
Minutes from Advisory Group Meeting
Wednesday 3 November 2004 at 2.30pm
In Seminar Room 5, 1st floor, Chancellor's Building, NRIE

Present: Professor D Webb, Professor of Clin Pharmacol, University of Edinburgh (Chair)
Dr N Bateman, Medical Director, SPIB and CARDS, RIE
Melinda Cuthbert, Senior Pharmacist, CARDS, RIE
Sheena Kerr, Principal Pharmacist, CARDS, RIE
Professor N Lannigan, Trust Chief Pharmacist, LUHD
Anne Lee, Principal Pharmacist, Medicines Information, Glasgow Royal
Infirmary
Dr R Taylor, Senior Lecturer, Dept General Practice in Primary Care, Aberdeen
Professor T MacDonald, Deputy Director of MEMO, Ninewells Hospital, Dundee
Dr S Maxwell, Senior Lecturer, Dept Clinical Pharmacol, University of Edinburgh
Sheena Kerr, Principal Pharmacist, Medicines Information, RIE
Dr D Alexander, General Practitioner, Dunfermline

1 Apologies for absence

Apologies were received from Professor S Hudson, and Jane Harris

2 Minutes of previous meeting

Professor Lannigan noted that in item 3.9 it says "Thomas" but it should be "Thompson". No other errors or omissions were noted and the minutes were accepted as a true record.

3 Matters Arising

3.1 Letter to RPSGB Scotland Re community pharmacy representation on Advisory Committee

Professor Lannigan reported that a letter had been sent to the RPSGB Scotland to obtain a name for the new community pharmacy representative on the Advisory Group and an acknowledgement from Lyndon Braddock, secretary for RPSGB Scotland, had been received. However to date no name has been put forward.

3.2 Letter of response to the MHRA on the Report of an Independent Review of Access to the Yellow Card Scheme from CSM Scotland Advisory Group

Dr Bateman reported that an acknowledgement from the MHRA had been received in response to our reply. To date there is still no outcome on this consultation.

M Cuthbert reported that an e-mail from S Fiddes indicated that they were trying to take forward the recommendation in the report that RMCs work to the same standard operating

procedures (SOPs) as the MHRA. However, to date no action has been taken on implementation.

Professor Macdonald enquired if it had been decided whether the RMCs would continue to receive yellow cards directly and if not what would happen to the resources (i.e. would there be resources to do other things such as pursuance of record linkage for pharmacovigilance purposes within Scotland). He reported that a contract with PSD for electronic prescribing delivery has been signed in Tayside which provided electronic images and text files. 85% of this data contains CHI numbers, drug cost, and GP, however, the dose, duration and diagnosis would be missing from this data. He proposed that it might be possible to reconcile this kind of data with ADR reporting data to take forward pharmacovigilance issues. It was requested that Professor MacDonald make a formal presentation to the group at the next meeting regarding this.

ACTION: PROFESSOR MACDONALD

3.3 Contact with Pamela Warrington to discuss dissemination or urgent messages and the origin(s) of the cascades

Professor Lannigan reported that he had discussed this with the Scottish Executive. It was confirmed that Drug Alerts are handled by the Chief Pharmacist's Office, but Drug Safety Urgent Messages were not considered drug alerts so were handled differently. Drug Safety Urgent Messages were issued by the CPO to pharmacists, but by the CMO to medical practitioners.

M Cuthbert reported that rofecoxib, which had recently gone out as an urgent message, had been received by GPs within Lothian within 24 hours. Therefore the problem appears to have been addressed.

4 Education and Training

4.1 Progress with contacting NES to take forward incorporating BPS curriculum redesign recommendations into post-grad curriculum

Dr Maxwell reported that no progress has been made on this to date. However, Jane Harris had made arrangements for a meeting with Elgin Sharteau in the near future.

He noted, however, that a letter from Ed Newell to the Royal College of Physicians in London suggested that the BPS guidelines be taken up to ensure some of the items for foundation programmes for SHOs be implemented. From this a 1-page briefing was prepared for the CMO in England. Professor Webb requested that a 1-page briefing for the CMO in Scotland also be prepared for a meeting he would be having with the CMO in the near future.

ACTION: DR MAXWELL/PROFESSOR WEBB

Also Dr Maxwell reported that from the pre-registration house officer feedback at the University of Edinburgh it had been highlighted that they are not trained to use drugs. It was suggested they write to the Deans group in Scotland regarding this deficit in the undergraduate programme curriculum. Dr Bateman agreed to write this letter in collaboration with Dr Maxwell.

