Annual Report
2015 - 2016

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NHS
“The aims of the Regional Drug and Therapeutics Centre are to promote the safe, effective and economical use of medicines in the National Health Service in the former Northern and Yorkshire Region; and other stakeholder areas to promote the highest quality of care for people exposed to the toxic effects of drugs or chemicals; and to disseminate and develop knowledge in these areas through teaching and research”
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Foreword

It is with considerable pride that we present our Annual Report describing the varied work streams of the Regional Drug & Therapeutics Centre during 2015/16. What will be very evident is the volume and variety of work produced by the staff of the Centre. The provision of high quality support, from individual patient level to population level demonstrates the broad skill base of our staff. The development of new ways of delivering information, from bespoke prescribing reports to patient facing websites such as “bumps” www.medicinesinpregnancy.org, showcases our determination to continually drive improvements and increase value to our commissioners. Medicines Optimisation drives a renewed focus on achieving the best outcomes for patients and we look forward to continue to working with colleagues and commissioners to deliver this agenda in the coming months and years ahead.

Sue Dickinson
Director of Pharmacy

Simon Thomas
Medical Director
Introduction

The Newcastle based Regional Drug and Therapeutics Centre (RDTC) is responsible for a range of activities to optimise medicines use and drug safety. These include monitoring and advising on prescribing and medicines use in primary and secondary care across stakeholder organisations.

Established in 1991 as a collaboration between Newcastle University and the former Northern Regional Health Authority the Centre has developed and increased in size as larger contracts have been secured and the growth in the geographical areas covered. The Centre is hosted by the Newcastle upon Tyne Hospitals NHS Foundation Trust, which is responsible for our employing staff. The major NHS reorganisation of 2013/14 resulted in profound changes in the way our services are commissioned with funding now coming from NHS England for the Specialist Pharmacy Service elements, from CCGs for Prescribing Support and from Public Health England for NPIS and UKTIS. Collaboration remains an essential way of allowing more cost-effective and joined up services for all stakeholders.

The Centre now delivers a broad range of services relating to prescribing and the use of medicines. These include:

- Prescribing Analysis and Support Services
- Regional Medicines Information Services
- Regional Yellow Card Centre Northern & Yorkshire
- National Poisons Information Services
- The UK Teratology Information Service

Education, training and research relating to all aspects of medicines and therapeutics make up an important and significant part of our daily work. Particular focus is on the safe and effective utilisation of medicines, management of poisoning, prevention of adverse drug reactions and the appropriate use of medicines during pregnancy.
Executive Summary

Medicines Information

Access to high quality medicines information is essential to achieving the best possible outcomes for patients in use of their medicines. As medicines become ever more complex the need for expert interpretation of often limited information increases. The Regional Drug and Therapeutics Centre (RDTC), working as part of the United Kingdom Medicines Information Network (UKMi) and the Specialist Pharmacy Service (SPS), provides assurance around the quality of such services to the NHS as well as contributing to wider work programmes as part of the Specialist Pharmacy Service. Support is provided to non-medical prescribers and General Practitioners as well as pharmacists and doctors working in secondary and tertiary care. Our feedback continues to demonstrate the high levels of satisfaction with the service provided.

Prescribing and Medicines Use

The provision of high quality, timely information and expert advice remains essential to the commissioning and delivery of safe, clinically excellent and cost-effective healthcare and supports the four main principles of the medicines optimisation agenda:

1. Aim to understand the patient experience
2. Evidence based choice of medicine
3. Ensure medicines use is as safe as possible
4. Make medicines optimisation part of routine practice

Source: Medicines Optimisation: Helping patients to make the most of medicines Good practice guidance for healthcare professionals in England May 2013

Support provided by the RDTC in prescribing and medicines optimisation aims to help primary care organisations address some of the challenges associated with improving outcomes from medicines use. Provision of regular evidence based reviews allows Clinical Commissioning Groups (CCGs) to make the most appropriate choice of clinically and cost effective medicines that meet local priorities. Comparative prescribing data allows CCGs to tackle variation in prescribing between practices and promotes best practice across regions. In addition the unique blend of services and proactive support provided by the RDTC allows specialist knowledge and expertise to be shared across stakeholders reducing duplication of effort and facilitating best and equitable use of limited resources. Services provided continue to develop and improve in line with stakeholder demands, staff dedication and the changing NHS environment. The service is well respected by all healthcare professionals across the Northern Region evidenced by feedback received.

Pharmacovigilance

The primary function of the Northern & Yorkshire Yellow Card Centre (YCCNY), which receives funding from the Medicines and Healthcare Products Regulatory Agency (MHRA), is to encourage adverse drug reaction (ADR) reporting from local health professionals, patients and carers by providing support and education, targeted according to local reporting patterns. During the 2015/16 financial year, 3,616 ADR reports were received from the Northern and Yorkshire region, a 29% increase on 2014/15. The increase has been largely due to a 22% increase in reporting from GPs, with 1,047 reports submitted, 56% from electronic prescribing systems. The simplicity and speed of reporting through these systems is likely to be the major reason for the increase observed. Reporting from other groups, however, was also increased, including hospital and community pharmacists, nurses and patients.
Poisons Information

The National Poisons Information Service (NPIS) is commissioned by Public Health England (PHE) on behalf of the UK Department of Health. The NPIS comprises of four units based in Birmingham, Cardiff, Edinburgh and Newcastle and provides a year round service for health care professionals, on the diagnosis, treatment and management of the poisoned patient. Three of the units (Birmingham, Cardiff and Newcastle) operate on a rotating 24 hour basis. Overnight (between 22.00 and 08.00), the UK NPIS also answers telephone enquiries on behalf of the National Poisons Information Centre in Dublin, as well as supporting the Northern Ireland Regional Medicines and Poisons Information Service in Belfast out of hours.

Teratology

The UK Teratology Information Service (UKTIS) is commissioned by Public Health England (PHE) to conduct surveillance and to provide evidence-based information and advice to UK health professionals on the fetal effects of medicines, poisonings and chemical exposures in pregnancy. In recent years, the service has had to develop and evolve significantly to keep pace both with the increase in complexity and volume of scientific publications in this field, as well as the increasing demand from clinicians and the public for critical review and interpretation of the available human pregnancy data. Established in 1983 as a telephone advisory service, provision of detailed information about specific exposures during pregnancy via the internet now predominates. UKTIS delivered information and advice in response to nearly one and a half million requests during 2015/16. These comprised 2,098 telephone enquiries, 45,635 scientific monograph downloads from toxbase.org, 173,851 monograph abstract accesses from uktis.org and over one million 'bumps' patient information page views.
Who we are and what we do
Medicines Information

Medicines Information is a vital part of the Regional Drug and Therapeutics Centre providing a wide spectrum of advice and guidance to a range of clinicians including Pharmaceutical Advisors, Practice Pharmacists, GPs, Hospital Doctors and nurses, community Nurses and a number of other clinicians. Enquiries are received either by email or by phone and cover a wide variety of topics including:

- Administration and dosage
- Choice of therapy
- Interactions between drugs
- Adverse effects

In addition to enquiry answering, our Medicines Information Specialists work as part of the UKMi Network developing resources to support NHS Professionals making decisions around medicines and supporting patients in optimising their care.

The RDTC have a SLA with the North East Ambulance Service (NEAS) NHS Foundation Trust for a Pharmacy Advisor for the equivalent of one day per week. This work is delivered by an assigned Principal Pharmacist whose work in 2015/16 included:

- Medicines Management Advice
- Attendance at NEAS Medicines Management meetings
- Governance support
- Membership of the National Ambulance Pharmacists Network
- Development of PGDs
- Training

The RDTC also provides training for Pre-Registration Pharmacists in the field of Medicines Information.

Prescribing and Medicines Use

The Prescribing Support unit is a multi-disciplinary team, comprising of pharmacists, physicians, scientists and support staff. Staff are highly skilled with the expertise to be able to provide support in most aspects of prescribing, critical appraisal, medicines optimisation and local decision making. Staff roles are purposely not distinguished by region, as this allows staff to help facilitate sharing of information and best practice between all CCGs supported and this also allows CCGs to access a high level of expertise at minimal costs through economies of scale.

Prescribing support staff work closely with staff from the National Poisons Information Service, Regional Medicines Information service and the UK Teratology Information Services and this close working arrangement enables staff to gain a wider range of skills to help support CCGs.

The Unit has provided high quality information and support to NHS organisations and health care professionals for over 25 years. This has always been with the aim of improving outcomes through appropriate use of new and existing medicines to ensure best value for the NHS. The support in prescribing and medicines optimisation helps primary care organisations address many of the challenges associated with improving outcomes from medicines use through high quality, timely information and expert advice essential for commissioning as well as supporting the four main principles of the national medicines optimisation agenda, namely:

- Aim to understand the patient experience
- Evidence Based choice of medicine
- Ensure medicine is safe as possible
- Make medicine optimisation part of routine practice

Source: Medicines Optimisation: Helping patients to make the most of medicines Good practice guidance for healthcare professionals in England May 2013
Working across a wide geographical area at various levels facilitates sharing of good practice and an in-depth understanding of current issues. The work carried out in supporting decision-making for commissioners and prescribers includes:

- Reviewing new therapies coming to market where gaps exist in the availability of reviews enabling appropriate choices of clinically and cost effective medicines that meet local priorities to be made
- Supporting formulary groups (a core activity for a number of years)
- Provision of comparative prescribing data allowing variations in prescribing patterns to be investigated
- Providing strategic support and advice to stakeholder organisations allowing them to access high levels of skills and expertise in prescribing and management of medicines without having to duplicate positions at a local level

This unique blend of services and proactive support provided by the RDTC to primary care organisations allows specialist knowledge and expertise to be shared across stakeholders reducing duplication of effort across the NHS and facilitates best and equitable use of limited resources. The service continues to be developed and improved in line with stakeholder demands, staff dedication and the changing NHS environment. The service is well respected by healthcare professionals across the Northern region and the centre continues to be approached to support new work.

**Pharmacovigilance**

**Yellow Card Centre Northern & Yorkshire**

The Yellow Card Centre Northern & Yorkshire (YCCNY) receives funding from the Medicines and Healthcare Products Regulatory Agency (MHRA), with the primary function of promoting reporting of adverse drug reactions (ADR). YCCNY is responsible for encouraging appropriate adverse drug reaction reporting from the North East of England, Yorkshire and Cumbria.

