

# UKMi Executive Meeting

Thurs 1<sup>st</sup> July 2010, 11am – 5.30pm  
 Fri 2<sup>nd</sup> July 2010, 9am – 3.00pm  
 RIBA, London

Chair: David Erskine

Note taker: Katie Smith

**Attendees:** Trevor Beswick, David Erskine, Peter Golightly, Claudine Hughes (Thursday only) Paula King, Christine Proudlove, Ben Rehman, Craig Rore, Katie Smith, Simon Wills, Fiona Woods, Janice Watt

## MINUTES

### 10/50 Apologies for absence

Graham Cox, Liz Mellor, Janet Tweed, Bhavana Reddy, Paula Russell, Melinda Cuthbert

### 10/51 Accuracy of minutes from teleconference held on 13<sup>th</sup> May 2010

Two minor amendments, otherwise agreed to be an accurate record

10/40 – 25 years instead of 20

10/42 – delete question mark

### 10/52 Matters arising / action points not on the agenda

10/16 – Do LMICs check SPCs when procurement contracts change?

DE not spoken to Kevan Wind / Howard Stokoe yet.

This is potentially an area of duplication.

Not sure UKMI has the capacity currently to do anything but may be asked to do on a local basis.

May be helpful to produce a checklist of things to check when comparing SPCs – this could be produced as a Q&A. TB and JW to lead on this.

10/20 – Differences between dates on SPCs on the EMC, which one to record?

Email not sent yet. FW to do.

10/42 – Slides from the RPSGB specialist groups meeting

BR circulated these to exec members.

### Action Items: NIL

Person responsible

Deadline

### 10/53 MiDatabank V3 & V4 update

FAQ guide is not available yet because of problems identified in Wales which have delayed implementation in England by 3 months.

Pilot sites have discovered that you need a specific version of the SQL server for v3 to work.

V3 does run slower than V2.

Propose that UKMI exec set up a project board to formally manage the development of MIDatabank.

Project board would have a project plan and project manager and supported by a user group.

### Action Items:

Person responsible

Deadline

Produce paper on project management of MIDatabank

SW

ASAP

Installation guide for MIDatabank

SW

Mid August

<b>10/54 Update on NeLM/ NHS Evidence</b>		
<p>Pharmline is now on the NeLM. IFR database has been very well received. There is now the ability for any registered user to comment on any NeLM record. Communities are beginning to appear – PGDs, QA info, South &amp; South East Specialist Pharmacy Services Can host local formularies – this could be useful for GPs and clinical pharmacists to access to check what is used/held locally. Can link the formulary entries to the BNF, emc and NeLM A to Z info on specific drugs. A section on shared care protocols will soon be available.</p> <p>There is a huge amount of information on the site – the search engine will use Boolean logic, then use the various filters to find the required information. Remind people to check their NeLM subscription and personalize their news email content.</p> <p>NHS Evidence is conducting a survey on where people find medicines related information. A link to the questionnaire will be on the NeLM. Important to get all NeLM users to complete the survey which will be open for 6-8 weeks.</p>		
<b>Action Items:</b>	<b>Person responsible</b>	<b>Deadline</b>
Circulate NeLM presentation	KS	ASAP
Email users of MI service about questionnaire	All	ASAP
<b>10/55 Update on Medstream – presentation from Steve Mott July 1<sup>st</sup>, 11.30am</b>		
<p>An agreement for the pilot phase has been established as the basis for the future commercial agreement. This covers confidentiality, ownership of data and commercial aspects. Pilot data extraction has taken place at Guys MI centre and basic reports have been generated. Need to have an agreement between medstream and every Trust involved in this work. Aim is to use the work done at Guys to have 1 agreement documented which is accepted by all NHS Trusts. There is a lot of work to ensure that there are no names or patient identifiable data in the extracted data. Many different types of reports have been generated. Steve Mott has spoken to a few manufacturers about this project. Need to identify with them how best to use the data and what information they want.</p> <p>Need more data to work with to look for evidence of signal detection. Ideally need all RMICs to participate in the project to get a viable amount of data to work with. Historic data can be used as long as it has been recorded on MIDatabank. File transfer from hospitals to Steve Mott will occur over the NHS N3 network. Steve thinks there is definitely a market for this data. Money generated from this project could be used to develop MIDatabank.</p> <p>Need to determine what outcomes/defined objectives there are for UKMI to help with discussions with Trust governance people. Any income generated should go to UKMI nationally which can then be used to benefit all of UKMI e.g. subsidise costs of PDS, MIDatabank, MICal, MI workbook etc. Concerns about long term viability of the project, confidentiality</p>		
<b>Action Items:</b>	<b>Person responsible</b>	<b>Deadline</b>
Circulate slides from Steve Motts presentation	KS	ASAP
Produce & agree list of defined objectives by email – DE to lead	All	End July
Discuss Medstream agreement with Trust governance people	All	Ongoing
<b>10/56 Pharmapedia (UKCPA)</b>		
<p>Highlighted as an alternative source of info for clinical pharmacists Driven by UKCPA / London School of Pharmacy Not populated with much info at the moment Keep an eye on what is available on the site</p>		
<b>Action Items: NIL</b>	<b>Person responsible</b>	<b>Deadline</b>

