

UKMi Executive Meeting

12th September 2013
Birmingham
11am

Chair: Ben Rehman

Secretary: Sue Dickinson

Attendees: Trevor Beswick, Vanessa Chapman (afternoon only), Melinda Cuthbert, Sue Dickinson, David Erskine (from 12.00), Peter Golightly, Karen Harkness (from 12.30), Paula King (from 12.30), Helen Davis (for Christine Proudlove), Ben Rehman, Katie Smith, Janice Watt (from 12.30).

APPROVED MINUTES

13/55 Apologies for absence

Graham Cox, Claudine Hughes, Christine Proudlove, Craig Rore, Simon Wills, Fiona Woods

13/56 Minutes of previous meeting 26th & 27th June 2013

Accepted with minor amendments

13/57 Matters arising not on the agenda

UKMi Excellence award – Agreed to start nomination process earlier next year and encourage more local nominations. Directors to look for possible candidates on an ongoing basis.

MPC – HEFC consulting on undergrad numbers in response to CFWI report. UKMI to submit a response TB to share draft response with BR and SD. Workstream 1 – still working through case for change. Workstream 2 –now considering GLF. Recognise need to progress specialist syllabus through Workforce Development Group.

Improving the holdings of antidotes in acute trusts – the paper on implementation of the revised 2013 CEM/NPIS recommendations for antidote holdings identified a total implementation cost of approx. £4M, with majority of this related to changes to recommendations surrounding fomepizole. KR is working with Keith Willetts with regard to possible DH/NHS England endorsement of the CEM/NPIS advice and its implementation. No further information is available to date. BR to keep group updated.

Injectable meds guide – potential exists to further develop the National IV guide in light of the review of SPS in England. A full review and options appraisal really needs to be conducted as to how this might be moved forward on a national (England) basis in the first instance. The first element of such will be to bring all the interested parties together and to define what might be achievable in broad terms, mindful of the SPS review. The contribution of the devolved administrations (particularly the IT support provided by Wales) will need to be considered in such a discussion, as will access and funding arrangements for these geographies. PG, CP and BR to discuss and then arrange to meet the various interested parties including Sue Keeling and others.

RPS – UKMi signed a partnership agreement. Agreed to explore with RPS delivering a joint set of targets. Partnership agreement, ACLF, outputs with joint interest, enquiry referrals, future for RPS library service. Invite RPS to November meeting

Action Items:	Person responsible	Deadline
Prepare response to HEFC consultation	TB, SD, BR	asap
Continue to pursue release of revised antidote recommendations from DH/NHS E and implementation of the advice	BR	Oct 13
Injectable Medicines Guide – meeting to be arranged	PG, CP & BR	Dec 13
Invite RPS to November meeting	BR/SD	Oct 13

IT

Matters arising.

13/37 NICE evidence work arounds – Agreed that existing knowledge in the system should be used. Will feedback to NICE directly any ongoing issues.

Action Items:	Person responsible	Deadline
Provide feedback to NICE on any ongoing issues	DE	Dec 13

