UKMi Executive meeting

10th -11th March 2011
Midland Hotel, Derby

Chair: Trevor Beswick Secretary: Janice Watt

Attendees: Trevor Beswick, Sue Brent (Friday only), Melinda Cuthbert (Thursday only), David Erskine, Peter Golightly, Christine Proudlove, Ben Rehman, Katie Smith, Janice Watt, Simon Wills, Fiona Woods

APPROVED MINUTES

11/13 Apologies for absence

Graham Cox, Claudine Hughes, Paula King

11/14 Minutes of previous teleconference held on 20th January 2011

The minutes of the teleconference were agreed to be an accurate record

11/15 Matters arising not on the agenda

11/06 The Medicines management project to be discussed further at the next teleconference

IT

Matters arising

10/81- PG advised that he will discuss with Anne Slee on the potential for submitting enquiries via NHS Evidence when he meets with her in the next two weeks.
10/82- Medstream update- CP and KS reported that they have had no further communication with Steve Mott about this since January.

Action Items:	Person responsible	Deadline
Follow up with Steve Mott on progress with the project	DE	April 2011

11/16 Update on NeLM merger with NHS Evidence

DE reported that he is half way through his one day a month secondment to NHS Evidence. The budget for NHS evidence has now been formally transferred from DH to NICE. The Medicines hub will be launched in May but NeLM will continue till October at least. Annie Coppell has been tasked with looking at NPC's and NeLM's content focusing on where there is overlap and what medicines information should be included in NHS Evidence going forward. Criteria for the information to be included are yet to be defined but content will include PGDs and medicines management. The report on content is to be ready by summer 2011. It is anticipated that defining the content may make it more difficult to adapt in response to changes within the NHS. There will follow a contracting process to provide the content.

DE is also contributing to "Eye on the Evidence". It has agreed that someone from NHS Evidence will speak at the PDS.

Action Items: NIL

11/17 NHS Evidence accreditation process manual consultation

TB discussed the new criteria for accreditation of medicines information resources within NHS Evidence.
The consultation closes 13th May 2011.
The group agreed that the criteria are most suitable for clinical guidelines and require significant infrastructure. They are not suitable for much of NeLM current content although it is anticipated that some of this content will

require accreditation for inclusion on NHS Evidence. It was agreed that UKMi Exec should respond highlighting that some MI products may not fit well with accreditation using the current criteria as they appear to be targeted at clinical guidelines.

Action Items:	Person responsible	Deadline
To draft a response highlighting these issues	DE	
Comment on the proposed draft	All	

11/18 MiDatabank progress

SW reported that he has advised CoACS that no further development of MiDatabank will be undertaken until there is a clear project plan. UKMi Exec. continues to be very concerned about the lack of progress. Experience with version 3 is reasonably positive although some bugs remain. Some centres are piloting the electronic transmission of yellow cards to the MHRA via MiDatabank. SW suggested that other regional centres may also want to participate in this pilot if approached by CoACS.

Action Items:	Person responsible	Deadline
Write to Steve Moss on behalf of UKMi Exec highlighting concern about the lack of progress	TB	March 2011
Meet with CoACS to agree project plan	SW	April 2011
Agree project plan and set up project board	All	June 2011
Copy SW in to any communication with CoACS re MiDatabank bugs	All	March 2011 onwards

11/19 Database comparison project and UKMi subscription deal for Micromedex and Lexicomp

PG described the discussion he has had with Ebsco and Honor Hudson on a possible UKMi deal for Lexicomp. No company has exclusive rights to promote Lexicomp but they are not allowed to compete for the same business and have to follow the same pricing structure. PG is also working with Thomson towards a better subscription package for UKMi. Prices differences between products are now much smaller.