<b>10/57 Update on progress with QA of IV drug monographs; IMG survey results</b>		
<p>91% of IV monographs allocated in last 3 months have been QA'd in 4 weeks  Chris to chase up all RMICs every 4 weeks for outstanding monographs not QA'd  Manufacturers getting more involved – comments being sought and if comments are provided, they are put on the website.  A calculator has been developed to aid drug dose calculation – this has not been checked yet.  There are now writing guidelines for IM injections</p> <p>Survey on IV medicines administration information at ward level completed during April.  Approximately 50% of respondents (108) use Medusa at ward level. 38 hospitals use it as the sole primary source of info on the wards.  16% said they produced their own in house IV guide  Views for and against the Medusa given.  If Medusa not used on wards, UCLH was the most used other reference source.  Repeat survey at a later date (summer 2011) to see if use of Medusa has increased  Need a paper copy of mini medusa for Trusts where IT access on wards is an issue</p>		
<b>Action Items:</b>	<b>Person responsible</b>	<b>Deadline</b>
Email RMICs every month re: update on outstanding monographs	CP	Ongoing
Update QA guidelines	CP	End July
Repeat survey in summer 2011	CP / TB	July 2011
Speak to Sue Keeling about book version	CP / PG	End July
Produce poster on IMG survey for PDS	CP	Sept 2010
<b>10/58 2012 Olympics update</b>		
<p>MI support service for 7 weeks of the 2 events  May be able to put 2012 logo on website</p>		
<b>Action Items: NIL</b>	<b>Person responsible</b>	<b>Deadline</b>
<b>10/59 UKMi-NHS Direct working group &amp; SLA 2010/11</b>		
<p>UKMi have signed the SLA for this year, now with NHS Direct waiting for them to sign. PG will send out invoices once NHSD have signed.  The new NHSD intranet needs individual passwords to access. If UKMi want passwords for more than one person to use (ie use MI centre email addresses) UKMi would have to pay for this service. NHSD want to reduce the amount of people who access the website because of the amount of info on the site which is specific only to NHSD. UKMi only need to be able to access some of this info, not all of it. Main issue is with not being able to access Q&amp;As. Other options would be for NHSD to produce a cut down version of the website, put the Q&amp;As on the UKMi or NeLM site or download all the Q&amp;As and keep copies at Trust level for those who need to be able to use them.  NHSD working group have concerns about training of dental nurse advisers to answer medicines calls which they have been asked to do. Working group is going to write a letter which will be circulated to the exec.</p>		
<b>Action Items: NIL</b>	<b>Person responsible</b>	<b>Deadline</b>
<b>10/60 Collaboration of UKMI &amp; RPSGB information services SOP</b>		
<p>Information service now called the support service  Support service to be run by technicians  Update contact details for Cardiff, North West, Trent, Northwick Park</p>		
<b>Action Items:</b>	<b>Person responsible</b>	<b>Deadline</b>
SOP agreed to be ok, contact RPSGB	DE	End July

