

		<ul style="list-style-type: none"> ○ 8.1: The YCCS website has been fully migrated and is being hosted for free by Scottish Health on the Web. Members of the Advisory Group are asked to provide any suggestions or feedback for the website on this new platform. ○ 8.2: A Kiker has not been able to prepare a copy of the updated ADR e-learning module 1 for the Advisory Group; this will be prepared to be presented to the YCCS Management Board at the next meeting. ○ 10.2: S Cole and A Kiker were to organise a presentation for a patient group in NHS Tayside, but this had to be cancelled due to the COVID-19 pandemic. ○ 10.3a: A Kiker contacted hospital radio stations to arrange interviews. A number of interviews were scheduled but had to be cancelled due to the COVID-19 pandemic. ○ 10.2b: A Kiker contacted advertising services for various modes of public transport across Scotland, but this was put on hold due to the COVID-19 pandemic. ○ 10.3c: S Cole provided A Kiker with contact information for the Scottish Women's Institute (SWI) to discuss promotion of the Yellow Card Scheme. This was put on hold due to the COVID-19 pandemic, however S Cole has advised that SWI is looking for guest speakers for meetings which are taking place virtually via Zoom. The Advisory Group agreed that this would be a good opportunity to reach members of the public to promote the Yellow Card Scheme. A Kiker and L Summers will discuss this opportunity with T Duff when she returns to work in February/March 2021. S Cole has noted that she would be happy to provide presentations on behalf of YCCS if training and/or pre-recorded presentations are provided.
4	Matters Arising	<p>4.1: Professional Statements – A number of personal statements for the YCCS Website are still required from members of the Advisory Group. A Kiker will contact members of the Advisory Group who do not yet have a personal statement and will update the website when these are provided.</p> <p>4.2: HIS Patient Empowerment – S Hill advised that there is an opportunity for YCCS to attend the Quality Improvement in Pharmacy Practice Collaborative (QIPP). T Duff has been invited to meetings but has been unable to attend in 2020 due to the additional pressures arising from the COVID-19 pandemic. There is also an opportunity to engage with Rosemary Hanson, Public Partner Coordinator, to work with community engagement and quality improvement. A Kiker and L Summers will discuss these prospects with T Duff when she returns to work in February/March 2021.</p> <p>The HIS Patient Safety initiative is currently being re-evaluated in a project lead by Simon Watson, Medical Director for HIS, working with Julie Aitken and Miggs Watson. As this work is still ongoing this represents an excellent opportunity to link the Yellow Card Scheme with the patient strategy. S Hill will liaise with Julie Aitken to determine if there is any scope for involvement from YCCS to promote the Yellow Card Scheme, pharmacovigilance, and medicines safety as part of this re-evaluation, and will share information from QIPP to the Advisory Group.</p> <p>4.3: MiDatabank Yellow Card Reporting – K Harkness raised MiDatabank ADR reporting through the Association of Scottish Medicines Information Practitioners (ASMIP) and reporting through MiDatabank has improved throughout 2020. There are still a number of technical issues affecting ADR reporting through MiDatabank, which K Harkness and T Duff have discussed with CoAcS and which K Harkness will raise at the next ASMIP meeting in February.</p>

5	YCCS 2019/20 Data	<p>5.1: Annual Report – S Maxwell highlighted the changes to the YCCS Annual Report for 2019/20, including its shorter length, updated front page, and improved graphics. The key messages from 2019/20 include a continued increase in reports submitted by patients, offset by a decline in reports from healthcare professionals. Following the effect of the COVID-19 pandemic on the health services across the whole of the UK it is feared that reporting from healthcare professionals will decline even more significantly for 2020/21, though it was noted that reports for the COVID-19 vaccine will likely be high for the end of the year and going forward into 2021/22. The Advisory Group was asked to consider how healthcare professional reporting could be improved and provide any suggestions or ideas.</p> <p>Following concern from J McLay on the low reports from medics, S Maxwell suggested that the low numbers of reports from doctors and nurses can be at least partly attributed to new electronic systems that fail to include Yellow Card Scheme integration and other, as well as other existing reporting systems that compete for healthcare professionals’ time, such as Datix, which S Lloyd-MacGilp noted is something that IRIC also considers a major barrier to reporting. The Advisory Group noted that there is an opportunity to liaise with the clinical governance groups for Datix in Scottish health board areas to discuss the possibility of imbedding or integrating Yellow Card reporting into the existing procedures, even if this is merely replying to reporters to ask if a Yellow Card report has been completed.