

<b>Enclosure No:</b>	<b>1/AWMSG/0411</b>
<b>Agenda Item No:</b>	<b>5 – Minutes of previous meeting</b>
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## **ALL WALES MEDICINES STRATEGY GROUP**

### **MINUTES OF THE AWMSG MEETING HELD ON WEDNESDAY, 16<sup>th</sup> MARCH 2011 COMMENCING 10.30 AM AT THE ANGEL HOTEL, ABERGAVENNY**

#### **MEMBERS PRESENT:**

**Did not  
participate in**

1. Prof Philip Routledge     Chairman
2. Dr Phillipa Anderson     Health Economist
3. Dr Phil Banfield           Hospital Consultant
4. Mrs Debbie Davies        Representing other professions eligible to prescribe
5. Dr Bruce Ferguson        Medical Director
6. Dr Karen Fitzgerald       Consultant in Pharmaceutical Public Health
7. Ms Ellen Lanham          Community Pharmacist
8. Mrs Susan Murphy         Senior Primary Care Pharmacist
9. Mrs Rebecca Richards     Finance Director
10. Mr Guy Thompson        ABPI (Wales) representative
11. Mrs Wendy Warren        Senior Nurse
12. Dr John Watkins           Consultant in Public Health Medicine
13. Dr William Whitehead     General Practitioner
14. Mr Roger Williams        Senior Hospital Pharmacist

#### **IN ATTENDANCE:**

15. Mr Jeremy Savage                    Welsh Assembly Government
16. Mrs Karen Samuels                  Welsh Medicines Partnership
17. Ms Kath Haines                        Welsh Medicines Partnership
18. Dr Stephanie Francis                  Welsh Medicines Partnership

*List of Abbreviations:*

ABPI	Association of the British Pharmaceutical Industry
AWMSG	All Wales Medicines Strategy Group
AWPAG	All Wales Prescribing Advisory Group
CBT	Cognitive Behavioural Therapy
DH	Department of Health
EMA	European Medicines Agency
GP	General Practitioner
HAC	High Acquisition Cost
HoPMMs	Heads of Pharmacy and Medicines Management
HSW	Health Solutions Wales
HB	Health Boards
LHB	Local Health Boards
M&TCs	Medicines & Therapeutics Committees
MDS	Monitored Dosage System
NICE	National Institute for Health and Clinical Excellence
NPHS	National Public Health Service
NSAID	Non Steroidal Anti-Inflammatory Drugs
PPI	Proton Pump Inhibitors
SMC	Scottish Medicines Consortium
SSRI	Selective Serotonin Reuptake Inhibitor
TDA User Group	Therapeutic Development Appraisal User Group
T&FG	Task and Finish Group
WAG	Welsh Assembly Government
WAPSU	Welsh Analytical Prescribing Support Unit
WMP	Welsh Medicines Partnership

**1. Welcome and introduction**

The Chairman opened the meeting and welcomed members.

**2. Apologies**

Prof David Cohen (Phillipa Anderson deputy)  
Dr Fraser Campbell (Dr William Whitehead deputy)  
Dr Brian Hawkins (Mrs Susan Murphy deputy)  
Prof Roger Walker (Mr Jeremy Savage deputy)  
Mr Christopher Palmer (no deputy)  
Dr Geoffrey Carroll (no deputy)  
Dr Emma Mason (no deputy)

**3. Declarations of interest**

The Chairman asked members to declare any interests pertinent to the agenda.

**4. Chairman's report**

The Chairman announced that AWMSG's recommendations from the February meeting in relation to Filgrastim (Nivestim<sup>®</sup>▼), Valsartan (Diovan<sup>®</sup>▼), Darunavir (Prezista<sup>®</sup>▼) had been passed to the Minister for Health and Social Services for ratification. WMP will inform NHS Wales when this has been received.

The Chairman confirmed that no statements of advice had been posted on the AWMSG website since the preceding February meeting.

