

All Wales Medicines Strategy Group

**Annual Report
2012–2013**

www.awmsg.org



*"Getting the best outcomes from
medicines for patients in Wales"*

Contents

	Page
Chairman's welcome	1
About AWMSG	2
AWMSG's strategic aims and objectives	3
AWMSG's network	4
The New Medicines Group (NMG)	5
The All Wales Prescribing Advisory Group (AWPAG)	5
The All Wales Therapeutics and Toxicology Centre (AWTTC)	5
Other links	5
Medicines appraisals	6
How does the appraisal process work?	6
Appraisals update 2012–2013	6
Medicines management	10
How does medicines management work?	10
Medicines management update 2012–2013	10
Membership	16

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All Wales Therapeutics
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Canolfan Therapiwteg a
Thocsicoleg Cymru Gyfan

All Wales Therapeutics and Toxicology Centre

On behalf of the All Wales Medicines Strategy Group

Academic Building

University Hospital Llandough

Vale of Glamorgan

CF64 2XX

Please note information in this document is correct at the time of print but may be subject to change. For latest information, please visit www.awmsg.org

All enquiries should be directed to:

Mrs Ruth Lang

Head of Liaison & Administration

Email: awttc@wales.nhs.uk

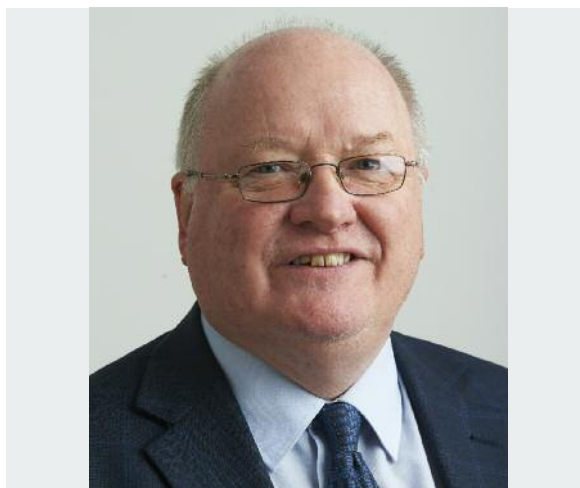
Telephone: 029 2071 6900

Chairman's welcome

A review of 2012–2013 and a look to the year ahead

2012–2013 saw the All Wales Medicines Strategy Group (AWMSG) conducting its 166th medicine appraisal; several appraisals this year were undertaken using the recently established Patient Access Scheme (PAS) process for Wales (see page 9). In addition, AWMSG marked its ten-year anniversary with a conference dedicated to "A decade of improving access to medicines" (see page 3). In 2012, a Memorandum of Understanding to promote closer working between AWMSG and the National Institute for Health and Care Excellence (NICE) was also agreed. Please visit our new website at www.awmsg.org to read more about these and other activities of the Group and its subcommittees over the last 12 months. We would also value your feedback on the website, and suggestions of any improvements that could be made.

It was encouraging to see that the "Invest-to-Save" initiatives, completed in 2012, have delivered positive outcomes, which are associated with increased clinical benefit, improved safety, and attendant cost savings – in excess of those originally anticipated (see page 13). I am very grateful to prescribers and all those involved in medicines management in Wales for making this possible. I am also pleased that the majority of our chosen prescribing indicators in Wales (see page 14 and 15) continued to move in the appropriate direction, again confirming that health professionals in NHS Wales continue to work hard to optimise the use of medicines.



The new version of the All Wales National Inpatient Prescription Chart (developed in partnership with the All Wales Chief Pharmacists Committee and the Royal College of Physicians) has been an important advance in promoting safe prescribing in Wales (see page 11).

In the coming year, AWMSG will launch its new five-year medicines strategy. We remain committed to ensuring that AWMSG continues to engage closely with the appropriate groups in Wales and the rest of the UK to promote safe and effective antimicrobial prescribing, and we will continue to work with colleagues to offer support and collaboration for the development and implementation of the value-based pricing process.

A handwritten signature in black ink, which appears to read "P. Routledge". The signature is fluid and cursive.

Professor Phil Routledge

OBE MD FRCP FRCPE FRCGP

FBPharmacolS FBTS FFPM

Chairman, AWMSG

Head of Department of Pharmacology,
Therapeutics and Toxicology, Institute of Molecular
and Experimental Medicine, School of Medicine,
Cardiff University

About AWMMSG

Our vision for Wales – "A vision which focuses on patients"

What do we do and why?

Established in 2002, the All Wales Medicines Strategy Group (AWMSG) provides advice on both new and existing medicines, medicines management and prescribing to the Welsh Government's Minister for Health and Social Services in an effective, efficient, and transparent manner.

AWMSG brings together an expert panel of NHS clinicians, pharmacists, academics, health economists, industry representatives, and lay representation to reach a consensus on the use of newly licensed medicines* and on policies that promote the best use of medicines for patients in Wales. All involved work together to ensure equity of access to the most clinically appropriate and cost-effective medicines.

The Group's main priorities are:

- ▶ Appraisals: To develop timely, independent and authoritative advice on newly licensed medicines*.
- ▶ Medicines management: To develop resources that support prescribers and thereby maximise health gain through the safe and cost-effective use of medicines.

AWMSG holds up to ten meetings a year, at which recommendations on the use of newly licensed medicines* are agreed, prescribing advice is considered for endorsement and developments in prescribing practice are discussed and reported. These meetings are held in public and all relevant information is available at www.awmsg.org. The members of AWMMSG during 2012–2013 are listed on page 16.

