UKMi Executive Meeting

12th – 13th November 2012
Midlands Hotel, Derby

Chair: Trevor Beswick Secretary: Sue Dickinson
Jan

Attendees: Trevor Beswick, Sue Dickinson, David Erskine (12th only), Peter Golightly, Christine Proudlove, Ben Rehman, Katie Smith, Janice Watt (12th only), Simon Wills, Fiona Woods

CONFIRMED MINUTES

12/79 Apologies for absence

Graham Cox, Melinda Cuthbert, Claudine Hughes, Paula King, Craig Rore

12/80 Minutes of previous teleconference September 18th 2012

Minor amendments made and final version agreed

12/81 Matters arising not on the agenda

MHRA Chlorhexidine alert MDA/2012/075

An issue was raised around problems identifying products especially devices. The MHRA statement recommends 'awareness of potential for anaphylactic reaction'. Discussion took place over the absolute requirement for list of chlorhexidine-containing products or whether emphasis instead should be on documenting allergies and checking labels. It was agreed a shell Q&A would be written with guidance on how and where to look for relevant products. KS likely to produce a list of products anyway which would be incorporated into the Q&A.

Action Items	Person responsible	Deadline
Produce shell Q&A with list of chlorhexidine containing products if available	**KS**	**Jan 2013**

IT

Matters arising.

12/66 Update on MiDatabank pricing statement and sharing of enquiries

The statement has not yet been circulated due to CoACS wishing to further amend the wording. KS will raise at the next Steering group meeting in order to finalise.

12/67a Recording of confidential details

The issue has now been discussed at CGWG; CoACs to be asked to seek a technical fix re identification of specialists. FW agreed to look for any official guidance around this issue before Steering group meeting.

Action Items:	Person responsible	Deadline
Discuss pricing statement with CoACS	**KS**	**Nov 2012**
Discuss option for technical fix with CoACS	**KS**	**Nov 2012**
Look for official guidance re identification of specialists	**FW**	**Nov 2012**

12/82 NeLM

DE reported that NICE will start to host NeLM this week. A maintenance contract will continue in the short term to minimise risk in the initial period. NeLM will close end March / beginning of April 2013.

We are now getting closer to a list of what will be included on the new platform and what won't:

As things stand at present communities will be excluded except PGDs (DH mandated). Formularies and UKMi Prescribing Outlook - National Developments will also be excluded due to potential conflicts with NICE positions but would like to incorporate Prescribing Outlook - New Drugs if UKMI willing and is not thought to be commercially sensitive. It was noted that this does not impact on UKMi still producing PO National Developments but will need alternative hosting in place for the 2014/15 report.

Drug Shortage memos also excluded. IFRs identified as useful and NHS Evidence keen to host if UKMI willing to offer them up as part of the package. However in moving from restricted to open access there will be a need to depersonalise both in terms of patient detail and possibly geography and brand clearly as a UKMI product. NICE also to check with MHRA around implications regarding evidence for unlicensed uses.

A service spec for the news service is being drawn up but has had no NeLM input to date, but it is understood that NICE would like current SPC changes service to be incorporated into news.

Q&As will be included but work is needed to rationalise who will have access in a publisher role to add items onto the system. A suggestion of one publisher per regional service has been put forward. There are currently over 70 individuals on the system but it's recognised this list is likely to be considerably out of date.

There is a need to manage the process carefully to avoid performance management issues in future especially where funding is not provided for content - current funding only covers website costs (hosting and staff).

Post April we will need to decide if the UKMi website should be used to host other publications. This will be for future discussion but it was agreed it would seem to be suitable. The new Formulary guideline may help with the process of deciding what goes where. Decisions will also be needed on the placing of historical documents and whether they need to be available for governance reasons. A searchable archive of news was also requested. DE advised that news in future is likely to be updated on a weekly basis as opposed to daily but option for daily will remain. PG noted that the first section of UKMi website which is clinical can be easily changed to allow content management and hosting of these documents. A task and finish group to be formed to take this forward in early 2013.

