

All Wales Medicines Strategy Group

**Annual Report
2017–2018**

www.awmsg.org



*"Supporting prudent prescribing
to obtain the best outcomes from
medicines for patients in Wales"*

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AWTTC

All Wales Therapeutics & Toxicology Centre
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at the time of print but may be subject to change.

For latest information, please visit www.awmsg.org

Chairman's welcome

A review of April 2017 – March 2018 and a look to the year ahead

Up to 31 March 2018, the All Wales Medicines Strategy Group (AWMSG) has advised Welsh Government on 351 medicines; of these, 295 (84%) received a positive recommendation and were made available within NHS Wales. The introduction of the New Treatment Fund in January 2017 meant that new medicines which have been recommended for use by AWMSG or the National Institute for Health and Care Excellence (NICE) have been made available to patients much earlier than they were previously. Since 2003, 40 medicines that have been recommended by AWMSG were subsequently recommended by NICE; the median time advantage gained in Wales for these medicines was 16.5 months. This means that patients living in NHS Wales were, on average, able to access these new and effective medicines over sixteen months before patients living in England. This demonstrates the positive impact that AWMSG has had since its inception. I would like to thank the pharmaceutical companies that have worked with the All Wales Therapeutics and Toxicology Centre to ensure that AWMSG has the best available evidence so that timely advice can be made available to Welsh Government. I was delighted that the appraisal process developed by AWMSG received re-accreditation by NICE in October 2017 in recognition of its high standard.

The other major part of our work is medicines optimisation which focuses on patient outcomes rather than process and systems. It aims to support healthcare workers in advising patients on 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, AWMSG publishes prescribing guidance and resources, as well as reports on prescribing performance.

Resources published during this period include Safe Use of Proton Pump Inhibitors, Pharmacotherapy for Smoking Cessation and the Common Ailments Formulary.

Over the years AWMSG has developed National Prescribing Indicators (NPIs) which 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. AWMSG's NPIs are reviewed annually, are evidence-based, clear, easily understood and allow health boards, practices and prescribers to compare current practice against an agreed standard of quality.

I am delighted that we have delivered all the recommendations in the Medicines Strategy for Wales 2013–2018. Members are committed to building on this work and the delivery of the next medicines strategy, which will see us having to adapt to the ever-changing healthcare landscape to ensure that we get the best value and outcomes from medicines.



Dr Stuart Linton
MB ChB, BSc, FRCP (UK)

Chairman, AWMSG

NHS Consultant
Rheumatologist,
Nevill Hall Hospital



Milestones reached this year



15 years



100th AWMSG meeting



Completion of five-year strategy



350th appraisal

2017–2018 in numbers



26 medicines appraised (see page 15)



81% positive appraisals (see page 15)



10 Wales Patient Access Schemes processed (see page 16)



12 medicines optimisation papers published (see page 18)



9 meetings held (see page 3)



11 out of the 15 National Prescribing Indicators (NPIs) with a baseline showing improvement in line with the aim of the NPI (see page 20)

Top stories



15 year conference

AWMSG celebrated 15 years with a two-day conference (Page 13)



Best Practice Day 2017

Day two of the 15-year conference was dedicated to Best Practice (Page 8)



AWMSG Masterclass 2017

AWMSG held its annual Masterclass for the pharmaceutical industry (Page 10)



AWMSG 5-year strategy

AWMSG launched its new Five-year Strategy 2018–2023 (Page 4)



Industry Engagement film

AWMSG produced a film to promote industry engagement (Page 12)

Profile of AWMMSG

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 AWMMSG Five-year Strategy 2013–2018

Members: Doctors, nurses, pharmacists, academics, health economists, a pharmaceutical industry representative and a lay member (see Membership on page 28 for individual members)

Meetings: Nine public meetings held in 2017–2018

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

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

More info: www.awmsg.org/



View from the public gallery at the AWMMSG meeting held on 14 March 2018. During 2017–2018 AWMMSG held 9 meetings at which 26 medicines were appraised and 12 medicines optimisation documents were endorsed.

Review of AWMSG's Medicines Strategy 2013–2018 – and what's next?

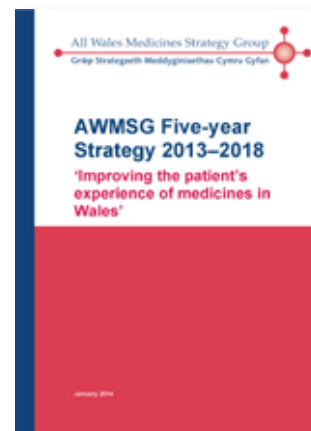
This year saw the completion of the AWMSG Five-year Strategy 2013-2018 and the delivery of its recommendations. With the launch of its new five-year strategy for 2018-2023, AWMSG remains committed to supporting prudent prescribing to obtain the best outcomes from medicines for patients in Wales.

One of the key recommendations made within the 2013–2018 strategy was related to 'Partnership with the public' and ensuring patients and service users are involved in AWMSG's work and decisions as equal partners. AWMSG has met both of the relevant outcomes for this recommendation through development of a Patient and Public Interest Group (PAPIG) and a Citizens' Jury to report on antibiotic resistance. PAPIG meets on a regular basis, is an integral part of AWMSG processes and is consulted regularly on guideline development. The Citizens' Jury was led by Professor Marcus Longley and met over one week in the Cardiff City Hall in July 2016. After hearing all the evidence, the Jury made a series of recommendations which were submitted to Welsh Government.

Over the past five years, AWMSG has fulfilled its commitment to supporting the highest quality of prescribing for patients in Wales by developing and monitoring National Prescribing Indicators (NPIs), developing national guidelines and audits, and providing educational bulletins and prudent prescribing workshops.

NPIs are used to highlight therapeutic priorities for NHS Wales and compare the ways 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/trusts, practices and prescribers to compare current practice against an agreed standard of quality. Implementation of the NPIs may have contributed to a reduction in inappropriate variation in prescribing within Wales. AWMSG is committed to reducing inappropriate antibiotic use in order to reduce the risks of antibiotic resistance.

AWMSG also has an ongoing commitment to ensuring patient safety associated with the use of medicines. The reporting of spontaneous adverse drug reactions through the Yellow Card scheme (developed in 1964 in response to the thalidomide tragedy) is an important method of identifying new suspected adverse drug reactions and helps to prevent patients in Wales suffering medicines-related harms.



