

All Wales Medicines Strategy Group

**Annual Report
2013–2014**

www.awmsg.org



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

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Published by



All Wales Therapeutics
and Toxicology Centre
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 April 2013–March 2014 and a look to the year ahead

The year has been an eventful one for AWMSG with the launch of its Five-year Strategy 2013–2018 "Improving the patient's experience of medicines in Wales" (see page 3 for further details). This strategy outlines how the Group will aim to support health professionals involved in prescribing and the use of medicines. It also highlights how AWMSG will work to improve patient and public involvement in its work and decision-making processes.

One of the major roles of AWMSG is the appraisal of new medicines prior to introduction in NHS Wales. Significant changes to the appraisal process have been made in 2013 (see page 9), and further important developments are proposed by the independent Welsh Government review of the AWMSG policy on appraising orphan and ultra-orphan medicines. I am grateful to the New Medicines Group (NMG), a sub-committee of AWMSG, for their contribution to the appraisal process (37 medicines appraisals completed in 2013–2014).

The other major component of AWMSG's role is the development of policies and resources to support clinically effective and cost-effective prescribing of medicines in Wales. Since its establishment in 2002, AWMSG has developed National Prescribing Indicators and Local Comparators as benchmarks of the quality and efficiency of prescribing. The year 2013–2014 has seen significant improvements in many prescribing areas (see table on page 17). A particular priority is the rational use of antibiotics, and National Prescribing Indicators recently established in this therapeutic area have been extremely useful in monitoring and encouraging good antibiotic stewardship.

The second sub-committee of AWMSG is the All Wales Prescribing Advisory Group (AWPAG), which has continued to be highly productive in 2013–2014, with several important reports endorsed by AWMSG. Further details of these can be found on pages 13 to 14. In response to concerns regarding the risks associated with tramadol prescribing, the Welsh Analytical Prescribing Support Unit (WAPSU) worked with AWPAG, the Welsh Medicines Resource Centre (WeMeReC), the National Poisons Information Service (Cardiff Centre) and the Yellow Card Centre Wales to produce extensive resource materials to support



appropriate prescribing of tramadol in NHS Wales. I am encouraged by this example of collaborative partnership working under the auspices of AWMSG to improve patient safety.

The forthcoming year will be a challenging one. AWMSG will be working hard to promote prudent prescribing as an important component of the overall Prudent Healthcare Initiative in Wales. The AWMSG Five-year Strategy 2013–2018 sets clear timelines for outcomes, several of which must be achieved in 2014–2015. I have no doubt that AWMSG members, and all who contribute to its sub-committees, will rise to that challenge, as they have done over the last 12 eventful years.

A handwritten signature in black ink, appearing to read 'P. Routledge'.

Professor Phil Routledge
OBE MD FRCP FRCPE FRCGP
FBTS FFPM FBPharmacols

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 held seven meetings in public in 2013–2014. At these meetings, recommendations on the use of newly licensed medicines* were agreed, prescribing advice was considered for endorsement and developments in prescribing practice were discussed and reported. The minutes were made available at www.awmsg.org. The members of AWMMSG during 2013–2014 are listed on page 18.

* This includes licence extensions and/or new formulations of existing medicines.



View from the public gallery at the February 2014 AWMMSG meeting in Abergavenny. In 2013–2014, recommendations based on 37 medicines appraisals were provided at AWMMSG meetings, resulting in earlier access to medicines for patients in Wales (see page 9).

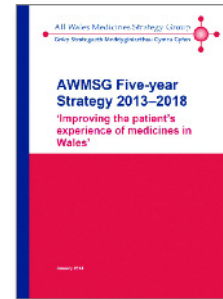
AWMSG's strategic aims and objectives

The AWMSG Five-year Strategy 2013–2018 "*Improving the patient's experience of medicines in Wales*" was published in January 2014. This document is based on the Welsh Government's report "Together for Health", which highlights the challenges that NHS Wales will face over the next five years and advises on solutions to "*develop services to world-class quality on a solid and sustainable long-term basis*".

The AWMSG strategy sets out to ensure safe and effective medicines are made available for patients in Wales. The strategy document highlights key recommendations related to the specific roles and requirements of AWMSG, and these are presented under eight headings (see below) aligned with the priorities in "Together for Health".

The full AWMSG strategy document can be accessed on the AWMSG website at www.awmsg.org/docs/awmsg/awmsgdocs/AWMSG_Five-year_Strategy_2013-2018.pdf

The Welsh Government's "Together for Health" report can be accessed at www.wales.gov.uk/topics/health/publications/health/reports/together/?lang=en.