<p>13/58 IT Task and Finish group. Stock take to be undertaken in October of all websites then will use as basis for work at Nov/Dec meeting. Costs involved need careful consideration as does move to any future SPS website. Noted that the UKMi website front page has been redesigned to enable easier access to clinical resources.</p>		
Action Items:	Person responsible	Deadline
Carry out stock take of websites	PG/DE	Nov 13
<p>13/59 MiDatabank and enquiry sharing</p> <p>Bristol, Newcastle and E Anglia have had IG approval to go ahead as pilot centres; however, CoACS has not yet progressed this work. A query re data protection and FOI issues has been raised which needs to be addressed and the IG document amended to incorporate – Richard Backhouse to be contacted. IP paper needs to be revised to reflect above issues. KS and BR to progress as well as individual centres involved. IP paper to be circulated wider – BR to action</p> <p>A discussion took place about potential affiliate status for international MI centres and whether UK MI pharmacists might be able to provide training to foreign MI colleagues. This followed an email from Steve Moss as to whether such might be possible. The group agreed that pursuing such affiliation and international training could not be a priority to pursue, and certainly could not be pursued in NHS time. The group agreed that there is nothing to stop individual MI pharmacists pursuing this in their own time in a similar basis to which they might conduct other private work, but that this could not be done through UKMi or UKMi badged. International centres and individuals would be better pursuing their professional development through the RPS and the RPS faculty to which UKMi contributes.</p>		
Action Items:	Person responsible	Deadline
Progress enquiry sharing pilot with CoACS	KS/BR	asap
Circulate IP paper and revise in light of any comments received	KS/BR	asap
<p>Education & Training</p>		
<p>Matters arising</p> <p>13/39 PDS 2014. No venue reserved for 2014 now. QA and procurement taking idea of SPS conference to respective national meetings for discussion. College of Mental Health Pharmacy also interested though may not be feasible for 2014. Need to decide in November likely future direction. A 2-day SPS event would be helped by a published SPS report – all to canvas views locally. Set up scoping meeting with representative of the various SPS elements nationally to figure out how much support there is a for a national SPS conference. This could be a common day, with then break-out sessions on day 2.</p>		
Action Items:	Person Responsible	Deadline
Set up scoping meeting re possible SPS event in 2014	PG/KS/BR	Nov 13
<p>13/60 Workforce Development Group</p> <p>Will pick up RPS Faculty developments. RPS now starting to look at general level framework.</p>		
Action Items: Nil	Person Responsible	Deadline
<p>13/61 Practice Development Seminar 2013</p> <p>150 delegates registered with some late applications turned away. Paperless thanks to KS, PG, Sandra Wharton and Clare Nelson</p>		
Action Items: Nil	Person Responsible	Deadline

13/62 National Training Course

Bristol & E Anglia co-hosted the organization of the last course for which there were 32 candidates and a good response to requests for tutors. The group agreed that rotating the organizing centres is working well. Two centres working together has also helped with resilience and should continue now that moving to 9-monthly frequency of providing the course.

Technician involvement in the course was discussed. There is the possibility that moving to 9-month frequency could affect technician training; however, there are very few of them and there is probably a work around. BR to discuss with FW.

Agreed that the rota should be re-visited on the basis of 9-month course organization. Group agreed that all centres nationally should be involved in organization. BR will revisit the rota and produce a new one for November. In addition, we should seek to progress accreditation through RPS of both the national course and MiCal – pay one off fee plus retainer for this. BR to investigate.

Action Items:	Person Responsible	Deadline
Discuss proposed arrangements for technician reaccreditation	BR / FW	Nov 13
Progress RPS accreditation of national course & MiCal	BR	Mar 14

Clinical governance

Matters arising:

13/17 Renal Drugs Handbook not yet published & no timeline given. Still uncertainties about how they may approach recommendations outside the SPC – to revisit in November to discuss whether to continue to promote once publishing strategy firmed up. Need to check on availability through Meds Complete. Need for multiuser availability stressed.

13/24 Revised deal for Meds Complete still being progressed

Action items	Person Responsible	Deadline
Follow up any new Renal Drugs Handbook and Meds Complete developments	PG	Nov 13

13/63 Natural Medicines Comprehensive Database

Relatively low numbers of enquiries estimated to be using this resource (approx 40 per year). Highlighted lack of cost effectiveness of database for enquiry answering. Natural Standard (taking over NMCD) appear unconcerned over potential loss of UK customer base. UKMi have emphasized only interested in Natural Medicines. NS aimed at consumer level in US. Would not restrict to one database and unconcerned re IP address issues. Appear to have changed stance and possibility that renewals will be the same for the UKMi network. Alternative could have been reestablishing a specialist centre. Local centres to be encouraged to resubscribe sooner rather than later. PG to send details around network once formal confirmation received *Post meeting note: confirmed at previous subscription cost and email circulated for onward distribution*

Need to designate UKMi Lead for such deals post Jan 14

Action items	Person Responsible	Deadline
Add agenda item re UKMi lead for resource negotiations	SD	Nov 13

