

# All Wales Medicines Strategy Group

**Annual Report  
2014 - 2015**

[www.awmsgg.org](http://www.awmsgg.org)



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

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*Published by:*



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*On behalf of the All Wales Medicines Strategy Group*

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](http://www.awmsg.org).

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# Chairman's welcome

## A review of April 2014 - March 2015 and a look to the year ahead

I was delighted to take on the role of AWMSG Chairman in November 2014, following in the footsteps of Professor Phil Routledge, Dr Paul Buss and Professor Roger Walker. It presented an exciting opportunity and one that I was very keen to take up.

Having served as a hospital consultant member on AWMSG, I am well aware that AWMSG's advice has a significant impact in the 'real' prescribing world and the role of Chair has offered me the chance to lead the group and build on the strong foundations developed over the last twelve years in providing medicines-related advice to Welsh Government.

As a group, AWMSG will continue to strive to contribute to a landscape which gives patients within NHS Wales the best possible and safest care, including access to the most clinically effective and cost-effective new medicines in a timely fashion. We continue to develop pathways and processes that will meet the needs of patients in a challenging economic climate and are also proud of our continuing and expanding work with patient organisations, Community Health Councils, clinical networks and the pharmaceutical industry, which we trust will enable us to meet the challenge of delivering the best outcomes for patients living in Wales.



A handwritten signature in black ink, appearing to read 'Stuart Linton'.

**Dr Stuart Linton**  
MB ChB, BSc, FRCP (UK)  
Chairman, AWMSG  
NHS Consultant Rheumatologist, Nevill Hall Hospital

# Our vision for Wales

## *“A vision which focuses on patients”*

### About AWMSG

Established in 2002, the All Wales Medicines Strategy Group (AWMSG) provides advice to the Minister for Health and Social Services on the managed introduction of new medicines into NHS Wales and on the appropriate use of existing medicines. AWMSG promotes local prescribing initiatives and highlights best practice. It operates in an open and transparent way.

AWMSG comprises doctors, nurses, pharmacists, academics, health economists, a pharmaceutical industry representative and a lay member, who together reach a consensus on the introduction of newly licensed medicines\* into NHS Wales, 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 optimisation: To develop resources that support prescribers and thereby maximise health gain through the safe and cost-effective use of medicines.

Ten public meetings were held in 2014 - 2015. At these meetings, recommendations on the availability of newly licensed medicines\* were agreed, prescribing guidance was considered for endorsement and developments in prescribing practice were discussed and reported. Meeting papers and the minutes of meetings were made available at [www.awmsg.org](http://www.awmsg.org). Membership of AWMSG during 2014 - 2015 is listed on page 21.

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



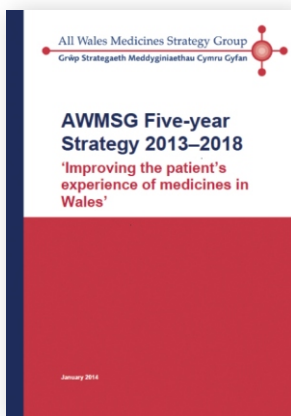
View from the public gallery at the February 2015 AWMSG meeting in Abergavenny. In 2014 - 2015, recommendations based on 42 medicines appraisals were provided at AWMSG meetings, resulting in earlier access to medicines for patients in Wales (see pages 11-14).

# 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 aims 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 aligned with the priorities in "Together for Health":

- 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



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](http://www.awmsg.org/docs/awmsg/awmsgdocs/AWMSG_Five-year_Strategy_2013-2018.pdf) and the Welsh Government's "Together for Health" report can be accessed at: [www.wales.gov.uk/topics/health/publications/health/reports/together/?lang=en](http://www.wales.gov.uk/topics/health/publications/health/reports/together/?lang=en)

## Medicines strategy update

The AWMSG 2013 - 2018 medicines strategy for Wales includes twenty recommendations and outcomes. During 2014 - 2015, AWMSG delivered on all the targets as follows:

### Improving health - Medicines appraisals

AWMSG has established a medicines appraisal review process for health technology appraisals and further developed the AWMSG website.

### Improving health - Prescribing guidance

AWMSG has produced and promoted a wide variety of prescribing resources, including guidance on Oral Anticoagulants, Polypharmacy and Prescribing Dilemmas.

### One system for health

AWMSG has supported the development of electronic discharge letters and e-prescribing.

### Fully integrated network of care

Prudent Prescribing Educational Workshops were held in each health board and were delivered by the All Wales Therapeutics and Toxicology Centre (AWTTC), which provides professional and administrative support to AWMSG (see Highlight page 7).

### Aiming at excellence

AWMSG promoted prudent prescribing through the ongoing development and monitoring of National Prescribing Indicators (NPIs). Since the introduction of yellow card reporting of adverse drug reactions (ADRs) as an NPI, ADR reporting in Wales has increased and, in 2015, Wales was the highest reporting country/region in the UK.

### Transparency of performance

Meeting documents, appraisal advice and prescribing guidance are published on the AWMSG website. The Chief Medical Officer (Wales) also provides monthly updates on the work of AWMSG.

### Partnership with the public

AWMSG established a Patient and Public Interest Group, which meets on a regular basis. In collaboration with Professor Marcus Longley and his team, the first AWMSG Citizens' Jury is in development and will tackle the priority issue of antibiotic resistance. A report is expected by December 2016.