ACTION: DR BATEMAN/DR MAXWELL

Dr Taylor reported that the GMC had recently published information on their website on the undergraduate education that mentioned ADRs specifically. The website URL address for this Site will be circulated to all members of the group.

ACTION: M CUTHBERT

4.2 Follow-up letter to DSRU regarding on-line ADR modules

M Cuthbert reported that the letter had been sent to Dr Paul Weller, but to date no reply had been seen. It was suggested by Professor Webb that this be kept on the agenda for the next meeting.

4.3 Grand Round talks for Glasgow

M Cuthbert reported that the schedule for Grand Round ADR talks had been arranged for various venues in Glasgow (see enclosure 1). However, there was still one outstanding talk to be arranged for the Southern General. The 25th January 2005 had been put forward by the SGH. Professor Macdonald said that he might be able to commit to this talk. M Cuthbert will forward details to him for confirmation.

ACTION: M CUTHBERT

Anne Lee reported that Gartnavel Hospital was looking for a Grand Round ADR talk, but this is still to be arranged.

ACTION: M CUTHBERT/A LEE

Anne Lee is to arrange the local chairmen for each of these Grand Round talks. It was suggested by the group that members such as Professor John Reid, Professor Martin Brodie, Dr Keith Beard or Professor Gordon McInnes might be beneficial to have as chairmen for these Grand Round talks.

ACTION: A LEE

4.4 Improving ADR educational material presented to nurses within Lothian

M Cuthbert reported that a letter had been sent to Irene Lavery on 18 August 2004 regarding nurse ADR reporting material. However to date no reply has been received. Professor Lannigan said he would be willing to pursue this with Isabel McCallum, Director of Nursing for LUHD.

ACTION: PROFESSOR LANNINGAN

5 GPASS electronic yellow card

Dr Bateman reported that the GPASS electronic yellow card has been tested and is now working. This electronic yellow card reporting via GPASS has been approved by Sean Fiddes at the CSM. It is anticipated that the launch of the electronic yellow card will occur with the next roll out for GPASS in November.

M Cuthbert reported that there are 2 items still pending for the completion of GPASS electronic reporting roll out (i.e. ADROIT numbers assignment and changes to Aegis software to allow for attachment of information for transfer to London via a secure IT link).

6 Remit of Advisory Group and membership for addition to the CSM Scotland web page

It was decided by the group that instead of looking at this in detail during the meeting all members would go away and review the content for any changes that would be required for feedback to Melinda. Also it was decided by the group that pictures of Advisory Group members would be posted to the website. All members are to provide passport-style photos for this purpose.

ACTION: ALL

7 Reports

7.1 Copies of anonymised reports for Health Boards to June 2004 disseminated to ADTCs

Copies of the reports were forwarded to members of the Advisory Group prior to the meeting. M Cuthbert summarised the reports by saying that there was wide variation in the reporting between the Health Boards.

Lothian was the top reporting health board but it was hospital pharmacists who contributed 50% of these reports. The question was then raised by the group why reporting from hospital pharmacists within Lothian was so great. M Cuthbert reported that SOPs on ADR reporting were in place at both RIE and the WGH Oncology pharmacy unit. It was suggested by the group that it would be worthwhile to write a generic SOP on ADR reporting that could be disseminated via the ASTCPs for use Scotland wide.

ACTION: M CUTHBERT

Professor MacDonald said that he would write to the ADTC in Tayside to highlight the information in the health board report for Tayside since the reporting rate has been so low. He requested that a copy of the Tayside report be sent to him electronically. M Cuthbert said that she would send a copy of the health board reports pertinent to each member on the group via e-mail.

ACTION: M CUTHBERT

Professor MacDonald also said that it might be worthwhile trying to link the health board report data to ISD data. Dr Bateman said he would try to obtain this data via Richard Copeland.

ACTION: DR BATEMEN

7.2 2nd Quarterly Report

M Cuthbert summarised the 2nd quarterly report (see enclosure 2)

8 AOCB

8.1 Patient Reporting

Anne Lee enquired about the current status of patient reporting. Dr Bateman reported that the consultation was still going ahead from the last SCOP meeting he had attended. Nothing else has been heard to date on the proposal for Scotland to host a pilot for electronic patient reporting. Dr Bateman and Professor MacDonald are to raise this at the next SCOP meeting.