In the AWMSG Five-year Strategy 2013–2018, the recommendation was made to increase suspected adverse drug reaction reporting by healthcare professionals in Wales. AWMSG, in association with the Yellow Card Centre Wales, introduced the Yellow Card NPI (or national reporting indicator). This, together with previous initiatives, contributed to Wales being the highest Yellow Card reporting region in the UK.

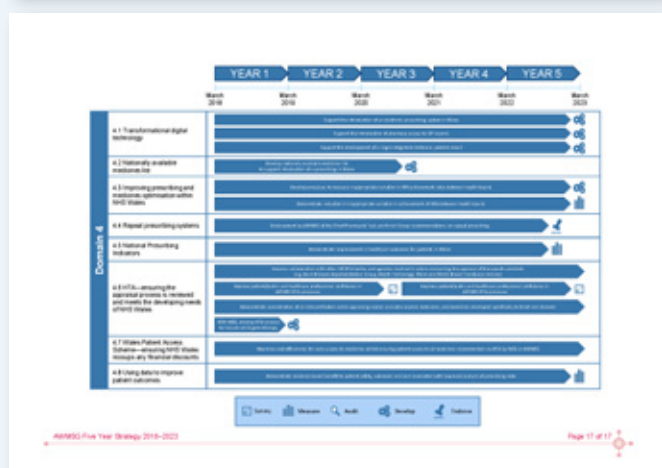
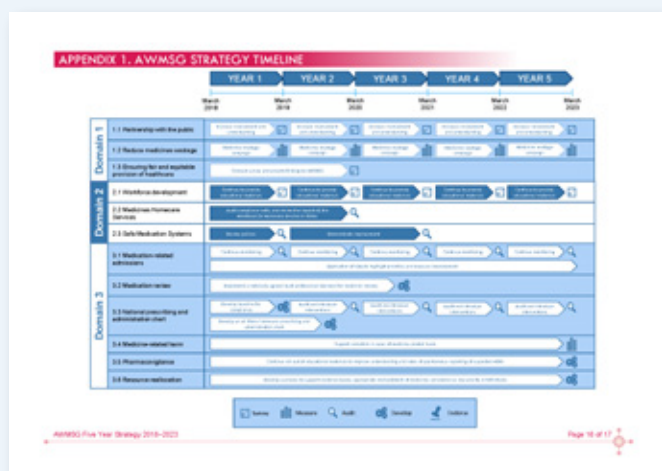
To support the improved access to new medicines, during 2013–2018 AWMSG has:

- ▶ Enabled the appraisal of medicines identified as addressing a clear unmet need ahead of the publication of National Institute for Health and Care Excellence (NICE) advice.
- ▶ Strengthened clinical expert engagement in the appraisal process.
- ▶ Reviewed the process for appraising orphan and ultra-orphan medicines, and medicines developed specifically for rare diseases, and established the Clinician and Patient Involvement Group (CAPIG).
- ▶ Improved equity of access by enabling the appraisal in Wales of medicines that have received a negative recommendation from NICE but which are then funded in England via alternative national commissioning routes.
- ▶ Reviewed the process for appraising medicines used at the end-of-life
- ▶ Maintained its website and started work on designing a new website.
- ▶ Developed a process to adopt NICE Highly Specialised Technology guidance (now superseded).
- ▶ Developed a Patient and Public Engagement Strategy.

In March 2018 AWMSG endorsed their strategy for the years 2018–2023; the strategy has been aligned with the recommendations of the 2018 Parliamentary Review of Health and Social Care in Wales – A Revolution from Within: Transforming Health and Care in Wales. AWMSG will seek to ensure that Wales is globally responsible in areas such as medication safety. It will drive improvement in the economy by continuing to promote access to cost-effective medicines across Wales. AWMSG is committed to responding to emerging challenges of new technology, such as cell and gene therapy, and medicines optimisation in an ageing population. AWMSG will work in partnership with the Welsh public, GP cluster groups and prescribers, and will explore new ways of working with these groups, including joined-up educational programmes which reinforce and build on what people and communities are currently doing.

In 2014 the Minister for Health and Social Services presented a paper to Welsh Government on Prudent Healthcare. Prudent Healthcare is defined as "Healthcare that fits the needs and circumstances of patients and avoids wasteful care". This will only be achieved by working in partnership with many organisations to deliver a medicines strategy in Wales that promotes safe and effective prescribing practices. AWMSG will seek to support the application of the Prudent Healthcare initiative principles in relation to the use of medicines:

- ▶ Achieve health and wellbeing with the public, patients and professionals as equal partners through co-production;
- ▶ Care for those with the greatest health need first, making the most effective use of all skills and resources;
- ▶ Do only what is needed, no more, no less; and do no harm;
- ▶ Reduce inappropriate variation using evidence-based practices consistently and transparently.



Working in partnership

AWMSG works with patients, healthcare professionals and representatives of the pharmaceutical industry, as well as Welsh Government and relevant UK organisations, to make recommendations on new medicines and provide guidance on medicines optimisation to improve the care of patients in Wales.

Two subgroups support the work of AWMSG:

NMG

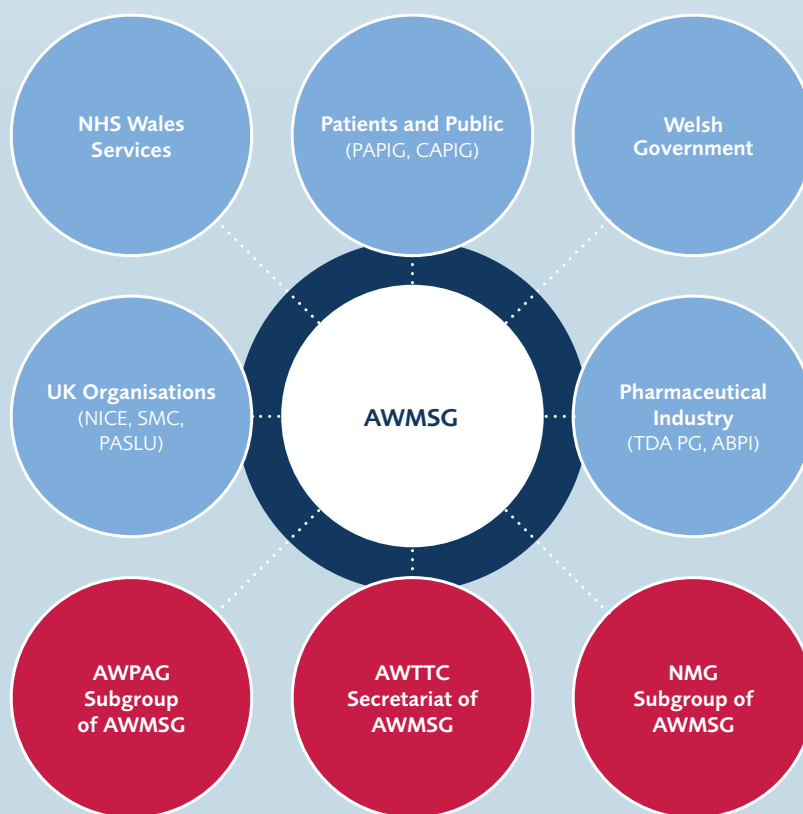
The New Medicines Group (NMG) supports the work of AWMSG in the appraisal of new medicines. NMG considers the clinical effectiveness and cost-effectiveness of a medicine, along with written evidence from the pharmaceutical company, clinical experts in the field and relevant patient organisations, support groups, patients and/or patient carers. NMG makes a preliminary recommendation to AWMSG in relation to each medicine undergoing appraisal.