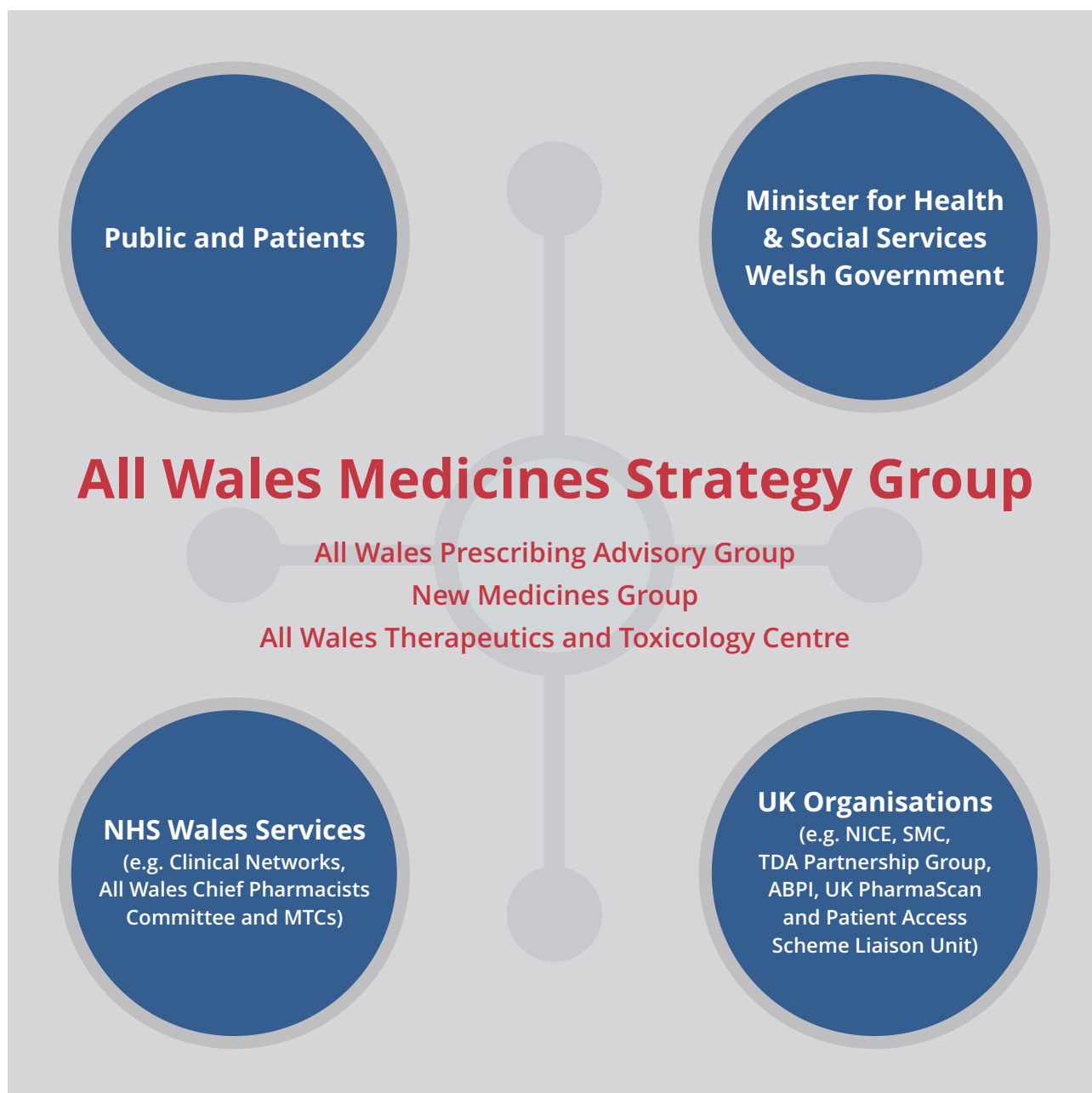
### Making every penny count

An audit of the Wales Patient Access Scheme (WPAS) process was undertaken. An evaluation of healthcare packages at home was completed in 2015. AWTTC is developing an interactive financial forecasting dashboard for use by health boards to assist with local financial planning.

# AWMSG's network

The work of AWMSG is planned by its Steering Committee. This Committee prioritises AWMSG's work programme to ensure the efficient use of resources. Membership includes Welsh Government officials, the Chair of AWMSG, Chairs of the All Wales Prescribing Advisory Group (AWPAG) and the New Medicines Group (NMG), representatives of the All Wales Chief Pharmacists Committee, the All Wales Drug Contracting Committee, the Welsh Health Specialised Services Committee, the Cancer Services Co-ordinating Group, ABPI Cymru 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 the All Wales Therapeutics and Toxicology Centre (AWTTC) with input from hospital consultants and medical advisers, pharmacists, pharmacologists, scientific writers and administrators.



# AWMSG's network

*continued*

## The New Medicines Group (NMG)

The role of NMG is to appraise medicines and make a preliminary recommendation ahead of AWMSG. NMG's remit is not as broad as that of AWMSG and does not include consideration of societal and budget impact issues. NMG considers the clinical effectiveness and cost-effectiveness of a medicine using a variety of sources, including evidence provided by the marketing authorisation holder, clinical experts and patient organisations/support groups/patients/carers/family members. NMG makes a preliminary recommendation to AWMSG in relation to each medicine undergoing appraisal. Up to ten meetings are held per year in private and membership during 2014 - 2015 is listed on page 21.

## The All Wales Prescribing Advisory Group (AWPAG)

AWPAG advises AWMSG on strategic developments in prescribing and medicines optimisation to promote the safe and effective use of medicines in Wales. Membership includes doctors, pharmacists, nurses, a lay member and a healthcare professional allied to medicine. There is a cross-section of senior healthcare workers from a broad geographical area across NHS Wales, including representation from Welsh Government, ABPI Cymru Wales and Public Health Wales. Meetings are held quarterly in private. The membership of AWPAG during 2014 - 2015 is listed on page 22.

## The All Wales Therapeutics and Toxicology Centre (AWTTC)

AWTTC provides professional secretariat, pharmaceutical, clinical and health economics support to AWMSG and its subgroups.

The work of AWTTC focuses on health technology appraisal; medicines optimisation; medicines safety, including the reporting of serious adverse reactions; education; toxicology services; and prescribing analysis. In addition, in 2015, AWTTC received additional funding from Welsh Government to provide a central co-ordination role to support the Individual Patient Funding Request (IPFR) process following national consultation. AWTTC also manages the Wales Patient Access Scheme, a scheme introduced to enable manufacturers of medicines to offer a price reduction or rebate, thereby improving the cost-effectiveness of a medicine. In 2014 - 2015, AWTTC contributed to the prudent healthcare agenda through the delivery of Prudent Prescribing Educational Workshops (see Highlight below).

### HIGHLIGHT - AWTTC Prudent Prescribing Educational Workshops

**In 2014 - 2015, AWTTC designed, developed and delivered a series of sixteen case-based Prudent Prescribing Educational Workshops to support the prudent healthcare agenda in Wales.**

**Prudent healthcare has been defined as, "healthcare that fits the needs and circumstances of patients and actively avoids wasteful care that is not to the patient's benefit".**

**These workshops, delivered across Wales to over 400 healthcare professionals, provided an opportunity for interactive discussion of clinical case scenarios illustrating aspects of local and national prescribing, relevant NICE 'do not do' recommendations, the STOPP/START criteria for reducing inappropriate prescribing, National Prescribing Indicators for Wales, AWMSG guidance on Polypharmacy and reporting suspected adverse drug reactions.**

# AWMSG's network *continued*

## Involving patients in our work

Patients, carers, patient organisations and the public are key stakeholders in AWMSG's work. AWMSG is committed to ensuring that patients, carers and the public have the opportunity to help shape decision-making and policies in all areas, from the appraisal of new medicines to the production of prescribing resources.

