

# UKMi Executive Meeting

14<sup>th</sup> & 15<sup>th</sup> November 2013  
Midland Hotel, Derby

Chair: Ben Rehman

Secretary: Sue Dickinson

## Attendees:

Trevor Beswick (14<sup>th</sup> only), Graham Cox, David Erskine, Peter Golightly, Christine Proudlove, Katie Smith, Janice Watt (14<sup>th</sup> only), Simon Wills, Fiona Woods

## Observing:

Vanessa Chapman and Sue Carr (Trent), Jim Glare and Sarah Fenner (West Midlands).

## Guests:

Dave Branford attended at 11.30am on the 14<sup>th</sup>

Catherine Duggan dialed in at 10am on the 15<sup>th</sup>

## CONFIRMED MINUTES

### 13/77 Apologies for absence

Melinda Cuthbert, Karen Harkness, Claudine Hughes, Paula King, Craig Rore,

### 13/78 Minutes of previous meeting 12<sup>TH</sup> September 2013

Minor amendments made and accepted

### 13/79 Matters arising not on the agenda

HEFC response complete and ready for submission. *Post meeting note - submitted*

Antidote holdings work still underway – awaiting release of advice through DH Gateway process. Some concerns exist re associated costs but discussions held with twelve Trusts. Also, it is important to stress to Chief Pharmacists that holding the recommended selection of antidotes is something they should have been doing anyway, so this is not really a new cost pressure. There are also of course patient safety consideration if antidote holdings are inadequate. Holding arrangements for supra regional list yet to be determined

Injectable Medicines Guide – meeting now arranged. To consider position within SPS developments

Action Items: Nil	Person responsible	Deadline
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## IT

### Matters arising.

13/37 DE reported that NICE Evidence again has a questionnaire available focused this time on how information is presented. All to encourage completion.

Action Items:	Person responsible	Deadline
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RMICs to encourage completion of questionnaire locally

All

ASAP

### 13/80 IT Task and Finish group.

Paper circulated. Discussion held around existing nationally available MI resources hosted across various websites as part of SPS discussions. Next step will be to gather similar information from QA and procurement groups. Consideration to be given to fronting resources with a SPS portal as an interim measure.

Action Items:	Person responsible	Deadline
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Take forward scoping work for other SPS web resources

PG/DE

Jan 14

Assess potential for SPS portal as interim measure

BR/DE

Jan 14

### 13/81 MiDatabank and enquiry sharing

Teleconference for steering group held. Noted that some issues still exist with progressing enquiry sharing due to software installation delays and firewall issues. December's meeting to be cancelled due to expected lack of progress to report.

Still awaiting single document from CoACS covering all governance / IP issues encountered to date. This document needs to draw together all the previous multiple documents and views that have been expressed into one place.

London NWP and Newcastle awaiting firewall solution. *Post meeting note – E Anglia able to upload enquiries*