</p> <p>The Advisory Group was asked for feedback on the new layout of the report, as well as the content of the report in general, and how this might be improved to better meet the needs and interests of readers.</p> <p>L Zlotos noted that the information in the annual report for the number of learners who have completed the ADR e-learning modules will be much more complete once the modules have been migrated to the new platform.</p> <p>Y Semple noted that the links drawn between reporting in Scotland and Drug Safety Alerts were very interesting, and showed clearly what it means in practice to submit a report via the Yellow Card Scheme. YCCS will move this commentary to earlier in the report so it is more visible and more widely read for the next annual report.</p> <p>The Advisory Group was interested to see how Scotland compares to the rest of the UK in Yellow Card reporting, and it was suggested that a section could be added to the annual report to provide a brief comparison. This will involve communication with the MHRA and other Yellow Card Centres and will be raised by YCCS at the next YCC/MHRA Quarterly meeting.</p> <p>It was noted that a high level summary for individual boards was produced in the past, however this has been ceased in recent years because of the additional workload it created. If this is something that the Advisory Group feels is important to continue, YCCS can revisit this and make it a priority once again.</p>
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		S Hill will arrange for a point to be added to the agenda of the ADTC collaborate forum as an opportunity for someone from YCCS to attend the meeting and discuss the main points for the next annual report.
6	Incident Reporting & Investigation Centre (IRIC) update	<p>S Lloyd-MacGilp provided an update on IRIC reporting for 2020, and the following points were noted:</p> <ul style="list-style-type: none"> • 2020 has seen a 13% decrease in the reporting of adverse incidents involving medical devices to IRIC compared to 2019. This decrease coincided with the SARS-CoV-2 pandemic and is therefore consistent with a number of clinical services shutting down. • IRIC received a total of 79 adverse incident reports from the MHRA in 2020, accounting for 20% of all adverse incident reports received • Of the reports from the MHRA, 35% can be attributed to devices whose use began or saw a significant increase during the COVID-19 pandemic. This includes surgical face masks (22%) and COVID-19 test kits (13%). • The number of adverse incidents reported in 2020 via the MHRA involving breast implants and glucose monitoring systems has decreased significantly from 2019. • Within this same time period, however, the number of adverse incidents involving transvaginal mesh reported to the MHRA via remains similar to 2019 (14%).
7	Social Media	<p>7.1: MHRA Social Media Campaign – A Kiker updated the Advisory Group on the recent medicines safety campaign which YCCS contributed to in collaboration with the MHRA and other pharmacovigilance services across the world. The Advisory Group was invited to comment on the social media presence from YCCS during the campaign. Y Semple noted that the engagement and retweeting throughout the campaign was encouraging. J McLay noted it would be useful for the Advisory Group to see the Twitter metrics not only for the campaign but for all social media engagement. A Kiker will add specific point to the agenda for future meetings to discuss Twitter metrics, including a list of the top 10 tweets since the last meeting for the Advisory Group to review and discuss.</p> <p>7.2: Twitter update – A Kiker advised that regular Twitter activity remains consistent, though has dropped off over the last few months due to the COVID-19 pandemic and messages from the MHRA relating primarily to the vaccine campaign. The Advisory Group was asked if there was anything that YCCS could do to reach a wider audience with our tweets, such as tagging certain patient groups or posting about specific issues.</p> <p>S Cole noted that Facebook is a much more popular alternative to Twitter for many people, and may provide a platform for wider engagement of patient groups. It was noted that YCCS previously considered Facebook but didn't go ahead with it due to the increased work load associated with increased direct patient engagement. The possibility of creating a YCCS Facebook account will be added to the agenda of the next Management Board meeting for</p>

