

YCC Scotland Advisory Board Meeting 21st April 2016

Minutes

In Attendance:	
Angela Timoney (AT)	Director of Pharmacy, NHS Lothian.
Melinda Cuthbert (MC)	Associate Director of Pharmacy (Acute & SCAN), NHS Lothian.
Tracy Duff (TD)	Lead Pharmacist YCC Scotland and Medicines Information, RIE.
Sheila Noble (SN)	Senior Pharmacist YCC Scotland and Medicines Information, RIE.
Alison Paterson (AP)	Senior Pharmacist Medicines Information and YCC Scotland, RIE.
Donna Watson (DW)	Information Officer YCC Scotland, RIE.
James Dear (JD)	Deputy Medical Director, YCC Scotland. Scottish Poisons Information Bureau, RIE.
James McLay (JM)	Senior Lecturer in Clinical Pharmacology and Therapeutics University of Aberdeen,
	Honorary Consultant NHS Grampian (dialled in).

	Item	Notes	To action		
1	Welcome and introductions	AT opened the meeting and welcomed everyone. Tracy Duff was introduced as the new lead YCCS/MI Pharmacist.			
		Group was informed the Janice Watt has left and her replacement from ASMIP is still to be appointed. Also Sonia Lam has retired. MC advised that Gavin Gorman may be able to propose a suitable replacement. SN/DW will draft a letter asking for a possible replacement. AT to see the draft once it has been formulated.			
		Rosemarie Parr has left the group. SN/DW to ask Anne Watson if she would like to join the group.			
		There was some discussion re possible patient representative- AT will forward a contact for a HIS group who are involved in developing input from patient representatives. Also possibly the ADTC Collaborative may have some contacts.	АТ		
		AT has approached Sharon Pfleger from the ADTC Collaborative about joining the group. DW to add her to the membership.			
2	Apologies	Professor Tom MacDonald, Dr William McAlpine, Connor Innes, Professor Simon Maxwell			
3	Previous minutes	Alterations: P2- Last sentence should read WM emphasised. P3- Second paragraph- 'McIvre' should read McIver. P3- point 5.3 'move on' should read moved on. P4- point 8.2, 'no longer was collects' incorrect. It should read did not originally collect. There was further discussion see AOCB.			
4	Matters arising	,	1		
4.1	Trainee Dr half day release:	Ongoing. AT will progress this. JD contacted Tim Morse about presenting to Drs as part of the CMT training supplied for SHOs in the SE area by the Royal College of Physicians, Edinburgh. This has been welcomed by the CMT training.	AT		

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		JD will also contact the other Scottish Royal Colleges to progress with then	
4.2	ADR E-Learning Module:	SN reported back figures- Throughout 2015 there had been 4695 unique visits to the ADR modules page on the NES website with 309 of these just in December. There have been 991 Multiple Choice Question (MCQ) visits on the NES Portal over the past year. On LearnPro an average of 288 people have completed all the modules during 2015 and there have been overall unique 9275 unique visits during that time. SN informed the meeting that the module has been added to the	
		UKMi training for the UK. There was discussion about celebrating the success of the modules. It was suggested to highlight this in the annual report (including any infographic), at the MHRA teleconferences and shared with the Scottish Government and the ADTD Collaborative.	
		Regarding updates there would be a cost involved. TD to confirm any costs. AT and TD will meet with Anne Watson about this matter.	SN/DW
		JD asked if anyone else could use it e.g. undergraduate courses. MC indicated that the URL to the course could be uploaded if required. A signpost to the modules is also present on the letter to Educational Establishments, the Survey Monkey questionnaire to accompany this is currently being finalised by SN for dissemination soon.	
		Group agreed it would be useful to get figures on use across Scotland.	
4.3	E-Yellow Card & HEPMA:	HEPMA is being used across A&A and Forth Valley/ D&G / Lanarkshire using it in parts. The project is with the e-Health Strategy Group re funding and from the 5 tenders 2 passed- EMIS (Ascribe) & JAC. There is still some discussion between the Scottish Government and Health Boards about the capital costs. Boards also have to find revenue costs. There has been discussion about cross board working in order to reduce costs. More work requires to be done to ensure that the eYC is fully incorporated in to the systems of choice. AT will work with TD and contact Gail Caldwell/ Laura McIver re enabling functionality in the future.	TD/AT
11	Dovolonments	There may be more than one system across Scotland.	
4.4	Developments from YCCS Roadshows:	'You said- We did' document circulated. MC suggested that it be made more succinct and, once revised, it could be sent out to road show attendees.	
4.5	Toxbase Update:	As entries are updated the link to the eYC and the App is added. So far all the common drug groups have been covered. JD has statistics for the site and will provide these for the annual report. As the data build it could provide future insights.	
5	Embedding Yellow Card in all GP systems and	AP informed the group that Vision roll out with embedded eYC is planned for June 2016 but there is no information as yet about how it will be phased-in in Scotland The MHRA will put out press	

