

 **Effectiveness and Efficiency;  
and 20 years of AWMSG**

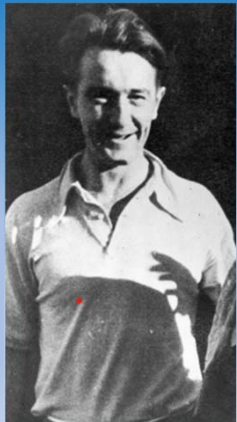
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Cymru Gyfan  
All Wales Medicines Strategy Group

**Professor Phil Routledge**  
Emeritus Professor of Clinical Pharmacology, Cardiff University, Wales, UK  
President Emeritus, British Pharmacological Society 

The views expressed in this presentation are my own and should not be assumed to reflect the views of any specific body or organisation.

**Management of Tuberculosis (1942)**

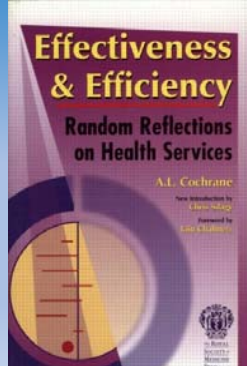


- Bed-rest?
- Pneumothorax?
- Pneumoperitoneum?
- Thoracoplasty?

**“I would willingly have sacrificed all my medical freedom for some hard evidence telling me when to do a pneumothorax. I feared I had shortened some lives by doing it on the wrong cases.”**

*Blythe, Max; Cochrane, Archibald. One Man's Medicine: An autobiography of Professor Archie Cochrane. Kindle Ed.*

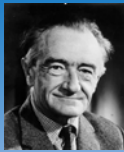
**Effectiveness and efficiency**  
Random reflections on health services.  
The Rock Carling Fellowship 1971



**Priorities for research (some reflections)**

1. To prevent the introduction of new drugs and therapeutic procedures unless they are more effective (or equally effective and cheaper) than existing therapies.
2. To evaluate all existing therapies (accepting present constraints), slowly excluding those shown to be ineffective or too dangerous.
3. To determine the optimum place of treatment for those therapies about which there is any doubt.

**COCHRANE LADDER OF EVIDENCE**



**(COST-EFFECTIVENESS)** **EFFICIENCY**  
The effect of an intervention in relation to the resources it consumes (*Is it worth it?*)

**(CLINICAL)** **EFFECTIVENESS**  
Whether an intervention does more good than harm when provided under usual circumstances (*Does it work in practice?*)


**EFFICACY**  
The extent to which an intervention does more good than harm under ideal circumstances (*Can it work?*)

*Järvinen TLN et al. The true cost of pharmacological disease prevention. BMJ 2011;342:bmj.d2175*




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**Jayne Hutt MS**



REPORT TO THE MINISTER OF HEALTH AND SOCIAL SERVICES  
MARCH 2011

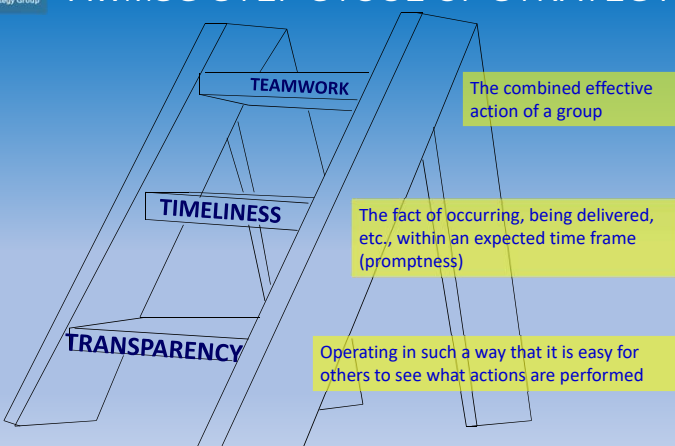


**Dr Norman Mills**

...to advise on the improvement of all aspects of the prescribing and provision of pharmaceuticals, quantifying the benefits and necessary resources, identifying the barriers to implementing the improvements, and on the gathering of data and its use as information."

