UKMi Executive meeting

22nd- 23rd June 2011
Midland Hotel, Derby

Chair: Trevor Beswick Secretary: Janice Watt

Attendees: Trevor Beswick, Sue Brent, Melinda Cuthbert, David Erskine, Peter Golightly, Paula King, Christine Proudlove, Ben Rehman, Katie Smith, Janice Watt, Jonathan Hall (for Simon Wills), Fiona Woods

DRAFT MINUTES

11/34 Apologies for absence

Graham Cox, Claudine Hughes, Craig Rore, Simon Wills

11/35 Minutes of previous teleconference held on 20th January 2011

The following corrections were identified:

Matters arising 10/90- National IV Guide should be referred to as the Injectable Medicines Guide.

11/23- North West MI Service not NPWG is contributing to pipeline

Matters arising 10/97- Reference to Vivienne Rose should read Technician Accreditation Board.

Otherwise, the minutes of the teleconference were agreed to be an accurate record

11/36 Matters arising not on the agenda

11/08 NPSA alerts- PG has developed a new section on the UKMI website which includes NPSA tools and an archive of NPSA safety alerts.

IT

Matters arising

10/81- Potential for submitting MI enquiries via NHS Evidence
PG advised that he has no response from Anne Slee on any further thoughts on this. He will advise UKMI Exec if this develops further in the future.

10/82- Medstream update
Steve Mott has written to UKMI Exec describing some developments in software called Qmap which uses predicate logic to extract relevant terms and contextual information from relevant fields. He plans to use Qmap to analyse some live data to see how it performs. In addition, CoACS have been asked to help with a remote solution for collecting initial data from UKMi sites so that Steve is not required to visit sites in person. The data mining by Steve is separate to the yellow card submission project. He will continue to work with centres all ready involved. This is still considered by UKMI Exec to be worth pursuing. To keep on the agenda.

11/19- Update on database comparison project
Although it had been decided at the last meeting that there should be a small project to compare databases, it had not been possible to take this forward. BR described some work that has been done at Northwick Park. They have collected 250+ enquiries that have been answered using the 3 databases- Micromedex, Lexicomp and Clinical Pharmacology. BR requested some help analysing the differences between data found. PG, SB and DE offered help with this project. The possibility of analysing a smaller number of enquiries than the 250 collected was discussed.

PG, CP, TB and JH have done simple in-house work comparing Lexicomp with DrugDex +/- Martindale. Finding so far were that:
Lexicomp did not add anything to Martindale but DrugDex did.
The detail from DrugDex had added value compared with Lexicomp which did not add much to AHFS
Trissel tables were superior to IV Index
Unlicensed medicines information was superior on DrugDex compared with Lexicomp.

Lexicomp have been purchased by Wolter Kluwer. There has been no communication with UKMI since and is unclear who UKMI should be negotiating with. Micromedex have given PG a new pricing structure. This single user licence price for DrugDex is cheaper than the previously. There is also a pricing structure for adding other components. A discount is available for longer term licences e.g. greater than two years. They have also provided a factor for multiplication for access on more than one site. Micromedex are also looking at adding national content e.g. SPCs, NICE, SMC. The interface will switch to v2 later this year.

Micromedex is for sale along with the rest of Thomson's medical portfolio. The impact of this is as yet unknown.

Action Items:	**Person responsible**	**Deadline**
Analyse enquiries as part of Northwick Park project	BR	Sept 2011
Produce two sides of A4 on pros and cons of resources	BR	Sept 2011
Send BR the results from other simple projects from elsewhere to include in the report	TB, CP, PG, JH	July 2011

11/37 MiDatabank update

TB wrote to Steve Moss following the last UKMI Exec describing the various concerns. It was agreed that a project board could be convened. SW is unable to take this forward at the moment but will pick this up again when workload allows. TB has also clarified with Steve that the most recent version is highlighted on the CoACS website. Only the 1st two numbers of the version identify significant changes; the other parts are minor iterations.