Strategic priority areas

Improving health – Medicines appraisals

Improving health – Prescribing guidance

One system for health

Fully integrated network of care

Aiming at excellence

Transparency of performance

Partnership with the public

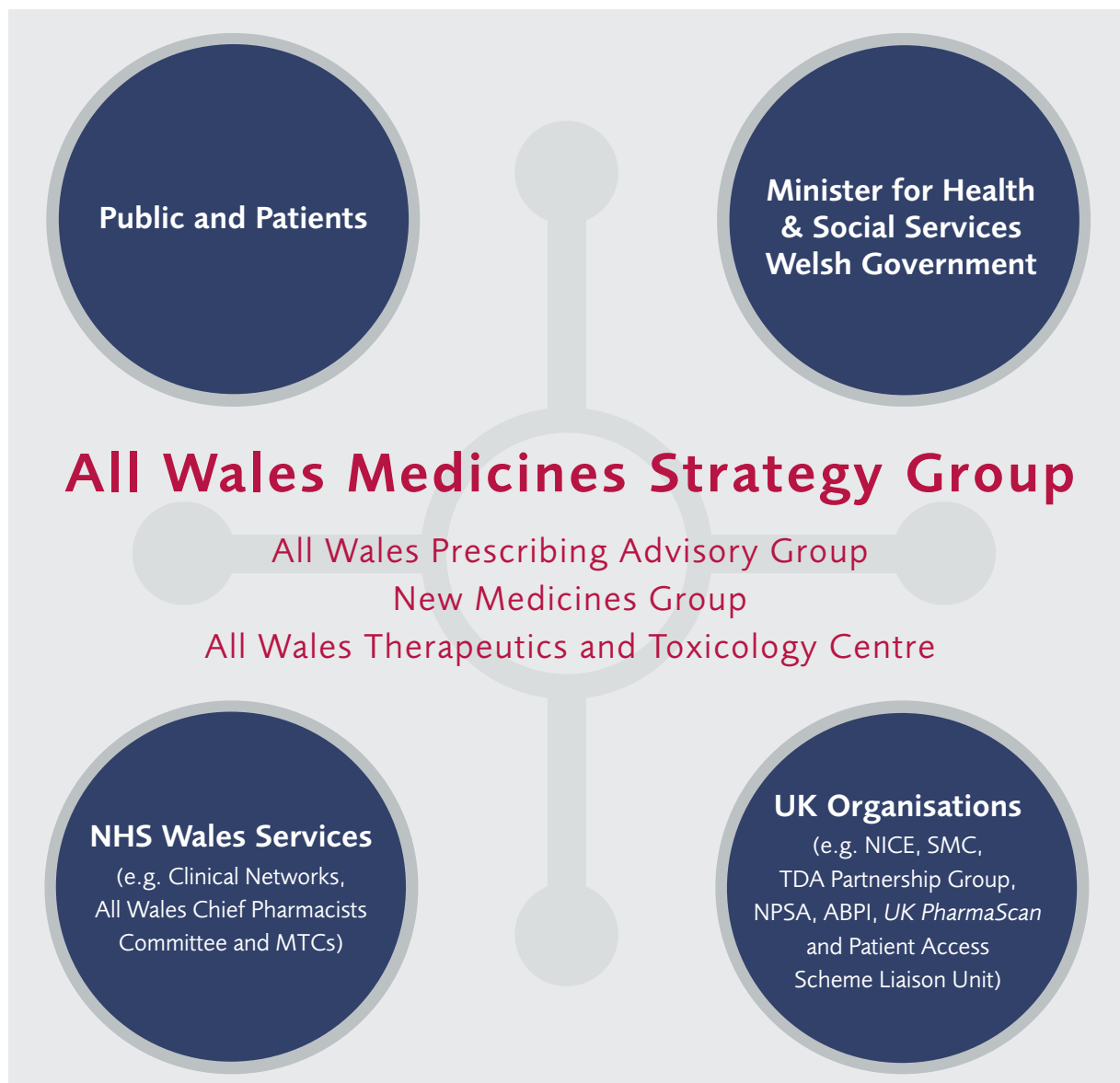
Making every penny count

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 All Wales Cancer Network, the National Medicines Management Programme Board, the Association of the British Pharmaceutical Industry (ABPI) 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 AWTTC.



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, using a variety of sources, including 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 2013–2014 are listed on page 19.

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 various specialties across Wales. There is representation from Public Health Wales, Welsh Government, the pharmaceutical industry, lay members, and other healthcare professionals eligible to prescribe. The members of AWPAG during 2013–2014 are listed on page 20.

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 focuses on health technology appraisals, medicines management, medicines safety, education, toxicology and prescribing analysis.

Healthcare professionals

The contribution of healthcare professionals is also vital to the work of AWMSG, in particular the role of specialists in medicines management and clinical experts in appraisals. These contributions help to ensure that AWMSG guidance and recommendations are based on the strongest available evidence and expert opinion. In 2013–2014, AWTTC has sought to maximise the valuable input of clinical experts into the appraisals process (see Highlight below).

Highlight 2013–2014 – Clinical expert input improved through specialist group reports

AWTTC has implemented a new procedure for obtaining the views of clinical specialist groups, in order to increase the number of expert opinions received and to obtain specialist input earlier in the appraisal process. Every quarter, medicines 'on the horizon', which are about to be appraised by AWMSG, are categorised by therapeutic area, and form the basis of reports which are sent to the appropriate specialist group. The reports highlight medicines requiring specialist views on appropriate comparator treatments, medicines which require input via clinical expert questionnaires and medicines for which attendance of a representative from the specialist group at a forthcoming NMG meeting would be most valued. The specialists' response then forms an integral part of the appraisal process. Since the new procedure was implemented in November 2013, AWTTC is pleased to report comprehensive engagement, resulting in improved efficiency and increased expert input into the appraisal process.

AWMSG's network *continued*

Patients

Patients, carers, patient organisations and the public are key stakeholders in AWMSG's work, and AWMSG is committed to ensuring that their voices are heard and are able to shape decision-making and policies in all areas, from the appraisal of new medicines to medicines management issues.