The potential for a formal comparison of the two products was discussed. A full research project has been planned for some time but there has not been sufficient resource to take this forward. It may be possible to conduct a cut down project using specific criteria to evaluate the added value of Lexicomp or DrugDex for a set number of enquiries. It was suggested that this might be done most effectively on a single day working together with a facilitator and all regional centres being involved if possible. It was agreed that the comparison would be between:

- Medicines Complete (Stockley, Martindale, AHFS, Trissel)
- DrugDex
- Lexicomp

First Light has asked about being added to the UKMi essential resources list. It was agreed that this is not primarily a resource suited to use by Mi pharmacists and addition of First Light would not be appropriate

Action Items	Person responsible	Deadline
Carry out a one day evaluation of Lexicomp versus DrugDex versus Medicines Complete	TB, CP, PG	By 22nd June

Clinical Governance

Matters arising- NIL

11/20 Clinical Governance Working Group report

FW reported that head set good practice guidance is being uploaded to the UKMi website. Good practice guidance has also been written to guide centres about when they should consider a second check for MI enquiries.

The workload survey has not been carried out for two years. It was agreed that this should be carried out again as the statistics on workload would be particularly useful in the current financial climate. It was agreed that data would be collected on number of enquiries, number of patient specific enquiries, level of enquiries, number of whole time equivalent personnel in MI and proportion of time spent on enquiry answering. Data capture would be for 2010-11.

The essential resources list has been updated. The new format does not differentiate between resources for local and regional centres. This will go on the website shortly. The inclusion of Guillebaud on the essential resources was discussed. It was agreed that this textbook should stay on the essential list.

Action Items:	Person responsible	Deadline
Re-run survey	CGWG	April-May 2011
Check whether we have access to Survey Monkey through a regional MI centre	TB	March 2011
Circulate draft survey for comment	FW	April 2011

Patient Safety

Matters arising
10/87 – Discussion with Howard Stokoe re checklist for purchasing
DE reported that he has yet to discuss this with Howard Stokoe but discussion with local purchasing pharmacists would suggest that there is not a major problem with clinical implementation with most contracts. However, he will ask Howard for a view.

11/03 Loading doses project
PG confirmed that a patient safety section will be added to UKMi website shortly. The work on the resource to support the loading doses RRR has been included in the news section of the website.

BR advised that the development of this resource is progressing well. A further meeting with clinical pharmacists, NPSA and some others with an interest in patient safety to review the document will be held on 21st March. It is expected that this work will be completed by the end of April. The group thanked Ben and the other contributors for their work on this.

DE reported that he had discussed the inclusion of NPSA information with NHS Evidence. This will go on the NHS Archive site. Further work will then be undertaken to decide what information from this archive needs further promotion.

11/08 DH never event –high risk injectables:
This was discussed with two Trust chief pharmacists in London and SE by TB and DE. Both agreed that this is an important piece of work. Sue Keeling has agreed to be involved. The aseptic pharmacists' group has done some work on this and would like to remain involved. The work would involve:

- Validating the risk assessment of medicines on Medusa, UCL Guide, Pharmaceutical Press Guide and Guys in-house guide
- Updating the high risk medicines list from this.
- Work to flag up high risk medicines on Medusa and include information on how these risks might be managed/ mitigated
- Devise a system to validate risk assessment of new monographs on Medusa

Action Items:	Person responsible	Deadline
UKMi Website will include a link to the NPSA alerts for MI use meantime	PG	April 2011

Review list of high risk medicines	DE	May 2011
Include info on UKMi news on the project	PG	March 2011
Advise Sue Keeling and Aseptic Pharmacists' Group of the work	TB, CP	March 2011
Consider how this work can be included in future educational tools	TB, SW	

11/21 DH Never Event List

The UKMi contribution to the DH Never Event List was discussed. The high risk injectables work is considered a high priority. Otherwise it was agreed that the risks identified were not new, there is already a great deal of information on how to avoid these risks and many trusts have put in place strategies to address them.

