

# UKMi Executive Meeting

26<sup>th</sup> – 27<sup>th</sup> June 2013  
Derby

Chair: Ben Rehman

Secretary: Sue Dickinson

**Attendees:** Trevor Beswick, Vanessa Chapman (26th only), Graham Cox, Sue Dickinson, David Erskine, Peter Golightly, Karen Harkness, Paula King, Christine Proudlove, Ben Rehman, Katie Smith, Janice Watt (26<sup>th</sup> only), Fiona Woods, Simon Wills (26th only)

## MINUTES

### 13/33 Apologies for absence

Melinda Cuthbert, Claudine Hughes, Paula King, Craig Rore

### 13/34 Minutes of previous meeting 19<sup>th</sup> & 20<sup>th</sup> March 2013

Accepted as accurate

### 13/35 Matters arising not on the agenda

Information for patients around mental health medication from 'Choiceandmedication' is available via the [www.nhsinform.co.uk](http://www.nhsinform.co.uk) website - a national health information service for Scotland but freely accessible to all via the web.

Congratulations given to David Erskine on becoming a Fellow of the Royal Pharmaceutical Society.

**Action Items: Nil**

**Person responsible**

**Deadline**

## IT

### Matters arising.

12/67a Recording of confidential details – taken under 13/38

**Action Items: Nil**

**Person responsible**

**Deadline**

### 13/36 Medicines Awareness News Service

Change over happened in April and there continues to be a month on month increase of around 300 subscribers for both formats reflecting previous trends. During the first 2 months NICE has reported receiving a very small number of negative comments and are generally happy with feedback received to date. Still some issues around placing of items within NICE-defined categories for those involved with news production but again these are being gradually resolved. DE advised that weekly news summaries may be more appropriate to primary care needs than the daily bulletins and this should be promoted. Noted that direct links from news items to NEJM articles won't work due to blocking by the journal's publishers (*post-meeting note: Liverpool has identified a potential solution to this which is being tested and appears promising*).

A larger user survey is to take place in August and will be used to feedback on NHS Evidence specifically.

The longer term plan remains to continue with both the daily and weekly news services.

**Action Items: Nil**

**Person responsible**

**Deadline**

### 13/37 NICE Evidence - updating and adding content to website

Paper tabled. Ongoing issues regarding timely access to Q&As. Solutions discussed re use of SPS website and this would be welcomed by NICE. Having UKMi output on NHS Evidence summaries is positive.

NICE keen to have keyword problems highlighted. Significant time has been spent at Wessex sorting problems rather than writing new Q&As – to let other regional centres know if there are ideas for new documents.

Email to be drafted for circulation highlighting some workaround solutions.

More general concerns were raised re NHS Evidence and search engines. The predominance of hits for MHRA-related outputs on medicines searches has been raised and escalated to try and find a solution.

**Action Items:**

**Person responsible**

**Deadline**

Try and progress issues where possible

SW, DE

ASAP

Email to be drafted highlighting workaround solutions

SW

ASAP

### 13/38 MiDatabank Steering Group

Good practice guidance for recording confidential details in enquiries to be re-circulated

Paper on enquiry sharing presented. IG paper to be circulated to Exec which gives more detail from CoACs. Discussion followed regarding ownership of enquiries held on the CoACs server – to be followed up.

Value would be demonstrated reducing duplication across a wider footprint not just UKMi however will need the IP issue to be determined up front before considering sharing enquiries outside the network. The ability to identify which enquiries have been searched and/or used would be particularly helpful.

CoACs' presentation was discussed which presented more detail on the process of sharing enquiries leading to discussion re use of DM&D searching and placing of patient details within an enquiry.

Agreed to move to pilot enquiry sharing as soon as possible recognising that it may have the potential to cause increased workload in some respects e.g., supplying attachments which won't be directly available. However it is anticipated that the overall standard of enquiry answering should rise further.

Criteria for success should be devised for this first part e.g., IG leads agree, patient anonymity maintained. TB to produce draft for circulation and agreement.

Noted that the renewal button takes data on enquiry types - to try and obtain information from CoACS in a useful format.

