

# UKMi Executive Meeting

Thurs 11<sup>th</sup> June 2009, 11am - 5.30pm  
Fri 12<sup>th</sup> June 2009, 9am – 2.10pm  
Hallmark Hotel, Derby

Chair: David Erskine

Note taker: Katie Smith

## Attendees:

Trevor Beswick, Melinda Cuthbert (Thursday only), David Erskine, Peter Golightly, Paula King (Thursday only), Christine Proudlove, Ben Rehman, Craig Rore, Paula Russell (Thursday only), Katie Smith, Janet Tweed (representing Graham Cox), Janice Watt, Simon Wills, Fiona Woods

## MINUTES

### 09/32 Apologies for absence

Graham Cox, Claudine Hughes

### 09/33 Accuracy of minutes from March meeting

Graham Cox was at the March meeting, he is not listed as an attendee.

TB said he asked Pharmaceutical Press about their resilience to deal with pandemic flu – TB thinks they were going to come back to us with an answer – this needs to be recorded and chased up. KS to do urgently.

Otherwise accepted as accurate records.

### 09/34 Matters arising / action points not on the agenda

08/75B – R&DWG meeting date

Meeting set for 10<sup>th</sup> July, unfortunately not every regional centre can send a representative.

08/07D – Regional centre publications

Not been able to have another meeting yet, will have a teleconference before next UKMI exec meeting, South West MIC to be involved as well.

08/20D – Translation of information for imported medicines

Pharmarama will translate PILs.

Cascade info to networks.

08/26D – RPSGB stakeholder day

DE invited to another stakeholder day at the RPSGB at the end of June about advanced practice, will report back in October.

09/08 – UKMI website development

Developments ongoing.

Swine flu section was added quickly and has been well used and well received.

No info received on publicity yet.

09/09 – Goldshield MI dept update

Meeting scheduled for May, but didn't take place as the general consensus was that things had improved.

09/10 – Injectable Medicines Guide developments

The QA process has changed slightly – when email QA report to the author, copy CP in too.

Monographs being QAed much quicker.

282 monographs on Medusa, 76% published since April 2006. Oldest monograph from April 2002. If monograph has a date before 2004, it will be removed from the site and the authors asked to check ASAP.

If a medicine is mentioned in the Safe Medication Bulletin produced by the QC group, a link is being put in the relevant monograph.

A link to the e-learning package produced by SW on IV administration is now on the Medusa website.

Keith Ridge looking into the business case for work involved with the IMG.

Pharmaceutical Press book on IV administration will be available later in the year.

UCLH book available as an online subscription, cost is high (£400/yr + charge based on no. of beds in hospital).

09/11 – Medicines Complete version 3

CP seen screen shots of version 3, no major changes.

SW said there are still issues with the Stockley search engine – need to risk assess common MI resources.

09/12 – PIPA conference

KS & FW attending on behalf of UKMI.

09/13 – NHS Direct SLA 09/10

PG & TB need to meet with Anne Joshua in early July.

Work given up by EA to be taken on by Wessex, new model from 1 July.

We will now operate on a 3 yr rolling contract, hopefully sign off in next few weeks.

PG will let UKMI know when MICs can send invoices for payment.

09/21 – Advanced level practice

After last meeting TB circulated the work the ETWG had done on advanced level competencies and had helpful comments back. Fed back comments to the south east working group.

Meeting of the Specialist Curriculum Group (SCG) on Monday to formally accept the general & excellence level competences for MI and other services.

SW suggested mapping the GLF and KSF statements in to the MI workbook.

TB proposed that the MI competences could also be applied to sessions for the PDS.

09/26 – NHS Leadership Qualities Framework

TB not had a chance to do anything further on this.

Could do action learning sets at future exec meetings to cover difficult topics, ideally need a facilitator.

09/28 – Future of PDS

Flyer for PDS now on the UKMI exec website.

Finance will be a big issue in the NHS in the next couple of years – this affects viability of the PDS as staff may not be able to attend. Staff may not be able to attend if all training is stopped.

UKMI exec needs to decide whether to use Warwick for 2010 (Sept 22 + 23) & 2011, this may mean we can get a discount but we would have to sign a contract which may include financial penalties if it has to be cancelled/postponed. UKMI does not currently hold enough financial reserve to cover the cost of a cancelled event.