Action Items: Nil

Liaison with other groups

Matters arising

10/88 NHS Direct

PG reported that the SLA for 11/12 has been agreed and will be signed off shortly. It has been suggested that there is a session at a future UKMi Exec meeting to discuss lessoned learned about negotiating with service commissioners.

10/89 Datapharm Update on progress on eMC development

The group welcomed the changes to the eMC described in the update report from Datapharm. It was agreed that information on latex content would also be a useful addition and this should be fed back to Datapharm. A pilot phase for inclusion of information on medical devices is due to commence Q2 2011.

10/90 Injectable Medicines Guide

The number of monographs being written is increasing partly because Imperial Trust has been given some funding to work on this in the short term. Between March and Dec 2010 there were 142 new monograph compared with 45 for the previous 6 months. CP asked whether any other regional centre could contribute to the QA process. 78% of monographs are currently QAed within the 4 week period.

10/92 Unlicensed and off label medicines project

The Department of Health has responded positively to the work so far. SW has developed a survey to obtain feedback on the usefulness of the monographs.

10/93 Pharmascan

CP reported that this is slowly progressing. There are now 115 records available to horizon scanning organizations.

Action Items	**Person responsible**	**Deadline**
Include a session on negotiating with service commissioners for the next UKMi Executive meeting	PG	June 2011
Request that Datapharm include information on latex content on eMC	TB	April 2011
Consider whether any other regional centre can contribute to the IMG QA process	All	asap
UKMi centres to be encouraged to complete user satisfaction survey on ULM monographs once this has been circulated by SW	All	March 2011
Include a reference to the ULM project on UKMi website	PG	March 2011

11/22 Helen Gordon visit to UKMi Exec

The group welcomed Helen Gordon, Chief Executive of RPS to the meeting. SW, BR, FW, DE gave a series of presentations to apprise her of UKMi work. Helen then described a number of workstreams/ developments within RPS. These include high level professional standards for acute, community and public health pharmacy. UKMi would have a role on advising on standards describing knowledge of medicines. RPS has also been involved with multidisciplinary work with other royal colleges on management of venous thromboembolism.

Four areas were identified for collaboration between UKMi and RPS:

- Patients Safety
- Signposting of pharmacy practice evidence
- Communication on strategic issues
- Liaison with RPS media arm to promote UKMi initiatives

Both UKMI and the RPS were pleased that we had identified some concrete issues on which to focus.

Action Items:	**Person responsible**	**Deadline**
RPS and UKMi Exec apprise each other any developments in national commissioning arrangements	HG, TB	
RPS to scope out next steps around safety- Invite UKMi to be involved	HG	Summer 2011
Circulate presentations	SW, DE, FW, BR	March 2011
Add link to UKMi website and RPS websites to each others website	HG, PG	April 2011
Discuss with Neil Patel about using media centre to highlight UKMi work	HG	April 2011
Meet with Beth Allan to discuss joint working re highlighting Pharmacy Practice evidence via NHS Evidence	DE	April 2011

11/23 UKMi collaboration with the Clinical Pharmacist

It was agreed that North West MI Service would contribute to the pipeline. The work to produce new medicines articles for this publication versus the benefit to the network was debated. Although this would be nice to do and UKMi Executive is keen to promote its work, it was agreed that this is not a priority at the moment.

Action Items: NIL

11/24 The "111" Service- Report on a meeting with "111" service, NHSD, and RPS

SW updated the group on the roll out of the 111 Service in the UK which is due to be launched in 12/13. He highlighted that Pharmacy has had little direct involvement in implementation at the pilot sites at present. UKMi may wish to negotiate with local 111 Services as they arise, to offer support. He will keep the Exec updated for as long as meetings with 111 continue."

Action Items: NIL

Education and Training

Matters arising

10/95 Practice Development Seminar

See separate minute

10/69 Membership of the E&T working group

Chris Herring NW and Sarah Garrett, London, have agreed to join the group but have not yet attended. Once Satpal Soor is replaced her replacement will also join the group.