Patient and Public Engagement Strategy

A Patient and Public Engagement (PPE) Strategy has been developed, and was endorsed by AWMSG in February 2014, following consultation with patients and members of the public. The PPE Strategy aims to facilitate communication with patients and the public, and to ensure that their expertise and time is used in an effective manner. The key priorities of the PPE Strategy are:

- 1) To raise public awareness of the work of AWTTTC and AWMSG in promoting effective use of medicines across NHS Wales
- 2) To develop a better understanding of the issues affecting patients/carers and members of the public, and to provide clear information in an appropriate way
- 3) To facilitate input and enable everyone to have a voice in optimising medicine use
- 4) To establish and strengthen effective relationships to maximise engagement

The PPE Strategy can be accessed at:
www.awmsg.org/patient_strategy.html

To date, links have been established with key organisations and networks such as the Wales Council for Voluntary Action and Community Health Councils, as well as individual patient organisations. AWTTTC representatives were pleased to accept invitations to events including the Rare Disease Day 2014 Reception at the Senedd in Cardiff, and the Medicine Evaluation Educational Training event in 2013, which was designed to engage patient advocacy groups in discussions around medicine innovation and evaluation.

Highlight 2013–2014 – Patient and Public Interest Group established

A Patient and Public Interest Group (PAPIG) was established in 2013 to increase public involvement in medicines-related issues, and the group held its first meeting on Wednesday 9 October 2013 in the Academic Building at University Hospital Llandough. There was discussion around current processes, information on drug development through to clinical trials and discussion on patients' medicine taking behaviour. The role of AWPAG was presented, and the lay members of the groups that appraise new medicines explained their roles. The group considered the barriers to engagement with AWMSG and also gave feedback on the PPE Strategy and the AWMSG website, which has been redesigned and updated, in light of comments received, to include a section specifically tailored to patients, carers, patient organisations and members of the public (see page 8).

PAPIG's second meeting was held in March 2014 and attendees were updated on progress with patient and public engagement. The meeting focused on delivery of the PPE Strategy and new documentation for patients/carers/patient organisations.

Tony Gavin from Leukaemia CARE on attending PAPIG's October 2013 meeting:

"The meeting was both informative and exciting, and I believe that any group that does get involved will feel that their views are really being taken into consideration; I would urge any patient group working or advocating on behalf of their patients/members to get in touch with Claire and express an interest."

Tony Gavin, Director of Campaigning and Advocacy, Leukaemia CARE

Other links

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

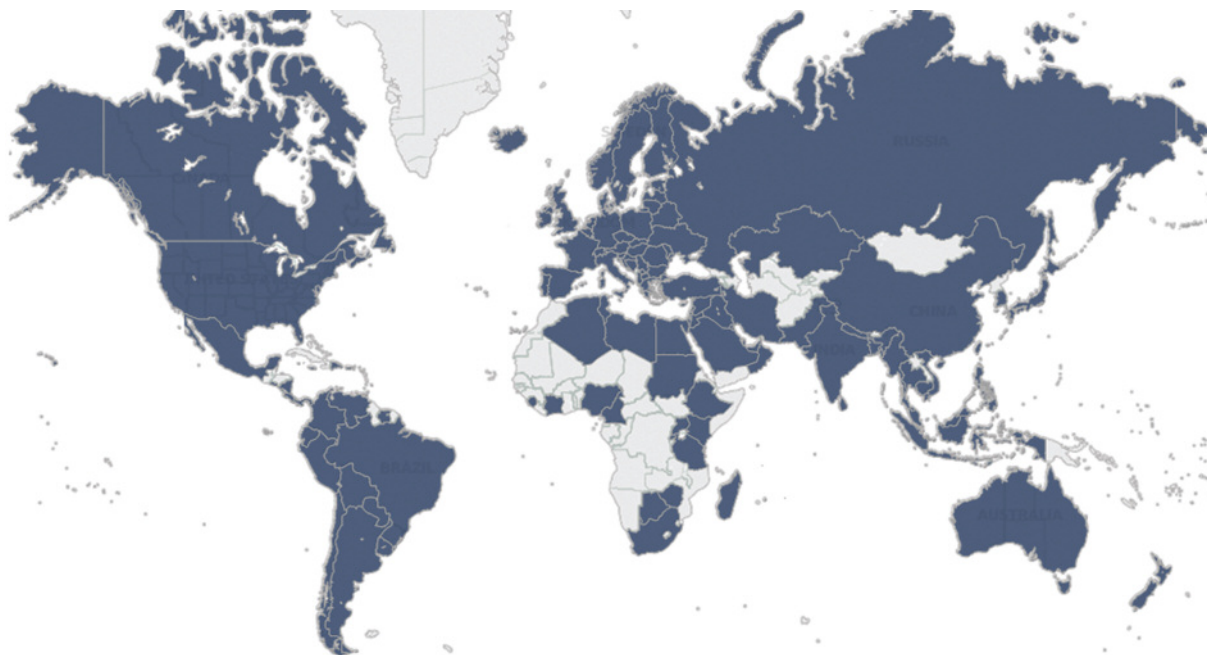
- ▶ All Wales Therapeutics and Toxicology Centre
www.awttc.org
- ▶ Association of the British Pharmaceutical Industry Wales
www.abpi.org.uk
- ▶ Bangor University
www.bangor.ac.uk
- ▶ British Pharmacological Society
www.bps.ac.uk
- ▶ Cardiff University
www.cardiff.ac.uk
- ▶ National Institute for Health and Care Excellence
www.nice.org.uk
- ▶ 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
- ▶ 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. During 2013–2014 AWMSG has undertaken work to improve collaboration with patients and the public (see Highlight page 6) and clinical experts (see Highlight page 5), and to increase engagement with the pharmaceutical industry (see Appraisals update page 10). Please contact awttc@wales.nhs.uk or visit www.awmsg.org if you would like to get involved.