**Action Items: NIL**

**Person responsible**

**Deadline**

### 09/35 MiDatabank version 3 demonstration & update

SW demonstrated new version of MID.  
MID not designed to run on a laptop.  
Need to tick in admin function whether staff member works in MI – this affects search results.  
Can tick to hide the enquirer database to non-MI staff.  
Can choose whether to add FAQs – informal expert advice (give an expiry date), info from drug companies, where to find policies, special websites to tackle specific types of enquiries & add projects.  
Enquiry categories changed slightly & added in new ones – renal medicine, IV compatibility, can also add 2 own enquiry categories.  
Can add in standard stationary and standard statements to appear in different types of enquiries.  
Can create standard search patterns.  
In the resources section can add in the passwords for web resources.  
Resources that are updated regularly can be grouped – e.g. BNF.  
If show all enquiries this will include questions being done by clinical pharmacists.  
Enquiry category & keywords now on the enquiry front page so that when you open up the research box the system automatically searches past enquiries but you can over-ride and do own search.  
Can delete enquiry more easily if chosen by mistake if at the first page or during research.  
If non-MI pharmacist wants help from MI, they can tick box, explain why they need help and the enquiry is moved to the MI inbox – enquiry given an exclamation mark.  
Answered on time, & enquiry level need to be chosen rather than set to default values.  
Select GLF competencies on the completion page.  
Enquiries green background, FAQs orange background, projects blue background.  
Still need to do bug testing and test migrating data from version 2 to 3.  
38 things requested by working group, 33 incorporated.  
Unlikely to be ready for mass use until September.

Need to ensure we meet deadlines as this version has been late in being finished.

DE formally thanked SW for all his efforts in the development of a very useful product.

Action Items:	Person responsible	Deadline
Bug testing and test data migration	SW	End July

### 09/36 Update on NeLM – how to consolidate position within NHS Evidence (including Pharmline, Tom Burnham to attend)

DH have confirmed that they will fund NeLM for this year, need to establish an SLA for future years to maintain this funding.  
Medicines Q&As and LNDG reviews appear on NHS Evidence.  
Pharmline will be maintained in its current format until March 2010.  
As from October 2009 plan to add Pharmline content to NeLM, will cull the clinical literature and focus on medicines management and pharmacy practice references.  
Aim to produce a portfolio/collections of evidence for various medicines management/pharmacy practice topics with some element of critical appraisal, could include best practice as well.  
Should we have a medicines management news feed on NeLM?  
There may be legal implications if there are changes in the way Pharmline is delivered – need to have a Pharmline board meeting.  
Need to re-evaluate the Pharmline thesaurus.  
Suggestions made for a name change to NeLM – NHS Evidence Medicines Management favoured.  
Delay with medicines A-Z function – about 2 weeks away.

Action Items:	Person responsible	Deadline
Ideas for how (Pharmline) medicines management should be presented on NeLM	All	End June
What topics should be covered	All	End June