DE also reported that NeLM Medicines Management library is moving across into NICE.

An external view will be needed as to whether revised news content specification is still useful for MI purposes.

Action Items:	**Person responsible**	**Deadline**
Convene task and finish group for UKMi website	**PG**	**Jan 2013**

12/83 MiDatabank Strategy Group

Steering group meeting in 2 weeks - currently nothing to report

Action Items: Nil	**Person responsible**	**Deadline**

12/84 MiDatabank User Group

BR fed back from the group meeting. A system is needed to allow the prioritization of functionality changes over other changes. BR is still waiting for CoAcS to share the log of existing issues held by them. A written plan for prioritization has been prepared but needs testing. Discussion took place over how to inform and keep wider users up to date – a bulletin board or newsletter were suggested as suitable mechanisms which may also in themselves help the prioritization process through awareness raising. Feedback could also be captured through regional meetings but the proposed spreadsheet itself may have this functionality. The steering group to be asked to pick this up and take forward

It was noted that 73% of centres using MiDatabank V3 now – KS writing paper on overcoming IT issues

Action Items:	**Person responsible**	**Deadline**
Steering group to take development of prioritization process forward	**KS**	**Jan 2013**

Education & Training

Matters arising

11/46 Modernising Pharmacy Careers

The response was submitted as planned. The last meeting of Medical Education England approved the MPC Programme Board Workstream II report. The MPC Board itself will continue as the MPC Professional Board. The report considered that the Pharmacy profession is the worse for not having a structured plan for the post registration period and noted that the independent prescribing qualification the only formal development at present to work towards. It advises that something should be developed for both pharmacists and technicians.

The RPS Faculty proposal is gaining support with work towards developing hosting of specialist curriculum groups by the RPS. The RPS role would be to set criteria as opposed to delivering the progression framework. GPhC will need to be involved at some point – professional regulation and personal responsibility contrast.

There is a continuing review of medicines legislation by MHRA highlighted by a recent joint Chief Pharmaceutical Officer statement (http://www.dh.gov.uk/health/2012/10/cpo-statement/) with more emphasis placed on both professional and self regulation rather than formal legislation. It was agreed a strong professional body would be needed to support this process.

Research Proposal

The ETWG has previously discussed where to go with current products. The tabled proposal was written by Iram Hussein and BR. The intention is to try and use research findings to develop a joined up strategy as to where to go

aligned with MPC programme +/- RPS Faculty development. Ian Bates has seen the paper and provided comments that all professional groups should be doing this. He is very supportive of the approach and can provide advice and researcher time. The latter which would need to be paid for however BR has some funding which could be used. Initial research would be 'hands off' so as not to influence outcome however the Exec will be asked to determine the research questions.

Discussions considered alternative views including that given current uncertainties UKMi should be focusing on highly visible outputs. Delaying the start of this work would enable some input from individuals who for various reasons could not contribute in the short term. Comments were also provided on the content of the paper. Other opinions were that this is an issue now in that some Trusts are unable to deliver suitable training using the existing products.

BR confirmed that this funding wouldn't be available after April 2013 although he could explore paying in advance of the work being completed. Feedback from PDS sessions had included comments that the redesign of services and less MI time available required a broader training set across non specialist MI staff. Broad agreement after discussion was that essentially fewer MI staff are available to deliver this training and existing resources were not necessarily designed for non MI staff.

Modernising Pharmacy Careers was suggested as the key driver for this work as opposed to the medicines optimization agenda but it was generally agreed that the research needs doing sooner rather than later. It would be good to take the proposal to the local networks to get feedback on the suggested approach as well as content. However it was felt the need was to put the work in train rather than rush to get it finished.

After further discussion the majority view was that the research was worth commencing with both short and medium term reasons for doing so. There was however not a complete consensus that the paper as it stands is clear about what needs to be achieved. The research questions and methodology need to be worked on and it was further agreed that it was better to have another independent group carry out the research.