The appraisals scheduled for the next AWMSG meeting on Wednesday, 13<sup>th</sup> April 2011 were announced:

**Histamine dihydrochloride (Ceplene<sup>®</sup>▼)** for maintenance therapy for adult patients with acute myeloid leukaemia in first remission concomitantly treated with interleukin-2

**Capecitabine (Xeloda<sup>®</sup>)** in combination with oxaliplatin for the adjuvant treatment of stage III (Dukes' stage C) colon cancer

The Chairman thanked Dr Bruce Ferguson who had agreed to Chair AWMSG meeting on 13<sup>th</sup> April.

The Chairman thanked the members particularly the pharmacoeconomic group for their feedback and comments in relation to the Department of Health (DH) consultation on 'A new value-based approach to the pricing of branded medicines'. The Chairman informed members that a copy of the collated responses had been circulated. The Chairman notified the group that the deadline for response to the DH was by close of play on 17<sup>th</sup> March and asked members to forward any further comments for consideration. A copy of the response will be included in the papers for the next AWMSG meeting on the 13<sup>th</sup> April.

**5. Minutes of previous meeting**

The minutes of the previous meeting were checked for accuracy. The Chairman signed the minutes as a true record of the previous meeting. There were no matters arising.

**6. The nature and scope of benzodiazepine and 'z' drug prescribing in Wales**

The Chairman invited Mrs Karen Eveleigh to present Enc 2/AWMSG/0311 on the nature and scope of benzodiazepine and 'z' drug prescribing in Wales. Members were informed that this project was developed due to a report produced in 2008 highlighting evidence of increased prescribing of benzodiazepine and new generation 'z' drugs. As part of the new strategy to tackle substance misuse this project was designed to look at reducing inappropriate prescribing of benzodiazepine and 'z' drugs in Wales. The study was commissioned through the Welsh Medicines Partnership (WMP). Karen Eveleigh informed the group that the study shows an overall reduction in prescribing levels however these are still higher than levels in the benchmark area of North East England. She also highlighted the recommendations outlined in the report and noted the Welsh Assembly Government (WAG) responses to these recommendations.

Karen Eveleigh then summarised the three key actions agreed by the Minister. Firstly the Minister has written to Chief Executives of Health Boards (HBs) asking that their Chief Pharmacists review prescribing levels in each area based on the data presented in the report. She has also asked HBs to take a lead on developing support services for people on long-term prescriptions. The Medicines Management Programme Board has been requested to review progress in terms of reducing prescribing across Wales and the All Wales Medicines Strategy Group (AWMSG) to look at the prescribing indicator we currently have in Wales and advise whether it continues to be fit for purpose in terms of promoting and monitoring rational and responsible prescribing.

The Chairman invited Kath Haines to comment on the context of the report and address any issues that have been raised. Kath Haines informed the group that the Minister had supported all but two of the recommendations outlined in the report. It was noted that former LHBs, Public Health Wales, Health Solution Wales (HSW) and many other specialists involved in substance misuse were consulted during this study and these were thanked for their contribution.

Kath Haines commented on the particular issue regarding the appropriate indicator and noted that at the last AWMSG meeting, the group ratified the 2011/2012 indicators. This included changes to the hypnotics and anxiolytics prescribing indicator. Previously the prescribing

indicator was a combined one for hypnotics and anxiolytics as defined daily dosage (DDD); however these are now included both together and separately, as the report suggested prescribing levels of each can vary across NHS Wales.

The Chairman asked the group if they had any other points to discuss in relation to the recommendations and/or responses received from WAG and how we might address them.

Members considered reasons why prescribing levels did not appear to correlate with socio-economic deprivation and it was agreed that support services may play a crucial role in reducing the number of patients on medication. The group noted that cognitive behavioural therapy (CBT) may be more effective than drug therapy and suggested it would have been interesting to look at the availability of this service in Wales.