The Patient and Public Engagement (PPE) Strategy, produced in 2014, underpins all of AWMSG's work. It aims to facilitate communication with patients and the public, and ensures that their expertise and time is used in an effective manner. The PPE Strategy can be accessed at:

[www.awmsg.org/patient\\_strategy.html](http://www.awmsg.org/patient_strategy.html)

During 2014 - 2015, several AWMSG initiatives have supported implementation of the strategy:

### ■ Patient sections online

A new patient section of the AWMSG website was launched in 2013, specifically tailored to its target audience. During 2014 - 2015, the website has undergone further developments to improve understanding and encourage patients, carers and patient organisations to engage with AWMSG and input into the work programme.

The patient section has been expanded to include prescribing initiatives and projects, thereby improving transparency and facilitating engagement across all aspects of AWMSG's operations. This section now includes a report page and a consultation page, which provides patients with information on forthcoming appraisals and other work-streams on which they might wish to comment. The patient section includes interactive tools, the latest news and initiatives, and explains how to get involved: [www.awmsg.org/patients.html](http://www.awmsg.org/patients.html)

### ■ Patient and Public Interest Group

The Patient and Public Interest Group (PAPIG), established in 2013, aims to increase patient and public involvement in medicines-related issues. PAPIG members attended the annual AWMSG Masterclass when it was held on 20 November 2014 in Cardiff. This event promoted engagement by the pharmaceutical industry and patient organisations, and improved understanding of the appraisal process in Wales. It proved to be a well-attended, thought-provoking and interesting event.

AWMSG recognises the importance of involving PAPIG right from the start when developing tools that are designed for patients and the public. During 2014 - 2015, the group worked on developing roles and responsibilities of a lay member, learnt how to report serious adverse reactions to medicines and contributed input into the development of AWMSG's new process for appraising orphan and ultra-orphan medicines and medicines developed specifically for rare diseases. PAPIG has also been central to the development of the patient section of the AWMSG website, and ongoing feedback from the group drives further developments, ensuring that the website remains responsive to those who use it.

### ■ Strengthening links

To date, links have been established with key organisations and networks such as the Wales Council for Voluntary Action, Involving People and Community Health Councils, as well as individual patient organisations. AWMSG is committed to ensuring that the patient is at the very centre of its work and that the patient voice is heard.

# AWMSG's network *continued*

## Healthcare professionals

The contribution of healthcare professionals is vital to the work of AWMSG, in particular the role of clinical experts in appraisals and clinical specialists in medicines optimisation projects. The input of clinicians ensures that AWMSG guidance and recommendations are based on the best available evidence and expert opinion.

### Appraisals

In 2014 - 2015, AWTTTC sought to increase the valuable input of clinical experts into the AWMSG appraisals process. In November 2013, AWTTTC refined its process for identifying relevant clinical experts via appropriate specialist groups/networks or on an individual basis. Clinicians are routinely asked to provide their opinion in relation to a specific appraisal and are invited to complete a questionnaire. Specialist groups/networks receive regular reports from AWTTTC identifying medicines 'on the horizon' and medicines on the AWMSG work programme categorised by therapeutic area. Specialists provide their views on appropriate

comparator treatments and help set the clinical context. A representative of the specialist group is invited to attend the NMG meeting to input into discussions. In the period April 2014 - March 2015, 73% of reports sent out to the groups elicited a helpful and prompt response. AWTTTC has also continued to expand the number of specialist groups contacted to cover a wider range of disciplines. More information on how healthcare professionals can support the appraisals process can be found at:

[www.awmsg.org/healthcare\\_about.html](http://www.awmsg.org/healthcare_about.html)

### Medicines optimisation

Healthcare professionals make an essential contribution to the production of medicines optimisation documents via the consultation process. Documents under development are circulated for comment among stakeholders throughout Wales. In 2014 - 2015, AWTTTC introduced a consultation page to the AWMSG website, enabling healthcare professionals and other interested parties to view and comment on ongoing consultations at any time. This page can be accessed at:

[www.awmsg.org/medman\\_consultation.html](http://www.awmsg.org/medman_consultation.html)

## 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](http://www.awttc.org)
- Association of the British Pharmaceutical Industry Wales [www.abpi.org.uk](http://www.abpi.org.uk)
- Bangor University [www.bangor.ac.uk](http://www.bangor.ac.uk)
- British Pharmacological Society [www.bps.ac.uk](http://www.bps.ac.uk)
- Cardiff University [www.cardiff.ac.uk](http://www.cardiff.ac.uk)
- National Institute for Health and Care Excellence [www.nice.org.uk](http://www.nice.org.uk)
- National Poisons Information Service [www.npis.org](http://www.npis.org)
- NHS Wales [www.wales.nhs.uk](http://www.wales.nhs.uk)
- NHS Wales Informatics Service [www.wales.nhs.uk/NWIS](http://www.wales.nhs.uk/NWIS)
- Royal College of Physicians [www.rcplondon.ac.uk](http://www.rcplondon.ac.uk)
- Royal Pharmaceutical Society [www.rpharms.com](http://www.rpharms.com)
- Scottish Medicines Consortium [www.scottishmedicines.org.uk](http://www.scottishmedicines.org.uk)
- Swansea University [www.swan.ac.uk](http://www.swan.ac.uk)
- UK PharmaScan [www.ukpharmascan.org.uk](http://www.ukpharmascan.org.uk)
- University of South Wales [www.southwales.ac.uk](http://www.southwales.ac.uk)
- Welsh Government [www.wales.gov.uk](http://www.wales.gov.uk)
- Welsh Medicines Information Centre [www.wmic.wales.nhs.uk](http://www.wmic.wales.nhs.uk)
- Welsh Medicines Resource Centre [www.wemerec.org](http://www.wemerec.org)
- Yellow Card Centre Wales [www.yellowcardwales.org](http://www.yellowcardwales.org)
- 1000 Lives Plus [www.1000livesplus.wales.nhs.uk](http://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 2014 - 2015, AWMSG has worked to improve collaboration with patients and the public and clinical experts, and increase engagement with the pharmaceutical industry (see Appraisals update pages 13-14).

Please contact [awttc@wales.nhs.uk](mailto:awttc@wales.nhs.uk) or visit [www.awmsg.org](http://www.awmsg.org) if you would like to get involved.

