

**Yellow Card Centre Scotland (YCCS) Advisory Board Meeting 28th
November 2019 Minutes**

In Attendance:	
Angela Timoney	Director of Pharmacy, NHS Lothian (Chair)
Scott Hill	Lead Pharmacist, ADTC Collaborative
Jane Harris	NHS Education for Scotland Nurses, Midwives & Allied Health Professions
Susan Lloyd-MacGilp	Incident Reporting and Investigation Centre
Louise Summers	YCC Scotland, Senior Pharmacist
Tracy Duff	YCC Scotland, Lead Pharmacist
Alexander Kiker	YCC Scotland, Information Officer
Via Video/Teleconference:	
Alyson Brown (guest)	Robert Gordon University, Academic Team Leader
Karen Harkness	Association of Scottish Medicines Information Practitioners
Simon Maxwell	YCC Scotland, Medical Director
James McLay	NHS Grampian
Prof. Tom MacDonald	University of Dundee, Professor of Clinical Pharmacology and Pharmacoepidemiology
Sue Cole	Patient Representative
1	<p>Apologies</p> <p>James Dear YCC Scotland, Deputy Medical Director</p> <p>Elaine Figgins NHS Education for Scotland, Allied Health Professionals</p> <p>Christopher Nicolson NHS Shetland & NHS Orkney</p> <p>Anne Watson NHS Education for Scotland, Pharmacy</p> <p>Leon Zlotos NHS Education for Scotland, Pharmacy</p>
2	<p>Membership</p> <p>2.1: Chair Required – A Timoney is standing down as chair for the YCC Scotland Advisory Group. Yvonne Semple, Director of Pharmacy for Golden Jubilee hospital, has been contacted to discuss the possibility of joining the Advisory Group as a Director of Pharmacy representative, with the view of taking over as chair. A Timoney and Y Semple will both attend the next Advisory Group meeting where A Timoney will hand over the position of chair to Y Semple at the start of the meeting.</p> <p>2.2: Welcome to Sue Cole, patient representative – Sue Cole was welcomed as the new patient representative in the YCC Scotland Advisory Group.</p> <p>2.3: Welcome to Scott Hill, ADTCC representative – Scott Hill was welcomed as the new representative for the Area Drugs and Therapeutics Committee Collaborative in the YCC Scotland Advisory Group.</p> <p>2.4: Welcome to guest Alyson Brown – Alyson Brown, lecturer in Pharmacy at Robert Gordon University, was welcomed as a guest in this meeting to discuss a potential collaboration between RGU and YCC Scotland.</p> <p>2.5: Template for member statements – Members of the Advisory Group were asked to write a short statement and include a photograph for their profile on the YCC Scotland website by Thursday 12th December 2019. Existing statements for members should be</p>