The Chairman noted that recent National Institute for Health and Clinical Excellence (NICE) guidance (no 113) issued in Jan 2011 on generalised anxiety states that benzodiazepines should not be offered for the treatment of Generalised Anxiety Disorder in primary or secondary care except as a short-term measure during crises.. Therefore there is a move towards different (including non-drug) treatment regimens for this condition. Kath Haines noted that as part of the responses to the recommendations it had been suggested that funding had been set aside for 2012/2013 to address CBT therapy.

AWMSG members asked whether the educational package is likely to be progressed and if so with what sort of timescales. Kath Haines informed the group that an educational toolkit is currently being developed and if available electronically, would be useful for specialists and general practitioners (GPs) during consultation with patients. It was noted that the development of these initiatives is limited by the available funding but AWMSG would welcome the opportunity to progress the educational toolkit. Karen Eveleigh informed the group that medical advisors at the WAG had concerns about issuing more guidance and whether there was a need for an educational pack. However they now acknowledge that it is difficult to access specific data/guidance on benzodiazepine as it may need to be sourced from various locations. Karen Eveleigh suggested that the educational toolkit may be useful at HB level, once prescribing levels are reviewed locally in light of the data presented in the report.

The Chairman asked whether AWMSG should advocate the toolkit in order to ensure best practice and ensure that the appropriate information is readily available to the health boards (HBs). AWMSG noted that a toolkit template could be adapted locally to suit individual needs to ensure consistency across LHBs. It was also noted that the toolkit should be aimed both at primary care community and hospital settings.

Following further discussion the Chairman confirmed that the educational package/toolkit should be brought to the next AWMSG meeting on 13<sup>th</sup> April 2011.

There was further discussion regarding measuring the indicator and the number of items prescribed. It was suggested that the length of prescriptions and number of people prescribed should be considered. The opportunity for further data analysis was also discussed.

The Chairman summarised that members of WMP involved in the production of this report should consider each of the points/issues raised and then report back to AWMSG.

Karen Samuels noted that any issues regarding the prescribing indicators should be taken to AWPAG and discussed by the task and finish group.

The Chairman noted that as suggested by the Minister, the Medicines Management Programme Board should be tasked with monitoring the progress of the indicators and reducing the unnecessary use of hypnotics and anxiolytics.

## **7. WAPSU Invest to Save Initiative project update**

Mrs Kath Haines was invited to present Enc 3/AWMSG/0311, a paper intended to inform AWMSG on progress to date with regard to the four invest to save (ITS) initiatives. Members were asked to consider the information presented and suggest appropriate actions to support the progress of the ITS initiatives.

The Medicines Strategy for Wales recommends

- AWMSG will work closely with the Welsh Analytical Prescribing Support Unit (WAPSU) to develop robust systems to monitor prescribing outcomes and ensure available resources are used effectively in accordance with agreed performance measures

- AWMSG will audit the service impact of its appraisal recommendations through WAPSU, with feedback to NHS organisations on any potential further action that may be required.

In 2009–10 the Welsh Medicines Partnership (WMP) made a successful bid to the Welsh Assembly Government's ITS scheme for funding of the analysis of prescribing data in Wales, enabling the promotion of clinically and cost effective prescribing. Four key projects were identified.

Project 4 on the uptake of medicines appraised by AWMSG was presented first (see agenda item 8). It was agreed that the monitoring of projected budgetary impact of approved medicines should be taken to another meeting.

Project 3 on the safe and effective prescribing of hypnotics and anxiolytics was discussed under agenda item 6. It was agreed that an educational toolkit would be prepared for the AWMSG meeting on 13 April 2011.

Project 2 on the safe and effective prescribing of proton pump inhibitors (PPIs) was presented (see agenda item 9). The audit was developed to identify inappropriate prescribing of high cost PPIs and AWMSG agreed to endorse the toolkit and support the dissemination and uptake of the PPI audits.

Project 1 on the safe and effective prescribing of non steroidal anti-inflammatory drugs (NSAIDs) was presented (see agenda item 10 and 11). AWMSG agreed to support the updates to the NSAID toolkit and audit and agreed to the implementation of the key recommendations outlined in the paper.

