



**Minutes from Advisory Group Meeting
Wednesday 25 May 2005, at 1pm
in Seminar Room 4, 1st floor, Chancellor's Building, RIE**

Present: Professor D Webb, Professor of Clin Pharmacol, University of Edinburgh (Chair)
Dr N Bateman, Medical Director, SPIB and CARDS, RIE
Sheena Kerr, Principal Pharmacist, CARDS, RIE
Susan Petrie, Senior Pharmacist, CARDS, RIE
Dr R Taylor, Senior Lecturer, Dept General Practice in Primary Care, Aberdeen
Dr S Maxwell, Senior Lecturer, Dept Clinical Pharmacol, University of Edinburgh
Dr D Alexander, General Practitioner, Dunfermline
Jane Harris, Academic Team Leader for Public Health & Primary Care Nursing,
School of Nursing & Midwifery, University of Dundee

In attendance: Professor Karen Facey, Evidence Based Health Policy Consultant

1 Apologies for absence

Apologies were received from Professor T MacDonald, Anne Lee, Professor Lannigan and Melinda Cuthbert. Professor Webb noted that Anne Lee would be changing from her present post to that of Horizon Scanning pharmacist for SMC. She may be willing to continue with this group, but there is a need to consider inviting a replacement medicines information pharmacist representative to join the group, preferably also someone who could represent the West Coast. Sheena Kerr to discuss with MI colleagues

2 Minutes of previous meeting

Minutes of the meeting held on 3 November 2004 were accepted as a true record.

3 Matters Arising

**3.1 Letter to RPSGB Scotland re community pharmacy representation on CSM
Advisory Board**

Professor Lannigan had e-mailed to confirm he has contacted the RPSGB Scotland again to remind them we are waiting for a representative for this committee. Professor Webb to write to Angela Timoney to ask with help with this matter.

ACTION: PROFESSOR WEBB

3.2 Addition to CSM Scotland Webpage

S Kerr reported that the pictures of the Advisory Group have now been posted and the website is up-to-date.

3.3 Patient reporting

Dr Bateman reviewed the current situation with patient reporting. There was a ministerial announcement in January 2005 on patient reporting. Within Scotland patients are able to report using yellow cards that have been placed into GP surgeries or by telephoning the MHRA in London directly. Unfortunately the MHRA are unable to identify which surgeries the patients' yellow cards have been sent to. There is also uncertainty as to whether the GPs for these surgeries are aware that the cards are in the surgery rack. The committee expressed some concern that this was not the most efficient way to start the programme and the poor consultation that had been taken place. Professor Webb to write to Alasdair Breckenridge and June Raine to express the committees views on this.

ACTION: PROFESSOR WEBB

3.3 ADR Representative at Health Board Level

Dr Bateman reported that after the Metters review of the yellow card system, the MHRA have still to come out with clear guidelines about what information can and cannot be passed on to the health boards. This creates difficulty in trying to gain support for ADR reporting when we are unable to report back to the Health Boards the yellow card reports we are currently receiving for them in order to try and improve reporting rates. This has been a problem for all of the Regional Centres. Until the MHRA has finally decided how to full implement the report, the ADR representation to Health Boards will not be able to go forward.

3.4 Generic SOP on ADR reporting

S Kerr reported back that the SOP has been written. The SOP was to go the Association of Chief Pharmacists (ASCP) for distribution but may be more appropriate to go to the Health Board ADR champions. The advisory group agreed that this should be the method of circulation.

3.5 ISD data from health boards

Dr Bateman reported back that this information is now available from ISD but we are currently not using the information.

3.6 Letter of response on the Review of Medicines Information Service in Scotland.

Dr Bateman reported that this letter had been sent to the Scottish Office review group, expressing the views of this group.

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 back that training for pre-registration house officers has changed, with a web-based assessment, which had originally been produced by Lanarkshire Health Board, was being rolled out over all of Scotland. As part of the pre-registration house officers training they are required to answer various questions including 30-60 on medicines. These questions do not contain much on ADR reporting but there may be an opportunity to increase this. Dr Maxwell and Dr Bateman to meet with Mike Watson to try and see whether more information could be put on about ADR reporting.

ACTION: DR BATEMAN/DR MAXWELL

Jane Harris commented that this will not cover nursing and that she is still going to pursue contact with Elgin Schartau.

ACTION: JANE HARRIS

Dr Maxwell reported that within Edinburgh the undergraduates are being involved in ten interactive case discussion sessions within which ADR reporting could be incorporated into. The two schools of pharmacy are also interested in being involved in this as an inter-professional training. This may be as web-based training. These sessions may also be relevant for nurse prescribers.

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

S Kerr reported back that we have yet to receive an answer. S Kerr to send another letter to Dr PatrickWaller about this.

ACTION: S KERR

4.3 Letter to Deans group for Scotland regarding Pre-registration house officers training in the use of medicines reporting

Dr Bateman reported that this letter had been sent.

4.4 Grand Round talks for Glasgow

Dr Bateman and Dr Maxwell reported back that the Glasgow Hospitals Grand rounds had all been undertaken. The feedback had been mixed, but with some very positive responses, and this had led to a specific teaching session for the medical students. But there were still some concern expressed about the length of time taken to complete a card and that follow-up was quite often asked for.

4.5 Improving ADR educational material presented to nurses within Lothian

S Kerr reported that the reference material produced by M Cuthbert has been sent to the nurses. A poster is currently being produced.