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## AWMSG STEP STOOL OF STRATEGY

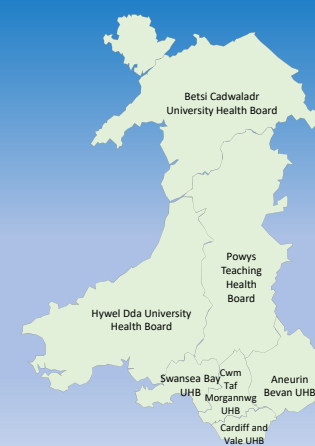


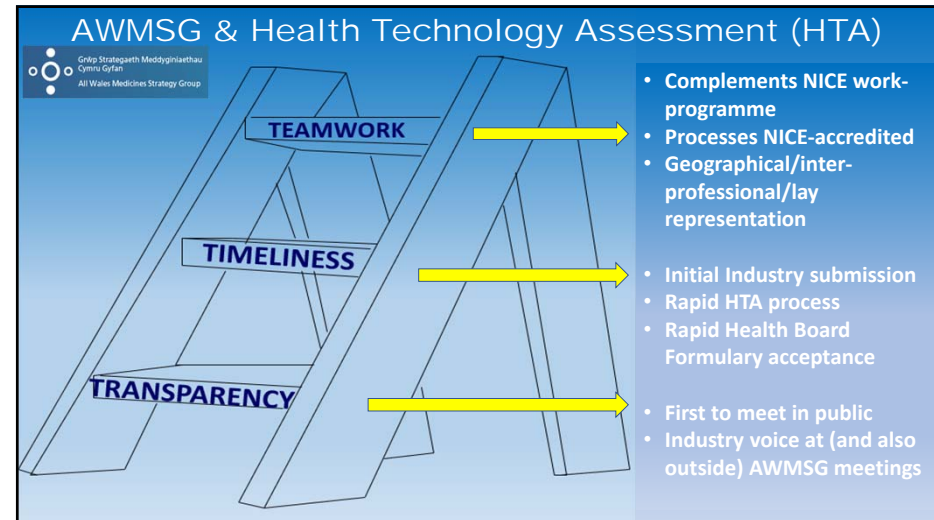
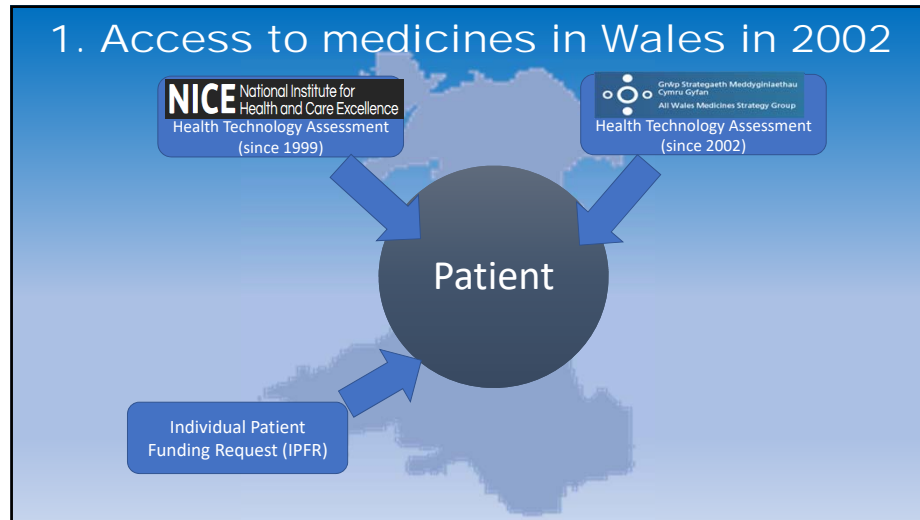
- TEAMWORK**: The combined effective action of a group
- TIMELINESS**: The fact of occurring, being delivered, etc., within an expected time frame (promptness)
- TRANSPARENCY**: Operating in such a way that it is easy for others to see what actions are performed

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## Effectiveness and Efficiency, and 20 years of AWMSG

- 1. Medicines access in Wales**  
Reasonable ability for people to get needed medicines required to achieve health
- 2. Medicines optimisation in Wales**
- 3. Conclusions and a way forward**





