

Yellow Card Centre Scotland (YCCS) Advisory Board Meeting 20th November 2017 Minutes

In Attendance:	
Angela Timoney (AT)	Director of Pharmacy, NHS Lothian (Chair)
Tracy Duff (TD)	Lead Pharmacist YCC Scotland and Medicines Information, RIE
Alison Paterson (AP)	Senior Pharmacist YCC Scotland and Medicines Information, RIE
Anne Watson (AW)	NES (Teleconferenced)
Keith Small (KS)	Representing ABPI
James Dear (JD)	Deputy Medical director, YCC Scotland. SPIB, RIE
David Standley (DS)	Patient representative
John McKay (JM)	GP/ NES representative
Prof. Tom MacDonald (TM)	Professor of Clinical Pharmacology and Pharmacoepidemiology, Dundee
Jane Harris (JH)	NES NMHAP

1	Apologies	Elaine Figgins (NES AHP), Karen Harkness (Association of Scottish Medicines Information Practitioners), Fiona Houston (YCC Scotland, admin), Karime Et Taouil (IRIC), Simon Maxwell (Medical Director YCC Scotland)
2	Membership	<p>New members were welcomed, and the Chair provided an overview of the functions and remit of the Advisory Board (a joint venture of the Scottish Government and the Medicines and Healthcare products Regulatory Agency (MHRA). New members were invited to provide a brief statement and photo of themselves for the YCC Scotland website (Advisory Board Membership section).</p> <p>A representative is still to be sought for the Area Drug and Therapeutics Committee Collaborative (ADTC Collaborative).</p> <p>The group formally thanked Donna Watson (former YCC Scotland Information Officer) for her contribution to YCC Scotland, in particular in regard to the development of resources. The YCC Scotland team have recruited a new Information Officer and it is hoped they will start in January 2018.</p>
3	Minutes of Previous meeting	<p>3rd May 2017- accepted as an accurate record. Outstanding items to be carried forward to action notes;</p> <p>4.2: Invite FARR Institute of Health Informatics Research member to next meeting</p> <p>5.1: Follow up with the Incident Reporting and Investigation Centre (IRIC)</p>
4	YCCS 2016/17 annual report and summary of activity	<p>A summary of activity for 2016/17 was presented for discussion, and the following noted;</p> <ul style="list-style-type: none"> • Scotland reporting increased by 1% overall, however this follows a big increase in the previous few years. • GP reporting has further declined, in contrast to other areas of the UK which have benefited from integration of YC reporting into GP clinical systems (SystmOne and Vision), or from adoption of YC National Prescribing Indicators. • Nurse reporting has also declined. • Community pharmacist reporting has increased, as have patient groups • There is greater collaboration between the Scottish Government and YCC Scotland, with the development of a Service Level Agreement (SLA), regular two way communications and annual review. The Chief Pharmaceutical Officer for Scotland (CPO) has joined the management board to facilitate this. • Successes include the development of the toolkit on the Clinical Knowledge Publisher, launch of Twitter account, engagement with Community Pharmacy Champions in

