

# All Wales Medicines Strategy Group

**Annual Report  
2016-2017**

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



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

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**AWTTC**

All Wales Therapeutics & Toxicology Centre  
Canolfan Therapiwteg a Thocsicoleg Cymru Gyfan

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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)

# Chairman's welcome

## *A review of April 2016 – March 2017 and a look to the year ahead*

This year has been a highly productive one for AWMSG. In addition to a busy programme of medicines' appraisal, the group has continued to develop and expand its clinician and patient involvement strategies and ensure its medicines optimisation programme meets the specific needs of clinicians in Wales.

The AWMSG policy for appraising medicines for rare diseases, incorporating added qualitative value via the Clinician and Patient Involvement Group (CAPIG), is now well established and continues to provide a robust process for assessing the broader benefit of medicines for rare diseases, ensuring a fair and comprehensive framework for the appraisal of such products in a challenging economic climate.

One highlight this year was the convening of a Citizens' Jury, facilitated by colleagues from the University of South Wales, which allowed fourteen randomly selected members of the public to interrogate the evidence around Antimicrobial Stewardship. Their diligence and curiosity resulted in a thoughtful series of wide-ranging recommendations which have formed the basis for a wider discussion around this issue in Wales.

In a personal capacity, I also strongly welcome the announcement of the Welsh Government New Treatment Fund early in 2017. This initiative seeks to support the

earlier introduction in Wales of medicines subject to a positive recommendation from the National Institute for Health and Care Excellence (NICE) or AWMSG and should ensure that patients in Wales have the opportunity of even earlier access to medications of proven effectiveness.

As Chairman, I remain proud of the significant contribution that members make to the challenging work of AWMSG and remain confident that we will continue to build on our strong foundations of close working with patients, clinical networks and the pharmaceutical industry in our efforts to ensure that we continue to get the best outcomes from medicines for patients in Wales.








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



### Top stories...

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### The year in numbers...

	<b>39</b> Medicines appraised
	<b>34</b> Positive appraisals
	<b>11</b> WPAS processed
	<b>19</b> Medicines optimisation papers published
	<b>10</b> Meetings held

# Profile of AWMSG

## *Our vision for Wales – “A vision which focuses on patients”*

**Name:** All Wales Medicines Strategy Group (AWMSG)

**Established:** 2002

**Role:** To advise Welsh Government on strategic developments in prescribing as outlined in the AWMSG Five-year Strategy 2013–2018

**Members:** Doctors, nurses, pharmacists, academics, health economists, a pharmaceutical industry representative and a lay member (see Membership on page 20 for individual members)

**Meetings:** 10 public meetings held in 2016–2017, in either Cardiff or Abergavenny

**Subgroups:** New Medicines Group (NMG) and All Wales Prescribing Advisory Group (AWPAG)

**Organisational:** Work is planned by the AWMSG Steering Committee and secretariat support is provided by the All Wales Therapeutics and Toxicology Centre (AWTTC)

**More info:** [www.awmsg.org/](http://www.awmsg.org/)



View from the public gallery at the AWMSG meeting held on 15 March 2017. During 2016–2017 AWMSG held 10 meetings at which 39 medicines were appraised and 19 medicines optimisation documents were endorsed.

# AWMSG Strategy update

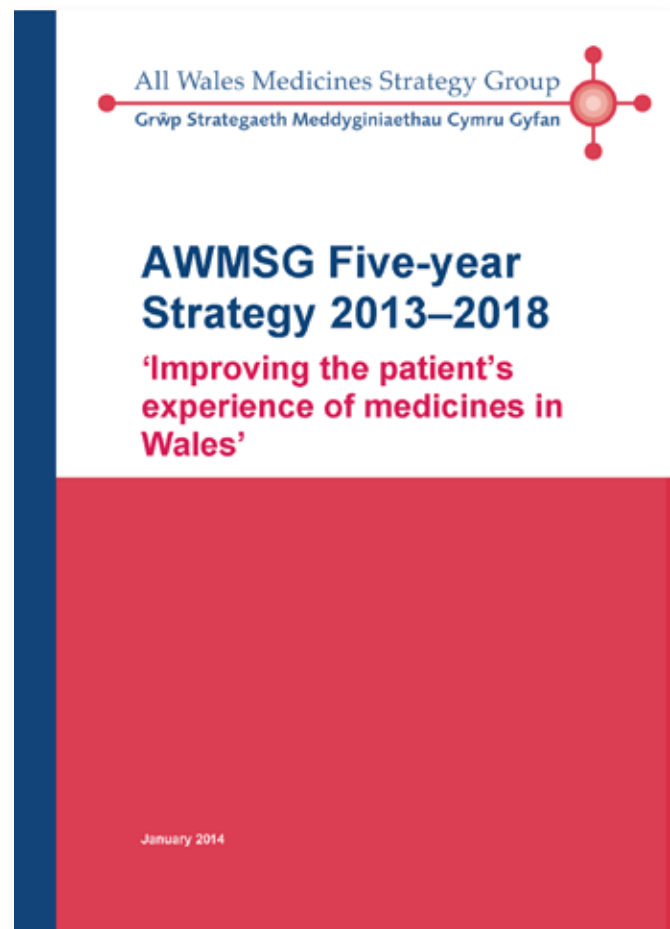
AWMSG is committed to ensuring that safe and effective medicines are made available for patients in Wales, and that patient healthcare outcomes are improved through the best use of medicines. The AWMSG Five-year Strategy 2013–2018 makes key recommendations in line with the roles and requirements of AWMSG to support this commitment.

'Partnership with the public' was highlighted as a priority in the 2013–2018 Strategy, and the document made two recommendations: the development of a Patient and Public Involvement Group (PAPIG) and a Citizens' Jury to report on antibiotic resistance. PAPIG meets on a regular basis and is now an integral part of AWMSG's processes (see page 5 for more information on patient involvement). PAPIG is consulted regularly on guideline development and process changes. The Citizens' Jury was run by Professor Marcus Longley and met over one week in the Cardiff City Hall in July 2016 (see page 8 for the full story).

AWMSG is committed to promoting the highest quality of prescribing for patients in Wales, and aims to do so by developing and monitoring National Prescribing Indicators, developing national guidelines and audits, and providing educational bulletins and prudent prescribing workshops. See page 11 for AWMSG's medicines optimisation work.

AWMSG made a commitment to review all health technology assessments (HTAs) published from March 2012 onwards to maintain their currency. In line with this commitment, 86 AWMSG HTA recommendations have now been reviewed. This includes 39 recommendations reviewed in 2016–2017. See page 16 for full appraisal information.

The Yellow Card scheme for reporting adverse drug reactions (ADRs) was developed following the thalidomide tragedy and aims to highlight ADRs as early as possible. AWMSG made a commitment to improve reporting rates and the introduction of the Yellow Card



National Prescribing Indicator in 2014–2015 has had a significant impact on the number of Yellow Cards submitted, with data before and after the introduction showing a 144% increase in Wales, compared with a 17% increase in England for the same period. Since the introduction of the Yellow Card National Prescribing Indicator, Wales has become the highest reporting region in the UK. See page 15 for Yellow Card National Prescribing Indicator data.

# Working in partnership

AWMSG works with patients, healthcare professionals and representatives of the pharmaceutical industry (via the Therapeutic Development Assessment [TDA] Partnership Group) to make recommendations and produce resources that improve the care of patients in Wales.

Its work is supported by two subgroups: the New Medicines Group (NMG) and the All Wales Prescribing Advisory Group (AWPAG). Secretariat support is provided by the All Wales Therapeutics and Toxicology Centre (AWTTC).



## Patients

Patients, and their families and carers, are best placed to explain how a condition or medicine affects them, or the person they care for.

We ask for patient views as part of all new medicine appraisals, and also strongly encourage patients to take part in consultations for medicines optimisation resources.

The Patient and Public Interest Group (PAPIG) was set up to help us involve patients and patient organisations in the most effective ways we can. Members meet quarterly and provide vital input into our work.