<b>Action Items:</b>	<b>Person responsible</b>	<b>Deadline</b>
Contact CoACS re agreed documentation	<b>KS</b>	<b>Jan 14</b>
Continue to pursue enquiry sharing through pilot at earliest opportunity	<b>All</b>	<b>ASAP</b>
Re-schedule meeting of steering group with CoAcS for early 2014 once a number of centres have some experience of sharing	<b>KS</b>	<b>Jan 2014</b>
<b>Education &amp; Training</b>		
<b>Matters arising</b>		
13/39 PDS 2014 liaison with other groups		
<p>A teleconference was held with Chairs of QA and Procurement groups to ascertain the likelihood of delivering a joint event in 2014. Whilst broad support exists for the principle, it was considered that this is not possible to implement for 2014. It was agreed, however, that if possible a common core presentation from an SPS Board Member should be incorporated as an item into each freestanding specialist event in 2014. The discussion widened to consider a better understanding of how other SPS functions work at local, regional and national levels. It was agreed that sharing such would be useful as we work towards a more joined up solution for SPS in the future.</p> <p>Noted that UKMi can fund a one day conference at Birmingham as an interim solution based on income from previous years. Agreed to book the same venue as for 2013 once dates are agreed. Micromedex to be approached for sponsorship.</p> <p>13/62 technician accreditation on revised National course. FW reported that this was not felt to have been an issue to date. As the training course is a fundamental first step in the process we need to ensure that all technicians who want to start would get on the same training course. There may as a result be an issue with increased delegate numbers every couple of years and we need to provide work arounds as necessary</p>		
<b>Action Items:</b>		
<b>Person Responsible</b>		
<b>Deadline</b>		
Put PDS on agenda for January to agree dates	<b>SD</b>	<b>Jan 14</b>
Contact Micromedex	<b>PG</b>	<b>Jan 14</b>
Draft a document outlining what MI delivers at local, regional, and national level. The SPS review responses will need to be worked in here. Share with Chairs of the other national specialist pharmacy groups.	<b>BR</b>	<b>Mar 14</b>
<b>13/82 PDS 2013 Feedback</b>		
KS reported 122 responses had been received from 150 delegates. Really good feedback overall and happy with both electronic proceedings and 1 day event. Noted that we are unable to provide breakout rooms as per some suggestions without incurring additional cost. To consider a networking event/dinner the evening before the next PDS.		
<b>Action Items: Nil</b>		
<b>Person Responsible</b>		
<b>Deadline</b>		
<b>13/83a National Training Course arrangements</b>		
Revised national rota prepared and circulated going forward to 2020. Courses are now 9 months apart with two centres working together with admin support from Sandra Wharton. Various SOPs are available. Main issues are to confirm speakers to deliver the pre-prepared content.		
<b>Action Items: Nil</b>		
<b>Person Responsible</b>		
<b>Deadline</b>		
<b>Clinical governance</b>		
<b>Matters arising:</b>		
13/17 & 13/24 Renal Drugs Handbook & Medicines Complete Update. RDH not yet published and no communication. TB to take over liaison with publishers. Meds Complete – trying to meet before Christmas re subscription costs for existing subscribers		
13/65 Responses to BNF and NICE. Have agreed content of response to BNF. NICE response done		
<b>Action items</b>		
<b>Person Responsible</b>		
<b>Deadline</b>		
Progress RDH and Medicines Complete negotiations	<b>TB/ PG</b>	<b>Jan 14</b>
Respond to BNF	<b>FW</b>	<b>Jan 14</b>

<b>13/83b UKMi Lead for resource negotiations 2014 onwards</b>		
<p>It is currently unclear what arrangements post February will be re Director level role at Trent. PG reported that following consideration of work currently undertaken, most could be continued at Trent until the SPS review is implemented.</p> <p>A paper was tabled relating to finances. All remaining NHSD invoices (Q3 and 4) need to come in by end of December in a change to the previous schedule.</p> <p>Negotiations Leads for resources identified: Medicines Complete (Wessex), Meylers (East Anglia), Renal Drugs Handbook (Bristol), Natural Medicines Compendium Database (Wales), John Hopkins (GSST), Adis R&amp;D Insight (Newcastle).</p> <p>Admin support – detailed in paper</p> <p>Bristol and Newcastle possible hosts for UKMi finances in future</p>		
<b>Action items</b>	<b>Person Responsible</b>	<b>Deadline</b>
Circulate contact details for resource negotiations	PG	Jan 14
<b>13/84 Clinical Governance Working Group</b>		
<p>Numbers of centres with a current audit still to be finalised</p> <p>Previously identified calculations work needs refreshing before circulating for comment. Noted that Plymouth medical school has a freely available calculations App.</p> <p>Melinda Cuthbert joining the CGWG. FW reported that the essential resources assessment tool seems to work well and takes about 1 hour to put resources through. Same centres as before will be part of the trial.</p> <p>The latest IRMIS report had been previously circulated. The same issues exist re calculations and relying on one resource for an answer without checking elsewhere. Concerns are highlighted around pharmaceutical industry information provision. Noted there is some difficulty in opening discussions with PIPA at present. PG to circulate industry incident template but also encouraged individuals to complain to the company involved.</p>		
<b>Action items</b>	<b>Person Responsible</b>	<b>Deadline</b>
Progress Calculations update	TB	Jan 14
Present details of centres with current audit	TB	Jan 14
Circulate industry incident template	PG	Jan 14
<b>13/85 Patient helpline standards</b>		
<p>Standards have been to UKMi Patient Facing Info group and CGWG for comments. RPS are keen to joint badge – able to link in with Hospital Pharmacy standards etc</p> <p>Discussion followed around need for patient input / consultation particularly for these standards given the patient focus. Issues around confidentiality need to be covered as well as practicalities where run outside of MI. There was a general consensus about the desirability of endorsement of other UKMi standards.</p> <p>Noted that MPC2 will drive the assessment of competency in consultation skills.</p> <p>Whilst helplines are not necessarily run as part of MI but they could be included as part of the 3-yearly audit. They may also form the basis of a parallel set of standards for non-hospital help lines and more generally information for patients around their medicines. SW will share at next meeting what is happening locally.</p> <p>Needs patient endorsement and RPS badging</p> <p>Final document would become part of national standards for MI</p>		
<b>Action items</b>	<b>Person Responsible</b>	<b>Deadline</b>
To share local implementation progress of Patient helpline standards	SW	Jan 14
To consider and incorporate comments from Exec	SW	Jan 14
<b>Patient Safety</b>		
<p>Matters arising</p> <p>13/69 circulate Drug Shortages Memos when available. Only one has been actioned to date. Spreadsheet of shortages will go onto E&amp;SE SPS website. This ensures it is freely available and a stop gap until clarity around SPS direction is available</p>		
<b>Action Items: Nil</b>	<b>Person responsible</b>	<b>Deadline</b>