For 50 years the Yellow Card Scheme has played a vital role in medication safety and continues to evolve as an invaluable tool for preventing harm to patients. A high level of ADR reporting from NHS organisations indicates a high degree of awareness and a good patient safety culture and our role is to encourage and support that. Reports are encouraged from health professionals, patients, parents and carers, and reporting is facilitated by providing support and education, targeted according to local reporting patterns. With the increasing patient safety agenda, it is important that information is collected on ADRs so that this information can be used to protect public safety.
National Poisons Information Service – Newcastle (NPIS)

The Poisons Information Team based in Newcastle comprises of Information Scientists from varying backgrounds such as nurses and pharmacological science graduates. The mix of science graduates and clinical expertise of the nurses forms a strong multidisciplinary team, each bringing unique qualities to the team and a wealth of knowledge to provide a very high quality service on all aspects of poisoning. The in house training, skills and knowledge of all the team allows cross working with the UK Teratology Information Service and the Regional Medicines Information Service which are also part of the Regional Drug and Therapeutics Centre.

The National Poisons Information Service (NPIS) is commissioned by Public Health England (PHE) on behalf of the UK Department of Health. The service is shared by four units based in Birmingham, Cardiff, Edinburgh and Newcastle providing a year round service for all health care professionals, giving advice about the diagnosis, treatment and management of patients with suspected poisoning including drug overdose, accidental drug or chemical ingestion and toxicity relating to misuse of drugs. The Newcastle unit is part of the Regional Drug and Therapeutics Centre Directorate within the Newcastle upon Tyne Hospitals NHS Foundation Trust. Three of the units (Birmingham, Cardiff and Newcastle) operate on a rotating 24 hour basis. Overnight (between 22.00 and 08.00), the NPIS answers telephone enquiries on behalf of the National Poisons Information Centre in Dublin and the Northern Ireland Regional Medicines and Poison Information Service. NPIS Newcastle also shares provision of first tier support for enquiries about chemical incidents referred to the PHE Centre for Radiation, Chemical and Environmental Hazards. All NPIS units share responsibility for maintaining and updating the poisons information database TOXBASE®, which is free to access for UK health professionals.

United Kingdom Teratology Information Service (UKTIS)

UKTIS is commissioned by PHE to provide evidence-based information and advice to UK health professionals and to conduct surveillance on the fetal effects of maternal exposure to medicines and other chemicals during pregnancy. The service was established in London in 1983 and subsequently transferred to be part of the NPIS (Newcastle) Unit in 1995.

Initially, almost all enquiries to the service were made by telephone, but more recently UKTIS has concentrated on the provision of on-line information as this is usually more efficient and cost-effective, allowing telephone enquiries to be reserved for more complex cases. For registered health professionals, detailed fully referenced, clinically focused scientific monographs on the potential fetal effects of maternal exposure to over 400 medications and chemicals are available via TOXBASE®. There is also open access to the summaries of these monographs via the UKTIS website (www.uktis.org). More recently UKTIS has developed information leaflets designed for use by the general public and available on our new public facing website, bumps – best use of medicines in pregnancy (www.medicinesinpregnancy.org), which was launched in April 2014.
Achievements
Medicines Information

Regional Activity

Summary

- The number of enquiries show a general trend of increasing year on year
- A proactive approach to information provision, for example around Medicines Q&As, provides efficiency and productivity gains and releases capacity for other work
- Work continued across a range of levels from the provision of training for individual Pre-registration Pharmacists through to development of guidance in specialist areas such as paramedic use of ketamine and midazolam for adoption at national level
- Our ongoing quality assurance programme provided evidence of a high quality, responsive service delivered throughout the year

Working with other English members of the UKMi Executive, a draft specification, activity report and other supporting documents were provided to NHS England to facilitate the ongoing funding of the Specialist Pharmacy Service. Considerable resource was provided from across the same English Centres during the development period for the Specialist Pharmacy Service website (www.sps.nhs.uk).

During 2015/16 the RDTC answered 1040 MI enquiries from our stakeholders in the Northern and Yorkshire region. 972 (93.5%) of our enquiries were from primary care, 85% were patient-centred and 69% were identified as relating to patient safety.

Table 1 below shows the number of MI enquiries from specific enquirer groups since 2011/12. The large increase in enquiry numbers from Pharmacy Advisors and Practice Pharmacists is noteworthy and is reflected in an increase in complexity and pharmacy practice/prescribing support-type enquiries. This may increase further due to the NHS England £15m scheme to fund, recruit and employ clinical pharmacists in GP surgeries as part of the New Deal for General Practice outlined by the NHS Five Year Forward View.

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Community Pharmacy Staff</td>
<td>293</td>
<td>333</td>
<td>324</td>
<td>261</td>
<td>253</td>
</tr>
<tr>
<td>PCT/CCG Adviser</td>
<td>118</td>
<td>161</td>
<td>277</td>
<td>272</td>
<td>284</td>
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<tr>
<td>Practice Pharmacist</td>
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<td>111</td>
<td>118</td>
<td>99</td>
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<tr>
<td>GP</td>
<td>191</td>
<td>186</td>
<td>193</td>
<td>230</td>
<td>185</td>
</tr>
<tr>
<td>Primary Care Nurse / Midwife</td>
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<td>53</td>
<td>60</td>
<td>64</td>
<td>65</td>
</tr>
<tr>
<td>Dentist</td>
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<td>11</td>
<td>5</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
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<td>59</td>
<td>40</td>
<td>64</td>
<td>31</td>
</tr>
<tr>
<td>Member of the Public</td>
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<td>6</td>
<td>8</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Hospital Consultant / Doctor</td>
<td>15</td>
<td>6</td>
<td>10</td>
<td>13</td>
<td>9</td>
</tr>
<tr>
<td>Hospital Nurse / Midwife</td>
<td>4</td>
<td>4</td>
<td>6</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Hospital Pharmacy Staff</td>
<td>40</td>
<td>66</td>
<td>46</td>
<td>88</td>
<td>55</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>875</strong></td>
<td><strong>996</strong></td>
<td><strong>1087</strong></td>
<td><strong>1106</strong></td>
<td><strong>1040</strong></td>
</tr>
</tbody>
</table>

Table 1: Enquiry numbers from specific enquirer groups since 2011/12

“Other” represents enquirers where the enquirer did not ‘fit’ into the specified categories such as practice managers and receptionists.
To assist monitoring, all MI enquiries are assigned a level based on its complexity:
- Level 1 is a simple enquiry and an answer is found quite easily in one or two resources
- Level 2 requires a lengthier search accessing multiple resources
- Level 3 is complex and involves evaluation and an opinion based on the information found

There has been a trend towards increasingly complex enquiries over recent years, which demonstrates a growing need for specialist MI skills and resources. However an increase in Level 1 enquiries this year is thought to reflect an increase in enquiries that require access to specialist resources. All MI enquiries on MiDatabank are checked by Senior MI Pharmacists before they are closed to ensure quality and accuracy. Figure 1 illustrates the breakdown in complexity of enquiries from 2012 to 2016.

![Figure 1: % Trend in enquiry complexity 2012-16](image)

The proportion of all MI enquiries received via email increased from 11.9% in 2011/12 to 21.6% in 2015/16 and that of emailed answers increased from 32.6% to 54.7% over the same period. The increasing provision of emailed answers impacts on the Centre’s workload but provides the enquirer with a detailed written record of the information provided. All responses should be made within five working days of receipt of emailed enquiries the majority being provided well within that deadline, in fact 98.9% of responses are made within the specified time and 78.9% are made on the same day. Telephone enquirers are offered the option of receiving their response in writing via email if they so wish.

Figure 2 below provides detail of the types of enquiries answered during 2015/16. “Other” enquiries include those categorised as travel, dentistry and compatibility of injectable medicines.
Figure 2: All Medicines Information enquiries 2015/16 by enquiry subject

National Activity

The RDTC Newcastle is one of the authoring centres for the New Medicines Section of the Prescribing Outlook Series, a horizon-scanning publication providing independent and evaluated information on new drugs and reducing duplication of effort across the UK.

Regular meetings of the local MI Network have been held at the RDTC to promote national UKMi activity, deliver CPD and encourage and support collaboration such as peer review between MI specialist pharmacists and their respective centres.

The RDTC is also taking part in the planned national MiDatabank Enquiry Sharing Project through the UKMi Network which aims to reduce duplication nationally and increase efficiency. There are now a total of thirteen centres participating and having allowed some time for regional centres to pilot it, UKMi are aiming to involve more local centres over the coming year.

Specialist Pharmacy Services Arrangements

Working with other English members of the UKMi Executive, a draft specification, activity report and other supporting documents were provided to NHS England to facilitate the ongoing funding of the Specialist Pharmacy Service. Considerable resource was provided from across the same English Centres during the development period for the Specialist Pharmacy Service website (www.sps.nhs.uk). Closer working relationships with other SPS colleagues in the North East and Cumbria continue to develop.
North East Ambulance Service

The RDTC have a SLA with the North East Ambulance Service NHS Foundation Trust for a Pharmacy Advisor for the equivalent of one day per week. This work is delivered by an assigned Principal Pharmacist whose work in 2015/16 included:

**Medicines Management Advice**

- Advising on ad hoc medicines management issues across the service
- Advising on legal aspects of medicines management arrangements and the NEAS response to Medicines Legislation changes
- Providing advice on the medicines management aspects of the various different services including standard A&E service, HART, Occupational Health, Enhanced Care, the new Advanced Paramedic service and future service developments such as the phased introduction of Omnicell®, an electronic integrated medicines management system
- Contributing to the NEAS medicines policy and relevant supporting procedures and governance arrangements
- Raising awareness of new or updated national or regional guidance and advising as to how these could be embedded into NEAS policies and practice, such as:
  - NICE Medicines Practice Guideline. Patient Group Directions (MPG2). August 2013
  - NICE Guideline. Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes (NG5). March 2015
  - NHS North East and Cumbria antibiotic prescribing guideline for primary care
  - Quality Premium 2015/16 improving antibiotic prescribing in primary and secondary care (10 per cent of quality premium)

**Attendance at meetings**

- Quarterly NEAS Medicines Management Group Meetings which provide oversight and strategic input for medicines management at NEAS and quarterly Operational Medicines Steering Group to address day-to-day medicines management operational issues
- Attendance and support for relevant agenda items at the quarterly NEAS Clinical Advisory Group meetings
- Attended quarterly Quality Committee Meetings until a change in the frequency, Terms of Reference and membership of Groups and Committees at NEAS in Spring 2015
- Attendance and support for the monthly Pharmacy Contract meetings with the Pharmacy supplier
Governance

- Supporting trust wide medicine management standards and review of audit findings and advice on necessary actions

- Review and advise NEAS responses’ to national guidance and alerts from the NHS England or Medicines Healthcare Regulatory Authority of other relevant national bodies. This included reviewing NEAS against the NHS Protect ‘Security standards and guidance for the management and control of controlled drugs in the ambulance sector’, with an action plan and mitigation against the standards in readiness for a CQC visit

- Interpretation of legal frameworks and exemptions on supply, possession and administration of medicines, advice on the implications for NEAS and any necessary actions such as in response to:
  - The Misuse of Drugs (Amendment) (No. 2) (England, Wales and Scotland) Regulations 2015 which amend the Misuse of Drugs Regulations 2001

- Writing responses to relevant consultations on behalf of NEAS such as NICE Guidance on ‘Safe use and management of controlled drugs’

- Attendance at Durham CD LIN meetings as a deputy for NEAS’s Accountable Officer when necessary (quarterly meetings)

- Support for the drugs procurement process and tendering of contracts as required. Contribute to the monitoring of the current contract through regular meetings and review of KPI and activity reports

- Presenting to CAG a New Drugs Template for use when NEAS are considering formulary changes

- Benchmarking with the Ambulance Pharmacists Network (APN)

Membership of the National Ambulance Pharmacists Network

- Attendance at quarterly meetings, sharing of ideas, lobbying and networking with key stakeholders such as CQC Controlled Drugs National Manager, RPS, NHS 111 Pharmacy Lead, Head of the Home Office Drugs Licensing & Compliance Unit etc.