Finally the proposal was considered within the wider context of GPhC revalidation in the next 5 years. Whilst the initial focus was for pharmacists only it would need to sit in a wider framework to include other staff groups.

PG reported a request made from a Deputy Chief Pharmacist looking to include a MI module within a locally run Pharm D course. BR agreed to act as contact. Agreed this fits well into the ACLF but UKMi should not become too closely associated with one university.

Action Items:	**Person Responsible**	**Deadline**
Feedback on research questions and comments on methodology	**All**	**End Nov**
Liaise with IB and clarify funding mechanism	**BR**	**Jan 2013**
Pass BR details to Pharm D course organiser	**PG**	**ASAP**

12/85 Practice Development Seminar

(a) 2012- feedback

A summary paper was circulated. Detailed feedback was reviewed and shown to be very positive. PG reported that the sponsors are happy and currently asking what's happening for next year. Feedback also suggested that a clinical option should be provided in each parallel session.

(b) Future of the PDS

TB has contacted Chris Green who had been positive about the possibility of a joint conference with UKCPA but it would need to be taken to the next meeting of the UKCPA Exec. Warwick have held our provisional slot (Thurs 19th / Fri 20th Sept 2013) until such time that another booking arrives The contract has not been signed due to the financial risk involved. There are issues around availability of Saturdays in both 2013 and 2014 and we would need to amend dates to accommodate if this requirement became necessary through working with UKCPA.

Alternatives could include a 1-day UKMi event in 2013 and a joint conference in 2014. A combined event would attract approximately 250 delegates however we may need to be flexible re sponsor receptions etc

Whatever decision is made planning of next year's programme will need start soon.

Action Items	**Person Responsible**	**Deadline**
Liaise with Chris Green and relay decision to Exec	**TB**	**End Nov 2013**
Consider items for PDS programme	**All**	**Jan 2013**

12/86 National Training Course

The January 2013 course is now slightly over subscribed. It can be run at Leicester but will need extra facilitator support. Consideration was given to the fact if the course is run only annually that technicians could push nominations up in January 2014 although noted that up to 40-45 delegates can be accommodated.

A decision was made to run the course with all nominated candidates this time and monitor rolling nominations.

The ETWG would review training provision for technicians. One option would be to discuss lower place limits with venue in order to increase viability of a 6 monthly course.

PK will help in January as planned. If the course isn't run then regional centres will have to offer bespoke training to meet training needs of newly appointed MI pharmacists.

Action Items:	**Person Responsible**	**Deadline**
Monitor candidate numbers in 6 months	**BR**	**June 2013**
Provide facilitator support if possible for January	**All**	**Jan 2013**
Book provisional date in July	**PG**	**ASAP**

12/89 Technician Scheme reaccreditation (Moved from Clinical Governance section of agenda)

A decision had been taken in March 2011 not to run the course every 6 months. The separate technician course has been successfully integrated into main MI course. Currently every 2 years technicians need to submit completed enquiries to the Board following local evaluation. It is quite a labour intensive process due to need for consistency checking and assurance. There would be some value for both technicians and the Board in doing some of this centrally but direction of travel was for regional input to take place instead. In the first instance reaccreditation is for 2 years carried out by the Board as above with a move after another 3 years with a link to the regional audit cycle. Auditors would need to ensure a sufficient number and range of enquiries completed by technician, are submitted as part of the standard 30 externally audited enquiries. It is recognised that there may be issues if the local centre is not being audited. It could require up to an extra 14 enquiries as part of the audit (2 enquiries per accredited category)

Consideration was given whether should be doing this with technicians as enquiries answered by band 6 / 7 pharmacists aren't similarly examined. However this is replicated with other technician extended role schemes. Part of revalidation may actually bring this to the wider group. For practical reasons it may be preferable to do at a different time to the main audit.