## **8. Monitoring of AWMSG recommendations**

Cheryl Way was invited to present Enc 4/AWMSG/0311, a paper intended to keep AWMSG informed of progress made towards monitoring AWMSG appraisals. Members were asked to consider the information presented and advise on the actions to be taken. Cheryl Way summarised the background of this work and noted that between 2003 and March 2010, AWMSG made 81 technology appraisal recommendations. Of these, 38, supported the use of a medicines; 18 supported the use of a medicine with restrictions and 25 did not support the use of a medicine. She explained that this report considered those medicines recommended by AWMSG, since those medicines not recommended were the subject of a previous report. She outlined a number of issues highlighted in the report which included the number of medicines supplied through homecare services, medicines being recommended by AWMSG but not being used within NHS Wales and that fact that there is no *Medusa* data available for some medicines as they are issued through homecare services rather than the Welsh hospital pharmacies.

The Chairman opened the discussion and invited comments. The members discussed the issue that some medicines are recommended by AWMSG but do not appear to have been used in Wales. It was suggested that this may be the case for most ultra orphan medicines. Members felt that because the remit of AWMSG is to appraise all new medicines, it is important

that AWMSG continue to consider all medicines, whatever the anticipated uptake as this ensures patients have access to medicines that would otherwise only be available by individual patient application. After further discussion regarding the cost effectiveness of evaluating medicines that are not used in Wales members agreed that the current AWMSG appraisal process ensures transparency and consistency; enabling medicines to be appraised that are not considered by NICE. Members also highlighted that some medicines may indeed be used but not be captured within the *Medusa* data. The Chairman suggested that further investigation be undertaken into the reasons why some new medicines, despite being appraised by AWMSG, do not appear to be in used in Wales.

The Chairman highlighted the limitations of the *Medusa* data and invited comments. Cheryl Way informed the AWMSG members that she had tried to identify data related to specific indications; this was however not available across Wales. She suggested a substantial amount of work would be required to link usage with specific indications but that this would be extremely useful.

The Chairman invited members to discuss their concerns regarding medicines prescribed prior to appraisal by AMWSG, and asked members for suggestions on how this should be addressed. Cheryl Way suggested that there may have previously been a build up of medicines requiring appraisal by AMWSG and that this problem, due to budgetary constraints, is now improving and will resolve itself.

The Chairman noted the difficulties in monitoring the cost and benefit of medicines supplied through homecare services. AWMSG members noted that Ken Thomas, Chair of the All Wales Contracting Committee, has been commissioned to investigate this and AWMSG should consider contacting him regarding issues relating to homecare services.

In conclusion, the Chairman thanked the authors, representatives of HSW and Dr Rob Bracchi for their input and closed the discussion.

## **9. Proton Pump Inhibitor (PPI) Audit**

Bev Woods was invited to present Enc 5/AWMSG/0311; an audit intended to identify potential savings to be made in reducing the use of high acquisition cost (HAC) PPIs as part of the Welsh Assembly's Government's ITS fund in order to progress this initiative under the auspices of WAPSU. Members were asked to endorse the toolkits and support the dissemination and uptake of the PPI audits in order to make quality and cost improvements within NHS Wales.

Bev Woods explained that WMP have developed two audits/reviews for use by the primary care general practitioners and community pharmacists to highlight prescribing and cost-effectiveness issues with PPIs. These highlight a number of good prescribing points and issues and can be used as part of the Clinical Effectiveness Prescribing Programme (CEPP) national audits for 2011-2013.

The Chairman opened the discussion. The members noted that only HAC PPIs had been considered and that long term use of PPIs and the quantity of PPIs used may also be of interest. It was also suggested that AWMSG should consider the influence of secondary care prescribing.

Members requested a minor amendment to the data collection sheets for GP practice. The addition of an extra option (prophylaxis when used with NSAIDs) for the indication was noted.

