# UKMi Executive meeting

**10th -11th November 2010**
**Midland Hotel, Derby**

Chair: Trevor Beswick Note taker: Janice Watt

**Attendees: Trevor Beswick, Sue Brent, Graham Cox, David Erskine, Peter Golightly, Paula King, Christine Proudlove, Ben Rehman, Katie Smith, Janice Watt, Simon Wills, Fiona Woods (Wednesday only)**

**DRAFT MINUTES**

**10/78 Apologies for absence**

**Melinda Cuthbert, Claudine Hughes, Craig Rore**

10/79 Minutes of previous meeting

10/90 UKMI Injectable Guide should read UK Injectable medicines guide

Reference to mini-Medusa should read "Summary monograph"

10/81 – Should read "There have been a few more problems with IT bugs in version **3** of MiDatabank…."

Otherwise, the minutes were agreed to be an accurate record

**10/80 Matters arising not on the agenda**

10/90 (TC) There is still uncertainty about whether the UCL Guide will be produced again.

## IT

**Matters arising**

10/53 Update on progress with MiDatabank v3 &v4

SW reported that all the major bugs have been resolved. V3.07 is available. To be trialed in Wales. Installation guide for v3 has been written.

It was agreed that once content of v3.1 and v4 (web-based system) agreed with CoACS any changes to the plans need to go through SW.

V3.07 will include the new CG approved enquiry level definitions

| Action Items: | Person responsible | Deadline |
|---|---|---|
| **Launch of v3.07 and installation guide to be circulated to UKMI Exec for onward circulation to local centres** | **SW** | **Dec 2010** |
| **Agree with CoACS the content of v3.1 and v4 , agree with user group and circulate proposal to Exec for ratification** | **SW** | **User group Jan 2011**<br>**UKMI Exec Feb 2011** |

**10/81 Update on the NeLM merger with NHS Evidence**

DE reported that NeLM will be incorporated into NHS Evidence in the form of a "medicines portal". Not all of the current content is likely to be incorporated.

DE to work with NICE to agree the content of the portal.

NeLM will continue until October 2011 until medicines portal is established.

News feed may be included but under a UKMI banner

The following are likely to continue: Medicines Management, Medicines Q&As, Formularies and communities.

Content not included in the medicine portal will need to be considered for inclusion elsewhere

Agreed that UKMI should become an accredited provider for some products e.g. Q&As. CP will attend a course on this in December.

NHS Evidence Medicines Information Reference Group has circulated a proposal on the content. Some NeLM products are missing from this at present.

PG reported that Anne Slee had suggested that UKMI should approach NHS Evidence about having an area for referral of MI enquiries.

DE confirmed that there is no plan to restrict the content to NHS England.

| **Action Items:** | **Person responsible** | **Deadline** |
|---|---|---|
| Circulate a link to pilot medicines portal including a questionnaire (clarify who can complete the questionnaire) | DE | Nov 2010 |
| Feedback to DE on proposed content /format of the medicines portal | All | 19th Nov 2010 |
| Prepare a list of NeLM products not intended to be included in the portal | DE | Jan 2011 |
| Communicate with local centres about the changes | All | Once content clearer |

## 10/82 Medstream update

BR, KS still working with information governance in their organisations.

CP has agreement with information governance and is waiting for information on how to progress from CoACS. Agreed that others would wait for feedback from those currently involved before progressing.

| **Action Items:** | **Person responsible** | **Deadline** |
|---|---|---|
| Feedback to Exec on progress | BR, KS, CP | Mar 2011 |

## Clinical Governance

**Matters arising**

10/20 Enquiry level definition
FW confirmed that the new enquiry level definitions are in the process of being incorporated into the CG QA toolkit
10/66 Pilot study on experiences with the pharmaceutical industry MI
PG and CP reported that data collection is ongoing. CP has had a small number of reports of issues with the pharmaceutical industry.
There are ongoing reports of poor service from Pfizer as well as a number of other pharmaceutical companies from most regional centres. It is unclear whether these issues have been reported to the companies concerned.