<b>09/37 Update on RPSGB enquiry referral pilot and agreement of next steps</b>		
<p>DE and FW presented a paper on a meeting they had had with representatives from the RPSGB about a pilot referral scheme for clinical enquiries.</p> <p>Likely to be a small number of enquiries for each geographical area for a short period e.g. 2-3 months.</p> <p>Ideally want to transfer the call directly from the RPSGB to RMICs but this may not be possible.</p> <p>Need to have further discussions with the RPSGB about how this would work.</p>		
<b>Action Items:</b>	<b>Person responsible</b>	<b>Deadline</b>
Need to define referral criteria for a pilot	SW	End June
<b>09/38 Medstream update</b>		
<p>Steve Mott has visited GSTT and viewed 98 MID records.</p> <p>11% had pt identifiable data and 31% had non-pt identifiable (enquirer, doctor, pharmacist etc.) data.</p> <p>Wants to repeat exercise at Wessex RMIC to see if the percentage is the same.</p> <p>Agreement that the project is interesting and could provide useful info but need to make sure that UKMI reimbursed appropriately for access to the data.</p>		
<b>Action Items: NIL</b>	<b>Person responsible</b>	<b>Deadline</b>
<b>09/39 UKMI service to Boots the Chemists when providing hospital pharmaceutical services – feedback on meeting</b>		
<p>SW &amp; BR spoken to BTC.</p> <p>Want enquiry answering service for the work they do supplying medicines to hospitals and prisons.</p> <p>Going to visit Wessex MIC to see what an MI service does and can offer.</p> <p>Start off working with 1 RMIC – may be 2. It was raised that this should be a national UKMI service not just limited to 1 or 2 centres.</p> <p>Waiting for BTC to get back to UKMI with exactly what they want.</p>		
<b>Action Items: NIL</b>	<b>Person responsible</b>	<b>Deadline</b>
<b>09/40 Meeting with NPC re: NHS Evidence &amp; new drugs</b>		
<p>DE attended a meeting at NICE to talk about new medicines with NPC and DH representatives in early June.</p> <p>Current sources of information on new medicines are UKMI, LNDG, SMC &amp; AWMSG.</p> <p>NICE want to accredit the centres that write drug reviews and NPC will QA the reviews.</p> <p>30-50 reviews/yr probably needed for drugs that NICE won't cover – list on NHS Evidence website.</p> <p>NPC producing a paper – need to have a teleconference once this is available to discuss the way forward.</p>		
<b>Action Items:</b>	<b>Person responsible</b>	<b>Deadline</b>
Have a teleconference once NPC paper available to discuss the way forward	All	End July
<b>09/41 IRMIS report</b>		
<p>Incidents now in report number order not chronological order.</p> <p>Excipient data and SPCs are a recurrent issue in IRMIS reports – KS &amp; FW could raise this with PIPA?</p> <p>Some entries still lacking sufficient data before being submitted so have to chase these entries up anonymously.</p> <p>Suggest to networks that entries are checked before they are submitted.</p> <p>Some entries have a lot of detail is this required?</p> <p>Issue with errors in the renal drug handbook, need to look in more than 1 source.</p>		
<b>Action Items:</b>	<b>Person responsible</b>	<b>Deadline</b>
Clarify with the publishers that e-version and book are the same	KS	19/06/06
Produce info for MI-UK about sources to use for renal enquiries & circulate	TB	19/06/06

<b>09/42 CGWG report</b>		
<p>FW presented a short paper on the recent CGWG meeting.  Discussion about the need to clean headsets.  Discussion about the value of time activity matrix. May be better to come up with an appropriate work plan for an MI pharmacist which can be used as a discussion tool with chief pharmacists.  Workload survey – some data collected, will present report at October meeting</p>		
<b>Action Items:</b>	<b>Person responsible</b>	<b>Deadline</b>
Collect workload data from LMICs – send reports to FW	All	End Aug
<b>09/43 ETWG report including MI Technician accreditation scheme</b>		
<p>Next meeting in a couple of weeks time.  29 people on the next NMITC.  Dates for 2010 national MI training courses on website.  ETWG section on UKMI website updated.  Telephone skills will be discussed at the next ETWG meeting, someone coming from Astra Zeneca to discuss a scheme they run. SW suggested Telephone Helplines Association as another source of information.  ETWG will run a workshop at the conference on CPD</p> <p>4<sup>th</sup> cohort of technicians have started the accredited MI technicians course. There are 11 technicians on the course. The tutors day has happened, residential course will be on 1 + 2 July.</p>		
<b>Action Items:</b>	<b>Person responsible</b>	<b>Deadline</b>
Encourage MI technicians to register with the RPSGB	All	Ongoing
<b>09/44 Producing e-learning packages on IV incompatibility and critical appraisal</b>		
<p>SW gave a presentation on the work he has done in preparing e-learning packages on IV incompatibility (already launched, 20 minutes long) and critical appraisal (launch mid June, 40 minutes to complete).  Intellectual property rights held by the StHA not SW as the author or SUHT.  No limit on the amount of times someone can repeat the assessment.  The StHA E&amp;T leads collaborate and may look for other medicines related topics. Presentations are free to use by those who work in the NHS.</p> <p>TB has produced an e-learning package on medicines reconciliation with CoAcS. Can only do assessment 3 times.</p>		
<b>Action Items: NIL</b>	<b>Person responsible</b>	<b>Deadline</b>
<b>09/45 Effective writing training with Tim Albert – feedback from meeting with MI pharmacists</b>		
<p>PG spoke to the paper he had written.  Group of people who met with Tim Albert felt they needed a more definite steer as to what is required from them.  Tim Alberts book is very good – recommend that people purchase &amp; read.  Would be good to have a resource pack with sections that can be run as small training sessions at regional meetings – the current cohort could lead on this, e.g. writing a letter, writing drug reviews, writing a PIL, writing guidelines, peer reviewing (editing) peoples work  SW happy to work with the cohort as he has a diploma in linguistics.</p>		
<b>Action Items:</b>	<b>Person responsible</b>	<b>Deadline</b>
Discuss writing skills at next ETWG meeting	TB	June 2009
<b>09/46 NPWG Annual report for 08/09</b>		
<p>NDO been developed and re-launched in the past 12 months and is now available through NHS Evidence  Produced fewer NMPs but don't duplicate reviews that other groups have done  Work in progress database not up to date – is it still needed?  Would like to produce a combined database of work in progress and work produced by UKMI</p>		