### Health Technology Assessment (HTA) in Wales

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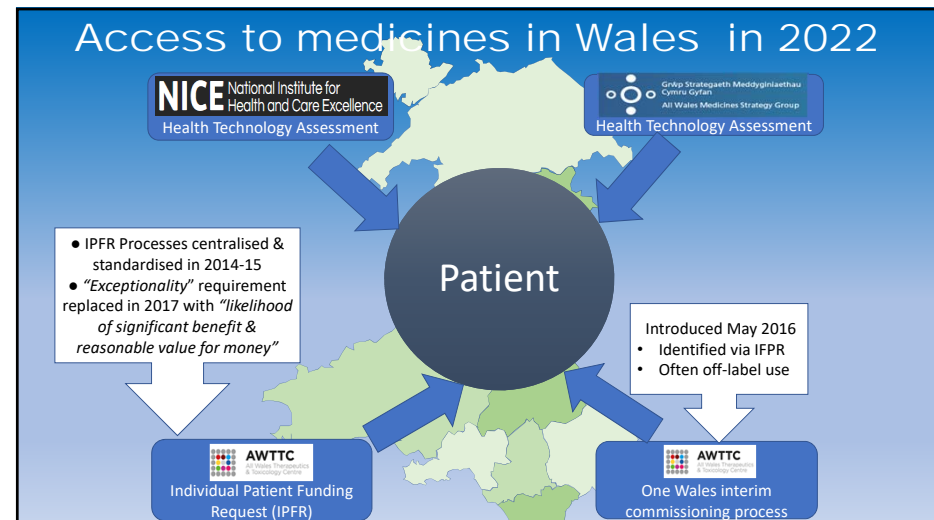
- AWMSG conducted 171 single technology appraisals for 137 medicines during 5-year period (Oct. 2010-Sep.2015)
- The decisions made by AWMSG and (NICE/ SMC for the same medicines/ indications were closely aligned
- Median time advantage gained in Wales for those medicines that received a positive AWMSG recommendation and which were subsequently superseded by NICE advice = 10.6 months (range 3.5-48.3 months: n = 17)

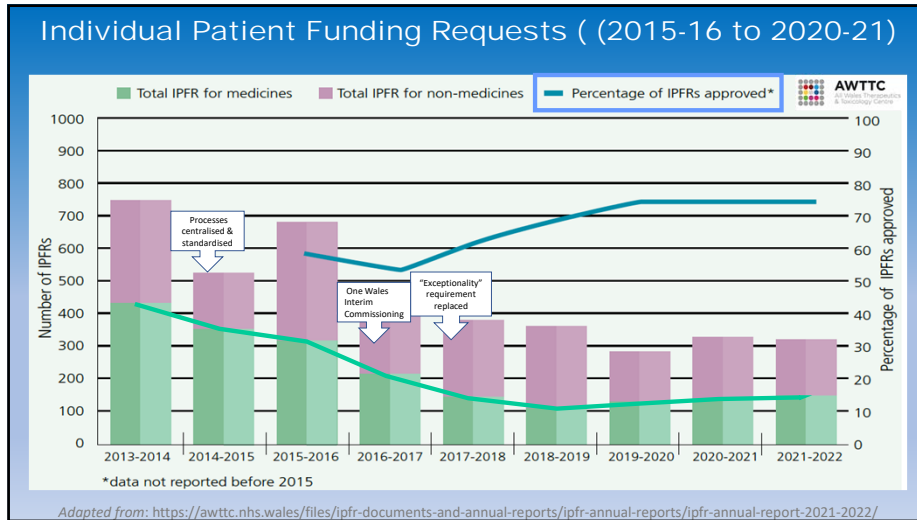
**New Medicines in Wales: The All Wales Medicines Strategy Group (AWMSG) Appraisal Process and Outcomes**

Abstract: The All Wales Medicines Strategy Group (AWMSG) was established in 2010 to provide a single, unified appraisal process for medicines in Wales. This paper describes the appraisal process and outcomes of 171 single technology appraisals conducted between October 2010 and September 2015. The results show that 103 (60%) of the appraisals resulted in a positive recommendation, 67 (39%) in a negative recommendation, and 1 (0.6%) in a conditional recommendation. The median time from submission to decision was 10.6 months (range 3.5-48.3 months; n=17). The findings suggest that the AWMSG appraisal process is a timely and effective way of assessing new medicines in Wales.