| **Action Items:** | **Person responsible** | **Deadline** |
|---|---|---|
| Write to Pfizer highlighting ongoing concerns about service quality | TB | Nov 2010 |
| Advise local centres to contact the pharmaceutical companies with specific complaints and keep a log of these | All | Nov 2010 |
| Feedback from the pilot project with a view to rolling project out to all centres for a 3 month period | CP, PG | Jan 2011 |

**10/84 IRMIS report**

IRMIS report from April- August 2010 was noted. There are an increasing number of reports of poor response from the pharmaceutical industry and in MI essential resources. It was agreed that this is a relevant and important function of IRMIS and should continue to be reported.

| Action Items: | Person responsible | Deadline |
|---|---|---|
| CGWG to advise MiDatabank user group of any improvements to MiDatabank to reduce errors | FW | Dec 2010 |

**10/85 IRMIS Annual Report**

The report covering the period January 20th 2009- 31st December 2009 was discussed and noted. The IRMIS priorities for 10-11 were agreed. It was noted that inclusion of IRMIS in MiCal and the workbook will only be generally accessed by trainees.

| Action Items: | Person responsible | Deadline |
|---|---|---|
| Final version to be circulated | FW | Nov 2010 |
| Prepare a summary of the annual report highlighting main issues and actions for local MI pharmacists and chief pharmacists | FW | Dec 10 |

## Patient Safety

**Matters arising- NIL**

**10/86 NPSA Safety alerts**

The UKMI response to a number of recently issued NPSA alerts was discussed.
NPSA Missed /delayed doses:
BR reported that the work on missed and delayed doses has been published on NeLM. This categorizes the risk of missed doses for each BNF category. It is intended to be used as a tool for local trusts to develop management plans for dealing with this issue. Feedback so far has been positive. The work has been highlighted in the PJ. TB thanked BR and the other contributors for their work.

The following NPSA alerts were also discussed: Safer Administration of Insulin, Reducing treatment dose errors with low molecular weight heparin (LMWH), Safer use of IV Gentamicin for neonates

It was agreed that no specific action was needed from UKMI for these. There are a number of Q&As on NeLM on LMWHs.

PG has received an email from David Cousins giving official notification that the NPSA is to be disbanded. It is not yet clear how this work will be continued. Will be important for UKMI to be involved with the organisation that takes on responsibility for this work.

A further two RRRs are being prepared for release before March 2011 covering loading doses and ambulatory syringe drivers. There will also be safety alert on insulin.

**Action Items - NIL**

**10/87 Checklist for purchasing**

JW reported the feedback that she had been given on the checklist. Comments had been received from both MI and risk/ QA pharmacists. SB also discussed the Quality Assurance Policy for Contract Procurement of Licensed Pharmaceuticals that has been produced by the NHS Pharmaceutical Quality Assurance Committee. How the proposed UKMI checklist fits with this document was debated in detail. It was decided to put the checklist on hold until a meeting has been held with Howard Stokoe and Kevan Wynd to clarify the how MI should be involved in medicines procurement.

| | Person responsible | Deadline |
|---|---|---|
| Ask Howard Stokoe to come and talk to UKMI Exec about how medicines are procured | DE | Dec 2010 |
| Meet with Howard Stokoe and Kevan Wynd | TB, DE | Jan 2011 |

## Liaison with other groups

**Matters arising- NIL**

**10/88 UKMI NHS Direct**

The changes in the SLA for 2010/11 were discussed. The NHSD leads had reviewed and reorganised their work programme in the light of the changing requirements of NHSD for staff training,
Proposals for 2011/12 were discussed; NHSD will not be commissioning enquiry referral but will continue to commission NHS D lead time as it does now.
TB and PG stressed the need to have in place effective ways to manage project work. It was agreed that Directors would prefer to be involved in managing and performance concerns at an early stage. PG and TB will develop a method to do this.
NHSD were aiming to have a draft SLA ready later this month. It would be necessary to organise a teleconference for Directors in order to discuss the draft when necessary.

| **Action Items:** | **Person responsible** | **Deadline** |
|---|---|---|
| Agree procedure for performance monitoring | TB/PG | Dec 2010 |
| Arrange discussion of draft SLA | TB/PG | Dec 2010 |

**10/89 Datapharm- update**

Lawrence Berry, CEO Datapharm and Nicky Heyler presented on future developments of the eMC. A number of questions were asked of the Exec.

