

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

6 February 2012, 14:30 – 16:00

Sir John Crofton Room, Royal College of Physicians Edinburgh

MINUTES OF MEETING

Attendance:

Simon Maxwell – Professor of Clinical Pharmacology, Edinburgh University (Chair)

Neil Dewhurst – President, Royal College of Physicians of Edinburgh

Michele Caldwell (by teleconference) – Director of Pharmacy, NHS Ayrshire & Arran

Bryony Jackson – Administrative/Education Assistant, Royal College of Physicians of Edinburgh

Alice Wilson (by teleconference) – Associate Nurse Director

Beccy Hale – FY Doctor, NHS Fife

Alister MacLaren (by teleconference) – Lead Pharmacist, Clinical Governance, NHS Greater Glasgow & Clyde

Ruth Miller - Medicine Management Nurse, NHS Highland

Vicky Tallentire – Fellow in Medical Education, Edinburgh University

Apologies:

Angela Timoney – Director of Pharmacy, NHS Tayside

Brian Robson – Medical Director, NHS QIS

Charles Sinclair – Scottish Government/Nursing officer: Acute Care

Charles Swainson – Chair of Safe Ambition Delivery Group, Scottish Patient Safety Programme

Laura McIver – Chief Pharmacist, NHS QIS

Rose Marie Parr – Director of Pharmacy, NES

1. Welcome, introductions and apologies

The meeting attendees were introduced by the Chair, with formal thanks given to Korina Leoncio for the support she provided to the SPARS Working Group, and apologies were noted.

2. Minutes of previous meeting – Enclosure 1

The draft minutes of the last meeting held on 14 November 2011 were reviewed, with two corrections noted.

- a) Michele Caldwell requested that the spelling of her name was corrected throughout the minutes.
- b) Alice Wilson noted that in Section 3.b, page 4, there had been a general consensus that IV medicines should be included in the chart, which was agreed by all present.

The draft minutes of the last meeting have been corrected and were otherwise approved.

3. Matters arising not covered elsewhere

The group briefly reviewed the action points arising from the last meeting minutes dated 14 November 2011 and the following comments were made:

- a) Further to action point 18, Simon Maxwell said he did not develop a V1 chart for consideration at this meeting, as it was felt preferable to consider detailed feedback on the forms currently in use before developing a new chart.
- b) Further to action point 10, Simon Maxwell also confirmed that he obtained a copy of the separate warfarin chart developed in Fife.

4. Other prescription chart initiatives

- a) Simon Maxwell briefly summarised the development of an informal group in London, which has yet to organise a formal meeting. The group aims to partake in discussions with health boards.
- b) Simon Maxwell also highlighted the Scottish Diabetes Group, which (as far as he was aware) has yet to launch its new insulin prescription chart.

5. SPARS relationship with HIS – Enclosure 2

Simon Maxwell summarised the enclosed letter to Brian Robson, which clarified where the SPARS Group aims to go and the potential role of HIS in helping SPARS reach its goal. Simon Maxwell emphasised that the engagement of HIS is vital for successfully piloting a new chart and gaining further support of other healthcare organisations. He said that the enclosed letter was written to consolidate this point.

There were general discussions regarding SPARS relationship with HIS and the following points were made:

- Simon Maxwell and Neil Dewhurst said that they were disappointed that the SPARS Group has been unable to progress faster and felt that further HIS support was essential in making future progress.
- Simon Maxwell highlighted the restrictions SPARS is facing in its capacity as a small group. He reiterated the concept of a SPARS website developed within HIS to promote the group and confirm that HIS is fully supportive of the SPARS chart initiative.
- It was acknowledged by all attendees that HIS is an increasingly busy organisation and Michele Caldwell suggested that a direct meeting with HIS would be beneficial to make further progress and improve relations.
- It was suggested that the SPARS Group should, as its minimum goal, aim to make a recommendation about a new chart to the directors of all relevant Health Boards and their Area Drug and Therapeutics Committee, as well as the Scottish Medicines Consortium.

6. Research programme

6.1 Drug chart usability study – Enclosure 3

The group reviewed the document headed “Report of FY1 questionnaire data for SPARS group”, enclosure 3 of the meeting agenda. Beccy Hale summarised the document as the results and findings of the research study into the association of chart design with prescription errors. Simon Maxwell said that he was very pleased with the results and report.