# Online At a glance

awmsg.org

## Appraisals section

A number of reports are published on the appraisals section of the website. These include a list of the forthcoming appraisals, AWMSG recommendations, medicines with an approved Wales Patient Access Scheme (WPAS) or Department of Health Patient Access Scheme (PAS) and medicines excluded by AWMSG because NICE advice is imminent.

Drug No.	Generic Name (Trade Name)	Patient/Clinical expert submission	NMSG meeting	AWMSG meeting	Indication
1212	eribulin mesilate (Halovetrin)	03/02/2016	16/03/2016	20/04/2016	Treatment of patients with locally advanced or metastatic breast cancer who have progressed after at least one chemotherapeutic regimen for advanced disease. Prior therapy should have included all...
918	prucalopride (Relopride)	30/12/2015	18/02/2016	23/03/2016	Symptomatic treatment of chronic constipation in adults in whom laxatives fail to provide adequate relief
2767	ulipristal acetate (Esmeyli)	30/12/2015	10/02/2016	23/03/2016	Intermittent treatment of moderate to severe symptoms of uterine fibroids in adult women of reproductive age
284	sorafenib (Nexavar®)	30/12/2015	18/02/2016	23/03/2016	Treatment of hepatocellular carcinoma
1827	ivermectin (Soolantab)	09/12/2015	20/01/2016	24/02/2016	Treatment of inflammatory lesions of rosacea (papulopustular) in adult patients.

## Medicines optimisation section

This section contains AWMSG resources produced through multidisciplinary collaboration, including prescribing guidance, reports monitoring prescribing patterns, and examples of best practice. A consultation page is now available enabling patients, healthcare professionals and other interested parties to view and comment on ongoing consultations at any time.

## Patients - the focus of our work

The website is continually evolving based on patient consultation and feedback. The new patient section now includes medicines optimisation projects, as well as appraisals for new medicines, facilitating engagement across all aspects of AWMSG's operations.



## Have your say

We are always seeking views on the AWMSG website to maximise its usefulness. Please email the AWTTT Administrative Team on [awttt@wales.nhs.uk](mailto:awttt@wales.nhs.uk) if you would like to provide any feedback on the site.



# *“Ensuring the best medicines are made available for patients in Wales”*

## Medicines appraisals

The All Wales Medicines Strategy Group (AWMSG) and the National Institute for Health and Care Excellence (NICE) provide health technology assessment (HTA) guidance on the introduction of new licensed medicines within NHS Wales. To avoid unnecessary duplication, AWMSG does not normally appraise medicines on the NICE work programme if final NICE technology appraisal (TA) guidance is expected within 12 months of marketing authorisation.

Whilst recognising that early HTA is always the preferred option, in the absence of AWMSG/NICE advice, the Individual Patient Funding Request (IPFR) process may be used by clinicians to access a treatment in circumstances where a medicine is not routinely funded on the NHS in Wales. This may be particularly pertinent when a clinician is of the view that the medicine is likely to have significant benefits to a patient and where there is likely to be a delay of over 12 months for HTA guidance. However, in circumstances where several patients who may benefit from the medicine are

identified, the IPFR process, with its emphasis on “exceptionality”, may not be considered appropriate. To this end in March 2015 Welsh Government requested that AWTTTC address the issue.

In 2014, the AWMSG Steering Committee took a pragmatic view of their original terms of reference to avoid duplication with the NICE work programme. On a case-by-case basis, and in collaboration with the marketing authorisation holder and informed by clear clinical need, it was decided that an HTA may be conducted by AWMSG in advance of NICE if it was considered by the Committee that there was sufficient time ahead of the publication of NICE advice. The recommendation of AWMSG, subsequently ratified by the Minister for Health and Social Services, continues to be interim to any subsequent NICE TA guidance and is superseded by the latter. This pragmatism was designed to reduce any delay in the availability of HTA guidance.

### How does the appraisal process work?

AWMSG’s remit includes the appraisal of newly licensed medicines, including licence extensions and/or new formulations of existing medicines. Decisions are based on evidence of clinical effectiveness and cost-effectiveness, as well as the anticipated budgetary impact and broader societal and equity issues. The introduction of the Wales Patient Access Scheme in 2012 enabled the marketing authorisation holder to offer a price reduction to NHS Wales, thereby improving the case for cost-effectiveness. When appraising a medicine used at the end of life, different appraisal criteria may be applied.

In 2014 - 2015, AWMSG’s process for appraising orphan and ultra-orphan medicines, and medicines developed specifically for rare diseases, was reviewed and, following public consultation, Welsh Government requested that a new process be developed to provide patients with an opportunity to discuss and highlight any additional benefits the new medicine might offer from a patient, family member or carer perspective, for example any improvements in quality of life.

AWMSG advises the Minister for Health and Social Services, who takes account of AWMSG advice when making the final decision as to whether a medicine should be routinely funded in NHS Wales.

The appraisal process takes around five to six months and aims to provide advice as soon as possible after the product is licensed in the UK. Pharmaceutical companies are encouraged to submit an application as soon as the licence is granted. Positive AWMSG advice (subsequently ratified by the Minister for Health and Social Services) is mandatory within NHS Wales, and health boards have a legal obligation to make funding available within three months of publication of ratified AWMSG advice.

# Medicines appraisals *continued*

## HIGHLIGHT - Recent developments in the AWMSG appraisal process:

Following publication of the 'Review of AWMSG's appraisal process for orphan and ultra-orphan medicines' in October 2013, a new group has been established: the Clinician and Patient Involvement Group (CAPIG). The introduction of this group allows for a new stage in the AWMSG appraisal process in circumstances when, having reviewed the scientific evidence, the New Medicines Group (NMG) has not supported the use of an orphan or ultra-orphan medicine, or a medicine developed specifically for rare diseases where the patient population is small.

The role of CAPIG is to identify and discuss in more detail any additional benefits the medicine may have from both a clinician and patient perspective. The CAPIG report will be presented to AWMSG, and this will help AWMSG make a decision that takes greater account of the patient and clinician perspective when making recommendations to the Minister for Health and Social Services regarding routine funding of the medicine on the NHS in Wales.

### CAPIG will consider:

- Aspects of additional value to the patient, e.g. ability to work or continue in education, convenience of treatment, ability to maintain independence and dignity
- The degree of severity of the disease in terms of survival and quality of life impacts on patients and their family/carers
- Whether the medicine addresses an unmet need (e.g. no other licensed medicines)
- Whether the medicine can reverse or cure, rather than stabilise the condition
- Whether the medicine may bridge a gap to a 'definitive' therapy (e.g. gene therapy) and that this 'definitive' therapy is currently in development
- Whether there are any specific patient groups for whom the medicine is particularly beneficial

A pilot commenced in January 2015, prior to the implementation of the new process in September 2015.