ACTION: DR BATEMAN/PROFESSOR MACDONALD

8.2 ADR representatives at Health Board Level

Previously letters had been sent via the ASTCPs from Professor Lannigan requesting that 'ADR Champions' from each health board be put forward. Professor Lannigan reported that

a reply had been received from one health board where the ADTC was not in favour of this and they would prefer to await the report from Audit Scotland was released, which raises the issue of low level ADR reporting within Scotland. This report is due out in the spring of 2005.

Anne Lee reported that ADR champions were currently pursued within Glasgow

Professor Webb suggested that once the review of the yellow card scheme consultation had been issued by the MHRA and Audit Scotland's report was out, that it would be beneficial to write to the SMC regarding obtaining ADTC support for ADR reporting champions. Dr Bateman agreed to do this.

ACTION: DR BATEMAN

8.3 Review of the Medicines Information Service in Scotland

The Advisory Group had been invited to comment on the review of the Medicines Information Service in Scotland document. Dr Bateman noted that one error in the report was that CSM Scotland appeared to be part of QIS (from the placing of commas in one of the statements), however, CSM Scotland does not fall under QIS.

Anne Lee, who was involved with the writing of this consultation paper, reported that once the consultation was over and the Scottish Executive had prepared the final draft it would go to the joint working group for the National Pharmacy Forum. Implementation was not addressed in this consultation. It would only be approval of the vision of the medicines information service in Scotland only.

Professor MacDonald enquired what role CSM Scotland would play under the medicines information review (i.e. would it be the champions for ADR, would it be a formal arrangement or whether it was appropriate).

Dr Bateman stated that he thought the role of CSM Scotland would be that of champions for Adverse Drug Reaction reporting, provide SOPs on how to report ADRs and to develop training and education programmes for the multi-professional group in collaboration with NES to ensure all medicines information pharmacists developed the necessary skills. This should form a basis to our response to the MI review. Dr Bateman and Professor Webb will prepare this letter.

ACTION: DR BATEMAN/PROFESSOR WEBB

9 Date and time of next meeting

To be arranged.

ACTION: M CUTHBERT

Summary Action List

| Item No | Item for Action | Responsible Individual |
|------------|---|---|
| 3.2 | Presentation to group on reconciliation of Scottish ADR reporting data with PSD data to take forward pharmacovigilance at next meeting | Professor MacDonald |
| 4.1 | Dr Maxwell to prepare one page brief on BPS curriculum & undergraduate training for Professor Webb's meeting with CPO in Scotland | Dr Maxwell/ Professor Webb |
| 4.1 | Write letter to Deans group in Scotland on deficit of undergraduate training on prescribing, as highlighted in PRHO feedback at University of Edinburgh | Dr Bateman/ Dr Maxwell |
| 4.1 | Forward URL address for GMC recently published information on undergraduate education, specifically ADRs | M Cuthbert |
| 4.3 | M Cuthbert to liaise with Professor MacDonald to confirm possibility of doing Grand Round talk at Southern General Hospital. | M Cuthbert |
| 4.3 | Arrange Grand Round talk on ADRs at Gartnavel Hospital | M Cuthbert/A Lee |
| 4.3 | Arrange local chairmen for Glasgow Grand Round talks as suggested by Advisory Group | A Lee |
| 4.4 | Pursue Lothian nurse ADR reporting material with Isabel McCallum | Professor Lannigan |
| 6 | Provide feedback to Melinda on the information proposed for inclusion on website on Advisory group. Provide a passport-style picture for the website. | All |
| 7.1 | Write generic SOP on ADR reporting | M Cuthbert |
| 7.1 | Forward electronic copy of health board report pertinent to each Advisory Group member via e-mail. | M Cuthbert |
| 7.1 | Arrange with Richard Copeland for ISD data from health boards to be sent on a regular basis to CSM Scotland | Dr Bateman |
| 8.1 | Raise previous proposal fro CSM Scotland to host pilot patient reporting project at next SCOP meeting | Dr Bateman / Professor MacDonald |
| 8.2 | Write letter to SMC regarding ADTC support for ADR reporting champions once MHRA review and Audit Scotland's report issued. | Dr Bateman |
| 8.3 | Write letter of response to Scottish Executive on behalf of the Advisory Group on the Review of the Medicines Information Service in Scotland and CSM Scotland's role | Dr Bateman / Professor Webb |