UKMi Executive Business Meeting

6th December 2007
9.00 a.m. to 3.00 p.m.
Paramount Angel Hotel
Cardiff

Chair: Eilish Smith

Note taker: Sue Brent

Attendees:

Sue Brent, David Erskine, Peter Golightly, Claudine Hughes, Christine Proudlove, Eilish Smith, Katie Smith, Fiona Woods, Simon Wills

Minutes

Apologies for Absence

Trevor Beswick, Graham Cox, Jane Neal, Craig Rore, Janice Watt.

07/60 Minutes of previous meeting held on the 12th October 2007

Accepted as an accurate record with no amendments

07/61 Matters arising

07/13	**Pro-file** ES emailed Tim Root – agreed to feed community pharmacist enquiries for Pro-file – some concerns raised re access
07/20	**MiDatabank** – development of formulary function has been discussed with COACS by SW
07/45	**NeLM** Momentum continues – developers promising soft launch in early January – launch properly late January 08.
07/47	**PIPA** –survey of NHS MI centres will be conducted by PIPA rather than involving UKMi. KS volunteered to act as PIPA group member starting with April 08 meeting in London. The principle of acting as paid consultants and requesting fees as well as travel expenses or alternatively requesting funding for training events was discussed. As this would change dynamic of group and working relationship - FW would consider further. **PIPA access to email addresses** Suggested instead that should obtain from UKMi website through purchase of database. JN to respond to PIPA. Implications of Data Protection Act will need consideration as now selling details – individuals should be again given opportunity to take name out of directory. CP to coordinate nationally.
07/49	**National Knowledge Week** No feedback received. Ron Pate is doing some work re prescribing indicators. No further action at present
07/50	**Guy's and St Thomas' Poisons Unit** Letter has been sent
07/52	**CGWG** – KS – has drafted copyright paper – needs to go to Chief NHS Librarian (EG to find out who this is) then can go out

07/56	**Pandemic flu** – list circulated but few if any local centres appear to have considered the issue. PG - uncertain as to whether UKMi should put in place supporting mechanisms for service continuity. Argument that staff should be pulled back into services such as MI to advise on supply / clinical issues rather than expose via clinical work. Need to ask NHSD what their plans are as RMICs may propose dropping NHSD work (NB speed dial number is the pandemic flu number therefore will automatically drop out of rota) Is this reasonable as NHSD are the national contact for distribution of oseltamivir? An outline national strategy could be drafted e.g. local centres liaising with RMIC.
07/57	**Strategy** Should now been sent out. PG has a Powerpoint presentation available and will circulate – would be useful after agreement of the implementation framework in March. Keith Ridge has suggested that Chief Pharmacists would be highly unlikely to endorse as per last time as now much more arms length approach to such issues. Some spare copies available – could do another print run if necessary PG will summarise comments received for next meeting
07/57	**MedicinesComplete** dispensary package– not had written confirmation from RPS which is needed before can circulate wider. Peter Goacher now has moved to deal with more paper based products. Early dispensary feedback is that they would still like the paper copy as well as electronic access.

Action Items	**Person responsible**	**Deadline**
Consider possible implications of changing working relationship with PIPA standards group to a more formal consultancy role	FW	March 08
Contact PIPA to suggest that they purchase contact database via UKMi website	JN	ASAP
Email individuals on contact database to allow possibility of opt-out	CP	ASAP
Send any local plans for pandemic flu arrangements to PG	All	ASAP
Put pandemic flu planning on the agenda for the next meeting	SB	March 08
Circulate Powerpoint presentation to accompany Strategy document	PG	March 08

07/62 Pharmline option paper

Associated papers Circulated: 1 Tabled:

This had now been raised a number of times. Currently have 89 subscribers – maximum of 93 expected leading to a shortfall in salary vs income. Core content deal does not appear viable and a decision needs to be made re supporting Pharmline – options presented in accompanying paper. Ideally should be free at the point of use and available openly on NeLM.