<b>10/61 Partnership working with the RPSGB – presentation from Jeff Lester, Networks Project Manager and Yvonne Dennington, Networks Project Team, RPSGB July 1<sup>st</sup>, 3pm</b>		
<p><a href="http://www.rpharms.com">www.rpharms.com</a> is the new website for the PLB  There is the ability to host various pharmacists groups and networks on the site.  Groups can be open, closed and hidden.  Open = available to anyone; closed = have to apply to join; hidden = groups of specialist pharmacists in a particular area.</p> <p>Had a demonstration of functionality of the website for groups/networks.  Agreed that the functionality has benefits over the current mailtalk facility that the UKMI network currently uses. As well as being a discussion board, you can post information on events, news and documents to be shared by everyone in the group.</p>		
<b>Action Items:</b>	<b>Person responsible</b>	<b>Deadline</b>
Check if you can use/register work and home email addresses for the PLB	KS	Oct 2010
Try out the PLB network site for the exec for a pilot period (3-6 months) as a hidden group with view to rolling out to whole MI network in the future	KS/JW	Oct 2010
<b>10/62 Working with the RPSGB specialist groups – update</b>		
<p>Meeting last week.  Ben in the credentialing group  Catherine Duggan going to write article for PJ/Pharmacy Professional on credentialing  Critical care and mental health pharmacists already have credentialing in place  Aim to have similar systems in place for different specialist groups to use to credentialise their specialists  Further work needed on how this would be used by groups who have not started credentialing yet  PLB needs to provide support</p>		
<b>Action Items:</b>	<b>Person responsible</b>	<b>Deadline</b>
Continue to attend meetings	BR	Ongoing
<b>10/63 Changes to industry medical information departments – presentation from Stefne Maritz, Pfizer July 2<sup>nd</sup>, 10am</b>		
<p>Originally Pfizer had a medical information dept in each country, but there was not a consistent service across the world. The company also want information to be provided by product specialists which currently doesn't happen. Pfizer has a global MI function, so the globe has been split in to 3 regions – Europe, USA/Canada and Asia/rest of the world.</p> <p>Pfizer now uses Customer contact centres and knowledge and information centres. For Europe there are 3 customer contact centres in Bulgaria, Sweden and Ireland. These are provided by an external company not directly employed Pfizer staff, although the idea is that customers should not feel they are dealing with an outside agency. The European knowledge and information centres are in the UK, Sweden and Switzerland. The customer contact centres employee health care professionals and scientists. Calls are triaged using telecommunications software so that the call is directed to the most appropriate customer contact centre based on the country where the call was made from. If there is a language problem or misunderstanding based on difficult communication, inform Stefne ASAP.</p> <p>Pfizer expect 70-80% of enquiries to be answered immediately by phone using a database of standard answers in the customer contact centres. More complex enquiries will be escalated for research by MI specialists in the knowledge and information centres. Pfizer aim to respond to complex enquiries within 5 working days. It may not be possible to get answers to urgent enquiries within 2-3 hours any more. The Pfizer Drug Safety Unit is based in the UK. Pfizer can now be contacted by email or phone with questions – 01304 616161, <a href="mailto:EUMedinfo@Pfizer.com">EUMedinfo@Pfizer.com</a></p>		
<b>Action Items:</b>	<b>Person responsible</b>	<b>Deadline</b>
Discuss the new Pfizer MI set up with local MI pharmacists	All	ASAP
Feedback any problems to Stefne as they arise	All	Ongoing