- Benchmarking exercises including drug procurement costs, controlled drug losses and breakages, administration of diazepam for epilepsy in children to inform the need for paramedic access to buccal midazolam

- The RDTC Principal Pharmacist fulfilling the NEAS Pharmacy Advisor role continues as secretary to the APN

- Membership of the Royal Pharmaceutical Society’s Hospital Expert Group to represent pre-hospital pharmacy sector

Patient Group Directions (PGD)

- Pharmacist signatory to patient group directions for use by NEAS

- Annual review of the PGDs used by the Occupational Health Team

- PGD Development Procedures and Templates based on NICE Guidance September 2013 written and adopted by NEAS
• A NEAS PGD Formulary for frontline services was written (excluding Occupational Health PGDs)

• Maintaining a NEAS suite of fifty PGDs while continuing to produce additional PGDs for the Advanced Paramedics, Cardiac Arrest Response Unit Paramedics and other internal paramedic groups in response to service developments during 2015/16

Training

• The RDTC Principal Pharmacist in the NEAS Pharmacy Advisor role delivered Pharmacology training on Drug Delivery to two cohorts of Year 2 Paramedics during 2015/16 and training to the first group of Advanced Paramedics on PGDs

• A plan to support the PGD Policy and procedures has been developed to include a training package including e-learning, workbook and face-to-face training scheduled for 2016/17

Teaching and Training

As a matter of routine, all enquiry answering staff under take initial locally-delivered training and assessment in medicines information, teratology and management of poisoning. Ongoing learning is supported by regular CPD sessions, courses and attendance, as appropriate, at national training events such as the UKMi National MI training course and UKMi Professional Development Seminars.

The National MI course mentioned above involves significant co-ordination and input. This report acknowledges the considerable input and hard work of Lead Pharmacist Paula Russell who leads on the organisation and delivery of this course.

Medicines Information training delivered during 2015/16 included:

RDTC

• Internal comprehensive initial training and assessments, ongoing CPD attendance at courses and relevant conferences

Pre-Registration Trainee Pharmacists

• Regional half day training session and workshop
• Five x three week and twice x one week RDTC MI rotations for two local Trust’s Pre-registration trainee pharmacists where in-house MI expertise and appropriate supervision is unavailable

Local Trust Support

• Six monthly meeting of local MI Pharmacists within the region
• Circulation of information from the UKMi Executive Committee and the Commercial Medicines Unit in relation to shortages

Service Developments

As part of a continual drive to increase the quality and responsiveness to users of this service a pilot project is underway evaluating staff resources and mix needed to answer the changing complexity of enquiries by the Centre. Evaluation will take place later in 2016.
Clinical Governance

Call recording for medicines information enquiries has continued this year and call review has been done which has allowed us to monitor the quality of our enquiry answering, and offer feedback and reflective learning to improve our service. It is also available in response to any complaints received. 225 quality assurance user survey forms were sent to a random selection of MI service users and 110 were returned (response rate 49%). UKMi has devised a scoring system out of 6 for responses received as a measure of the service provided and scores indicate that users are very happy with the service provided. A total of 99% felt the service was either very good or excellent (85% - excellent).

User survey forms are reviewed and the service arrangements are modified if required. Changes were introduced to timeliness of QA request forms being sent out in response to comments about difficulties in remembering the query or the service provided. This resulted in an increase from 35% to 56% in QA forms returned.

The survey asks ten questions to which the enquirer could select yes, no or not applicable. The table (Table 2) below indicates the percentage who answered yes out of those that were counted as applicable.

<table>
<thead>
<tr>
<th>Category Score for Answer Satisfaction</th>
<th>% Yes</th>
<th>%NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were you able to contact us easily by phone, email or person?</td>
<td>100</td>
<td>0</td>
</tr>
<tr>
<td>Did our staff interpret your needs correctly?</td>
<td>99</td>
<td>0</td>
</tr>
<tr>
<td>Was a deadline agreed for a reply?</td>
<td>85</td>
<td>6</td>
</tr>
<tr>
<td>Did you receive the answer by the agreed time?</td>
<td>92</td>
<td>7</td>
</tr>
<tr>
<td>Did our response answer your questions?</td>
<td>96</td>
<td>4</td>
</tr>
<tr>
<td>Did we offer practical advice where appropriate?</td>
<td>91</td>
<td>7</td>
</tr>
<tr>
<td>Did we give you enough detail?</td>
<td>97*</td>
<td>0</td>
</tr>
<tr>
<td>Were you confident in the answer we gave you?</td>
<td>90</td>
<td>0</td>
</tr>
<tr>
<td>Did our answer contribute to patient care?</td>
<td>88</td>
<td>3</td>
</tr>
<tr>
<td>Would you use the service again?</td>
<td>100</td>
<td>0</td>
</tr>
</tbody>
</table>

*Too much detail = 1

Table 2: The percentage of enquirers who answered yes to the questions in the User Survey for 2014/15

Responses to the request for suggestions as to how to improve the service or other comments related to the MI service clients received are generally very positive as illustrated below:

- I have found the service very comprehensive and find it to be an outstanding resource
- I have used this service several times in the last number of years and each time I have been very impressed by the quality of the information provided and the efficiency of the staff providing it. I am a huge proponent of the service and am very thankful to have access to it. Best regards
- Always receive the help I need with complex enquiries. Being able to discuss details with a Pharmacist is the strength of the service
- I would like to say that I find this service excellent. I work with a small team of Pharmacy Technicians and come across all kinds of questions relating to patient medication. We do have access to a Pharmacist but some queries they are not always able to answer. This is why I always use the MI service. No matter what question I ask I know the answer will help me to explain things to the patient better
In addition to the standard UKMi User Survey questions, the RDTC has added questions to explore the value of our service by asking about the use to which the answers were put (Figure 3). The main use identified was to ‘initiate or modify a patient’s management’.

Figure 3: The use made of MI answers received during 2015/16 as a % of the total QA responses
Prescribing and Medicines Use

Data Analysis

The RDTC prescribing reports team continue to seek to collect examples of good prescribing practice from stakeholders and highlight this throughout the therapeutic prescribing reports illustrating the corresponding changes in prescribing data as a result of these practices. The prescribing reports are also updated to include information relevant to changes in prescribing patterns highlighting a product launch or NICE guidance publication which may have had a significant effect of prescribing patterns. The team have spent a significant amount of time this year redesigning the reports to include CCG clusters, enabling stakeholder organisations to compare themselves to demographically similar CCGs. As well as the usual package of data reports provided, the RDTC is frequently approached to provide additional data as highlighted below.

Non-medical prescriber (NMP) data

A number of CCGs have commissioned bespoke non-medical prescribing reports from the RDTC. In order to reduce costs and maximise outputs, the RDTC suggested that it would be possible to provide this data in an interactive report (rather than a spreadsheet) and each NMP would be able to access their own data from the interactive report. Each prescriber was provided with a PIN that enabled them to view their data presented as highlighted in the following illustrations:
The report is updated on a six-monthly basis and uploaded to the Medicines Optimisation (MO) website, prescribers are alerted that the data is available and can then log in to view their data individually. The MO team can also view all NMP data to enable additional analysis and to produce overarching reports as required.

It is also possible to tailor the reports to highlight the RAG status of items prescribed and whether or not they are on or off formulary.

The following benefits arise from delivering the data in this format:

- NMPs are able to access their data in a simple and timely manner
- The CCG team does not need to send out individual reports to NMPs thus freeing up staff time
- The data can be accessed at any time via this report which is held on the MO website
- The data can be printed off in a PDF format if required
This report enabled organisations to review their non-medical prescribing data in much the same way that GP prescribing has been analysed for a number of years. This also forms part of the review process for individual non-medical prescribers to ensure they are reflecting on their practice and prescribing within their competency. Feedback has been positive.

This report highlights the kind of information or data that could be provided on a bespoke basis to CCGs outside the normal package of reports.

Supporting Horizon scanning

The RDTC produces a range of publications to support commissioners in managing the entry of new innovative medicines into the health economy. As part of the UKMi national horizon scanning programme the RDTC prescribing support unit involves the skills of information scientists and pharmacists to score new drugs for inclusion in the annual prescribing outlook publication; the team then contributes to the production of Prescribing Outlook – New medicines by authoring several new drugs monographs and by helping develop the Cost Calculator tool.

The RDTC team, in conjunction with the North East and Cumbria Commissioning Support medicines optimisation team, also input prescribing data, national and local knowledge to tailor the Cost Calculator to a local version for use by the NE&C CCGs. This calculator is used across the region to support commissioners in budget setting and to identify work streams for the coming year. An overarching paper that highlights cost pressure areas and potential savings (including patent expiries and biosimilars) and recommends an uplift figure for prescribing budgets is also made available to support commissioners in forward planning. The paper also highlights potential pressures to Payment by Result (PbR) excluded budgets enabling early conversations between Trusts and CCGs so that use of any new medicines can be planned ensuring adequate budget, appropriate prescribing monitoring where it may fit into currently commissioned pathways.

In addition to this the RDTC produces a monthly horizon scanning document. This document includes information about new products to the market, significant changes to product licenses and significant new guidance or decisions made by recognised bodies. Information is also included as to when NICE are reviewing these products. This information is available for use from the RDTC website and in future from the SPS website.

RDTC pharmacists attending and supporting area prescribing committees and medicines optimisation groups across the region build on the information contained within the document to provide an additional level of information to these groups in the following way:

- By highlighting the arrival of new products to the market, where they may fit within the area formulary and who is currently evaluating these products (NICE, RDTC etc.) the group are able to plan for assessment of the product. Some formularies will assign a "not yet assessed" status to their formulary to alert prescribers to the fact that these products have not currently been listed on formulary and prescribing should not yet be undertaken, whilst others will work to seek opinion from local clinicians as to when it is appropriate to assess these products for formulary inclusion.