Could Datapharm or cooperative of pharma companies to act as sponsors? This had not been considered an option in the past. DE agreed to raise with Steve Mott to explore option. Alternatively, a fixed sum could be added to conference fee but this would risk effectively charging again the same people who already subscribe. At a recent meeting with the DH it had been suggested that Keith Ridge could take on chairing a group of medicines information providers with a view towards taking on responsibility for governance of the NeLM site and there may be potential to persuade him to increase the remit to include medicines management. Therefore this could lead to getting Pharmline into National Knowledge Service (and thus NeLM) as part of a medicines management package. There were concerns expressed that RPSGB does not appear to have an explicit info role in Clarke report which may limit any option of merging with EPIC database – and the timescales involved in such negotiations are not really realistic for Pharmline.

As a short term measure the development levy could be used and carried over to next year. It was agreed that the levy would be charged early next year to allow funds to be transferred from RMICs. A balance of £27,000 at moment in the UKMi account. It was suggested that one meeting per annum (June meeting) is used to present overarching accounts – protects individuals and the Executive as a whole. This should be included in revised standing orders.

Action items:	**Person responsible:**	**Deadline:**
Keep exploring option of including within NeLM	DE	Dec 07
Discuss Pharm-Line with Steve Mott of Datapharm	DE	Mar 08
Charge levy out to RMICs early 2008	PG	Jan 08
Put on agenda for March meeting	SB	Mar 08
Bring accounts to next meeting	PG	Mar 08

07/63 Injectable Medicines Guide

Associated papers Circulated: Tabled:

PG reported that there have been two recent meetings. On the 7th November the whole group met in London. This had been very useful as it had been identified from the seminar on the 1st Oct the need to change the approach if national funding was to be sought successfully. At the meeting last week in Birmingham a start had been made to rewrite the proposal which would need to be fairly significant. Main elements were to propose a similar project at a cost of £400,000 over 2 years (essentially one third of original cost in two thirds of estimated time). The scope has not changed and monographs will be available for all licensed injectable medicines and those with significant unlicensed use. The structure had been simplified with only three groups now and an options appraisal will be conducted on how to get to the end format. One way in whgich costs have been scaled down has been to reduce the infrastructure – have moved from many (25 – 40) writers to use 2.5 – 3 paid employed writers. Have also determined that writers don't have to be pharmacists but could instead be technicians or scientific writers using a template and structured writing guide.

A clinical editor would need to be appointed with knowledge of this area as well as a process manager. This would be a bigger role, and not necessarily a pharmacist though it would be preferable if the process manager was based in a RMIC. Minimal administrative support is needed as it would be kept as an electronic tracking process. Robin Burfield working on this aspect which would be hosted on Medusa as work has already been able to start.

The only significant issue at moment is around the QA process –significant support costs had been built into the proposal to enable RMICs to contribute. Comment had been made that this should be a core activity of MI anyway. We could propose that RMICs maintain QA process as part of process without income however it was clear that taking this on would impact on other work. We need to address any comments that should this is core MI activity. It was suggested that if the right authors could be employed, accreditation achieved and management was appropriate right then we may not need to QA every output. Instead the focus could be on the QA of authors rather than every monograph. However concern was expressed that if we don't see every monograph then we expose ourselves to blame for any mistakes and this would need to be considered further. UKMi logo to go on guide.

The principle remains that the Injectable Medicines Guide should ideally be free at the point of use and funded centrally. If funding is not obtained then we will need to have subscription access but tighten up QA. A volume related subscription has been agreed with Sue Keeling – £500 per PCT, specialist hospitals with low injectable requirements £500 or 2 monographs, scaled up through Trust size at approx £250 per monograph not produced. This will generate income but will have reasonable administrative costs and management setup. Production of monographs by current participants is not monitored at present.

Revised proposal needs to be submitted to KR before Christmas. It was noted that the costs include employing both a professional nurse adviser and consultant anaesthetist for 1 session per week.

Momentum is still there to take forward but need to be realistic about chances of success.