		<p>Lothian, continued popularity and use of the NHS Education for Scotland (NES)/ YCC Scotland Adverse Drug Reaction (ADR) modules.</p> <ul style="list-style-type: none"> Challenges include lack of integration of e-YC reporting into Vision (upgrade required) and Hospital Electronic Prescribing and Medicines Administration (HEPMA) in Scotland. <p>This generated discussion around the reporter groups and what is important in terms of collecting data (i.e. by profession?), and whether it matters where the report was generated (primary, secondary or by speciality). There are too many different options when completing YCs, with some duplication which makes the reporter categorisation less meaningful. It was agreed that this should be followed up with the MHRA, in the first instance to scope the rationale to current grouping and whether they would be willing to make changes.</p> <p>Raising awareness was also discussed. Ideas included;</p> <ul style="list-style-type: none"> Targeting specialist groups e.g. at case conferences; Neurology, Rheumatology, Dermatology, Hepatology Presenting at Grand Rounds Contacting the Royal colleges Targeting the person discovering the ADR (not necessarily targeting the prescriber) <p>The group discussed the merits of having different reporter groups contributing to the YC scheme, acknowledging that patient and Healthcare Professional (HCP) reporting is complementary with the HCP being best placed to assess causality, and the patients providing details and impact of the reaction.</p> <p>Regarding HEPMA, in Scotland all health boards have funding to implement HEPMA, however the core package does not include YC functionality. Ayrshire & Arran and Forth Valley have implemented; Dumfries & Galloway and Lanarkshire are next to go live. There is currently data scoping underway in Lothian with regard to the gaps in IT infrastructure. YCCS to discuss possible pilot of e-YC with Ayrshire & Arran.</p>
5	MHRA AGM Highlights	
5.1	Reporter feedback pilot	This is a new pilot to promote proactive engagement with reporters, which will recognise where reporters have made a contribution to the detection of a safety signal. Where further action is taken in response to any signal, reporters within the last two years will be contacted by letter, thanking them for their contribution, and to advise them that the MHRA are investigating with a view to regulatory action. Following investigation, a further letter will be issued to inform reporters of the result. This should help reporters appreciate the value of signal detection, and the contribution of their reports.
5.2	Patient friendly MedDRA terms	The MHRA have been working with MedDRA to develop a version that is patient friendly (current terminology is tailored to health care professionals), reflecting language used by patients who have submitted reports. This will hopefully make online yellow card reporting easier for patients.
5.3	YCC App development	The MHRA have appointed a third party technology provider to take forward the ongoing maintenance and further development of the App. It is hoped this will improve the reporting functionality, and uptake of the App. They are also looking to incorporate the Yellow Card functions into other Apps, and sites.
6	Matters arising	
6.1	IRIC training	No update available.
6.2	ADR e-	The ADR e-learning modules are a valued and well used resource in Scotland, and there is

	Learning Modules:	<p>agreement that these should be maintained. The SCOPE/ MHRA ADR modules do not go into pharmacovigilance in any depth, so there is not significant overlap in the content (except the basics covered in the first module).</p> <p>Resource is needed to update the content of these, as well as to transfer to the new NES Turas platform. Previously the management board discussed whether the British Pharmacological Society (BPS) might be interested in taking these over, given the lack of available resource at NES currently. No update on this was available.</p> <p>NES may now be in a position to allocate resource to this update. There is also the possibility of NES assisting with the production of a webcast for training, which could link to the modules.</p>
6.3	Educational Establishment survey	<p>Despite following up with specific medical contacts, and a re-issue of the survey, there are still gaps. No response was received by Napier, Universities of Edinburgh, Dundee, Glasgow, Stirling or West of Scotland. The majority of responses were from nursing providers. All respondents indicated that the course covered adverse ADR reporting, however the majority are not assessed on their understanding.</p> <p>The survey showed that there is further interest in the ADR modules and other teaching material. This will be followed up with the respondents who indicated interest.</p> <p>Promotion of ADR modules through the roll out of Safe Prescribing was suggested.</p>
6.4	GP slides	<p>The Advisory Group concurred that the suggested images/ graphics provided by the MHRA for inclusion in the GP slides did not meet our needs.</p> <p>The MHRA have not provided details of the slides (which they have previously advised were available in NHS England). This will be followed up with the MHRA again to see if they are available in Scotland. It was suggested that Braids GP practice may be using YC slides.</p>
7	Research	
7.1	Paracetamol in dentistry awareness campaign	<p>A poster campaign to highlight dosing/ advice for paracetamol in dental practice is planned (for pilot in Lothian). The intention is to start with the Dental Hospital; with roll out to community. Community dentistry is hosted by NHS West Lothian, who will also be contacted. It is hoped this would impact on the number of cases of paracetamol overdose.</p> <p>Key points will be agreed, and posters designed by the YCCS team.</p>
7.2	FARR update	No update available.
8	IRIC update	No update available.
9	Twitter Update	<p>The YCCS twitter account has been very successful since its launch in January, with 241 followers currently. Activity for previous 3 months plus current:</p> <ul style="list-style-type: none"> • August: 14 tweets, 267 profile visitors, 44 new followers, 18,700 impressions • September: 12 tweets, 541 profile visits, 27 new followers , 7,297 impressions • October: 11 tweets, 89 profile visits, 22 new followers, 8,508 impressions • November (part): 7 tweets, 38 profile visits, 10 new followers, 5,180 impressions
10	Resources/ promotional material	
10.1	Toolkit	<p>The MHRA have provided very positive feedback on the toolkit, which was developed as a one stop resource for both healthcare professionals and patients. They are keen to use this, which YCCS are agreeable to, provided they are appropriately credited for the work.</p> <p>The toolkit was developed using software owned by NES (clinical knowledge publisher), NES would need to give permission for the MHRA to use this.</p>