<p>How does NDO sit with DH/ABPI horizon scanning database?  CP attended a meeting about the DH/ABPI database. Development starts in July, will be available from April next year. Responsibility and cost of ongoing maintenance and updating not clear. Unlikely to have any different content to NDO.  All horizon scanning groups plan to keep producing their own publications</p> <p>Need to collate data quickly on how often RMICs asked about new drugs – CP to send list out to RMICs</p>		
<b>Action Items:</b>	<b>Person responsible</b>	<b>Deadline</b>
Reply to CP with info about new drugs when asked	All	ASAP
<b>09/47 Defining standards for national provision of MI services in the event of pandemic 'flu</b>		
<p>TB has not managed to meet with NHSD flu lead yet.  Need a statement in the SLA about how UKMI will work with NHSD in event of a flu pandemic – not decided yet  RMICs work in different ways  Need to work out how many enquiries an MIC could answer if they did nothing else  Need to have definitions of the type of enquiries that would be answered, risk assess enquiries by determining consequence of not answering.  Use MI-UK.  Triage enquiries from LMICs – be selective about what you take from them.</p>		
<b>Action Items:</b>	<b>Person responsible</b>	<b>Deadline</b>
Reword primary care paper	BR / KS	19/06/09
RMIC directors speak to line managers to check pairings	All	ASAP
<b>09/48 Natural Standards Database evaluation</b>		
<p>FW presented a paper put together by Gail Woodland at the Welsh MIC.  Comparison based on work for 14 enquiries. Natural Standards Database is at least as comprehensive as NMCD but possibly more difficult to use because of the amount of data that is available. Only real difference between Natural Standards &amp; NMCD is cost.  FW obtained costs for varying usage across the MI network.  Discussion about whether there is a need to change from NMCD to Natural standards and potential uptake.</p>		
<b>Action Items:</b>	<b>Person responsible</b>	<b>Deadline</b>
Write up comparison as poster for conference	FW	Sept
If RMICs are interested in using Natural Standards, organize a free 1 mth trial directly	All	Oct
<b>09/49 UKMI performance management report for 08/09</b>		
<p>Keep plugging need for patient helpline, not sure business always needed – need to keep as a target for 09/10.  NHSD – met target, keep as a target for 09/10.  Thinking ahead – met target, keep as a target for 09/10.  Enquiry answering service – met target, not all RMICs were able to provide data. Keep as a target for 09/10.  Number of Q&amp;As has increased but not met target - need to keep as a target for 09/10.  Slight improvement in auditing LMICs, missing data from some RMICs. CGWG to consider use of accredited logo?  Keep as a target for 09/10.  Improvement in MIDatabank usage but still need to work on uptake - need to keep as a target for 09/10.  NeLM/OSRS – difficult to know how to assess data. Guys compared their work with other daily news providers.  Non-medical prescribing courses – slight increase, difficult to know how many questions come from NMPs. SWMIC have a powerpoint presentation about MI on the Bath University NMP course. May be acceptable to produce a flyer to be given to people doing NMP courses. Take out as a measure for 09/10.  SPC changes - difficult to know how to assess data.  IV monographs QA – met target. Keep as a target for 09/10.  Developing healthcare staff – met targets. Keep as a target for 09/10  Prescribing outlook, NDO, patent expiries &amp; new drug reviews – met targets. Keep as a target for 09/10.</p> <p>Need to produce a summary of what has been achieved against the aims in the UKMI strategy to show development. Once produced send to Martin Stephens, NHS secondary care lead.</p>		

