

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

14 November 2011, 10:15 – 11:50

Sir John Crofton Room, Royal College of Physicians Edinburgh

MINUTES OF MEETING

Attendance:

Michele Caldwell (by teleconference) – Director of Pharmacy, NHS Ayrshire & Arran	Korina Leoncio – Administrative Assistant, Royal College of Physicians of Edinburgh
Neil Dewhurst – President, Royal College of Physicians of Edinburgh	Brian Robson – Medical Director, NHS QIS
Beccy Hale, FY Doctor, NHS Fife	Charles Sinclair – Scottish Government/Nursing officer: Acute Care
Alister MacLaren (by teleconference) – Lead Pharmacist, Clinical Governance, NHS Greater Glasgow & Clyde	Charles Swainson – Chair, Scottish Patient Safety Programme
Rose Marie Parr - Director of Pharmacy, NES	Vicky Tallentire – Fellow in Medical Education, Edinburgh University
Simon Maxwell – Professor of Clinical Pharmacology, Edinburgh University (Chair)	Alice Wilson (be teleconference)- Associate Nurse Director

Apologies:

Laura McIver – Chief Pharmacist, NHS QIS
Ruth Miller - Medicine Management Nurse, NHS Highland
Angela Timoney – Chair, Directors of Pharmacy

1. Welcome, introductions and apologies

The meeting attendees introduced themselves and apologies were noted.

2. Minutes of previous meeting

The draft minutes of the last meeting held on 13 September 2011 were reviewed. No corrections were made and the minutes were taken as approved.

3. Consultation on AoMRC report

a. Update on responses (MDDUS, PFs, Dr Ring)

Korina Leoncio confirmed that she did not receive any further response from MDDUS or the PFs.

Simon Maxwell said he received a suggestion from Dr Rosamund Ring (Consultant in Elderly Care Medicine) that any proposed national prescribing sheet should contain a section to write the original start date of a drug. Dr Ring said there were often difficulties in finding out the indications for some medicine and this information would enable doctors to tackle the issue of polypharmacy more effectively.

Charles Swainson reported he had spoken to Jill Collinson who advised that in general, she did not see any legal impediments to the SPARS project.

b. Summary to inform development of Scottish chart

Simon Maxwell reviewed the draft document headed 'Standards for the Design of a Scottish National Prescription and Administration Record for Adult In-Patients', enclosure 2 of the meeting agenda. He said that the document was intended to incorporate some of the feedback received as a result of the AoMRC report consultation. Simon Maxwell said that the summary would be useful in drawing up a sample chart that could be discussed and potentially piloted in the next phase of the SPARS project. He highlighted that none of the points were immutable at this stage and would be subject to the pilot.

There were general discussions regarding the draft document and the following points were made:

- There was general agreement that the CHI number should be written on the chart.
- There were no objections to having the patient's address written on the chart.
- It was generally agreed that the patient's name and CHI number should be visible on each page. There was general discussion as to whether or not the design of the chart should have a single site with these details that can be visible throughout the entire chart to save the chart user from having to re-write the details on each page. Alistair MacLaren report that the GG & C chart had implemented this design on their chart and said it was well-received and had not yet given rise to any problems. Michele Caldwell agreed that this could be useful as the patient's name is not often filled in for every page. She said that this could be particularly important in minimising risk the risk of administering a drug to the wrong patient.

- Beccy Hale suggested that consideration should be made as to whether or not the proposed chart is photocopyable.
- Alistair MacLaren suggested that the allergy status should also be written alongside the patient's name.
- Charles Sinclair said he did not feel it was necessary to record the hospital site on the chart.
- There were general discussions as to whether or not body surface area should be included. Vicky Tallentire said that she did not see that body surface area would be necessary to record except in relation to oncology in which case this would require a separate chart. Michele Caldwell raised the fatal incident in Glasgow where paracetamol had been overprescribed. She said it was found that had the weight and height of the patient been recorded on the chart, the incident could have been prevented. Charles Sinclair said that due to the rapid changes in weight, the chart may not be in any event the appropriate place to record weight. Charles Swainson agreed that the use of the chart should be viewed in light of the overall system of prescribing.
- There was general agreement that the chart should be made as simple as possible.
- There were general discussions as to whether pregnancy should be recorded on the chart. Vicky Tallentire said that the FYs in the study would be consulted as to what boxes would be useful to include on the chart, including whether pregnancy should be included.
- There was general agreement that the recording of prescribers' professional registration number would make the chart too complex and agreed that it need not be recorded. It was agreed that it was important to include the name.
- There was general agreement that it was already common practice that where there are multiple charts, the charts are labelled to indicate this. As such, there was general agreement this should be recorded.
- Michele Caldwell suggested that block letters should be used on the charts rather than requiring that it should be written legibly.
- Neil Dewhurst said that any pilots conducted should test whether the design of the chart accommodates for the needs of doctors with dyslexia.
- There were general discussions as to whether or not charts should be made in colour or just in black and white. There were concerns about the possible cost implications although it was mentioned that as the chart would be used nationwide, a single print run would mitigate the costs. Alister MacLaren said that the

GG & C had employed some colour to make certain sections stand out. He said that he personally found the coloured chart easier to use. Simon Maxwell said that training could alert doctors to pay attention to important sections of the chart, reducing the need to make certain sections in colour. There was general agreement that this could later be tested.