* as well as licence extensions and/or new formulations of existing medicines



View from the public gallery at an AWMMSG meeting in Abergavenny. In 2012–2013, advice on 39 technology appraisals was provided at AWMMSG meetings, resulting in earlier access to medicines for patients in Wales (see page 6).

AWMSG's strategic aims and objectives

The AWMSG report "A Medicines Strategy for Wales: Getting the best outcomes from medicines for Wales" sets out the following objectives:

- ▶ **Quality, safety, and effectiveness** – Medicines used in Wales are acceptably safe, clinically effective and cost-effective, and systems are in place to support evidence-based prescribing.
- ▶ **Access and timeliness** – The people of Wales have access to clinically effective and cost-effective medicines at the time they need them.
- ▶ **Optimal use (patient focus and efficiency)** – Medicines are used in Wales in a way that will lead to good health outcomes, wastage of medicines is minimised and NHS Wales adopts a whole systems and integrated approach to medicines across all health and social care sectors, designed to meet the needs of patients.

A new strategy is planned for 2013–2014 and will be based on the 2012 Welsh Government report "Together for Health" (available at: <http://wales.gov.uk/topics/health/publications/health/reports/together/?lang=en>).

Highlight 2012–2013

AWMSG holds 10-year anniversary conference

On 24 May 2012, AWMSG proudly marked its ten-year anniversary with a conference dedicated to "A decade of improving access to medicines". The conference, held in the Millennium Stadium, Cardiff, highlighted ten years of delivering the medicines strategy recommendations.

The conference served as a platform to launch the All Wales Therapeutics and Toxicology Centre (AWTTC), the organisation that provides professional and administrative support to AWMSG (see page 5). The conference included a series of presentations which outlined AWMSG's approach to the assessment of newly licensed medicines*. The 170 delegates who attended had an interest in prescribing and medicines management issues. Mrs Lesley Griffiths, AM, former Minister for Health and Social Services, delivered the keynote speech.



The conference brought together experts in the field and marked a decade of improving access to medicines in Wales.

AWMSG's network

Who do we work with?

The work of AWMSG is planned by the AWMSG Steering Committee. This Committee prioritises AWMSG's work programme to ensure the efficient use of resources. Membership includes representation from Welsh Government, Chief Pharmacists, the All Wales Drug Contracting Committee, the Welsh Health Specialised Services Committee, the Association of the British Pharmaceutical Industry Wales and the All Wales Therapeutics and Toxicology Centre (AWTTC).

Two advisory subgroups report to AWMSG and provide expert advice: the New Medicines Group (NMG) and the All Wales Prescribing Advisory Group (AWPAG). AWMSG and its subgroups are supported by AWTTTC.



The New Medicines Group (NMG)

NMG is a subgroup of AWMSG. Up to ten NMG meetings are scheduled per year, and are held in private. NMG considers the clinical effectiveness and cost-effectiveness of a medicine, along with written evidence from the pharmaceutical company, clinical experts in the field and relevant patient organisations/support groups/patients/patient carers. NMG makes a preliminary recommendation to AWMSG in relation to each medicine undergoing appraisal. The members of NMG during 2012–2013 are listed on page 17.

The All Wales Prescribing Advisory Group (AWPAG)

AWPAG is a subgroup of AWMSG. AWPAG advises AWMSG on strategic developments in prescribing and medicines management to promote the safe and effective use of medicines in Wales. Membership includes representation by doctors and pharmacists from across Wales, with differing roles. There is representation from Public Health Wales, Welsh Government, industry, lay members, and other healthcare professionals eligible to prescribe. The members of AWPAG during 2012–2013 are listed on page 18.

The All Wales Therapeutics and Toxicology Centre (AWTTC)

AWMSG and its subgroups are supported by AWTTC, which provides professional secretariat, pharmaceutical, clinical and health economics resources. The work of AWTTC consists of health technology appraisals, medicines management, medicines safety, education, toxicology and prescribing analysis.

Other links

AWMSG would like to extend its thanks to all organisations that have supported its work over the last year. These include:

- ▶ All Wales Therapeutics and Toxicology Centre
www.awttc.org
- ▶ Association of the British Pharmaceutical Industry Wales
www.abpi.org.uk
- ▶ Bangor University
www.bangor.ac.uk

- ▶ British Pharmacological Society
www.bps.ac.uk
- ▶ Cardiff University
www.cardiff.ac.uk
- ▶ King's College London
www.kcl.ac.uk
- ▶ National Institute for Health and Care Excellence
www.nice.org.uk
- ▶ National Institute of Public Health, Japan
www.niph.go.jp/English/index.html
- ▶ National Poisons Information Service
www.npis.org
- ▶ NHS Wales
www.wales.nhs.uk
- ▶ NHS Wales Informatics Service
www.wales.nhs.uk/nwis
- ▶ Royal College of Physicians
www.rcplondon.ac.uk
- ▶ Royal Pharmaceutical Society
www.rpharms.com
- ▶ Scottish Medicines Consortium
www.scottishmedicines.org.uk
- ▶ Swansea University
www.swan.ac.uk
- ▶ UK PharmaScan
www.ukpharmascan.org.uk
- ▶ University of South Wales
www.southwales.ac.uk
- ▶ University of Oxford
www.ox.ac.uk
- ▶ Welsh Government
www.wales.gov.uk
- ▶ Welsh Medicines Information Centre
www.wmic.wales.nhs.uk
- ▶ Welsh Medicines Resource Centre
www.wemerec.org
- ▶ Yellow Card Centre Wales
www.yellowcardwales.org
- ▶ 1000 Lives Plus
www.1000livesplus.wales.nhs.uk

It is vital that patients, prescribers, managers and policy makers contribute to the debate on the best use of medicines, and help shape AWMSG's future priorities and ways of working. AWMSG is always looking for opportunities to work with interested parties. Please contact awttc@wales.nhs.uk or visit www.awmsg.org.