AWPAG

The All Wales Prescribing Advisory Group (AWPAG) advises AWMSG on strategic developments in prescribing and medicines optimisation to promote the safe and effective use of medicines in Wales. The main functions of the group are to:

- ▶ Develop and implement strategies that promote safe, rational, cost-effective prescribing
- ▶ Monitor prescribing patterns and develop appropriate indicators
- ▶ Advise on appropriate training, education and professional development for those persons employed in providing prescribing advice
- ▶ Advise on the impact of developments that involve the use of medicines
- ▶ Work in collaboration with other groups and organisations to promote the best use of medicines for patients

Secretariat support is provided by the All Wales Therapeutics and Toxicology Centre (AWTTC).



Patients and public

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.

○ NEWS

AWMSG's Patient and Public Interest Group

Two meetings of AWMSG's Patient and Public Interest Group (PAPIG) were held during the reporting period 1st April 2017 and 31st March 2018. The aim of this group is to involve patients and the public in the work of AWMSG and ensure that they are kept fully informed of the latest developments and the ways that AWMSG works with other organisations to improve the health and well-being of people living in Wales, now and in future generations.

In July 2017 PAPIG met in the Academic Building in Llandough Hospital.

Mr Clive Curtis, Operational Manager of the Glamorgan Voluntary Services, explained the role of voluntary organisations within Cardiff and the Vale.

Ann-Marie Matthews, a Manager of the Individual Patient Funding Request (IPFR) Process at Aneurin Bevan University Health Board, updated members on the implementation of recommendations following a recent review of the IPFR process. Changes to the IPFR process were highlighted and PAPIG were pleased to note that communication around decision-making and the application process had been improved.

Dr Alison Thomas and Jenna Walker from the Yellow Card Centre Wales explained that they were exploring ways to identify Patient Yellow Card Champions, who would then encourage more patients to report adverse reactions to medicines.

There was a discussion session in which patient representatives were asked to suggest ways to improve the AWMSG website and thereby improve patient and public access to the latest advice on medicines and details of the future work programme.

AWTTC staff gave an overview of AWMSG's National Prescribing Indicators and explained how health boards work to improve specific areas of prescribing to optimise the use of medicines.

At the meeting in January 2018, Jodie Williamson, Professional Development and Engagement Lead at the Royal Pharmaceutical Society in Wales, updated PAPIG on the new role of pharmacists in GP practices. PAPIG learned that over 60 clusters (groups of GPs working with other health and care professionals to provide services locally) from every health board in Wales have appointed clinical pharmacists with the aim of improving the safe, effective and prudent use of medicines in Wales.

Mr Martin Davies, Chief Pharmacist for Community Hospitals and Intermediate Care, shared an initiative called 'Your Medicines, Your Health' undertaken by Cwm Taf University Health Board to reduce medicines waste and encourage patients not to order medicines if they don't need them. PAPIG members agreed that this was a very important message and a cultural change was needed.

At the same meeting Professor Peter Littlejohns, Professor of Public Health in Kings College London, demonstrated an interactive decision making audit tool (DMAT) that had been developed in response to the challenge facing all health services: that balancing the books means that difficult choices have to be made. Professor Littlejohns explained that priority setting requires technical judgement of clinical effectiveness and cost-effectiveness i.e. does it work and is it value for money? He showed how the DMAT is used and explained what steps had been taken to involve the public in decisions on health services.

The programme has been varied and interesting – let us know if you would like to come along to future meetings.

AWMSG is looking for lay members to sit on their groups and representatives from the public are invited to email awttc@wales.nhs.uk or telephone Ruth Lang on 029 2071 6900 for more information or to get involved in our work.

Working in partnership *continued*

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

Have your say on new medicines

When a new medicine is launched, patients with the condition, their carers and patient organisations are invited to complete a questionnaire on their experience of the condition and any existing treatments. You can see which medicines are waiting for patient views on the AWMSG website.

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

Come to a meeting

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

Take part in a consultation

Consultations are open to anyone who would like to give a view on our ongoing work. Current consultation papers are published on the AWMSG website and you can email AWTTTC if you would like to hear when new consultations are open.

Be a lay member

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

Visit our website

For more details of our work and ways you can get involved, please visit www.awmsg.org.

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.

NEWS

Best Practice Day 2017

As part of the AWMSG 15 year conference, AWTTTC hosted the second annual Best Practice Day on 28 June 2017. Healthcare professionals from a range of disciplines and health boards shared stories of good practice initiatives that they have implemented and the positive impacts that these have made in their areas. Many of the presentations focused on the National Prescribing Indicators (NPIs) and ways in which local initiatives have led to improved prescribing performance.

Rob Bevan, Prescribing Advisor, Hywel Dda University Health Board (UHB), outlined the success of his Innovative Asthma Project.

Lloyd Hambridge, Practice Clinical Pharmacist, Aneurin Bevan UHB, presented his successful primary care cluster approach to improving Yellow Card reporting.

Elly Thomas, a Pharmacist Partner at the Ashgrove Surgery, gave an informative presentation providing hints and tips to bear in mind when undertaking practice prescribing initiatives.