### Patient Engagement Film

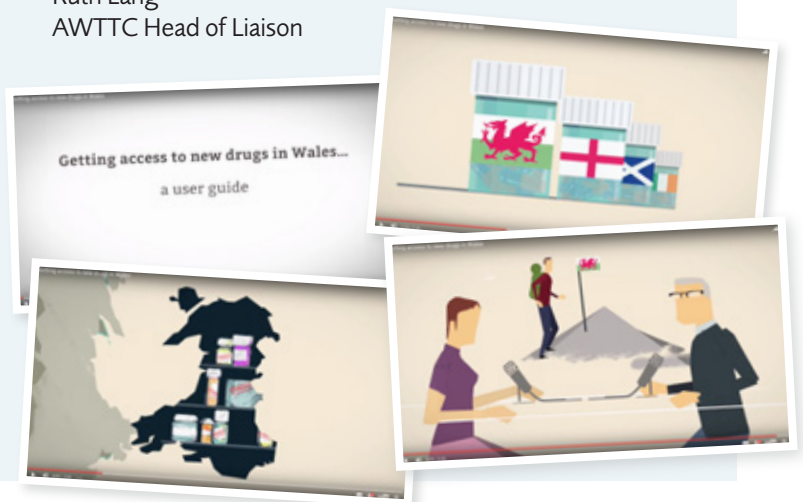
*"The patient is at the centre of our work and it is so valuable when a patient or carer contributes to an AWMSG appraisal of a medicine. Their views really bring the discussion to life and help to emphasise the impact that a positive recommendation might have on patients' lives. However, there are lots of patients who have never heard of AWMSG and they are unaware that they can get involved in its work. It's so disappointing when we appraise a medicine and the patient voice is missing from the discussion.*

*As Head of Liaison at the All Wales Therapeutics and Toxicology Centre (AWTTC), I am very keen to come up with new ways to raise awareness of the medicines appraisal process in Wales and let patients know that they can have a key role in it.*

*So I teamed up with Keith Cass, a patient with prostate cancer and founder member of the Red Sock Campaign, which supports patients with prostate cancer and informs the public about the condition. We sat down in a recording studio for a few hours with a facilitator, who has worked with other NHS organisations to promote health messages via digital media.*

*The end result was a patient engagement film that is now available on the appraisal section of the AWMSG website. We shared it with AWMSG's Patient and Public Interest Group and AWMSG members at their Training Day. We also played it to members of the pharmaceutical industry at the annual AWMSG Masterclass. It was very positively received by all and I'm hoping we can do something similar next year to promote industry engagement."*

Ruth Lang  
AWTTC Head of Liaison



## Get involved

### Join PAPIG

PAPIG meetings are held quarterly and members contribute to the work of AWMSG in lots of ways, including providing feedback on resources, appraisal processes and web content. Send us an email if you would like more information: [awttc@wales.nhs.uk](mailto:awttc@wales.nhs.uk)

### Take part in a consultation

Register an interest or visit the consultations page on the AWMSG website to read the document(s) and give feedback.

### Come to a meeting

AWMSG meetings are open to the public and dates are listed on the AWMSG website.

### Have your say on new medicines

Patients with a condition, their carers and patient organisations are invited to complete a questionnaire to outline their experience of the condition being treated and experience of existing treatments. Medicines awaiting patient views can be accessed on the AWMSG website.

### Be a lay member

AWMSG and its subgroups have lay members to provide the patient/public voice. Email [awttc@wales.nhs.uk](mailto:awttc@wales.nhs.uk) to find out if there are any vacancies and register an interest.

### Volunteer to be a member of a reader group

When we produce information for patients, we need members of the public and patients to read them and let us know whether they are clear, user friendly and getting the right message across. If you would like to be a part of our reader group, please get in touch on [awttc@wales.nhs.uk](mailto:awttc@wales.nhs.uk)

### Visit our website

For more details of our work and ways you can get involved, please visit [www.awmsg.org](http://www.awmsg.org)

# Working in partnership *continued*

## Healthcare professionals

Healthcare professionals play a fundamental role in the work of AWMSG and are involved at every step of our processes: authoring resources, contributing on committees and working groups, providing clinical expert views, taking part in consultations, and implementing the advice and resources that AWMSG produces.

It is vitally important that healthcare professionals are engaged in our work, and we receive enormous support from such colleagues across Wales, without which we would not be able to achieve our aims.

## Best Practice Day | 16 June 2016

The *National Prescribing Indicators 2015–2016: Analysis of Prescribing Data to March 2016* report highlighted significant positive progress made in relation to the National Prescribing Indicators (NPIs) in Wales over the year. In fact, for each pre-existing NPI with a threshold, there was an overall improvement in prescribing, compared to 2014–2015. In light of this, AWMSG requested that the All Wales Therapeutics and Toxicology Centre (AWTTC) explore some of the good practice that contributed to these positive trends.

AWTTC responded by hosting the first annual Best Practice Day at the Cardiff City Stadium on 16 June 2016 to celebrate the successful medicines optimisation work that is going on in health boards across Wales and to share stories of good practice.

The day provided an opportunity for GP prescribing leads, cluster leads, prescribing advisors and other healthcare professionals from all health boards to share their experiences with colleagues across Wales and showcase their work, with the aim of sharing and supporting each other to promote prudent healthcare.

The day focused on six of the NPI areas, with presentations from six health boards:

- ▶ Antibiotics at Cardiff and Vale University Health Board
- ▶ Non-steroidal anti-inflammatory drugs at Cwm Taf University Health Board
- ▶ Respiratory prescribing at Abertawe Bro Morgannwg University Health Board
- ▶ Hypnotics and anxiolytics at Betsi Cadwaladr University Health Board
- ▶ Proton pump inhibitors at Hywel Dda University Health Board
- ▶ Tramadol at Aneurin Bevan University Health Board

The meeting also marked the launch of SPIRA, AWTTC's new online interactive programme for comparative analysis of NPI information.



## Get involved

### Join a committee

AWMSG and its subgroups are always interested in hearing from you if you would like to volunteer to become a member. Email [awttc@wales.nhs.uk](mailto:awttc@wales.nhs.uk) to register an interest.

### Take part in a consultation

Register an interest or visit the consultations page on the AWMSG website to read the document(s) and give feedback.

### Come to a meeting

AWMSG meetings are open to the public and dates are listed on the AWMSG website.

### Be a clinical expert

Clinicians with a particular interest are encouraged to provide an expert view on appraisals. Access the questionnaire on the AWMSG website.

### Propose a project

If you would like to propose a medicines optimisation project for AWMSG's consideration please complete a New Project Proposal Form, available on the AWMSG website.

### Visit our website

For more details of our work and ways you can get involved, please visit [www.awmsg.org](http://www.awmsg.org)

## Pharmaceutical industry

The pharmaceutical industry is an essential partner, particularly in the health technology assessment (HTA) process, where their engagement enables prompt appraisal of new medicines. This in turn allows medicines that receive a positive recommendation to be available across Wales, often before they are available in England.

The pharmaceutical industry also provides input into AWMSG medicines optimisation work, where they are able to provide a valuable perspective.

### AWMSG Masterclass | 25 November 2016

AWMSG held its 5th annual Masterclass for members of the pharmaceutical industry on 25 November 2016 at the All Nations Centre, Cardiff.

The event was organised by the All Wales Therapeutics and Toxicology Centre (AWTTC) and chaired by Rob Thomas from the Association of the British Pharmaceutical Industry (ABPI). There were talks from Stuart Linton, Chair of AWMSG, and Saad Al-Ismael, Chair of NMG. Speakers from AWTTC gave practical advice on building an HTA submission and making a good case for cost effectiveness. Sessions also focused on One Wales, Individual Patient Funding Requests, Wales Patient Access Schemes and budget impact. The recently produced patient engagement film was shown to delegates and plans to produce a similar film to promote industry engagement were announced.

Feedback from the event was overwhelmingly positive, with delegates praising the informative and engaging interactive sessions.