After discussion it was agreed that accepted timescales would be as stated above. To keep as a separate process to regional audit but could be done at same time. Standard is a pass based on recommendation of local MI pharmacist using prepared accreditation package. There are between 40 and 50 accredited technicians in UK but not evenly geographically spread. It is the responsibility of individual technicians to get reaccreditation every 3 years, with sign off ideally by regional Centre. There may be local issues which would be better dealt with by external auditor. Service audit should check as now that technicians are accredited and up to date. If there is no capacity at regional level then Viv Rose can take on at the moment.

Clinical governance

Matters arising:

12/16 Palliative Care Formulary

PG reported that the issue had proved difficult to move forward. The East Midlands Cancer Network has adopted the Palliative Care guidelines (http://book.pallcare.info/). These are now more widely adopted plus website access is free. One drawback is that they don't include compatibility data. West Midlands RMIC is now comparing the Pallcare and PCF websites with the results available in January 2013. Pallcare may be recommended and PCF as additional only. Details will be added to the website although it was formerly called the Palliative medicine handbook and so already on the essential resources list.

12/49 Risks associated with common information sources

It had been previously agreed at CGWG to rename this 'Limitations associated with common information sources'. Will be on web in next week

Action items	**Person Responsible**	**Deadline**
Provide comparison of PCF and Palliative care guidelines	**PG**	**Jan 2013**
Limitations associated with information sources document on UKMi website	**FW**	**Nov 2012**

12/87 Clinical Governance Working Group

A revised user satisfaction survey has now been agreed. It will go on News section of website but an email will also been sent to raise awareness.

The KPI document is also ready to go onto the website. 5 KPIs have been agreed. They should be used with regional collation of data if decided locally to use them. Individual MI centres could use them as a mechanism of informing Chief Pharmacists of activity.

The essential resources list has a revised list of antimicrobial resources following the PDS. Issues remain re Lexicomp which now doesn't have a UK / European presence. Currently there is no promotion or marketing of the product and inconsistent responses to enquiries. It was noted that few local centres are actually using this. Micromedex is standard alternative but also non essential. Local networks should be used to alert centres to potential problems.

A revised IRMIS database has been developed. A prototype training version is available but there are issues with prioritizing RB time for the required technical assistance. FW will write as Chair of CGWG to try and influence this process in the first instance.

A suggestion was welcomed for a newsletter / bulletin to be produced after each meeting to highlight ongoing work.

Action items	**Person Responsible**	**Deadline**
Email alert for new user satisfaction survey	**FW**	**Jan 2013**
KPI document on web	**FW**	**Jan 2013**
Circulate alert re Lexicomp issues to local networks	**All**	**ASAP**
Write to RB formally to request new IRMIS database prioritised for dissemination	**FW**	**ASAP**
Produce newsletter bulletin post CGWG meetings	**CGWG**	**Jan 2013**

12/88 Quarterly IRMIS Reports

A drop-off in incident numbers was noted with a query raised as to whether this could be related to imminent use of the new database. Reassurance was given by FW that all incidents could be transferred to the new database though it was confirmed that some centres had not been reporting onto the system for exactly this reason.

April – June 2012 report. An issue over pressure to produce answer and not negotiating urgent deadlines in relation to non urgent clinical enquiries was also discussed which would be pulled out as a learning point in the report.

June – September 2012– report received. Specialist pharmacist advice noted to be incorrect in one enquiry.

Action Items:	**Person Responsible**	**Deadline**
IRMIS reports to be finalised and circulated with additional learning points as agreed	**FW**	**Dec 2013**

Patient Safety

Matters arising

11/22 Assessing the safety of new medicines

TB and BR leading on this work. Focus is on the safety in use of new medicines but remit has now expanded to include for example safety of any switch from one product to another eg generics switching, including switch new medicines as before. A national group has been formed with input from UKCPA and National QA group.

The tool structure has been developed with 7 themes.