Medicines appraisals

"Ensuring the best medicines are made available for patients in Wales"

How does the appraisal process work?

AWMSG has a remit to appraise newly licensed medicines, including licence extensions and/or new formulations of existing medicines. Decisions are based on their clinical effectiveness and cost effectiveness, as well as the anticipated budgetary impact and broader societal and equity issues. AWMSG recommendations are provided to the Minister for Health and Social Services, who will take account of AWMSG advice in making the final decision as to whether the medicine should be available in NHS Wales.

The appraisal process takes around six months and aims to produce recommendations as soon as possible after the product is licensed in the UK. Pharmaceutical companies are encouraged to make their submission as soon as the licence is granted. When AWMSG provides a positive recommendation on a medicine, that is subsequently ratified by the Minister for Health and Social Services, health boards in Wales have a legal obligation to make funding available for its use. Medicines not recommended will not be routinely funded in NHS Wales.

National Institute for Health and Care Excellence (NICE) advice supersedes AWMSG advice and therefore, to prevent duplication of effort, AWMSG does not appraise medicines already scheduled for NICE appraisal. However, where NICE advice is likely to take more than 12 months from receipt of marketing authorisation, AWMSG will undertake an appraisal, thereby providing guidance to NHS Wales in the interim and giving patients in Wales access to medicines earlier than would otherwise have been the case.

Appraisals update 2012–2013

AWMSG appraised 39 medicines in the financial year 2012–2013; of these, 36 were recommended and 3 were not recommended. In addition, 40 statements of advice were issued for medicines that could not be endorsed for use, as the holder of the marketing authorisation did not submit an application for appraisal. Table 1 opposite summarises the outcomes of the appraisals carried out in 2012–2013.

AWMSG member perspective

"My first involvement with AWMSG was during its inception in 2002, when I was a member of the Welsh Medicines Partnership (now AW TTC) through my role as Director of the Committee on Safety of Medicines (CSM) Wales. In 2003, I pursued a slightly unorthodox career path in Palliative Medicines from a background of Clinical Pharmacology, and since 2006 I have been working as a consultant in Acute Medicine and Palliative Medicine. During the intervening years I have watched AWMSG expand and grow in stature, from the early days of evaluating only high-cost medicines to its current remit of appraising all newly licensed medicines (as well as licence extensions and/or formulations of existing medicines). Since my membership of AWMSG began in 2010, I have found the experience invaluable, especially in my previous role as a chair in the health board's Medicines Management Group. This enhanced the flow of information from decision-makers to prescribers at the 'coal-face'.

AWMSG provides the guidance and strategy that is needed to make difficult decisions in the limited resource environment that is the modern NHS.

I very much look forward to continuing to serve as a member of AWMSG in what are likely to be very challenging times ahead for NHS Wales."

Dr Emma Mason

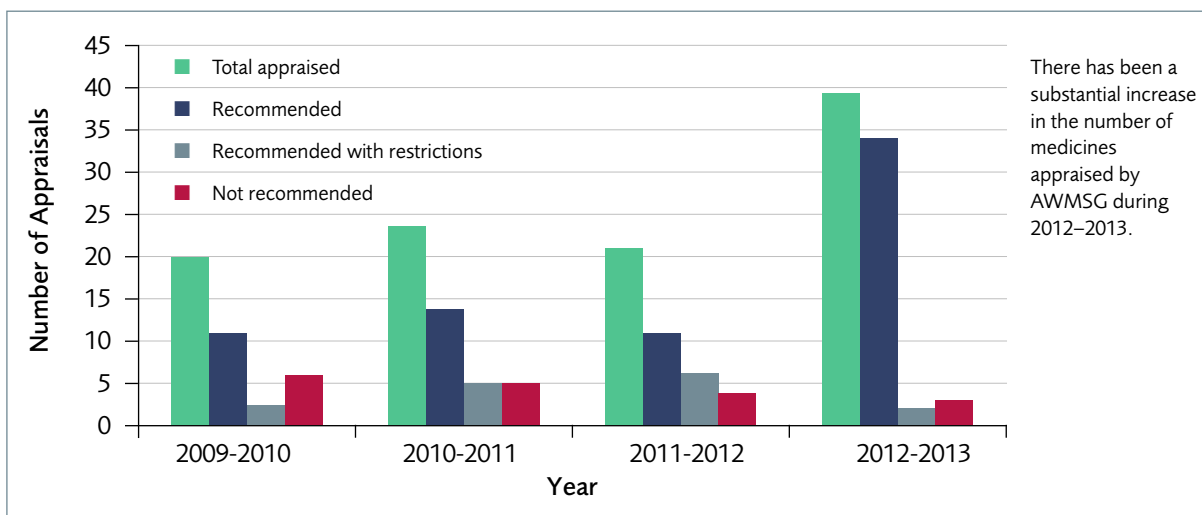
Honorary Senior Lecturer in Clinical Pharmacology and Palliative Medicine, Cardiff University