Mr Simon Scourfield, of the NHS Wales Informatics Service, provided details about Audit+ and shared exciting developments involving the use of Audit+ to provide patient level data for two NPIs for 2017-2018: the use of medicines with an anticholinergic effect in patients over 75; and the prescribing of non-steroidal anti-inflammatory drugs (NSAIDs) in patients with chronic kidney disease. Introducing these NPIs is aimed towards providing more intelligent data to prescribers, enabling them to focus on reviewing patients in order to improve patient safety.



Dr Syed Ayas, Consultant Rheumatologist, and Méabh Cassidy, Divisional Programme Pharmacist, Aneurin Bevan UHB, highlighted the benefits of using biosimilars where appropriate and provided guidance for making the switch.

Dr Sue Jeffs, Clinical Lead for Pain Services, Aneurin Bevan UHB, gave an overview of the importance of de-prescribing opioids and invited to the stage a patient who had successfully reduced her opioids and seen an enormous improvement in quality of life as a result.

Meryl Davies, Fran Howells and Sarah Pask, Hywel Dda UHB, presented their successful project to improve urinary tract infection recognition and prevention in care homes.

Vicki Gimson and Clare Clement, Cardiff and Vale UHB, gave a presentation on the safety concerns associated with use of antipsychotics for people with dementia and the successful work they have done to reduce prescribing.

The Welsh Analytical Prescribing Support Unit (WAPSU) presented information about the latest additions to the SPIRA dashboard and also announced the launch of SHARE, a new online community set up by the All Wales Therapeutics and Toxicology Centre to encourage the sharing of views and information between health professionals and promote engagement in the work of AWMMSG.



Working in partnership *continued*

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 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.

Attend the Best Practice Day

This event is held each year to highlight some of the excellent work going on across health boards in relation to medicines optimisation. In 2017–2018 the event was held in June 2017. Check the AWTTTC website for details of future events.

Sign up to SHARE

A forum for sharing and discussing best practice has been set up and is open to anyone with an NHS Wales email address. The link to sign up is share.awttc.org and more information including a user guide can be accessed here: www.awttc.org/share-awttcs-online-community.

Visit our website

For more details of our work and ways you can get involved, please visit 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 within Wales.

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

NEWS

AWMSG Masterclass | 22 November 2017

In November 2017, AWMSG hosted its annual Masterclass for the pharmaceutical industry. The Masterclass was chaired by the Clinical Director of AWTTTC, Professor Phil Routledge. These events are held to promote engagement from the pharmaceutical industry and to improve their understanding of the medicines appraisal process in Wales. They also provide an opportunity to network with people from AWMSG and its professional support organisation, AWTTTC.



Professor Phil Routledge (Clinical Director of AWTTTC)

Some highlights of the day:

- ▶ **Dr Stuart Linton** (Chairman of AWMSG) outlined the Group's work, including work undertaken to address perceived barriers to engagement of pharmaceutical companies in the HTA process, and how AWMSG's strategy is looking to evolve over the next five years.
- ▶ **Dr Saad Al-Ismael** (Chairman of NMG) discussed the makeup of NMG, its role in the medicines appraisal process, and the factors that are considered when making a preliminary appraisal recommendation. He also discussed the future challenges that may be posed by the appraisal of novel gene and cell therapies.
- ▶ **Tony Williams** (Senior Appraisal Pharmacist at AWTTTC) gave a presentation on the medicines appraisal process including a summary of recent appraisal recommendations, the appraisal of orphan, ultra-orphan and end-of-life medicines, and the One Wales Interim Pathways Commissioning process. The presentation also explored new developments, upcoming changes and future challenges.



Dr Stuart Linton (Chairman of AWMSG)



- ▶ **Eifiona Wood** (Health Economist for AWTTTC) outlined what pharmaceutical companies should be considering when it comes to making a good case for cost-effectiveness, as part of their submissions for AWMSG appraisal, and how their proposals should be tailored for consideration within NHS Wales.
- ▶ **Carl Boswell** (Programme Manager for the NICE Patient Access Scheme Liaison Unit) described the collaboration between NICE and AWMSG and how they are working together to ensure equity of access to medicines across England and Wales.
- ▶ **Ruth Lang** (Head of Liaison and Administration at AWTTTC) gave a presentation on how important it is for the pharmaceutical industry to engage with AWTTTC, the value of dialogue early in the appraisal process, and the input of the pharmaceutical industry throughout the work of AWMSG. As a part of this talk, pharmaceutical industry representatives described their experiences of working closely with AWMSG and its sub-committees.
- ▶ **Claire Ganderton** (Appraisal Pharmacist at AWTTTC) and **Richard Boldero** (Pharmacist in the Welsh Analytical Prescribing Support Unit) described the status of the New Treatment Fund which came into force in April 2017, its implications on continued horizon scanning, and the evidence of improved timeliness for addition of medicines to health board formularies.

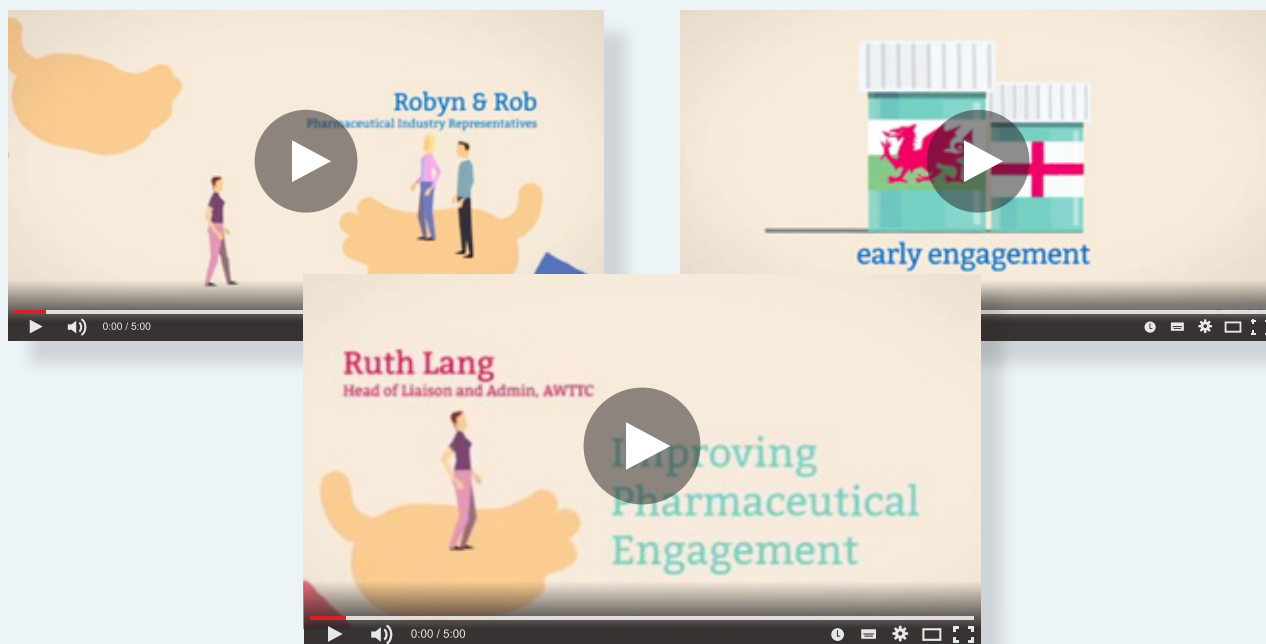
As part of the day, all attendees were also given the option to take part in a series of 'Behind the Scenes' workshops and speak directly to the various teams within AWTTTC, ask questions, and get more of a picture of the work that they do. The workshop topics included:

- ▶ horizon scanning
- ▶ the One Wales process
- ▶ HTA processes in Wales, England and Scotland
- ▶ patient access schemes in Wales
- ▶ evaluating clinical effectiveness
- ▶ assessing budget impact and cost-effectiveness.

In addition, two new videos which illustrate the work that AWTTTC does to facilitate Access to medicines in Wales and AWMSG's Process for industry engagement (see Industry Engagement film on page 12) were launched at the Masterclass.

If you wish to download any of the presentation slides from the Masterclass, or access the videos mentioned here, please go to www.awmsg.org/masterclass.html. Also, consult www.awmsg.org for further details of the next AWMSG Masterclass, due to be held in late 2018.

Working in partnership *continued*



NEWS

Industry Engagement film

AWTTC has produced a short film to encourage engagement with the appraisal process by the pharmaceutical industry. Here the stars of the film give their thoughts on its message and potential impact:

"There were a couple reasons why I was keen to help with the development of a short film aimed at the pharmaceutical industry. Firstly, I wanted to encourage companies to start having 'early' conversations with AWTTC, so that a decision on whether a medicine needs to be appraised by AWMSG can be made as soon as possible. Early conversations usually lead to the publication of early advice – and this is high on my wish list. Secondly, I wanted to get the message across that AWTTC wants to work with companies to ensure that the best available evidence is made available to AWMSG – robust evidence is more likely to result in a positive appraisal outcome. AWTTC provides professional support (administrative, scientific and clinical) to AWMSG; it also helps support the companies as they go through the AWMSG appraisal process. Our aim is the same – to get as many medicines as possible on health board formularies as soon as possible so that patients and clinicians can make choices on medicines together. The recording was harder than I anticipated as there was no script; however, I do think the end result got the message across so it was definitely worth the angst."

Ruth Lang,
Head of Liaison & Administration, AWTTC

"I think it was a great idea by AWTTC to create an industry engagement video to help explain the medicines appraisal process in Wales and emphasise how early engagement and collaborative working can lead to the availability of new, innovative medicines to patients throughout Wales. Advances in medicine have made an enormous contribution to improving the health of the people of Wales, turning what were once life-threatening diseases into now manageable conditions. This video is an excellent way of communicating this message and explaining how this can be achieved, which I am sure will lead to even better collaboration in the future."

Rob Thomas,
ABPI Wales representative on AWMSG

"I believe the AWTTC video on improving pharmaceutical engagement is a very helpful video for industry as it helps to give context, a better understanding, insight into the process and expectations, and importance of engaging with the All Wales Medicine Strategy Group to make new innovative medicines available to patients across Wales. Engaging with Ruth and the AWTTC team on this video demonstrated to me how much they value and recognise the importance of industry in the HTA process in Wales and want to ensure that industry engagement is encouraged and that the experience be both efficient and productive for all parties."

Robyn Miles,
ABPI Wales Industry Group representative on AWPAG

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.

Come to the Masterclass

The Masterclass is held each year to encourage and facilitate pharmaceutical industry engagement in the HTA process. In 2017–2018 this event was held in November 2017 (see page 10).

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

NEWS

AWMSG celebrates 15 years of providing advice and guidance to promote the safe and effective use of medicines in Wales

At the end of June 2017, AWMSG marked its 15-year anniversary by holding a two-day conference at Cardiff City Stadium. Speakers from across the UK delivered a programme of fascinating and thought-provoking talks. Attendees from all over Wales heard about recent initiatives currently being rolled out across the country to improve patient care. The conference highlighted the important role of AWMSG in facilitating safe and effective prescribing across NHS Wales.

• Day 1 – Medicines safety

The first day of the conference focused on medicines safety. In a brief introduction, Dr Stuart Linton, Chair of AWMSG, described the past, present and future of AWMSG and reviewed some of the highlights of its work over last 15 years.

The meeting opened with a moving personal account by Mr James Titcombe about the short life of his son, Joshua. He emphasised that making the right improvements to the care system has an invaluable effect on patients and he now campaigns to improve quality of care by ensuring that incidents are investigated and lessons learned following avoidable harm or death in the NHS.

Professor Phil Routledge, Clinical Director of AWTC, discussed medicines safety initiatives in Wales over the last 15 years. He illustrated how AWMSG continues to strive to deliver effective messages on medicines optimisation and explained why it is important that AWMSG continues to work collaboratively with health boards to ensure safe and effective prescribing is promoted in the future.



Working in partnership *continued*

Professor Sir Liam Donaldson, World Health Organization (WHO) Envoy for Patient Safety, delivered the fourth Felicity Newton-Savage Memorial Lecture. Felicity was the founding Director of the Welsh Medicines Resource Centre and the lecture highlighted her remarkable contributions to improving education and patient safety in NHS Wales. Sir Liam stressed the importance of understanding and learning from mistakes, and drew parallels with other industries that have developed strong reporting cultures, such as aviation. The vote of thanks was given by Welsh Government's Chief Medical Officer, Dr Frank Atherton, who recognised colleagues for their contributions to ensuring and promoting the safe use of medicines.

The rest of the meeting centred on practical measures and ideas for improving medicines safety. Mr Andrew Evans, Welsh Government's Chief Pharmaceutical Officer outlined the role of pharmacists in patient safety. He highlighted the need to continue to work collaboratively to ensure safe and consistent prescribing of medicines in the future.