User registration- The Exec agreed with this in principle. Datapharm is considering options for validation of professional users. The need to do this without slowing access was acknowledged.

Access to historical SPCs- Access to these is required less than 10 times per year per centre, usually for legal cases. Does not need to be an IT solution. Could consider a telephone number that UKMI centres could use to contact Datapharm for this. It was confirmed that this would include discontinued drugs.

RSS Alerts- It was agreed that this would be of value. RSS is blocked by many NHS trusts. Email alerts would be very useful. Only clinically significant changes would be highlighted. Some basic information on the nature of the change would be essential.

Additional information in particular pharmaceutical information e.g. excipients, stability data (e.g. out of fridge), displacement values, pH, osmolarity, drug stability in compliance devices and use of products in vegetarians etc. Would also be very interested in access to standard answer produced by pharmaceutical industry. Access to package inserts would also be useful. All of this information (except package inserts) should only be accessible by registered users.

DM and D- The value of this is not clear. Not considered a high priority.

BNF search- Not considered a high priority and this type of search is already possible.

TILs- This was considered useful. The criteria should include “is it likely that the device will be **used** for pharmacological action” Examples given included bone cements, drug eluting stents, dressings, devices for delivering medicines e.g. Aerochamber

| | **Person responsible** | **Deadline** |
|---|---|---|
| Comment on Datapharm draft policy for inclusion of TILs | All | End Dec 2010 |

**10/90 QA of IV drug monographs**

CP gave a brief update on the QA process. Ten IV monographs on mental health drugs are being prepared. Number of monographs is increasing as alerts are being sent out when monographs require an update. Currently monographs need to be updated annually. The appropriateness of this was discussed when in many cases there was little if any material change. Options are:

- to extend the review date to two years unless an early update is required
- editorial decision is taken about the life of the IV monograph and the need for update
- use the existing risk matrix to assess how often the monographs is updated. The need to QA all monographs regardless of whether there is very little change was also discussed.

New QA process and writing guide has been issued.

Summary monographs are now available for all users.

| | Person responsible | Deadline |
|---|---|---|
| Discuss with the IV monograph group the options above. | CP | Dec 2010 |

**10/91 Collaboration of UKMI and RSPGB information services**

Enquiry referral from RPS was discussed. It was agreed that UKMI would continue to take referrals from RPS regardless of the membership.

Access to RPS resources was discussed if MI pharmacists are not members.

**Action items - NIL**

**10/92 Unlicensed medicines pilot project for DoH**

SW presented the plan for the pilot. Project is planned to run from 1st October -31st March. 3 assessments planned in this period. A steering group has been set up. This group includes Tom Walley, Head of HTA, a senior oncology pharmacist, GP, consultant anaesthetist, MOP. Exclusion criteria for medicines/ indications that are unsuitable have been developed. These include niche products/ indications.

| | Person responsible | Deadline |
|---|---|---|
| Send any further suggestions for topics to SW | All | 19th Nov |
| Send a copy of the draft monograph to the group | SW | Nov 2010 |

**10/93 Pharmascan**

Development moving slowly. UKMI has been accepted as a user. There will be no charge for users this year and will be funded by DH. Development costs have not yet been identified. Minimal impact at present. Proving difficult for industry to add information. NDO continues.

**Action Items - NIL**

**10/94 Department of Health Publications**

Extent and causes of international variations in drug usage-

The cancer Drugs Fund. A Consultation-

These documents were highlighted and discussed briefly. It was agreed that it would be useful to respond to the Cancer Drugs Fund Consultation. Response is required by 19 January 2011.

Agreed that all responses to official consultation would go on the UKMI website

The MHRA's informal consultation on the provision of PGD was highlighted.

TB mentioned the GPhC consultation on initial training for pharmacists.

| | Person responsible | Deadline |
|---|---|---|
| Draft response on Cancer Drug Fund consultation to be prepared and circulated for comment | DE | Dec 2010 |
| Respond to GPhC consultation on initial training for pharmacists | TB | Jan 2010 |

## Education and Training

**Matters arising- NIL**

**10/95 Practice Development Seminar**

The Exec reviewed the results of the user satisfaction survey completed by delegates at the PDS. It was agreed that the admin team leadership had been very successful. The Exec expressed their thanks to those involved and to Katie for chairing the PDS organizing committee.