10.2	YCCS newsletters	YCCS have produced a newsletter for the Lothian Prescribing Bulletin, providing local information on YC reporting and to promote awareness. The intention is to offer similar articles to other health boards in Scotland. A contact was suggested to coordinate this.
11	Student Engagement	
11.1	Strathclyde Pharmacy undergraduate (UG) course	<p>YCCS have until this year provided lectures on pharmacovigilance (PV) and ADR reporting to Strathclyde students. However, Strathclyde have restructured the pharmacy undergraduate course, and this is no longer provided as a stand alone lecture. The course coordinator has confirmed that teaching is now integrated into other workshops and lectures, and that students are required to complete a yellow card as a learning outcome. While it is disappointing to the YCCS team not to be delivering face to face teaching, it is acknowledged that this reflects a change in the way students are taught.</p> <p>It was agreed that a further collaboration between YCCS and NES to produce a webinar for teaching could provide a useful resource as an alternative to face to face teaching, to reflect this change in direction.</p>
12	Patient Engagement	
12.1	MHRA social media campaign	The MHRA are planning another social media campaign for 20-24th November aimed at pharmacists and patients with regard to over the counter medicines (OTC). It is anticipated that this will involve further interactive materials. YCCS will engage with this via Twitter.
12.2	Ideas for future collaboration	Cross-parliamentary groups have been previously considered in regard to increasing patient engagement. It was suggested that the diabetes and cancer groups would be good to engage with regarding raising awareness of patient reporting.
12.3	MHRA patient blog	A link to a blog produced by the MHRA was circulated to the group for information.
12.4	Alliance Membership	YCCS have been contacted by the Alliance inviting membership. It was agreed this should be referred to the management board for consideration.
13	Healthcare professional engagement	
13.1	GP engagement	<p>The group discussed the limitations of the IT issues in Scotland, and possible ideas to improve reporting including</p> <ul style="list-style-type: none"> • Incorporating YC reporting into appraisal mechanisms • Incorporating YC reporting into Significant Event Analysis (SAE) for drug related events. • Continuing Professional Development (CPD)/ accreditation of ADR modules/ WebEx. • Incorporating a standard paragraph into letters from consultants to remind GPs of importance of reporting ADR's (when new drugs are initiated in hospital). • Consideration of how pharmacists working in GP practices can assist. <p>Producing stickers for prescriptions to remind prescribers to ADR reporting was suggested.</p>
13.2	Independent prescriber engagement	YCCS have agreed to produce a moodle presentation for Robert Gordon University; this will be a short presentation highlighting the key messages. Strathclyde will also be contacted.
13.3	GP practice boot camp	YCCS are liaising with the course coordinator of these training sessions for pharmacists working in primary care regarding promotion/ education.
13.4	Dundee NMP teaching changes	YCCS previously provided two face to face lectures and workshops. The course has been restructured and this will not be provided next year, although the modules will continue to be used.
13.5	NMP leads meeting	YCCS to be invited to attend.

14	AOB	
14.1	Minutes	It was agreed that the minutes and action notes should be separated, to allow the minutes to be made publically available on the YCCS website. Care will be needed to explain any acronyms.
14.2	SPSP	HIS to be invited to attend future meeting to discuss how YCCS fits in with current Scottish Patient Safety Programme (SPSP) work.
15	Next meeting	The date and time of the next meeting will be scheduled for end April/ May via doodle poll.