

SINGLE MEDICINES ADMINISTRATION RECORD WORKING GROUP

Monday 24 January at 11:30 – 13:00

Seminar/Sir John Crofton Room

MINUTES OF MEETING

Attendance:

Neil Dewhurst – President, Royal College of Physicians of Edinburgh
Brian Robson – Medical Director, NHS QIS
Charles Sinclair – Scottish Government/Nursing officer: Acute Care
Charles Swainson – Chair, Scottish Patient Safety Programme
Simon Maxwell – Professor of Clinical Pharmacology, Edinburgh University
Vicky Tallentire – Fellow in Medical Education, Edinburgh University
Angela Timoney (by telephone) – Chair, Directors of Pharmacy

Apologies:

Laura McIver – Chief Pharmacist, NHS QIS
Michelle Caldwell – Director of Pharmacy, NHS Ayrshire & Arran

1. Welcome and Introductions

Neil Dewhurst explained his motivation for initiating this project. The UK Academy had supported the concept of a single drug chart. He also heard of the experience of a single chart in Wales and considered it would be a useful initiative that should be explored in Scotland.

2. Title of the Project

There were general discussions on the title of the project. Angela Timoney suggested that it should include '*prescribing* and administration record': **Single Prescription and Administration Record for Scotland (SPARS)**. There was general agreement that this should be included in the project title and that the title was otherwise fine.

3. Terms of reference

The scope and remit of the project was then considered.

Simon Maxwell preferred to limit the project to concern adults. He raised that it was already a big project to obtain a single chart and foresaw problems with venturing toward specialist charts.

Brian Robson agreed that the project should initially be limited to adults. He mentioned that this particular project should be viewed as part of a wider

piece of work for the future. He raised the importance of having the final objective of patient safety in mind from the outset. He also flagged that the project would be relevant to any future implementation of electronic prescribing. There was general agreement with these points.

Charles Sinclair supported the inclusion of diabetes management.

Vicky Tallentire mentioned the potential resistance from critical care groups noting they currently use a different chart.

Charles Swainson noted that ITU and paediatrics are currently excluded in the chart. Angela Timoney also saw challenges in dealing with ITU, HDU and paediatrics.

It was agreed that the chart would not include anaesthetics, HDU or paediatrics.

4. Diabetes management

Neil Dewhurst opened up the discussion on how diabetes management should be considered. Firstly he raised the need to clarify what is to be included when speaking of diabetes. He queried whether it should also include hyperglycaemia.

Charles Swainson noted that diabetics are typically on the same medication year after year. He highlighted the need to be precise about which group the project will be looking at and their different needs.

Simon Maxwell noted that there are different chart layouts being used at the moment. He proposed that the project should not try to incorporate specialist charts at the moment.

Brian Robson agreed. He again reiterated that it should be clear that the objective of the project is patient safety. He mentioned also that it should be made clear that changes to the format of the chart on its own will not solve all problems.

Angela Timoney stated that she did not see major difference between the various charts being used. She then queried whether there was evidence to show that variability in charts contributed to errors.

Simon Maxwell confirmed he has seen evidence suggesting that disparity in charts may lead to errors. He raised however that it is unclear whether the unification of charts will then resolve these errors. He then raised that there were significant differences in the layouts between the charts used in Lothian and in Wales. Neil Dewhurst highlighted the need to review the studies conducted in Queensland and Wales on the creation of a single chart.

ACTION: Neil Dewhurst will get in touch with Karen Adamson to discuss views of diabetes groups

5. VTE Treatment and Prophylaxis

Neil Dewhurst mentioned that he favoured including VTE treatment and prophylaxis. Simon Maxwell also mentioned that he saw no reason why they could not be included.

Charles Swainson then queried whether there had been studies involving the monitoring of charts and where these studies had published clinical evidence showing improvements. No other evidence was known apart from the Queensland experience. Angela Timoney also expressed concern that there are few existing examples where the standardisation of the chart has led to success.

Brian Robson agreed that it was important to establish an evidence base of the current situation. He considered the project fit within a broader process toward the standardisation of practice. He highlighted that the unification of charts would be needed in any case to later facilitate electronic prescribing.

6. Other Issues

There was general consensus of the need to involve junior doctors in the process. Charles Swainson made some suggestions of what can be explored to make the use of charts safer. He said this may include legibility, ease of use or less technical aspects. Simon Maxwell referred to the chart used in Wales and believes the format is difficult to read. He agreed that a trial should be conducted with the ultimate users of these charts and that feedback should be collected on its acceptability.

Neil Dewhurst agreed that the chart needs to be clear and understandable. He also pointed out that the design of the chart should accommodate for users with dyslexia. He also suggested that any tests of a proposed new chart could involve time limited surveys.

Vicky Tallentire suggested that there was a need to engage an expert on how the design of the chart may affect the minimisation of errors. Brian Robson mentioned that expert knowledge is available and can build in 'forcing' functions.

Charles Swainson raised that he anticipated there would, in general, be low acceptability of the project. As such he said that they need to think carefully about the methodology. He suggested making regular tests with improvements made to the chart at each stage. There was general consensus on the need to ensure ownership of the project at all steps.