10/97 UKMi Accredited Medicines Information Technician Training Scheme

The current model of technician training is no longer financially viable. There are, however, sufficient technicians signed up to allow the next course to go ahead as planned.

It was agreed that in the future the national training course will be adapted to allow technicians to attend. It is proposed that, instead of Technician Accreditation Board, the technician's line manager should, in the future, be responsible for providing support for accreditation and reaccreditation but advice will be available if required. The need for reaccreditation was discussed. It was agreed that there should be a reaccreditation tool and it will be up to line managers to decide whether this is used. Regional MI could provide arbitration if an issued is identified with reaccreditation of an individual technician.

	Person responsible	Deadline
Advise Viv Rose and BR if there are any other technicians requiring training this year	All	asap
Develop reaccreditation tool	E&T WG	June 2011

11/25 Future of UKMi training course

Eligibility for the course was discussed. It was agreed that technicians would now be able to attend.

The content will be revised to include specific content for technicians and update other aspects of the course. Communication skills will now be included. It was agreed that writing skills would be a useful addition.

The administrative tasks for the course are undertaken by Sandra Wharton. The pharmacist's time to run the course is estimated to be 5 days. PG offered that the Leicester team would take on local liaison with the university. The lead role involves liaison with speakers, identifying new speakers when gaps are identified and lead the training course during the three days. The E&T WG have proposed that a shared approach to delivering the course be adopted with each regional centre taking a turn. If a centre is unable to take the lead they should arrange a swap. This was agreed by the group. SW advised that his centre would not be able to participate. JW suggested that although there are 3 Scottish centres represented on UKIM Exec, it would be an excessive burden for all 3 centres to participate on the rota.

	Person responsible	Deadline
Advice BR if any other region can not take part in the training course rota	All	asap
Check whether Bridget Rankin can lead the July course	DE	March 2011

11/26 Impact of education and training consultation paper- Liberating the NHS- Liberating the healthcare workforce

TB gave a presentation on the consultation paper. This describes a more integrated approach to training of healthcare professionals with more joint teaching across professional groups. It was not considered that there is a need for specific feedback from MI.

Action Items: NIL	Person responsible	Deadline

11/27 Modernising Pharmacy Careers Programme Board- workstream 1: Undergraduate and pre-reg. training

The E&T working group has prepared a draft response to the proposal for reform. The changes would mean that undergraduate would complete half of their pre-registration training in year 4 and half in year 5. There would also be more opportunity for practical learning in a clinical environment in years 1-3. It was agreed that MI skills are important for all pharmacists and should be included in the curriculum at an early stage. The comments prepared by the group were agreed by the Executive. This is a proposal for NHS England but the other countries have been involved as observers.

Action Items	Person responsible	Deadline
Submit a response from UKMi on the consultation	BR	By deadline

11/28 MPC programme Board – workstream 2: Post registration development

This workstream involves consideration of the roles and development of all individuals providing pharmacy services in acute and primary care and is the very early stages. There are a number of subgroups representing different professionals groups. SB is on one of the fomal subgroups as a specialist pharmacist. Evidence gathering from stakeholders will take place in June 2011. UKMi will be one of the groups formally consulted. The final report is due to be published in November.

Action Items:	Person responsible	Deadline
Discuss questions raised by MPC during evidence gathering at the next Exec meeting	All	June 2011

Research and development

Matters arising-NIL

11/29 Submitting yellow cards via MiDatabank: final report on national pilot and national implementation

An implementation plan for full roll out was discussed. It was agreed that SW should present this work at a UKCPA meeting to gain clinical pharmacists' support. The pilot centres will also produce a presentation for regional centres to promote this work locally. Electronic submission of the YC has been developed for MiDatabank. Within this, the patient identifiers' filed has been removed and SLS is being used to ensure secure transfer of data. Ultimately the plan would be to send the data via a secure N3 connection. A good practice guide and SOP have been developed for submission of a yellow card. The SOP describes submission via a PDF. This will be adapted once electronic transmission has been tested and adopted by 10 sites. The project will then be launched to the network for full implementation. SW requested that the final report is not circulated further at present.