Sample charts from NHS Highland, NHS Lothian, NHS Grampian, NHS Tayside and NHS Greater Glasgow and Clyde were distributed to all attendees. There were general discussions regarding the report and charts, and the following points were made:

- a) Beccy Hale summarised that the responses to “*Section A: 1. Is it easy to complete patient details and allergies on this drug chart?*” were generally positive. She said that the NHS Greater Glasgow and Clyde chart was the only document to receive a mixed response, perhaps due to this chart having a section for name, CHI number and allergies visible throughout.

Alistair MacLaren suggested that a more user-friendly location for the patient’s name, CHI number and allergies section on the NHS Greater Glasgow and Clyde chart would be beneficial, as he said the lower left corner is not a natural location for this information.

Beccy Hale concluded that the responses to this question implied the uninitiated users found the charts harder to use, while the initiated found it easier. She suggested that training in how to complete the charts would resolve this.

- b) Beccy Hale continued to summarise this section of the report, commenting that NHS Grampian and NHS Lothian charts scored the most positive results in Section of the report, revealing that the fold-out layout was more popular.

She also highlighted that there was an increase in cancelled drugs on the charts by those unfamiliar with the NHS Greater Glasgow and Clyde chart. Alister MacLaren reiterated that training would be likely to resolve many errors and this was generally agreed by the attendees.

- c) Beccy Hale continued to summarise the report with *“Section A: 3. Once the appropriate section of the chart is located, it is easy to prescribe an individual drug”*, saying that doctors familiar with recording time intervals on prescription charts preferred that system, whereas those unfamiliar with it did not.

Ruth Miller commented that, from a nursing perspective, she entirely agrees that times should be recorded on charts, to assist both those prescribing and administering drugs. Simon Maxwell highlighted that NHS Fife charts have sections to record time.

- d) There were general discussions on whether or not participants in the research study should provide views on their own charts, due to potential bias. Beccy Hale confirmed that respondents rated all charts, including their own. Vicky Tallentire said that this highlighted limitations of the study, but that it would be possible to reassess the data without taking respondents' views on their own charts into consideration.

- e) Beccy Hale continued the report summary with *“Section B: 1. Oxygen”*, commenting that participants in all areas except Greater Glasgow and Clyde overwhelmingly agreed oxygen should be on the chart. She said that respondents in Greater Glasgow and Clyde gave a mixed response, as a section for oxygen already exists on the area's observation (early warning score) chart. There were general discussions on whether oxygen should be included on the main chart and the following points were made:

- Beccy Hale said that if oxygen is included on the main chart, the impact on NHS Greater Glasgow and Clyde should be taken into consideration.
- Alice Wilson suggested the use of stickers on charts to define when to prescribe oxygen, if appropriate. She said she has seen this system implemented, where prescribers must sign to acknowledge their have checked the treatment is appropriate. She also said her hospital is keen to implement this sticker process. Vicky Tallentire said she has seen this system used by NHS Highland and agreed it was a good idea.

- Simon Maxwell said that the prescription of oxygen is too common to warrant the development of a separate chart. He also suggested that having a separate chart would cause too many administrative issues and would not improve patient safety. Neil Dewhurst supported Simon Maxwell's comments and said he felt a section for oxygen should be included on the main chart.
- f) Vicky Tallentire continued the summary of the report with "*Section B: 2. Assessment of VTE risk and prescription of thromboprophylaxis*". She said that participants favoured the prescription of DVT prophylaxis on the main chart and recommended that the SPARS Group should consider including a section for prompts on the main chart. Simon Maxwell supported the inclusion of these prompts.

It was suggested that a note of supplementary charts should be included with the main chart for reference purposes.

Beccy Hale said that a risk assessment of low/medium/high on charts can be too prescriptive and often confusing. Simon Maxwell clarified that a scored risk assessment section would not be implemented on the main chart, but a tick box to record if the risks had been considered was a possibility. There was general agreement with this suggestion.