Website

The new AWMSG website was launched in March 2013 and since then it has received over 30,000 hits, with more than 14,000 visitors from all over the world accessing the site.



Patients – the focus of our work

A new patient section of the website was launched to encourage patients, carers and patient organisations to engage with the AWMSG appraisal process and ensure their voices are heard. This section includes a report page that allows patients to see which appraisals AWMSG is actively seeking views on. AWMSG aims to ensure patients and service users are involved in all our work and the new section includes interactive tools, the latest news and initiatives, and how to get involved: www.awmsg.org/patients.html.

Have your say

We are always seeking views on the AWMSG website to maximise its usefulness. Please email the AWTTTC Administrative Team on awttc@wales.nhs.uk if you would like to provide any feedback on the site.



Medicines appraisals

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

How does the appraisal process work?

AWMSG has the remit to appraise newly licensed medicines not on the NICE work programme, including licence extensions and/or new formulations of existing medicines. Advice is based on clinical effectiveness and cost effectiveness, as well as the anticipated budgetary impact and broader societal and equity issues. Advice can also be affected by the presence of a Wales Patient Access Scheme (WPAS) (see page 11) and uses different criteria if the medicine falls into the category of 'ultra-orphan' medicine (see Highlight page 12).

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 five to 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, if the advice is positive, giving patients in Wales access to medicines earlier than would otherwise have been the case.

Working together

AWMSG strongly encourages active engagement with patient groups as part of 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 page 6).

AWMSG also values the important role that clinical experts play in medicines appraisals with the provision of specialist advice and opinion, and in 2013–2014 AWMSG has sought to maximise the valuable input of clinical experts into the appraisals process (see Highlight page 5).

AWMSG maintains valuable links with Medicines and Therapeutics Committees (MTCs), NHS budget holders, and those involved in prescribing planning and medicines management across Wales. Through these links, AWMSG is able to provide NHS Wales with updates regarding AWMSG recommendations and advance notice of when advice will be issued for medicines of interest.

Over the last year, AWMSG has been working with other organisations to increase dissemination of AWMSG advice and forthcoming appraisals. As a result, AWMSG advice is now also available as part of NICE Evidence, *Guidelines* and *eGuidelines.co.uk*.

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.

Medicines appraisals *continued*

Appraisals update 2013–2014

AWMSG undertook 37 medicines appraisals in the financial year 2013–2014; of these, 35 were recommended and 2 were not recommended. In addition, 55 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 summarises the outcomes of the appraisals carried out in 2013–2014.

Over the last two financial years, the number of appraisals carried out by AWMSG has risen substantially. This increase coincides with AWTTTC working with the TDA Partnership Group to improve engagement with the pharmaceutical industry, in particular through the limited submission process and the Wales Patient Access Scheme (see right).

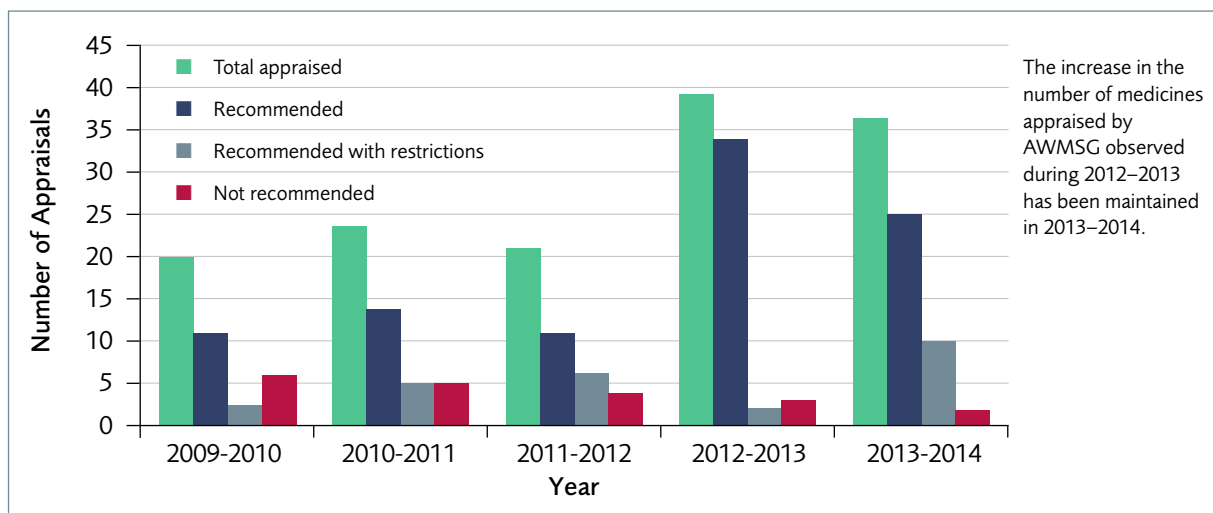
Table 1. Summary of advice issued in 2013–2014

Medicines appraisals	37
Recommended	25
Recommended for 'optimised' use*	10
Not recommended	2
Statements of Advice issued on non-appraised medicines to NHS Wales	55
Total number of medicines on which advice provided to NHS Wales	92

* 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'.

Between 2002, when AWMSG was established, and 31 March 2014, 81% of Final Appraisal Recommendations made by AWMSG (162 of 200) were either 'recommended' or 'recommended for optimised use'.

How does the number of medicines appraisals during 2013–2014 compare to previous years?