## 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 section on 'Involving patients in our work' on page 8).

AWMSG also values the important role that clinical experts play in medicines appraisals through the provision of specialist advice and opinion, and in 2014 - 2015 AWMSG has sought to maximise the valuable input of clinical experts into the appraisals process (see 'Healthcare professionals' section on page 9).

AWMSG maintains valuable links with Medicines and Therapeutics Committees (MTCs) in Wales, NHS budget holders, and those involved in prescribing planning and medicines optimisation 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 availability of AWMSG advice and information on forthcoming appraisals. As a result, AWMSG advice is now also accessible as part of NICE Evidence, Guidelines and [eGuidelines.co.uk](http://eGuidelines.co.uk).

Further information on AWMSG's recommendations and the AWMSG work programme is available on the AWMSG website ([www.awmsg.org](http://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*

## Appraisal update 2014 - 2015

AWMSG undertook 42 medicines appraisals in the financial year 2014 - 2015; of these, 35 were recommended and 7 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 summarises the outcomes of the appraisals carried out in 2014 - 2015.

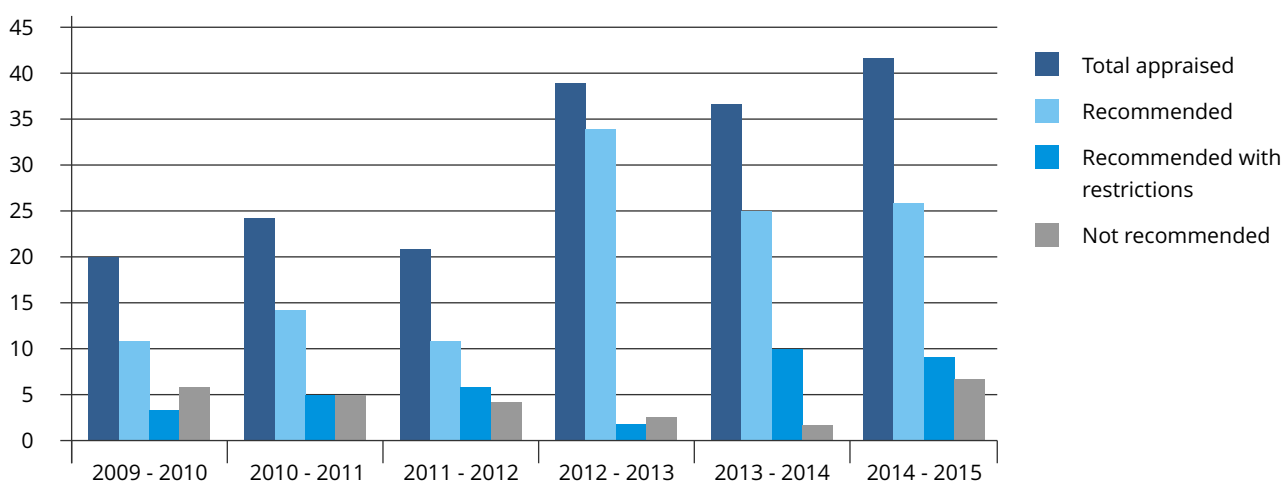
**Table 1. Summary of advice issued in 2014 - 2015**

<b>Medicines appraisals</b>	<b>42</b>
- Recommended	26
- Recommended for 'optimised' use*	9
- Not recommended	7
<b>Statements of Advice issued on non-appraised medicines to NHS Wales</b>	<b>40</b>
<b>Total number of medicines on which advice provided to NHS Wales</b>	<b>82</b>

\* 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 2015, 82% of Final Appraisal Recommendations made by AWMSG (200 of 245) were either 'recommended' or 'recommended for optimised use'.

## How does the number of medicines appraisals during 2014 - 2015 compare to previous years?



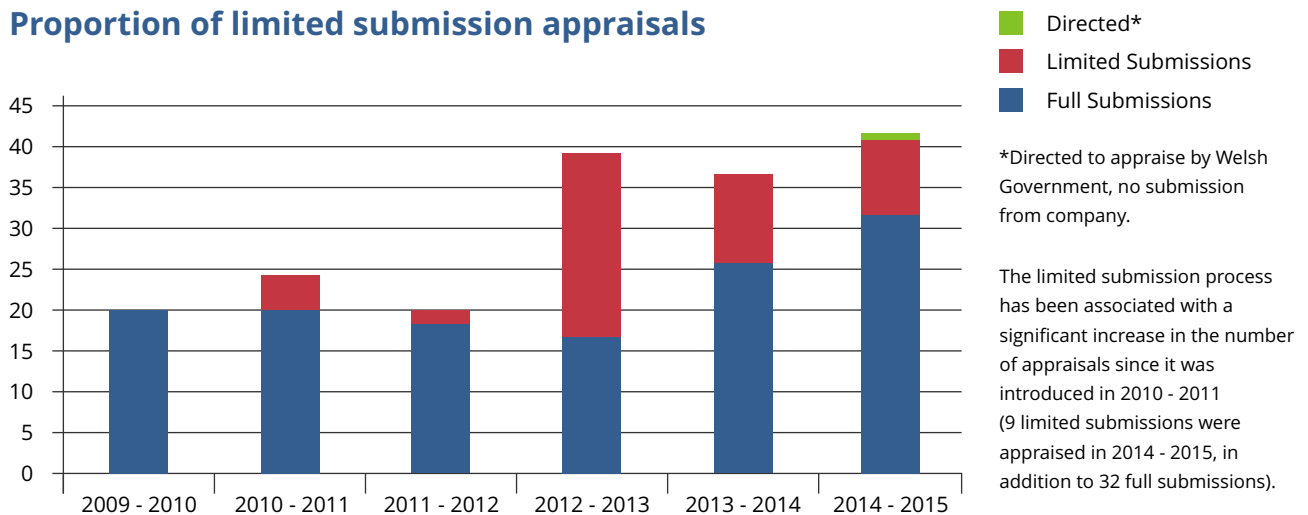
Over the last three years, the number of appraisals carried out by AWMSG has risen substantially. This increase coincides with AWTTTC working with the TDA Partnership Group to improve engagement with the pharmaceutical industry, in particular through the limited submission process and the Wales Patient Access Scheme (see page 14).

# Medicines appraisals *continued*

## 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 budget impact, or where estimated difference in cost compared with the appropriate comparator(s) is small.