- The monthly horizon scanning document highlights significant generic products which are new to the market, pharmacists supporting the Area Prescribing Committees (APCs) will provide additional information the group based on the current formulary listings and costs and the potential savings that may be available through switching to a less costly generic product. Stakeholders also have access to the RDTC Switch Savings Calculators and Potential Generic Savings Reports which can provide information to further generate savings.

- By highlighting developments in NICE guidance RDTC pharmacists alert APCs to areas of their local formularies or guidance which may require revision in order that they comply with NICE guidance. Information is also provided on the potential cost impact where available, the RDTC contact manufacturers prior to publication to try and gain the most recent prices.

- Sharing of best practice across the Northern region.
Good horizon scanning processes enable CCGs to plan ahead and effectively manage the introduction of new innovative medicines for their populations.

**Greater Manchester**

Despite the concerted efforts of clinicians, prescribing advisers and medicines optimisation teams; prescribing remains one of the largest and most volatile budgets in the NHS and risks are still inherent in the system, e.g., financial (e.g., new drugs), political and media pressure (e.g., uptake of new drugs) and inequities of provision/supply leading to post code prescribing.

In 2003 it was recognised by the local health economies across Greater Manchester that by jointly prioritising and working on areas presenting the biggest risks, the prescribing agenda would be more effectively managed. The Greater Manchester Medicines Management Group (GMMMG) was established to implement this and, in 2004, a contract was placed with the RDTC in Newcastle to support and facilitate the work programme. Since then the changes in NHS structures have meant that the group has developed significantly since its inception.

The GMMMG is a professional group consisting of GPs, pharmacists and other key healthcare professionals, commissioning and finance leads and is accountable to local CCGs. The GMMMG also plays a key role in performance monitoring of health economies prescribing, promoting cost effective, evidence based healthcare and aims to provide leadership, clarity and guidance in areas where no national guidance is available. The Group has developed significantly since its inception and now covers a broad agenda relating to appropriate use of medicines in all sectors. The main group is more strategic and provides leadership and guidance. This allows its three subgroups to perform detailed, clinical, technical functions, which are then approved by the main group. The Subgroups have strong clinical involvement and engagement.

The support provided by the RDTC to Greater Manchester has focused mainly on supporting the Greater Manchester Medicines Management Group and its subgroups along with CCG and commissioning support staff.

Support provided by the RDTC specifically is outlined in the box below:

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**The RDTC provides:**

- Professional Secretary Support to GMMMG and it 3 subgroups.
- This involves development of associated paperwork and decision making processes underpinning the group to ensure that just and fair decisions are made.
- Provision of independent reviews including critical appraisal of new drugs being considered by New Therapies Subgroup.
- Management of the formulary application process.
- Facilitation of a GMMMG wide ‘Do Not Prescribe’ and “Grey” list which recommends specific drugs for disinvestment or limited use.
- Support for the development of shared care protocols across the Greater Manchester footprint.
- Hosting and maintenance of GMMMG website.
- Liaison with industry regarding GMMMG applications or queries.
- Provision of prescribing data to support individual drug formulary and/or RAG status recommendations.
Specific projects worked on in 2015/16 are:

- Supported an evidence based review for development of the COPD pathway and associated inhaler choices
- Support for the development of the treatment of Overactive Bladder Pathway
- 14 tabled evidence based reviews for the following new drugs:
  - Secukinumab and Apremilast (Psoriasis)
  - Edoxaban (AF)
  - Anal irrigation treatments
  - Vortioxetine
  - High strength Insulin glargine and biosimilars
  - Gabapentin gel
  - Topical ivermectin
  - Alirocumab
  - Edoxaban (AF)
  - Vortioxetine
  - Gabapentin gel
  - Sufentanil
  - Etanercept biosimilar
- Facilitation of the development of 33 Greater Manchester wide Shared Care Protocols, with a further 11 Shared Care Protocols currently in development. This means by the Autumn of 2016 GMMMG will have a Shared Care Protocol in place covering 70% of its AMBER (Shared Care) classified drugs. This has standardised the monitoring for shared care drugs across Greater Manchester with the aim of improved patient safety and governance arrangements.
- A full evidence base review of drugs included in ‘Do Not Prescribe’ and “Grey” lists on a six monthly basis. Previously the list had included the agent and it’s indication but this meant that there were occasions for which the agents were being prescribed for other indications. It was agreed that to avoid indirect prescribing of products currently on the list that all agents would undergo a full evidence base review for their use in all indications. The RDTC undertook this review; where it was concluded that there was evidence for the use of that agent in a particular condition then the agent would be placed on the Grey List where it could be used for a particular indication. The RDTC produced a decision aid which was approved for use by GMMMG and each agent was assessed using this aid, this ensured that all agents were considered appropriately and were added to the list due to either safety concerns, a poor evidence base or because they were not considered to be a cost effective use of NHS resources. Inclusion of a drug onto the DNP or Grey list has helped CCGs manage the use of that drug across the health economy and reduce spend on drugs thought to be of limited clinical value.
- Following the initial development of the formulary it had been agreed that the chapters would undergo a complete review with full GM-wide consultation to ensure the content was appropriate for GM-wide use. This was facilitated by the RDTC and was completed in Autumn 2015.

As CCGs continue to evaluate local prescribing and implement the recommendations made by GMMMG a reduction in the use of drugs of limited clinical value will free up some resource that can be utilised for other more innovative and cost effective medicines.
Pharmacovigilance - Yellow Card Centre Northern and Yorkshire (YCCNY)

The Yellow Card Centre Northern & Yorkshire (YCCNY) promotes reporting of adverse drug reactions in the North East of England, Yorkshire and Cumbria. Reporting is encouraged by providing health professionals and patients with support and education, targeted according to local reporting patterns.

During the 2015/16 financial year 3,613 ADR reports were received from the Northern and Yorkshire region, a 29% increase on 2014/15. The increase has been largely due to increased reporting using electronic platforms such as GP prescribing software and the MHRA Yellow Card website, both of which saw increases of roughly a third. The simplicity and speed of reporting through electronic systems is likely to be the major reason for the increase observed. Reporting rates increased among most reporters, including GPs, nurses, patients and pharmacists.

Overall, ADR reporting has been increasing in the region for several years and this year saw the trend continue with 3,613 reports received, an increase of 29% (see figure 3). The most frequently reporting group was doctors (all types, 41%), but pharmacists (18%), nurses (16%) and patients (including parents and carers, 16%) also made important contributions (see figure 4). Yellow Card reporting varies widely by CCG, but 2015/16 saw increased reporting rates in 26 of the 34 CCGs in our area. CCGs with reduced reporting will be targeted for improving reporting rates in the coming year.

This year YCC Northern & Yorkshire received 484 Yellow Cards from patients, an increase of 61% over 2014/15. Reports from parents and carers saw similar gains, each increasing by over 50%. To build upon this success, patient outreach work will remain a focus in the coming year.

More reports this year were received for rivaroxaban than for any drug, representing 4% of all reports received. The top 10 suspected drugs for our area were broadly similar to previous years, with varenicline, rivaroxaban, phenoxymethylpenicillin, atorvastatin and amlodipine all featuring in the top 10 for the last two years.

Figure 4: Total number of reports received by financial quarter
Figure 5: Total reports for 2015/16 by reporter type

A total of 2,949 reports were made via MiDatabank to 31st December 2015, 1,876 of which are classed as serious. Of the 118 participating centres, the RDTC has reported the third largest number of reports at 171, of which 69 were serious.

Table 3: Top 5 reporting centres cumulative Yellow Card reports from 2011 to end of December 2015

<table>
<thead>
<tr>
<th>MI Centre</th>
<th>To August 2015</th>
<th>To January 2016</th>
<th>Serious</th>
</tr>
</thead>
<tbody>
<tr>
<td>University Hospital Aintree</td>
<td>334</td>
<td>448</td>
<td>234</td>
</tr>
<tr>
<td>Royal Liverpool and Broadgreen University Hospital (North Liverpool)</td>
<td>290</td>
<td>324</td>
<td>201</td>
</tr>
<tr>
<td>Regional Drugs and Therapeutics Centre (Newcastle)</td>
<td>155</td>
<td>171</td>
<td>69</td>
</tr>
<tr>
<td>Countess Of Chester Hospital</td>
<td>133</td>
<td>154</td>
<td>117</td>
</tr>
<tr>
<td>Worcester Royal Hospital</td>
<td>98</td>
<td>112</td>
<td>82</td>
</tr>
</tbody>
</table>

Case study – Patient outreach

Increasing the number of reports received from patients, parents and carers remains a priority for the Centre and for the Yellow Card scheme nationally. Hard work from previous years is reflected in this year’s figures, which show increased reporting from each of these reporter groups. The centre has engaged with a variety of patient groups in recent years, including the National Osteoporosis Society, Epilepsy Action, Diabetes UK and the Multiple Sclerosis Society. Staff have offered educational lectures and workshops and delivered supplies of educational materials, with the aim of raising awareness of the scheme among patients. Outreach has been focused on patient groups likely to take multiple medicines, or have complex needs.

This year YCC Northern & Yorkshire received 484 Yellow Cards from patients, an increase of 61% over 2014/15. Reports from parents and carers saw similar gains, each increasing by over 50%. To build upon this success, patient outreach work will remain a focus in the coming year.
Case study – Summary annual reports

Each year, the Centre produces short summary reports for distribution to relevant staff at CCGs and hospital trusts in our region. These 2-page reports are an innovation developed by the Centre, and are designed to give staff at local organisations a simple, easy to use synopsis of their reporting rates. They contain a brief summary of the Yellow Card scheme, plus an overview of reporting numbers in the region. Each trust or CCG is also given details of their own reporting rates, information on how that rate has changed in the last year, and which professional groups are reporting ADRs in their organisation. This allows organisations with low reporting to identify any problems, and assess whether additional training or practical support is needed. The reports are circulated along with information on what the Centre can provide in terms of education and support, and an invitation to engage with us to work jointly to promote increased reporting.

Feedback on these reports has been positive this year, with staff grateful for a straightforward summary of this important aspect of their pharmacovigilance work. These short reports therefore remain an important output for the Centre, playing an important part in the continuing trend to increased ADR reporting in the region.

Sample feedback email:

This is brilliant.