## Get involved

### Submit a medicine for appraisal

Companies are encouraged to submit their medicine to AWMSG for appraisal as soon as the marketing authorisation is granted. Information on the appraisal process and all relevant documentation can be accessed on the industry pages of the AWMSG website.

### Take part in consultations

Register an interest or visit the consultations page on the AWMSG website to read the document(s) and give feedback.

### Come to a meeting

AWMSG meetings are open to the public and dates are listed on the AWMSG website.

### Visit our website

For more details of our work and ways you can engage with the appraisal process and consultations, please visit [www.awmsg.org](http://www.awmsg.org)

## Working in partnership *continued*



### Citizens' Jury | 5–8 July 2016

Antimicrobial resistance is a growing global problem, and is thought to cause around 700,000 deaths each year. Efforts to address antimicrobial resistance are being made by many countries, as well as on a worldwide scale by the WHO.

The Welsh Government launched a plan at the end of 2015 to tackle the threat of antibiotic resistance. To support this, and to advise Welsh Government, AWMSG commissioned the Welsh Institute for Health and Social Care (WIHSC) at the University of South Wales, to organise and undertake a Citizens' Jury to explore how patients and the public can help healthcare professionals reduce inappropriate antibiotic prescribing.

Since its inception in 2002, this has been the largest single project undertaken by AWMSG and it delivered on one of the recommendations in the AWMSG Five-year Strategy 2013–2018, which tasks AWMSG with working "in partnership with the public to ensure patients and service users are involved in its work and decisions as equal partners".

To tackle such a large project, a Citizens' Jury Steering Group was established comprising representatives from AWMSG's Patient and Public Interest Group (PAPIG), representatives from the All Wales Therapeutics and

Toxicology Centre (AWTTC) and other individuals identified by Professor Marcus Longley, the project lead based in the University of South Wales.

The Steering Group met on three occasions to discuss the development of the project, including dates, venues, communication, process for identifying jurors, topics for discussion and potential speakers. Members of the jury were appointed by an independent company and included broad representation from across Wales.

The programme for jurors included sessions on:

- ▶ Patient stories
- ▶ Microbiology of bacteria, viruses, and the use of antibiotics
- ▶ What does antibiotic resistance mean for you?
- ▶ Sociological perspective
- ▶ Role of pharmaceutical companies, and research and development
- ▶ Accessing antibiotics
- ▶ Antimicrobial stewardship

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*"Antimicrobial resistance happens when microorganisms change when exposed to antimicrobial drugs. Microorganisms that develop antimicrobial resistance are sometimes referred to as "superbugs". As a result, the medicines become ineffective and infections persist in the body, increasing the risk of spread to others."*  
World Health Organization (WHO)

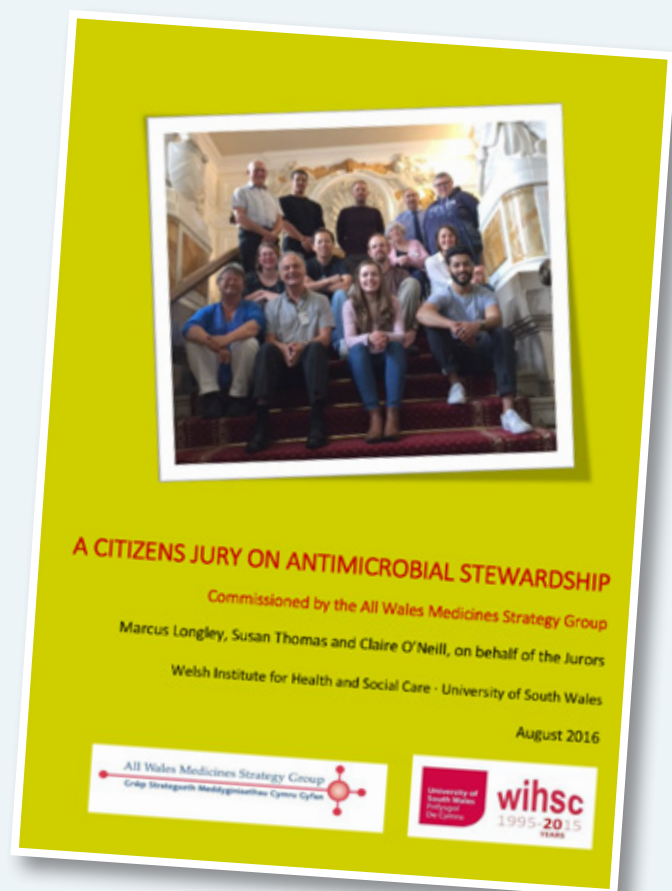
The Citizens' Jury was held in Cardiff City Hall from the 5th to the 8th July 2016.

The Jury was tasked with answering the following question: *How should patients and the public contribute to antimicrobial stewardship, and what support should the NHS offer them?*

The Jury concluded that substantial and urgent action is now needed by us all, and in their final report published in October 2016 they made the following ten recommendations:

- 1: A substantial and coordinated social marketing campaign should be conducted to change people's behaviour
- 2: Provide specific education, information and advice in support of Recommendation 1 to target specific groups
- 3: Before booking a GP appointment, people should be helped to assess whether or not they might need antibiotics, and to cope better with their symptoms when antibiotics are not needed
- 4: Deferred or post-dated prescriptions should be much more widely used
- 5: All primary care prescribers should be required to demonstrate their continuing competence and appropriate prescribing of antibiotics
- 6: The Chief Medical Officer for Wales should urgently draw prescribers' attention to their current practice
- 7: All antibiotics should only be available as Prescription-only Medicines
- 8: A 'levy' on antibiotics should be imposed to remind prescribers of their value and to raise additional funds for research and social marketing
- 9: The use of antibiotics in agriculture needs further attention
- 10: There should be a public debate about whether prescription charges should be introduced for antibiotics

The report was presented to AWMMSG in October 2016 and the minutes of that meeting capture the discussion. The Citizens' Jury report is available on the AWMMSG website ([www.awmsg.org](http://www.awmsg.org)). The report was submitted to Welsh Government in October 2016 and has fed into the Welsh Antimicrobial Resistance Programme, established by Public Health Wales (PHW), which aims to address the increasing problem of antimicrobial resistance in Wales. The ongoing work of this programme can be found on the PHW website.



## Working in partnership *continued*

### Auditor General for Wales publishes report on medicines management in Wales | December 2016

The Wales Audit Office report, *Managing medicines in primary and secondary care*, was published in December 2016 and highlighted some of the ways in which the work of AWMSG is making a positive contribution to medicines management in NHS Wales. The key findings of the report related to AWMSG were:

**Medicines appraisal** – The report acknowledged the clear and well-defined medicines appraisal process and the co-ordinated way in which AWMSG and the National Institute for Health and Care Excellence (NICE) take decisions on new medicines.

**Patient and Public Interest Group** – The clear benefits from involving patients and staff, and their vital perspectives from the point of view of receiving and delivering health services, were noted in the report. The AWMSG Patient and Public Interest Group (PAPIG) and its role in engaging patients and staff in the development of medicines strategies were also highlighted. The report noted that it will be important to ensure that the output from this group helps facilitate the closer engagement that is needed.

**Medicines Administration, Recording, Review, Storage and Disposal** – The report highlighted the development of the AWMSG-endorsed *All Wales Policy for Medicines Administration, Recording, Review, Storage and Disposal (MARRS)* in November 2015 in response to the *Trusted to Care* report. The report recommended that the Chief Pharmaceutical Officer for Wales should lead national reviews to assess each health body's compliance with the MARRS policy.

**National Prescribing Indicators** – The report signposts to the National Prescribing Indicators (NPIs) on the AWMSG website as a key source of guidance for the strategic direction in Wales and states that the Welsh Government has recognised the need to raise the profile of the NPIs. In light of this a selection of the NPIs has been reintroduced within the national performance framework for 2016–2017. In order to consider a rounded picture of whether the prescribing of medicines is effective, the report recommends that the Welsh Government should develop a plan, in partnership with AWMSG, health bodies and GPs, to evolve the NPIs so that they begin to consider measures of whether the right patients are receiving the right medicines and whether medicines are making a difference to people's outcomes.