		<p>review and consideration. K Harkness noted that the NHS Tayside Facebook engages with thousands of people and is a good example of a well-organised Facebook page. The NHS Tayside Pharmacy also has a social media page that is very proactive in linking to medicines safety issues, and would be a good connection for any future.</p>
8	Resources and promotion	<p>8.1: YCCS website migration – The YCC Scotland website has successfully moved to its new platform on Scottish Health on the Web (SHOW), following a discontinuation of support for SharePoint in NHS Lothian. SHOW has agreed to host the website free of charge, and there were no costs associated with transferring the information from the website to the new Wordpress platform as this was done in-house.</p> <p>Members of the Advisory Group were asked to review the website and provide feedback or comments on any areas that it is felt could be improved. This could be in terms of composition, layout, or content.</p> <p>It was noted that the website contains a blog as part of its transfer to Wordpress, and it was suggested that this could be used to produce content for healthcare professionals and members of the public in the form of informative articles. Messages shared via Twitter and other social media platforms could be expanded on as blog articles with additional information and images. Engagement for this could be tested by linking with a tweet and tracking activity. Articles for healthcare professionals could be written by S Maxwell and J Dear, while S Cole expressed availability to provide blog articles from patients’ perspectives, for lived experiences of adverse drug reactions.</p> <p>8.2: YCCS/NES ADR module update – All of the existing ADR e-learning modules have been transferred to the new platform without update, and NES has provided feedback for all modules in this new format. A Kiker has been implementing the feedback provided, and it is hoped that these modules will be able to go live on the new platform once this feedback has been addressed.</p>
9	Student Engagement	<p>9.1 RGU Young Medicines Safety Champions – YCCS involvement with the RGU Young Medicines Safety Champions initiative is currently on hold as Alysson Brown, lecturer for Pharmacy at RGU who was liaising with YCCS, has moved to a different post. This will be discussed with RGU again to determine the best point of contact for YCCS.</p> <p>9.2 Webinars for Higher Education – During the COVID-19 pandemic, YCCS teaching has continued to take place via online platforms, and has been able to reach a wider audience. L Summers has produced a number of webinars that have been delivered to higher education centres across Scotland.</p> <p>9.3 Ideas for 2021/22 – YCCS is always looking to expand teaching and the Advisory Group asked for updates for how to bring it forward. Usually medical courses have lectures given by clinical pharmacologists, where the Yellow Card Scheme will usually be covered as part of a lecture on medicine safety generally. It was noted that lectures are being delivered more and more online and are often changing to a shorter, 10-15 minutes presentations, so this may change going forward. S Maxwell and the rest of the YCCS team will develop 3-4 talks or presentations running 10-15 minutes on the Yellow Card Scheme that can be provided to teaching organisations for Medicine, Nursing, Physiotherapy, etc.</p>

10	Patient Engagement	<p>10.1: Ideas for 2021/22 – The following ideas for events and engagement in the year 2021/22 to increase Yellow Card reporting were discussed:</p> <ul style="list-style-type: none"> • Short videos for patients could be created and uploaded to the YCCS website. • YCC Scotland could engage directly with Carer centres for promotion of the Yellow Card Scheme. • A Yellow Card Scheme message could be added to the pharmacy note for prescriptions. Y Semple & S Maxwell will send a letter to Jean Freeman inquiring about this possibility.
11	Healthcare Professional Engagement	<p>11.1: Ideas for 2021/22 – The following ideas for events and engagement in the year 2021/22 to increase Yellow Card reporting were discussed:</p> <ul style="list-style-type: none"> • Short videos for healthcare professionals could be created and uploaded to the YCCS website. • Promotional banners and links could be added to NHS Health Board intranet pages. K Harkness will raise this at the next ASMIP meeting. • Community Pharmacy representation should be considered for the YCCS Advisory Group going forward.
12	AOB	Nil
13	Next meeting	Date and time of next meeting TBC following circulation of a doodle poll, for 6 months from January 2021.