Thank you so much for the reports and for getting back to me so promptly, I really appreciate it.
National Poisons Information Service (NPIS)

The Role of NPIS and its impact on patient care

Poisoning or suspected poisoning account for just under 1% of all NHS hospital admissions each year. The aim of the NPIS is to reduce the impact on patients and their healthcare associated with poisoning. This is achieved by providing consistent and evidence-based expert advice to NHS healthcare professionals by telephone and via the internet to aid the optimal clinical management of the poisoned patient. The NPIS also aims to reduce unnecessary burden to the NHS by preventing unnecessary hospital visits and admissions, poisoning associated treatments.

Enquiry answering

During the 2015/16 financial year the NPIS (Newcastle Unit) answered a total of 15,315 telephone enquiries, of which 15,064 related to a specific patient. This total is similar to the figure for the previous year (15,283). As in previous years, a large proportion of patient specific enquiries involved children under the age of 5 (32%). The peak age group for enquiries relating to adults was 20-29 years and 10% of enquiries related to patients over the age of 70. (Figure 5)

Figure 5: Age distribution

Nurses continue to be the largest health professional group using the service (45%), closely followed by doctors (37%). Calls originating from NHS 111 accounted for 36% of the enquiry workload with a further 27% originating from hospitals.
A large proportion (86%) of reported episodes of poisoning occurred in the home. Accidental poisoning accounted for 48% and therapeutic error 23% of cases. Intentional self-harm (19%) and recreational abuse (3%) were less common types of poisoning referred to the Unit.

Pharmaceuticals have continued to be the most commonly involved substances involved in enquiries (61%), with paracetamol (11%) and ibuprofen (4%) being the top two agents involved. Industrial (14%) and household agents (15%) accounted for a similar proportion of enquiries as in previous years.
Table 4: Top 10 agents

All patient-related enquiries are graded on a scoring system developed by the European Association of Poisons Centres and Clinical Toxicologists. Each enquiry is scored as “none”, “minor”, “moderate” or “severe,” based on the clinical condition of the patient at the time of the call. The maximum poisons severity score is also recorded, reflecting the most severe symptom/s experienced by the patient from the moment the patient was first exposed to the NPIS receiving the call. The majority of cases were scored as having a PSS of zero i.e. no features (66%), but 26% were scored as having minor, 3% moderate and 1% severe poisoning.
Quality assurance

The Newcastle unit of the Poisons Service aims to provide a very high quality service to users. To ensure this is achieved we assess views of users by using a standard nationally agreed quality assurance questionnaire. This asks users to agree or disagree with a series of statements with respect to the enquiry they made to the service.

During 2015/16, 15,064 patient specific calls were handled by the Newcastle unit, 785 (5.2%) were randomly chosen and sent the questionnaire, 241 were completed and returned, giving a response rate of 30.7%, which is typical of surveys of this type.

The overall satisfaction rating with NPIS (Newcastle) was excellent with 98.7% of users rating the service as very good or excellent. This is similar to the figure for 2014/15 (98.4%). User satisfaction across all areas surveyed remains high with the majority of scores for 2015/16 exceeding those for the previous year.

<table>
<thead>
<tr>
<th>Question</th>
<th>% Satisfaction score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2014/15*</td>
</tr>
<tr>
<td>The person I spoke to was polite and pleasant</td>
<td>97.6</td>
</tr>
<tr>
<td>Once my call was answered by the Specialist in Poisons Information</td>
<td>96.0</td>
</tr>
<tr>
<td>The enquiry was dealt with promptly</td>
<td>96.6</td>
</tr>
<tr>
<td>The reply from NPIS was relevant and useful</td>
<td>93.5</td>
</tr>
<tr>
<td>The information was given to me at an appropriate speed</td>
<td>94.6</td>
</tr>
<tr>
<td>I was given the right amount of information for my needs</td>
<td>93.9</td>
</tr>
<tr>
<td>I had confidence in the reply I was given</td>
<td>91.8</td>
</tr>
<tr>
<td>My telephone call was answered without delay by a specialist</td>
<td>90.2</td>
</tr>
</tbody>
</table>

* Satisfaction score is the proportion of respondents who agree ‘completely’ or ‘a lot’

Table 5: Comparison of Telephone Quality Assurance Survey Satisfaction Scores 2014/15 – 2015/16
TOXBASE®

TOXBASE® is the national clinical toxicology database of the NPIS providing guidance for the management of the poisoned patient. The Newcastle unit contributes to TOXBASE® by participating in national editing group meetings and updating, reviewing and producing new monographs. A total of 620 monographs were submitted during 2015. This is a 13% decrease compared to the previous year, when 702 monographs were submitted, but this is still an outstanding achievement maintaining such an excellent output given the current financial and staffing pressures faced by the unit.

Case studies illustrating the work and benefits of the NPIS for patient care:

Case 1:

A call was received from a paediatric hospital about a young child that had developed abdominal pain after eating flecks of paint over a period of several weeks. Initial investigations had demonstrated anaemia and a high blood concentration of lead. An enquiry was made to the NPIS and this was referred on to the on-call clinical toxicologist who was able to confirm the diagnosis of lead poisoning. Advice was provided on further investigation and appropriate treatment with the oral lead chelating agent DMSA (succimer). It was possible to discharge the child home with an appropriate management plan in place once stabilised on this treatment, with appropriate follow up locally as an outpatient.

Case 2:

A call from NHS111 about a 3 year old child who had ingested 7 Numarks Kids Chewable Vitamins A,B,C,D approximately 30 minutes prior and was completely well. The NHS111 caller couldn’t locate the product and was going to send the patient to hospital. The specialist in poisons information advised that given the product constituents and strength of each component the child did not need to be referred to hospital thus preventing an unnecessary attendance to hospital.

Case 3:

An adult female sustained what was thought to be a snake bite on her foot while walking in woodlands. She had remained well for 2 days following this, but subsequently developed pain and swelling around the site of the bite which spread up her leg and then presented to the local emergency department. The patient was systemically unwell with fever, aching muscles and vomiting. A telephone enquiry was made to the NPIS to discuss the need for treatment with adder antivenom. The NPIS specialist was able to reassure the local clinician that the presentation was unlikely to be due to envenomation and that antivenom was not needed. The clinical presentation was more likely to be caused by secondary soft tissue infection (cellulitis) and that treatment with antibiotics was the appropriate management. This avoided unnecessary use of antivenom, which is expensive and can cause adverse effects.
UK Teratology Information Service (UKTIS)

Information provision

Taking telephone enquiries and on-line accesses together, UKTIS information was accessed almost 1.5 million times during 2015/16. There were more than 45,000 scientific monograph downloads from www.toxbase.org and 2098 telephone enquiries from NHS affiliated health professionals across the UK. In addition, monograph summaries were accessed more than 173,000 times via the open uktis.org website. Trends in enquiry numbers by year are shown in Table 6, demonstrating the growing use of on-line information by health professionals and the reduction in telephone enquiries.

<table>
<thead>
<tr>
<th>Year</th>
<th>Telephone enquiries</th>
<th>TOXBASE (registered user access)</th>
<th>UKTIS (open access, launched 2012)</th>
<th>bumps (open access, launched 2014)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010/11</td>
<td>3,722</td>
<td>9</td>
<td>37,591</td>
<td>91</td>
<td>41,313</td>
</tr>
<tr>
<td>2011/12</td>
<td>3,260</td>
<td>5.4</td>
<td>46,061</td>
<td>76.7</td>
<td>60,018</td>
</tr>
<tr>
<td>2012/13</td>
<td>2,888</td>
<td>2.0</td>
<td>58,067</td>
<td>40.6</td>
<td>142,907</td>
</tr>
<tr>
<td>2013/14</td>
<td>2,866</td>
<td>1.5</td>
<td>64,876</td>
<td>34.2</td>
<td>189,522</td>
</tr>
<tr>
<td>2014/15</td>
<td>2,529</td>
<td>0.6</td>
<td>56,799</td>
<td>13.0</td>
<td>221,053</td>
</tr>
<tr>
<td>2015/16</td>
<td>2,098</td>
<td>0.15</td>
<td>45,635</td>
<td>3.2</td>
<td>173,851</td>
</tr>
</tbody>
</table>

Table 6: Telephone enquiries, full monograph (toxbase.org), monograph summary (uktis.org) and bumps leaflets downloads (medicinesinpregnancy.org) showing UKTIS information provision and user access over the past 6 years as absolute figures and as the percentage of enquiries for each year.

By the end of March 2016, the public facing bumps website hosted 126 online patient information leaflets produced by UKTIS, with 14 of these added during 2015/16. These attracted 1.19 million page views during the year, a more than 5-fold increase on the figure for 2014/15 (221,000). Daily views increased from 2,500 in April 2015 to more than 4,000 in March 2016. (Figure 10 below)

126 patient information leaflets on the BUMPS website
14 new in 2015/16

>1 million hits in 2015/16

Figure 11: ‘bumps’ online self-reporting facility
One of the potential benefits of providing public access information via the *bumps* website is to seek information on maternal exposures and subsequent fetal outcomes directly from the women using the website. To enable this, an on-line self-reporting facility was launched in April 2015. So far, promotion of this tool has been low-key to allow for the monitoring and correction of problems with the system. Nevertheless, 186 users spontaneously created a personal password protected ‘my *bumps record*’ during 2015/16 (Figure 12). The majority of registrants live in the UK (n=114), with the remainder coming from various countries around the world (Figure 11). From these registrants, 68 medication exposures in pregnancy were reported for 56 unique medications. The most commonly reported medicines were levothyroxine (n=5), amitriptyline (n=4), paracetamol (n=4) and cyclizine (n=3).

It is too soon to evaluate the impact of *bumps* as a surveillance tool, particularly with regards to longer term effects of an exposure on behaviour or learning ability, but experience from the past year demonstrates that international data collection using this tool is feasible. A few adjustments to the system do however need to be implemented to optimise follow-up of ongoing pregnancies and live born infants. Collation and analysis of data collected through *bumps* will also need to be streamlined if the existing infrastructure is to be used for pregnancy registries or surveillance where real-time data collection and analysis is required to inform immediate public health policy and clinical practice. An example might include data collection during a future pandemic.

![Figure 12: Heat map showing country of residence of women creating a *bumps* record](image)
Surveillance and Research

The analysis and publication of surveillance data collected by UKTIS remains an essential function of the service. At each UKTIS monograph update, pregnancy outcomes of women about whom UKTIS were initially contacted are analysed for signals of teratogenicity for the exposure(s) concerned. Where published human data are limited or absent, UKTIS can provide unpublished case reports or small case series. Although individual datasets are small and the conclusions that can be drawn are limited, these data are valuable for answering patient specific enquiries. Further benefit can be obtained by combining UKTIS case series with those collected by other teratology services around the world.