**TIMELINESS**

Varnava A, et al. *New Medicines in Wales: the All Wales Medicines Strategy Group appraisal processes and outcomes. Pharmacoconomics.* 2018; 36: 613-624





### New Treatment Fund in Wales ( since 2017)

- To speed up access to medicines recommended by NICE or AWMSG. Medicines must be made available within 60 days of recommendation, rather than the usual 90 days
- Welsh Government providing £16 million annually to health boards and Velindre NHS Trust over the five years of this Government - £80m in total – for the New Treatment Fund to support (so far) 458 medicines
- Average time taken to make medicines available has fallen to an average of 16 days (was originally around 100 days)

AWTTC  
Clinical Pharmacology & Toxicology Centre  
Cardiff University & The University of Wales

The New Treatment Fund  
Medicines Recommended by NICE and AWMSG:  
Health Board Formulary Status  
(from 1 January 2019 to 31 December 2021)

<https://gov.wales/new-treatment-fund-improving-and-prolonging-lives-across-wales-0>  
<http://www.assembly.wales/en/bus-home/pages/rop.aspx?meetingid=4073&assembly=5&c=Record%20of%20Proceedings#450242>

### Effectiveness and Efficiency, and 20 years of AWMSG

- Medicines access in Wales
- Medicines optimisation in Wales

Change in the way patients are supported to get the best possible outcomes from their medicines, through adoption of a patient-focused approach to medicines use

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### 2. Medicines optimisation 2002-2012


2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	
First meeting. Development of National Prescribing indicators agreed	Guidance on structure of prescribing committees in Wales approved	All Wales Prescribing Incentive Scheme approved	AWMSG Publishes 5-year Prescribing strategy	"Invest to Save" prescribing initiatives associated with >£2million savings across Wales in first year	Guidance on medicines for adults unable to swallow oral solid dosage forms approved	First quality/safety/efficiency indicators (National Prescribing Indicators/ NPIs) approved	national in-patient prescribing chart commissioned & approved	Guidance on prescribing and supply of sip feeds approved	AWMSG recognised in OFT report as a factor influencing GP prescribing decisions <sup>13</sup>	AWMSG supports establishment & defines remit of Welsh Analytical Prescribing unit (WAPSU)	Patient & Public Engagement Strategy approved. Patient & Public Interest Group established

Haines K et al. The All-Wales Medicines Strategy Group: 18 years' experience of a National Medicines Optimisation Committee. Br J Clin Pharmacol. 2021 Mar 13;doi: 10.1111/bcp.14817.

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## National Prescribing indicators (NPIs)

- Quantitative measures of prescribing, which allow benchmarking comparisons between prescribers, regions, and countries, and highlight changes in prescribing patterns
- Can be used (with associated targets and learning resources) to encourage peer pressure to influence prescribing behaviour and to inform prescribing incentive schemes
- In 2003, AWMSG chose one NPI related to cost minimisation (generic prescribing [% of total prescribing]) plus two relating to quality and safety (antibiotic items and hypnotics/ anxiolytic items)



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## National Prescribing Indicators (NPIs)

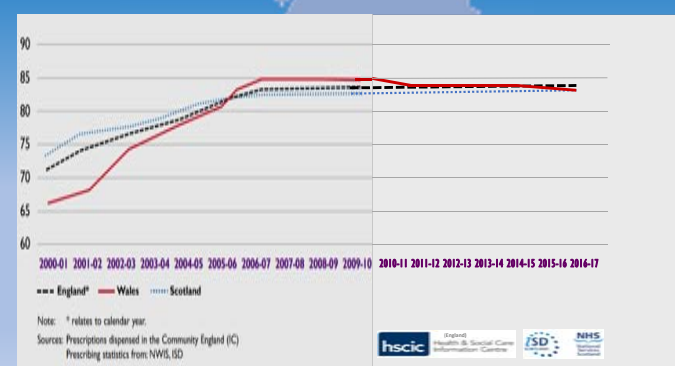
### i) Generic prescribing

- Medication errors may be reduced if all doctors use the same (approved) name for a medicine, some of which may have a variety of brand names
- In relation to cost, generic equivalents which appear in the market when the patent for a branded medicine expires are usually less expensive for the NHS to procure
- However, a prescription must be written using the medicine' approved name for the pharmacist to be allowed to dispense it generically