JN fed back on the interim project. All except one monograph on the priority list have been updated and are at QA stage which is better than could be expected. It is expected to have 150 monographs on the website by March which will all have been updated in 2007. It was noted that the QA process is resulting in many changes having to be made to the submitted drafts. However updates have been done without reference to writing guide so consistency is not there yet, similarly the QA process is also evolving.

Action items:	Person responsible:	Deadline:
Submit proposal to KR before Christmas	PG	End Dec 07

07/64 NHS Direct Update

Associated papers Circulated: Tabled:

Lot of NHSD work has been done on redeveloping and delivering training packages. Meeting HIA queue needs and putting in extra support has also taken much time. Where possible, extra hours have been delivered by RMICs and extra monies from late start of OOH services should largely cover expenses. We need to clearly state that this additional support is time limited until March – onus is on NHSD to sort issues internally. It was noted that they are not using existing capacity in SLA.

50 Q&As written but due to lack of NHSD clinical approval process they are not on intranet and therefore not able to contribute to call reduction. It was anticipated that they should go on after Christmas.

Current concerns re delivery of training sessions at remote centres to our NHSD pharmacists and the travel implications were discussed. Sessions delivered and travel involved would be monitored to try and minimize impact on time available within base RMICs.

AJ has asked to come to a UKMi Exec meeting next year to discuss SLA. As the next meeting is not until March, PG DW and AJ would meet in January. Comments from GC were noted and discussion took place around securing a 3-year rolling contract. The core SLA should include some OOH components where agreeable but not poisons work.

FAQs will only go on NHSD intranet – can't go on NeLM due to the audience for which they are written. This is not an ideal position but we can access NHSD intranet via our own logins. Discussed how if / to publicise availability via UKMi website. All FAQs will be available with complementary CHQs and as such will be available to all via NSHD website. In future Q&A and CHQ will be written in tandem. As access to NHS net is difficult due to firewalls in some areas it was agreed Katie Pickett could maintain an up to date list of FAQs held on UKMi website.

Action items:	**Person responsible:**	**Deadline:**
Contact PG before 2nd / 3rd week in January with issues to be considered in initial meeting	All;	3rd week Jan 08
Meet in January to draft new SLA	PG, DW, AJ	End Jan 08
Develop and maintain list of NHSD FAQs on UKMi website	KP	March 08

07/65 BNF errors

Associated papers Circulated: 1 email Tabled:

It was agreed that a letter from the group would be sent to the BNF editor expressing our concerns that the current system does not allow for corrections to be made within the text. Details of issues are highlighted on NeLM. Need to drill quite a way down on website and issue is about accessibility; it may be that corrections may be made quickly but that they are not highlighted. A similar problem with Stockley particularly with reference to paracetamol and tramadol as interaction had been found so this was not unique to the BNF.

Action items:	**Person responsible:**	**Deadline:**
Write to BNF on behalf of group	ES	ASAP

07/66 Access to UKMi work by private hospitals

Associated papers Circulated: Tabled:

It appeared the latex database could be included as one resource however it was still unclear whether this would apply to the fridges database.

The principle needs to be considered in the wider context. For example the private sector do pay for access to the current iv guide, this could be used as a guide and resultant income used to support Pharm-Line for example.

Discussion took place about developing a package to include access to Pharm-Line, password protected areas on NeLM, work books etc at cost. £10k per organisation was suggested as a start. A list should be collated of resources we would be prepared to offer. Agreement from CoAcS would be needed for MiDatabank.

Put on agenda for next meeting

Action items:	**Person responsible:**	**Deadline:**
KS to find out who is clinical director of Nuffield hospitals and discuss needs	KS	Mar 08
Discuss making MiDatabank available with CoAcS	SW	Mar 08
Develop list of resources for private sector	SW, PG, KS	Mar 08
Put on agenda for March meeting	SB	Mar 08

07/67 Clinical Knowledge Summaries

Associated papers Circulated: Tabled:

DE had met with CKS one year ago and suggested the group should consider developing closer links. Sharon Smart was interested in working with UKMi – particularly around the scoping of guidelines and what questions should be answered. CKS should be seen as an important long term player. It was noted that some ADR sections of CKS guidance have been checked by Liverpool and Newcastle do some pregnancy checking.