- Name labeling and packaging – sound alikes, look alikes
- Licensing status – licensed and unlicensed. Contract changes
- Product use and dosing – builds on NPSA experience e.g. includes consideration of missed doses, loading doses
- Clinical implications – eg narrow therapeutic index, probably not 'standard' contraindications and interactions. Needs to be a line between what is already on SPC and not replicating this but highlighting problems in use e.g., some antibiotics where all brands aren't licensed in children.
- Preparation and administration (NPSA 20)
- Distribution storage and supply chain issues – eg in CMU assessments
- Impact of setting e.g., drug used across primary secondary care interface

Final product will be a checklist as opposed to a scoring tool or RAG rating with fairly directive questions e.g., does it have a UK marketing authorisation? Need to decide what questions are before considering organizational roles.

The tool should be able to be incorporated into national PQA process. Themes have been started to be populated with questions and a template has been produced. David Cousins has indicated tool could be endorsed by the NCB Safety arm. The final question list is likely to be long but agreed it may need to highlight a question subset that could be used as initial 'filter'.

DC keen to see final draft by Christmas. Attending January meeting and will bring NRLS data to test the tool to see if it would have predicted the issues that did actually arise. Tool should also be of use when product shortages arise. Need to have further discussions as to when exactly the checklist would be used eg at APC. If CMU have already applied the tool on nationally contracted items then that would be helpful or UKMi could do so for newly licensed medicines. Also considered useful for Pharma as would be useful in helping to formulate products prior to licensing process. Query exists over possible commercial interest.

Content of the clinical implications section was discussed. By next meeting a fuller tool will be available for sharing which will be based on qualitative rather than quantitative assessment and highlight issues APCs won't normally consider. Next debate is to decide how or whether UKMi pick up and take forward in doing first assessment for newly licensed products. We should encourage sharing where assessments are done locally.

CP has developed a list of questions for injectable meds developed for CMU. JW has a list for procurement in Scotland which may also be helpful.

Action Items:	**Person responsible**	**Deadline**
Circulate draft tool for comment	**BR**	**Jan 2013**
Consider role of UKMi in using tool in practice	**All**	**Jan 2013**

12/90 Medication Safety in Care Homes

Discussion as to what could be shared with the National Care Forum project team. FW and DE already in discussion re. a drug monitoring requirement list. The existing document on NeLM has not been updated in last 3 years. Noted that a major aspect in CHUMS report was lack of appropriate monitoring. Agreed to forward details of relevant documents to TB who will collate and send to project team. Some Q&As have been written specifically with care homes in mind eg missed doses.

TB will check who is working with National Care Forum from the RPS and will send MO consultation as well.

Action Items:	**Person responsible**	**Deadline**
Forward relevant documents to TB	**All**	**Jan 2013**
Liaise with NCF Project team	**TB**	**Nov 2012**

12/91 National Audit of antidote stocking in acute hospitals in the UK

For info only. Various centres already involved in re-auditing and assessing practicalities of sharing resources across more than one Trust.

CP raised issue whether monographs on injectable medicines involved are available. Newcastle agreed to help to produce these.

Action Items:	Person responsible	Deadline
Review whether monographs available for injectable antidotes	**CP**	**Jan 2013**
Aid with production of monographs	**SD**	**Jan 2013**

Liaison with other groups

Matters arising

11/66 RPS professional standards for hospital pharmacy

These are now being tested in pilot trusts. One domain notes the need for access to a pharmacy led information service meeting national standards. It does not specify the service has to be in-house or highlight any evidence required around its use. Other relevant statements will be pulled out and put on UKMi website for reference.

12/70 MHRA Public consultation (MLX 376): Proposal to introduce an early access to medicines scheme in the UK

Comments received changed the overall view of draft response by the New Products Working Group. Final response now submitted. Discussion re UKMi consultation responses in general and need identified to put onto the UKMi website as evidence of our engagement with external groups.

