For Action

Virtual Data Room - What is the new system? How will it work?
NHS England and NHS Improvement will share confidential prices for all applicable drugs via an online ‘Virtual Data Room’. The data room is hosted by Citrix and further information about this product can be found here. The data room will replace the current system where providers need to contact pharmaceutical companies directly to check the confidential drug prices. All the required information will be accessible only to NHS specific users. NHS England and NHS Improvement will be responsible for keeping the information up to date.
The system is designed to:
  • record who is accessing the information and what specifically they are viewing.
  • deter users from taking screenshots of the data or saving the file locally.
  • display the user’s name as a watermark while they are viewing information.
  • maintain a log of who has viewed each file.
  • maintain a record of historical prices with dates of any changes to allow audit.

Suggested action: Chief pharmacists and pharmacy procurement lead for each provider have been contacted to arrange access to the system. If you have not been contacted, please email england.pas@nhs.net

Rx-Info Define - Daily Stock Tool and Monthly Feeds
With 99% of trusts across the country now uploading medicines usage data into Define and 74% of medicines stocks are being uploaded, we are currently working with Rx-Info to develop reports within the Rx-Info suite of reporting tools to provide information on medicines shortages as reported by DHSC and CMU. This information will be reported alongside your local stock levels and usage figures to support your procurement teams in understanding the potential impact of shortages. This will include links to any SPS shortage mitigation guidance and will be further developed to provide local mutual aid intelligence as to local STP hospitals stock levels where there are significant shortages (Tier 3).

Stock holding information is already being used to support medicines shortage responses nationally. It is therefore important that local trusts ensure that the Rx-Info client upload tool is left running to provide daily reports into the system. Regional procurement leads will be working with local procurement teams to encourage up to date data.

To support this process, we’d be grateful if trusts:
  • Work with Rx-Info to improve data by doing the following:
a. Ensure All Data sources are identified (Homecare, Outpatient, ePACT and third-party supplies etc)
b. Ensure the data is loaded historically (ideally from April 2011 but from January 2016 as a minimum)
c. Ensure all SLA cost centres from neighbouring Acute Trusts are identified.
   • Prioritise the “onboarding” process with Rx-Info as identifying these data sources (above) and uploading them can be slow.
   • Consider signing up to one of the Define training sessions, particularly the new Trusts to Rx Info, on the following dates:
     o Birmingham - Tuesday 21st May
     o London - Thursday 6th June
     o Leeds - Tuesday 25th June
     o Taunton - Wednesday 10th July

Suggested action: Contact Colin Richman at Rx-Info – Colin@rx-info.co.uk - to book on to one of the training sessions and work through each of the processes above.

Dictionary of Medicines and Devices – Mapping Criteria
To support better quality medicines data and systems interoperability, NHS Digital terminologists have worked closely with pharmacy stock control suppliers and trusts to develop dm+d mapping criteria. This is intended to support the mapping of local and commercial drug dictionaries to dm+d and will allow NHS Digital to verify that there is a consistent approach to mapping. The mapping criteria has been published here.
You should contact your pharmacy stock control system supplier to discuss your requirements. Your system supplier will be able to tell you whether your current system is compatible (if not, you will need to upgrade) and what you need to do to prepare.

Once any necessary upgrades are complete and your system has been mapped to dm+d, you can apply for reimbursement. To do this, you will need to provide evidence that your system is now mapped to the dm+d standard. You must submit your reimbursement application and evidence of your completed update no later than 1 February 2020.
Full details and funding criteria are available in the NHS Improvement funding prospectus.
Suggested action: Trusts work with their software supplies to proceed with their dm+d software upgrades and mapping in line with the prospectus and mapping criteria.

System wide Medicines Safety Assurance Model
The Medicines Safety Programme has published a survey prior to implementing a system wide Medicines Safety Assurance Model, which will support the development of local best practice to enable a whole system approach to medicines harm reduction. The model will provide organisations with a self-assessment assurance framework to reduce the risk of harm. See below for further information.
Suggested action: Take this opportunity to get involved in the survey here (approximately 8 minutes to complete, a little longer if you are able to share additional details on the work you are doing).

For Information
New process to share confidential drug pricing information
NHS England and NHS Improvement has responsibility for Patient Access Schemes (PAS) in England. Currently, when a provider wants to use a drug that has a simple PAS or Commercial Access Agreements (CAA), they must contact the company directly to request the pricing information. NHS England and NHS Improvement has received feedback from providers that this is a laborious task which gives no assurance that they have the
most up to date information and they have therefore asked for a centralised solution. Having considered the feedback, observed the experience of the online resource used in Wales and to ensure the data quality of our financial information, NHS England and NHS Improvement is seeking to implement a secure, consistent and accountable online platform to share confidential drug prices with providers in England. This platform will be known as the Commercial Access and Pricing (CAP) Portal.