CP reported that AHFS summaries are available free of charge through DynaMed – via CKS website top right hand corner. Librarians group highlights such issues – CP to forward emails and relevant info. Could put on UKMi website under news section.

Action items:	**Person responsible:**	**Deadline:**
To meet with Sharon Smart and pursue link	SB	Mar 08
Email details of DynaMed	CP	ASAP
Forward relevant information from librarians group emails	CP	ongoing
Highlight relevant information through NeLM news	DE	ongoing

07/68 Working with the pharmaceutical industry

Associated papers Circulated: 1 (email) Tabled:

Disappointment was expressed at content of email, but the group remained happy with the current wording of strategy

Working with Pharmaceutical Industry / DH to go onto next agenda – SB

Action items:	**Person responsible:**	**Deadline:**
Reply to David Gowdy	ES	ASAP
Add working with the pharmaceutical industry / DH to agenda	SB	March 08

07/69 Report back from CGWG

Associated papers Circulated: Tabled:

The group had most recently met on the 14th November

The enquiry answering guidelines that Helen Davis brought to the CGWG have gone onto website but haven't been given UKMi logo. A similar process may happen with the SOP for MiDatabank originating from Leeds. The group discussed whether there is a need for a good practice section on UKMi website where documents are not endorsed by subgroups but may get lost on the wider MI-UK discussion forum. It was firmly agreed that such documents should appear under the relevant practice area on UKMi website as a 'Good practice idea' as opposed to a ratified document. The sections are not just for those groups but must operate as practice areas.

Work to review UKMi standards was also underway though there was concern that this is a huge area. A decision had been made to focus on enquiry answering standards to start with. It was suggested that the review should have service user input to demonstrate that these are not just internally driven. It would also be useful to try and demonstrate a level of accreditation.

London mystery shopper data had been discussed at the last meeting; East Anglia are keen to reproduce this. The process will be slightly amended but it was considered a very useful concept and could be used as interim process to external audit. Difficulties were reported with differences in approach from 'callers'.

PIPA Standards group – a survey of NHS MI centres by MI in industry will be undertaken. A draft questionnaire has been circulated and will be used for 1 week during Q1 2008. The need for an option of 'not applicable' in some circumstances or opportunity to comment further was noted on the draft questionnaire.

Action items:	Person responsible:	Deadline:
Feed back comments on draft questionnaire	FW	ASAP

07/70 IRMIS report

Associated papers Circulated: 1 Tabled:

The word version should be considered confidential and shouldn't be emailed but paper copies can be used at local meetings – possibility of forwarding and unauthorised amendments being made. Converting to pdf format would get round this issue of amending / corruption.

Main issues remained as replication of errors in other people's work and a lack of 'quiet' time for enquiry answering.

It was felt reformatting the report to allow more space for certain columns would be more user friendly

Southern Ireland – very positive about contributing but would be a paper based system due to NHS net problems

Action items:	Person responsible:	Deadline:
Reformat as appropriate and issue pdf for future reports	FW	ASAP

07/71 ETWG update

Associated papers Circulated: Tabled:

Two new members of working group have been nominated – Selwa El-Beik (CMMC) and Vivienne Rose (representing the Accredited Technician training scheme). Next meeting is in Jan 08

All places are now allocated for the January National Training Course. Good response to request for tutors – thanks to all who responded

Action items:	Person responsible:	Deadline:

07/72 UKMi Seminar 2007 report

Associated papers Circulated: 1 Tabled:

Felt to have went very well. Training re giving info to patients –discussed under conference options. There is a possibility of PiF delivering this or NHSD. Could be seen as supporting strategy in developing patient helplines. We could seek to run train the trainer sessions and cascade; UKMi NHSD leads could be used to cascade. ES may have some information about organisations running training sessions on operating helplines
Medical school and consultation skills trainers could be another resource.