Action Items:	Person responsible	Deadline
Circulate IG and Confidential details papers	SD, KS	Done
Draft up success criteria for initial phase	TB	Done
Submit requests to IG Leads locally then contact KS	All	ASAP
To encourage centres to press consent button during renewal process	All	ASAP

### Education & Training

#### 13/39 Practice Development Seminar 2013

Carol Roberts has agreed to chair session on polypharmacy. Decision on SPS speaker to be left to DW and RP.

Registration is now live. Poster applications to be invited – no confirmation on space but expected up to 20 possible. Info on hotel accommodation to be made available on website. Room for 5 non-industry stands. All to start promoting heavily within local areas.

2014 – Warwick venue still on hold – no info to date from UKCPA. Discussed possibility of a future SPS conference. SD to approach AB re liaison with QA and BR, DE to discuss with local SPS colleagues on Monday and assess response.

Query change 18<sup>th</sup> Sept teleconference to meeting on the 12<sup>th</sup> in Birmingham – SD to check availability.

Action Items:	Person Responsible	Deadline
Promote PDS and poster submissions locally	All	ASAP
Discuss with SPS colleagues possible future SPS conference	SD, BR, DE	Sept 13
Canvas availability for Exec meeting on 12 <sup>th</sup> September in Birmingham	SD	ASAP

#### 13/40 UKMi National Excellence Award

Content of paper agreed in principle – needs some further work re timescales and team awards. Comments to SW asap. Same trophy as last year - check lead times for order and design accompanying certificate.

*Post meeting note – minimum of 1 week's notice required for trophy*

Submissions to SD by 14<sup>th</sup> August for this year's award nominations.

Action Items	Person Responsible	Deadline
Comments to SW on wording	All	ASAP
Check lead times for trophy and design certificate	TB	End Aug 13
Forward award nominations to SD by August 14th	All	14 <sup>th</sup> Aug 13

### 13/41 RPS Advanced Pharmacy Framework

Framework launched earlier this month and is based loosely on ACLF. Now more generally applicable to community pharmacy and aimed at post foundation year development. There will also be a foundation level framework for 1 or 2 years post registration. UKMI need to consider developing a specialist syllabus however – a lot of work has already been done. Needs to be checked and mapped against our E&T outputs. Workforce development group to look at this? Individuals join the Faculty as an associate which gives access to ePortfolio which is then populated with evidence. Once have evidence portfolio is submitted along with associated fee. Consideration to adding Faculty membership needs to be given to Person Specs / appraisals. Needs to link with pre-reg, FLF, diploma and then advanced practice.

Need UKMi outputs accredited if possible – already explored for PDS. Accreditation costs £450 plus vat for 1 day. Accreditation for courses is significantly more. To be added to agenda for Workforce Development Group.

Action Items	Person Responsible	Deadline
Workforce Development Group to look at developing MI specialist syllabus	BR	Dec 13
Workforce Development Group to consider accreditation	BR	Dec 13

### 13/42 National Training Scheme

29 (includes 7 technicians) so far, limit is 35. Good response to request for facilitators and presenters. Aiming for 9 month gap between courses.

Action Items: Nil	Person Responsible	Deadline
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### Clinical governance

#### Matters arising:

13/17 Renal Drugs Handbook - presentation circulated. 4<sup>th</sup> edition due Sept/Oct 2013 but may be later. Available as print version, online and apps plus Renal Drug Review journal (secondary evidence). Publishers have signed a licence to go onto Medicines Complete under UKMI deal. Print version is £75 plus free 3 month online access (need to pay after this). Pharmacokinetics included but not apparently addressing issue of being explicit on evidence based vs. local practice and not referenced as much as would expect. Still considering commercial sponsorship identified with specific products despite concerns being highlighted though may not be too much of a problem if all drugs included. Will update when new edition is published and at this point will also be available on Meds Complete – PG to confirm with Pharmaceutical Press. To let local networks know this is coming.