12/71 Joint working with Procurement and QA on unlicensed medicines

CP reported this was no further forward and was at a very early stage

Action Items:	Person Responsible	Deadline
RPS Standards for Hospital Pharmacy – relevant statements on website	**PG**	**Jan 2013**
Responses to external consultations to add to website	**PG**	**Jan 2013**

12/92 NICE Workshop – Support for prescribing in the digital age'

For information TB to follow up invitation

Action Items:	Person Responsible	Deadline
Follow up invitation	**TB**	**Dec 2013**

12/93 UKMI-NHS Direct – Update

PG reported on the current situation

- 3 month roll over extension until June 2013. 111 not ready to go forward as originally planned.
- Now know where NHSD sites are that 111 haven't contracted with. Paper written by DW & RC has been very well received and taken as basis for going forward with 111 business. NHSD Board meeting will take this forward in December and training needs for 111 will become clearer though volume still unknown.
- Medicines enquiry service. AJ has reported that responsibility for this decision has passed from DH to NCB. A decision is expected by the end of November.

Whatever decisions are made it is clear that support requirement from UKMi will be significantly smaller than currently. TUPE implications were discussed which would apply if greater than 50% of an individuals employed time was sent on NHSD work. Noted that this may apply to more than 2 UKMi NHSD Leads.

Once specification is available a discussion will take place whether UKMi as a whole or individual centres wish to continue with this work and a decision made by UKMi Exec. The SLA notice period is expected now to start in January.

Action Items: Nil	Person Responsible	Deadline

UKMI Executive Issues

Matters arising

12/08 Monitored Dosage System Database development- update on progress

Work ongoing and noted success with chasing up information from industry. Agreed end of Jan 2013 as final completion date. TB & PG to discuss formatting for database by Jan 2013 and will need to decide what information will be included. The database will sit on UKMi website. An electronic format only will be supported to aid updating. To be emphasised that is purely about stability issues and not operational recommendations. Next Exec meeting to discuss delivery / accessibility / promotion of database

12/25 Proposal to add regional produced QIPP documents to the Work in Progress database

Complete

12/59 NICE Good Practice Guide on Formularies Project – consultation

Response submitted. Main points were around some appreciation of supra regional non NICE structures that support formulary ie MI, and particularly around Horizon Scanning and regional support functions which could pull expertise and help formulary discussions. A list of UKMi produced resources was included. Still on schedule for publication with an evidence review committee meeting in December.

12/60 DH Task and Finish Group on Formularies

Discussed

12/75 NICE Formulary Adherence Checklist

Discussed. Trusts should be publishing this from April 2013.

12/74 Alternatives to Mailtalk

No progress made with Discuss This who would have been more flexible re charging. Can go with L - Soft quite quickly however costs would be £3-4k per year due to traffic volume and would need to cut down on 'noise'. Works out at around £15 per local centre per year and may be subsidised by regional centres (£350 pa). Some concern was expressed that this would need to be locally justified and could not be guaranteed. Could go onto essential resource list. Needs to be paid monthly in dollars – one regional centre to lead. Need to tidy up lists and produce guidelines on how to use. Decision made to go ahead with this option and host will change at the end of December 2012. Noted that able to have searchable archives with this option.

Action Items:	Person responsible	Deadline
Determine formatting of database	**PG, TB**	**Jan 2013**
Consider promotion and communication strategy for MDS information	**All**	**Jan 2013**
Progress transfer of discussion platform from Mailtalk to L-Soft	**CP**	**Dec 2012**

12/94 UKMI Support for Medicines Optimisation

(a) Consultation on UKMI paper

TB provided as summary of meetings and feedback to date. Sensitivities discussed and noted around involvement of devolved administrations.

Major consultees were generally very supportive though some meetings reported as less strategic in nature.

A follow up meeting has been arranged with the RPS in January 2013 once responses back plus support for patient information related work.

Still to contact:

RCGP - TB to follow up with RPS

PQA – SD to liaise with Alison Beaney

National procurement Group - DE

RCN - DE.

Health Foundation – involved in patient engagement & shared decision making – BR to contact

AHSN – academic health science network. SW to seek reply from Martin Stephens

Guild of Healthcare Pharmacists– TB

Public Health Network – All to consider any contacts

Academia - TB to liaise

MHRA – TB to check

Local level consultation – RMICs to liaise with Chief pharmacist groups, PCT networks and MI pharmacists. Informal feedback to date noted as positive.