Limited submissions

A limited submission may be appropriate for new formulations or minor licence extensions of existing products, where the anticipated usage in NHS Wales is considered to be of minor budgetary impact, or where estimated difference in cost compared with the appropriate comparator(s) is small.

Wales Patient Access Schemes

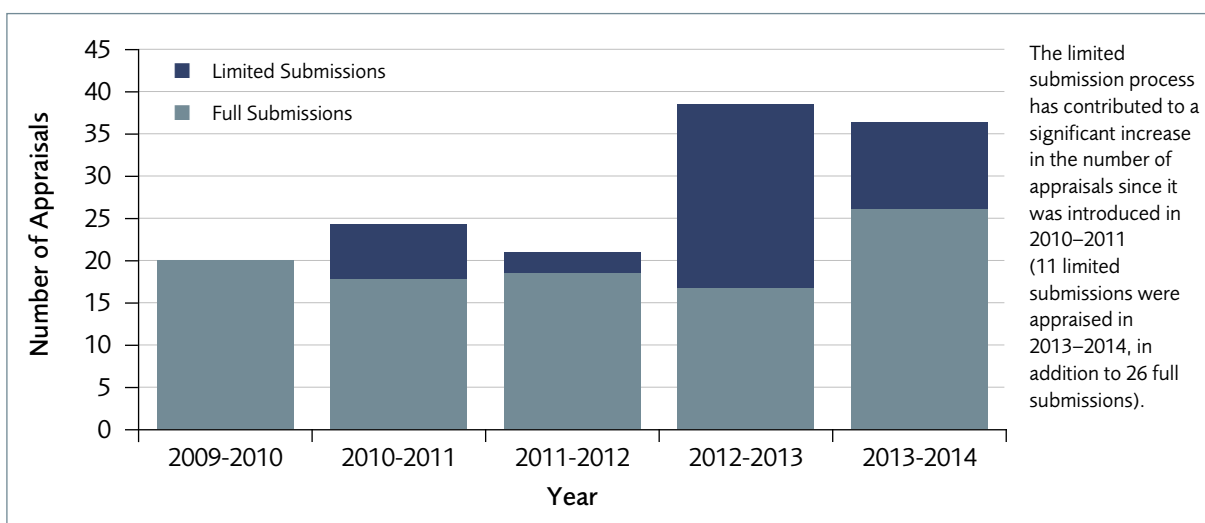
A Wales Patient Access Scheme (WPAS), when associated with a positive recommendation, provides patients with access to a medicine that would otherwise not be deemed cost-effective in NHS Wales. These schemes provide opportunities for companies to improve the cost-effectiveness of their medicines in

line with the Pharmaceutical Price Regulation Scheme in a number of different ways, such as offering a discount, rebate or other variation from the list price of a medicine. The development of WPAS has improved pharmaceutical company engagement and enabled AWMSG to recommend treatments that it might otherwise have found not to be cost-effective.

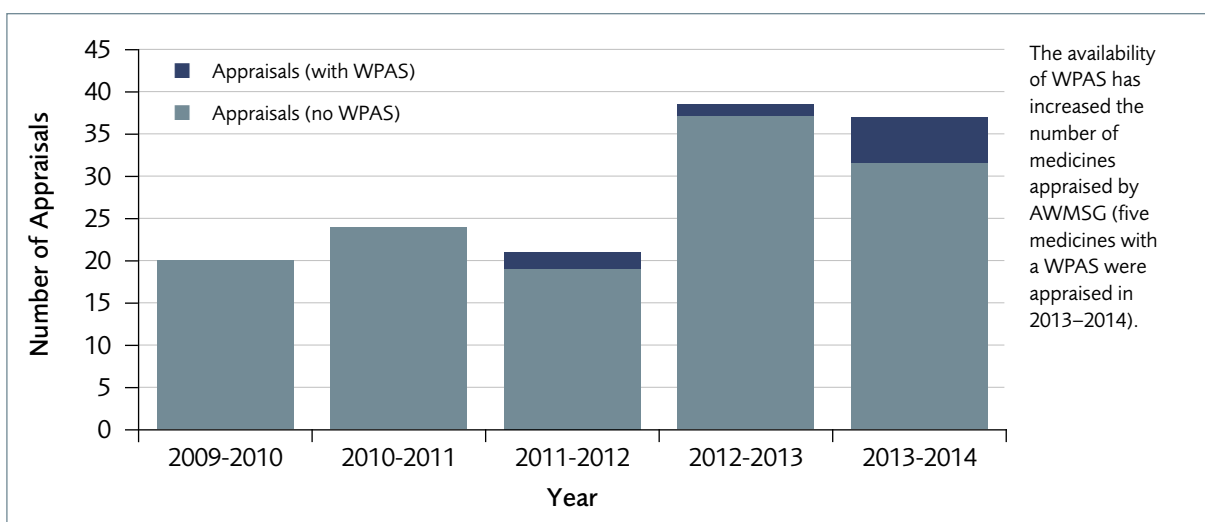
As well as supporting the WPAS process in Wales, AWTTTC has input into similar schemes considered by NICE via representation on the NICE Patient Access Scheme Liaison Unit expert panel.

The combined contribution of these two initiatives illustrates the positive impact of steps taken to improve engagement and thereby increase access to clinically effective and cost-effective medicines.

