics, the SSRI/SNRI/NaSSA antidepressants and physical health medicines.

Discussion

This analysis highlights the importance of the medicines helpline in providing information and support for patients and carers within CNWL, which is reported to improve adherence to treatment[2]. It also emphasises the need for healthcare professionals to routinely discuss adverse effects, administration/dosage issues, drug-drug interactions and alternative treatments (the most common enquiry categories) and to signpost to relevant resources where necessary. Providing medicines support and advice to patients throughout the various stages of the treatment pathway will facilitate the medicines optimisation agenda and ultimately help to improve patient outcomes.

All healthcare professionals should routinely engage in discussions about medicines and signpost to relevant resources including the medicines helpline when further support is needed. The next step in this analysis would be to evaluate the impact of the medicines helpline on patient outcome.

Poster 11

Could analysis of all calls about pregnancy and breast feeding from the last year determine if increased prescribing awareness is required?

Charlotte Hay, Fran Garraghan, Sam Wood, Medicines Information, Pharmacy Department, 4th Floor In-patient Pharmacy, Central Manchester & Manchester Children's University Hospital NHS Foundation Trust (CMFT), Oxford Road, Manchester

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.

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Poster 12

Survey of Evidence Base Needs Among Health Professionals

Mrs Mair Martin, Medicines Information Service, Betsi Cadwaladr University Health Board (BCUHB) and Mrs Pamela Jones, Library Services, BCUHB(West),
Dr Graham Brown, Specialty Registrar in Public Health Medicine and Dr Rob Atenstaedt.
Consultant in Public Health Medicine & Associate Director of Public Health for North Wales, Public Health Wales*

Focal Points

- This questionnaire aimed to discover which evidence based (EB) resources were used, and what the needs were amongst secondary health care professionals in BCUHB (West)
- The "top 3" resources used were colleagues, Google and NICE. 30% of respondents found it difficult to access the latest evidence
- From these results and comments received, it was identified that more EB support was required on the intranet, and that more prominent advertising of the Library and MI Services would encourage HPs to use EB services and websites
- There is currently collaborative work on going to develop a "one-stop shop" evidence webpage on the main HB intranet

Introduction

A survey of evidence base requirements and resources used was undertaken amongst health professionals (HPs) in Secondary Care in North West Wales. The original idea was to trial ATTRACT** in this cohort of HPs, but after further discussion it was decided that prior to trialling a new service there was a need to elicit which resources and services were already used by HPs, and what EB requirements were identified.

Method

An electronic survey was placed within SurveyMonkey®, and sent to 2096 HPs including doctors, pharmacists, nurses, scientists and therapists. The survey was designed to be short and concise, making it easy for busy staff to complete. However this also meant that some of the questions were open to interpretation. It ran for 6 weeks during April – May 2012, including one reminder.

Results

219 responses were received within the allotted time period, giving a response rate of 9% overall.

- The 3 main resources used were: colleagues, Google® and NICE.
- More than half of HPs surveyed said that they required rapid evidence support to answer a clinical enquiry
- Only one third of respondents felt that current sources/services fulfilled their needs, and another 46% felt it fulfilled their needs 'partially'.
- Many useful comments were received.

Discussion

The finding on the main resources used was not surprising but it was useful to confirm this. The survey is very limited because only 9% of staff replied; however as a quick snapshot, it proved a useful survey. The multi-disciplinary team has progressed in prioritising EB websites, designing a prototype webpage and in making resources and services more available. This may well be a cost-effective way of delivering EB resources and fulfilling EB needs amongst HPs in Secondary Care in BCUHB, and possibly wider. This may also contribute to effective practice and patient safety.

*Other members of the group who developed the survey included Mrs Fiona Woods, Director UKMiWales and Dr Nuala Brennan and Jon Brassey, Public Health Wales
** ATTRACT. Public Health Wales primary care enquiry-answering service.

Poster 13

Fridge line storage deviations. Why do they happen and are the MI enquiries worth it?

Eleanor Turner, Shazia Akram, Medicines Information Centre, Central Manchester Foundation Trust (CMFT)

Focal Points:

- Service evaluation to determine the reasons for MI queries regarding inappropriately stored refrigerated medication and estimate the costs saved by the trust's MI service.
- Over 14 months 78 enquiries were answered regarding inappropriately stored refrigerated medication.
- Over the study period over £60,000 of medication was judged as useable by the MI service therefore this aspect of the MI service is warranted.