		<p>reviewed and updated. A Kiker will circulate a template to all members of the Advisory Group to facilitate the writing of this statement, and examples of existing statements can be found on the Advisory Group Members page of the website: https://www.yccscotland.scot.nhs.uk/aboutus/Pages/Advisory-Group-Members.aspx. Completed statements should be returned to A Kiker at alexander.kiker@nhslothian.scot.nhs.uk.</p>
3	Minutes of the Previous meeting	The minutes from the previous meeting on 3rd June 2019 were accepted as a true and accurate record.
4	Matters Arising	<p>4.1: Yellow Card reporting integration with clinical systems – The MHRA is running a pilot for Yellow Card reporting integration within EMIS in NHS England. This will be available in Scotland with the new web version of EMIS, but expected roll out will not be commenced until 2020 over 3 months. There has been no progress regarding integration within JAC which is what the majority of healthboards have agreed on for HEPMA. T Duff will continue to pursue this with the MHRA, and S Hill will provide contact information for representatives within JAC to T Duff so this can be discussed directly.</p> <p>4.2: GP waiting room screens – L Summers has not received any communication from NoticeBoardTv regarding the availability of Yellow Card Scheme content for GP practices, which was organised by Alison Paterson in 2018. L Summers will contact Stephen McBurney to determine what the majority of GP practices in NHS Lothian are using for displays in their waiting rooms and proceed from there going forward.</p> <p>4.3: IRIC communications expert – S Lloyd-MacGilp will provide A Kiker with the details of the communications expert who has worked with IRIC, for YCC Scotland to investigate as a potential resource for increasing awareness.</p> <p>4.4: SHMU Radio interview – A Kiker has not yet heard back from SHMU Radio regarding a recording of the interview given in April 2019. Contact details for hospital radio stations have been investigated as a potential platform for both healthcare professional and patient outreach.</p> <p>4.5: Moodle presentation for RGU – YCC Scotland has still not heard back from RGU regarding the creation of a Moodle presentation for their Independent Prescriber course. This will be put on hold until further communication from RGU is received.</p>
5	YCCS 2018/19 Data	<p>5.1: Draft annual report – The YCC Scotland 2018/19 Annual Report is finished and awaiting distribution pending final approval. S Maxwell will review the report so it can be distributed next week.</p> <p>The draft report was presented to the Advisory Group, and the following points noted:</p> <ul style="list-style-type: none"> • There has been an overall decline in HCP reports. • The overall level of reports has remained stable due to an increase in patient reporting. • GP reporting is slightly down, but has been helped by reports VISION and other electronic reporting. It was hoped that this could be improved further if Yellow Card reporting is integrated within EMIS.

		<ul style="list-style-type: none"> • Reports from hospital healthcare professionals have been steadily declining. It was noted that this may be a result of report fatigue, as healthcare professionals are required to submit incidents via internal processes such as DATIX, which may prevent reports to the Yellow Card Scheme. It was noted that this is a similar concern for reports to IRIC. The best way to overcome this hurdle would be to include a simple and efficient Yellow Card reporting functionality within electronic systems. However, DATIX have not engaged with this. To date Cerner is the only incident reporting system which has this functionality. • Reports from pharmacists have also been declining. T Duff will liaise with the National Acute Pharmacy Group Scotland to discuss promotion of Yellow Card reporting in order to address the decrease in pharmacist reporting. T Duff will contact Janice Watt, chair of NAPS, regarding this. • Reporting from nurses has increased, and this is thought to be due to engagement from non-medical prescribers. J Harris will provide T Duff with information on all Scottish non-medical prescriber university courses to ensure YCC Scotland is able to engage with all available courses.
6	Incident Reporting & Investigation Centre (IRIC) update	<p>S Lloyd-MacGilp provided an update on IRIC reporting for the last 6 months, and the following points were noted:</p> <ul style="list-style-type: none"> • There has been a 21% increase in reporting of adverse incidents through IRIC over the past 12 months. It is unclear whether this will be sustained going forward. • 76 reports to IRIC in the past 12 months came from the MHRA via the Yellow Card Scheme, accounting for 17% of all reports to IRIC. • Most reports from the MHRA were submitted by members of the public, including 5 submissions by solicitors for intraocular lenses. • Nearly one third of reports from the MHRA involved breast implants, and one fifth involved glucose monitoring sensors, largely due to the adhesive properties of the sensor causing skin irritation. • Transvaginal mesh implants are the third most commonly device associated with adverse incidents. • Over past year 17% adverse incidents reported by MHRA, with an increase of 2% <p>The Advisory Group discussed the incident reports to DATIX and noted that most are reported to DATIX and not then reported again to IRIC. It is not possible to pull data from DATIX directly, but IRIC is currently trialling a batch import of data from DATIX in West Lothian.</p> <p>It was noted that most reports to IRIC that do not come from the MHRA are from HCPs, but this is not broken down further into more specific categories like nurse, doctor, or pharmacist. It was also considered that duplication of reports from HCPs and reports from members of public via the MHRA may exist within the data.</p>