- There was general agreement that there would be no need for a specific box for duration but would need to ensure doctors were trained on how to use the chart properly.
- Alister MacLaren said that medicine reconciliation had been added to the GG & C chart and had found it to be variably completed. He said that it would make the process more efficient if the reasons for stopping medication at discharge are recorded. He said it was still too early to make any conclusions regarding the inclusion of this on the chart. Charles Swainson said that there are currently a number of studies on foot looking into medicine reconciliation and anticipated that there may be greater clarity regarding the issue in 5 to 6 months. It was agreed that the issue could be deferred until then.
- There was general agreement that the community pharmacy would be useful to know but there were doubts as to whether this would be filled in. The group agreed that it was of greater priority to keep the chart simple.
- There was general agreement that there should be separate charts for acute and long stay patients, the only difference between the two being that the long stay chart would have more pages.
- There was agreement that a separate chart should be used for drugs such as warfarin where careful attention is needed. Beccy Hale agreed junior doctors would appreciate having a separate chart with some guidance notes.
- There was a general agreement reached that IV medicines should be included in the chart.
- There was general agreement that the prescribing of oxygen should be dealt with in a separate chart, in the same way as warfarin.
- It was agreed that if the chart is not overburdened, the recording of thromboprophylaxis should be included. Vicky Tallentire suggested it should be recorded in close proximity to where the patient's weight is recorded.

ACTION: Simon Maxwell to use this detailed review of the results of the consultation to develop a V1 chart for consideration at the next meeting.

4. Other prescription chart initiatives

- a. The group members did not report of any other similar UK initiatives currently taking place.
- b. IPAR

The group reviewed the Insulin prescription and administration record. It was agreed that other groups should be later approached to develop similar standardised specialty charts.

ACTION: Simon Maxwell to obtain a copy of the separate warfarin chart developed in Fife.

5. SPARS relationship with HIS

Brian Robson summarised the scope for SPARS to be linked with the work of HIS. It was agreed that a SPARS website would be developed within HIS to further promote the work of the group.

6. Research programme

Beccy Hale provided an update on the drug chart usability study. She highlighted that they had experienced some difficulty in recruiting participants. She also sought the assistance of the SPARS group members to recommend a contact in Aberdeen and Greater Glasgow and Clyde to run sessions. She also sought assistance in obtaining 10 further charts from Grampian, Highland, Greater Glasgow and Clyde and Tayside. Vicky Tallentire said they needed the charts as soon as possible, preferably before the end of the week.

It was suggested that Vicky Tallentire and Beccy Hale approach Jane Grivil from Greater Glasgow and Clyde for assistance. As an alternative, it was suggested that Alistair Dorward may be approached.

It was suggested that Vicky Tallentire and Beccy Hale approach John Bevan for assistance in Aberdeen. Alternative contacts suggested included Rob Lane and Steve Wilkinson.

ACTION: Alister MacLaren to send Korina Leoncio 10 Greater Glasgow and Clyde charts.

ACTION: Vicky Tallentire and Beccy Hale to contact David Pflieger to request for 10 more charts from Grampian.

ACTION: Brian Robson to send Korina Leoncio 10 Highland charts.

ACTION: Vicky Tallentire to obtain 10 Tayside charts.

ACTION: Alister MacLaren to contact Jane Grivil to request for assistance in running the study in Greater Glasgow and Clyde.

ACTION: Korina Leoncio to forward email address of John Bevan to Vicky Tallentire.

Beccy Hale said that she anticipated that the findings of the study would be presented at the next SPARS meeting. Simon Maxwell said that it was intended that the findings of the study would be published.

Brian Robson said he had no objections to the SPARS group also writing up and publishing the literature review document produced by HIS. Brian Robson said he would like HIS to be involved in the write-up of this document.

Simon Maxwell formally acknowledged the efforts of Beccy Hale and Vicky Tallentire in running the FY doctors study.

7. Development of education package

There was general agreement that it was premature to begin developing the education package. It was agreed this matter would be dealt with at a later stage.

ACTION: Brian Robson to contact Ann Wales to develop a SPARS microsite.

8. Any other business

No other business was reported.

9. Date of next meeting

Korina Leoncio proposed the meeting date of 30 January 2011 at 15.00. Simon Maxwell said he may not be available for this date.

ACTION: Korina Leoncio to confirm next SPARS meeting date.

SUMMARY OF ACTION POINTS

No.	Action	To be actioned by:
1.	Research a relevant expert on the design of the chart.	Simon Maxwell
2.	Contact NHS DOTS regarding advertising to encourage junior doctors' interest in the project.	Simon Maxwell and Beccy Hale
3.	Consult Hazel Scott of DOTS regarding the project.	Rose Marie Parr
4.	Source information on how often prescribers and graduates move between health boards and locations.	Rose Marie Parr
5.	Review and retrieve relevant information from Datix, national adverse event reporting and the global trigger tool.	Laura McIver and Brian Robson
6.	Provide the group with a template to produce a driver diagram.	Brian Robson
7.	Discuss how to involve SMC prior to the next SMC meeting to be held on first Tuesday of August.	Simon Maxwell and Angela Timoney
8.	Send a one page summary of the drug usability study to Angela Timoney.	Vicky Tallentire and Beccy Hale
9.	Discuss the e-learning package further.	Simon Maxwell and Rose Marie Parr
10.	Obtain a copy of the separate warfarin chart developed in Fife	Simon Maxwell
11.	Send Korina Leoncio 10 Greater Glasgow and Clyde charts	Alister MacLaren
12.	Contact David Pflieger to request for 10 more charts from Grampian	Vicky Tallentire and Beccy Hale
13.	Send Korina Leoncio 10 Highland charts	Brian Robson
14.	Obtain 10 Tayside charts	Vicky Tallentire
15.	Contact Jane Gravil to request for assistance in running the study in Greater Glasgow and Clyde.	Alister MacLaren

16.	Forward email address of John Bevan to Vicky Tallentire	Korina Leoncio
17.	Contact Ann Wales to develop a SPARS microsite.	Brian Robson
18.	Use detailed review of the results of the AoMRC consultation to develop a V1 chart for consideration at the next meeting.	Simon Maxwell