13/64 Clinical Governance Working Group		
<p>Presented by HD. Latest IRMIS report just released. Discussed supervision issues as well as ongoing MiDatabank authorisation issues. Workaround for the latter involves ensuring only one copy of an enquiry is open. Non-checking of calculations considered to be happening more frequently than should be and discussion followed re addressing this at a national level. TB to request up to date details on number of MI centres with current audits in place as mechanism for addressing during audit cycle. NPSA 20 has a definition of a complex calculation. All to raise as an issue at local meetings emphasizing the need to have calculations checked – doesn't have to be by MI. CGWG to look at a peer review session TB has re calculations which can be shared and will consider putting into audit. CGWG to work up possible solutions to issues around calculations and also carry out a thorough review of audit procedure. Guidance on what should be documented as MI work is to be updated and placed on website.</p> <p>Mechanism developed for appraising things to be added to Essential Resource List. To be tested against some free resources. Will share out work to use against all resources on list amongst RMICs once tool is refined. Agreed that should look for most cost effective resource wherever possible.</p>		
Action items	Person Responsible	Deadline
Obtain up to date information on numbers of centres with current audits	TB	Nov 13
Consider Bristol calculations peer review session for use in MI	CGWG	Jan 14
Develop appraisal tool for use against essential resource list	CGWG	Jan 14
13/65 BNF / Limitations of Common Information Sources		
<p>Comments from BNF discussed. Agreed to separate comments into those applicable to paper / electronic / both versions. A lot of limitations relate to the paper copy. UKMI advice should be to use the electronic version wherever possible. Agreed that the principles behind statements remain valid. BR will discuss with FW and respond on behalf of UKMi.</p> <p>NICE asking for comments on decision not to accredit BNF. Discussed background and that issues exist on both parts – BNF processes and content vs NICE accreditation tool applicability. DE/BR to draft response.</p>		
Action items	Person Responsible	Deadline
Respond to BNF on behalf of UKMi	BR/FW	asap
Respond to NICE on behalf of UKMi	DE/BR	asap
Patient Safety		
<p>Matters arising</p> <p>13/45 Drug Alert changes. Updated details have been given to Martin Knowles. A trial is underway with revised cascade arrangements in London & South East.</p>		
Action Items: Nil	Person responsible	Deadline
13/66 Patient Safety Task and Finish Group		
<p>BR has established membership for the group from interest expressed in CPPE work. Not yet met but range of items to work on</p>		
Action Items: Nil	Person responsible	Deadline
13/67 Patient Facing Information Task and Finish Group		
<p>First meeting planned for 18th October. GC has interest from both MI and non MI attendees</p>		
Action Items: Nil	Person responsible	Deadline
13/68 NHS England Patient Safety Work		
<p>Papers previously circulated.</p> <p>Two versions of the Medicines safety assessment tool have been produced. Now tested against products with known issues and a validated tool developed. A meeting with the ABPI is to be arranged to try and get issues addressed before a product comes to market. Discussed possibility of a UKMi-badged product safety assessment report which would require horizon scanning, production, QA and hosting for the outputs. Completed assessments may vary according to indication and recognize that may need multiple assessments. A list of historical issues / incidents exists – needs to be put against tool to see which was major cause i.e. root cause analysis. Newcastle, E Anglia, Bristol, Northwick Park and Trent to test. BR to circulate first of the products plus example of worked example plus report. ABPI involvement is essential to avoid issues with new products. Need to establish QA process for local work before wider publication as well as highlight difficulties in application e.g. for shortages where the actual alternative product isn't available.</p>		