		<p>It was noted that DATIX managers submit large batches of IRIC reports, and it was suggested that they could they do the same for the Yellow Card Scheme. There was discussion regarding linking up Yellow Card and IRIC reporting functionality with existing electronic reporting systems, but no progress has been made with DATIX. There are pilots in place in NHS England for some reporting systems, but none yet for DATIX.</p>
7	Social Media	<p>7.1: MHRA social media campaign – The MHRA social media campaign is currently on hold due to the upcoming general election.</p> <p>7.2: Twitter update – The Advisory Group was advised that Twitter activity remains consistent, with the number of followers rising to above 1200. Ongoing campaigns which YCC Scotland can become involved in have been identified, including #PharmacyHour, and the Advisory Group was asked to provide A Kiker with details of any similar campaigns if they become aware of them.</p> <p>A Kiker will look into the Greater Glasgow & Clyde Pharmacy Service Twitter account and begin following them. S Hill will look at the Twitter feed at Healthcare Improvement Scotland for engagement with YCC Scotland. It was noted that the best way to increase Twitter following would be for someone with a lot of followers to retweet one of the tweets from YCC Scotland.</p>
8	Resources and promotion	<p>8.1: YCCS website migration – The YCC Scotland website will be migrating to the Scottish Health on the Web service following a discontinuation of support for SharePoint in NHS Lothian. The alternative platform for the website will be Wordpress. A Kiker will look into costs for development of the new website and bring this information to the next YCC Scotland Management Board meeting.</p> <p>8.2: YCCS/NES ADR module update – The updates to the NES/YCC Scotland ADR module 1 are still underway, including a case study which needs clinical input; this will be raised with the YCC Scotland Management Board, and A Kiker will prepare a presentable copy of the updated Module 1 at the next Advisory Group meeting for review by all Advisory Group members.</p> <p>Because the limiting factor for the migration of the ADR e-learning modules to Storyline has been updating the content, the Advisory Group decided that, going forward, YCC Scotland should focus on just migrating the current content of the modules to Storyline with a view to update the content at a later date. One of the major advantages of the new platform is that updating the modules after they are published is simple and easy to do.</p> <p>Following the update to the modules, it was suggested that YCC Scotland should organise an advertising campaign to publicize the new platform. This will be organised via Twitter and through the YCC Scotland website, and further ideas will be discussed closer to when the modules are ready for publication.</p>
9	Student Engagement	<p>9.1 RGU Young Medicines Safety Champions – Robert Gordon University has been conducting a campaign where final year Pharmacy students go to local primary school to run</p>

		<p>a workshop where they speak about medicines and medicine safety to P4 children. The campaign has been going on for a few years and has been previously evaluated and assessed, so the ongoing risk management risk is low. Pharmacy students attend schools in groups, and always accompanied by a responsible pharmacist who is on-site during the workshop, with the school teachers in the room as well.</p> <p>It was noted that the benefits of this go beyond just medicines safety, as it presents pharmacy as a career option for children in the schools during an age when they are just starting to think about the future.</p> <p>The campaign is embedded into the RGU Pharmacy course for stage 4 students to deliver. A Brown mentioned that a potential plan going forward is to move the existing campaign to be conducted by stage 3 Pharmacy students, and introducing a new campaign focused on children and young people at a later stage in development for stage 4 students, potentially looking at other areas of medicines use such as antibiotic resistance. This could be run in the next academic session as a pilot.</p> <p>It was noted that the MHRA focus for YCC Centres is to engage more with children and young people, and this represents a fantastic opportunity to meet this objective. YCC Scotland are very keen to contribute to this campaign, either through coursework or teaching, or helping to pilot something locally. There was also interest in the exploring the construction of a resource that can be accessed and used by a wider population.</p> <p>The Advisory Group supports this collaboration. A Kiker and T Duff will liaise with A Brown to carry this forward.</p>
10	Patient Engagement	<p>10.1: NHS Scotland initiative for patient empowerment – T Duff and S Hill will liaise with members of QIP to seek the contact details for an appointed person associated with the Healthcare Improvement Scotland patient empowerment agenda as a potential resource to increase Yellow Card reporting.</p> <p>10.2: NHS Tayside patient group – A Kiker will liaise with S Cole and Arlene Coulson, chair of a patient group in NHS Tayside, to organise a presentation or discussion on the Yellow Card Scheme for this group. It was noted that it would be useful for someone from YCC Scotland to come up and speak to them directly.</p> <p>10.3: Ideas for 2020/21 – The following ideas for events and engagement in the year 2020/21 to increase Yellow Card reporting were discussed:</p> <ul style="list-style-type: none"> • T Duff and A Kiker have previously given a radio interview for SHMU Radio on the Yellow Card Scheme. This went well, and it was suggested that YCC Scotland could look into doing something similar for hospital radio stations across Scotland, which the Advisory Group was supportive of. • It was suggested that YCC Scotland can go to shopping centres, train stations, community centres, or other public areas to engage directly with the public. It was noted that it can be very difficult to receive engagement from patient groups, so going directly to the public might be best way to engage patients. The Advisory Group was enthusiastically supportive of this. • It was noted that, in addition to going to public places to engage with members of the public, YCC Scotland can look into public advertisements. In particular,