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	plans for the Vision roll out (Summer 2016):	releases etc but AP asked if a local campaign would be useful. There was some discussion about how to get information out to GPs. It was seen that to contact every GP in Scotland was not viable. The information on roll out is linked with Tom MacDonald so AP will contact him for further details. AP will make this an MSc project and will draw up question(s) and study protocol. Possible facets are measuring the Scotlish reporting and the effects of any marketing campaign. As Scotland does not have the system it is an opportunity	АР	
6	Proposed changes to Annual Reports & Health Board Reports:	to use the present situation as a baseline. DW presented the infographic and asked for comments. JM pointed out a calculation error- DW will check. Mainly the feedback was positive. Group asked what it would be used for. DW and SN suggested that it makes the data more accessible to users. It would be as a summary. AT suggested getting comments from the Advisory Group for any revision and then using.	DW	
		Group suggested an infographic that was aimed at patients. MC spoke of data from the MHRA that suggested the impact of reporting on changing the licensing of drugs. DW to draft a copy. Other regional YC centres want to stop using BT status information. Group agreed YCCScotland would keep this.		
7	Collaboration with ADTC:	YCCS have a permanent slot in the agenda of the SUOM WebEx and have used this to provide updates on our activities. YCCS send out the MHRA Drug Safety Update/ Dear Healthcare Professional Letters every month, but cannot measure how far they are cascaded and we have requested the ADTCs to promote the DSU, perhaps by encouraging HCPs to sign up for the monthly email. Sharon Pfleger from the collaborative has been asked to join the group and this should strengthen the links into ADTCs and SPSP.		
8	Research			
8.1	FARR Pharmacoepidem iological Group update:	FARR are interested and would support the use of CHI numbers. Two facets: Better data linkage and also it would assist in validating the YC reports regarding accuracy. JD will formulate a response to MHRA to encourage the use of CHI. MC had previously looked at the Caldicott guidelines and expressed that sharing should be possible, especially with safe havens being	JD	
		available. One option might be to pilot in a small area such as Lothian initially.		
8.2	Proposed research on impact of Vision embedded eYC:	See Point 5		
9	IRIC Update:	Connor Innes not in attendance- carry forward.		
10	Social Media:	YCC Scotland has an iPad. DW shared information on Storify- a tool for mashing up social media posts.		
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		JD fed back his positive experiences of Tweeting. The governance of using social media needs reinvestigated in light of recent changes. SN had been in contact with NHS Inform who were willing to retweet any posts.	TD/DW	
		YCC Scotland need to check the YCCS websites ability to pull in social media input (as it cannot absorb RSS feeds).		
		MC advised that Anthony Cox of YCC West Midlands has re-tweeted out Road Show videos		
11	YCC Scotland video for RCP Road show in Autumn 2016:	Pharmaceutical Society (RPS) for a road show event in the autumn. SN is looking at possible patient and/ or community pharmacy		
12	Developing educational resources:	cational		
13	Patient Engagement:	SN updated the group on recent and future events and she is currently in contact with the Alliance, Our Voice initiative (Graham Morris) and it is hoped that this will provide a number of inroads into patient groups. AT suggested using SMC Patient Interest Groups to get information on national patients groups who we may be able to link to.		
		The impact that this has on staff time was raised by TD. TD will organise for staff time to be calculated. There was some discussion about the interaction with the SG and how YCCS could help them to deliver the medicines safety agenda in Scotland. TD to draft a letter to Rosemarie Parr having first liaised with Laura McIver and Sharon Pfleger on the subject.	TD	
14	AOB:	Chemocare did not originally collect data toxicity data but it is now starting to in certain boards. There are various systems throughout Scotland and these do not necessarily have data linkage between them. Marion Bennie is looking at the topic of chemo toxicity and is working with GGC on this.		
15		Date and time of next meeting		
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15		Scotland and these do not necessarily have data linkage between them. Marion Bennie is looking at the topic of chemo toxicity and is working with GGC on this.		

Summary Action List

Item	Item for Action	Responsible	Due Date	Comment
No		Individual		/ update
1	Advisory Board members-	Donna Watson		
	Draft a letter asking for an AHP representative. Contact	/Sheila Noble		
	Anne Watson and invite her to the group.			
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	Add Sharon Pfleger to group membership.	Donna Watson	
	Angela Timoney to forward patient representative group contact details.	Angela Timoney	
	*Richard Norris, Scottish Healthcare Council Patient & Public Involvement Healthcare Improvement Scotland		*
2	AT DR Trainee induction	Angela Timoney	
4.2	Costs of updating modules	Tracy Duff	
	Updating modules- Meet Anne Watson	Tracy Duff /Angela Timoney	
	Complete Survey Monkey & send out letter to educational establishments	Donna Watson /Sheila Noble	
4.1	Contact all Royal Colleges across Scotland to encourage training sessions on ADR reporting	James Dear	
4.3	Contact Gail Caldwell/ Laura McIver re enabling functionality of eYC in HEPMA in the future.	Tracy Duff /Angela Timoney	
4.4	Road shows – revise 'You said- we did' and sent to attendees and other stakeholders	Donna Watson	
5	Vision roll out- Contact Tom MacDonald and formulate study protocol.	Alison Paterson	
6	Annual Reports & Health Board Reports- Update infographics and request comments From Advisory Group Develop patient infographic.	Donna Watson /Sheila Noble	
8.1	Send a response to MHRA to encourage the use of CHI	James Dear	
10	Check the governance of using social media.	Tracy Duff/ Donna Watson	
	Check YCCS websites ability to pull in social media input	Donna Watson	
13	Measure staff time spent on YCC and patient inputs.	Tracy Duff	
	Look at other areas for staff funding.	Tracy Duff	