There was a discussion on possible topics for both the plenary and parallel workshop sessions at the 2011 PDS. A number of suggestions were considered. These ideas will be taken forward at the 1st PDS organising committee in January.

| **Action Items:** | **Person responsible** | **Deadline** |
|---|---|---|
| A summary would be prepared to be sent to SPMs | KS | Dec 2010 |
| Arrange a date for PDS teleconference | PG | Dec 2010 |

**10/96 Education and training working group report**

BR gave a previous update on work within the group. Andrea Rankine from Ayrshire is organizing the pharmacist training course. Currently there are 25 delegates for January 2011. A volunteer is required to run the course in June 2011. Inclusion of some training on communication skills is being considered.

Development of MiCal is ongoing.

Directly observed practical skills tool for MI is being developed for the JPB in London. This is in response to removal of compulsory MI rotation and describes core skills/ activities that need to be undertaken to gain basic MI skills.

BR continues to attend meetings with RPSGB on credentialing. BR will continue to attend and feedback on any progress.

New members- Chris Herring from NW will join the group. Two additional members have been suggested from the SW. Satpal Soor is leaving the group.

**Action items - NIL**

**10/97 UKMi accredited MI technician Training Scheme- 5th Cohort**

The financing of the 5th cohort of the technician training course was discussed. It was noted that 14 students would be required for the course to break even. A number of options were discussed for the future funding of the course.

It was agreed that it would not be appropriate to subsidise the small number of technicians attending the course from the national levy. It was decided that it would be most appropriate to increase the cost of the course to approximately £1000 per person. It was agreed that a maximum cost would be quoted with a possible discount if uptake is greater than anticipated.

It was agreed that there would not be a specific accreditation process for members of the public enquiries but that training on the specific issues for these enquiries should be incorporated into the general training and examples of members of the public enquiries could be included in the portfolio.

| | **Person responsible** | **Deadline** |
|---|---|---|
| Advise Viv Rose of technician who are likely to attend the course | All | Mid December |

## Research and Development

**Matters arising- NIL**

**10/98 Research and Development working group report**

MHRA yellow card project is going well. Centres involved are submitting 1-2 yellow cards per MI centre per week. Could have a significant impact on overall numbers received by MHRA. Reports tend to relate to established drugs. Data collection ends 30th November 2010. Analysis will then take place but completion of yellow cards will continue in these centres. Outcome measures will include number and quality of reports, time taken to complete yellow cards.

Patient outcomes project- SW thanked those who had participated. Uptake appears to have been good. Payment to Diane Bramley to analyse data was discussed. Cost is anticipated to be £2690. This was agreed.

Database comparison project- Satpal Soor is leaving MI so this project is on hold. DE advised that Satpal's replacement may be able to take this on but this is likely to be a few months away. JW advised that the NHS Knowledge Network in Scotland is considering purchasing DrugDex for use by all healthcare professionals.

SW advised that he may have difficulty in continuing as lead of the R&D working group but that he would keep the Exec informed.

| **Action Items:** | **Person responsible** | **Deadline** |
|---|---|---|
| Confirm costs for Diane | SW | Nov 2010 |
| Consider whether anyone else can take on the database comparison project | BR, PG | Jan 2011 |
| Consider whether anyone else is interested in R&D working group lead | All | Jan 2011 |

## UKMI Executive Issues

**Matters arising-NIL**

**10/99 UKMI development in response to the DH Paper**

It was agreed that given the current NH reorganisation it would be important to highlight UKMI at strategic level. It was agreed that a briefing paper would be written for SHA leads describing the main outputs from UKMI and how UKMI can contribute.

| | **Person responsible** | **Deadline** |
|---|---|---|
| Prepare a draft of the briefing paper for comment by the Exec | BR | End Nov |

**10/100 Complementary medicines specialist advisory service**

FW presented information that has been developed by the Welsh Mi service to aid MI pharmacists answering questions about complementary medicines. This includes the development of two Q&As on answering questions about interactions and adverse effects of complementary medicines. It was agreed that FW would consider whether the Q&As could be tweaked to make them relevant to all healthcare professionals. An additional paper with detailed advice on what MI pharmacists should have done before calling the Complementary Medicines Service has been written. This will go on the UKMI site.