<b>10/64 National paediatric medicines information - notice of service suspension</b>			
DIAL no longer taking paediatric meds enquiries from across the country from today (1 <sup>st</sup> July) Paediatric enquiries to be picked up by local and regional centres UKMI hope to produce Q&As on paediatric issues – check with SW?? Catrin Barker will send Chris Proudlove a breakdown of where DIALs enquiries came from across the UK			
<b>Action Items:</b>		<b>Person responsible</b>	<b>Deadline</b>
Inform local MI centres of change to DIAL service		All	ASAP
<b>10/65 Datapharm – the future of the Medicines Compendium &amp; implications for enquiries</b>			
Datapharm are no longer producing the paper copy of the medicines compendium. Datapharm to write to all people who receive the book and have asked if UKMI should be mentioned as an alternative source of SPCs. Agreed that UKMI shouldn't be the only option as an alternative source of info			
<b>Action Items:</b>		<b>Person responsible</b>	<b>Deadline</b>
Write to Datapharm		DE	ASAP
<b>10/66 IRMIS report</b>			
14 reports for Jan – April 2010 entered on to IRMIS Themes the same as previous reports Rushing to complete work is still a big issue Inaccurate/unhelpful information from the industry anecdotally appears to be an issue – keep an eye on this, may be valuable to collect data to discuss with PIPA PG produced a form to collect data on experiences (positive/negative) when they occur with industry medical info departments - local MI pharmacists would send it back to the regional centre. Trent/West Midlands and North West region to run pilot until Sept teleconference. Decide then whether to collect data nationally. IRMIS database is being changed and will become more evidence based and will highlight risk management measures.			
<b>Action Items:</b>		<b>Person responsible</b>	<b>Deadline</b>
Run pilot on collecting data on experiences with industry		PG / CP	Sept 2010
<b>10/67 Enquiry level definitions</b>			
Feedback shared from consultations/discussions with local MI pharmacists General agreement that we keep to 3 levels, make definitions clearer Need to recognize the whole enquiry answering process and skills of MI pharmacists.  Level 1 = finding info in a number of sources, no interpretation Level 2 = info from resources +/- literature search, provide clear answer based on what have found Level 3 = making a judgement based on what you have found about what should be done, provide direction for what the clinician should do, you take responsibility for the answer, often need to provide a detailed written response.			
<b>Action Items:</b>		<b>Person responsible</b>	<b>Deadline</b>
Draft revised enquiry level definitions		TB / SW	End July
<b>10/68 UKMI support for implementation of NPSA RRR on delayed and omitted medicines</b>			
BR presented paper that he had written about producing a tool to support generation of lists of medicines for the NPSA rapid response report on delayed & omitted medicines. Views from the South & South East England clinical pharmacy network were that some Trusts are already in the process of producing lists but would favour an overarching resource/toolkit. Concern that if this work has already started is this still needed? Decided that a toolkit that helped people to think about what drugs were risky, what makes a drug risky etc. would be useful. BR to identify themes. If themes are defined, apply the principles to the BNF chapters Scope a couple of chapters to see what the output looks like Get feedback to see if the work is useful. Decide whether to continue further, if yes, inform MI network.			