During 2015/16 data collected by UKTIS has been included in recently published or presented studies assessing the fetal risks of maternal exposure to aripiprazole, antidepressants or TNF-α inhibitors in pregnancy. Although not published within the financial year, peer reviewed studies involving UKTIS data completed during 2015/16 and now accepted for publication include an NIHR HTA funded systematic review of treatments for hyperemesis gravidarum and two international collaborative ENTIS studies of pregnancy outcome following exposure to methylphenidate and pregabalin. UKTIS staff have also completed a European Union funded (Innovative Medicines Initiative) study examining the feasibility and cost effectiveness of direct data collection from women via a website with two papers about medicines exposure during pregnancy published during 2015/16.

UKTIS Quality Assurance

Telephone enquiry service

Formal feedback on the UK Teratology Information Service is sought continuously from a random sample of telephone enquirers, with questionnaires sent out between 1 and 4 weeks after the enquiry. During 2015/16 350 enquiries (17% of the total enquiries) were selected for quality assurance monitoring in this way. As of April 2016, 89 (25%) feedback forms had been returned, from a range of enquirers including GPs (47), pharmacists (20), hospital consultants (12), junior hospital doctors (3) and nurses (7).

Of the 89 responders, 9% had used the service more than 5 times, 49% had used the service between 1 and 5 times previously and 36% were first-time enquirers. Enquirer satisfaction scores demonstrated a 96% overall degree of satisfaction with the service.
Summary of UKTIS telephone enquirer experience

<table>
<thead>
<tr>
<th>Question</th>
<th>% answering ‘Yes’</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The reply from UKTIS was relevant and useful</td>
<td>95</td>
</tr>
<tr>
<td>2. Once I got through, the enquiry was answered within an acceptable timeframe</td>
<td>98</td>
</tr>
<tr>
<td>3. The information was given to me at an appropriate pace</td>
<td>99</td>
</tr>
<tr>
<td>4. The person I spoke to was polite and pleasant</td>
<td>99</td>
</tr>
<tr>
<td>5. I had confidence in the reply I was given</td>
<td>97</td>
</tr>
<tr>
<td>6. Will you use the service again</td>
<td>99</td>
</tr>
<tr>
<td>7. Overall Satisfaction with the service</td>
<td>96</td>
</tr>
</tbody>
</table>

Table 7: UKTIS telephone enquirer experience

Constructive criticism was received from a small number of responders. As in previous years, the need to increase awareness of the service was raised more than once. One responder requested faster telephone answering, another shorter data collection forms. Free text comments suggested that where the information provided by UKTIS was rated as not being ‘relevant or useful’, this reflected the lack of available pregnancy data rather than a shortcoming of the service.

‘bumps’ leaflets and website

This year, telephone enquirer feedback forms included additional questions relating to the new bumps website. Sixty-three of the 89 HCPs who provided feedback having contacted UKTIS via the national telephone line were not aware of the new bumps website. Of the 22 responders who had visited bumps, 6 found the website ‘very easy’ to use, 14 ‘easy’ and 2 ‘neither easy nor difficult’. It was noted that 10 responders reported that a bumps leaflet was available for the exposure they were interested in; 8 reported that no leaflet was available at that point, with the remaining 4 responders regarding the question as ‘not applicable’. Thirteen respondents rated the information on bumps as being ‘about right’, with none assessing it as too detailed or not detailed enough.

Spontaneous feedback was also received from 39 visitors to the bumps website via the e-feedback form, 79% of whom resided in the UK. Fifty one percent of visitors providing feedback were not healthcare professionals, and although the remaining 49% were HCPs, a number were pregnant themselves with only 23% of users providing feedback classifying themselves as ‘not pregnant’. Of this group, 19 regarded bumps as ‘very easy’ to use, 13 as ‘easy’, 7 as ‘neither easy nor difficult’ and one as ‘difficult’. All but two users provided free text comments, the majority of which were requests for information on exposures not yet covered in the bumps leaflets or positive feedback on the information found.

UKTIS and bumps end-user feedback

- “I am so glad I found this (bumps) website as at the moment me and my partner are trying to conceive and I have a number of (quite minor) health problems for which I take regular medication. The information here is much more detailed than on any other comparable website and makes it easier to make informed decisions, whilst the language is still clear and simple for people like me who are not scientists!” (spontaneous via website)

- “I have used a lot of your (bumps) leaflets for patients, they are very helpful to support conversations about drugs in pregnancy…. Great site and extremely beneficial to patient care. The more you do, the better!” (spontaneous via website)

- Good service, useful advice at time of calling allowing counselling of patient and risk stratification. (HCP via UKTIS questionnaire)

- Super service and immediate response - super for patient and doctor. (HCP via UKTIS questionnaire)
Appendices
# Appendix 1

## Financial Summary - Financial out turn 1\textsuperscript{st} April 2015 to 31\textsuperscript{st} March 2016

<table>
<thead>
<tr>
<th>Income</th>
<th>Centre</th>
<th>Poisons</th>
<th>Centre Projects</th>
<th>Poisons Projects</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income - Regional core CCGs(Indicative)</td>
<td>723,791</td>
<td>723,791</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income - Regional core - other (Indicative)</td>
<td>289,000</td>
<td>289,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income – PHE</td>
<td>1,150,000</td>
<td>1,150,000</td>
<td></td>
<td></td>
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</tbody>
</table>

### Deferred income -

<table>
<thead>
<tr>
<th></th>
<th>Centre</th>
<th>Poisons</th>
<th>Centre Projects</th>
<th>Poisons Projects</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCG</td>
<td>75,912</td>
<td>75,912</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHE</td>
<td>34,390</td>
<td>34,390</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjust for Deferred Income to 15/16</td>
<td>-84,034</td>
<td>-48,116</td>
<td>-132,150</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Sub total            | 1,012,791 | 1,150,000 | -8,122         | -13,726         | 2,140,943 |

### Notional Income -

<table>
<thead>
<tr>
<th></th>
<th>Centre</th>
<th>Poisons</th>
<th>Centre Projects</th>
<th>Poisons Projects</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newcastle/Gateshead Partnership CCG</td>
<td>66,547</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical excellence</td>
<td>19,672</td>
<td>27,421</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Superannuation all staff</td>
<td>2,329</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Total Annual Income          | 1,101,339 | 1,177,421 | -8,122         | -13,726         | 2,256,912 |

### Expenditure

<table>
<thead>
<tr>
<th></th>
<th>Centre</th>
<th>Poisons</th>
<th>Centre Projects</th>
<th>Poisons Projects</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay – Managers</td>
<td>26,281</td>
<td>58,639</td>
<td>0</td>
<td>0</td>
<td>84,920</td>
</tr>
<tr>
<td>Pay – Medical</td>
<td>98,233</td>
<td>318,373</td>
<td>0</td>
<td>0</td>
<td>416,606</td>
</tr>
<tr>
<td>Pay – Nursing</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Pay - Scientific &amp; Prof.</td>
<td>640,910</td>
<td>549,001</td>
<td>0</td>
<td>0</td>
<td>1,189,911</td>
</tr>
<tr>
<td>Pay - A&amp;C</td>
<td>132,648</td>
<td>73,047</td>
<td>0</td>
<td>0</td>
<td>205,695</td>
</tr>
<tr>
<td>Pay - IT subsidy</td>
<td>21,287</td>
<td>21,287</td>
<td>0</td>
<td>0</td>
<td>42,574</td>
</tr>
</tbody>
</table>

| Total Pay                    | 1,100,359 | 1,020,347 | 0              | 0               | 1,939,706 |

| NP - Supplies & services - All   | 4682      | 6562     | 0              | 0               | 11,244  |
| NP - Establishment services      | 14,194    | 8,282    | 0              | 1,238           | 23,714  |
| NP - Premises & fixed plant      | 74,082    | 50,680   | 0              | 219             | 124,981 |
| NP - External contract staff & consultancy | 0        | 2,032    | 0              | 0               | 2,032   |
| NP – Miscellaneous              | 3,792     | 444      | 0              | 0               | 4,236   |
| NP - Recharges Non & Inter-Company | 8        | 813      | 0              | 0               | 821     |
| NP- Reserve                     | 0         | 0        | 0              | 0               | 0      |

| Total Non-Pay                 | 96,758    | 68,813   | 0              | 1,457           | 167,028 |

| Expenditure sub total         | 1,015,017 | 1,086,880 | 0              | 1,457           | 2,103,354 |

| Overhead contribution         | 77,094    | 82,419   | 0              | 0               | 159,513  |
| Postage budget Notional Expenditure(to match income) | 1,100 | 2,280 | 0 | 0 | 3,380 |

| Total Expenditure             | 1,093,211 | 1,171,579 | 0              | 1,457           | 2,266,247 |

| - SURPLUS / DEFICIT          | -8,122    | -5,842   | 8,122          | 15,183          | 9,835    |


Appendix 2

Prescribing Support

Reports published

New Drug Evaluations 2015/16

<table>
<thead>
<tr>
<th>Drug</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Naloxegol</td>
<td>Apr 2015</td>
</tr>
<tr>
<td>Insulin Degludec and Liraglutide</td>
<td>May 2015</td>
</tr>
<tr>
<td>Edoxaban in AF</td>
<td>Jul 2015</td>
</tr>
<tr>
<td>Naltrexone + Bupropion for obesity</td>
<td>Sep 2015</td>
</tr>
<tr>
<td>Liraglutide for obesity</td>
<td>Oct 2015</td>
</tr>
<tr>
<td>Lidocaine/Prilocaine</td>
<td>Oct 2015</td>
</tr>
<tr>
<td>Ivermectin for rosacea</td>
<td>Oct 2015</td>
</tr>
<tr>
<td>Idarucizumab</td>
<td>Dec 2015</td>
</tr>
<tr>
<td>Guanfacine</td>
<td>Feb 2016</td>
</tr>
</tbody>
</table>

Evaluation Reports 2015/16

<table>
<thead>
<tr>
<th>Drug</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Topical gabapentin</td>
<td>Nov 2015</td>
</tr>
<tr>
<td>Sufentanil</td>
<td>Mar 2016</td>
</tr>
</tbody>
</table>

Safer Medication Use 2015/16

<table>
<thead>
<tr>
<th>Drug</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSAIDs</td>
<td>Jan 2015</td>
</tr>
</tbody>
</table>

Academic Detailing

<table>
<thead>
<tr>
<th>Drug</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gabapentinoids for pain</td>
<td>Dec 2015</td>
</tr>
</tbody>
</table>

Monthly Horizon Scanning Reports 2015/16 monthly x 12

Prescriber Support Tools 2015/16

<table>
<thead>
<tr>
<th>Tool</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comparison of DDP-4 inhibitors</td>
<td>Sep 2015</td>
</tr>
<tr>
<td>Changes to BNF Chapters from Sept 2015</td>
<td>Oct 2015</td>
</tr>
<tr>
<td>New BNF Chapter format from Sept 2015</td>
<td>Oct 2015</td>
</tr>
<tr>
<td>New BNF Chapter format from Sept 2015 vs Old BNF Chapter numerical format</td>
<td>Oct 2015</td>
</tr>
<tr>
<td>Comparison of GLP-1 mimetics</td>
<td>Nov 2015</td>
</tr>
</tbody>
</table>
Appendix 3