Dr Andrew Carson-Stevens highlighted the importance of using data more effectively to bring about quality improvement in NHS Wales. Dr Gareth Collier described the benefits of e-prescribing and the challenges facing its implementation. Mr Steve Williams, a senior Clinical Pharmacist, presented some suggestions to help "take medicines more seriously", including using metrics and more effective reporting to enhance patient safety.



• Day 2 – Best Practice Day

On the second day of the conference, healthcare professionals from across Wales came together to share their experiences of improving prescribing practice. It was an opportunity for colleagues to discuss some of the systems and initiatives that have been put in place to help address common prescribing challenges across NHS Wales and drive improvements (see page 8 for full details of the Best Practice Day).

Speakers presented several successful projects that have been implemented in Wales to improve prescribing, and showcased developments undertaken in their health boards to improve performance in key therapeutic areas. Some initiatives supported improvements in line with the National Prescribing Indicators (NPIs), such as Yellow Card reporting and biosimilars, while others explored different areas of prescribing, such as asthma and antipsychotics in dementia.

Patients were also among the presenters, sharing their 'real-life' experiences with the audience. One patient related how reducing her opioid use had "changed her life".

AWMSG thanks all those speakers, volunteers and colleagues who took part and made this two-day conference a success. The presentations from the conference are available on the AWMSG website: www.awmsg.com.

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:

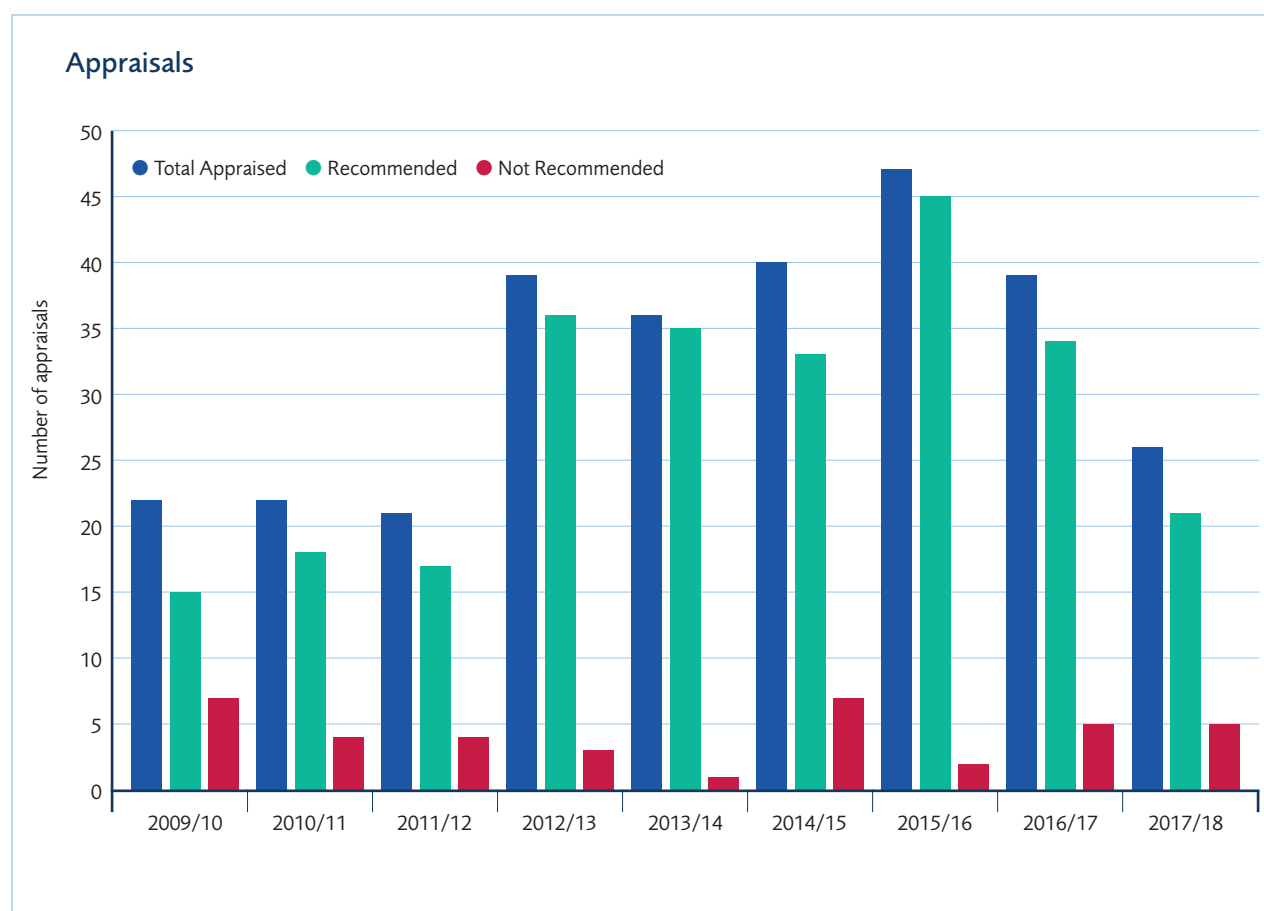
- ▶ how well they work
- ▶ how cost-effective they are
- ▶ which patients they would benefit the most.

Up to 31 March 2018, AWMSG has advised Welsh Government on 351 medicines, of which 295 received a positive recommendation and were made available within NHS Wales (84%).

Advice issued in 2017–2018

Medicines appraisals	26
– Recommended	17
– Recommended for 'optimised' use*	4
– Not recommended	5
Statements of Advice issued on non-appraised medicines to NHS Wales	48
Total number of medicines on which advice provided to NHS Wales	74

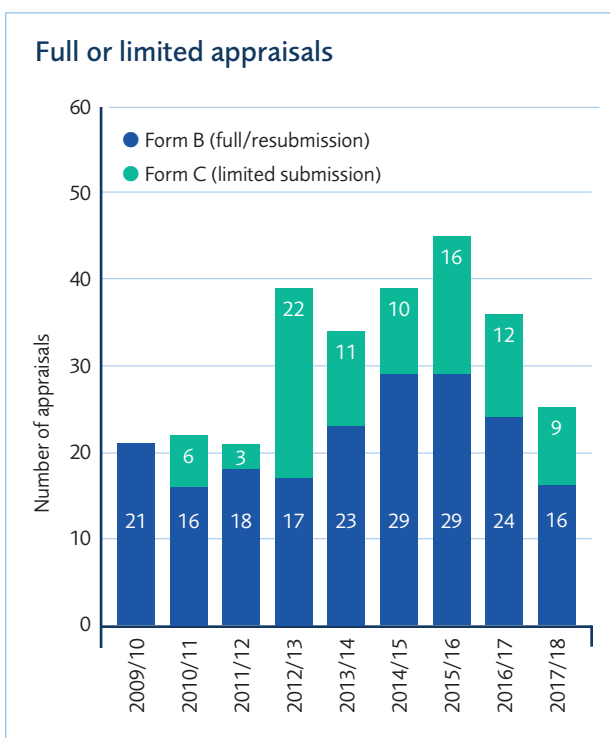
* Medicine recommended for use in a smaller subset of patients than originally stated by the marketing authorisation. These medicines are also referred to in Wales as being recommended for 'restricted use'.