Introduction

CMFT's MI service deals with numerous enquiries requesting stability data for medicines stored outside the temperature range 2-8˚C. This project evaluated whether current documentation of fridge enquiries allows for cost savings to be determined, why temperature deviations occurred & whether the time spent answering enquiries is justified by the cost savings made.

Method

An initial retrospective analysis of refrigerated drug stability enquiries received by MI took place over 12 months. The piloting of a tailored data collection form including details such as the maximum temperature of exposure, duration of temperature deviation, cost of medication and cause of inappropriate medication storage then followed.

Results

Over 12 months 66 fridge enquiries were received by the MI department. See Table 1 for costs for answering these enquiries. Of these enquiries 27% originated from wards, 27% from within the inpatient pharmacy and 23% from primary care. The three most common reasons for incorrect storage were: not being refrigerated following delivery from pharmacy (18% of enquiries), removal from and accidentally left out of the fridge in the dispensary (18%) and fridge temperature out of range (15%).

Total Value (£)	Judged as Useable (£)	Cost of medicines wastage (£)	Cost of MI service (£) (based on full time B7)
43,339.24	29,926.27	13,412.97	1,141.53

Table 1 Summary of costs between 1st November 2001 and 31st October 2012.

12 enquiries were received whilst piloting the questioning tool. See Table 2 for costs of these enquiries.

Total Value (£)	Judged as Useable (£)	Cost of medicines wastage (£)	Cost of MI service (£) (based on full time B7)
34,287.18	32,790.26	1,496.92	230.30

Table 2 Summary of costs associated between 14th January 2013 and 18th March 2013

Discussion

In both audited periods the cost of medications saved by the provision of the service heavily outweighs the cost of providing the service therefore the time spent on these enquires is acceptable. During the retrospective analysis information to calculate cost savings was not routinely documented. The implementation of the questioning tool at the time of taking in enquiries prompted documentation of enough information to calculate these. Following the pilot MI has dealt with another enquiry making a saving of approximately £33,000. The UKMi work book does not currently provide guidance on handling fridge enquiries. Adapting the information in this questioning tool for inclusion in training packs may be beneficial. Refrigerated medication storage deviations are avoidable, CMFT is implementing tools to minimise these including staff education and daily fridge monitoring. Further project work is planned to identify exposed medicines which would now be 'unlicensed' and highlight issues surrounding temperature cycling for which stability information is often lacking.

Poster 14

Adverse drug reaction reporting via MiDatabank – 2013 analysis

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

MiDatabank version 3.1 (MiD v3.1), which enables Adverse Drug Reaction (ADR) reporting directly from MiDatabank to the MHRA's systems in real time, was made available to the MI network at the end of October 2011.

Key points

In June 2013:

- 75 centres were actively reporting suspected ADRs directly to the MHRA via MiD v3.1, up from 37 in June 2012.
- 800 reports had been made up from 311 in June 2012
- 552 (69%) reports were classed as serious compared to 66% in June 2012.

The poster will:

- break down reporting by centre and region
- compare MiDatabank reporting to that by other reporter groups
- highlight the most commonly reported drugs and reactions
- pick up trends and anomalies.

Poster 15

Development of evidence-based reviews of prescribable medical devices

Vanessa Chapman and Sue Carr, Trent Medicines Information Centre, Leicester Royal Infirmary, Leicester

Focal Points

- Medical devices are increasingly being developed for the diagnosis, monitoring and treatment of diseases. The borderline between what is a medicinal product and what is a medical device is becoming ambiguous. GPs are being asked to prescribe such devices either in combination with or instead of medicinal products.
- Area Prescribing Committees are receiving requests to appraise and advise on the prescribing of these medical devices.
- There is currently no information source which provides evidence-based reviews of clinical efficacy or effectiveness of prescribable medical devices.
- We devised a scheme to provide evidence-based reviews of prescribable medical devices.

Abstract:

The term 'medical device' covers a wide range of healthcare products other than medicines used in all healthcare settings.

A medical device is any product used in the diagnosis, prevention, monitoring and treatment of disease or disability which does not achieve its principal intended action by pharmacological, immunological or metabolic means, but which may be assisted in its function by such means[1].