13/24 KPI document now on website

13/24 Share info on Apps- done

13/24 Explore revised deal for Medicines Complete. Online access is £100 pa via a NHS rate - no special deal for UKMi. £50 per additional user up to 10 users. iPad app available. Publishers have signed a deal for 5 years with Pharmaceutical Press. PG meeting in next month to discuss issues about differential pricing being offered to existing and new users. All to let PG know of issues – email round local centres. BR to draft email to cascade. Update at next meeting

Action items	Person Responsible	Deadline
Confirm Renal Drugs Handbook (RDH) publication date and availability on Medicines Complete	PG	Sept 13
Circulate information re future availability of RDH to local networks	All	ASAP
Draft email re issues with Medicines Complete subscriptions. Meet with Pharmaceutical Press to discuss pricing structure and preferential rates	BR/PG	Sept 13

<b>13/43 IRMIS reports</b>		
Highlighted that the total number of reports to date is missing from both reports - to be updated.		
Key issues highlighted on front of each report. Common themes – documentation, increasing concerns re other information sources used. Noted a particular issue with TicTac when first notified of a product and before a picture is available a formulation isn't allocated. Instead it goes to the 'any product' tab and so may be found if search again using 'any product'.		
Increasing trend for problems with trainees operating out with established procedures, e.g., not getting enquiries checked or not checked by an appropriate person. Some isolated issues with incorrect information provided by manufacturers which have been picked up by the companies themselves - need to complain at the time if there is an issue. To consider picking up relations with PIPA as a way of overcoming issues with MDS, fridge databases etc. FW will forward finalised versions as pdfs to discuss at local meetings.		
<b>Action items</b>	<b>Person Responsible</b>	<b>Deadline</b>
Circulate pdf version of IRMIS reports	FW	Sept 13
<b>Patient Safety</b>		
Matters arising		
12/90 Medication Safety in Care Homes – GDG representation – picked up under 13/50		
<b>Action Items: Nil</b>	<b>Person responsible</b>	<b>Deadline</b>
<b>13/44 Rarely used medicines (RUM) lists</b>		
Update on work BR, PG, GC and CP have done re RUM lists. Liaison with CEM and NPIS updating antidote lists recommended for A&Es. Three categories - immediate use, access to within an hour, and pan regional list. Supply chain and cost implications of implementation first two groups considered. Paper to go to Keith Ridge with expectation that letter will follow to Senior Pharmacy Managers indicating support for advice.		
Pan regional drugs – seems to be a lack of consistency. NPIS proposal for 3 pan regional holding sites across UK stocked with suitable quantities. KW and BR will examine supply chain issues as may use less of each with increased coordination.		
RUM lists – as holding position will have document detailing current position with plan to move towards different structure. May need to work up a national RUM list for items not covered by CEM antidote list list. Discussed need to involve regional procurement pharmacists for any nationally arranged solution.		
<b>Action Items: Nil</b>	<b>Person responsible</b>	<b>Deadline</b>
<b>13/45 Proposed Drug Alert changes</b>		
Discussion took place around MHRA paper detailing proposed changes to MHRA Drug Alert cascades. Noted contact sheet was inaccurate for a number of geographical areas. DE to discuss plans with Martin Knowles at GSTT. All to e mail me with comments / amendments. concerns re OOH cascade		
<b>DE to contact Martin Knowles re timescales and further info</b>		
<b>Action Items:</b>	<b>Person responsible</b>	<b>Deadline</b>
Provide SD with any updates / corrections to circulated regional contact list plus any comments on current proposals	All	July 13
Forward contacts and comments to Martin Knowles	SD	July 13
contact Martin Knowles re timescales and further info	DE	July 13

### 13/46 Injectable Medicines Guide

Paper presented. NPPG have conducted a survey amongst members to determine what was being used for paed info. Identified that many were using Medusa although most monographs are not specific to children. They have agreed that IMG monographs should have this info included and that a specialist paediatric pharmacist should check monographs where appropriate. A post is to be funded to help with this aspect. Writers should enlist the help of their local paediatric specialist pharmacist where available but NPPG can identify someone to help if necessary.

