

YCC Scotland Advisory Board Meeting

13th October 2016

Minutes

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| In Attendance: | |
| Angela Timoney (AT) | Director of Pharmacy, NHS Lothian. |
| Tracy Duff (TD) | Lead Pharmacist YCC Scotland and Medicines Information, RIE. |
| Donna Watson (DW) | Information Officer YCC Scotland, RIE. |
| James Dear (JD) | Deputy Medical Director, YCC Scotland. Scottish Poisons Information Bureau, RIE. |
| Jane Harris (JH) | (NES NMHAP) |
| Karen Harkness (KH) | (ASMIP) |
| Prof. Simon Maxwell (SM) | Medical Director, YCC Scotland (dialled in) |
| Keith Small (KS), on behalf of Sandra Auld | representing ABPI |
| Karime Et Taouil (KE), on behalf of Connor Innes | representing IRIC |
| Presenting: | |
| TDr dialled in | |

| | Item | Notes | To action |
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| 1 | Welcome and introductions | <p>AT opened the meeting and welcomed everyone.</p> <p>Karen Harkness (new ASMIP representative) and Jane Harris (returning NES NMHAP representative) were welcomed. Jane Harris will represent NMAPs and NES (postgraduate education), therefore a further AHP representative will not be required. New members Sharon Pflieger (ADRC Collaborative) and Anne Watson (NES) were also welcomed, but were unable to join today.</p> <p>Dr William McAlpine (SGPC) has resigned. There was an SGPC meeting 1/9/16, during which a new rep was to be elected. TD contacted G. Simpson regarding the new member and is awaiting a response.</p> <p>SM to contact DS regarding a patient representative.</p> | <p>TD</p> <p>SM</p> |
| 2 | Apologies | Professor Tom MacDonald, James McLay, Chris Nicholson, Alison Paterson, Sharon Pflieger, Anne Watson | |
| 3 | Revised Remit of YCC Scotland Advisory Board | AT revised the remit of the board, with updates to point 6 to include the Safer Use of Medicines Network. Otherwise the remit is still appropriate with regard to undergraduate and postgraduate education, research and YC reporting. Patient safety has grown, but the new members reflect this. | |
| 4 | Minutes of Previous meeting | Previous minutes accepted. | |

| | Item | Notes | To action |
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| 5 | Research | | |
| 5.1 | Screening for adverse events project | <p>TDr discussed his project outline with the group. He is developing a new standardized tool for assessment of ADRs in clinical practice. The purpose of the tool is to:</p> <ul style="list-style-type: none"> - Get patient reports for side effects, to assist HCPs to manage and improve Drug Safety in clinical practice - Provide better estimate of incidence and impact of side effects in real practice, rather than a clinical setting - Identify new ADRS of new and existing drugs. <p>The frequency of these will provide a denominator of patients exposed and the number of side effects.</p> <p>With regard to implementation of this tool, TDr suggested trying to link in with the new medication service, which is already in place. It was proposed that when assessing patients who have been newly prescribed medication, pharmacists could use this tool to ask about side effects. The answers regarding any side effects would be recorded in the patient record. A baseline assessment should be carried out when a patient has first been prescribed a new drug, and then a follow up assessment should be undertaken to see if there are any side effects present (a before/after comparison).</p> <p>TDr has created a draft which can be taken forward to patients for testing. The length of the questionnaire was discussed, and suggestions were made for modifications in order that the accuracy of the data was the same, but that the tool was accessible and useable.</p> <p>It was discussed how to go about organising a trial: TDr has previously carried out a cluster trial with GP practices, and considered this could be done with Community Pharmacists (a framework for this already exists in England for their New Medication Service and that model could be adapted).</p> <p>The project has currently not submitted for funding – the group discussed the possibility of applying for CSO funding to develop the tool.</p> <p>The group supported the notion of a joint proposal with YCCS. TDr will write to AT with a proposal in the first instance. AT will seek input from TD, SM and JD.</p> | <p style="text-align: center;">AT</p> <p style="text-align: right;">AT/ TDr</p> |
| 5.2 | Farr Pharmacoepidemiology Group update | <p>Two studies are underway; Diabetes Drug use Safety and Immunological agents.</p> <p>Funding has been applied for, for the technical development to support data linkage. This is progressing well, and YCCS is to stay in the loop regarding any further developments.</p> | |