Proportion of limited submission appraisals



Proportion of appraisals involving a WPAS



Medicines appraisals *continued*

Highlight 2013–2014 – Improving access to new medicines

Appraisal process update

A positive update to the appraisal process, which aims to improve access to new medicines and address problems relating to equity of access, was agreed in principle by AWMSG in November 2013. It will apply in circumstances where NICE does not recommend a medicine for use within the NHS on the grounds of cost-effectiveness and the medicine is subsequently funded within England via alternative national commissioning routes. An opportunity now exists for the marketing authorisation holder to make an application for the medicine to be appraised by AWMSG. The application must include a Wales Patient Access Scheme (WPAS), but may also include additional information which may not have been submitted to NICE, or information specific to NHS Wales (perhaps highlighting a specific patient population or other societal benefit/s). Additional evidence showing added value or benefit to NHS Wales will be considered in the context of an AWMSG appraisal, which takes into account clinical effectiveness and cost-effectiveness, in addition to a broad strategic, societal and patient perspective. This novel approach was implemented by AWMSG in March 2014 and will be reviewed in March 2015.

Highly specialised technologies

A process to support the adoption within NHS Wales of commissioning advice issued by NICE for highly specialised technologies (HSTs) was agreed in January 2014. AWMSG will liaise with the Welsh Health Specialised Services Committee (WHSSC) to consider the applicability of published NICE commissioning advice within NHS Wales. AWMSG will subsequently advise Welsh Government on whether it should be adopted within NHS Wales. This new process will be introduced on publication of the first NICE HST recommendation and subsequently reviewed after the pilot during 2014.

Review of AWMSG policy on orphan and ultra-orphan medicines

An independent Welsh Government review of the AWMSG policy on appraising orphan and ultra-orphan medicines was commissioned by the Minister for Health and Social Services in May 2013. AWMSG welcomes this opportunity to hear the suggestions of interested parties and looks forward to making improvements to facilitate access to clinically effective and cost-effective medicines. The consultation has now closed and the policy will be updated later in 2014.

Medicines management

"Making the best use of medicines"

How does medicines management work?

Medicines management is the process of maximising health gain through the safe and cost-effective use of medicines.

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), the Yellow Card Centre Wales (YCC Wales), the Welsh Medicines Resource Centre (WeMeReC) and the National Poisons Information Service (NPIS Cardiff Centre).

AWMSG is committed to ensuring equity of access to the most appropriate and cost-effective medicines for the people of Wales. Through multidisciplinary collaboration, 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 2013–2014

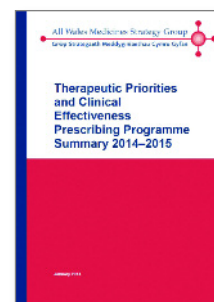
Right are just some of the medicines management projects which AWMSG was involved in during 2013–2014. Many of these projects were undertaken in collaboration with specialist groups from AWMSG's wide network of partners. As part of its normal process, the majority of therapeutic projects underwent a period of consultation prior to final consideration by AWMSG.

WeMeReC Educational Modules

AWMSG has liaised with WeMeReC to develop educational modules on "*Pharmacovigilance*", "*Newer oral anticoagulants*" and "*Management of chronic non-malignant pain*". Uptake of these training modules has been high, with 472 GPs and non-medical prescribers completing the "*Pharmacovigilance*" module, 604 completing the "*Newer oral anticoagulants*" module and 476 completing the module on "*Management of chronic non-malignant pain*".

Therapeutic Priorities and Clinical Effectiveness Prescribing Programme Summary 2014–2015

This document summarises the AWMSG therapeutic priorities for 2014–2015. It also outlines the recommended structure of the Clinical Effectiveness Prescribing Programme and elements within the General Medical Services (GMS) through which prescribing initiatives can be progressed.

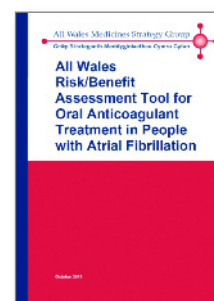


Supply and Administration of Intranasal Fentanyl

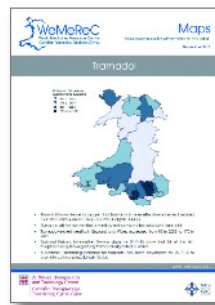
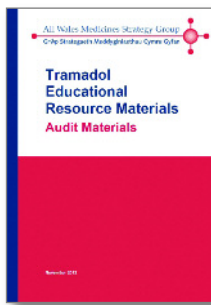
This protocol was produced by Aneurin Bevan Health Board. It is used to facilitate the self administration of intranasal fentanyl preparations for patients admitted to non-specialist palliative in-patient settings within Aneurin Bevan Health Board.

All Wales Risk/Benefit Assessment Tool for Oral Anticoagulant Treatment in People with Atrial Fibrillation

An All Wales risk/benefit assessment tool for oral anticoagulant treatment in people with atrial fibrillation has been developed, to be completed and documented prior to initiating treatment and as an annual review for patients taking oral anticoagulants.



Medicines management *continued*

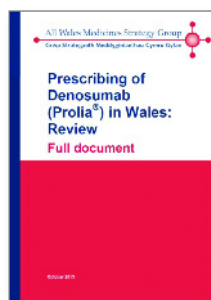


Tramadol Educational Resource Materials

In response to concerns raised by the Advisory Council on the Misuse of Drugs regarding the risks associated with tramadol, Welsh Government tasked WAPSU with the production of resource materials to support appropriate prescribing of tramadol in NHS Wales. A resource pack has been produced comprising primary care, secondary care and emergency department national audits, an educational slide set, WeMeReC bulletins, a patient information leaflet and a shared decision-making toolkit.