Such training should be added to strategy outputs in relation to patient help lines

Action items:	Person responsible:	Deadline:
To contact NHSD in first instance to explore options	CP	ASAP
To add to outputs on implementation paper	TB	March 08
Provide CP with contact name from NHSD	SB	ASAP

07/73 UKMi conference 2008

Associated papers Circulated: Tabled:

PG would be responsible for making local arrangements etc at Warwick

JN - registration

FW - coordinate programme (with help from KS & CP)

All to help with programme organisation starting now.

Date is 3rd week of September (18/19) 2 days (Thurs / Fri)

Broad ideas suggested:

PbR – Roche (workshop)

Delivering information to patients – comments following seminar.

Building a business case – eg setting up a patient helpline, new member of staff

Research – how to get started

Anne Connolley – from Maudsley – drugs in psychiatry

Plenary New areas of Medicines Management

NPSA alerts, med errors, injectable medicines guide

Antibiotic use and MRSA & C diff

Sports medicine

Neutraceuticals

Ayurvedic medicine

Drugs in unusual sitations eg sports and lifestyle diving, Ramadan (can include some of above). Could have patients to speak. Rheumatology / diabetes would also be a suitable area

NeLM

Plenary - Using MI to support formulary work – good decision making – link in with PbR. Richard Lee – health economist (NW) pharmacist may be able to support.

NICE – future – speaker from NICE

Practical session on how to use OVID

MiDatabank – workshop

Managing workload associated with NPSA alerts

Risk as a possible theme (e-prescribing etc) (financial clinical personal)– also service improvement / change – improvement foundations. MI in USA

Commissioning - relation to MI plus PbR, FTs – could be a plenary as lead into other sessions.

DE – 10 min slots – presentations re getting through difficult situations eg closing of MI department or Trust SPM where MI has been revamped / resurrected. Lessons on how to avoid getting to a situation where MI is threatened.

TB – putting strategy into practice using the template developed for Exec

Action items:	Person responsible:	Deadline:
To try and identify SPMs who could present at conference	All	March 08
To group suggestions into themed areas	PG	ASAP
To develop programme and arrange teleconference	FW & KS	ASAP
To suggest presenters and take part in teleconference	All	Early 08

07/74 UKMi and QA of RPSGB comments on NICE guidance

Associated papers Circulated: 1 email Tabled:

Heidi Wright on behalf of the RPSGB had suggested a sum of £50 for each set of comments. At this point in time it was felt that due to other competing pressures such as the iv guide we should not take this work on.

Action items:	Person responsible:	Deadline:
To reply to Heidi Wright	ES / SW	ASAP

07/75 Medicines Q&A process

Associated papers Circulated: Tabled:

Concern was expressed re the relatively slow increase in numbers of Q&As, however need to recognize that questions at beginning of database establishment often are the more complex; 90% of existing Q&As are more complex documents. The process for writing has been revisited and support materials put in place as requested. It was agreed that the current process approved by UKMi Exec for creating Medicines Q&As provided a robust system for the more complex Q&As where a careful and formal consideration of risk and accuracy was paramount. However, not all Q&As pose the same level of risk. UKMi Exec agreed that RMIC Directors should have the power to waive the formal QA process that currently exists where they feel that a less rigorous QA process is acceptable. This might include "shell" Q&As (which point to useful web resources) and general Q&As (e.g. "What is homeopathy?"). It was reinforced at the meeting that RMICs take full responsibility for the accuracy of their Q&As so that a decision to not use the more rigorous process should not be taken lightly.

It was also decided that RMIC Directors should have the authority to decide for themselves on the expiry date of individual Q&As. These would usually be a minimum of 2 years, but longer expiries could be used at Directors' discretion.

SW encouraged directors to tie their Q&A work into local priorities by identifying local initiatives with which Q&As might help (e.g. 24/7 services in 1ry and 2ry care, non-medical prescribing, support for PCT leads). Asking local customers to identify their Q&A needs would help RMIC Directors to deliver locally commissioned work as part of the national scheme and thus enable Q&A writing to be prioritised. Another helpful option was to include the writing of one Q&A in all RMIC staff's annual Personal Development Plan.

