

SINGLE PRESCRIPTION AND ADMINISTRATION RECORD FOR SCOTLAND (SPARS) WORKING GROUP

17 May 2011, 3:30 – 5:00 pm

Duncan Room, Royal College of Physicians of Edinburgh

MINUTES OF MEETING

Attendance:

Simon Maxwell – Professor of Clinical Pharmacology, Edinburgh University

Vicky Tallentire – Fellow in Medical Education, Edinburgh University

Korina Leoncio – Administrative Assistant, Royal College of Physicians of Edinburgh

Neil Dewhurst – President, Royal College of Physicians of Edinburgh

Alister Maclaren (by telephone conference) – Lead Pharmacist, Clinical Governance, NHS Greater Glasgow & Clyde

Rose Marie Parr - Director of Pharmacy, NES

Laura McIver – Chief Pharmacist, NHS QIS

Brian Robson – Medical Director, NHS QIS

Beccy Hale - FY Doctor, NHS Fife

Charles Swainson – Chair, Scottish Patient Safety Programme

Charles Sinclair – Scottish Government/Nursing Officer: Acute Care

Apologies:

Michelle Caldwell – Director of Pharmacy, NHS Ayrshire & Arran

Angela Timoney – Chair, Directors of Pharmacy

1. Welcome, introductions and apologies

Simon Maxwell briefly introduced the meeting attendees and acknowledged apologies received.

2. Minutes of previous meeting – Enclosure 1

The draft minutes of the last meeting held on 28 March 2011 were reviewed and no issues were raised.

3. Matters arising

Simon Maxwell reiterated some of the matters discussed in the last meeting. There were some further discussions regarding these matters including the following points:

- a) Simon Maxwell said there were still some sample drug charts that needed to be collected. Laura McIver agreed to follow this up.
- b) Charles Swainson indicated that he had not yet spoken to Jill Collinson to discuss the legal obligations that may be needed to be accounted for in developing a chart.
- c) Rose Marie Parr confirmed that it would be useful to use both the knowledge and skills network and DOTS to reach junior doctors. She confirmed that she had already diarised meetings with DOTS to discuss the SPARS project. It was agreed that any other further action regarding contacting junior doctors through DOTS or the knowledge and skills network would be deferred to a later date.
- d) Simon Maxwell had not yet heard anything further from Keith Beard regarding his invitation to join the SPARS group.
- e) Simon Maxwell said he had been in touch with Jeanette Stevenson of the Royal College of Physicians of Edinburgh to discuss the proposed consensus conference.

4. Group membership

Simon Maxwell confirmed that he had invited Paul Wilson to join the SPARS working group however had not yet heard a response.

5. Single prescription and administration chart – Literature search and selection

The group then reviewed the draft HIS report outlining a literature review on single prescription and administration charts. The following comments were made:

- a) Laura McIver said the report was still in draft form and welcomed any feedback.
- b) Vicky Tallentire suggested that the report include a final paragraph making recommendations on future action. She also suggested that the report mention the EQUIP study which recommends standardisation.
- c) Simon Maxwell said that based on the report, there seemed little information and analysis on the impact of the standardisation and implementation of unified drug charts, aside from the Queensland example. Simon Maxwell said that in his view, some of the shortcomings of the Queensland study were the absence of a control group, the short term nature of the study and the potential for the results to be distorted as the participants to the study were aware of the intervention.

Brian Robson said he did not consider that it was essential to have a control group for a study of this kind given that it applies to such complex environments.

- d) It was highlighted that it appeared that the All-Wales group did not look closely at the impact of its work. It was agreed that the SPARS group would need to consider an effective methodology for measuring the impact of the implementation of standardised drug charts.
- e) Simon Maxwell pointed out that the PROTECT study group is examining prescribing errors made in Scottish hospitals has already developed a methodology for auditing prescribing in collaboration with local pharmacy departments. This might form the basis of baseline and post-intervention studies. Charles Swainson said that social work and nursing disciplines are also currently using qualitative research methods which could be adopted.

Simon Maxwell said that the group would need to identify a specific person or department with the relevant expertise to apply the appropriate qualitative research methods.

- f) Charles Swainson said that the group should make an effort to improve its evidence base. He said it would be needed to demonstrate any improvements in the implementation of a standardised chart. Charles Swainson also queried how the group will be able to conjure wide support with only a limited evidence base.
- g) Charles Sinclair said that relevant information may be held by Heads of Pharmacy groups, risk management systems and Datix in relation to errors in medication, prescribing and interpretation.

Laura McIver said that the information held by Datix should be treated with caution. She said she anticipated there would be wide inconsistencies making it challenging to make the information meaningful.

- h) Brian Robson also mentioned there may be relevant information found through the national adverse event reporting system and the global trigger tool. Brian Robson and Laura McIver agreed to review these information sources.
- i) Simon Maxwell said the findings of the PROTECT study may also offer an independent source of information.
- j) Neil Dewhurst queried whether there was information on how often prescribers and graduates move between health boards and locations. Rose Marie Parr said she could source this information and give approximate numbers over a course of a year.