*Office of Fair Trading. The pharmaceutical price regulation scheme. An OFT market study, 2007. [https://webarchive.nationalarchives.gov.uk/20140402181205/http://www.offt.gov.uk/shared\\_offt/](https://webarchive.nationalarchives.gov.uk/20140402181205/http://www.offt.gov.uk/shared_offt/)*

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## National Prescribing Indicators (NPIs): i) Generic prescribing rates



Note: \* relates to calendar year.  
Sources: Prescriptions dispensed in the Community (England) (IC) Prescribing statistics from NWS, ISD

<http://www.abpi.org.uk/our-work/library/industry/Documents/health-and-the-use-of-medicines-in-wales.pdf>

**Llywodraeth Cymru**  
Welsh Government

## Invest to Save Initiative (2012)

- Invested £350K in three interventions**
  - hypnotics and anxiolytics (H&As)
  - non-steroidal anti-inflammatory drugs (NSAIDs)
  - proton pump inhibitors (PPIs)
- £5.8 million of cost savings achieved between 2009-10 and 2011-12**
  - H&As – £1.3million (23%)
  - NSAIDs – £1.0 million (16%)
  - PPI prescribing – £3.5million (26%)
- Welsh Analytical Prescribing Support Unit (WAPSU) established within AWTTTC**

*Investing-to-Save 3  
Short-term investment for long-term benefit*

An update report about public service efficiency and improvement projects that have received Welsh Government Invest-to-Save funding

October 2012

<http://business.senedd.cymru/documents/s10974/Action%20Point%20-%20Invest2save3%20English.pdf>

## Single national Chart in Wales

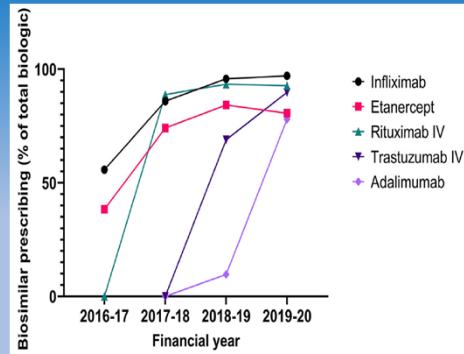
• Single inpatient prescription chart produced by Welsh Chief Pharmacists Committee and, after approval by AWMSG, rolled out across Wales. with agreed all-Wales Prescription Writing Standards & e-learning training package in 2004

• In Australia in 2010, introduction of a single national chart was associated with a reduction of prescribing errors of almost one-third

Routledge PA. A national inpatient prescription chart: the experience in Wales 2004–12. *Br J Clin Pharmacol* 2012;74:561–5.  
 Coombes ID, Reid C, McDougall D, Stowasser D, Duiguid M, Mitchell C. Pilot of a National Inpatient Medication Chart in Australia: improving prescribing safety and enabling prescribing training. *Br J Clin Pharmacol*. 2011;72(2):338–349.

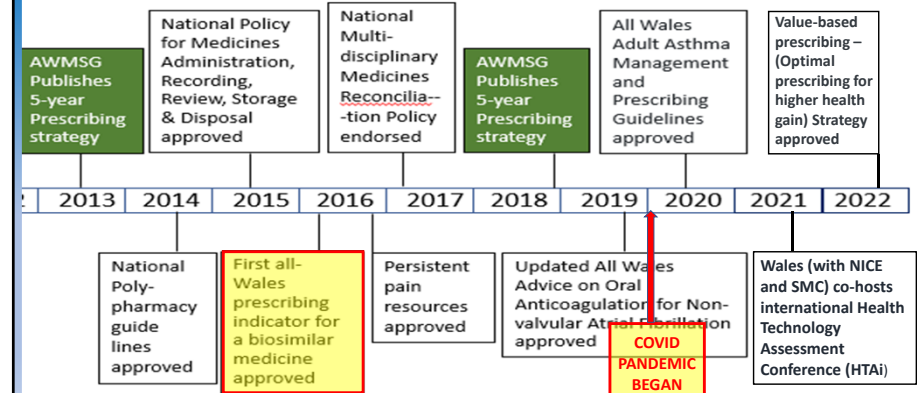
## 2016: NPI: Prescribing of biosimilars