JH reported that 3.1.0.9 has been launched. This fixes the bugs associated with yellow card submission.

There are issues in some regions with IT input/ costs associated with server updates to run version 3.1. This has impacted on the uptake of 3.1. There are also still some issues with engaging IT support in general. The slow move to version 3 has implications for yellow card submission.

The development of version 4 (web-based version) may resolve some of these issues.

Action Items:	**Person responsible**	**Deadline**
Survey UKMI centres about issues with installation issues with MiDatabank version 3 (linking with SW and CoACS)	TB	September 2011
Set up management group	TB, SW	Await feedback from SW on availability

11/38 NHS Evidence accreditation process

BR and DE met Paul Crisp at NHS Evidence. Accreditation will continue to use the AGREE instruments but there is the potential to argue why some criteria don't apply. Paul is willing to meet with UKMI Exec to discuss how UKMI products might fit with the accreditation process.

There is a key requirement to have a detailed process manual. There is also requirement for lay involvement but it is unclear how this fits with UKMI products.

It was agreed that a small UKMI Exec working group should take forward accreditation. Accreditation is on a product basis. The main product identified is Q&As. In future the unlicensed medicines work could also be considered. TB, CP, PG, SW, BR, FW agreed to be involved.

Action Items:	Person responsible	Deadline
Set up a working group	DE	November 2011
Ask Paul Crisp to meet with UKMI working group	DE	November 2011

11/39 NHS Evidence/ NeLM merger

DE advised that the Medicines hub on NHS Evidence was launched at the NICE conference. NICE Board in July will make a decision on the future format of the medicines information within NHS Evidence. A number of options are being considered. Some NeLM content is appearing in the Medicines A-Z at the moment including Medicines Q&As (appears in "Best Practice" tab) and NDO.

If NeLM material is not included in NHS Evidence some of the material including NeLM news will be lost. Some of the MI material could be hosted elsewhere e.g. Prescribing Outlook

Action Items: NIL

Clinical Governance

Matters arising-
11/20 UKMI Workload Survey

FW has circulated a draft workload survey in Survey Monkey. The following changes were agreed:

- Only number of enquiries completed to be collected.
- Data collection for financial year.
- Number of beds only to be collected for MI centres providing services to acute trusts. For regional centres data would be collected for population. For Mental Health number of users of mental health services would be used as the denominator.
- Data to be collected on all MI staff except admin staff.
- Proportion of time on enquiries is defined as % of wte (actual not from JD).
- Merge permanent and rotational staff
- Data to be collected on establishment and in post
- Data to be collected on workload around: medicines management, enquiry answering, training, clinical, dispensary, UKMI Work.

Action Items	Person Responsible	Deadline
Produce final version and guidance notes	TB, FW	July 2011
Arrange pilot of revised version	FW	July 2011

11/40 IRMIS Report Aug 2010- Feb 2011

FW presented the main issues with the most recent IRMIS report. Several issues recur from previous reports.

Action Items: Nil

11/41 IRMIS Annual report

The proposed priorities/ objectives for 11/12. These were agreed. The need to make contact with any future national patient safety organizations was highlighted. At present the structure for this is unclear.

It was agreed previously that the development of the database would be funded through the UKMi levy. Ongoing maintenance is managed internally within Health Solutions Wales

Action Items: Nil

Patient Safety

Matters arising
10/87 – Discussion with Howard Stokoe re checklist for purchasing
DE reported that Howard Stokoe is keen for UKMI to look at SPC differences and their impact on the change to contract. DE to consider how this work might be undertaken. TB suggested that other centres may be able help if necessary.

Action Items:	Person Responsible	Deadline
Consider how UKMI may support review SPC changes associated with contracting process.	DE	

11/42 DH never events- update on progress with UKMi involvement with high risk injectables

Medusa monographs, NPSA information, Guys and St Thomas Monographs, UCLH Guide and Pharmaceutical Society publication were compared to assess the differences in categorization of risk. DE found that there was limited consistency and poor correlation with NPSA system. The risk may vary depending on how the drug is used in practice. There are probably about 30 drugs missing from the aseptic pharmacists' group list.