**NPI Quarterly reports** – The report noted that there has been a marked improvement in the NPI performance reports over recent years and refers to engaging graphs that compare performance between Wales and England, trend data in each health board area and even information at the level of primary care clusters. The

report highlights that health bodies now need to ensure they are making good use of the nationally produced data to help them drive comparisons and improvements. It also outlined some of the positive progress, and prescribing areas where there is scope for additional improvements in safety and cost savings.

**SPIRA** – The report points out that further improvements to the national data include work by the Welsh Analytical Prescribing Support Unit (WAPSU) to develop SPIRA as an interactive, online tool for analysing primary care prescribing data. It describes SPIRA as an engaging and user-friendly tool, which presents data flexibly, using dashboard views.

**Choose Pharmacy (now known as Common Ailments) formulary** – The report describes the evaluation of the pilot scheme in 2015, which showed that while the scheme had 'yet to make an impact at scale', it did show a small reduction in the number of prescriptions issued by GPs, and many stakeholders believed the scheme had delivered positive outcomes including a reduction in demand for GP consultations. The evaluation estimated that the national roll out of Choose Pharmacy is likely to secure around £43 million in savings, mainly due to a reduction in GP appointments.

**Homecare** – The report highlighted that, in an attempt to minimise the risks relating to the governance and management of homecare services, AWMSG set up a Homecare Subgroup. The Homecare Subgroup worked in partnership with the Royal Pharmaceutical Society to produce an All Wales handbook to guide the safe and effective delivery of homecare services. The report recommends that the All Wales Chief Pharmacists' Committee should lead a national audit of compliance with the measures set out in the All Wales handbook on the safe and effective delivery of homecare services.

The report is available from the Wales Audit Office website.



# Our work this year

## – Medicines optimisation

Medicines optimisation focuses on patients and outcomes rather than process and systems. It aims to support healthcare workers in advising patients how they can obtain the best outcomes from their medicines. In some cases, this may involve stopping some medicines and/or starting others to improve effectiveness and safety, and giving advice about how best to adhere to the treatment. To help patients and prescribers achieve the best outcomes from medicines, AWMMSG publishes prescribing guidance and resources, as well as reports on prescribing performance.

### Guidance and resources

Medicines optimisation guidance and resources this year have focused on the following areas of healthcare.

#### Chronic kidney disease

Chronic kidney disease (CKD) is a common condition in which the kidneys don't function as they should. There are usually no symptoms of CKD in the early stages; however, early identification and management of CKD is important in limiting progression of the disease and development of complications. CKD often exists together with other conditions (e.g. cardiovascular disease) and early identification can bring benefits in these areas as well.

#### Medicines Management Resource for Chronic Kidney Disease

This resource includes information for primary care teams on clinical issues arising in CKD and provides links to useful resources. It also includes an educational slide set. (February 2017)

#### CEPP National Audit – Medicines Management for Chronic Kidney Disease

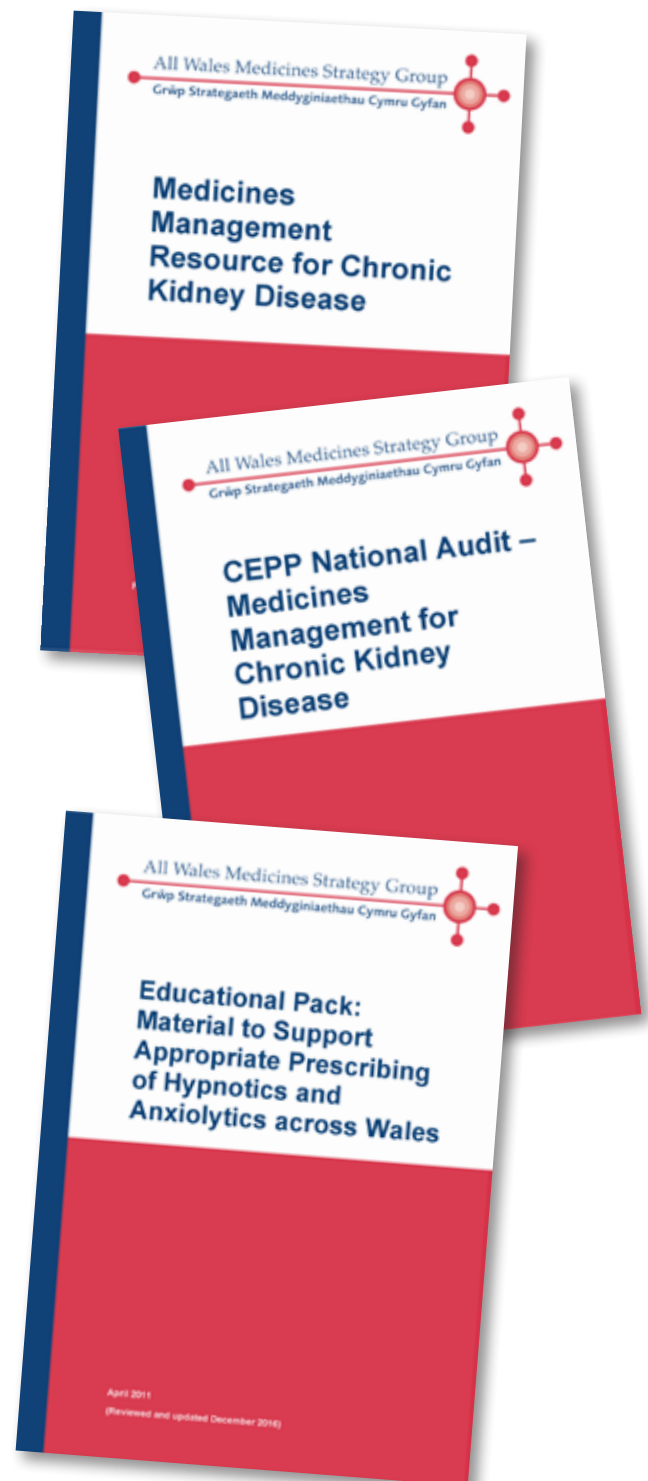
This audit has been developed to support the safe management of CKD patients. The aim is to improve the diagnosis of CKD, and to ensure that patients receive the best treatment to improve their outcomes. (February 2017)

#### Hypnotic and anxiolytic medicines

Hypnotic and anxiolytic medicines are used to help with sleep problems and symptoms of anxiety. However, it is well recognised that these medicines should not be used for a long time (e.g. more than 4 weeks), as they can cause side effects and problems of tolerance and dependence.

#### Material to Support Appropriate Prescribing of Hypnotics and Anxiolytics across Wales

These materials aim to help healthcare professionals to prescribe hypnotics and anxiolytics appropriately for patients in Wales. They provide practical advice for starting and reviewing hypnotics and anxiolytics. They also include support material such as assessment tools, information for patients, guides for healthcare professionals and reduction/withdrawal guidelines and tools, which can be used or adapted by prescribers to help with appropriate prescribing. (Updated: December 2016)



# Our work this year

## – Medicines optimisation *continued*

### Dry eye syndrome

Dry eye syndrome is a common condition that occurs when the eyes don't make enough tears, or the tears evaporate too quickly. This leads to the eyes drying out and becoming red, swollen and irritated.

#### Dry Eye Syndrome Guidance

This guidance aims to help healthcare professionals to give patients the best advice and information on how to manage dry eye syndrome, in particular using good eyelid hygiene. It also contains details of medicines that can be prescribed for dry eye, and advice on when the patient should be referred to an ophthalmologist. The guidance can be used in both primary and secondary care. (December 2016)

### Vitamins for babies, children and pregnant and breastfeeding women

It is not always possible for babies, children and pregnant and breastfeeding women to get enough vitamins from diet alone. The Department of Health, the National Institute for Health and Care Excellence (NICE) and Public Health Wales (PHW) have issued advice on which vitamin supplements babies, children and pregnant and breastfeeding women should be taking.