Conferences, Papers, Training - Attendances and Presentations

Medicines Information

Training delivered

Internal Training

Internal comprehensive initial training and assessments, ongoing CPD attendance at courses and relevant conferences

Pre-Registration Trainee Pharmacists

Regional half day training session and workshop

Five x three week and two x one week RDTC MI rotations for two local Trusts

Local Trust Support

Six monthly meeting of local MI Pharmacists within the region

Circulation of information from the UKMI Executive Committee and the Commercial Medicines Unit in relation to shortages

UKMI Network

Delivery of the National Medicines Information Training Course for the UKMI Network on 6th – 8th January 2016 held at Leicester University

The Principal Pharmacist for MI co-chaired and facilitated over the three days and delivered the session and workshop on Clinical Governance

Publications

Drugs in Pregnancy section of Chapter 47 Drugs in pregnancy and lactation for the next edition of text updated:


Prescribing and Medicines Use

“Prescribers new to North Durham CCG” at four events

Therapeutic training presentation for Yorkshire and Humber CSU on the 20th October 2015
Poisons Information

Study days

NPIS Study Day, Birmingham 25th June 2015
NPIS Study Day, Edinburgh 10th September 2015
NPIS Study Day, Newcastle 5th November 2015
NPIS Study Day, Cardiff 10th March 2016
RCEM/NPIS Study Day for the Emergency Physician 3rd November 2015

Presentations

Hawkins L. NHS 111 enquiries made to the NPIS. NPIS Study Day, Birmingham, June 2015
Gilfillan C. Nitrous Oxide – still no laughing matter. NPIS Study Day, Edinburgh, September 2015
Bradley S. The National Poisons Information Service (NPIS), what we do and how our data can be used in tackling toxic hazards such as 2,4, Dinitrophenol and “legal highs”. Public Health England meeting, December 2015
Waugh RML, Elamin MEMO, Peart LC, Thompson JP, Eddleston, Thomas SHL. Analysis of enquiries about antiretroviral therapy (ART) involving neonates, as reported to the UK National Poisons Information Service (NPIS). EAPCCT, Malta, May 2015 (poster presentation)
Thomas SHL Acute recreational Drug Toxicity – the old and the new. Royal College of Physicians Update on Acute Medicine. Newcastle, April 2015
Thomas SHL. Beyond adverse drug reactions – extended reporting requirements and the role of poisons centres. MHRA and Yellow Card Centre Northern & Yorkshire, 50th Anniversary Meeting, Newcastle, April 2015
Thomas SHL. Using routinely collected data to improve visibility and add value to the work of poisons centres in Europe. Louis Roche Lecture, EAPCCT. Malta, May 2015
Thomas SHL. Dinitrophenol toxicity in the UK as reported to poisons centres. NPIS Study Day, Birmingham, June 2015
Thomas SHL. General introduction to paracetamol intoxications. 14th International Congress of Therapeutic Drug Monitoring and Clinical Toxicology. Rotterdam, October 2015
Thomas SHL. An update on the IONA study. NPIS Study Day, Newcastle, November 2015
Thomas SHL. N-Acetylcysteine - 40 years of getting the dose wrong? Asia Pacific Association of Medical Toxicology, Perth, Western Australia. December 2015
Thomas SHL. Severe clinical toxicity caused by unlicensed weight loss agents including dinitrophenol. NPIS Study Day, Cardiff, March 2016
Publications

Waugh RML, Elamin MEMO, Peart LC, Vale JA, Thompson JP, Eddleston M, Thomas SHL. Analysis of enquiries about antiretroviral therapy (ART) involving neonates, as reported to the UK National Poisons Information Service (NPIS). Clinical Toxicology 2015; 53 (Suppl 1); p285

Bateman DN, Dear JW, Thomas SHL. New regimens for intravenous acetylcysteine, where are we now? Clinical Toxicology 2016; 54: 75-8


Published congress abstracts


Thomas E, Cooper GA, Vale JA, Eddleston M, Thomas SHL, Thompson JP. Intentional overdoses and self-harm enquiries in adolescents aged 8-16: A retrospective review of enquiries to the National Poisons Information Service in the United Kingdom. Clinical Toxicology 2015; 53 (Suppl 1); p244-5

Day RC, Eddleston M, Thomas SHL, Thompson JP, Vale JA. How common are exposures to soluble film automatic dishwashing products in the UK? A retrospective UK National Poisons Information Service (NPIS) study conducted from January 2008 to October 2014. Clinical Toxicology 2015; 53 (Suppl 1); p314

Day RC, Eddleston M, Thomas SHL, Thompson JP, Vale J. Has the International Association for Soaps, Detergents and Maintenance Products (AISE) product stewardship programme had an impact on the number of liquid laundry detergent capsule exposures reported to the UK National Poisons Information Service (NPIS)? Clinical Toxicology 2015; 53 (Suppl 1); 314-5

Wheatley N, Cooper GA, Thompson JP, Vale JA, Eddleston M, Thomas SHL,, Coulson JM Trends in cyanide exposures reported to the UK National Poisons Information Service (NPIS) from 2008 to 2012. Clinical Toxicology 2015; 53 (Suppl 1); p316


Harbon SCD, Cooper GA, Vale JA, Eddleston M, Thomas SHL, Thompson JP. Culinary mistakes involving daffodils: Do you know your onions? Clinical Toxicology 2015; 53 (Suppl 1); p347


Adams RD, Good AM, Thomas SHL, Thompson JP, Vale JA, Eddleston M. TOXBASE® and its use in collecting data on new and uncommon products of interest. Clinical Toxicology 2015; 53 (Suppl 1); p398


Jackson G, Lupton DJ, Good AM, Thomas SHL, Thompson JP, Vale JA, Eddleston M. TOXBASE®: Keeping a poisons information database current and meeting UK demand. Clinical Toxicology 2015; 53 (Suppl 1); p399

Conferences and academic training

The European Association of Poisons Centres and Clinical Toxicologists International Congress, St Julian’s, Malta – May 2015

European Stroke Conference, Venice - April 2015

Regular three weekly information service meetings

One last call for methionine, a peculiar case for paracetamol poisoning

CRCE an update

Safety of Statins in pregnancy

Lithium in pregnancy

Case report: Is there a risk of heart failure from the use of an oral tanning supplement?
Monoclonal antibodies in pregnancy
NPIS Product Data Centre database training
Nitrous Oxide- laughing gas
PSS 3 audit results
Beta-blockers/hypertension in pregnancy
Discussions re: presentation as Newcastle NPIS study day – meeting the contractual NPIS phone service key performance indicators
Poisoning in pregnancy refresher training
Hot topics in teratology
Cost effectiveness study of the poisons service – pilot study preliminary data

Dr A Dyker
NICE Technology Appraisal Committee D May 2015 – April 2016
Dr Dyker participated in the development of appraisal consultation documents (ACD) and final appraisal determinations (FAD) for the appraisals of Daclatasvir for:
- treating chronic hepatitis C
- immunosuppressive therapy for kidney transplantation in adults (review of technology appraisal guidance 85)
- immunosuppressive therapy for kidney transplantation in children and adolescents (review of technology appraisal guidance 99)
- Paclitaxel as albumin-bound nanoparticles in combination with gemcitabine for previously untreated metastatic pancreatic cancer

UKTIS
Publications
Peer-reviewed papers
Dreyer NA, Blackburn S, Hilva V, Mt-Isa S, Richardson J, Jamry-Dziurla A, Bourke A, Johnson
Balancing the interests of patient data protection and medication safety monitoring in a public-private partnership. Med Inform. 2015 Apr 15;3(2)


Published congress abstracts

Richardson JL, Stephens S, Yates LM, Thomas SHL, Gestational antidepressant use and the risk of spontaneous abortion. Reproductive Toxicology, Vol 57, Nov 2015, p 211


Keynote lectures and seminars

Yates LM. Keynote lecture: Poisoning in special populations: pregnancy and lactation 35th European Association of Poisons Centres and Clinical Toxicologists International Congress, St Julian's, Malta – May 2015

Yates LM. Cardiff Toxicology Diploma. Update in Medical Toxicology Course, Nov 2015

Yates LM. Diagnosis of Fetal Alcohol Spectrum Disorder, Sunderland Paediatricians teaching session. 8th Sept 2015


In-House CPD sessions

Safety of Statins in pregnancy
Lithium in pregnancy
Betablockers/hypertension in pregnancy
Poisoning in pregnancy refresher training
Hot topics in teratology

Poster presentations

Conferences and academic training

The 26th conference of the European Network of Teratology Information Services, Prague, Czech Republic, 2015

National Poisons Information Service study day Nov 2015

35th International congress of the European Association of Poisons Centres and Clinical Toxicologists
St Julian’s, Malta – May 2015
Appendix 4

Staffing Establishment for 2015/16

Medical Director
Professor SHL Thomas

Director of Pharmacy
Mrs SL Dickinson

Consultant in Pharmacology
Dr AG Dyker

Consultant Clinical Pharmacologist
Dr SL Hill

Consultant Physician / Clinical Toxicologist
Dr HKR Thanacoody

Head of Prescribing Support
Ms B Reddy

Principal Pharmacist - Prescribing Support
Mrs M Mason

Principal Pharmacist - Prescribing Support
Mr PG Mankin

Snr Pharmacist - Prescribing Support
Mr D McDermott

Snr Pharmacist – Prescribing Support
Ms H Johnson

Clinical Editor – Prescribing Support
Dr S Erhorn

Snr Medical Information Scientist - Prescribing Support
Ms N Kane

Principal Pharmacist/ MI / NEAS / Sunderland
Mrs P Russell

Snr Pharmacist Medicines Information
Mrs C Murefu

Snr Pharmacist - Pharmacovigilance
Mrs S Smith

Medical Information Scientist - Medicines Information
Mr V Cassidy

Information Services Manager - NPIS
Mrs S Bradley

Snr Medical Information Scientist - Poisons Information
Mr D James

Medical Information Scientist - Poisons Information
Mr N George

Medical Information Scientist - Poisons Information
Ms C Gilfillian

Medical Information Scientist - Poisons Information
Ms P Gilmore

Medical Information Scientist - Poisons Information
Mr L Hawkins

Medical Information Scientist - Poisons Information
Mr P Holmes

Medical Information Scientist - Poisons Information
Ms Y Peacock

Medical Information Scientist - Poisons Information
Mrs R Waugh

Head of Teratology
Dr L Yates

Assistant Head of Teratology
Dr S Stephens

Snr. Medical Information Scientist - Teratology
Ms D Jones (moved to NPIS Jan 2016)