Members noted that the clinical and/or financial benefits of changing a patient's medication should be clearly communicated to the patient. The group was informed that a patient information leaflet was in development.

The Chairman confirmed that, subject to the above amendment, AWMSG endorsed the toolkits/audits and asked that the results of the audit were brought back to AWMSG when available.

**10. Non Steroidal Anti Inflammatory Drug (NSAID) Update**

Mr Guy Thompson declared a non-specific personal interest and the Chairman confirmed that Mr Thompson would be excluded from the discussion on NSAIDs (agenda item 10 and 11).

Paul Deslandes was invited to present Enc 6/AWMSG/0311, a paper intended to inform GPs, providing them with an update on audit findings and further prescribing advice for NSAIDs. Members were asked to consider the audit feedback received to date and support the implementation of the key recommendations outlined in the paper. Members were informed that the audit update would be sent to GPs. Following brief discussion AWMSG members agreed that this information would also be useful in secondary care.

The Chairman confirmed that the members supported the key recommendations and agreed this paper should be disseminated to the service.

**11. Non Steroidal Anti Inflammatory Drug (NSAID) Audit**

In the absence of Susanna Jacks, Paul Deslandes, Kath Haines and Tessa Lewis were invited to present Enc 7/AWMSG/0311; the updated NSAID quality improvement toolkit and audit for 2011-2012. Audit findings have been received for over 9000 patients and it is suggested that there is scope for improvements in prescribing across Wales. Findings and practice implications are summarised within the toolkit. Members were asked to consider the audit feedback and support the updates for 2011-2012.

Following a brief discussion it was agreed that a patient leaflet would be welcomed and it was agreed that this should be progressed through AWPAG. It was noted that Health Boards should be consulted to ensure good practice.

The Chairman confirmed that members supported the 2011-2012 updates to the NSAID quality improvement toolkit and the implementation of this audit. It was agreed that AWMSG would inform practitioners and that Health Boards would be informed via medical directors and the medicines management committees.

**12. Update from All Wales Prescribing Advisory Group**

Mr Thompson rejoined the meeting.

The Chairman invited Dr Tessa Lewis to highlight the salient issues within the draft minutes of the AWPAG meeting held on Thursday 27<sup>th</sup> January 2011, Enc 8/AWMSG/0311. Dr Lewis confirmed that the "Prescribing Dilemmas" paper would be brought back to a future AWMSG meeting. Dr Lewis drew the members' attention to the paper on Monitored Dosage System (MDS) at hospital discharge which is included in this AWMSG agenda (agenda item 15). Dr Lewis highlighted the work on the national audit on NSAIDs which had been discussed. She noted that the issue regarding the withdrawal of dronedarone (Multaq) had been dealt with. She concluded by informing members that the update of the template for prescribing lipid lowering agents would be included on the agenda for the next AWMSG meeting on 13 April 2011.

**13. National Prescription Chart**

The Chairman invited Jenny Harries to present Enc 9/AWMSG/0311, a paper intended to provide an update on the All Wales In-Patient Medication Administration Record Charts; the Prescription Writing Standards and the e-learning package. Members were asked to approve the updates to the All Wales In-Patient medication administration record charts; and the prescription writing standards; to seek a funding stream to underpin and sustain the current successful arrangement and support the ongoing development of the medication charts and e-

learning package and to recommend that the e-learning package becomes incorporated as a mandatory element of undergraduate training and hospital induction programmes for medical, nursing and pharmacy professionals.

Changes to the In-Patient Medication Administration Charts (Acute In-Patient Chart; Acute In-Patient Chart (discharge version); Long-stay In-Patient Chart; Paediatric In-Patient Chart) were highlighted. Various points raised by AWMSG members were noted for further consideration and Jenny Harries agreed to communicate these points to the All Wales Drug Chart Sub-group.

Members were informed of the changes to the All Wales Prescription Writing Standards and AWMSG members supported the inclusion of national guidance on controlled drugs for audit purposes. It was agreed that this would be communicated back to the All Wales Drug Chart Sub-group. Further points were raised in relation to the All Wales Prescription Writing Standards and again these were noted for consideration.