#### Vitamins for Babies, Children, and Pregnant and Breastfeeding Women

This guidance aims to raise awareness of the vitamins that babies, children, and pregnant and breastfeeding women should be taking, and outlines the Healthy Start scheme, which helps low-income families to get the vitamins they need. There is also advice for people who are not eligible for Healthy Start to help them get the right daily vitamin intake. (November 2016)

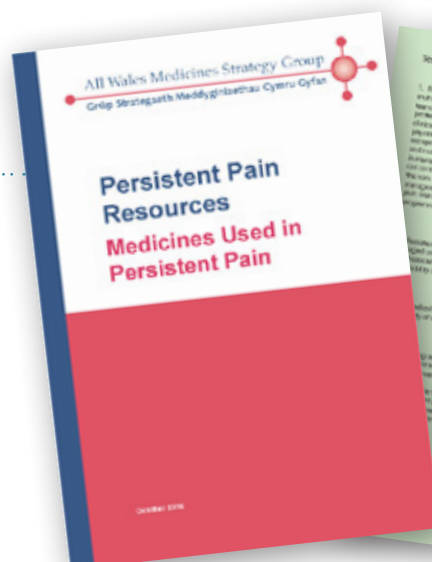
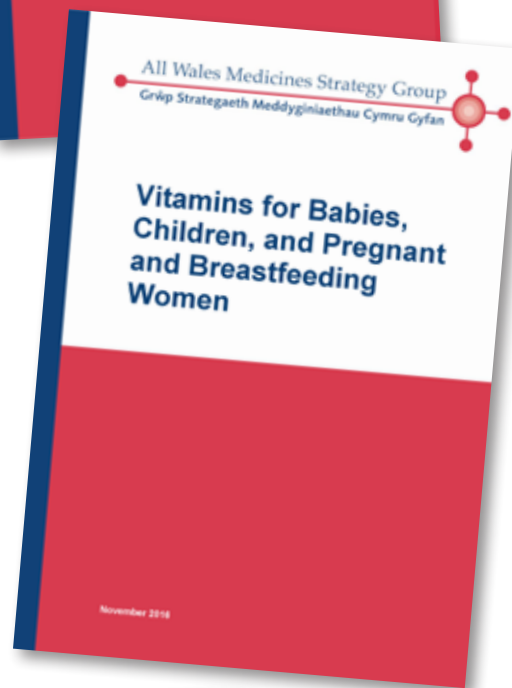
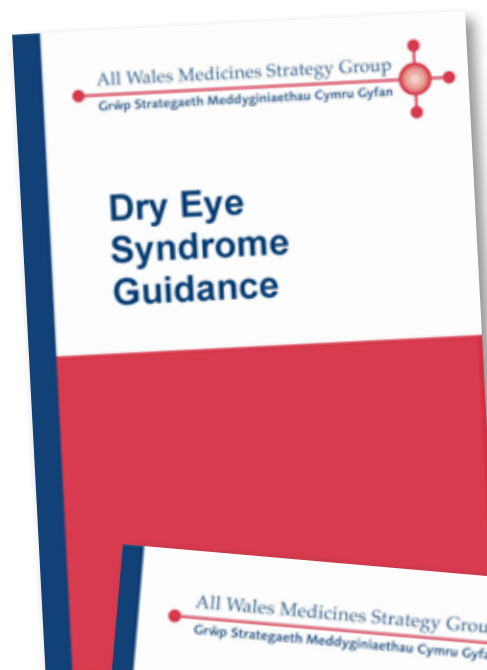
### Persistent pain

Pain is a common and distressing condition. Persistent, or chronic, pain tends to be defined as pain that has been present for three months or more. Persistent pain is often difficult to treat and can reduce quality of life and make people less able to carry out their day to day activities.

#### Persistent Pain Resources

This resource pack gives non-specialist healthcare professionals access to useful information on managing persistent non-malignant pain. It includes:

- ▶ Medicines Used in Persistent Pain
- ▶ Signposting to Persistent Pain Resources
- ▶ Ten Key Messages
- ▶ Shared Decision-Making Toolkit
- ▶ Educational Slide Set (October 2016)



## Opioid patches

Fentanyl and buprenorphine are strong opioids that are available as patches for the skin. Opioid patches are used to treat moderate to severe pain. However, patients need to know how to safely use, store and dispose of their patches in order to keep themselves and those around them safe from overdose, accidental exposure and misuse.

### Safeguarding Users of Opioid Patches by Standardising Patient and Caregiver Counselling

The aim of this checklist is to help healthcare professionals to counsel patients on the safe use of their opioid patches. There is also a patient information leaflet for patients to refer to after counselling to remind them of what has been discussed. (September 2016)

## Amiodarone

Amiodarone is used to treat severe heart rhythm disorders, when other medicines either cannot be used or have not worked. However, patients taking amiodarone need to have regular checkups because amiodarone can have serious side effects. For this reason all patients taking amiodarone in Wales should be reviewed to make sure there is still a need for them to be taking it.

### Prescribing of Amiodarone for Atrial Fibrillation and Atrial Flutter in Wales

The aim of this guidance is to help doctors in the review process for patients taking amiodarone. (September 2016)

## Low molecular weight heparin

Low molecular weight heparin (LMWH) is an anticoagulant medicine used to treat or prevent a range of blood clotting disorders. Many different healthcare professionals are involved in a patient's treatment with LMWH and so it is important that they are trained to use this medicine in the safest and most effective way.

### Prescribing of Low Molecular Weight Heparin in Wales

This document gives healthcare professionals information to help them prescribe the right anticoagulant at the right time, and also helps them give the best advice and information to patients who are taking this medicine. (September 2016)

## Partnership working

NHS Wales wishes to work with partners across all sectors of healthcare to bring benefits for patients and improve health outcomes for the people of Wales.

### Guidance for Partnership Working Between NHS Organisations, Primary Care Contractors, the Pharmaceutical Industry and Allied Commercial Sector in Wales

This guidance aims to encourage open and transparent partnership working between NHS Wales, primary care contractors, the pharmaceutical industry and the allied commercial sector. (September 2016)



# Our work this year

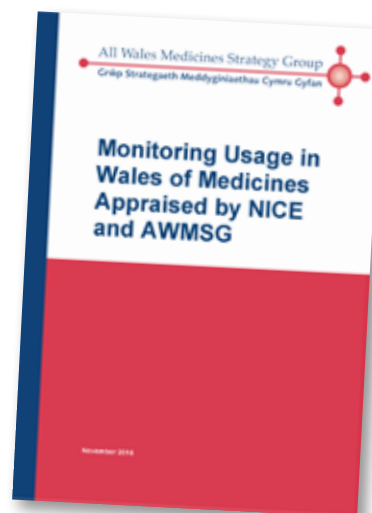
## – Prescribing monitoring

AWMSG monitors and analyses prescribing data in order to benchmark performance and drive improvements in the service.

### Monitoring of Appraised Medicines

Whether or not a medicine is funded by NHS Wales is based on advice from two sources: AWMSG and the National Institute for Health and Care Excellence (NICE). Health boards should act on this advice promptly.

This report monitors the usage of medicines that have been appraised, and also focuses on three specific areas of current therapeutic interest: hepatitis C medicines, inhalers for respiratory disease and medicines used in type 2 diabetes.



### National Prescribing Indicators

National Prescribing Indicators (NPIs) are used to highlight therapeutic priorities for NHS Wales and compare the way in which different prescribers and organisations use particular medicines or groups of medicines. NPIs should be evidence-based, clear, easily understood and allow health boards, practices and prescribers to compare current practice against an agreed standard of quality.