DE will work with Injectable Medicines Guide group and Aseptic Pharmacists' Group on a list of high risk medicines. The process by which this list will be updated and maintained has not yet been agreed

Action Items:	Person responsible	Deadline
Write to Aseptic Pharmacists' Group about this work and possibility of working together	TB	July 2011
Produce a list and a system for reaching consensus	DE	Nov 2011
Agree a system for maintaining	DE	Nov 2011

Liaison with other groups

Matters arising
10/88 NHS Direct
Teleconference took place with Anne Joshua to discuss relationship with NHS-D for next three years. The SLA is signed and confirmed for 11/12. This has been shared with NHS-D leads. At present NHS-D is anticipating a similar level of funding for 12/13. Funding is now through DH. The focus is expected to change with significant less face to face training and more input to call review, website content and web-based learning. This will require some flexibility from NHS-D leads. Development day is planned with Anne Joshua for UKMI leads in autumn on call review feedback. There will be a focus on long term conditions. It was agreed that 20 working days noticed for cancellation of training would be negotiated for the 12/13 SLA.

In 2013/2014 NHS111 is due to take over. NHS-D is bidding for 50% of the business. UKMI input will depend on the resultant business model but if bid is successful it is anticipated that this will continue.

Learning points from negotiating SLAs were discussed:

1. Speed of contract agreement/ signing- can be slow in the NHS- should not implement before documents are signed.
2. Term of SLA- 1 year contracts do not allow long term planning. Ideally longer term contracts should be negotiated.
3. Financial structure- It is important to build in comprehensive on-costs where relevant. These may be difficult to quantify but may include depreciation of equipment, hidden staff costs e.g. maternity leave, redundancy etc, "notional rents" charged by some trusts for accommodation. This may be a balance between making the costs unattractive and covering all potential internal costs.
4. Historical transition- It can be difficult to change the basis of old contracts when negotiating new ones. It some cases, where there is a significant organizational change, it may be better to initiate a completely new SLA rather than modifying an existing one.
5. There may be risks in employing individuals to provide specific services under an SLA. There may be more resilience in spreading the work across a range of existing staff
6. Commissioning by activity rather than manpower is more viable. By manpower, this can lead to inappropriate skill mix and can lead to increasing activity being required.
7. Easier to manage a small number of providers when negotiating an SLA.
8. Communication and accountability- should be a single point of contact for discussion of the ongoing provision of an SLA

10/89 Datapharm Update on progress on eMC development

TB circulated an update from Nicky Heyler. Working on this is ongoing. Changes are anticipated Q3 2011 and eMC has asked for UKMi input for future developments.
Robin Burfield has expressed concern that UKMI has not given support to development of DM+D. He believes that this will be detrimental to development of the IMG and electronic prescribing. It was agreed that Robin should contact Nicky directly to discuss this.

10/90 Injectable Medicines Guide

CP presented a paper highlighting the progress with the IMG. More than 70% of monographs are being quality assured within the 4 week period. CP requested more input from the Exec to the quality assurance process. Pharmaceutical Press has asked about possible collaboration between Injectable drugs Guide and IMG. Ann Jacklin and Sue keeling will meet with publishers to discuss.

NHS Evidence is interested in including IMG on the site. UKMI Exec is in favour of this in principle; however, this would be contrary to the current model where only contributors have access to the monographs. It has been suggested that only a portion of the monograph would be made available but the practicalities are unclear. There may also be a risk in providing potentially conflicting information where Trusts have modified those available in IMG or have produced local monographs. It was suggested that making available those monographs commonly used by healthcare professionals in the community might be helpful.