PharmaQC database not as helpful as first thought for the writing process – but does have images of packaging for generic injectable meds. Some issues around lack of information for generics procured under central process for Scotland and in particular Wales. Useful from a writing perspective to check that all SPCs have been identified and available information. CMU have added list of questions as requested to help with monographs.

New website stats 65K downloads per month; equivalent to 270 per hour. Monographs now linked to relevant NICE guidance.

Need to pick this work up in the medicines safety working group. Comment that seem to be doing increasingly specialist products. Agreed that it would be useful to obtain hits per monograph as a means of identifying priorities and where the risks are e.g., community iv's.

To discuss with Meds safety people where they perceive the risks

CP to request list of hits by monograph.

#### Action Items:

#### Person responsible

#### Deadline

To discuss with Medicines Safety specialists where they perceive risks as a means of targeting future work

BR/DE

Sept 13

Request list of hits by monograph

CP

Sept 13

### 13/47 Medicines Safety Risk Assessment tool

Now has gone to patient safety specialists plus tested out with others and responses starting to come in and will assess consistency of responses. Need to determine best place for this to sit i.e. as part of shortages / procurement / horizon scanning? May be used at the point of formulary decision with core work done once nationally and then completed for local applications.

#### Action Items:

#### Person responsible

#### Deadline

Meet with David Cousins and David Webb to determine next steps for implementation

BR

Sept 13

### Liaison with other groups

#### Matters arising

11/66 RPS attendance at future Exec meeting - agreed to invite to November meeting

#### Action Items:

#### Person Responsible

#### Deadline

Invite RPS to November meeting

BR

Sept 13

### 13/48 UKMI-NHS Direct

Were close to signing the SLA for Q2, 3 & 4; noted some loss of staff as a result of reorganisation around NHSD sites needing support. Discussion around requirement by AJ to have formal out of hours component and potential impact on staff contracts and hours/monies available. Actual requirement had been clarified as 15 days over a 12 month period however there was a need to identify what one day would mean given impact on travel time and potential use of webinars increasing frequency of sessions. Currently would be looking for each UKMi centre to provide one OOH 'slot' over next 9 months - not per Lead. Have requested indication by the end of September 13 of likely requirements post April 14.

*Post meeting note – AJ advised that one day OOH equates to*

- one 6 hour face to face session OR
- two 3 hour face to face sessions OR
- three 2 hour webinars

#### Action Items:

#### Person Responsible

#### Deadline

Clarify OOH sessions included within '1 day'