Table 1. Summary of advice issued in 2012–2013

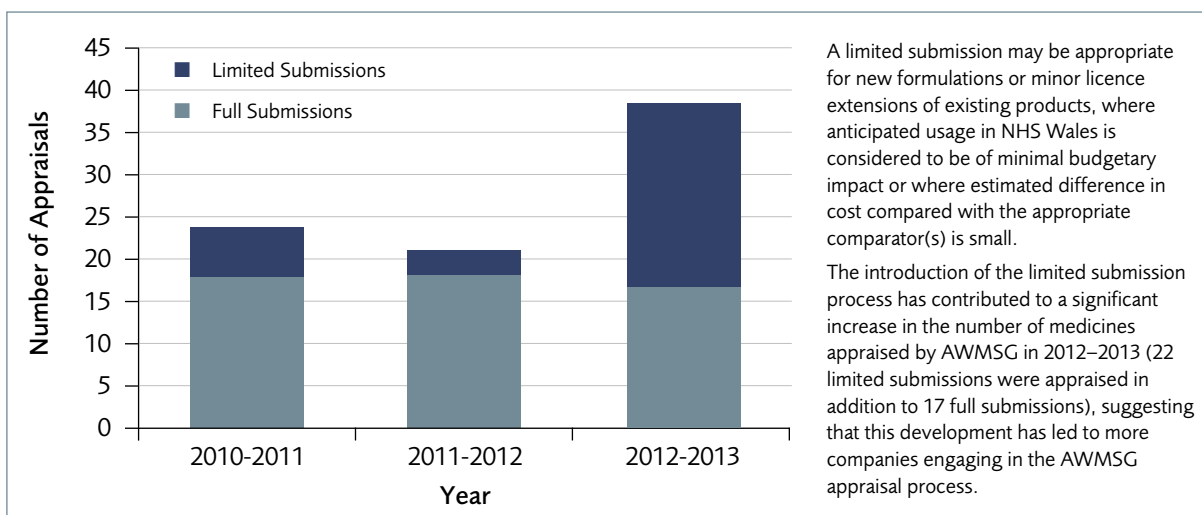
Appraised medicines	39
Recommended as an option	34
Recommended for 'optimised' use*	2
Not recommended	3
Statements of advice issued on non-appraised medicines to NHS Wales	40
Total number of medicines on which advice provided to NHS Wales	79

* Medicine recommended for use in a smaller subset of patients than originally stated by the marketing authorisation. These medicines are also referred to in Wales as being recommended for 'restricted use'.

How does the number of medicines appraised during 2012–2013 compare to previous years?



How has the introduction of the limited submission process affected the number of medicines appraised by AWMSG?



Medicines appraisals *continued*

The AWMSG appraisal work programme and AWMSG advice is regularly shared with Medicines and Therapeutics Committees (MTCs), NHS budget holders, and those involved in prescribing planning and medicines management across Wales. This provides NHS Wales with updates regarding AWMSG recommendations and notice of when/whether advice will be issued for medicines of interest. Clinical experts are encouraged to contribute to the AWMSG appraisal process by providing comparator advice and clinical opinion.

Patient group input on a disease/condition and associated treatments is essential to the appraisal process as patients/carers/patient groups are often able to provide additional insight, which is invaluable in considering whether a medicine should be available to patients within NHS Wales (see *Patient Group perspective* opposite).

Further information on AWMSG's recommendations and the AWMSG work programme is available on the AWMSG website (www.awmsg.org). Information produced specifically for patient organisations, pharmaceutical companies and clinical experts regarding the appraisal process is also available on the AWMSG website. In addition, there is a useful "Frequently Asked Questions" resource.

Patient Group perspective

"I had no knowledge of AWMSG prior to being contacted in my capacity as the founder of the Red Sock prostate cancer awareness campaign. I was aware that a medicine called abiraterone, designed to help men with bony metastatic prostate cancer, was seeking approval through NICE. I was asked by AWMSG to put forward my views and experience of this medicine.

The AWMSG appraisal, combined with the submissions of lay people and support groups such as the Red Sock Campaign, led to abiraterone gaining approval for use in the NHS in Wales before NICE approval in the rest of the UK. The men and families that are affected by prostate cancer were given new hope when this medicine became available to them.

It was only after the appraisal process that I and others could see how important the patients' and carers' voices are in aiding negotiations leading to approval of medicines such as this. The professional consideration that AWMSG gave during the appraisal process and negotiations on behalf of the men in Wales, and the approval of the medicine, has given quality of life back to many at a time when they had very little.

NHS Wales agreeing to fund this medicine is a great step forward in the treatment of prostate cancer – a disease that has been neglected for decades – and clearly confirms the decision AWMSG made in recommending approval of this medicine."

Keith S. Cass

Founder of the Red Sock Campaign
for prostate cancer awareness

Welsh Patient Access Scheme progress update

Following a successful pilot in 2011–2012, the Welsh Patient Access Scheme (WPAS) has now been fully adopted for use in NHS Wales. Patient Access Schemes are intended to facilitate patient access to medicines by improving their cost-effectiveness and encouraging the engagement of pharmaceutical companies with the appraisal process. Schemes can be either simple or complex, as defined in the Pharmaceutical Price Regulation Scheme. To date, a total of nine WPAS submissions have been submitted to the Patient Access Scheme Wales Group (PASWG) for consideration. Five schemes were submitted during the pilot process and four have been received following the formal establishment of WPAS; all nine schemes were simple and accepted by PASWG and Welsh Government as feasible schemes. Of these nine medicines with a WPAS in place, four have been appraised and recommended for use within NHS Wales by AWMSG. Without a WPAS, these medicines might not have been deemed cost-effective. PASWG continues to encourage applications that enhance opportunities for access to clinically effective and cost-effective medicines by patients in Wales.

Highlight 2012–2013

Working in partnership

Over the last year, AWMSG has continued to work closely with other Health Technology Assessment (HTA) bodies, in particular with the National Institute for Health and Care Excellence (NICE), the Scottish Medicines Consortium (SMC) and more recently, the National Institute of Public Health in Japan.

NICE

In May 2012, a Memorandum of Understanding between AWMSG and NICE was agreed. The Memorandum of Understanding highlights our shared interest in improving patient access to newly licensed medicines (as well as licence extensions and/or new formulations of existing medicines). The aim of working collaboratively is to align the strategic planning, development and delivery of advice in England and Wales. It is also to ensure that work programmes complement and support one another, without duplication or conflict of work. AWMSG's engagement with NICE is ongoing through regular visits, information sharing and collaboration on projects such as Patient Access Schemes.