Review of Prescribing Denosumab (Prolia®) in Wales Guidance

This document is a review of 2011 guidance. It provides recommendations and guidance relating to the prescribing in Wales of denosumab (Prolia®) for the prevention of osteoporotic fractures in postmenopausal women, and is intended to complement NICE TA204.



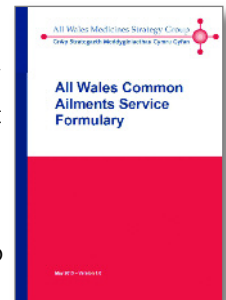
Primary Care Prescribing Analysis 2012–2013 Gluten-Free Products

This document reviews the prescribing of gluten-free products in Wales, with reference to the updated All Wales Guide to Prescribing Gluten-Free Products.



Common Ailments Service Formulary

The purpose of this formulary is to promote the use of evidence-based interventions for the management of common minor ailments and support the implementation of the Common Ailments Service pathfinder sites. The Common Ailments Service is intended to: encourage patients who would otherwise have visited their GP to visit the pharmacy instead; provide advice and, where appropriate, treatment; and promote self-care.



Proton Pump Inhibitor and Dyspepsia Resource Pack

Long-term use of proton pump inhibitors (PPIs) is associated with adverse effects such as increased risk of pneumonia, *Clostridium difficile* and fractures. PPI use remains high in Wales and continues to increase at around 7% per year; there is therefore a need to ensure appropriate prescribing. The purpose of the document is to provide guidance on the management of dyspepsia, thereby addressing concerns in relation to both safety and cost of PPI prescribing.



Opioids in Palliative Care – A Patient Information Manual

These patient manuals on taking opioids in palliative care settings represent a useful take-home supplement to consultations where opioids have been discussed, considered and/or prescribed. It uses a 'Frequently Asked Questions' model, which patients and carers can dip in and out of at a time that suits them. There is a diary that they can complete and bring to the attention of their health professional, for instance to show how many doses of fast-acting breakthrough opioid they have taken in the last few days.



Recommendations for Homecare Services

The All Wales Homecare Subgroup, established in 2012, continues to support strengthening of the current governance arrangements for homecare patient services for medicines. It provides tools for health boards to determine a baseline of service provision in order to develop services according to their local needs. AWMSG has endorsed the following recommendations to support these principles, which are actively being addressed within NHS Wales:

1. The Chief Pharmacist in each health board/trust is the Responsible Officer for accountability of homecare services relating to medicines.
2. The financial and clinical governance arrangements must be adequately robust for both current and future services within each health board/trust.
3. Administrative and clinical support within health boards/trusts is essential to ensure best possible care and access for all patients and to review and monitor current and future services.
4. IT infrastructure for homecare services is a priority for the NHS Wales Informatics Service (NWIS).
5. The Homecare Toolkit should be used to assist health boards/trusts to strengthen their own governance arrangements for homecare services.
6. A detailed assessment of the benefits and risks of the full range of alternative service delivery options is necessary.

Dr Tom Shackleton, GP Partner, Cambridge, on the value of AWMSG resources outside Wales

"We have recently been reviewing benzodiazepine prescribing and withdrawal protocols across the CamHealth Integrated Care LCG in Cambridgeshire.

Your Educational Resource on this area was recommended to me by a member of our medicine management team.

It has been very carefully thought through and provides a highly practical, well resourced guide to "real world" management of these patients. The proformas and template letters in the appendices are excellent and cover every step in the process of audit and assisted withdrawal from this class of drugs.

The team at AWTTTC were very prompt in my request to use some of these resources and I feel this is an excellent example of how resources can be used across geographical areas to best provide high quality patient care.

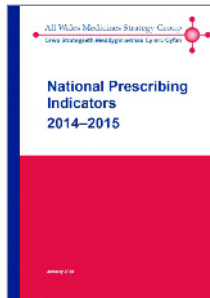
Congratulations on an excellent educational resource in this area."

Dr Tom Shackleton MBChB MRCP DRCOG
DGM, GP Partner, Cambridge

Medicines management *continued*

National Prescribing Indicators

Since 2003, AWMSG has been using prescribing indicators to promote safe, rational, cost-effective, quality prescribing within the primary care sector. AWPAG is responsible for reviewing and developing the National Prescribing Indicators. These indicators are evidence-based and are designed to be clear and applicable at practice level, addressing both efficiency and quality.



For 2013–2014, eight National Prescribing Indicators were retained or developed in key therapeutic areas (lipid-modifying drugs, hypnotics and anxiolytics, dosulepin, antidepressants, opioid analgesics, antibiotics, insulin and non-steroidal anti-inflammatory drugs [NSAIDs]). Within these indicator areas, 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 most National Prescribing Indicators a threshold is set at the 75th 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.

National Prescribing Indicators 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. WAPSU also undertakes more detailed monitoring of specific prescribing areas. In 2013–2014, it produced reports on the prescribing of antidepressants, including dosulepin (May 2013), and the analgesics morphine and tramadol (October 2013). Quarterly reports and indicator-specific reports are available on the AWMSG website.

The National Prescribing Indicator figures for 2013–2014 are shown in Table 2 (page 17). From the table, it can be seen that current indicators have moved towards the threshold in each year that they were designated National Prescribing Indicators, apart from statins, which remained unchanged; quinolones, which rose slightly back to the level seen in 2011–2012; and antidepressants, which also increased.