- In 2016, NPI measuring quantity biosimilar medicines prescribed as % of total “reference” product plus biosimilar adopted
- HBs given information on why NPI chosen and how implementation could occur
- Quarterly feedback given to HBs on prescribing relative to each other
- In 2017, *Best Practice Day held*, where an early adopting HB shared its experience
- In 2019, *National Biosimilars Best Practice Day held* to highlight strategies shown to be effective in Wales and England



Haines K et al. The All-Wales Medicines Strategy Group: 18 years' experience of a National Medicines Optimisation Committee. *Br J Clin Pharmacol*. 2021 Mar 13;doi: 10.1111/bcp.14817.

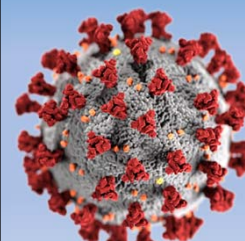
## Medicines optimisation 2012-2022



Adapted from Haines K, et al. The All-Wales Medicines Strategy Group: 18 years' experience of a National Medicines Optimisation Committee. *Br J Clin Pharmacol*. 2021 Mar 13; doi: 10.1111/bcp.14817

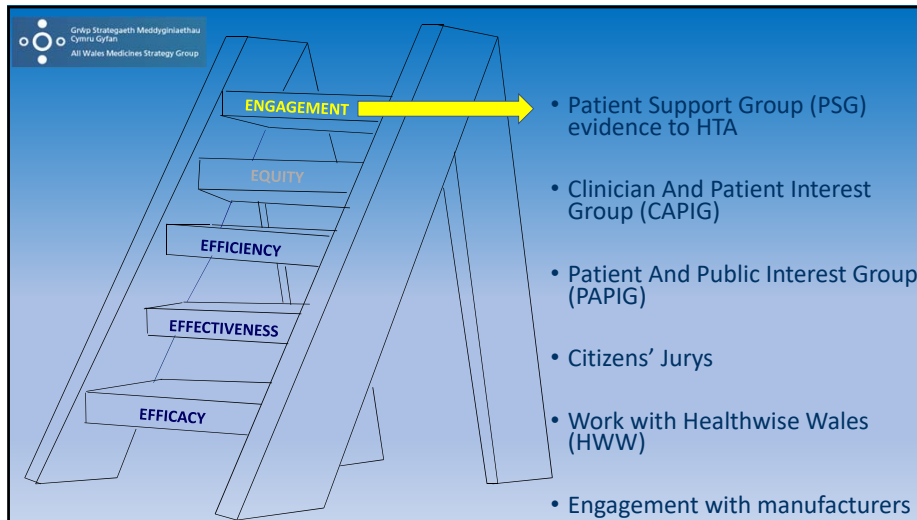
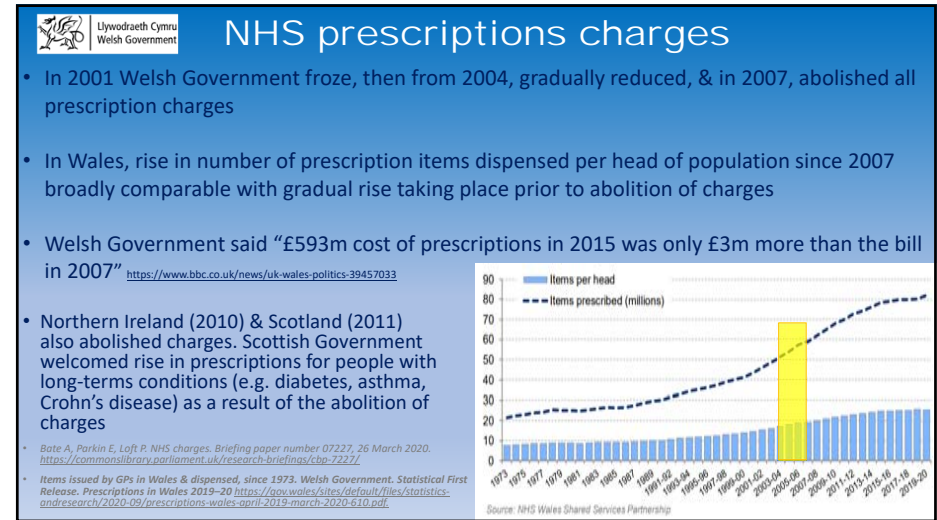
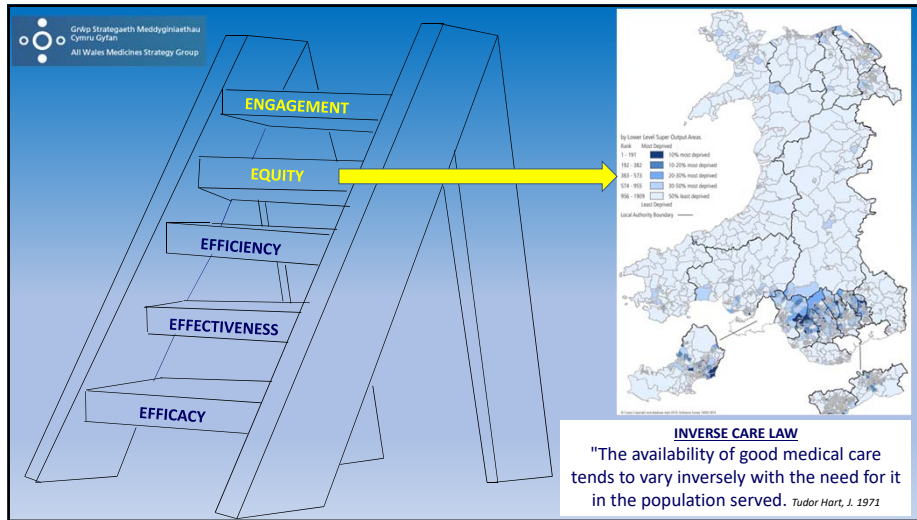
## COVID-19 THERAPEUTIC HUB