### Proportion of limited submission appraisals



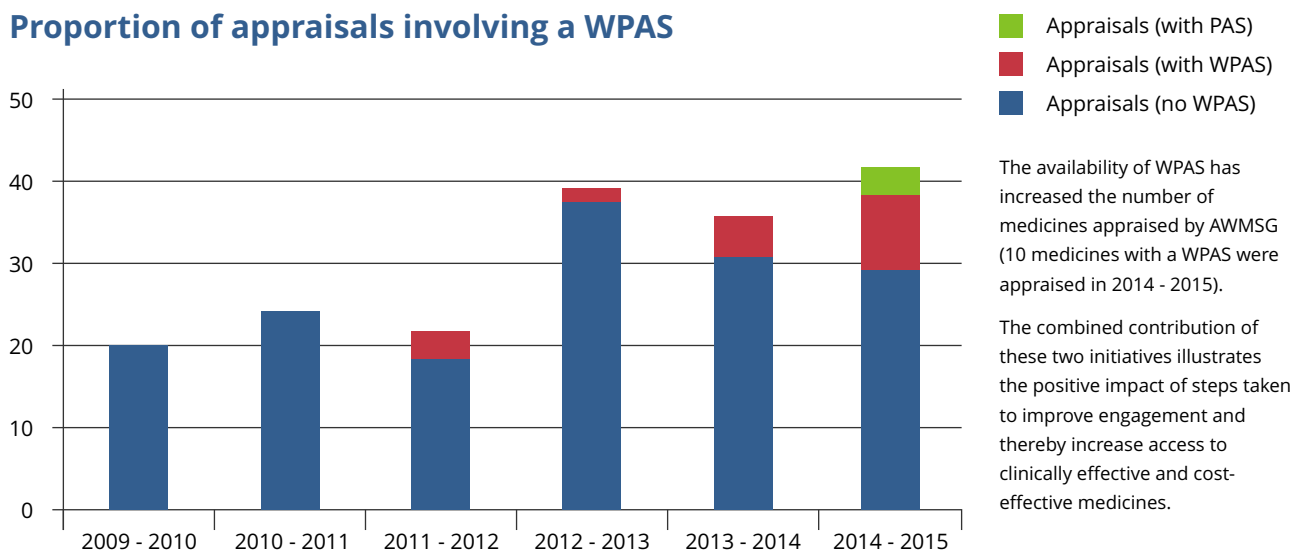
## Wales Patient Access Schemes

A Wales Patient Access Scheme (WPAS), when associated with a positive recommendation, provides patients with access to a medicine that would otherwise be unlikely to 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 been associated with 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.

### Proportion of appraisals involving a WPAS



# “Making the best use of medicines”

## Medicines optimisation

### How does medicines optimisation 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 medicines optimisation 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 optimisation update 2014 - 2015

Below are just some of the medicines optimisation projects that received AWMSG endorsement during 2014 - 2015. 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.

### WAPSU

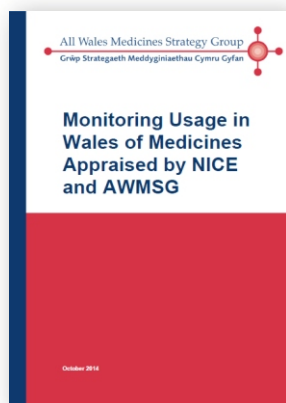
During 2014 - 2015, WAPSU undertook a number of prescribing analysis projects.

#### National Prescribing Indicator monitoring

National Prescribing Indicators (see pages 19-20) are monitored by WAPSU and prescribing data are presented in both quarterly reports and indicator-specific reports.



# Medicines optimisation *continued*



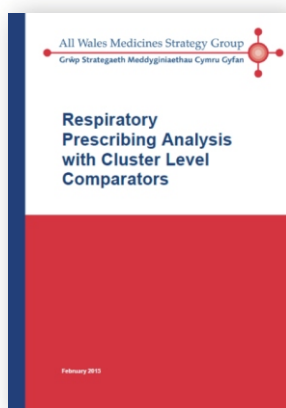
## **Monitoring Usage in Wales of Medicines Appraised by NICE and AWMSG**

Medicines are funded by NHS Wales following advice from two sources: the National Institute for Health and Care Excellence (NICE) and the All Wales Medicines Strategy Group (AWMSG). Health boards are expected to follow the advice from these bodies and provide the recommended treatment where appropriate. This report monitors medicines appraised between April 2003 and 31 March 2014, and also those where an AWMSG Statement of Advice due to non-submission has been issued. Medicines usage data are reported for the period 1 April 2011 to 31 March 2014.



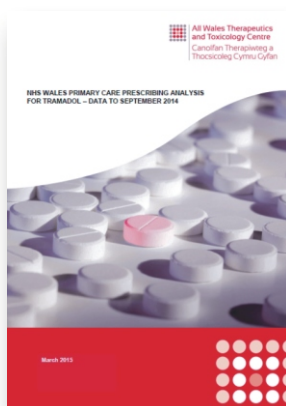
## **GP Cluster Level Comparators**

This document proposes an experimental statistical method for development of cluster group comparators, based on demographic similarity and disease prevalence, to enable benchmarking of prescribing. The report uses the respiratory medicine field to demonstrate the possible applications of the GP cluster comparators, with potential for it to be applied to other therapeutic areas. This report was endorsed at AWMSG in October 2014.



## **Respiratory Prescribing Analysis with Cluster Level Comparators**

Respiratory illness has a significant impact on the population of Wales, with asthma prevalence of 6.9% and chronic obstructive pulmonary disease (COPD) prevalence of 2.2%. Respiratory medicines therefore represent a substantial cost to NHS Wales, and changes to the evidence base suggest that there is the potential for significant improvements in prescribing, which could lead to improved outcomes and cost savings. This paper provides an analysis of primary care prescribing in Wales and England for medicines and preparations within the respiratory therapeutic area for the period July 2013 - June 2014.



## **NHS Wales Primary Care Prescribing Analysis for Tramadol**

The purpose of this prescribing update is to keep health boards in Wales informed on any changes in prescribing since the Tramadol Educational Resource Materials were made available for use in NHS Wales in November 2013, and to benchmark current prescribing data with that of other health boards, England and NE England.

# Medicines optimisation *continued*

## Educational modules

AWMSG has liaised with WeMeReC to develop educational modules on “Respiratory disease”, “Medicines-related Admissions” and “Sedative Medicines in Older People”. Uptake of these training modules has been high, with 436 healthcare professionals, including 384 GPs, completing the “Respiratory disease” module, 450 prescribers completing the “Medicines-related Admissions” module, including 389 GPs, and 513 completing “Sedative Medicines in Older People”, including 434 GPs.