Do an action learning set on patient helplines at a future exec meeting?		
<b>Action Items:</b>	<b>Person responsible</b>	<b>Deadline</b>
Chase up centres who did not provide data for the enquiry answering service	TB	ASAP
RMICs need to commit to writing/updating Q&As – send figures to SW	All	Mid July
Send info on daily news comparison (NeLM vs. NPC & PJ) to TB	DE	ASAP
Produce summary of achievements for strategy report	TB/PG	End Aug
Find facilitator for an action learning set	TB	Oct
<b>09/50 Rational local decision making about medicines: the role of UKMI</b>		
BR presented paper based on what is in the NPC handbook and what UKMI can provide to support rational local decision making about medicines. Need to reflect local and national initiatives; should mention that RMICs do E&T on critical appraisal; highlight the NMPs & work with NPC; free daily NeLM news including horizon scanning news items. Try and rationalize to one side of A4 if possible. BR to circulate to RMICs ASAP for comments.		
<b>Action Items:</b>	<b>Person responsible</b>	<b>Deadline</b>
Reply to BR with comments	All	ASAP
<b>09/51 Update on progress for PDS in Edinburgh</b>		
Program coming together slowly – still no-one to speak about data security & FOI. PG trying to sort this out. Need to get registration open ASAP. Information about conference now on UKMI website. Lengthy discussion about plans if flu pandemic means that PDS may have to be cancelled.		
<b>Action Items:</b>	<b>Person responsible</b>	<b>Deadline</b>
Organise teleconference to discuss PDS issues	JW	ASAP
Email flyer about conference to chief pharmacists	All	ASAP
Raise awareness of posters with LMICs	All	ASAP
<b>09/52 Complementary medicine specialist advisory service</b>		
FW had received informal feedback from other directors – not a great need for the service, if there was a choice between complementary medicines and porphyria, would definitely prefer porphyria. 1 LMIC had offered to take the service on.  Access still required for very difficult questions – need to signpost where information can be found for most questions and when the WMIC would be willing to provide a tertiary service and advise and provide further help.		
<b>Action Items:</b>	<b>Person responsible</b>	<b>Deadline</b>
List of information sources, when to refer to WMIC	FW	Oct
<b>09/53 Succession planning – UKMI chairperson &amp; secretary</b>		
TB is the current vice chair so will take over as the chairperson from DE. No-one volunteered to do secretaries role.		
<b>Action Items:</b>	<b>Person responsible</b>	<b>Deadline</b>
Ask for volunteers to take over as secretary & vice chairman	KS	Oct
<b>09/54 TicTac for regional MI centres</b>		
PG spoke to the paper he prepared. Will probably still receive the next update but need to establish the way forward. Need to find out how many times RMICs use TicTac in past 12 months.		
<b>Action Items:</b>	<b>Person responsible</b>	<b>Deadline</b>
Send data on TicTac usage to PG	All	26/6/09
PG to write a letter to HPA highlighting effect on patient safety/care	PG	End July
Investigate bulk deal with HPA, talk to Trevor Shine	PG	End July

**09/55 Communications/AOB?**

**CP** - Meetingzone are the company CP and FW use for telephone conferencing. Had a demo on a system called Presenter where all attendees can speak and also view documents/presentations. Also saw a system called Glance where attendees could view documents on the lead persons website. Some hospitals use BT and they have no choice over who they can use. Meetingzone trying to work with PASA to become an NHS preferred supplier.

**SW** - 2 new chapters in the MI workbook – paediatrics & psychiatry, have taken out drug supply and clinical trials chapters. New artwork required for workbook to incorporate the changes. Agreed that UKMI can pay for the artwork centrally, postage and packaging to be paid for directly by RMICs. Workbooks should be delivered to RMICs during July.

Journal "Pharmacy in Practice" has been discontinued with immediate effect for commercial reasons.

Angela Emerson in my team is now Badiani [angela.badiani@suht.swest.nhs.uk](mailto:angela.badiani@suht.swest.nhs.uk) and Sue Martindale is now now Sue Gough (Sue's email change imminent but not yet).

NPPG and Royal College of Child Health are jointly producing a website with info leaflets about meds for children/carers - currently mainly pain and fitting, but will broaden coverage progressively and will include unlicensed drugs/indications. It's at <http://www.medicinesforchildren.org.uk/index.php>

In Stockley online, note that aminophylline and theophylline still not always cross-referenced when looking for interactions.

**JW** – NHS QIS referring patient specific enquiry answering service to MICs in Scotland.

**DE** – approached to provide formulary & enquiry answering support for the 2012 Olympics.

**DATE OF NEXT MEETING – 14<sup>th</sup> & 15<sup>th</sup> October 2009, Belfast**