TB to contact Graham Cox re liaison with Yorkshire Chief Pharmacists. SD to contact HoMMS in Yorkshire

(b) RPS Working Group

As above

(c) Pharmacy Management National Forum. 'Medicines Management to Medicines Optimisation – Making the Journey' 15th November 2012

Noted with 2 UKMi posters accepted.

(d) Review of working groups / subcommittees

Agreed to review the current subgroups in March 2013, agree Terms of Reference and set work programmes. Annual report plus work plans will be required and the group size needs to be appropriate to workload to allow targeting of resource. TB will update summary of current groups. Recognised possibility of move to a more task and finish method of working as this has worked well in the past e.g. around patient safety issues.

New groups may need to be formed once consultation process is complete for example around preparing information for patients but decisions will be taken after discussion in March

Action Items:	Person responsible	Deadline
Follow up MO consultation with nominated organizations as above	All	Dec 2013
Continue with local meetings	All	Dec 2013
Add working group / subgroup discussion to agenda for March 2013	SD	Mar 2013

12/95 Dates and venues for 2013 meetings

Dates amended following discussion, January teleconference may need to become a face to face meeting depending on consultation feedback. Decision to be made before Christmas.

Action Items:	Person Responsible	Deadline
Decide on format for January meeting	TB, SD	Dec 2012

Communications/ AOB

Future commissioning arrangements.

Information was shared and discussed about the current progress with securing agreements for funding and commissioning of regional pharmacy specialist services. It was stressed that this information should not be shared outside the group at this stage.

TB Raised role of UKMi in providing information to patients. Are there Q&As where a patient version could be produced – e.g. missed dose? To be further discussed after the consultation has closed. Existing NHSD Q&As discussed as part of this resource. ASHCP has patient facing part on website which could provide format for UKMi website or put work into finding suitable partner.

CP reported on the Injectable Medicines Guide. Anne Jacklin is leaving her post. Robin Burfield will prepare options paper for Pharm Press. Discussed possibility of other sponsors / advocates. Small group to work through options and determine preferred solution. Group will consider what UKMi could provide and what resources and funding would be required if no practical solution found with RPS publishing. Current arrangement doesn't cover production costs only IT support and hosting. Long term future needs to be an IT based solution. Meeting to involve RB, SK, PG, CP, and DE hold early Feb 2013 …BR to consult with David Cousins to see if interested / supportive of moves forward. Meeting of QA group for consistency checking also to be organised – some differences are emerging. To be held in Derby, Birmingham or LPET.

SD – Has been asked to join Steering Board for Prodigy

TB – on topic selection group for unlicensed meds also SW CP and DE

BR – Highlighted issues around Moorfields - now unable to provide specialist service related to drugs in the eye. Trying to obtain list of Q&As to try and deliver some support but Moorfields not keen on this as way forward. Will be producing an in house list of common queries which could be shared and regional centres can be approached for help.
BR is working with a generics company to help develop a list of Vit D products to take to license - a reasonable range of licensed products has been developed.

FW – Now that BNF updated monthly a newsletter is available which lists what has been updated – but need to register through publisher to get it

PG – Psychotropic drug directory – a number are available to distribute to key organisations from Lundbeck. Regional centres to email PG numbers needed to distribute locally.
Queried what is happening with Patient outcomes study. First part has been accepted for publication by IJPP. Still writing up 2nd part - BMJ Quality and safety. Alice Oborne also involved. BR will confirm

DATE OF NEXT MEETING –	
2013 Exec meetings:	**Teleconferences:**
Tuesday 19th / Wednesday 20th March - Derby	**Wednesday 23rd January**
Wednesday 26th/ Thursday 27th June - Derby	**Friday 10th May**
Thursday 14th / Friday 15th November – London	**Wednesday 18th September**