There is a problem about consistency of the QA process. CP has proposed the NW regional centre double check the work of individuals new to the QA process. It was agreed that instead a lead for quality assurance is assigned for each centre. This individual will actively check the first two to three monographs quality assured. If there are issues for individual checkers these should be addressed by the lead for QA in the centre. A virtual group for discussion of difficult issues should be set up.

10/92 Unlicensed and off label medicines project

Unlicensed medicines project report is with DH. SW is waiting for feedback on this. This project only considers unlicensed medicines where no licensed medicine is available.

JW reported that following advice from the Central Legal Office in Scotland, the Directors of Pharmacy in Scotland has produced a consensus statement that an unlicensed medicine may be considered in place of a licensed medicine where a licensed medicine is not accepted locally or nationally on the grounds of cost effectiveness. This is on the basis that of CLO advice that:

- Prescribers acting in the course of their employment in accordance with established NHS prescribing policy are covered by the NHS indemnity scheme
- NHS organizations are under a statutory duty in performing their healthcare functions to demonstrate the effective, efficient and economic use of resources
- NHS policy decisions are subject to challenge under the judicial review process on only limited grounds; namely, illegality, irrationality or procedural impropriety.

Should the DH pilot project lead to a request to continue this work UKMI Exec will need to confirm the scope of the project and criteria of medicines/conditions to be ~~included.~~included?

TB highlighted that there may be an increased requirement for ongoing review as there will be no natural limit to the usefulness of the data because the medicine is unlikely to ever be licensed and therefore the manufacturer will have no responsibility for ongoing monitoring of effectiveness and safety data in regard to its unlicensed use. There will also be no post marketing surveillance data for these medicines used in unlicensed conditions. A clear statement of the fact that this information is only correct at the point of review would be important.

10/93 Pharmascan
CP reported that this is slowly progressing. 196 monographs for separate drugs/ indications are available. These are being used to update NDO and to inform Prescribing Outlook. CP has been tasked with producing a proposed template to inform industry of the information required to be included by them. Products/ indications in other horizon scanning organizations databases but not on Pharmascan are being collated to try to identify the scale of the gaps.

DH has proposed to make annual charges to users to cover development of the database. In order to make appropriate charges, industry and users are being asked to send in proposed developments. These will be costed and will inform the annual charges to users. These charges are likely to be in the region of £5000 per major subscriber.
There is concern about the ability for UKMI to fund this year on year. CP was asked to feedback the difficulties identifying funds for this, the need to be clear on what was being obtained for the cost and the fact that we can not commit to this funding a recurring basis.

New Medicines Working Group- The NPWG has agreed that Regional QIPP work can be included on the Work in Development database. Group is contributing to Clinical Pharmacist on a bimonthly basis. Information on how to use NDO is now on the UKMI website.

Action Items	**Person responsible**	**Deadline**
Alert PG or TB of any issue for negotiation of the SLA for 12/13	All	Aug 2011
Ask Robin Burfield to contact Nikki Heyler re DM+D	CP	July 2011
Advise Pharmascan Oversight and Governance Group of difficulties for UKMI in funding development of database	CP	September 2011
Share Scottish Directors of Pharmacy ULM Consensus statement	JW	July 2011

11/43 UKMI/ RPS Collaboration update

TB and Helen Gordon have exchanged emails discussing future collaboration. One area previously discussed was publicity. The award for NICE bites was publicized in the journal. BR is attending a RPS medication safety group.

Action Items: NIL

11/44 RPS Patient Safety Group- feedback from meeting

Following Helen Gordon's visit UKMI, BR attended a meeting on patient safety hosted by RPS. The discussion was around system solutions to improve patient safety e.g. NRLS (RPS to produce guidance on learning points from these, bar coding etc). An expert group is to be set up to take this forward. If invited UKMI would be happy

to be involved.

New English Contractual Framework for Pharmacy includes targeted MURs. DE has been asked to be involved in developing a list of high risk medicines for targeting MURs.