Action items:	Person responsible:	Deadline:
To ask SPM / PCTs what queries / questions would be useful to put into Q&As	All	March 08
SW to produce some guidance	SW	March 08

07/76 Response to the Clarke Inquiry

Associated papers Circulated: 3 Tabled:

As one of the 30 named organisations in appendix we should be seen to be involved. A Waterloo group approach could be used - DE to explore. UK Psychiatric Pharmacists Group are reported to be keen to collaborate. All to provide comments to David by early January.

DE KS and JN to get together and put response together from UKMi.

A DH group exists under Ken Jarrold called the Pharmacy Regulation and Leadership Oversight Group (Prolog). Contact with the group could be made through Peter Noyce

Action items:	Person responsible:	Deadline:
Comments to David from all by early January	All	
UKMi response to be collated	DE, KS, JN	
Approach Peter Noyce to come to March development day	PG	

07/77 Communications

SB A new dedicated MI number (0191 260 6198) was now in operation at Newcastle due to operational changes. The number for teratology enquiries (0191 2321525) remained the same. GC and SB had been unable to appoint to the joint Leeds / Newcastle post despite advertising a number of times so alternative options would need to be explored. SB clarified that comments from Pharmaceutical companies in relation to RDTC publications were only answered in detail where companies were unhappy with publications once finalized and not at any earlier stage. Finally, due to personal reasons, SB would not be able to continue as UKMi secretary beyond the March 2008 meeting and therefore would have to give notice of her intention to step down at the next meeting.

DE UKCPA keen to discuss strategic alignment – unsure what this means e.g., associate membership could be an option.
LNDG – a document had been issued called the London Commissioning Intention 0809 - London New Drugs, Devices and Procedures. DE had not been consulted. Support would go out for contract if consultation approved. Cancer process is seen to be working reasonably well and may survive. Changes won't be in place for April but will develop over the next financial year.

PG Joint Director for West Midlands now. Very tight on staff in W Mids. EG coming back with Q&A, work on breast milk and, NHSD. Hoping for backfill – appoint 0.4 band 7 to cover query answering. Nationally will be a gap in terms of support. Cutting back on Headlines work however EG will continue with CGWG for another 12-18/12. Changes would mean one less person on UKMi Exec long term if not indefinite.
Core Evidence journal - query over usefuless and frequency of issues; PG to feedback concerns
NDO – going through major revamp to ensure fitness for purpose; data and look will change. New sections include on on PbR with some old sections dropped. Links to diseases / BNF areas by drop-down menu. Link with NDF still there. James Turton developing bit by bit as live database. Have agreed that from next Monday, current version will be updated but new version will need to have amendments inputted at later date. Contributors will have to make note of recent amendments and re-input in January.

CH Funds tight in SI Health Service. Jobs freeze with impact on resources.

CP NPWG – meeting on Tuesday. Workshop being planned to launch new writing guidelines for NMPs – bring authors / checkers together and increase consistency. Provisionally 23rd April (tbc) at Midland hotel in Derby. Programme outlined – report back on survey, discuss how guidelines support this. Critical appraisal session and workshop, interactive session on how to deal with comments, resources (UKPARs now available cf EPARS). Work in progress – why password protection? Agreed to remove protection. Will need to consider sending round commitment request.
Scrip – difficulty in getting sensible prices - CP send email round requesting info to current subscribers.

ES Lack of staff. Seeking to recruit to vacancy. Paper version of iv guide nearing completion – working with Hammersmith. Want paper and electronic version

KS Manpower problems – getting on with it and service still running

FW May request info around complementary medicines enquiries

Action items:	Person responsible:	Deadline:
Feedback concerns re Core Evidence	PG	Mar 08
Investigate Scrip issues	CP	Mar 08

Date of next meeting: 5/6 March 2008 at the Novartis Foundation, London