From January 2011 basic complementary medicine enquiries will no longer be taken by the Welsh service

| | **Person responsible** | **Deadline** |
|---|---|---|
| Send out email highlighting the change to complementary service | FW | Dec 2010 |

**10/101 Impact of new NHS structure on commissioning of UKMI services**

Different models of commissioning were discussed. This would be revisited in the new year. TB welcomed Mr Vic Standing to the meeting. Vic described how the NHS structure might develop from his perspective and how UKMI might fit with this.

| | **Person responsible** | **Deadline** |
|---|---|---|
| Link locally to identify any issues with funding of regional MI services for 11/12 | All | Dec 2010 |

**10/102 The future of the drugs in liver disease specialist file**

GC advised that he may need to consider whether his centre can continue to provide the specialist liver disease file. This is in part due to staff pressures and also due to pressures locally to justify services provided for users out with the region. GC highlighted that many enquirers have very limited knowledge of liver disease. There are Q&As on answering enquiries in liver disease. It was highlighted that the UKMI network relies on collaborative working and regional centres output is available and used throughout the network. Centres in the Yorkshire region benefit from output and specialist advice from other regional centres. It was agreed that the loss of the liver file would be a significant loss to the network.

| **Action Items:** | **Person responsible** | **Deadline** |
|---|---|---|
| **Consider whether a formal response from UKMI Exec would be helpful** | **GC** | **Dec 2010** |

**10/103 DTB subscription**

PG described the negotiations with BMJ Publishing. The price is based on 200 subscriptions. It seems unlikely that this number of subscriptions would be achieved. Many centres have personal subscriptions. It was agreed that regional centres would co-ordinate subscriptions if the agreement with BMJ publishing goes ahead.

| | **Person responsible** | **Deadline** |
|---|---|---|
| PG to explore institutional UKMI subscriptions and whether single user price might be possible | PG | Dec 2010 |

**10/104 Professional liability/ insurance for enquiries from outwith the NHS**

PG highlighted the issue of whether enquiries done for private hospitals and other individuals out with the NHS would be covered by NHS indemnity arrangements. The Exec noted the GPhC requirement to have adequate insurance. This need for additional insurance will depend on local advice and circumstances.

| | **Person responsible** | **Deadline** |
|---|---|---|
| **DE to circulate GHP statement on indemnity** | **DE** | **Dec 2010** |

**10/103 Communications/ AOCB**

SW recently met the new Chief Exec of RPS. Meeting of specialist groups with her is being held next week. It was agreed that we would consider inviting Helen Gordon to one of our meetings. SW to explore this.

CP reported that NPC are writing something on specials.

TB highlight that he is receiving an increasing number of enquiries from private individuals/ organisations. The difficulty in identify what is truly private healthcare was discussed. This issue would be revisited if the workload was considered significant.

Nuffield hospitals have requested access to UKMI horizon scanning material. It was agreed that it would be appropriate to charge for this. A basic package of NeLM subscription, NDO and a set number of enquiries a year could be considered. Training could be offered as an additional option. TB will discuss this further with the Chief Pharmacist of the Nuffield Group. The possibility of charging on a per bed basis to allow the model to be scaled up to other similar organisations was discussed. The money from any agreement would go to UKMI funds.

BNF changes- To attend some regional meetings.

TICTAC subscriptions- It was agreed that the UKMI deal would continue

SW reported that he had received SHA innovations funding to open a patient helpline.

**DATE OF NEXT MEETING – 11am, 20th January 2011 Teleconference**

**DATES FOR YOUR DIARY**

| **Exec meetings** | **Teleconferences (all 11am)** |
|---|---|
| 10th-11th March 2011 | 20th January 2011 |
| 22nd-23rd June 2011 | 19th May 2011 |
| 10th-11th November 2011 | 15th September 2011 |