5 Presentation to the group on reconciliation of Scottish ADR reporting data with PSD data

Dr Bateman, in the absence of Professor MacDonald, took us through his presentation. The group had a discussion following the presentation. They agreed that this was an important development. It was suggested that piloting in some other regions of Scotland to ensure transferability was a potential route. There was discussion on the possibility of other ways of finding similar information, such as the information on G-PASS, and the data held by practices in the continuous morbidity recording project. Some information on target disease areas was now being anonymised at practice level and sent in centrally. The group agreed that it would be important if possible for Dr Bateman to be present at the meeting with the Scottish Executive on 23 September 2005.

6 Links to SMC Evaluation

Professor Webb reported that in his role as Chair of SMC he had had a meeting with Lord Patel of QIS about the challenges and opportunities arising with new drugs. With horizon scanning about to be undertaken within the SMC, there is an opportunity to look at safety issues

associated with uptake of new medicines. It will be important for the SMC and CSM Scotland to work together around the safety issues. A meeting to be arranged with Lord Patel and David Steel, Chief Executive of QIS with Prof Webb and Dr Bateman about these issues.

ACTION: PROFESSOR WEBB

7 GPASS electronic yellow card

Dr Bateman reported back that although the link from GPASS to CSM Scotland is live, there is no obvious key on the front page. David Alexander reported back that it is available via a tab that leads to SKY. But this has not been well publicised and is not a route that GPs would think to use to complete a yellow card. Dr Bateman to speak with David Brasier about how this is to be taken forward; specifically, when will a tab be available on the front page of GPASS". This development would then need to be advertised to GPs. Using the GPASS newsletter, and informing the GPASS trainers, would be important. It may also be appropriate to e-mail practice managers to bring this to the attention of the GPs.

ACTION: DR BATEMEN

8 Remit of Advisory Group and membership for addition to the CSM Scotland web site.

S Kerr reported back that at the previous meeting we had discussed whether there needed to be a review of any of the content on the pages. No comments had been received. CSM Scotland had received an e-mail that our annual report is rather out-of-date as only the report for 2002 is on the web-site. S Kerr reported that the centre was still awaiting approval from the MHRA for the 2003 and 2004 annual reports to be put on the website. S Kerr to write to June Raine asking for approval to post these reports.

ACTION: S KERR

9 Reports

9.1 Annual Report 2004 for CSM Scotland

S Kerr summarised the information available in this report. There has been a decrease in the number of yellow card reports received from Scotland but the number bypassing the centre has decreased. S Kerr also reported that the number of serious reactions and black triangle reports had decreased slightly.

For reporting groups the biggest change had been with GPs. There was a 21% decrease in the number of reports from the previous year. This was a pattern that had been seen across the whole of the UK, not just in Scotland. In Scotland however, the number of nurse, midwives and health visitors reporting was lower than previous and was lower than was seen in the rest of the UK. The number of reports from community pharmacists remains low.

S Kerr reported that some of the decrease in numbers might be due the MHRA being unable to supply us with the number of ADR reports to clozapine from Scotland. This had been obtained which they had in previous years, which had increased our numbers. S Kerr to write to the MHRA to obtain this information.

ACTION: S KERR

10 AOCB

10.1 SHOW – information on ADRs

The lack of information on ADRs for patients was highlighted. It was suggested that this information could be made available on the SHOW website. Information about ADRs that is appropriate to patients looking at risk and benefits of drugs and the different ways that this could be visualised should be explored. Dr Maxwell to meet with Helen Tyrrell, SMC Patient and Public Involvement Group, for comments on how this could be done.

ACTION: DR MAXWELL

10.2 Children's ADRs

Dr Bateman reported that Dr James MacLay from Aberdeen had undertaken a small study on parents reporting on children's ADRs to community pharmacists. Currently a submission for a grant from CSO has been applied for a further study to look at ADRs in children on anticonvulsants and drugs used to treat behaviour disorders.

11 Date and time of next meeting

The next meeting will be held on Wednesday 3 November 2005, at 1.30-3.30pm, in Seminar Room 4, Chancellor's Building, RIE.

Professor Facey thanked us for inviting her to the group. She had found it most useful and helpful.

Summary Action List

Item No	Item for Action	Responsible Individual
1	To discuss possibility of another Medicines Information pharmacist joining the Advisory group with the ASMIP	S Kerr
3.1	Write a letter to Angela Timoney, Chair of the Scottish Office RPSGB about community pharmacist representation on the group	Professor Webb
3.3	Write a letter to Alasdair Breckenridge and June Raine about introduction of patient reporting	Professor Webb
3.5	Generic SOP to be circulated via the ADR champions	S Kerr
4.1	To arrange meeting with Dr Mike Watson about pre-registration house officer's web based training.	Dr Bateman/ Dr Maxwell
4.1	Arrange meeting with Elgin Schartau	Jane Harris
4.2	Write to Paul Weller about DSRU on-line ADR modules.	S Kerr
5	Attend meeting with the Scottish Executive on 23 September 2005.	Dr Bateman / Professor MacDonald
5	To circulate copy of the talk to members of the group	S Kerr
6	To attend meeting with Lord Patel and David Steel	Professor Webb/ Dr Bateman
7	To contact David Brasier about the link from CSM Scotland to GPASS	Dr Bateman
8	To write to June Raine to about posting the Annual Reports on the web site	S Kerr
9	To obtain clozapine figures from the CSM in London.	S Kerr
10.1	To arrange meeting with Helen Tyrrell about how to present information to patients on ADRs	Dr Maxwell