- Information on medicines used for treatment of COVID-19
- Ready access to authoritative evidence-based information on common medical conditions that might be impacted by the COVID-19 pandemic,
- Ensuring access to critical medicines, including end-of-life medicines
- Links to resources elsewhere



[https://upload.wikimedia.org/wikipedia/commons/8/82/SARS-CoV-2\\_without\\_background.png](https://upload.wikimedia.org/wikipedia/commons/8/82/SARS-CoV-2_without_background.png)

<https://awttc.nhs.wales/covid-19-therapeutic-hub/>



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# TEAMWORK



- Public and AWMSG's Patient and Public Interest Group (PAPIG)
- Chairs and members of AWMSG and sub-groups since 2002
- Doctors, pharmacists, nurses and other healthcare professionals in Wales who have effectively and efficiently contributed to, and implemented AWMSG's recommendations
- Staff of AWMSG's professional support team, the All Wales Therapeutics & Toxicology Centre
- Allied bodies such as Welsh Chief Pharmacists Committee, Welsh Health Specialised Services Committee (WHSSC), Health Solutions Wales (HSW) and Bevan Commission
- Association of British Pharmaceutical Industries (ABPI) and Welsh Industries Group (WIG)
- Welsh Government (Chief Pharmaceutical Officer and Pharmacy & Prescribing team)
- Medicines and Healthcare products Regulatory Agency (MHRA), National Institute for Health and Care Excellence (NICE), and the Scottish Medicines Consortium (SMC)

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## 3. CONCLUSIONS

- For the last twenty years, AWMSG has sought to build upon Cochrane's foundations of *effectiveness & efficiency* to ensure that new medicines are available in a *timely* and *equitable* way for the people of Wales, *engaging* the public and patients in the processes
- AWMSG has also sought to work with *transparency, timeliness* and *teamwork* to optimise the safe, effective, and efficient use of medicines, but much work still needs to be done to achieve Nye Bevan's goal:-