There are a wide range of medical devices, including scanners, surgical equipment, implants, dressings, contraceptive devices, intravenous administration equipment, testing kits, stoma products etc. Some can be prescribed by GPs provided they are included in the appliances section of the Drug Tariff.

Increasingly the borderline between what is a medicinal product and what is a medical device is becoming ambiguous. Many products used in the treatment of a disease are registered as medical devices, some containing what might have previously been classified as a medicinal product[1]. Manufacturers need to ensure that their devices are safe and fit for their intended purpose to gain the CE mark; there is no requirement for clinical trials of efficacy.

Within the Trent Medicines Information Service we have noticed an increase in enquiries regarding medical devices which are to be assessed at Area Prescribing Committees (APCs) or where practitioners require assurances of efficacy. Increasingly APCs are asked to assess medical devices which can be prescribed by GPs for local traffic light lists. These medical devices are those used in the treatment of a disease either in combination or instead of conventional drug treatment and are listed in the Drug Tariff.

In most cases evidence-based information about these medical devices is not readily available.

We identified a need for such evidence-based reviews of medical devices and devised a scheme to produce such reviews.

Once the topic has been identified, a full literature search is conducted as part of a standard search pattern and the review is produced utilising a writing guideline. Where possible, published clinical trials are included. A quality assurance process is in place which includes a quality check of references and content by another MI pharmacist. Comments and review by a specialist clinician or pharmacist in the relevant therapeutic area is often also obtained.

The workstream has developed ad-hoc from enquiries we have received, from promoting the programme and requesting possible topics.

The reviews are circulated to formulary pharmacists, MI pharmacists and medicine management pharmacists in clinical commissioning groups/ commissioning support units within the East Midlands and South Yorkshire. They are also published on our website www.midlandsmedicines.com. We have made them available to the wider UKMi network through the national monthly evaluation summary list published on www.ukmi.nhs.uk.

We are looking to get the reviews listed on NHS Evidence.

Topics to date: Needle-free insulin devices, Resperate for hypertension, Flutter device, ocular lubricants.

References

MHRA Bulletin Number 17 Medical Devices and Medicinal Products Amended February 2011 (available at www.mhra.gov.uk, Accessed 13/6/2013)

Poster 16

East Anglia Medicines Information Network – working together to demonstrate its contribution to patient care/safety

Gemma McGuigan, John Hunter, Julie Phillips, Kathryn Want, Mark Cheeseman, Maya Patel, Morag Truscott, Nicci Cook, Robyn Sanderson, Tim House, East Anglia Medicines Information Network

Focal Points

- The East Anglia Medicines Information Network collected data for 5 Key Performance Indicators to determine if this demonstrated its contribution to patient care/safety.
- The total number of enquiries, number of enquiries involving a patient and/or from a patient, number of yellow cards and the timeliness of response, were collected by the regional centre from April 2011 – March 2013.
- This service evaluation demonstrates that MI centres within a region can work together to collect data.
- Data collected by the East Anglia MI Network suggests that it contributes to patient care/ safety in a timely manner.

Introduction

At a regional meeting in October 2011, MI managers from the East Anglia region identified 5 KPIs to highlight their contribution to patient care and safety. A description of how data were collected, shared within the network, and the findings are presented.

Method

The regional MI centre contacted the managers of all 12 MI services in East Anglia to initially request retrospective data for the period 1st April 2011 – 31st October. Thereafter MI centres were contacted prospectively by the regional MI centre for their data which was then entered into a spread sheet. The collated data was presented and discussed at regional MI network meetings.

Results

A total of 2 years' data has been collected from 9 East Anglia MI services for the period April – March 2013. Data for the region overall and for the individual MI centres is presented and includes the total number of:

- enquiries for each MI centre and as a region
- enquiries answered within negotiated time
- enquiries involving a specific patient
- enquiries directly from patients
- yellow card reports

Discussion

This service evaluation has shown that MI centres within a region can work together to undertake service evaluation. East Anglia MI services continue to submit data to the regional centre and find the method simple and not burdensome. The data collected suggests that East Anglia MI services contribute to patient care and patient safety in a timely manner. UKMi has developed national KPIs which differ slightly to those developed in this region [1]. In the future, it would be useful to collect data nationally and compare the performance of different regions or MI services for benchmarking purposes.

References

UKMi. Key Performance Indicators. Accessed 21.06.13 via http://www.ukmi.nhs.uk/activities/clinicalGovernance/default.asp?pageRef=9

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