		<p>advertisements on ScotRail trains or Scottish bus networks could potentially reach a very wide audience. The cost of advertisements in these and potentially other areas will be investigated and brought to the next YCC Scotland Management Board meeting. It was suggested that the Royal Voluntary Service could be approached to suggest a collaboration with YCC Scotland.</p> <ul style="list-style-type: none"> • Magazine articles on the Yellow Card Scheme could be written to reach a wide audience of readers or to target specific demographics, depending on the magazine. This is something that YCC Scotland has done in the past, and could quite easily do again by using existing templates as a starting point for new articles. S Cole will provide contact information for members of the Scottish Women’s Institute with the view of publishing an article in their magazine on the Yellow Card Scheme. • Professor Tom MacDonald highlighted an evidence study evaluating the comparative safety and efficacy of bendroflumethiazide and indapamide following a switch from one to the other, in 29 GP practices. Patients switching between these are advised to report and adverse effects to their GP. These practices could be approached, or the patients could be written to directly to encourage reporting of any adverse reactions to their medicines during this trial via the Yellow Card Scheme. This study will likely be rolled out eventually to 250 practices, which could be an excellent opportunity to engage both GP and patient reporting groups. T MacDonald will be involved in a meeting with A Timoney where the possibility of this study being rolled out to practices in NHS Lothian will be discussed. Pending the outcome of these discussions, A Timoney will pass details on to T Duff to determine if YCC Scotland involvement in this study can be included. This may need to be raised with the MHRA for approval. • It was noted that a lot of adverse incidents to medicines are first verified by medical laboratory services. It was suggested that laboratory services could be approached directly to encourage reporting of these adverse reactions via the Yellow Card Scheme.
11	Healthcare Professional Engagement	<p>11.1: MiDatabank ADR reporting – Reports to the Yellow Card Scheme through MiDatabank has been very low in Scotland, with considerable potential for it to improve. Some centres have a more robust reporting process than others. SOPs and a good practice guide are available already for e-YC reporting via MiDatabank, however they may require updating now. K Harkenss and T Duff will bring this to the Association of Scottish MI Pharmacists to look at the existing SOPs, and see whether any additional guidance from the MHRA is needed.</p> <p>Further clarification may be required for the MHRA regarding expectations for follow up and minimum information.</p> <p>There were concerns of technical issues with MiDatabank ADR reporting, as some data from NHS Tayside MI centre does not match that from the MHRA on reports from MiDB. T Duff will follow up with K Harkness, and raise this with the MHRA if necessary.</p>
12	AOB	Nil
13	Next meeting	Date and time of next meeting TBC following circulation of a doodle poll.