Action Items:	Person responsible	Deadline
Arrange for testing with named RMICs	BR	Jan 14
13/69 Drug Shortages National developments		
Waiting for SPS report but understand aim to recreate AHFS website. DE will circulate memos produced by Guys. Website needs to be fed into the IT working group.		
Action Items:	Person responsible	Deadline
Circulate Drug Shortage memos when available	DE	Ongoing
Liaison with other groups		
Matters arising		
CKS – awaiting response re notification of new guidance for inclusion in NHS Evidence		
Action Items: Nil	Person Responsible	Deadline
13/70 CPPE joint working initiative		
Collaboration progressing well. Work includes the E-challenge (1 st one completed), a patient safety app plus MiCal for primary care (planned for early 2014). Currently working on an IP agreement. CPPE are drafting a paper and preliminary discussions with CoACS have been held. Signposting to UKMi where appropriate plus dual-badging of outputs agreed.		
Action Items:	Person Responsible	Deadline
Continue to progress the CPPE collaborative work including:	BR/All	
<ul style="list-style-type: none"> • Delivery of MiCAL for primary care • Delivery of ADRs element of medicines safety app • Delivery of specific questions for CPPE e-challenge 		
13/71 UKMI - NHSDirect		
Amended contract now operational. Awaiting signatures before finances can be finalized for invoicing. NHSD have been asked to give notice of intentions post March 14 by this November but recognized relatively unlikely information will be available.		
An issue was raised regarding number of slots available per webinar where up to 13 NHSD advisers are booking with one Lead delivering. Confirmed that this is not covered in the SLA and needs to be agreed at the Leads meeting. Should let us know by November but is relatively unlikely to be		
Action Items: Nil	Person Responsible	Deadline
13/72 NICE consultations		
Nominations for Medicines Optimisation GDG membership are due by 7 th October. Should be more than one applicant if possible. Let SD know of any applications		
RPS Medicines Optimisation meeting –B Rankin from GSTT may be able to attend on behalf of UKMI		
NICE – Technical Advisers network. PG, CP & BR met AH JU & Paul Chrisp from MPC; primarily about TA network. 4 regional TAs (0.6 WTE each) for England. Only paid support to provide network function for MPC. Another tier down for more local networks. Still primarily about NICE implementation and looking to help prescribing advisers share info. RTAs have been encouraged to get in touch with UKMi Directors.		
Action Items:	Person Responsible	Deadline
Inform SD if applying for MO GDG membership	All	Nov 13

UKMI Executive Issues		
Matters arising		
<p>13/31 Arrange meeting with Malcolm Qualie re PO New Medicines and NHS England needs. Likely commissioning route checked for current edition and meeting later in year. PO National developments – agreed only those medicines CCG commissioned as priority; cost calculator to accompany this. Other half will follow for providers / NHSE in due course.</p> <p>13/54 Medicines Optimisation Consultation copy of statement to go to respondents. TB to action</p>		
Action Items:	Person responsible	Deadline
Send copy of consultation final statement to all respondents	TB	Nov 13
13/73 Monitored Dosage System Database		
<p>Paper circulated. Thanks to those who helped with chapters and to Tiff Barrett for editing, PG and JT also involved. Successful testing period and comments taken on board. First page information to be more succinct however important to get message across that still need to use professional judgment and that the tool will not provide definitive answers. RAG ratings to be revisited particularly subdivisions. Whilst original intention was to have open access current thinking is to have a controlled release into MI network only for 6 months. There may be an opportunity to get QA involved to help fill in gaps.</p> <p>Will clearly still refer to RPS guidance. TB to discuss with Wing Tang at the RPS reasons for keeping within UKMi network. Tool will stay behind the UKMi password with launch sometime in October</p> <p>Updating to be carried out on a rolling basis over 18 – 24 months</p>		
Action Items:	Person responsible	Deadline
Develop programme for updating information	TB	Nov 13
13/74 UKMI schedule of costs and future financial arrangements		
<p>To be discussed in detail at November Exec meeting. Noted there is a smaller amount of information to manage and mainly around PDS income and expenditure. Some balance will remain at year end. SPS review board will inform direction of travel.</p> <p>PG to write a paper on ongoing issues for decision in November</p>		
Action Items:	Person responsible	Deadline
Prepare paper to guide discussions	PG	Nov 13
13/75 update on other groups		
<ul style="list-style-type: none"> • Horizon scanning and meds evaluation group: Now rebranded and on website. • R&D: No feedback on move to network. Noted that a meeting has been arranged. BR to talk to SW regarding remit. 		
Action Items:	Person responsible	Deadline
Contact SW re R&D Network	BR	asap
13/76 Future arrangements for commissioning of Specialist Pharmacy Service in England		
<ul style="list-style-type: none"> • Feedback from devolved administrations – to wait until report issued • Lack of clarity over funding arrangements for 2013/14. Highlighted as a high risk issue for some areas. <p>Review report still with Chief Pharmaceutical Officer and working through NHSE. Some information being requested re workloads. Important to keep line of communication with SPS Board. To update RPS in November of current position.</p>		
Action Items: Nil	Person responsible	Deadline

Communications/ AOB		
Dates for 2014 to be agreed in November		
Action Items:	Person responsible	Deadline
Draft possible dates for 2014 meetings	SD	Nov 13
DATE OF NEXT MEETING – Thursday 14th / Friday 15 th November – Derby- (note change of venue)		