SMC

In January 2013, AWMSG welcomed representatives from SMC. The purpose of the visit was to share experiences in order to ensure best possible practice for both AWMSG and SMC. A reciprocal visit to SMC is planned for the near future.

National Institute of Public Health, Japan

On 22 March 2013, Dr Takashi Fukuda and his colleagues from the National Institute of Public Health in Japan visited AWMSG at the request of the Japanese Ministry of Health, Labour and Welfare. The purpose of the visit was for the delegation to gain an insight into the HTA process in Wales.

Medicines management

"Making the best use of medicines"

How does medicines management work?

AWMSG brings together healthcare professionals and key organisations to form expert panels to consider a variety of issues relating to medicines management in NHS Wales.

AWPAG advises AWMSG on clinical developments relating to medicines use in Wales. The AWMSG work programme is further supported by AWTTTC, which includes the Welsh Analytical Prescribing Support Unit (WAPSU).

AWMSG is committed to ensuring equity of access to the most appropriate and cost-effective medicines for the people of Wales. Through monitoring prescribing patterns, reviewing the literature and identifying examples of best practice, AWMSG aims to provide service users in NHS Wales with useful resources to achieve this.

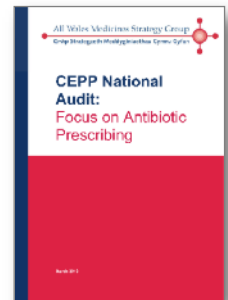
Medicines management update 2012–2013

In 2012–2013, AWMSG undertook a wide range of medicines management projects, many of which involved collaboration with specialist groups from AWMSG's wide network of partners.

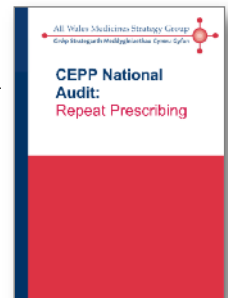
Clinical Effectiveness Prescribing Programme

AWMSG sets **national prescribing indicators** as part of the Clinical Effectiveness Prescribing Programme (see page 14 and Table 2).

AWMSG endorsed an **antibiotic audit** – Antibiotic resistance is an increasingly serious public health problem. This national audit contains individual components that can be used to compare current prescribing with existing guidelines, and aims to support clinicians in the demonstration and promotion of quality improvement in antibiotic prescribing, individually or within their teams. The future effectiveness of antibiotics is threatened by increasing antibiotic resistance in bacteria. It is essential therefore that resistance is curbed by encouraging limited and appropriate antibiotic use by prescribers.



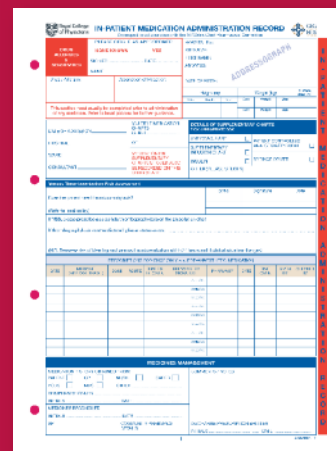
AWMSG endorsed a **repeat prescribing audit** – The Welsh Government document "*Reducing Medicines Waste*" (2010) states that the cost of unwanted medicines in Wales each year is around £50 million, with £12.9 million due to 'prescribing something not needed' or 'over supply'. It is therefore vital that an efficient and effective repeat prescribing system is in place. This audit is intended to improve the quality of repeat prescribing policies and systems by giving practices the opportunity to reflect on their repeat prescribing procedures, and to observe how current repeat prescribing reflects the practice policy and best practice standards.



Highlight 2012–2013

Chief Medical Officer for Wales launched new All Wales National Inpatient Prescription Chart

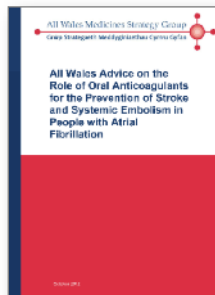
On 27 February 2013, Dr Ruth Hussey, Chief Medical Officer for Wales, launched the new version of the All Wales National Inpatient Prescription Chart. A single prescription chart will be used across all health boards, providing familiarity and consistency for prescribers who move between care settings, and thereby improving efficiency and patient safety. This version was revised by the All Wales Chief Pharmacists Committee in response to the 2012 guidelines of the Academy of Medical Royal Colleges. It was commissioned by AWMSG and developed in close collaboration with the Royal College of Physicians (Wales), and is supported by an updated version of an award-winning e-learning training package. It also addresses the use of thromboprophylaxis, as well as oxygen prescribing.



Guidance for prescribers

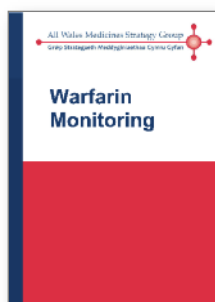
AWMSG endorsed **guidance to support safe and effective use of oral anticoagulant therapy** –

This guidance aims to address the variation in existing health board guidance and promote the safe, effective and equitable use of oral anticoagulant therapies for the prevention of stroke and systemic embolism in people with atrial fibrillation.



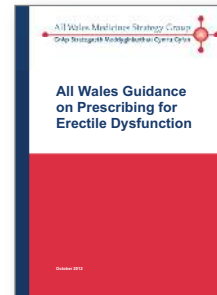
AWMSG endorsed **guidance promoting safe and effective monitoring of warfarin therapy** –

Warfarin monitoring aims to stabilise a patient's international normalised ratio (a measure of how fast blood clots form) within set limits to help prevent serious side effects, while maximising effective treatment. This document contains recommendations for best practice in relation to the monitoring of warfarin therapy in Wales.