### National Prescribing Indicators 2017–2018

For 2017–2018, there are 14 primary care NPIs focusing on seven areas of prescribing and the reporting of adverse events (Yellow Cards). A threshold level of prescribing or reporting is set for 13 of the 14 primary care NPIs. There are also three secondary care NPIs which were newly introduced for 2016–2017 and continued in 2017–2018, focusing on insulin, biosimilars and antibiotic surgical prophylaxis. The NPIs 2017–2018 and Supporting Information for Prescribers were endorsed by AWMSG at their February 2017 meeting, and are available on the AWMSG website along with the NPI 2017–2018 Slide Set.

### NPI Quarterly Reports

During 2016–2017, NPIs were monitored quarterly and reports published on the AWMSG website. The report for the quarter ending March 2017 showed that of the 12 primary care NPIs with a threshold, there was an overall improvement across Wales in nine NPIs (in line with the aim of each indicator), compared to the equivalent quarter of the previous year (quarter ending March 2016). All three secondary care NPIs showed an improvement in prescribing, in line with the aim of each indicator.



## National Prescribing Indicators 2002–2017

### Primary care National Prescribing Indicators

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 a National Prescribing Indicator.

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

National 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	2015–2016	2016–2017	
Generic medicines (% of items)	74	77	<u>79</u>	<u>81</u>	<u>83</u>	<u>84</u>	<u>85</u>	<u>84</u>	84	84	84	83	84	83	82	
Proton pump inhibitors (PPIs) (DDDs/1,000 PUs)					3625	4104	4547	5059	5538	<u>6085</u>	6224	6568	6907	<u>7007</u>	<u>7027</u>	
Lipid regulating drugs (items of bile acid sequestrants, fibrates, nicotinic acid and omega-3 fatty acid compounds as a % of total lipid regulating items)													3.06	2.79	2.62	<u>2.45</u>
Lipid regulating drugs (items of bile acid sequestrants, fibrates, nicotinic acid and omega-3 fatty acid compounds as a % of total lipid regulating items)																
Low strength inhaled corticosteroids (ICS) (% of all ICS prescribing)									40	39	<u>39</u>	38	38	<u>38</u>	<u>59</u>	
Hypnotics & anxiolytics (ADQs/1,000 STAR-PUs)*									2606	2452	<u>2227</u>	<u>2106</u>	N/A	N/A	N/A	
Hypnotics & anxiolytics (ADQs/1,000 STAR-PUs)*									2606	2452	<u>2227</u>	<u>2106</u>	N/A	N/A	N/A	
Tramadol (DDDs/1,000 patients)									741	786	797	788	<u>708</u>	<u>665</u>	<u>631</u>	
Gabapentin and pregabalin (DDDs per 1,000 patients)													890	1054	1196	<u>1348</u>
Antibiotics (items/1,000 STAR-PUs)*									395	415	<u>397</u>	<u>384</u>	N/A	N/A	N/A	
Antibiotics (items/1,000 STAR-PUs)*									395	415	<u>397</u>	<u>384</u>	N/A	N/A	N/A	
Fluoroquinolones (% of antibacterial items)									2.49	2.03	<u>1.98</u>	<u>2.04</u>	<u>1.85</u>	<u>1.75</u>	<u>1.86</u>	
Cephalosporins (% of antibacterial items)									7.12	5.35	<u>4.95</u>	<u>4.42</u>	<u>3.56</u>	<u>3.17</u>	<u>3.06</u>	
Co-amoxiclav (% of antibacterial items)									5.88	4.86	<u>4.63</u>	<u>4.55</u>	<u>3.97</u>	<u>3.45</u>	<u>3.32</u>	
NSAIDs (ADQs/1,000 STAR-PUs)*									1384	1283	<u>1175</u>	<u>1121</u>	N/A	N/A	N/A	
NSAIDs (ADQs/1,000 STAR-PUs)*									1384	1283	<u>1175</u>	<u>1121</u>	N/A	N/A	N/A	
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>	<u>82</u>	<u>82</u>	
Yellow Cards** (number submitted by GPs)												116	271	<u>662</u>	<u>851</u>	
Yellow Cards** (number submitted by all reporters)												649	1177	<u>1462</u>	<u>1817</u>	
Yellow Cards** (number submitted by all reporters)												649	1177	<u>1462</u>	<u>1817</u>	

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

\* 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, the data shown here are for all Wales.

### Secondary care National Prescribing Indicators

Secondary care National Prescribing Indicators were introduced in 2016–2017. Figures in the table are taken from the quarter ending March in each financial year, except for the antibiotic surgical prophylaxis which is for the complete financial year. Figures show secondary care prescribing, except for long-acting insulin where figures for primary care prescribing are also included to capture ongoing prescribing that may have been initiated in secondary care.

National Prescribing Indicator	2015–2016	2016–2017
Long-acting insulin prescribing (% of total insulin)	88.2	<u>89.1</u>
Biosimilar prescribing (% of total biologic)	Filgrastim	98.5
	Infliximab	26.2
	Insulin glargine	0.00
Antibiotic surgical prophylaxis (% of patients receiving prophylaxis for greater than 24 hours)	N/A	<u>12</u>

# Our work this year

## – Health Technology Assessment

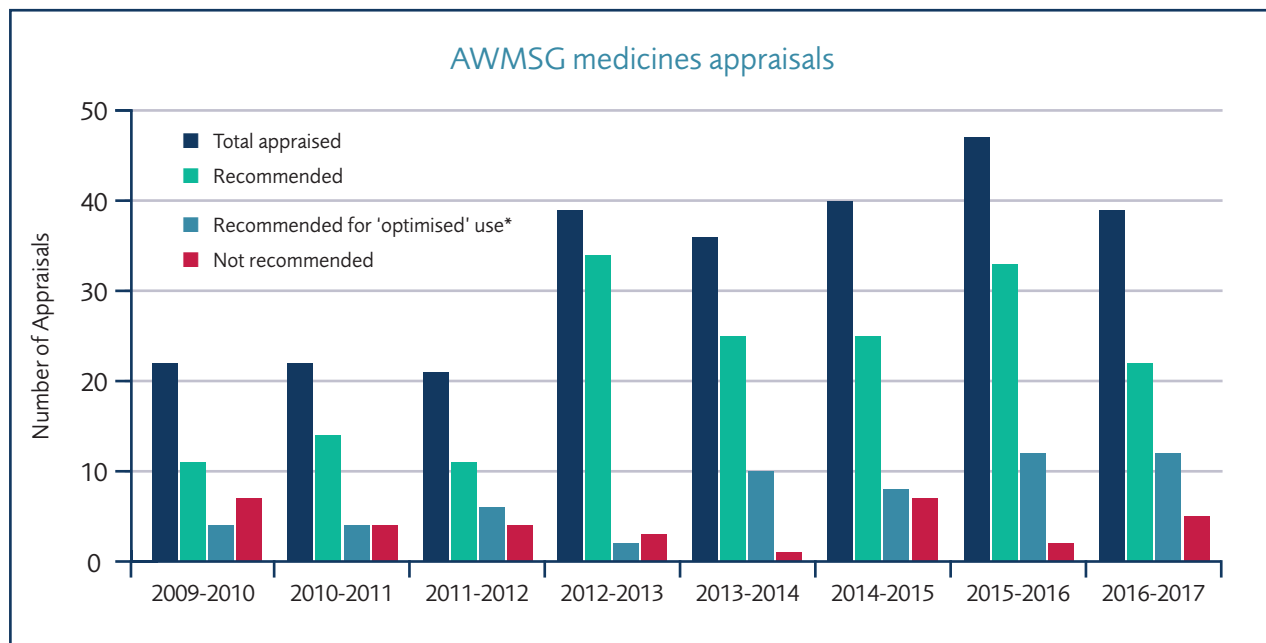
AWMSG advises Welsh Government on whether new medicines should be made available for use in NHS Wales. New medicines are appraised against currently available medicines to compare:

- ▶ how well they work
- ▶ how cost-effective they are
- ▶ which patients they would benefit the most.