- g) Vicky Tallentire continued the review of the report with "*Section B: 4. Warfarin prescription*". She said that there was a divided response from participants on whether or not to include warfarin prescriptions on the main chart or a separate chart. There were general discussions on this topic and the following points were made:
- Vicky Tallentire said she felt a section relating to warfarin would take up a large area of the chart. Simon Maxwell agreed, saying the space could be used more effectively.
 - Vicky Tallentire suggested that two different versions of the main chart could be produced – one including a section for warfarin and one without. However, she also highlighted the cost in a printing double number of charts.
 - Beccy Hale suggested reading NHS Fife's new document on warfarin, entitled "*Safer Warfarin for Patients in NHS Fife*", as she found it extremely useful for specialist guidance.
 - Ruth Miller suggested making contact with the Scottish Patient Safety Programme to see if discussions or a pilot scheme relating to warfarin is taking place. There was general agreement that this would be beneficial.
- h) Vicky Tallentire continued the summary of the report with "*Section B: 6. Parenteral medication prescription*". She said that general opinion from participants was that parenteral medications should be included on the main chart, but NGS Greater

Glasgow and Clyde strongly favoured a separate section. There were general discussions on this topic and the following points were made:

- Vicky Tallentire urged caution on including too many separate sections to the main chart, especially as a decision on including IV medicines on the chart is yet to be made.
 - Alister MacLaren suggested that it would be beneficial to undertake more research into the reasons why participants wanted parenteral medication in a separate section of the chart.
 - Simon Maxwell and Alister MacLaren both highlighted the importance to using the limited amount of space correctly. Alister MacLaren further noted the necessity of providing enough space to avoid repeatedly re-writing entire charts.
 - Alice Wilson suggested that sub-categorising the charts would increase the chance of human error. She emphasised that the training on how to correctly use the chart is essential for both those administering and prescribing. There was general agreement to this.
 - Ruth Miller suggested that a comparison between how NHS Greater Glasgow and Clyde charts and NHS Highland charts are used would reveal more on how effectively the charts are used. Alister MacLaren said that it may prove difficult to draw meaningful conclusions from this comparison.
- i) There were general discussions on the format of the ideal chart, relating to “*Section C – Chart Formatting*”. Vicky Tallentire said that the participants’ responses were mixed on whether coloured ink was an essential attribute of the main chart. She added that very few participants felt it was not required.

Vicky Tallentire said that the use of cardboard material was popular amongst participants, but not an essential aspect. There was general agreement that the chart material must be sturdy and durable.

Vicky Tallentire said that the study revealed there was an even response to the landscape or portrait chart designs, with NHS Greater Glasgow and Clyde preferring landscape, which is used on their current chart design.

Vicky Tallentire also said the study showed overwhelming support for alternate box shading to show different days on the main chart. There was agreement that this increased patient safety and was well received by the SPARS Group.

- j) The review of the report continued with a general discussion on “*Section D – Additional Information*”, covering other items participants wanted to include on the chart. Vicky Tallentire said that the essential items were of the hospital name, ward name, and weight. She said that participants felt BMI was not required on the chart.

Vicky Tallentire said that participant responses for additional tick boxes were preferable and essential, particularly in the cases of liver and renal impairments. Simon Maxwell stated his support of tick boxes on the chart. He said it allows chance to gain a greater understanding of the influence other factors may have on patients, improving patient safety. Beccy Hale suggested that a box not being ticked may lead to a false sense of security and recommended Yes/No boxes as an alternative.

Vicky Tallentire said that most respondents did not feel a contact number/bleep was an essential or preferable item on the chart. She said that she did not feel this was a necessary inclusion, as not all doctors have a personal bleep. Simon Maxwell agreed that this was not essential and said that things change too rapidly for it to be included on the chart.

Vicky Tallentire continued the review of “*Section D – Additional Information*” in the report saying that tick boxes indicating a new drug were fully supported by participants. There were general discussions and the following points were made:

- Alice Wilson and Simon Maxwell said they felt this was a good step forward and a good use of time.
- Michele Caldwell said that she was impressed that the respondents were keen to spend time completing this extra tick box. She urged caution that tick boxes are not always ticked and therefore recommended an increase in training and standards, as well as consideration of form design.
- Simon Maxwell said that this addition is essential for improving patient safety and recommended following NHS Greater Glasgow and Clyde’s example.
- Overall, there was general agreement that tick boxes indicating a new drug were appropriate for inclusion on the main chart.