### 13/86 Injectable Medicines Guide

Paper circulated. Reported that there are two amendments to printing options e.g., can put a local 'do not use after' date.

MHRA Drug Safety has caused confusion on a couple of occasions due to a lack of clarity of content. Agreed that engagement with the MHRA should be a broader discussion than purely injectables and in partnership with SPS colleagues. To discuss locally with QA colleagues and agree a best way forward.

Noted that the writing guidelines have recently been amended however it is unclear where the paediatric group check comes in relation to the UKMi check. Process to be firmed up with clarification on editorial process.

The NHS England Medicines Safety collaborative through David Cousins to be consulted in relation to expectations around the future position of the IMG

Some other features reported e.g. now to include latex content with authors adding the information although decisions still to be made re wording. Guidance on osmolarity and implications for patient experience/care also require decisions to be made around wording of advice

Funding streams being sought for App development. Discussion took place around a future approach to these and other issues with the formation of a multidisciplinary oversight group suggested as the most appropriate mechanism.

Discussion around the development of the IMG in light of SPS review. Agreed that some form of oversight board for the future development of the resource would be an ideal way forward, but that this needs further discussion across SPS and with Sue Keeling etc. It has been indicated from the SPS review authors that getting on the front foot with planning for delivery of the IMG and moving to a new model will be a definite expectation of the review.

Action Items:	Person responsible	Deadline
Discuss approach to MHRA safety issues with local SPS colleagues	All	Mar 14
Progress discussions with SPS colleagues and current IMG support as to how future delivery model for IMG can be achieved given likely SPS review recommendations	CP/BR/DE/PG	Mar 14

### 13/87 Patient Facing Information Task and Finish Group

Paper circulated. Group has held its first meeting with a mix of MI and others acting as an expert group with a clear need to take care not to reproduce information already available. Focus to be signposting health professionals to existing resources/guidance. A teleconference will follow as to how to take forward.

GC to prioritise ideas and produce draft action plan and bring back to Exec. Tie into what happens with NHS Choices.

Noted that BR has been contacted by the National Osteoporosis Society to produce patient leaflets re Vit D products

Action Items:	Person responsible	Deadline
Prioritise work and develop draft plan for consideration by Exec	GC	Mar 14

### 13/88 NHS England Patient Safety Work

The tool to assess medicines presentations is now validated. Paper circulated. For first set of products, NWP and Bristol will get product details where issues arose. Agreed that others in network will put through the tool and then with NWP and Bristol write a report for each.

Needs further work up and approach for working with other SPS groups and then agreement with NHS E as to how to take forward. Patient Safety Task & Finish group will have an input. Newcastle, E Anglia, Trent, Liverpool, and Cardiff to participate as outlined above. To put a plan forward to NHS E on taking forward.

Action Items:	Person responsible	Deadline
Progress testing with other RMICs	TB/BR	Mar 14
Develop plan for submission to NHS England	TB/BR	Mar 14
Pursue this and other patient safety priorities through the patient safety task and finish group as appropriate	BR/CP	