Action Items:	Person responsible	Deadline
Comments on the good practice guide and the SOP to SW	All	March 2011
Adapt the SOP to reflect electronic transmission	SW	March 2011
Prepare and circulate implementation plan for comment	SW	April 2011
Advise Exec when this project is ready for full roll out	SW	When ready

UKMi Executive Issues

10/100- Complementary Medicines Specialist Service
The Q&As presented at a previous UKMi Exec. meeting have been rebadged as good practice guides. More generic versions are to be written when personnel are available.

GC has advised TB that Leeds will no longer support the liver specialist file. In view of the change to commissioning arrangements, TB will discuss with GC whether Leeds may be able to continue this service until the end of the financial year. A review of the existing specialist files and any gaps was agreed.

10/103- UKMi subscription deal for DTB
There has been no progress with this.

Action Items	Person responsible	Deadline
Circulate to local centres the email from FW highlighting good practice guides	All	March 2011
Conduct a survey of existing specialist files to quantify workload	PG	June 2011
Add specialist files to the agenda for the next UKMi meeting	JW	June 2011

11/30 Specialist Pharmacy Services in England

David Webb gave a presentation with some options for the future commissioning of specialist MI services. These will be discussed further at the SHA Pharmacy leads meeting on 21st March. It was agreed that national commissioning of the specialist outputs should be explored. A number of changes to the presentation were discussed and agreed.

Action Items	Person responsible	Deadline
Feedback to David Webb on the figures on FTEs regional posts	All	15th Mar 2011
Feedback to David Webb on the suggested changes to the presentation/ report	SW	March 2011

11/31 New products working group annual report

CP summarized the work of the last year. She reported that NDO newsletter has been successful in promoting the database. There is a problem with some individuals receiving the email at present. A Flash presentation showing the main features of NDO has been prepared and will be added to the UKMi website.

New Medicines profiles numbers are reducing partly because the team does not want to duplicate bulletins already produced. Other potential focuses for the bulletin were discussed. There is a possibility of re-presenting some of the information as Q&As or focusing on some older medicines. In the future, depending on commissioning arrangements, badging of regional bulletins may need to be reviewed. It was agreed that no major changes should be made at the moment until organizational changes are clearer.

NPWG priorities for 11/12 were discussed. The ability to search for orphan drugs to NDO is to be added, however, highlighting orphan drugs coming to the market remains difficult. It was proposed that links with the main acute hospital sites treating metabolic disorders be developed to try to get a better handle on what chemical entities are being used and what medicines are approaching licensing.

The timing of Prescribing Outlook publication was discussed. DE reported that he can not deliver this by September. A user survey is to be carried out. It was agreed that it would be useful to of seek advice from RPS on methods of publicity on this work. Any response from RPS will come back to the Exec before any further action.

Action Items:	Person responsible	Deadline
Continue to cascade NDO newsletter regionally	All	monthly
Consider the value of links to New Drugs File	NPWG	July 2011
Add a section to the letter to Helen Gordon about RPS advice on marketing of products	TB	April 2011

11/32 UKMi performance Management

TB presented the Performance Management report. The areas that remain of concern are the number of centres with helplines and the number of Q&As, given that about 40 of the Q&As are due to expire at the end of March 2011. It was agreed that it is important to know whether Q&As are still being used before updating. Some Q&As can be difficult to find if key words are not carefully chosen.

TB reported that he would review the performance management target to assess which are still relevant for 2011/12.