| | Item | Notes | To action |
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| 6 | Matters arising | | |
| 6.1 | Trainee Dr half day release: | <p>JD delivered this, and will do so again for future cohorts (new cohorts every 2 years, so will need to be delivered to each new group).</p> <p>There are now slides which can be used for future events.</p> <p>The YCC app was advertised and trainees were shown how to use it and encouraged to do so.</p> <p>The group discussed a collaboration to include IRIC training. KE to work on possible contributions to be made.</p> | KE |
| 6.2 | ADR E-Learning Modules: Updates/Survey Monkey | <p>Letter to educational establishments and survey both ready to be sent off, but there has been some trouble in processing the upgrade for Survey Monkey from the basic package. DW is in correspondence for clarification of the upgrade and payment.</p> <p>Discussed the possibility of the letters to be circulated to National Leads Group, and then cascaded onwards. DW to share the current contact list with JH, and JH to identify any missing contacts.</p> <p>There are only minor updates/improvements required for the e-learning module, and until more was known about cost it was decided that there was no immediate pressure to make any changes. JH to discuss costing with AW and feed back to TD.</p> | JH/DW JH/ TD |
| 6.3 | E-Yellow Card & HEPMA: | <p>Scottish Government e-health supported implementation of HEPMA across all Scottish Health Boards. There will be a national meeting 15/11/16 and then further meetings next spring.</p> | |
| 6.4 | Toxbase Update: | <p>JD asked that the Toxbase app be promoted to pharmacy. KH will take to ASMIP for promotion via this network.</p> | KH |
| 6.5 | You said – We did | <p>Copy of document confirmed this has been sent out to all attendees of Roadshow event informing them of the changes made on their suggestions. This will also be sent out to health boards with the annual reports.</p> | TD/ DW |
| 7 | Annual Report & health board reports: Reporting trends | <p>The Annual Report is ready – it has been sent to MHRA who have approved it, and it will soon be uploaded onto their website.</p> <p>The local health board reports will be sent out at the same time as the annual report.</p> <p>It was agreed that infographics are better than large amounts of text, especially in the local reports. FH and DW have been working on some ideas for possible infographics in order to make the reports more engaging.</p> <p>It was agreed that a quarterly update will also be circulated as a 1-page info graphic.</p> <p>TD provided an overview to the group. Overall there was a 17% national increase in reporting in 2015/16; this is lower than the 21% increase for the UK. However, England benefit from having e-YC</p> | |

| | Item | Notes | To action |
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| | | <p>reporting through GP system systems (SystemOne). GP reporting in Scotland by comparison was still on the decline, with a 13% reduction compared to the previous year. Patient groups are the largest single reporting group, accounting for 26% of reports. There was an overall 76% increase in all nurse reporting; a 53% increase in hospital pharmacist reporting; community pharmacist reporting was static.</p> <p>The Q1 data show an increase in community pharmacist and GP reporting. In Q1 Grampian reporting increased by 41% compared to Q1 in 2015. This could be due to the Grampian roadshow event on 3rd May. Due to this increase in Grampian, it was suggested that more Roadshows could prove successful. Tayside have been encouraging eYC reporting via MiDB; an increase in hospital pharmacist reporting is also noted.</p> | |
| 8 | Key messages from YCC/MHRA AGM 12th sept | <p>AP and TD attended (SM dialled in) and presented on behalf of Scotland.</p> <ul style="list-style-type: none"> - All other centres have champions (for training and promotion on YCC). Most of these champions were MI pharmacists although some centres moved into other groups using Nurses and GP champions. The possibility of Scotland tapping into Community Pharmacist Practitioner Champions to help promote YC reporting was raised. Community Pharmacists Practitioner Champions are funded by Scottish Government to advance the professional practice. This is done via geographical area, and champions go out with key messages (CMS, minor ailments etc). TD to meet with Dawn Owen to discuss whether YCCS could feed into their work programme. - Other centres were also using Twitter. YCC Scotland needs to set up a Twitter account. There is now more information and guidance on how to go about this since the AGM. FH and TD to discuss implementation of Twitter, and FH to set up profile. JD also to advise. | <p style="text-align: center;">TD</p> <p style="text-align: center;">FH/TD/ JD</p> |
| 9 | YCCS Objectives/priorities 2016/17 | <ul style="list-style-type: none"> - Links with Non-medical prescribers to see if any support - Investigate feasibility of YCCS joint project with TDr to support his screening for adverse events project - Possibility of linking into the Community Pharmacy Practitioner Champions work programme to increase YC reporting - Revisit the roadshows - Develop Twitter profile for YCC Scotland - Link in with NMP to ensure no gaps in current ADR/ PV teaching. - Link into GP reporting system and try to progress that | <p style="text-align: center;">AT</p> <p style="text-align: center;">TD</p> <p style="text-align: center;">M/board</p> <p style="text-align: center;">M/board</p> <p style="text-align: center;">ALL</p> |