UKMi document to support NPSA Loading dose document is now finalised and is also on the RPS site.

NHS Evidence Reference Group had discussed the BNF to providing advice on monitoring long term medication. This was found difficult to do. DE shared a document that he and TB have prepared on monitoring with Dr Derek Waller from the BNF.

Action Items: Nil

Education and Training

Matters arising

10/95 Practice Development Seminar

See separate minute

10/97 UKMi Accredited Medicines Information Technician Training Scheme- update

FW reported that we do not have enough technicians to run a separate course. The 8 techs registered will attend the national training course. Fee structure is likely to remain the same but will need to consider how Viv Rose's work is funded. PG, FW will discuss this with Viv. and her chief pharmacist. Changes will mean that support for reaccreditation will need to be undertaken at regional level.

In SW a reaccreditation tool kit for technicians in medicines management is being developed. TB will share this with FW to help with the AMTTS tool.

11/45 UKMI training Course- procedure and rota for lead centre

It was agreed that the minutes should be reworded as follows: BR presented a new procedure and rota for UKMi centres leading the national training course. Any swaps should be rearranged separately and Sandra informed. Scotland has requested that they only have one spot on the rota as they only have two spaces on the course like a regional centre. This was agreed. SW has requested that Southampton do not contribute to the rota as Wessex already contributes significantly to national work. Most Executive members felt that this was regrettable as this particular workstream would benefit from contribution from all centres and, with this task arising for centres only every 5-6 years, shouldn't impact significantly on local priorities.

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~~Pg~~ PG suggested that the procedure be revised to show that the contract check be undertaken by the admin. team with liaison with Trent.

Overview of course development will continue to be undertaken by the Education and Training Group.

	Person responsible	Deadline
Make changes to the procedure and rota and update appendix 2	BR	July 2011
Write to SW expressing concern that Southampton is not involved in the rota	TB	July 2011

11/46 Modernising Pharmacy Careers – Workstream 2; Post registration Development

TB reported that workstream 1 (change to undergraduate and pre-reg curriculum) has been accepted in principle by government ministers. The next step is that the changes have to be fully costed. Formal consultation will be undertaken thereafter. SB updated the group on workstream 2. Formal evidence gathering involving various interviews was undertaken last week. Topics included: how is training currently undertaken, what are the difficulties, what are the change that need to be made to prepare for the future.
Action Items: Nil

11/47 Modernising Pharmacy Careers – Workstream 2- submission of written evidence

UKMI will be asked to contribute to formal written evidence gathering.

The main topics to be covered:

- Structures and provisions in place to develop the workforce currently
- Barriers to professional development
- How future healthcare provision and sector drivers impact
- How will the workforce achieve professional development in the future

TB will circulate headings to the Exec with a request to send some bullets back to BR to help the E&T group formulate a response. UKMI could legitimately respond on the training information needs of other areas of the profession e.g. community pharmacy

One of the issues to consider is whether there Is a requirement for formal accreditation for advanced and specialist practice and if so who would take on this accreditation role for the profession. It was agreed that this issue is one that UKMI would like to highlight. However, it is important that this does not create too many small sub-specialties. This is an opportunity to submit wide ranging ideas. The timescale for a response is unknown but is expected to be late summer/ early autumn.

Action Items:	**Person responsible**	**Deadline**
Circulate main topic areas for discussion	TB	July 2011
Reply to all re ideas for inclusion in the UKMI response	All	Aug 2011

Research and development

Matters arising-NIL

11/48 Submitting yellow cards via MiDatabank – SOP and Good Practice Guide

NW Mi team agreed to update these documents. Christine Randall has produced a further version following feedback (not yet circulated). 10 sites have been identified as pilot sites. Once it is working well for these sites the system will be formally launched. Paul Barrow at MHRA is still gaining experience with receipt of yellow cards. Version 3.1.0.9 of MiDatabank has been developed to resolve some of the early bugs identified for submission.