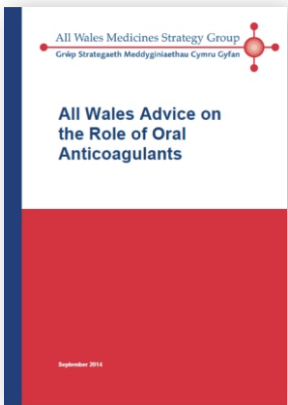


## AWPAG

### Advice on the Role of Oral Anticoagulants

The guidance document ‘Advice on the Role of Oral Anticoagulants for the Prevention of Stroke and Systemic Embolism in People with Atrial Fibrillation’ was endorsed by AWMSG in October 2012. The evidence, range of therapeutic agents and licensed indications of the newer oral anticoagulants have changed since this publication. In light of these changes, a multi-disciplinary anticoagulation subgroup with membership from across Wales reviewed and updated the recommendations, taking into consideration National

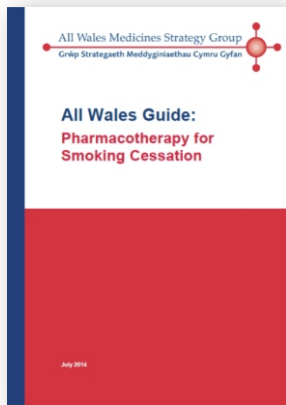
Institute for Health and Care Excellence (NICE) Clinical Guideline 180: Atrial fibrillation: the management of atrial fibrillation, which was published in June 2014. The All Wales Advice on the Role of Oral Anticoagulants was endorsed by AWMSG at their 3 September 2014 meeting.



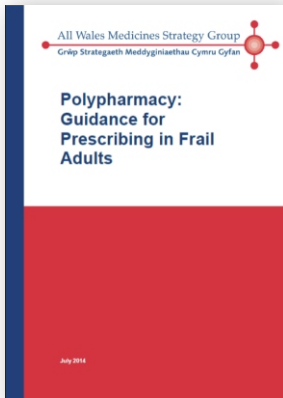
### Pharmacotherapy for Smoking Cessation

Smoking continues to be the leading preventable cause of illness and premature death in Wales. Smoking cessation interventions are a cost-effective way of reducing ill health and preventing premature death, and the use of pharmacotherapy alongside support for behavioural change can improve quit rates significantly. This guide supports the appropriate prescribing and supply of smoking cessation pharmacotherapy in NHS Wales for smokers who are motivated to quit. Phased prescribing and supply is promoted

to more closely target the individual’s needs during their quit attempt and reduce the potential for wastage. The document was endorsed by AWMSG at their 16 July 2014 meeting.

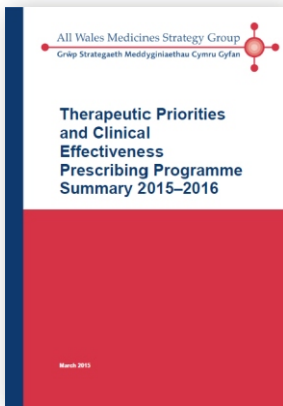


# Medicines optimisation *continued*



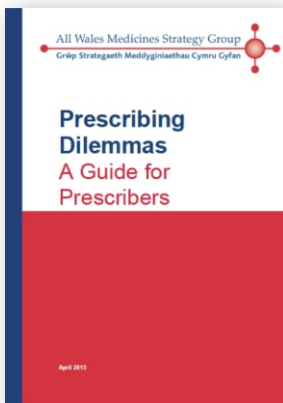
## Polypharmacy: Guidance for Prescribing in Frail Adults

In an aging population with much co-morbidity, it is not uncommon for patients to be prescribed a large number of medicines. The need to ensure that the benefits of medicines continue to outweigh any risks is essential, in particular where there is a high risk of adverse effects. This guidance provides support and additional information for clinicians when prioritising medication for a patient who may be prescribed multiple medications for a range of conditions, and includes summary tools and links to other documents/information where appropriate. This document was endorsed by AWMSG at their 16 July 2014 meeting.



## Therapeutic Priorities and CEPP Summary 2015-2016

This document summarises the AWMSG therapeutic priorities for 2015 - 2016. The priorities are formatted according to the AWMSG-recommended CEPP framework for primary care. This consists of two equally weighted elements: prescribing indicators (national and health board defined) and an educational component. The document also highlights opportunities within the General Medical Services (GMS) contract, and resources that can be used to support local prescribing initiatives.

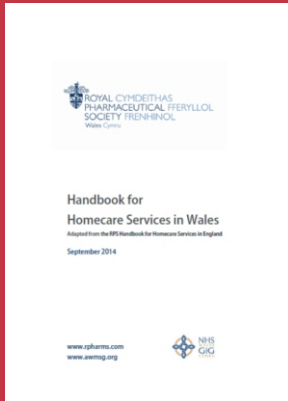


## Prescribing Dilemmas: A Guide for Prescribers

This document provides guidance for health professionals regarding prescribing situations not covered by the NHS, including private care and private prescriptions, unlicensed medicines, prescribing outside national guidance, prescribing duration, foodstuffs, complementary medicines and alternative therapies, common ailments, fertility treatment, erectile dysfunction, prescribing for self and family, visitors from overseas, travel and occupational health vaccines.

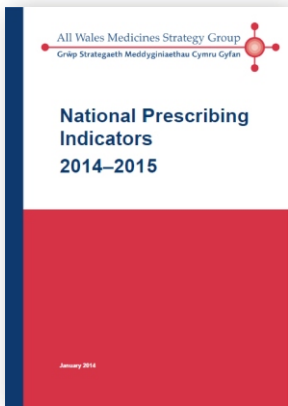
# Medicines optimisation *continued*

## HIGHLIGHT - Handbook for Homecare Services in Wales



The purpose of this handbook, adapted from the Royal Pharmaceutical Society (RPS) Handbook for Homecare Services in England, is to aid the implementation of the standards set out in the RPS Professional Standards for Homecare Services, which will help to ensure the safe and effective delivery of homecare medicines services in Wales. This handbook provides a set of template documents, which are

designed to assist Chief Pharmacists and other healthcare professionals in the appropriate implementation of a homecare delivery service. The documents cover a range of important governance areas that should be considered as part of any homecare service implementation process. The handbook was endorsed at AWMSG in October 2014.



