

Medicine Information Services: A major contribution to QIPP for the NHS

Medicines Information services guide the safe, effective, and efficient use of medicines by publishing a wide range of medicines-related resources, and providing tailored clinical advice on the care of individual patients.

Medicine Information centres are knowledge hubs within their host organisations as well as being part of a UK-wide network (UKMi). This dual role is efficient, enabling centres to share their outputs and reduce duplication of effort. UKMi works to national standards and each centre is regularly subject to external audit; products and services are thus of high quality and meet expected standards of governance.

The NHS is currently facing financial pressures but the DH advises that this should not compromise the quality of patient care. NHS organisations must focus on preserving and possibly enhancing services that improve quality (Q) and productivity (P), embrace innovation (I), and promote prevention of harm (P). Listed below are just some examples of how medicines information (MI) centres already deliver these services.

NHS Decision-making and Safety

Many of the materials described below can be accessed via the National electronic Library for Medicines (NeLM) website: www.nelm.nhs.uk

NHS Activity	Description of UKMi Assistance	Q	I	P	P
Answering complex clinical enquiries about medicines	<p>UKMi provides bespoke advice to clinicians to help treat individual patients safely about 300,000 times a year. This improves the quality of prescribing, and prevents errors and patient harm.</p> <p>Over 230 commonly asked questions about medicines have been answered and published on NeLM. These evidence-based "Q&As" are reviewed regularly to ensure currency, and each one is used by around 1000 people every year.</p> <p>Each time a Q&A is accessed it saves the user at least 1 hour of work. Therefore the available Q&As prevent 200 000 hours of work (80 WTE) across the NHS.</p>	√		√	√
Reviewing new medicines to advise prescribers on their suitability	<p>UKMi writes high-quality independent drug reviews and indexes similar work from other organisations on NeLM. In 2009, over 300 reviews were published and about 20% were written by UKMi.</p> <p>This ease of access reduces the need for this work to be done at a local level. Typically a Drug & Therapeutics Committee assesses up to 40 new drugs a year and it takes at least 5 days to prepare a comprehensive local review. If utilising a national review reduces preparation time by 50% and there are 150 hospitals with formularies, this prevents 15,000 hours of work duplication (equiv to 7.5 WTE)</p>	√	√	√	
Conducting Individual Funding Reviews (IFRs)	<p>UKMi publishes reviews of evidence to assist PCT decisions about funding treatments for patients outside normal commissioning processes. About 150 reviews have been published and each takes around 5 hours to complete. Even if each review is only used by another 2 users this already prevents 1500 hours of duplicated work (0.75 WTE)</p>	√	√	√	

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Promoting the safe use of injections	UKMi works with Medusa to ensure there are evidence-based and quality assured monographs for almost every intravenous medicine in the UK to meet safety objectives demanded by the NPSA. There are about 200 monographs and they are updated regularly. Each one takes 1 day to write and 100 hospitals use Medusa – saving the NHS around 25 WTE of work time if they had all written their own monographs to meet the NPSA objectives.	√		√	
Information governance and decision-making	UKMi has developed a database (MiDatabank) to enable Trusts to keep a record of the due process and evidence used to prepare e.g. business cases for investment in new medicines. This offers a mechanism for quick retrieval if Trusts are threatened with e.g. judicial review, complaints of arbitrary decision-making, or Freedom of Information Act requests.	√	√	√	
Teaching clinical problem-solving and critical appraisal skills	To operate effectively, hospital and PCT pharmacists require an in-depth understanding of information retrieval, critical appraisal, problem-solving and communication. MI centres provide this training using nationally produced resources which ensure consistency in approach and assessment, as well as reduced duplication of effort. Each year, MI centres provide training for over 1000 pre-registration pharmacists and over 500 rotational pharmacists.	√	√	√	
Updating clinical and professional practice in view of new research	UKMi produces a daily medicines news service for over 12,000 healthcare professionals. Archived news items act as a searchable repository of information. Each news item is accessed around 3000 times and collectively the NeLM site generates around 20 million record downloads per year – this costs the NHS less than 0.5p per record accessed.	√	√	√	
Promoting key health promotion messages	UKMi delivers a regular bulletin about medicines to support practitioners during major national health campaigns. During the recent pandemic influenza campaign, UKMi delivered multiple information resources to prevent duplication at Trust and PCT level.	√		√	√
Horizon scanning for new medicines likely to have a budgetary impact	UKMI produce two key horizon scanning resources for the NHS – <i>New Drugs On-line</i> which is a free database updated daily (currently 1470 registered users) and the annual Prescribing Outlook Series – available electronically and sent as hard copy to key decision makers (2350 hard copies sent out and a further 1070 downloaded in 2009). These resources are the most commonly used by Hospital Trusts and PCTs to develop their local development plans each year. If we assume that each copy distributed prevents 20 hours work at a local level these products reduce work duplication by almost 70,000 hours (equiv to 40 WTE across the NHS)	√	√	√	

Safe and Effective Practice in Hospital Pharmacy

NHS Activity	Description of UKMi Assistance	Q	I	P	P
Learning from mistakes and near-misses reported by staff working in other MI centres	All MI pharmacists can anonymously report their errors, near-misses and subsequent learning on a national website. These incidents are described and interpreted in a regular bulletin allowing MI staff to review working practices in light of these incidents.	√	√		√
Undergoing external audit of MI against nationally agreed standards	By working to, and being audited against, a common set of agreed processes, service users and employers can be confident that MI outputs are robust and fit for purpose. This reduces risk of litigation.	√			
Having access to nationally negotiated deals on key information products	UKMi negotiates deals with publishers on some key information products regarded as being essential for a hospital pharmacy. A department subscribing to 6 of them saves in excess of £4000 annually. These deals save the NHS in total around £600,000 per year.	√		√	
Answering clinical enquiries to nationally agreed standards	By following an agreed set of processes, advice provided by MI centres is robust and evidence-based.	√		√	
Using MiDatabank to document and share knowledge about medicines	UKMi plans to enable sharing of enquiry answers and electronic information resources on a wide-scale via in-house servers and NHSnet. Potentially this will transform the way MI works in terms of productivity. This platform has been incrementally developed working in conjunction with a commercial partner, to commission the equivalent system from scratch would cost the NHS several million pounds and would be unaffordable.	√	√	√	
Using MI skills and knowledge to support formulary and governance activities	The knowledge, skill sets and approach of an MI pharmacist and a formulary/ governance pharmacist should be interchangeable, closer working facilitates economies.	√		√	
Research and development	UKMi's national research strategy is already attracting new investment, new partners, and a higher profile in areas such as patient safety and economic use of resources.	√	√		√
Providing an MI-run patient-helpline	The CQC routinely survey patients about support provided for medicine-related problems after discharge. A suitably advertised MI-run patient helpline is an ideal way to ensure that this requirement is met and to provide early warning about areas of risk.	√			√

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on behalf of UKMi Executive
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