It was confirmed that although the current e-learning package is currently in use, the new updated e-learning package was still in development. The new e-learning package was originally anticipated to be ready for April 2011; however this has been delayed and is now expected to be completed by 1st August 2011.

The Chairman confirmed AWMSG's endorsement of the updates to the In-Patient Medication Administration Charts and the All Wales Prescription Writing Standards.

The Chairman agreed that the issue of the funding stream to underpin and sustain the current successful arrangement and support the ongoing development of the medication charts would need to be discussed outside of the meeting.

The Chairman confirmed that AWMSG support the e-learning package being incorporated into undergraduate training and hospital induction programmes. The Chairman suggested that a letter be sent to universities (nursing schools/pharmacy schools/ prescribing leads at medical schools) to support the implementation of the e-learning package.

#### **14. AWMSG Appraisal Criteria update**

The Chairman invited Professor Dyfrig Hughes to present Enc 10/AWMSG/0311, a paper intended to consolidate and update previous guidelines for appraising new medicines. Members were asked to consider these guidelines for appraising medicines in Wales.

Prof Hughes outlined the main changes to the document. He highlighted the update to the section on ultra orphan medicines which had been changed to use the prevalence values outlined by the European Medicines Agency (EMA). He informed the group that NICE had confirmed that the cumulative population referred to in section 7 on life extending, end of life medicines refers to the mean cumulative population in the UK of all licensed indications. The group suggested that since determining whether a medicine meets the end of life criteria is dependent on defining the number of patients we should consider defining what is considered to be small. Karen Samuels confirmed that we are currently complying with the NICE end of life criteria and that WAG have been asked to liaise with NICE regarding further clarification of this wording and whether they would consider expanding on the current wording.

The Chairman opened the discussion. Following a brief discussion the Chairman confirmed that AWMSG supported all points outlined in section 1 (structure of appraisal); section 2 (clinical effectiveness) and section 3 (cost effectiveness) of the paper. It was agreed that the first paragraph should be updated to reflect that the appraisal criteria/process would be the same for Form B and Form C submissions.



Following a brief discussion the Chairman proposed that the issue of patient access schemes should be reconsidered by AWMSG at a future meeting. The Chairman concluded the discussion by confirming AWMSG's approval of this paper.

**15 Monitored dosage systems – an example of good practice**

The Chairman invited Dr Tessa Lewis and Mrs Sue Cervetto to present Enc 11/AWMSG/0311, a paper on the discharge of patients on monitored dosage systems (MDS) and intended to reduce the risk and variation in discharge processes in Wales for patients admitted to hospital using a MDS and requiring one at discharge. Members were asked to endorse the Aneurin Bevan Health Board process as a reasonable minimum standard for patients.

The Chairman invited members to comment on the document. Members suggested that the paper should be updated to reflect the fact that 28 days prescribing may not always be appropriate and interval prescribing may be more suitable. Dr Lewis agreed that an additional footnote would be added. Members also felt that on average there may be up to 10-15 medication changes and therefore the table on page 7 may need to be updated to reflect this. It was agreed that this suggestion would be communicated to the Aneurin Bevan Health Board and Tessa Lewis suggested adding a footnote with the suggested amendment.

The Chairman confirmed that AWMSG endorsed the paper and the Aneurin Bevan as an example of good practice for local adaptation where hospitals are unable to provide discharge medication directly. It was agreed that following the amendments noted above the paper would be disseminated.

The group highlighted the need to progress the outstanding issues regarding heparin prescribing in pregnancy. Dr Lewis welcomed the suggestion to progress this issue via AWPAG and agreed that this could be added to the AWPAG work programme.

**The Chairman confirmed the date of the next AWMSG meeting:  
Wednesday, 13<sup>th</sup> April 2011 at 10.30am in The Angel Hotel, Abergavenny**