AWMSG endorsed **guidance on prescribing for erectile dysfunction** –

Treatments for erectile dysfunction may only be prescribed in NHS Wales under certain circumstances. Welsh Health Circular (WHC) (99) 148, published in 1999, provided guidance for NHS Wales on the identification and management within specialist services of men diagnosed as suffering severe distress resulting from erectile dysfunction. WHC (99) 148 has been reviewed and the guidance document provides updated recommendations regarding the prescribing of treatments for erectile dysfunction.

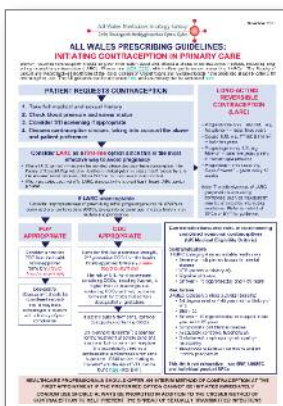


Medicines management *continued*

AWMSG endorsed the All Wales review and guidance for prescribing intervals – A 28-day prescribing interval has been promoted across the UK, primarily to reduce waste from unused medicines. A literature search was undertaken to review the evidence base for 28-day prescribing to promote a geographically consistent, evidence-based approach to prescribing in NHS Wales where possible.



AWMSG endorsed prescribing guidelines for contraception – Prescribing guidelines for contraception initiation in primary care have been developed by AWPAG, based on work by NHS Greater Glasgow and Clyde, in order to reduce variation across the health boards and increase patient safety.



A PowerPoint version of the chart for local adaptation is available on request from AWTTCC.

AWMSG endorsed a paediatric steroid replacement therapy card – A standardised All Wales Paediatric Steroid Replacement Card has been developed for use by paediatric patients that receive long-term steroids and are at risk of adrenal crisis at times of illness. The document provides background information and an A4 example of the card. A printable, wallet-sized version (available in English or Welsh) is available on request from AWTTCC.

PAEDIATRIC STEROID REPLACEMENT THERAPY CARD

The holder of this card has the condition:

ADRENAL INSUFFICIENCY

Name: _____

Address: _____

Date of birth: _____

Hospital number: _____

Hospital Consultant: _____

USEFUL NUMBERS

Hospital switchboard: _____

Ward: _____

Paediatric Assessment Unit: _____

Secretary: _____

Specialist Name: _____

GP name / address: _____

IMPORTANT instructions for hospital doctor

This child has a diagnosis of _____

If this child is brought to hospital on an emergency case, the following management is advised:

- Take blood for U&Es, 2 x cortisol and 17-OHCS. If the patient is unwell, take a blood sample.
- Check respiratory status.
- Give 100mg hydrocortisone IV or 100mg oral (if available) or 200mg oral (if available) immediately.
- Give 100mg dexamethasone IV or 100mg oral (if available) immediately.

If your child is unwell

If your child continues to be ill, despite receiving the hydrocortisone, you have been advised to use the hydrocortisone injection, you should go to hospital as soon as you can bring your child to the Accident and Emergency department. If you are unable to get to hospital, you should call 999 and request an ambulance. If you are unable to get to hospital, you should call 999 and request an ambulance. If you are unable to get to hospital, you should call 999 and request an ambulance.

Date	Medication	Take at	Normal Dose	Dose during Illness (see attached)
	Hydrocortisone	Morning	Morning	Morning
	Dexamethasone	Evening	Evening	Evening
	Hydrocortisone	Evening	Evening	Evening
	Dexamethasone	Morning	Morning	Morning
	Hydrocortisone	Evening	Evening	Evening
	Dexamethasone	Morning	Morning	Morning

AWMSG endorsed a guide to prescribing gluten-free products – Gluten-free products are an essential part of the clinical treatment of coeliac disease. The All Wales Guide to Prescribing Gluten-Free Products aims to support general practitioners and other healthcare professionals in the management of patients with coeliac disease, and aid the decision-making process in relation to prescribing Advisory Committee on Borderline Substances (ACBS)-approved gluten-free foods.

AWMSG has liaised with the Welsh Medicines Resource Centre (WeMeReC) to develop educational modules on "Type 2 diabetes: newer medicines and insulin analogues", "Appropriate antibiotic use" and "Eye health". Uptake of these training modules has been high, with 529 GPs and non-medical prescribers completing the "Type 2 diabetes: newer medicines and insulin analogues" module, 690 completing the "Appropriate antibiotic use" module and 576 completing the module on "Eye health".



Highlight 2012–2013

Welsh Analytical Prescribing Support Unit (WAPSU) – Invest-to-Save

In 2009–2010, AWTTTC (formerly WMP) made a successful bid to the Welsh Government's Invest-to-Save Fund to establish WAPSU and undertake the following initiatives:

- ▶ to monitor the uptake of medicines approved or not approved by AWMSG;
- ▶ to encourage the safe and effective prescribing of non-steroidal anti-inflammatory drugs (NSAIDs);
- ▶ to encourage the safe and effective prescribing of proton pump inhibitors (PPIs); and,
- ▶ to encourage the safe and effective prescribing of hypnotics and anxiolytics.

On 2 October 2012, WAPSU was featured in the Welsh Government's publication on selected Invest-to-Save case studies. The following key achievements were recognised:

- ▶ Key prescribing initiatives are increasingly showing a benefit to NHS Wales from both a quality and cost perspective.
- ▶ All health boards have succeeded in reducing the volume of hypnotics and anxiolytics prescribed by their highest prescribing GP practices.
- ▶ £5.8 million of cost savings were achieved between 2009 and 2012 for the three therapeutic initiatives, surpassing the projected savings of £4.8 million by around £1 million.
- ▶ The initiative has delivered positive outcomes, which are associated with both increased clinical benefit and cost savings – in excess of those originally anticipated.