Divide the BNF chapters between the remaining RMICs, buddy with another RMIC to seek advice/support if have questions or some centres to sort the risks and other centres to QA? Method to be confirmed. Exec members round the table agreed to participate apart from Wessex.		
<b>Action Items:</b>	<b>Person responsible</b>	<b>Deadline</b>
Identify themes	BR	ASAP
Pilot themes on 3 BNF chapters	BR / DE/ TB	August
<b>10/69 Education &amp; training working group report</b>		
<p>Lot of work being undertaken  Number of people left the group and need more help/support to ensure the MI training course continues to run (particularly July 2011) and the other work is completed  Need to get a balance between having a small, productive group and expecting a few people to do everything.  Don't necessarily need to be able to commit to attend meetings</p>		
<b>Action Items:</b>	<b>Person responsible</b>	<b>Deadline</b>
Seek volunteers to help with work of E&TWG	All	End Aug
<b>10/70 National horizon scanning database – Pharmascan</b>		
<p>Database now completed, not yet launched, probably will be available later this month.  The number of companies supplying data for the database is expected to increase.  Chris has offered to QA data on database.  Amount of data and how it is presented on the database may be changed over time.  The exec needs to review use of database once it is completed to see if it meets our needs  Companies may not respond to requests for information on products in development, you will be directed to Pharmascan. Each group that has access to Pharmascan is only allowed 5 users.  Pharmascan users for UKMI will come from the new products working group  Keep using NDO and Prescribing Outlook for initial searches for information, before contacting Pharmascan users.</p>		
<b>Action Items:</b>	<b>Person responsible</b>	<b>Deadline</b>
Assess Pharmascan to see if it meets UKMI exec needs in 18 months time	CP	Jan 2012
<b>10/71 NHS Evidence accreditation</b>		
<p>NICE modifying guidance for accreditation – may be best to wait  Medicines Q&amp;As, new product reviews would be the obvious documents to get accredited.</p>		
<b>Action Items: NIL</b>	<b>Person responsible</b>	<b>Deadline</b>
<b>10/72 Complementary Medicine service</b>		
<p>FW and another member of staff producing a revised summary for the specialist service for the UKMI website about what service will offer and list of complementary medicines information sources &amp; criteria for referral to WMIC  Also writing 2 Q&amp;As – one on how to deal with drug interactions questions and another about dealing with adverse effects enquiries.</p>		
<b>Action Items:</b>	<b>Person responsible</b>	<b>Deadline</b>
Produce documents for approval next UKMI exec teleconference	FW	Sept
<b>10/73 Review of development day and next steps</b>		
<p>Day helpful on an individual level (understanding networks) and afternoon session (scenario planning) was useful. Not sure that we learned how to function better as a team to lead the network.</p> <p>Need to be clear about what the exec does/can do  Need to understand what our objectives are – update, review at Sept teleconference  Review/revise national UKMI strategy  Need to use the development day in November to match our objectives to the current NHS environment  Scenario planning for changes that may happen i.e. reduced money in NHS  Prioritise work plan, what are not doing that we should/shouldn't, what can/should we stop, where should we focus our efforts now?</p>		

<b>Action Items:</b>	<b>Person responsible</b>	<b>Deadline</b>
Update UKMI objectives/terms of reference – all to send ideas to PG	PG	End July
Review UKMI objectives in detail +/- facilitator?	JW / TB	Nov
<b>10/74 QIPP – what next?</b>		
<p>The printed copies of the UKMI brochure should be available soon – need to send to SPMs, PCT leads, MI p'cists, Trust &amp; PCT chief execs, SHA commissioners, public health directors, medical directors, schools of pharmacy, DH, NICE etc.</p> <p>MI supporting QIPP – list of activities that MI does and can be used by local MI pharmacists/managers to promote the value of UKMI / local MI service  Send a copy to SPMs, PCT/SHA leads with the brochure and also to Martin Stephens &amp; Jonathan Mason  Risk matrix – what the NHS would lose if Trusts disinvest in MI; decide at the end of July if to put on the website  How to deal with changes to MI services – document for use by regional MI directors with local MI services who need help &amp; support.</p> <p>Income generation for the NHS – DE recently asked about premium rate telephone numbers, private hospitals, more work with the pharmaceutical industry  Discuss an income generation strategy/ideas in November</p>		
<b>Action Items:</b>	<b>Person responsible</b>	<b>Deadline</b>
Send MI brochures to RMICs for distribution	SW	ASAP
Circulate MI brochure widely to appropriate people	All	ASAP
Make local MI pharmacists aware that the risk matrix is available	All	ASAP
Consider income generation ideas for November meeting	All	Nov
<b>10/75 UKMI exec performance management</b>		
<p>TB incorporated changes from previous meeting  TB will collect data on the targets at the end of the summer  Patient helplines, MIDatabank, audits of local MICs are at risk of not meeting the target</p> <p>RMICs must do user experience surveys  If can't write any new Q&amp;As, please update those you have written  Ensure that all RMICs contribute data</p>		
<b>Action Items: NIL</b>	<b>Person responsible</b>	<b>Deadline</b>
<b>10/76 PDS 2010 &amp; 2011</b>		
<p>2010 programme now complete  Need to promote heavily to ensure attendance – remember to do formulary and PCT pharmacists, write to SPMs to highlight value of PDS to MI pharmacists and encourage support  KS and PG have a teleconference with the admin group next week</p> <p>PG been asked to sign contract for 2011 on Monday 5<sup>th</sup> July 2010 – need to decide what to do  Discussed risks of signing now and having to cancel  Decided to sign now as have no idea of how successful this year is going to be and will review decision again at September teleconference  2012 PDS could be at an alternative venue to Warwick to fit in with current cycle. Make decision at Sept teleconference.</p>		
<b>Action Items:</b>	<b>Person responsible</b>	<b>Deadline</b>
Promote attendance at PDS widely to networks	All	ASAP
Sign contract for 2011 PDS	PG	July 2010
Review 2011 PDS viability at September teleconference	All	Sept 2010
<b>10/77 Communications/AOB</b>		