Snr. Medical Information Scientist - Teratology
Dr H Dunstan

Medical Information Scientist - Teratology
Mr JL Richardson

Medical Information Scientist – Teratology
Dr A Greenall

Service Manager
Mr D Goodwin (joined Oct 2015)

Service Manager
Mrs J Wood (retired Sept 2015)

Statistician
Dr G Masters

Information Officer / Data Analyst
Mr B Khazaeli

Information Officer
Mr J Boot

Information Officer
Mr B Porter (joined Sept 2015)

Web Developer / Designer
Mr R Gourlay

Personal Assistant to the Head of Teratology
Ms J Ingram

Personal Assistant to the Medical Director
Mrs A Makepeace

Personal Assistant to the Director of Pharmacy
Mrs J Metcalf
Appendix 5

External Positions held by RDTC staff

SL Dickinson

NHS NATIONAL AND REGIONAL COMMITTEES
Chair of UKMi (since October 2015)
Member: Greater Manchester Medicines Management Group
Member: North of Tyne APC

AG Dyker

UK ADVISORY COMMITTEES
NICE Technology appraisal committee D

UK ACADEMIC ACTIVITIES
British Hypertension Society
British Association of Stroke Physicians
External specialty training assessor for Clinical Pharmacology Scotland
Reviewer Stroke Association grant applications
Reviewer British Journal of Clinical Pharmacology
Acta medica Scandinavica

OTHER EXTERNAL COMMITTEES
Vice Chair: North of Tyne Formulary Sub committee
Member: Area Prescribing Committee
Member: Medicines use guidelines group

S Erhorn

UK ACADEMIC ACTIVITIES
Associate Lecturer, Faculty of Medical Sciences - Graduate School, Newcastle University

SL Hill

INTERNATIONAL SOCIETIES
Member: European Association of Poisons Centres and Clinical Toxicologists

UK ACADEMIC ACTIVITIES
Strand Lead: Masters in Clinical and Health Sciences with Therapeutics Module Lead: Clinical and Health Sciences with Therapeutics - Drug discovery and pre-clinical development Module Lead: Drug Discovery and Development, MRes in Translational Medicine, Newcastle University
Training Programme Director and SAC representative; Clinical Pharmacology and Therapeutics, Northern Deanery
Member: Clinical Pharmacology and Therapeutics STC (Northern Deanery)
Educational Supervisor: PHE Funded Fellows in Clinical Toxicology
Member: British Pharmacological Society

G Mankin

Professional: Greater Manchester Interface Prescribing Subgroup
Member of the County Durham & Darlington Area Prescribing Committee
Member of the County Durham & Darlington Formulary Subgroup
M Mason

Professional: Greater Manchester Formulary Subgroup
Member of the York & Scarborough Area Prescribing Committee

B Reddy

NHS NATIONAL AND REGIONAL COMMITTEES
Professional: Greater Manchester Medicines Management Group
Professional: Greater Manchester New Therapies Subgroup
Professional: Northern Treatment Advisory Group
Member of the York & Scarborough Area Prescribing Committee

S Stephens

INTERNATIONAL SOCIETIES
Member: European Network of Teratology Information Services (ENTIS)
Member: The Teratology Society
Member: Organisation of Teratology Information Specialists

UK ACADEMIC ACTIVITIES
Associate Researcher, Institute of Cellular Medicine, Newcastle University

HKR Thanacoody

INTERNATIONAL SOCIETIES
Member: European Association of Poisons Centres and Clinical Toxicologists

UK ADVISORY COMMITTEES
Member: Pharmacovigilance Expert Advisory Group, Medicines and Healthcare Products Regulatory Agency

UK ACADEMIC ACTIVITIES
Honorary Senior Clinical Lecturer, Institute of Cellular Medicine, Newcastle University
Member: Joint Royal Colleges MRCP (Part 1) Examining Board
Strand Lead: Clinical Pharmacology Therapeutics and Prescribing, MBBS, Newcastle University
Module Leader: Experimental Medicine and Therapeutics, MRes in Translational Medicine, Newcastle University
Module Leader: Drug development from first-in-man to bedside, Masters in Clinical and Health Sciences, Newcastle University

SHL Thomas

INTERNATIONAL SOCIETIES
Fellow: European Association of Poisons Centres and Clinical Toxicologists
Expert Panel Member: European Medicines Agency
Member: American Academy of Clinical Toxicology

INTERNATIONAL JOURNALS
Senior Editorial Board Member: Clinical Toxicology

UK ADVISORY COMMITTEES
Co-opted Member: Technical Committee, Advisory Council on Misuse of Drugs
Member: Expert Advisory Group on Management of Casualties Caused by Chemical Terrorism
Member: Ministry of Defence Advisory Committee on Military and Emergency Response Medicine

NHS NATIONAL AND REGIONAL COMMITTEES
Director: Yellow Card Centre (Northern and Yorkshire)
Medical Director: Regional Drug and Therapeutics Centre, Newcastle
Member: Northern Treatment Advisory Group
Member: North of Tyne Area Prescribing Committee
Chair: North of Tyne Area Prescribing Committee, Formulary Subcommittee
Chair: Newcastle upon Tyne NHS Foundation Trust Medicines Management Committee

UK ACADEMIC ACTIVITIES
Professor of Clinical Pharmacology and Therapeutics, Newcastle University
Member: British Hypertension Society
Member: British Pharmacological Society
Member: British Toxicology Society

LM Yates

INTERNATIONAL SOCIETIES AND COMMITTEES
Chair: European Network of Centres of Pharmacoepidemiology and Pharmacovigilance (ENCePP)
Working Group 2: Independence and Transparency
Chair: Pregnancy Special Interest Group, European Network of Centres for Pharmacoepidemiology and Pharmacovigilance (EMA - ENCePP)
Board Member: European Network of Teratology Information Services (ENTIS)
Member: South African Society of Human Genetics (SASHG)

UK ADVISORY COMMITTEES
Member: MHRA (Medicines and Healthcare products Regulatory Agency) Expert Committee

UK ACADEMIC ACTIVITIES
Member: British Society of Human Genetics
Member: Clinical Genetics Society
Member: Northern Congenital abnormality Survey (NorCAS) Steering committee
Honorary Senior Clinical Lecturer: Institute of Genetic Medicine, Newcastle University
### Appendix 6

**Business Plan 2015/2016**

<table>
<thead>
<tr>
<th>Service area</th>
<th>Objectives</th>
</tr>
</thead>
</table>
| **Internal Management and Administration** | • Ensure that an up-to-date Service Level Agreement between RDTC and commissioners is maintained  
• Ensure that an up-to-date Service Level Agreement between RDTC and Greater Manchester Medicines Management Group is maintained  
• Agree a mechanism for annual review of SLA’s  
• Ensure contact databases are up-to-date and maintained following NHS reorganisation  
• Ensure that the Drug Alert Cascade system remains robust and fit for purpose  
• Contribute to the development of MiDatabank  
• Contribute to the development of TOXBASE  
• Contribute to the development of UKPID  
• Support updating of UKPID source and agent lists nationally  
• Maintain relevant sections of NHS ESR System  
• Manage the Electronic Rostering and Attendance (ERA) system to meet the requirements of the Centre and thereafter administer the system  
• Support continued staff development  
• Internal financial controls established with formalized budget setting process  
|                                   | Monitor expenditure against income                                                                                                                                                              |
| **Prescribing and Medicines Usage Medicines Management** | • Increase awareness of prescribing support activities to stakeholders  
• Support for the NEAS in the implementation of national guidance/policy around medicines as per SLA  
• Support medicines management teams in evaluating sources of evidence  
• Support for medicines management groups and related forums in the implementation of national guidance/policy  |
Prescribing and Medicines Usage - Prescribing Analysis Reports

- Linking outcome data to Prescribing
- Provide continued support for performance management of primary care prescribing
- Provide primary care organizations with tools to promote cost effective prescribing and make prescribing savings

Prescribing and Medicines Usage - Publications

- Prepare and distribute a range of documents for primary care prescribers and medicines management teams, including: summary monographs on new active substances introduced to the UK market, existing drugs/groups of drugs and safety of medicines; strategic documents concentrating on therapeutic areas; and brief documents to assist with effecting prescribing change
- Improve provision of evidence-based advice on new drugs for commissioners and horizon scanning for new developments
- Link publications to QIPP agenda to support prescribing reports
- Provide academic detailing aids to accompany relevant publications
- NICE accreditation for RDTC Publications

Prescribing and Medicines Usage - Web

- Develop website to allow increased access to the range of publications, and prescribing information/reports

Primary Care Pharmaceutical Services Support

- Monitor and report user satisfaction of Poisons Information Service

Education and Training

- Continue to provide input into national training events in medicines information and poisons services
- Provide continuing professional development to staff within the RDTC
- Provision of specialist study days (e.g. New Drugs, Adverse Drug Reactions, Drugs in Pregnancy, Critical Appraisal and Academic Detailing)

Research and Development

- Contribute to data collection for research projects carried by NPIS, PHE, EAPCCT or WHO
- Carry out research

Medicines Information

- Align service within SPS portfolio
- Ensuring UKMi clinical governance standards for enquiry answering are adhered via external audit of local medicines information centres
• Provide professional development for medicines information pharmacists
• Provide regular communication to CCGs on types of enquiries received
• Contribution to UKMi MI Questions and Answers series
• Maintain current Medicines Information enquiry services and manage anticipated growth
• Develop working relationship with Local Hospitals to deliver MI services and support publications processes

**National Poisons Information Service (NPIS)**

• Agree annual contract and KPIs with PHE (Public Health England)
• Produce TOXBASE entries as required under terms of contract with PHE
• Maintain UKPID Server
• Annual review of clinical governance arrangements provided in NPIS annual report
• Production of a report of the previous year’s data, benchmarking NPIS (N) against other NPIS units

**UK Teratology Information Service (UKTIS)**

• Maintain support to Chemical Hazards and Poisons Division of PHE in accordance with contract with PHE
• Continue to deliver the UK Teratology Information Service in accordance with contract with Public Health England
• Maintain and update the database of summaries on the fetal effects of drugs and chemicals in pregnancy in accordance with our Service Level Agreement with Public Health England
• Develop a public facing teratology website for UKTIS
• To produce information leaflets on drug use in pregnancy for the general public which are consistent with UKTIS HCP monographs but are openly accessible
• Maintain the research profile of UKTIS
• Provision of education in teratology and poisoning in pregnancy

**Yellow Card Centre**

• Agree contract with MRHA
• Increase awareness of Yellow Card Centre Northern and Yorkshire to stakeholders