Our work this year – Health Technology Assessment *continued*

Limited submissions

A limited submission (Form C) 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. The limited submission process has been associated with a significant increase in the number of appraisals since it was introduced in 2010–2011.

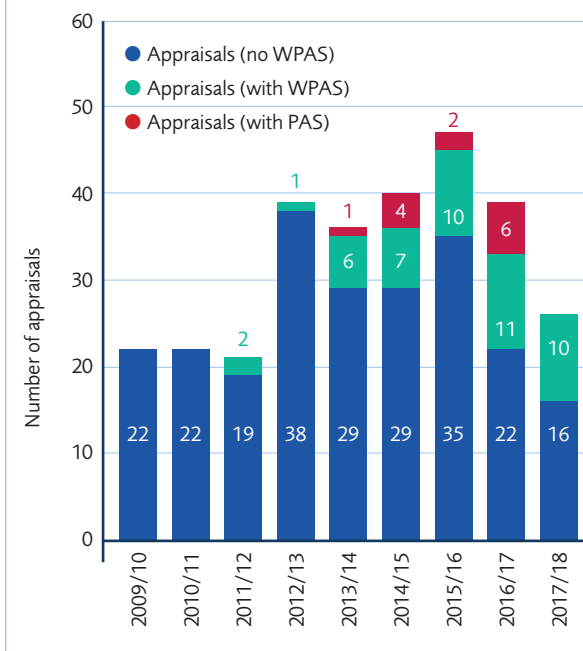


Wales Patient Access Scheme

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 scheme – simple discount and complex. Both types of scheme aim to improve the case for cost-effectiveness of a medicine and increase the chance of a positive appraisal recommendation.

In July 2010, AWMSG noted that the lack of a PAS process in Wales was leading to non-submission to AWMSG of medicines not on the NICE work programme and therefore delays in the availability of new treatments for patients in Wales. Therefore, the Patient Access Scheme Wales Group (PASWG) was established in October 2011. PASWG's remit is to consider the feasibility and acceptability of Wales Patient Access Schemes (WPAS) within NHS Wales and to provide relevant advice to Welsh Government on these issues.

Appraisals including a Wales Patient Access Scheme

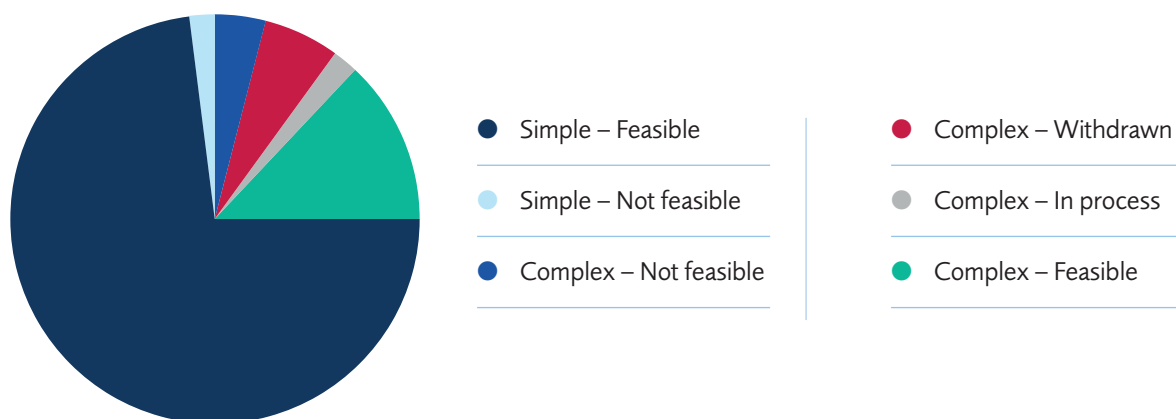


Schemes are approved if they are deemed clinically and financially robust, plausible, appropriate and auditable. They must also be operationally manageable for NHS Wales; without unduly complex monitoring, disproportionate additional associated costs or bureaucracy. A "simple" scheme (e.g. a simple discount at one point of purchase) is the preferred option, and it applies to all licensed indications of the product. A "complex" or outcome-based scheme can be specific to a single indication; it is a scheme where the discount is not applied on the original invoice and an internal process/mechanism has to be implemented in order to allow potential cost avoidance to be realised (e.g. a dose-cap, rebate, free stock or outcome-based rebate).

Some AWMSG appraised medicines will incorporate a Department of Health approved PAS which will have already been implemented within England and Wales for a previously approved NICE appraised medicine.

Between 2011 and 2017, a total of 52 WPAS proposals were submitted for review. The largest proportion (75%) of WPAS submissions have been for simple schemes (n=39), with 38 of these considered feasible to implement by PASWG. Between April and December 2017, 13 complex WPAS proposals were submitted, with seven of these considered feasible for implementation by PASWG. Of the remaining six submissions, two were not considered feasible, three were withdrawn (one of which was resubmitted as a simple scheme), and one was in process.

Wales Patient Access Schemes between 2011 and 2017



The inclusion of a WPAS in the company submission to the AWMSG appraisal process has facilitated patient access to 36 medicines in Wales (via 31 simple and 5 complex schemes). Expenditure on medicines associated with a WPAS has increased from approximately £460,000 in 2012–2013, when the process was introduced, to over £8.5m in 2016–2017. WPAS schemes have offset the costs of the associated medicines by over £4.6m during that period, with £2.6m (58%) of that offset occurring in the last full financial year (2016–2017) alone.

Ongoing review and development of the WPAS submission and implementation process, along with monitoring of schemes to ensure effective working and maximum financial return, is necessary to ensure the greatest efficiencies for NHS Wales, while still ensuring timely access to clinically effective and cost-effective medicines for patients.