Action Items:	Person responsible	Deadline
Any further updates on figure to TB	All	March 2011
Send scores for most recent user satisfaction survey to TB	All	March 2011
Circulate full data on performance within individual regions	TB	March 2011
Circulate hit rates for individual Q&As 6 monthly	DE	April 2011

Send information on new staff attending training course to TB	All	April 2011
Circulate proposal for next year's performance management targets	TB	April 2011
Consider carefully how Q&As are keyworded	All	ongoing

11/33 NICE Do not do list

NICE has recently published a database of its recommendations that relate to interventions considered to be of limited value on the basis either of evidence that the practice is not on balance beneficial or lack of evidence to support their continued use. The NICE 'do not do' recommendations database contains all the 'do not do' recommendations that have been made since 2007. These have been abstracted from NICE cancer service guidance, clinical guidelines, interventional procedures and technology appraisals guidance. They will be updated or replaced as new guidance is published. There are over 600 items on the "do not do" list. Planning managers in Glasgow have produced a cut down version of the list that shows those that involve medicines only.

This new resource was noted and it was agreed that it would be useful to check existing advice produced by UKMi for any potential contradictions.

Action Items	**Person responsible**	**Deadline**
Circulate the full list of medicines related do not dos.	TB	April 2011
Compare NICE "do not dos" with UKMi bulletins, Q&As etc.	All	

11/34 Communications/ AOB

CP
The North West Regional MI Centre has submitted NICE Bites for a NICE shared practice awards. The submission was chosen as one of 20 of the 90 submitted to appear as a poster at the NICE conference. CP's team was congratulated on this award.

Keith Brown has asked to join the MI-UK discussion group. This was turned down as the discussion group is intended a discussion forum for clinical topics by MI personnel.

The British Dental Journal is publishing an article about dental queries received by the NW Mi service

The criteria for definition of an MI service was discussed. This will be discussed further at a future Exec meeting.

FW
Cytotoxic and cytostatic medicines- Welsh MI service have been asked to provide a list for these to ensure appropriate disposal. No-one else was aware of being asked to do this.

Meningococcal meningitis- There are new HPA guidelines for chemoprophylaxis. These include recommendation that ciprofloxacin is used for all ages including children less than 4 years and pregnant women. It will not clear where the dose for children less than two years came from. FW will follow this up. The potential for anxiety amongst prescribers asked to give ciprofloxacin to children and pregnant women when standard texts such as the BNF advise against this was highlighted.

PG
PG commented on the usefulness of the summary covering paper produced by TB for UKMI meeting papers. It was agreed this would be a good template for future submissions.

PG requested that anyone whose email changed let him know as he can no longer "reply to all"

No venue has been agreed for the 2012 PDS yet. To discuss further at the next Exec meeting in June.

SB
There is currently a vacancy in Pharmacovigilance in the Newcastle MI team

BR
Could the NMWG produce a list of the bulletins and topics under development? This is already possible through the "work in progress" section of the UKMi website.

JW
The Scottish Quality Assurance Group has asked if MI would be interested in collaborating on a guide to stability of medicines in monitored dosage systems. This is considered very difficult because companies have in the past refused to submit data for publicly accessible databases. The Pinderfield guide is no longer produced for this reason.

Can members try to provide papers in greyscale rather than colour to reduce printing costs?

MC
The Meropenem SPC has changed – Prior to June 2010 the SPC advised that the product could be stored for 24 hours at room temp. The new SPC states that the product is only stable for 1 hour. The formulation has not changed but the company will no longer support the previous inhouse data.

Action Items	**Person responsible**	**Deadline**
Circulate HPA Guidelines on meningococcal disease	FW	March 2011
Add "criteria for an MI centre" to the agenda for the June meeting	JW	June 2011
Consider use of a covering paper when submitting papers for Exec meetings	All	ongoing
Agree venue for 2012 PDS	All	June 2011

DATE OF NEXT MEETING – 19th May 2011 Teleconference

DATES FOR YOUR DIARY

Exec meetings	**Other Teleconferences**
22nd-23rd June 2011 (Derby- Venue TBC)	
10th-11th November 2011	15th September 2011