<b>Liaison with other groups</b>		
<p><b>13/89 RPS Discussion</b></p> <p>Catherine Duggan joined meeting via teleconference.</p> <p>SPS letter – to be forwarded to Helen Gordon with clear next steps. Will include other areas of UK to promote lobbying in parliament. BR to follow up and reiterate risks to wider network. CD will support where possible</p> <p>Partnership agreement – will follow the PEDC outline and identify mutual streams of work. Partnership meeting is being held at the RPS and agreed it would be useful for UKMi rep to attend. Discussion held around affiliated partner status. Examples of joint work areas could include professional standards – could have / work towards RPS endorsement. Raising profile of UKMi to wider public.</p> <p>Implementation of ‘Now or Never’. UKMi keen to support implementation and have identified a clear role for MI underpinning new models of care. Also supportive of other initiatives e.g., pharmaceutical care in Scotland</p> <p>Noted that the portfolio in support of Faculty application doesn’t need to be pitched at a particular level as this will be determined after submission. Commitment expressed from Exec to support people where possible through Faculty accreditation process.</p>		
<b>Action Items:</b>	<b>Person Responsible</b>	<b>Deadline</b>
Liaise with RPS over SPS development	BR	Dec 13
Develop agreement for UKMi with RPS that is more similar to that which has been developed with PEDC	TB	Mar 14
Identify attendee at RPS partnership meeting	BR/DE	Dec 13
<p><b>13/90 Online clinical journal proposal</b></p> <p>Briefing note circulated. Part of Faculty purpose is to provide a platform for members to get publication earlier than is currently possible. Agreed that is useful to be part of this development work and could help to raise profile of MI. Discussed ongoing role of PJ and whether this route could be developed with support.</p> <p>Tb to progress</p>		
<b>Action Items:</b>	<b>Person Responsible</b>	<b>Deadline</b>
Progress contact with Journal editorial board	TB	Mar 14
<p><b>13/91 CPPE joint working initiative</b></p> <p>Reported to be progressing well. MiCal for primary care content now complete and being checked; to be launched Jan/Feb 2014. Will be promoted via MPC associates cascade and locally</p> <p>ADR safety App less advanced but moving forward. Two eChallenges submitted in the last month. E-critical appraisal work also to be shared with CPPE. Future work will consider tailored support for community pharmacy</p>		
<b>Action Items:</b>	<b>Person Responsible</b>	<b>Deadline</b>
Pursue promotion of MiCAL for primary care, in particular through MPC associates programme	BR	Feb 14
Pursue ADR medicines safety app work with the Patient Safety Task and Finish Group	BR	Ongoing
<p><b>13/92 UKMI – NHS Direct</b></p> <p>NHSD will no longer be a Trust from April 2014. Online content may be commissioned for one more year but will be passed to another organisation to umbrella. CHIMES and the dental nurse advisory service will be discontinued. Therefore should not plan on any formal business relationship post April 2014. TB and PG to arrange to speak to AJ regarding notice arrangements.</p>		
<b>Action Items:</b>	<b>Person Responsible</b>	<b>Deadline</b>
<b>Speak to AJ re exit strategy from current SLA</b>	TB/PG	ASAP
<p><b>13/93 NICE</b></p> <p>Noted that DE has been accepted onto the Short Clinical Guideline Development Group for Medicines Optimisation</p> <p>NICE Evidence Student Champions. One day courses are run by NICE for selected medical students and pharmacy students. They are meant then to cascade their knowledge but there is some uncertainty as to effectiveness. DE has been approached by NICE to ask if UKMi would be interested in delivering the pharmacy days once per year. NICE will provide materials but no other funding. BR, DE and SW to meet with NICE to discuss provision/development of training package – could be e- learning, to facilitate this training.</p>		

<b>Action Items:</b>	<b>Person Responsible</b>	<b>Deadline</b>
Inform DE if interested in delivering training to local Schools of Pharmacy	All	ASAP
Meet with NICE to scope development of a bespoke training package	BR, DE, SW	Mar 14
<b>UKMI Executive Issues</b>		
<b>Matters arising</b>		
13/54 Medicines Optimisation Consultation statement to respondents - complete		
<b>Action Items: Nil</b>	<b>Person responsible</b>	<b>Deadline</b>
<b>13/94 R&amp;D Working Group</b>		
2 papers circulated. Group has responded to direction from Exec. Current position is to await SPS report before taking on new research therefore the research strategy will be set aside at the moment.		
Now a small core group with membership to expand outside of MI (e.g., RPS, Schools of Pharmacy). Health service research contacts to be provided by BR & CP. Intend to focus around the work plans of other work groups through the Chairs of each group and to help them deliver or publicise work. Exec to determine priorities across the groups in January 2014.		
Research zone will be kept up to date, run research clinics and produce a research bulletin. Also hope to work with authors of successful posters at the PDS to get them published and seen by a wider audience.		
<b>Action Items:</b>	<b>Person responsible</b>	<b>Deadline</b>
Provide contact details for Health Service Research groups	CP/BR	Jan 14
Produce list of research projects for the Exec which the group can then prioritise as to what we feel should be pursued	SW	Feb 14
<b>13/95 MDS Database</b>		
Now launched. Restricted to UKMi user group until mid-2014 to gain feedback and experience in use particularly around amber categories. Content should be updated at least every 2 years. RMICs to maintain responsibility for chapters they prepared and to organise own mechanism for review as well as horizon scan for new drugs as launched. Noted that entries are now dated.		
Some difficulties reported gaining entry to database as not found to be intuitive – will be explored. Access for individual users outside MI can be allowed on an individual basis where a case is made and confidence exists in ability to interpret advice. Need to minimise risk that MDS preparation is stopped because of risk ratings.		
<b>Action Items:</b>	<b>Person responsible</b>	<b>Deadline</b>
RMICs to plan individual programme for updating	All	Ongoing
Amend entry page	TB	ASAP
Plan wider access to database outside MI	TB	June 14
<b>13/96 Trent MI Input to UKMi</b>		
Discussed under 13/83b		
<b>Action Items: Nil</b>	<b>Person responsible</b>	<b>Deadline</b>
<b>13/97 UKMi Schedule of Costs and future financial arrangements</b>		
Discussed under 13/83b		
<b>Action Items: Nil</b>	<b>Person responsible</b>	<b>Deadline</b>