### Advice issued in 2016–2017

<b>Medicines appraisals</b>	<b>39</b>
– Recommended	22
– Recommended for 'optimised' use*	12
– Not recommended	5
Statements of Advice issued on non-appraised medicines to NHS Wales	35
<b>Total number of medicines on which advice provided to NHS Wales</b>	<b>74</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'.

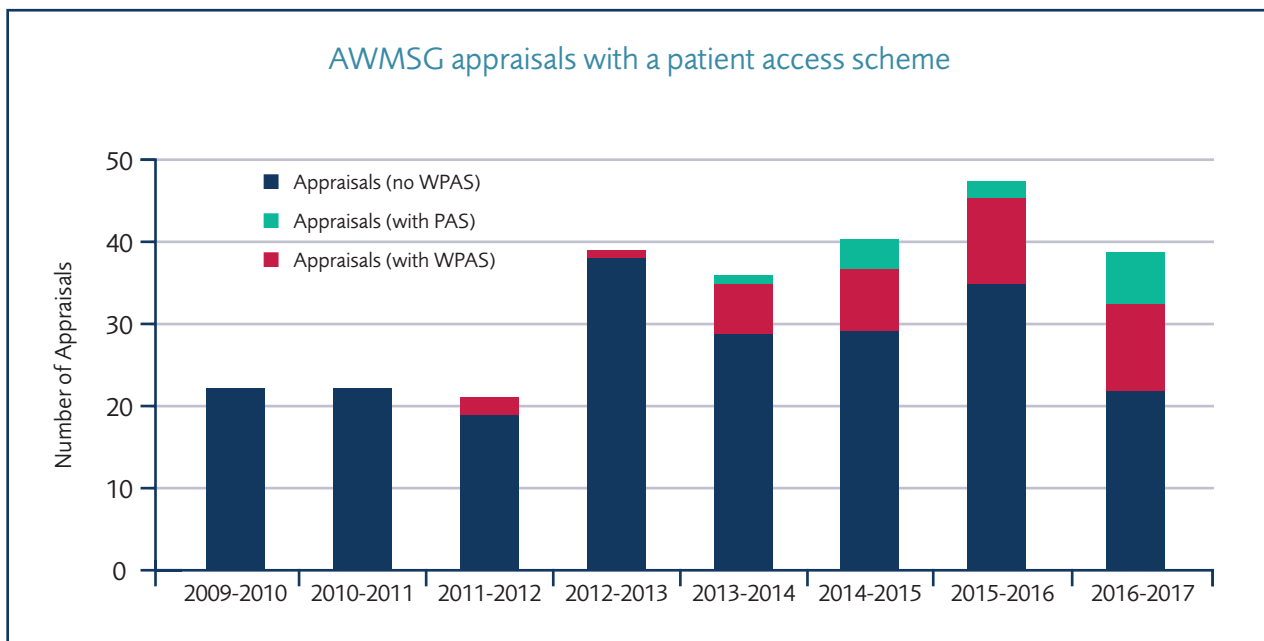


### Wales Patient Access Scheme

A patient access scheme (PAS) enables the manufacturer of a medicine to offer a discount, rebate or variation on the list price. There are two types of schemes – simple discount schemes and complex schemes. Both types of scheme aim to improve the case for cost-effectiveness of a medicine and increase the chance of a positive appraisal recommendation. This figure illustrates that since the introduction of the Wales Patient Access Scheme (WPAS) in 2012, the number of applications with an associated patient access scheme has increased. In order to protect commercial confidentiality, the appraisal of a medicine with a patient access scheme is held in private.

### The New Treatment Fund

In January 2017, the Cabinet Secretary for Health, Well-being and Sport, Vaughan Gething, announced that a new treatment fund was "open for business". The fund provides £16 million annually to support health boards in Wales to speed up the implementation of medicines recommended for use by the National Institute for Health and Care Excellence (NICE) and AWMSG. There is a requirement for medicines to be made available for use in NHS Wales within 60 days of approval by AWMSG or publication of a NICE Final Appraisal Determination or Final Evaluation Determination.



# Our work this year – Health Technology Assessment *continued*

## Orphan and ultra-orphan medicines, and medicines for rare diseases

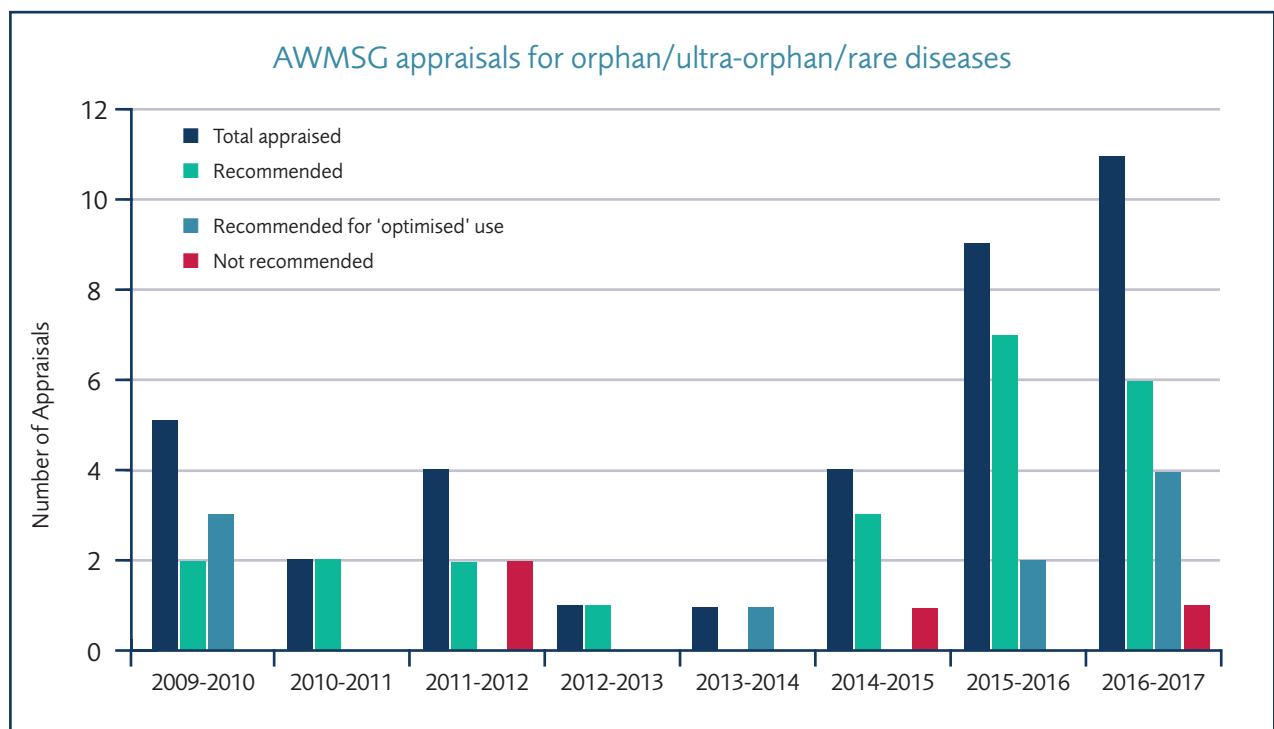
From September 2015 AWMMSG changed its process for appraising orphan and ultra-orphan medicines, and medicines developed specifically for rare diseases, to enable even greater involvement of patients and clinicians in Wales.

In recognition of the clinical needs of patients with rare diseases, and acknowledging the potentially high costs of treatment, broader considerations are now taken into account by AWMMSG when appraising these medicines.

Examples of areas of consideration include:

- ▶ whether the treatment enables the patient to continue to work or go to school,
- ▶ whether the treatment will help ease severe pain or extreme tiredness,
- ▶ whether the treatment will help relieve psychological distress or impact significantly on a patient's well-being, and
- ▶ whether the treatment will help the patient look after themselves or maintain dignity.

The graph illustrates that since the change in policy, the number of applications for appraisal of orphan and ultra-orphan medicines, and medicines developed specifically for rare diseases, has increased and the number of positive recommendations has also increased.