TB, PG

Complete

Discuss possible arrangement for cover at Hedge End with AJ

TB, PG

June 13

<p><b>13/49 CPPE joint working</b></p> <p>Ceinwen Mannall, CPPE Regional Manager for East Midlands attended.</p> <p>Background provided re possibility of producing UKMi CPPE joint working package for basic MI skills to a wider audience. CPPE brief is for primary care (CCG/CSU/practice pharmacists) particularly given reduction in MPC training outputs; community pharmacist package later. Discussion around access for Welsh and Scottish audiences if badged as joint product. Critical appraisal and medicines safety aspects covered in other packages.</p> <p>Agreed to progress. Usually max of 5 days to write a programme. Some of the MiCal content to be used with the addition of more primary care specific content plus 10 assessments. CM to project manage with input from others; will need a face to face meeting with writers. An interactive product will be produced via pdfs which can be downloaded and worked through offline as opposed to e- learning.</p> <p>Offer to provide content for CPPE challenge to showcase MI outputs. CM will look for opportunities to signpost to MI services in other CPPE products as well as email suitable products for us to publicise as well e.g. high risk medicines in NMS</p>		
<b>Action Items:</b>	<b>Person Responsible</b>	<b>Deadline</b>
Identify writers and organize meeting	BR, TB, CM	ASAP
Establish intellectual property rights for MiCal content	BR	Sept 13
Identify topics for CCPE challenges	All	Ongoing
Signpost UKMi services in CPPE products and identify CPPE products for highlighting locally	CM	Ongoing
<p><b>13/50 NICE consultations future approach</b></p> <p>Discussion around role of UKMi in providing input into NICE Guidance / good practice guides as opposed to TAs but agreed need to identify appropriate topics. UKMi now registered as NICE stakeholder and receiving emails from NICE. In order to plan for involvement would be useful to have an agreed UKMi lead for upcoming topics which would allow a timely response to requests for group members as appropriate or for a lead Exec member to coordinate responses to draft documents. SD to circulate list of current registered GDGs and ask for expressions of interest. A role exists in providing feedback on draft TAs but more appropriate as a local 'spoke' function.</p>		
<b>Action Items:</b>	<b>Person Responsible</b>	<b>Deadline</b>
Circulate current list of GPGs with request for expressions of interest	SD	July 13
<p><b>UKMI Executive Issues</b></p>		
<p>Matters arising</p> <p>13/31 contact Malcolm Qualie re PO New Medicines and NHS England needs. PO 2103 now too advanced for any significant changes to format / content. To establish a stakeholder group involving CCGs for 2014. Split between NHS England and CCG commissioned medicines to be highlighted – MQ to confirm allocation. DE to be involved for PO National Developments</p>		
<b>Action Items:</b>	<b>Person responsible</b>	<b>Deadline</b>
Arrange meeting with MQ	CP, PG, HD	Dec 13
<p><b>13/51 Monitored Dosage System Database</b></p> <p>Currently working to ensure a consistent appearance to the recommendations made by individual centres with around 1/3 of entries still to be finalised by RMICs. Planning to pilot testing in mid July within UKMI network and with a small number of community pharmacists in Bristol.</p> <p>RPS guidance close to being issued and a link will be made to UKMi website</p> <p>Noted that some pharmacists in SE SPS have produced a guideline on MDS – BR and TB to discuss with those involved to make sure it is complementary and doesn't conflict with either RPS or UKMi.</p>		
<b>Action Items:</b>	<b>Person responsible</b>	<b>Deadline</b>
Forward completed recommendations to SWMIC	All	July 13
<p><b>13/52 Review of working groups / subcommittees (BR/All)</b></p> <p>Discussed as part of 13/54</p>		

Action Items: Nil	Person responsible	Deadline
<b>13/53 UKMI support for medicines optimisation (BR/TB)</b>		
Discussed as part of 13/54		
Action Items: Nil	Person responsible	Deadline
<b>13/54 Future arrangements for commissioning of Specialist Pharmacy Service in England</b>		
<ul style="list-style-type: none"> <li>• Delivery to footprints - to take forward to next meeting</li> <li>• Stock take of websites</li> <li>• UKMi website future role and function</li> <li>• MI links with Academic Health Science Networks</li> </ul>		
<p>Revised paper largely accepted with increased detail to strengthen the case for continuity before sign off by KR. Final report and implementation strategy likely to be released at the same time. Implementation will take a while and status quo will remain post April 14 with a medium to long term transition over 2-3 years. Tensions identified in system over funding flows for 2013/14.</p>		
<p>Discussion around role of Academic Health Science Networks (AHSN). Noted that four NICE implementation collaboratives exist covering NOACs and insulin pumps amongst other topics. To consider in future along with what else can be taken forward.</p>		
<p>Remain unclear on core vs. related functions and what will and what won't be nationally commissioned. However Medicines Optimisation consultation helps define what we need to do now. The current statement on website to be amended to close this piece of work. Also need to be clear how English MI relates still to Wales, Scotland and NI and will be useful to have a formal position which can be endorsed prior to going forward.</p>		
<p>Short term working groups to be developed with revised / new terms of reference:</p>		
<ul style="list-style-type: none"> <li>• IT group. Responsible for stock take of SPS websites. Liaising with other specialities. Enquiry sharing. Accessibility for Community pharmacy. PG to chair plus DE. Include review of UKMi website as part of this.</li> <li>• Patient Safety working group. Liaison with MHRA, IMG, PGDs Risk assessment tool. To invite other specialities, NHS E, primary care? Fairly early on. BR to chair plus CP.</li> <li>• Drug Shortages group. David Cousins promoting better info to advise NHS. Requires database to be populated. Funding issues to be taken forward via CMU. Group already exists with UKMI representation</li> <li>• Patient facing information group. May be scope to provide such information to NHSD. Agreed should have group developing info for patients and carers. Remit to scope work areas including helplines, PILS for unlicensed meds plus consideration of which existing UKMi products could have patient facing versions. GC &amp; SD to liaise.</li> </ul>		
<p>Existing groups</p>		
<ul style="list-style-type: none"> <li>• New meds group to refocus outputs as Horizon Scanning group. . May need change membership to reflect horizon scanning focus also potential for prelaunch reviews. Teleconference due in July. CP to continue as chair.</li> <li>• Clinical governance working group. Big group but still issues around getting teleconference dates. Need to link across to patient safety as some cross work e.g. around using IRMIS via cross representation. FW to continue to chair</li> <li>• R&amp;D – useful network as opposed to working group. Doesn't fit with SPS review model as implementation group but to act as champions locally. To ask group to reconsider acting as network.</li> <li>• E&amp;T – to refocus outputs as the Workforce Development group. Delivery needs to be via footprints but outputs are developed via national working with exception of workbook. Needs to reflect undergrad and postgraduate courses plus training provision outside MI (CPPE) plus evolving RPS Faculty. AMITTs Board to be a subgroup ensuring feedback as standing item. BR to chair</li> <li>• MiDatabank steering to continue with KS as Chair. User group exists as a network</li> </ul>		
<p>Recruiting to groups to be responsibility of the nominated Chair. New groups are task and finish groups. Can include membership outside MI</p>		
<p>TB to recirculate presentation and slide set.</p>		