### 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 2014 - 2015, National Prescribing Indicators were retained or developed in eight key areas (lipid-modifying drugs, hypnotics and anxiolytics, antidepressants, opioid analgesics, antibiotics, insulin, non-steroidal anti-inflammatory drugs [NSAIDs] and Yellow Cards). 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. Quarterly reports and indicator-specific reports are available on the AWMSG website.

The National Prescribing Indicator figures for 2014 - 2015 are shown in Table 2 (page 20). From the table, it can be seen that all current indicators have moved towards the threshold in 2014 - 2015, apart from the volume of antibiotic use, which slightly increased.

# Medicines optimisation *continued*

## Table 2. National Prescribing Indicators 2002 - 2015

Figures in the table are taken from the quarter ending March of each financial year, except Yellow Card figures, which show data for the financial year.

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

- Prescribing performance moving towards threshold
- Prescribing performance moving away from threshold
- No change

Prescribing Indicators	2002 - 2003	2003 - 2004	2004 - 2005	2005 - 2006	2006 - 2007	2007 - 2008	2008 - 2009	2009 - 2010	2010 - 2011	2011 - 2012	2012 - 2013	2013 - 2014	2014 - 2015
Generic medicines (% of items)	74	77	<u>79</u>	<u>81</u>	<u>83</u>	<u>84</u>	85	84	84	84	84	<u>83</u>	84
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>	<u>95</u>
Antibiotics (items/1,000 STAR-PUs)**	New indicator in 2012 - 2013								395	415	<u>397</u>	<u>384</u> 374	N/A <u>377</u>
Quinolones (% of antibacterial items)	New indicator in 2012 - 2013								2.49	2.03	<u>1.98</u>	<u>2.04</u>	<u>1.85</u>
Cephalosporins (% of antibacterial items)	New indicator in 2012 - 2013								7.12	5.35	<u>4.95</u>	<u>4.42</u>	<u>3.56</u>
Co-amoxiclav (% of antibacterial items)	New indicator in 2012 - 2013								5.88	4.86	<u>4.63</u>	<u>4.55</u>	<u>3.97</u>
Morphine (% of strong opioid items)	New indicator in 2012 - 2013								40	41	<u>46</u>	<u>53</u>	<u>57</u>
Hypnotics & anxiolytics (ADQs/1,000 STAR-PUs)**	New indicator in 2012 - 2013								2606	2452	<u>2227</u>	<u>2106</u> 3905	N/A <u>3642</u>
NSAIDs (ADQs/1,000 STAR-PUs)**	New indicator in 2012 - 2013								1384	1283	<u>1175</u>	<u>1121</u> 1854	N/A <u>1775</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>	<u>81</u>
Tramadol (DDD/1,000 patients)	New indicator in 2014 - 2015								741	786	797	788	<u>708</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>	<u>90</u>
Yellow cards*** (number submitted by GPs) (number submitted by all reporters)	New indicator in 2014 - 2015										116 649	271 1177	<u>662</u> <u>1462</u>

PU = prescribing unit DDD = defined daily dose  
ADQ = average daily quantity STAR-PU = specific therapeutic group age-sex related prescribing unit

\* 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.

\*\* STAR-PUs were updated in 2013, indicator monitoring using the updated measure started in 2014 - 2015 (upper figure pre-2013 STAR-PUs; lower figure STAR-PUs [13]).

\*\*\* The measure for the Yellow Card indicator is number of reports submitted per practice and per health board. However, for consistency with the other indicators, the data shown here are for all Wales.

# Membership

## AWMSG

Post	Member	Deputy
Chair	Dr Stuart Linton Prof. Philip Routledge (to Nov 2014)	Dr John Watkins 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 Bill Malcolm Mr Lance Richard
Lay representative	Mr Christopher Palmer	Mr Keith Cass
Community Pharmacist	Ms Ellen Lanham	Mr Stefan Fec
Medical Director	Dr Mark Walker	Dr Brendan Boylan
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	Mrs Louise Williams Mr Christian Smith	Mrs Julie Smith
Other healthcare professions eligible to prescribe not already represented	Mr Alun Morgan	Mr Scott Cawley Mrs Debbie Davies
Clinical Pharmacologist	Dr Emma Mason	Dr Balwinder Bajaj
Hospital Consultant	Dr Catherine Bale Dr Stuart Linton (to Nov 2014)	Dr Sue Jeffs

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

## NMG

Post	Member	Deputy
Chair	Dr Saad Al-Ismael Dr Robert Bracchi (to Mar 2015)	Awaiting nomination Dr Saad Al-Ismael (to Mar 2015)
Pharmacist 1	Mr Scott Pegler	Ms Kate Walker
Pharmacist 2	Mr Steve Gage	Mr Trevor Batt
Pharmacist 3	Mr Brian Eadon	Mrs Sue Beach Mr Usman Ali Malik
Doctor 1 Clinical Pharmacologist	Dr John Thompson Dr Alison Thomas Dr C V Krishna Dr James Coulson	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	Ms Eifiona Wood
ABPI Member	Mr Steven Lister Mr Tom Sunderland Ms Romita Das	
Lay Member	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, AWTC and supporting committees may attend as non-voting members.

# Membership *continued*

## AWPAG

Post	Member	Deputy
Chair	Mrs Louise Howard-Baker (BC)	Dr Sue Jeffs (AB)
<b>Doctor from each health board reflecting different roles</b>		
General Practitioner and link with BMA/GPC Wales	Dr Ashok Rayani (BC/AW) Dr Peter Horvath-Howard (AW)	Dr Phil White Dr David Bailey
Hospital Consultant/Medical Director	Dr Sally Lewis (AB)	Dr Brendan Boylan (CAV)
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)
<b>Pharmacist from each health board reflecting different roles</b>		
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)	Mr Steve Simmonds
Prescribing Advisor	Mrs Sarah Isaac (HDd)	Ms Katie Spittle (CT)
Community Pharmacist	Mr Stefan Fec (PT)	Ms Katie Morris (CAV)
<b>Lay member</b>		
	Ms Jane Barnard	
<b>Healthcare professional eligible to prescribe</b>		
	Mrs Marnel Owen	
<b>Public Health Wales</b>		
	Ms Sian Evans	
<b>ABPI Wales Industry Group</b>		
	Ms Robyn Miles	Mr Phil Groom Miss Lee-Ann Farrell
<b>Non-voting members</b>		
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	AB - Aneurin Bevan Health Board	
AW - All Wales	BC - Betsi Cadwaladr University Health Board	
CAV - Cardiff & Vale University Health Board	CT - Cwm Taf Health Board	
HDd - Hywel Dda Health Board	PT - Powys Teaching Health Board	
V - Velindre NHS Trust		