These achievements were also highlighted in abstracts presented at the 1000 Lives Plus Conference and the British Pharmaceutical Conference, in May 2012 and September 2012, respectively.

Medicines management *continued*

Highlight 2012–2013

All Wales Homecare Group established

There has been a rapid development of homecare services that deliver medicines, and often additional homecare, directly to a patient's home. The concept fits well with the current policy to deliver care closer to the patient's home. In order to ensure that appropriate clinical and financial governance arrangements are in place to support this, an All Wales Homecare Group was established in September 2012 to provide advice to AWMSG.

The purpose of the group is to identify a way forward for homecare services in Wales, taking into account value for money for NHS Wales, future sustainability, safety, and appropriateness for patients. The applicability of the November 2011 review commissioned by the Department of Health, "*Homecare Medicines: Towards a Vision for the Future*" (the Hackett Report), has been considered by the group. In addition, a self-assessment toolkit to assist health boards/trusts in strengthening their own governance arrangements for homecare services was adapted from the English model.

National Prescribing Indicators

In 2003, AWMSG agreed that prescribing indicators were useful tools to promote rational, cost-effective, quality prescribing. AWPAG is responsible for reviewing and developing the National Prescribing Indicators, which are monitored quarterly by WAPSU, thus providing a tool with which to benchmark prescribing performance of NHS Wales and individual health boards in key prescribing areas. These indicators are evidence-based and are designed to be clear and applicable at practice level, addressing both efficiency and quality.

For 2012–2013, seven National Prescribing Indicators were retained or developed, in key therapeutic areas (lipid-modifying drugs, hypnotics and anxiolytics, dosulepin, opioid analgesics, antibiotics, insulin and non-steroidal anti-inflammatory drugs [NSAIDs]) and within these, twelve specific measures guide prescribers towards appropriate and cost-effective use of medicines (e.g. reducing the rate of antibiotic prescribing, or increasing the proportion of low-risk NSAIDs).

For each National Prescribing Indicator a threshold is set at the 25th percentile, i.e. marking out the best performing 25% of practices. Prescribers should aim to reduce or increase prescribing rates in order to reach or move towards these thresholds.

Table 2. National Prescribing Indicators 2004–2013

Prescribing Indicators	2004/5	2005/6	2006/7	2007/8	2008/9	2009/10	2010/11	2011/12	2012/13
Generic medicines (% of items)	79	81	83	84	85	84	84	84	84
Low cost statins (% of statin items excluding simvastatin and ezetimibe combination products)	57	59	65	69	71	72	72	N/A*	N/A*
Low cost statins i.e. simvastatin and pravastatin (% of statin items including simvastatin and ezetimibe combination products)	Measure changed in 2011–2012						72	74	N/A*
Low cost statins i.e. simvastatin, pravastatin and atorvastatin (% of statin items including simvastatin and ezetimibe combination products)	New measure for national indicator in 2012–2013						N/A*	N/A*	94
Antibiotics (items/1,000 PUs)	156	155	163	148	146	146	160	167	159
Antibiotics (items/1,000 STAR-PUs)	New measure for national indicator in 2012–2013						395	415	397
Top nine antibiotics (% of antibiotic items)	78	78	78	77	76	76	78	81	81
Quinolones (items/1,000 PUs)	5	5	5	5	4	4	4	3	3
Quinolones (% of antibacterial items)	New measure for national indicator in 2012–2013						2.49	2.03	1.98
Cephalosporins (% of antibacterial items)	New national indicator for 2012–2013						7.12	5.35	4.95
Co-amoxiclav (% of antibacterial items)	New national indicator for 2012–2013						5.88	4.86	4.63
Morphine (% of strong opioid items)	New national indicator for 2012–2013						40	41	46
Hypnotics & anxiolytics (DDDs/1,000 patients)	2917	2801	2639	2479	2288	2181	2075	1977	1811
Hypnotics & anxiolytics (ADQs/1,000 STAR-PUs)	New measure for national indicator in 2012–2013						2606	2452	2227
NSAIDs (DDDs/1,000 PUs)	2889	2800	2592	2565	2456	2380	2389	2331	2159
NSAIDs (ADQs/1,000 PUs)	Measure changed in 2011–2012						2188	2030	1857
NSAIDs (ADQs/1,000 STAR-PUs)	New measure for national indicator in 2012–2013						1384	1283	1175
Ibuprofen & naproxen (% of NSAID items)	29	31	32	36	41	48	56	69	73
Dosulepin (DDDs/1,000 PUs)	N/A	N/A	175	164	150	140	124	93	72
Long-acting insulin analogues (% of total long and intermediate acting insulin items, excluding biphasics)	New national indicator for 2012–2013						93	93	92

PU = prescribing unit

DDD = defined daily dose

ADQ = average daily quantity

Figures are taken from the quarter ending March of each financial year.

Shading indicates those measures that were used as prescribing indicators.

* Measures changed in 2011–2012 and 2012–2013 to reflect a change in the status of specific lipid-modifying agents; therefore figures that are no longer appropriate have not been included in the table.