| | Item | Notes | To action |
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| | | <p>(there was no confirmation at YCC AGM of roll-out timescale for e-reporting GP systems in Scotland)</p> <ul style="list-style-type: none"> - Development of downloadable resources (“tool kits”) to have on our websites (pdfs, infographics etc). A tool to help decide causality was suggested. KH also highlighted an RPS/ABPI info sheet on black triangle drugs, which she will forward. | <p>DW/TD</p> <p>KH</p> |
| 10 | Collaboration with ADTC Collaborative | Nothing more for YCC to input at this stage. Item to be carried forward to next meeting. | |
| 11 | IRIC update | <p>KE presented: there have been talks with Scottish Government regarding data linkage – most Health Boards use Datix. There is no progress on this.</p> <p>Discussed raising the profile of IRIC and the importance of reporting both nationally and locally to see trends. There is a web forum currently under trial to attempt to standardize incident reporting.</p> | |
| 12 | Social Media | See item 8. | |
| 13 | Developing more educational resources | <p>DW has listed what resources currently available to YCC, and what could be obtained. DW to create an inventory of these.</p> <p>DW to use Clinical Knowledge Publisher to create flow chart to demonstrate available resources.</p> | DW |
| 14 | Patient engagement | <p>YCCS is exceeding targets for patient engagement but concerned whether should be attempting to engage Nationally/ more strategically. TD aware that in England there has been success in tapping into MIND.</p> <p>Possible groups to engage with:</p> <ul style="list-style-type: none"> - Health and Social Care Alliance (e.g. mental health) - CRUK- e.g. Cancer Conference - Cross party groups at Parliament <p>KS to pass on contact to DW.</p> <p>A formal communication strategy is to be developed, and agreed.</p> | <p>KS</p> <p>DW/ TD</p> |
| 15 | AOB | Decided that it was important for TD and DW to attend Non Medical Prescriber Leads Group meeting, with invitation from JH. JH to issue invitation. | JH |
| 16 | Date and time of next meeting - TBC | FH to create and circulate doodle poll in order to set date for meeting in April (avoiding School Holidays). | FH |

Summary Action List

| Item No | Item for Action | Responsible Individual | Due Date | Comment / update |
|---------|---|--|----------|------------------|
| 1 | Contact DS regarding Patient Representative. Follow up outcome of SGPC meeting in regard to representative | Simon Maxwell Tracy Duff | | |
| 5.1 | T Dr to write to AT with outline of proposal for project. AT will consider appropriate action from TD/ JD and SM to support this. | Tobias Dreischulte/ Angela Timoney | | |
| 6.1 | KE to work on contribution IRIC could make to the half day trainee doctor training | Karima Et Taouil | | |
| 6.2 | JH/DW to share contacts for Educational Establishment letters JH to discuss potential update of e-learning module with AW, and feedback to TD | Jane Harris/ Donna Watson Jane Harris | | |
| 6.4 | KH to promote Toxbase app to pharmacy through ASMIP network. | Karen Harkness | | |
| 8 | TD to meet DO to discuss YCCS linking in with Community Pharmacy Practitioner Champions to increase YC reporting FH and TD to complete work plan for Twitter implementation for next management board meeting FH to create Twitter Profile for YCCS | Tracy Duff Fiona Houston / Tracy Duff Fiona Houston | | |
| 9 | Create "toolkits" of downloadable resources for YC reporting and bring findings to Management Board meeting | Donna Watson/ Tracy Duff | | |
| 13 | DW to create resources flow chart | Donna Watson | | |
| 14 | KS to pass contacts for patient groups to DW | Keith Small | | |
| 15 | TD and DW to be invited to attend Non Medical Prescribers Leads Group meeting | Jane Harris | | |
| 16 | Create doodle poll to arrange date and time of next meeting in April. | Fiona Houston | | |