Charles Sinclair agreed with Angela Timoney that he does not consider there are such broad differences between the various charts as expected. In his view, he does not expect it would be difficult to gain a consensus.

Simon Maxwell noted that the process is invariably linked with education and pointed out the need to work with NES.

7. Consensus conference

Angela Timoney suggested that the project should involve a consensus conference. She raised that it may be valuable in gaining ownership and information gathering. She suggested that the conference may run for 2 days, with 5 or 6 sessions and 1 or 2 questions being considered per session. The conference would involve a great deal of participation from the delegates. The conference would also involve an expert panel. Angela Timoney was uncertain whether the conference should take place at an early or later stage. She acknowledged that the organisation of the conference involved a great deal of preparatory work. She also mentioned that the topics to be discussed at the conference would need to be determined.

There was general support for a consensus conference.

Charles Swainson suggested that the conference could look at the design of the different charts. He queried whether the conference should also aim at looking at the issue of prescribing practices where evidence is little or conflicting. Angela Timoney acknowledged that she struggled with this question but highlighted that the ultimate objective of the project should be about improving safety. Charles Swainson also suggested that the conference could more closely examine one of the most dangerous drugs (e.g. Warfarin) as an example and explore the risks and its link with problems with the chart.

There was general consensus that the conference should involve looking at the design of the chart. Simon Maxwell was concerned that 2 days on detail may be too long and suggested that the development, rollout and educational aspects etc. could all be incorporated as components of the conference.

Brian Robson expressed concern that 2012 is too far into the future and questioned whether the progress was too slow. Simon Maxwell agreed that immediate action was necessary but that the issue of the chart was part of a larger programme aimed at patient safety.

8. Timelines

Neil Dewhurst considered another meeting would be needed to consolidate the timeline. He said that the consensus conference is likely to take place in 2012 given the large amount of preparatory work that needs to be done. A more precise timeline may be produced once the scope of the project is decided.

9. Possible future membership of the Group, eg Primary Care and others

Neil Dewhurst raised the question of whether to keep a tight group with limited membership.

Angela Timoney acknowledged that the project involves a multidisciplinary process including doctors and nurses. She raised that Glasgow has recently introduced a new chart and may consider the issue has already been 'sorted' from their point of view. She raised therefore the need to collaborate with Glasgow. She also mentioned the need to consider what other areas need to be improved for patient safety beyond the issue of the chart.

Charles Swainson did not foresee a great issue in gaining the support of Glasgow. He believes that Glasgow may in any case be due for a later review of the chart. Angela Timoney noted that Glasgow had scheduled a review of the chart in 2012.

Neil Dewhurst queried whether there is an obligation to invite all the NHS Directors of Pharmacy. He also suggested the inclusion of the Scottish Academy and NES. Charles Swainson noted that the directors of pharmacy would be pivotal in the testing and design of the chart.

Angela Timoney said that the directors of pharmacy would be supportive but said that they would not likely want to take leadership of the project. She raised that she meets with the other directors every 4 to 6 weeks. She said further that there would be no problems with communication with the other directors.

Brian Robson suggested inclusion of medical directors, contacts from medical postgraduate and medical education and the Royal College of General Practitioners.

Simon Maxwell suggested that junior doctors should also be invited to participate.

Charles Sinclair suggested using the Hub. Brian Robson agreed.

Charles Swainson again noted that a design team would be needed.

Simon Maxwell suggested that variable charts ought to be made widely available to minimise any disenfranchisement within the NHS. He agreed that a person would be needed at an early stage with some expertise on the design of charts. He suggested that Glasgow may know of a relevant person given their recent production of a new chart.

Neil Dewhurst then raised the issue of funding. RCPE would be willing to host any events within its premises and offer secretarial support. However he raised the need for funding to cover any other expenses.

Brian Robson acknowledged that the project fitted within the patient safety framework. An application for funding may be made to QIS. Neil Dewhurst agreed that a business plan would need to be drafted.

Action: Simon Maxwell, Brian Robson and Laura Mclver to discuss the content of a business plan.

Action: Vicky Tallentire will identify a contact for Foundation year doctors.

10. Responsibilities: Appointment of Chair, etc

Neil Dewhurst nominated Simon Maxwell to be chair of the project. This received unanimous support.

Simon Maxwell accepted the position of chairperson. He flagged that his long-term commitment to the position would also be dependent on the amount of time the project would take. He mentioned that he would consider whether a co-chair or deputy chair would need to be appointed and will discuss further at a later meeting.

Action: Simon Maxwell to consider whether a co-chair or deputy chair needs to be appointed.

Action: Angela Timoney to conduct further work on the consensus conference.

11. AOB and Date of Next Meeting/s

No other business was mentioned. Date of next meeting TBC.

Summary of Action Points:

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| Discuss the content of a business plan | Simon Maxwell, Brian Robson and Laura Mclver |
| Contact a foundation year doctor who may be involved in the project | Vicky Tallentire |
| Contact Karen Adamson to discuss views of diabetes groups | Neil Dewhurst |
| Contact NES | Neil Dewhurst |
| Work on the consensus conference | Angela Timoney |
| Consider whether the appointment of a co-chair or deputy chair is needed | Simon Maxwell |