Minimum version of MiDatabank required should be added to the document.

Action Items:	**Person responsible**	**Deadline**
Discuss with SW formal launch and when docs should go on the website	CP	July 2011
Make final changes to procedure	CP	July 2011

UKMi Executive Issues

10/100- Liver Specialist advisory services
TB has written to Liz Kay making the case that the lost of the liver specialist advisory service is a regrettable step and asking if she might reconsider. He has received a reply saying that the decision had been made. She made the point that the service was not funded and that they were unable to provide a service based on clinical expertise.

Whether a local/ regional centre with expertise could take on the liver specialist advice was discussed. This could be a tertiary referral service. MC has a liver transplant centre within her board. She agreed to liaise with GC and consider whether Lothian could take on a specialist role. It was felt that the Q&As developed by Leeds may be helpful in weeding out the simple enquiries.

10/103- UKMi subscription deal for DTB- The deal discussed at the previous meeting is unchanged. It is not expected that this can be improved.

11/34 - Definition of a specialist MI advisory service
PG plans to carry out a survey of the work undertaken by specialist service. Current services are:

Complementary meds- tertiary service
Cardiothoracic
Dentistry
Drugs in Lactation
Drugs in Psychiatry
Renal
HIV/IDs
Porphyria

Whether NTIS is a UKMI specialist service was discussed. The enquiries are answered in part by MI pharmacists. It is part funded by HPA. They should be included in the survey.

Poisons/ toxicology is on UKMI specialist advisory service list. This should be removed.

Liver and paediatrics specialist advisory services have been lost

Online database stability and latex databases are also available but latex database is not actively being maintained at present.

There is a mixture of local and regional centre providers and funding varies. Access arrangements are variable. Some services take enquiries direct from enquirers and others from MI centres

This variability means that is very difficult to have a single definition. It is important that any specialist service has the infrastructure and support to provide the service and that the service is not built around the knowledge of a single individual. There should also be induction for new members of staff providing the service.

It was agreed that PG's survey should include some questions about service resilience, funding, training for staff, and participation in external and internal audit.

Oncology is an area that would benefit from a specialist advisory service. BR reported that the Marsden had been interested in providing a specialist service. He will link back with them.

Dermatology, ophthalmology and neurology may benefit from specialist services. No centres were identified that took on these enquiries at present.

Action Items	Person responsible	Deadline
Contact GC and to gain a better understanding of the workload around specialist advisory service	MC	Sept 2011
Carry out survey of specialist service providers to provide reassurance of robustness of services	PG	Sept 2011

Link with the Marsden re development of an oncology specialist advisory service	BR	Sept 2011
Update the UKMI list of specialist advisory services	PG	Sept 2011

11/49 UKMi Performance management 11/12

The objectives/ work programme for 11/12 was discussed. DE reported that he has a number of objectives for NICE that could be added. BR stated that he also had some objectives from the E&T group.

It was agreed that there would be 3 overarching headings:

Standards and governance to include:
Audit
User experience
MiDatabank
Training- MiCal, workbook, PDS, National Training Course

Output to include:
Q&As
IMG QAs
Safety
New Products
NHS-D
High risk Injectables
Drug Monitoring document
Support for CMU

Research and Development to include:
Yellow Card submissions
MiCal
NHS Evidence
NICE Bites
Thinking Ahead
Patient Outcome Study
MiDatabank development
Engagement in national developments
Yellow Card Centres
NHS Inform – Patient Access to Information on Medicines

How each item fits with QIPP should be shown.

Not all of these items will be monitored throughout the year:

Action Items	**Person responsible**	**Deadline**
Respond to Kate Pickett on Q&As numbers for 11/12	All	June 2011
Draft outcome measure for 11/12 for comment by the group	TB	July 2011

11/50 Specialist Pharmacy Services Commissioning in England- Update

TB has not had an update from David Webb on progress with paper on UKMI activities or national commissioning of services.