### 13/98 Commissioning arrangements for English MI and other specialist pharmacy services in 14/15. Potential scenarios and tactical responses

Dave Branford Chair of RPS English Pharmacy Board in attendance for part of discussion on day 1

Paper prepared and scenarios for 14/15 scoped.

Noted that there have been differences in approach from the CSUs appointed to host SPS for 13/14. Some invoicing has taken place whilst other providers have opted to send letters to CCGs. BR to summarise for Directors where individual RMICs are up to for internal use. To consider writing to KR pressing for a solution.

RPS keen to support SPS development. Use briefing sheets to advocate. Commissioning Models of Care report places onus with RPS to drive profession. Briefing sheet will help rest of RPS board (England and Scotland) to understand issue. Useful to have two versions of briefings – one general and one higher level. PAG also to be approached in due course. ATHP GHP, ABPI, NICE, patient safety directorate at NHSE, chief pharmacists national network may also be useful contacts.

Commissioning models of care. Would be helpful for UKMi to identify where it could support this work. Infrastructure lacking now to develop similar innovative services. Noted that MI already supports many of the areas highlighted in the report and that these will be at risk due to the current position with the SPS review

A meeting is to be held between RPS and 111 providers next week. Noted that the patient helpline standards may be useful. Briefing paper to go to RPS detailing what could be done to support 111 based on NHSD work. PG to prepare briefing

Action Items:	Person responsible	Deadline
Prepare briefing papers re SPS for lobbying within the RPS.	BR (+ David Webb)	ASAP
Prepare briefing paper on possible UKMi support for 111	PG	ASAP

### 13/99 Strategic outlook in light of review of specialist pharmacy services in England and other drivers.

A wide ranging discussion was held covering offer of support from Clare Howard and input through UKMi Exec.

Consideration given to:

RPS Future Models of Care Paper

NHS England Specialised Commissioning meeting

Planning for SPS paper

UKMi badged externally facing outputs analysis – completed across all outputs at a national level

Action Items:	Person responsible	Deadline
Attend meeting with Claire Howard along with 3-4 other Directors	BR	Nov 13

### Communications/ AOB

SW – NICE Formulary Adherence checklist now also hosted on Wessex AHSN website as a means to ensuring latest version is easily accessible.

Pre reg training standards for MI developed within Kent area which aims to deal with the multiple standards previously being applied

SD – Raised changes to MHRA Drug Alert cascade system as well as recent issues around late circulation of a Class 2 alert on a Friday afternoon. Highlighted potential for UKMi support to Eclipse.

PG. lactation database fully launched and implemented. To send standard email for onward circulation

PG to forward contact details for RMICs in Trent / West Midlands -

Action Items:	Person responsible	Deadline
Investigate potential for MI provision to Eclipse	KS	Mar 14
Circulate standard email promoting Drugs in Lactation database	PG	ASAP
Send contact details for Trent / West Midlands leads	PG	Jan 14

### DATE OF 2014 MEETINGS –

6<sup>th</sup> / 7<sup>th</sup> February – Derby

25<sup>th</sup> June – Teleconference

18<sup>th</sup> March – venue tbc

6<sup>th</sup> / 7<sup>th</sup> May - London

September ( to confirm date once PDS agreed) – Birmingham

27<sup>th</sup> 28<sup>th</sup> November – Derby