Table 2. National Prescribing Indicators 2002–2014

Prescribing Indicators	2002/3 2003/4 2004/5 2005/6 2006/7 2007/8 2008/9 2009/10 2010/11 2011/12 2012/13 2013/14												
	Generic medicines (% of items)	74	77	<u>79</u>	<u>81</u>	<u>83</u>	<u>84</u>	85	84	84	84	84	83
Low cost statins i.e. simvastatin, pravastatin and atorvastatin (% of statin items including simvastatin and ezetimibe combination products)	New indicator in 2012–2013								N/A*	N/A*	<u>94</u>	<u>94</u>	
Antibiotics (items/1,000 STAR-PU)	New indicator in 2012–2013								395	415	<u>397</u>	<u>384</u>	
Quinolones (% of antibacterial items)	New indicator in 2012–2013								2.49	2.03	<u>1.98</u>	<u>2.04</u>	
Cephalosporins (% of antibacterial items)	New indicator in 2012–2013								7.12	5.35	<u>4.95</u>	<u>4.42</u>	
Co-amoxiclav (% of antibacterial items)	New indicator in 2012–2013								5.88	4.86	<u>4.63</u>	<u>4.55</u>	
Morphine (% of strong opioid items)	New indicator in 2012–2013								40	41	<u>46</u>	<u>53</u>	
Hypnotics & anxiolytics (ADQs/1,000 STAR-PU)	New indicator in 2012–2013								2606	2452	<u>2227</u>	<u>2106</u>	
NSAIDs (ADQs/1,000 STAR-PU)	New indicator in 2012–2013								1384	1283	<u>1175</u>	<u>1121</u>	
Ibuprofen & naproxen (% of NSAID items)	27	25	29	31	32	36	41	<u>48</u>	<u>56</u>	<u>69</u>	<u>73</u>	<u>78</u>	
Dosulepin (DDD/1,000 PU)	New indicator in 2011–2012				175	164	150	140	124	<u>93</u>	<u>72</u>	<u>57</u>	
Antidepressants (ADQs/1,000 STAR-PU)	New indicator in 2013–2014								1756	1884	1981	<u>2127</u>	
Long-acting insulin analogues (% of total long and intermediate acting insulin items, excluding biphasics)	New indicator in 2012–2013								93	93	<u>92</u>	<u>91</u>	

PU = prescribing unit DDD = defined daily dosage ADQ = average daily quantity

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

Underlined numbering indicates years in which the measure was an NPI.

* 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.

■ Prescribing performance moving towards threshold; ■ Moving away; ■ No change.

Membership

AWMSG Members

Post	Member	Deputy member
Chair	Prof. Philip Routledge	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 Khesh Sidhu
Health Economist	Prof. David Cohen	Ms Pippa Anderson
ABPI (Wales)	Mr Rob Thomas	Mr Steve Turley Mr Lance Richard
Lay representative	Mr Christopher Palmer	Mr Keith Cass
Community Pharmacist	Ms Ellen Lanham	Mr Stefan Fec
Medical Director	Awaiting nomination	Dr Brendan Lloyd
GP with prescribing lead role	Dr William Whitehead	Dr David Robyns-Owen
Senior Primary Care Pharmacist	Mrs Susan Murphy	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 Richard Moore

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

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

Post	Member	Deputy member
Chair	Dr Robert Bracchi	Dr Saad Al-Ismaïl
Pharmacist 1	Mr Scott Pegler	Ms Kate Walker
Pharmacist 2	Mr Steve Gage	Mr Trevor Batt
Pharmacist 3	Mr Brian Eadon	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 Satish Kumar	Dr Chris James Dr Andrew Owen Dr Yasmeen Ahmed
Doctor 3 General Practitioner	Dr David Whyler	Dr David Robyns-Owen
Professions allied to medicine or eligible to prescribe	Miss Anwen Cope	Awaiting nomination
Public Health/Epidemiologist	Miss Anne Hinchliffe	Prof. Stephen Monaghan
Health Economist	Ms Pippa Anderson	Dr Bernadette Sewell Ms Eifiona Wood
ABPI Member	Ms Fleur Chandler Mr Toby Gosden Mr Steven Lister	
Lay Member	Mr John Guy Mr Cliff Jones	Awaiting nomination
Nurse	Mrs Alison Kedward	Mrs Mandy James
Welsh Health Specialised Services Committee	Mr Philip Webb	Awaiting nomination

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	Dr Sue Jeffs
Doctor from each health board reflecting different roles		
General Practitioner and link with BMA/GPC Wales	Dr Ashok Rayani (BC/AW)	
General Practitioner	Dr Mark Walker (BC)	
General Practitioner	Dr Sean Young (ABMU)	
Secondary Care Consultant	Dr Hamsaraj Shetty (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)	Mrs Sue Beach (HDd)
Clinical Director for Pharmacy	Mr Jonathan Simms (AB)	Mr Mike Curson (AB)
Prescribing Advisor	Ms Fiona Walker (CAV)	Ms Jenny Pugh-Jones (HDd)
Prescribing Advisor	Ms Bev Woods (CT)	Ms Katie Spittle (CT)
Prescribing Advisor	Mrs Sarah Isaac (HDd)	
Community Pharmacist	Mr Stefan Fec (PT)	
Lay member		
	Ms Jane Barnard	
Healthcare professional eligible to prescribe		
	Mrs Marnel Owen	
Public Health Wales		
	Ms Sian Evans	
ABPI Wales Industry Group		
	Ms Robyn Miles	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, AW TTC 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