- k) It was agreed that it would be useful to create a driver diagram. Brian Robson offered to provide the SPARS group with a driver diagram template.

ACTION: Brian Robson to provide a template for a driver diagram.

ACTION: Laura McIver and Brian Robson to review and obtain relevant information from Datix, the national adverse event reporting system and the global trigger tool.

ACTION: Rose Marie Parr to source information on how often prescribers and graduates move between health boards and locations.

6. Business case

Brian Robson said that the work of the SPARS group was consistent with the HIS strategy. He said that the SPARS group would need to put together a proposal to be included in the HIS 2011/2012 business plan. He said that the proposal need only be approximately 2 pages long, detailing what support the SPARS group would need from HIS.

Rose Marie Parr said that the work of HIS appears to overlap with the work of the Quality Improvement Hub.

7. Attributes of an optimal chart – Enclosure 2

The group then considered the Academy of Medical Royal College's report on standards for the design of hospital in-patient prescription charts. There were discussions on how the report could be relevant to the SPARS project. The following comments were made:

- a) Simon Maxwell suggested gathering more comments on the report and conducting a broad consultation.
- b) Charles Swainson suggested it would be appropriate to consult a small circle of stakeholders. He expressed concern that any broad consultation could potentially attract voluminous responses which may be difficult and overly time-consuming to handle. Simon Maxwell said that he did not anticipate that the group would be flooded with an unmanageable number of responses. He said that he did not consider there was much to lose from consulting widely.
- c) Charles Sinclair agreed that it may be useful to consult a smaller group in terms of maintaining manageability. He also mentioned that the consultation may give an indication for the general will for change.

- d) Rose Marie Parr said that she supported increasing awareness of the project and promoting ownership. In that respect, she would support targeting main professional groups.
- e) Neil Dewhurst suggested consulting the Scottish Academy and its Specialty Societies. Charles Swainson agreed consulting a small circle of medical leaders. Charles Swainson also agreed that junior doctors should be consulted.
- f) Simon Maxwell suggested the consultation be limited to a narrow set of questions including whether the SPARS group should follow the principles outlined in the report, whether there are any other principles which have been omitted from the report and whether there are any principles which should not be followed. There was general agreement that any consultation should be limited to these targeted questions.

ACTION: Simon Maxwell to draft a letter to distribute to consultees regarding the Academy of Medical Royal College's report, asking whether consultees agree with the recommendations, whether any should be dropped and whether any others should be included.

8. Survey of Scottish Charts – Enclosure 3

The group briefly reviewed the document headed 'SPARS prescription chart survey' dated 17 May 2011. Simon Maxwell indicated that the survey would later be followed by a report. He said that there were still a number of charts that needed to be collected before the survey could be finalised. Laura McIver agreed to follow up any outstanding charts.

ACTION: Laura McIver to follow up any outstanding charts.

9. Any other business

Beccy Hale offered to organise small consultations with junior doctors across Scotland. There was agreement that this would be useful. Beccy Hale and Simon Maxwell agreed to discuss the details of this consultation together.

ACTION: Beccy Hale and Simon Maxwell to discuss proposed consultations of junior doctors across Scotland.

SUMMARY OF ACTION POINTS

No.	Action	To be actioned by:
1.	Follow up whether there is an opportunity for the SPARS working group to speak at the NHS conference in August.	Charles Sinclair
2.	Contact QIS about developing a SPARS website.	Simon Maxwell
3.	Follow up copies of other prescribing charts in hardcopy and pdf versions from other Directors of Pharmacy.	Laura McIver, Korina Leoncio and Simon Maxwell
4.	Speak with Jill Collinson to discuss the legal obligations that my need to be accounted for in developing a chart.	Charles Swainson
5.	Research a relevant expert on the design of the chart.	Simon Maxwell
6.	Contact NHS DOTS regarding advertising to encourage junior doctors' interest in the project.	Simon Maxwell and Beccy Hale
7.	Consult Hazel Scott of DOTS regarding the project.	Rose Marie Parr
8.	Consult Steve Jackson of KCL.	Simon Maxwell
9.	Speak with Ann Wales of the knowledge and skills network.	Rose Marie Parr
10.	Discuss proposed consultation of junior doctors across Scotland.	Beccy Hale and Simon Maxwell
11.	Source information on how often prescribers and graduates move between health boards and locations	Rose Marie Parr
12.	Review and retrieve relevant information from Datix, national adverse event reporting and the global trigger tool.	Laura McIver and Brian Robson
13.	Provide the group with a template to produce a driver diagram.	Brian Robson
14.	Draft a letter to distribute to consultees regarding the Academy of Medical Royal College's report, asking whether consultees agree with the recommendations, whether any should be dropped and whether any others should be included	Simon Maxwell