CP

Copying patients in to letters to healthcare professionals. Is anyone doing this? One of the Trusts in the north west is having a big push on this and MI want to know whether they should be doing it. Discussed that there is no need for MI to do this unless MI is specifically asked to.

CP

Setting up a specialist file – a local MI pharmacist would like to set up an HIV specialist file but wonders if there is a correct way of going about it. Confirmed that the Chelsea & Westminster hospital are continuing to offer this service so it is probably not needed at the moment.

CP

Companies sending out ADR reporting forms inappropriately - several people locally have had ADR forms when they've asked about e.g. crushing tablets and the form has been sent on the basis that the drug to be crushed was the cause of the medical problems in the first place. Can this be taken up with PIPA? Combine with PG template on industry.

CP

Jill Rutter has applied to do a PhD on MI and patient outcomes through the University of Wolverhampton.

PG

Is it ok to put exec minutes on UKMI website from 2007 as PDF files? Agreed that final versions should.

PG

Brompton hospital – asked to be national specialist centre for cardiothoracics, info will be on UKMI website. Happy to take calls from local MI centres. Agreed that this was ok.

FW

Renal drug handbook access – PG updated the exec on current subscription models.

CR

Enquiries from community pharmacists – some regional centres do them, some not. Craig has member of staff doing a project on enquiries from community pharmacists and wants to be clear what happens across the UK.

SW

Meeting with MHRA re: yellow card data project, 5 MI centres to be involved.

Steve Moss has signed and returned the letter of intent.

Patient impact project – inclusion/exclusion criteria for the national project has now been decided, SW will circulate, data collection will occur in 2 weeks between August and Oct

Database comparison project – data collection will occur in 2 weeks before Xmas

TB

Two reports with medicines management issues to be aware of -

Norris report – nurse in Leeds killing people with insulin, medicines management issues high on the agenda

<http://www.yorksandhumber.nhs.uk/document.php?o=4328>

CQC report – Devon MH Partnership Trust, whistleblowing exercise identified number of medicines management issues

[http://www.cqc.org.uk/db/documents/20100614\\_Devon\\_Partnership\\_NHS\\_Trust\\_investigation\\_Full\\_report\\_Final.pdf](http://www.cqc.org.uk/db/documents/20100614_Devon_Partnership_NHS_Trust_investigation_Full_report_Final.pdf)

JW

Scottish MI pharmacists working with NHS Education Scotland (NES) to produce documents on critical appraisal that people can do, have to produce by Xmas. DE and SW have already produced training packages on this topic and will send to JW.

DE

Discussion about whether MI centres subscribe to DTB and subscription rates.

## **DATES FOR YOUR DIARY**

**UKMI exec teleconference – Monday 6<sup>th</sup> September**

**UKMI 36<sup>th</sup> Practice Development Seminar – 23<sup>rd</sup> & 24<sup>th</sup> September, University of Warwick**

**UKMI exec meeting – 10<sup>th</sup> & 11<sup>th</sup> November, Derby**