Membership

AWMSG Members

Post	Member	Deputy member
Chairman	Prof. Philip Routledge	Dr Bruce Ferguson Dr Fraser Campbell
Consultant in Public Health Medicine	Prof. John Watkins	Prof. Stephen Monaghan
Consultant in Pharmaceutical Public Health	Dr Karen Fitzgerald	Miss Anne Hinchliffe
Welsh Health Specialised Services Committee	Dr Geoffrey Carroll	Dr Philip Webb
Health Economist	Prof. David Cohen	Ms Pippa Anderson
ABPI (Wales)	Mr Rob Thomas	Mr Steve Turley Mr Lance Richard Mr Paul Robinson
Lay representative	Mr Christopher Palmer	Awaiting nomination
Community Pharmacist	Ms Ellen Lanham	Mr Stefan Fec
Medical Director	Dr Bruce Ferguson	Dr Brendan Lloyd
GP with prescribing lead role	Dr Fraser Campbell	Dr William Whitehead
Senior Primary Care Pharmacist	Mrs Susan Murphy Dr Brian Hawkins	Mrs Alison Hughes
Director of Finance	Mr Stuart Davies	Mr Robert Holcombe
Senior Hospital Pharmacist	Mr Roger Williams	Mr John Terry
Senior Nurse	Mr Christian Smith	Awaiting nomination
Other healthcare professions eligible to prescribe not already represented	Awaiting nomination	Mrs Debbie Davies
Clinical Pharmacologist	Dr Emma Mason	Dr Balwinder Bajaj
Hospital Consultant	Dr Stuart Linton Dr Philip Banfield	Dr Richard Moore

Representatives from the Welsh Government, AWTTTC and supporting committees may attend as non-voting members.

Members of the AWMSG advisory sub-groups New Medicines Group (NMG)

Post	Member	Deputy member
Chairman	Dr Robert Bracchi	Dr Saad Al-Ismaïl
Pharmacist 1	Mr Scott Pegler	Ms Kate Walker
Pharmacist 2	Mr Steve Gage	Mrs Nicola Denham
Pharmacist 3	Mr Brian Eadon	Mr Trevor Batt Mrs Sue Beach
Doctor 1 Clinical Pharmacologist	Dr John Thompson Dr Alison Thomas Dr C V Krishna	Only one in attendance at each meeting
Doctor 2 Hospital Consultant	Dr Saad Al-Ismaïl Dr Satish Kumar	Dr Chris James Dr Andrew Owen Dr Yasmeen Ahmed
Doctor 3 General Practitioner	Dr David Robyns-Owen Dr David Whyler	
Professions allied to medicine or eligible to prescribe	Miss Anwen Cope	Ms Karen Snelling
Public Health/Epidemiologist	Miss Anne Hinchliffe	Prof. Stephen Monaghan
Health Economist	Dr Fasihul Alam	Dr Bernadette Sewell Ms Pippa Anderson
ABPI Member	Ms Fleur Chandler Mr Toby Gosden Mr David Tyas Mr Rob Thomas Mr Steven Lister	Only one in attendance at each meeting
Lay Member	Mr John Guy	Mr Cliff Jones
Nurse	Mrs Alison Kedward	Ms Karen Snelling

Representatives from the Welsh Government, AWTTTC and supporting committees may attend as non-voting members.

All Wales Prescribing Advisory Group (AWPAG)

Post	Member	Deputy member
Chair	Dr Tessa Lewis	Mrs Louise Howard-Baker
Doctor from each health board reflecting different roles		
Hospital Consultant/ Medical Director	Dr Mark Smithies (CAV)	
General Practitioner	Dr Tessa Lewis (AB)	
General Practitioner and link with BMA/GPC Wales	Dr Ashok Rayani (BC/AW)	
General Practitioner	Dr Mark Walker (BC)	
General Practitioner	Dr Sean Young (CT)	Dr Jay Nankani (CT)
Secondary Care Consultant	Dr Hamsaraj Shetty (CAV)	Dr Rod Williamson (CAV)
Secondary Care Consultant	Dr Sue Jeffs (AB)	
General Practitioner	Dr Susanna Jacks (AB)	
Clinician (doctor or pharmacist)	Miss Sophie Harding (V)	Mr Usman Malik (V)
Pharmacist from each health board reflecting different roles		
Formulary and Interface Pharmacist	Mr Alan Clatworthy (ABMU)	
Clinical Director for Pharmacy	Mr Jonathan Simms (AB)	Mrs Sue Beach (HDd)
Hospital Head of Pharmacy	Mrs Louise Howard-Baker (BC)	Mr Mike Curson (AB)
Prescribing Advisor	Ms Fiona Walker (CAV)	Ms Jenny Pugh-Jones (HDd)
Prescribing Advisor	Ms Bev Woods (CT)	Mr Steve Simmonds
Prescribing Advisor	Mrs Sarah Isaac (HDd)	Ms Katie Spittle (CT)
Head of Pharmacy and Medicines Management	Mr William Duffield (BC)	
Community Pharmacist	Mr Stefan Fec (PT)	
Lay member		
	Ms Jane Barnard	
Healthcare professional eligible to prescribe		
	Mrs Marnel Owen	
Public Health Wales		
	Mrs Nuala Brennan	
	Ms Sian Evans	
Shared Services		
	Mr Dave Hopkins	Mr Neil Jenkins
ABPI Wales Industry Group		
	Ms Robyn Miles	Ms Katie Panton
		Mr Phil Groom
		Miss Lee-Ann Farrell
Non-voting members		
Director ABPI Wales	Dr Rick Greville	
Director BGMA	Mr Paul Fleming	Mr Warwick Smith

Representatives from the Welsh Government, AWTC and supporting committees may attend as non-voting members.

ABMU Abertawe Bro Morgannwg
University Health Board
AW All Wales
CAV Cardiff & Vale University Health Board
HDd Hywel Dda Health Board

AB Aneurin Bevan Health Board
BC Betsi Cadwaladr University Health Board
CT Cwm Taf Health Board
PT Powys Teaching Health Board
V Velindre NHS Trust