### Early hepatitis C treatment for Wales | November 2016

A new hepatitis C medicine, sofosbuvir–velpatasvir (Epclusa®), was approved by AWMSG for patients in NHS Wales ahead of a decision being taken by the National Institute for Health and Care Excellence (NICE). This resulted in patients in Wales having access to this medicine earlier than would otherwise have been the case, and before it was available to patients in England.

Although a NICE appraisal was scheduled, and therefore AWMSG would not normally appraise, AWMSG responded to a request from Welsh Government to provide accelerated advice because of the unmet patient need. The new medicine was found to be cost-effective as a result of a Wales Patient Access Scheme. An article in The BMJ highlighted this good news for Wales.

### Liver cancer drug sorafenib made available in Wales | April 2016

The pragmatism of the AWMSG appraisal process was shown in the appraisal of sorafenib for the treatment of primary liver cancer. The opportunity was extended to the medicine's marketing authorisation holder to engage in the AWMSG appraisal process after a negative recommendation by the National Institute for Health and Care Excellence (NICE). Additional information was provided which demonstrated a value to NHS Wales over and above that considered by NICE and which applied to the case for clinical effectiveness and cost-effectiveness. In April 2016, the Health Minister, Mark Drakeford, announced that AWMSG's recommendation – that sorafenib should be made routinely available to treat people with advanced hepatocellular carcinoma for whom there are no other treatment options – would be endorsed. As a result, in the same month sorafenib, the only medicine licensed to treat the most common form of liver cancer, became available on the Welsh NHS.

# Membership

## AWMSG

Post	Member	Deputy
Chairman	Dr Stuart Linton	Prof John Watkins
Consultant in Public Health Medicine	Prof John Watkins	Prof Stephen Monaghan
Welsh Health Specialised Services Committee	Dr Sian Lewis	Dr Pushpinder Mangat
Health Economist	Prof Dyfrig Hughes	Ms Pippa Anderson
Association of the British Pharmaceutical Industry (ABPI) Wales	Mr Rob Thomas	Mr Bill Malcolm Mr Farhan Mughal
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 Jeremy Black	Dr Susanna Jacks Dr Rebecca McGee
Managed Sector Primary Care Pharmacist	Mrs Susan Murphy	Mrs Alison Hughes
Director of Finance	Mr Stuart Davies	Mr Robert Holcombe
Managed Sector Hospital Pharmacist	Mr Roger Williams	Mr John Terry
Senior Nurse	Mrs Louise Williams	Mrs Mandy James
Other healthcare professions eligible to prescribe not already represented	Dr Anwen Cope	Vacant
Clinical Pharmacologist	Dr Emma Mason	Dr Balwinder Bajaj
Hospital Consultant	Dr Catherine Bale	Dr Sue Jeffs

## NMG

Post	Title	Position on NMG
Dr Saad Al-Ismael	Hospital Consultant	Chairman
Mr Scott Pegler	Pharmacist	Vice Chairman
Mr Brian Eadon Mrs Suzanne Davies	Pharmacist	Voting Member Deputy
Mrs Sue Beach Mr Usman Ali Malik	Pharmacist	Voting Member Deputy
Mr Trevor Batt Awaiting nomination	Pharmacist	Voting Member Deputy
Dr John Thompson Dr Alison Thomas Dr CV Krishna Dr James Coulson (only 1 of the above in attendance)	Hospital Consultant/ Clinical Pharmacologist	Voting Member
Dr Satish Kumar Dr Ian Campbell	Hospital Consultant	Voting Member Deputy
Dr David Whyler Dr Avkash Das Jain	General Practitioner	Voting Member Deputy
Awaiting nomination Awaiting nomination	Professions allied to medicine or eligible to prescribe	Voting Member Deputy
Miss Anne Hinchliffe Prof Stephen Monaghan Awaiting nomination	Public Health Wales	Voting Member (to June 2016) Voting Member Deputy
Ms Pippa Anderson Dr Fasihul Alam Prof Deborah Fitzsimmons	Health Economist	Voting Member Deputy (to September 2016) Deputy
Mr Steven Lister	Association of the British Pharmaceutical Industry (ABPI) Cymru Wales	Voting Member
Mr Tom Sunderland Ms Romita Das Awaiting nomination	ABPI Cymru Wales ABPI	Voting Member Voting Member Voting Member
Dr Andrew Champion Awaiting nomination	Welsh Health Specialised Services Committee	Voting Member Deputy
Mr Cliff Jones Mr Robert Henley	Lay member	Voting Member Deputy
Mrs Susan Newport Dr Carolyn Middleton Mr Neil Thomas	Nurse	Voting Member Deputy Deputy

## AWPAG

Discipline	Member	Health Board	Deputy
Chairman/Clinical Director of Pharmacy, Betsi Cadwaladr	Mrs Louise Howard-Baker		Dr Sue Jeffs
<b>Doctor from each health board reflecting different roles</b>			
Hospital Consultant	Dr Sue Jeffs	Aneurin Bevan	Dr Brendan Boylan (Cardiff and Vale) Dr Atir Khan (Hywel Dda)
Hospital Consultant/Medical Director	Dr Sally Lewis	Aneurin Bevan	
General Practitioner	Dr Becky McGee Dr Susanna Jacks	Aneurin Bevan	
General Practitioner	Dr Lisa Adams	Abertawe Bro Morgannwg	
Hospital Consultant/General Practitioner	Awaiting nomination	Betsi Cadwaladr	
Hospital Consultant/General Practitioner	Awaiting nomination	Cwm Taf	
Hospital Consultant/General Practitioner	Awaiting nomination	Cardiff and Vale	
Hospital Consultant/General Practitioner	Awaiting nomination	Powys	
Hospital Consultant/General Practitioner	Awaiting nomination	Hywel Dda	
General Practitioner representing British Medical Association/General Practitioners Committee Wales	Dr Peter Horvath-Howard	All Wales	Dr Phil White Dr David Bailey
Doctor or Pharmacist	Mrs Sophie Harding	Velindre	Mr Usman Malik
<b>Pharmacist from each health board reflecting different roles</b>			
Formulary and Interface Pharmacist	Mr Alan Clatworthy	Abertawe Bro Morgannwg	Ms Sue Beach (Hywel Dda) Mr Steve Simmonds (Community) Ms Katie Morris (Cardiff & Vale) Ms Jenny Pugh-Jones (Hywel Dda) Miss Kate Spittle (Cwm Taf)
Prescribing Advisor	Mr Mike Curson	Aneurin Bevan	
Clinical Director for Pharmacy	Mr Jonathan Simms	Aneurin Bevan	
Hospital Head of Pharmacy	Mrs Louise Howard-Baker	Betsi Cadwaladr	
Prescribing Advisor	Ms Fiona Walker	Cardiff & Vale	
Prescribing Advisor	Mrs Bev Woods	Cwm Taf	
Prescribing Advisor	Mrs Sarah Isaac	Hywel Dda	
Community Pharmacy	Mr Stefan Fec	Powys	
Chief Pharmacist	Mrs Bethan Tranter	Velindre	
<b>Lay member</b>			
	Ms Jane Barnard		Mr David Barnard
<b>Medicines Safety Officer</b>			
	Dr Lynette James	Cardiff & Vale	
<b>Healthcare professional eligible to prescribe</b>			
	Mr Gary Morris		
	Awaiting nomination		Awaiting nomination
<b>Public Health Wales</b>			
	Ms Sian Evans		Awaiting nomination
<b>Association of the British Pharmaceutical Industry (ABPI) Cymru Wales Industry Group</b>			
	Ms Robyn Miles		Mr Phil Groom Miss Lee-Ann Farrell
<b>Non-voting members</b>			
Director ABPI Cymru Wales	Dr Rick Greville		
Director British Generic Manufacturers Association	Mr Paul Fleming		Mr Warwick Smith
Representatives from Welsh Government, AWTTTC and AWMSG may also attend as non-voting members			