<b>Action Items:</b>	<b>Person responsible</b>	<b>Deadline</b>
Raise informally with devolved administrations	<b>FW, JW, PK,CH</b>	<b>Sept 13</b>
Draft response re MO consultation	<b>TB</b>	<b>Sept 13</b>
Recirculate MO / SPS presentation and slide set	<b>TB</b>	<b>Aug 13</b>
Short term working groups: Form group, draft terms of reference, invite non MI SPS attendees, and define outputs for this year.	<b>Chairs</b>	<b>Sept 13</b>
New Products Working Group: discuss and rename group	<b>CP/PG</b>	<b>Sept 13</b>
E&T working group: Discuss and rename group	<b>BR</b>	<b>Sept 13</b>
R&D group: Revise constitution to network	<b>SW</b>	<b>Sept 13</b>

#### **Communications/ AOB**

SD – Newcastle RDTC has moved offices. New address is 16/17 Framlington Place, NE2 4AB and main office number is 0191 213 7855. MI enquiry number has not changed.

KS – Raise Blackwell's emails and list of books which are promoted as UKMi pharmacy deals – noted many are not current resources. Essential resource list to be reviewed and specifically place of Bandolier.

CP – queried CKS guidance and promotion of new guidance on NHS Evidence. SD to take forward with CKS. Noted reduction in medicines related information within guidance.

PG – UKMi levy and impact of one day PDS on income generation plus future position re SPS commissioning as levy unsustainable. Need to establish mechanism for current funds to enable roll over into new financial years. Currently £25K in account. National developments likely to be top sliced from core SPS funding. PG to produce a schedule on annual outgoings. Meeting costs to be divided out and no levy for 13/14.

DE – DataPharm EMC website about to be launched (not to be used for enquiries) which requires testers – to circulate link

<b>Action Items:</b>	<b>Person responsible</b>	<b>Deadline</b>
Raise issue of notification of new guidance with CKS	<b>SD</b>	<b>Sept 13</b>
Produce schedule of costs for UKMi activities	<b>PG</b>	<b>Sept 13</b>
Circulate link for EMC website test	<b>DE</b>	<b>ASAP</b>

#### **DATE OF NEXT MEETINGS –**

**Thursday 12<sup>th</sup> September 2013 now Birmingham - time tbc (replaces teleconference on 18<sup>th</sup> September)**

**Thursday 14<sup>th</sup> / Friday 15<sup>th</sup> November – Derby- (note change of venue)**