Vicky Tallentire said that the respondents strongly supported a space to record reason for commencing, changing or discontinuing a drug on the main chart. It was generally agreed that this was an important inclusion for the chart.

- k) There was general agreement that the SPARS Group would use the research to guide the development of the chart, though the report results were mostly in line with previous findings.
- l) Neil Dewhurst reiterated his concerns the NHS Greater Glasgow and Clyde participants’ views on their own chart altered the results of the study. He suggested that Beccy Hale and Vicky Tallentire reassess the data without respondents’ views on their own charts, to consider alternative results.
- m) Simon Maxwell said that he would begin to develop a draft chart for consideration at the next meeting. Beccy Hale and Vicky Tallentire said they would support him in

this. Beccy Hale also suggested developing a number of draft charts with different designs and undertaking another study during the pilot.

- n) Simon Maxwell formally acknowledged the efforts of Beccy Hale and Vicky Tallentire in running the study and writing the report.

ACTION: Simon Maxwell to approach the Scottish Patient Safety Programme to discuss the NHS Fife document, the separate warfarin chart developed in Fife, and any pilot schemes relating to warfarin.

ACTION: Simon Maxwell, Beccy Hale and Vicky Tallentire to collaborate on the development of a draft chart for consideration at the next meeting.

6.2 Drug chart comparison study

Simon Maxwell said that the drug chart comparison study is currently being drafted.

6.3 Literature review

Simon Maxwell said that there was a possibility of using the drug chart comparison study as a publication. He emphasised that something should be produced from the study, increasing promotion and recognition of the SPARS Group. There was general agreement to this from the attendees.

7. Revised SPARS work programme – Enclosure 4

The group then discussed the updated work programme dated 1 February 2012 drafted by Simon Maxwell. The following comments were made:

- a) Simon Maxwell drew attention to a new item for discussion relating to the development of a website for the SPARS Group within HIS to increase recognition.
- b) Simon Maxwell drew attention to a new item for discussion relating to funding. He recommended that the SPARS Group consider applying to the Chief Scientist Office to gain funding for further studies on the implementation of a new Scottish chart.
- c) Neil Dewhurst suggested undertaking another study with the same respondents to the drug chart usability study to determine if responses from FY1 are the same in FY2.
- d) Neil Dewhurst also suggested launching a study into why forms are so regularly rewritten. Beccy Hale agreed, stating that transcription between forms is a common area for error. Ruth Miller gave examples of organisations which find it difficult to find time to rewrite forms. Neil Dewhurst also added that the new chart would provide value for money if it is not necessary to rewrite the form.

- e) There were general discussions on whether any charts are potentially being redesigned, with particular mention of NHS Lothian and NHS Greater Glasgow and Clyde. There was general agreement that it is vital to establish which boards are looking at redesigning their charts, and when. Simon Maxwell agreed to research this further.

ACTION: Simon Maxwell to confirm with Angela Timoney that the Chief Pharmacists are aware of the SPARS Group and its work.

ACTION: Simon Maxwell to establish which boards are or may be redesigning their charts.

8. Development of an education package – Enclosure 5

There was general discussion on the development of an education package. It was generally agreed that this is an essential element of the SPARS Group's work. It was also generally agreed that this must be accessible to a diverse audience, including medical students at universities.

9. Any other business

Beccy Hale raised the query of how to compare the success of new Scottish charts to the charts currently in use when there is no standard design in existence. There was general agreement that this comparison must be approached properly but no suggestions were made.

10. Date of next meeting

No date was set for the next SPARS meeting date.

ACTION: Bryony Jackson to confirm next SPARS meeting date.

SUMMARY OF ACTION POINTS

No.	Action	To be actioned by:
1.	Approach the Scottish Patient Safety Programme to discuss the NHS Fife document, the separate warfarin chart developed in Fife, and any pilot schemes relating to warfarin.	Simon Maxwell
2.	Collaborate on the development of a draft chart for consideration at the next meeting.	Simon Maxwell, Beccy Hale and Vicky Tallentire
3.	Confirm with Angela Timoney that the Chief Pharmacists are aware of the SPARS Group and its work.	Simon Maxwell
4.	Establish which boards are or may be redesigning their charts.	Simon Maxwell
5.	Confirm next SPARS meeting date.	Bryony Jackson