Progress on the reorganization was discussed. PCTs have now been rearranged in clusters. SHA will also cluster soon (4 clusters covering England). It is unclear how these clusters will fit with national commissioning. PCTs and SHAs will now not be abolished until April 2013. Plans for GP commissioning have now been replaced by clinical commissioning groups to include a consultant and a nurse.

An increase in clinical networks is anticipated. These may be split into commissioning and providers arms.

There may be a slower progress towards national specialist commissioning.

PG reported that West Midlands Specialist Commissioning will cease to fund the West Midlands MI Service from April 2012. Alternative funding arrangements are being sought.

This agenda item will remain on the agenda until future commissioning arrangements are clearer.

The Public Health Resource Unit is promoting their service to PCTs. These may compete with UKMI products e.g. IFR, New product reviews. The products are sold directly to the purchaser but can not be shared. This is different from the UKMI model.

Wales has moved to 7 health boards. This may impact on the 11 MI centres currently in Wales.

There are no significant organisational changes in Scotland at the moment.

Action Items:	**Person responsible**	**Deadline**
Advise UKMI Exec of anything that can be done to support West Midlands	PG	When required

11/51 Communications/ AOB

Patient identifiable data- in NW this is not collected. It was agreed that the important issue. Caldicott principles are that these data are only collected when this is required. Patient details are required by the current UKMI SOPs. CGWG to look at the SOPs. The need to know is the most important issue.

CP

Laura Nickson from Pharmaceutical Press has written to her with concerns that the subscription model for Medicines Complete is being abused. The issue is that centres may buy single user subscriptions but this is used by multiple users and that the MI subscription is being used out with MI. This is compounded by the fact that a subscription model for unlimited access to dispensaries is unclear. It was agreed that CP and PG would contact Laura to agree the best way forward.

Jill Rutter is doing a PhD on the value of MI Services. She would like to go on a course on analyzing qualitative interviews. The course costs £390 and she has asked if UKMI would fund this. Some funding will provided by NW MI service. It was agreed that this is not within the remit of UKMI Exec. Previous funding has been for projects commissioned by the Exec.

Tim Albert is going to provide a course on writing research papers.

MC

UKMI standards for contacting Medical Information Dept in the pharmaceutical industry require that the name of the person spoken to be documented. Many individuals will only give their first name (this is thought to reduce their risk from being targeted by animal rights campaigners). This is acceptable but should be documented.

SB

Clinical Knowledge Summaries has been discontinued. How or if they will be available in the future is unclear.

KS

Archimedes Pharma advised that bemiparin previously supplied by them as been sold to Rovi. Rovi ~~are~~ is only

contactable by email and KS has not been able to get a response from them. If this is a contract item it was suggested that she pursue this through the contracts process

Briggs online access has been a problem. When a new version is available online access to the previous version ceases without warning.

NICE do not do list is being converted by KS into BNF categories. Paul Crisp has agreed to look at whether the format of this may be improved on the NICE website.

PG
Renal Drugs Handbook was taken over last year. PG is having problems making contact with anyone from the new publisher. JH highlighted that errors previously identified had not been changed in the online version. The importance of distinguishing information from clinical practice versus that from the literature is still an issue

PK
PK asked about the availability of proof reading skills courses. There is one starting up in NI and she would like something to compare it to. No-one was aware of any recent courses.

TB
Peer review of written answers highlighted has led to the development of a house style in Bristol.

Action Items	**Person responsible**	**Deadline**
Review the audit standard about recording of patient's details	CGWG	Nov 2011
Contact Laura Nickson to discuss the subscription model for Medicines Complete	CP, PG	Sept 2011
Circulate NICE do not do list formatted by BNF category	KS	Sept 2011
Ask Caroline Ashley about contacts for the new publisher of the Renal Drugs Handbook	TB	July 2011

DATES FOR YOUR DIARY

Exec meeting	**Teleconference**
10th-11th November 2011 (Derby)	15th September 2011