**New reference price for adalimumab**

**Antimicrobial resistance networks in England**
A new tool is available on the SPS website, which will enable all AMR networks in England to find AMR networks regionally, at a STP and CCG level. It will also provide the opportunity for AMR networks to share work and resources within their area. SPS aims to provide a single point of reference online for AMR networks across England. The SPS website includes a comprehensive and dynamic map of antimicrobial resistance networks aligned to the various tiers of NHS geographies. For each network, a specific area is available through which its work, membership, meetings and activities can be shared both within the geography it serves and more widely. You can access the full map and the various pages for each individual network [here](https://www.england.nhs.uk/antimicrobial-resistance/). If you lead or are involved in an AMR network in England the SPS team are keen to establish an online space and presence for your network. The SPS will support existing networks in managing their online space within our site.

**Oral Labetalol Shortage**
Mylan and Recipharm are the two UK suppliers of labetalol tablets. DHSC have been informed there will be a supply issue affecting all strengths of labetalol tablets until early-mid May. Supply of labetalol IV is not affected. This [memo](https://www.england.nhs.uk/antimicrobial-resistance/) from SPS provides advice on alternatives. Other commonly used beta-blockers licensed for hypertension and angina are outlined in the table.

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<td>Carvedilol*</td>
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* Manufactures of carvedilol have indicated that they cannot support the market with the additional demand
**There are current intermittent supply issues affecting metoprolol 50mg and 100mg as some manufacturers have recently discontinued these products and others are having supply difficulties

**Standardising strengths of high risk, unlicensed oral liquid formulations for anti-TB medicines**
The Regional Medicines Optimisation Committee (North) has endorsed an approach to standardise the strengths of high risk unlicensed oral liquids for anti-TB medicines. More information can be found [here](https://www.england.nhs.uk/antimicrobial-resistance/).

**Medicines Safety Programme**
Through our national [Medicines Safety Programme](https://www.england.nhs.uk/medicines-safety/) we are developing a [Medicines Safety Assurance Model](https://www.england.nhs.uk/medicines-safety/) that supports local systems in identifying best medicines safety practice across all care settings. This model aims to drive demonstrable improvements in patient care across an integrated system by encouraging them to self-assess their progress against agreed best practice - whether that practice is delivered in a hospital, the community, general practice or a care home. Alongside a set of published [medicines safety metrics](https://www.england.nhs.uk/medicines-safety/) this model will support organisations to identify and resolve patient care issues as well as implementing barriers to harmful practice.
To ensure the maximum impact of this model to patient care, we would like input from those with experience in the current delivery of NHS care generally, and medicines safety specifically, to help establish a baseline of current medicines safety practice and how this translates into best practice across a local system. To develop this survey, we have spoken to national organisations, medicines safety leaders, academics and local medicines safety leaders, to gather their opinions on what current best practice might look like.

To further shape this model, we would therefore be grateful if you can please complete our survey by sharing details of how your organisation or system:

- utilises evidence-based medicines safety metrics:
- employs case finding and risk stratification;
- learns from incidents;
- coordinates and governs medicines safety activity; and
- uses technology to improve medicines safety.

If you have any further improvements, please do let us know.

By taking part in the survey you will be helping inform a broader view on the suggested model based on the opinions of those that provide services to patients. This will complement our earlier scoping exercise based on evidence from the EEPRU report, which estimates 237 million medication errors in the NHS in England every year.

The survey will take approximately 8 minutes to complete, a little longer if you are able to share additional details on the work you are doing. Closing date 19th May 2019.

If you have any queries, please do not hesitate to contact Anuja Bathia (Chief Pharmaceutical Officer’s Clinical Fellow) on anuja.bathia1@nhs.net

Insulin prescribing
You are invited to participate in a national survey regarding the prescribing of subcutaneous insulin in hospital. The study is being conducted by a team of researchers at the University of Huddersfield and has been approved by the University’s Research Ethics Committee. The purpose of the study is to describe how insulin is currently prescribed in hospitals across the United Kingdom, along with any measures taken to improve insulin prescribing safety. Your participation in the survey will help us to better understand how to focus efforts to improve insulin prescribing for inpatients with diabetes. This is particularly pertinent following both the 2017 WHO Global Patient Safety Challenge on Medication Safety and National Inpatient Diabetes Audit (NaDIA) report, which urges hospitals to take measures to considerably reduce insulin errors.

The survey will take about 15 minutes of your time to complete.

Valproate use by women and girls
NICE has published a summary document of the Valproate NICE guidance and safety advice to support implementing the guidance in to practice. MHRA have published an updated Annual Risk Acknowledgement Form to support the Valproate Pregnancy Prevention Programme.

New Pharmacy Standard from The Professional Record Standards Body (PRSB)
PRSB will enable patients to be better supported to take their medications safely and effectively by a new pharmacy standard, which defines the information that needs to be shared by community pharmacies with GP practices. The standard has been published in two stages. Stage 1 consists of vaccinations administered and emergency medicines supplied by community pharmacists. Stage 2 details information that needs to be recorded for medication reviews, appliance use review, new medicine services, digital illness referral scheme, and hospital discharge summaries to community pharmacies.