Appraising medicines indicated for the treatment of rare diseases

During this reporting period AWTTTC commenced a review of AWMSG's process for appraising medicines developed specifically for rare diseases with a view to updating the policy that had been introduced in September 2015.

The purpose of the review was

- ▶ To report on how the policy for the appraisal of orphan and ultra-orphan medicines and medicines developed specifically for rare diseases has been implemented.
- ▶ To describe the impact the policy has had on access to medicines for rare diseases.
- ▶ To consider how the process for the appraisal of medicines for rare diseases could be further improved.

The findings of the review will be presented to AWMSG during the second quarter of 2018.

The New Treatment Fund

In April 2017 the Welsh Government's New Treatment Fund was implemented with the intention to make £80 million available over the life of the current Assembly. The fund is ring-fenced to ensure it is used for the intended purpose of supporting health boards to make all new medicines recommended by AWMSG and NICE available faster and more consistently across Wales. The intention was that the fund would ease the financial pressures on health boards to implement new medicines and since its implementation has resulted in improved timeliness for the addition of medicines to health board formularies.

Re-accreditation of AWMSG's appraisal process by the National Institute for Health and Care Excellence

In October 2017 AWMSG received confirmation that its health technology appraisal process to produce final appraisal recommendations had been re-accredited by NICE. The NICE accreditation programme assesses the processes used to produce guidance and advice with the aim of raising standards in guidance production. The new term will run until October 2021 and AWMSG advice can continue to identify the accredited guidance by displaying the Accreditation Mark.

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 on 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.

Medicines Reconciliation

Completion of medicines reconciliation when patients are transferred between care settings reduces the risk of patients experiencing harm from their medication. It is the responsibility of all healthcare professionals involved in managing the patient's medication.

All Wales Multidisciplinary Medicines Reconciliation Policy

This policy document was developed to provide healthcare professionals with information to promote the safe and timely completion of medicines reconciliation and provides guidance on completing the process.



Prudent Use of Medicines

In 2017–2018, prescribing expenditure in NHS Wales totalled approximately £0.9 billion. This represents around 6% of total Welsh Government expenditure. It is therefore vital that a prudent approach is taken to review medicines that offer a limited clinical benefit to patients and are therefore considered a low priority for funding.

Medicines Identified as Low Priority for Funding in NHS Wales

The aim of this document is to minimise the prescribing of medicines that offer a limited clinical benefit to patients and where more cost effective treatments may be available. Five medicines have been identified for the purposes of this document: co-proxamol, lidocaine plasters, tadalafil once daily preparations, liothyronine and doxazosin modified release tablets.

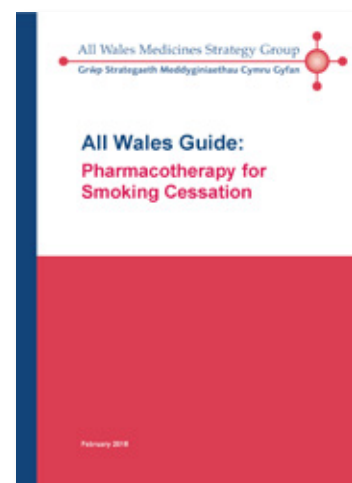


Smoking Cessation

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.

All Wales Guide: Pharmacotherapy for Smoking Cessation

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.

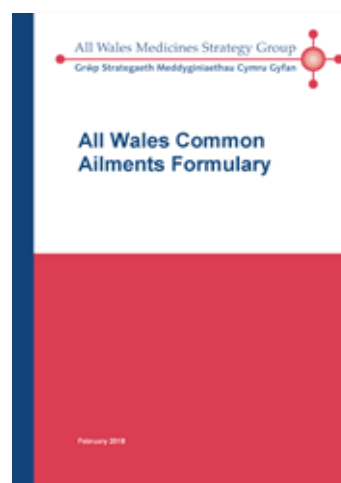


Common Ailments

Many GP consultations are for conditions that could potentially be self-treated. These common ailments are often self-limiting conditions, and may require little or no medical intervention; others, which are not self-limiting and require treatment to prevent the conditioning worsening, can be treated with medicines readily available from pharmacies without a prescription. Many people who consult GPs for such ailments could be dealt with effectively by a community pharmacist. Pharmacists are trained to deal with common ailments and already spend a good proportion of their time advising on these conditions, recommending over-the-counter products or referring patients to other healthcare professionals.

All Wales Common Ailments Formulary

The All Wales Common Ailments Formulary was initially developed to support the implementation of the Welsh Government Common Ailments Service in pharmacies in two pathfinder sites in Wales. The Common Ailments Service aims to improve patient access to consistent, evidence-based advice for the management of common ailments. The formulary was developed using recognised resources and involved multi-professional consultation to ensure the provision of consistent advice by pharmacists and GPs; the advice contained in the formulary regarding the appropriate management and selection of medicines for a range of common minor ailments will therefore be relevant to all professionals involved in the management of such conditions.

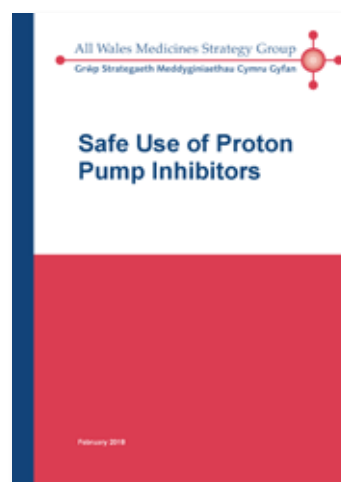


Proton pump inhibitors

In Wales the prescribing of proton pump inhibitors (PPIs) has risen by nearly 25% over the last six years. Wales has a 14% higher prescribing rate than England, with an estimated 11% of the population receiving monthly PPI prescriptions. PPIs are generally well tolerated, with a low incidence of adverse effects associated with short-term use. However, there is increasing evidence that long-term PPI use is associated with an increased risk of adverse effects.

Safe Use of Proton Pump Inhibitors

This document aims to highlight and help address the patient safety issues associated with the long-term use of PPIs in adults. It includes examples of support materials which can be used or adapted for this purpose.



Our work this year

– Prescribing monitoring and analysis

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

National Prescribing Indicators

Where there are clear safety, stewardship or efficiency messages that can indicate good practice, prescribers often find it useful to benchmark themselves against others; whether that be at health board, cluster or practice level. To facilitate this, AWMSG agreed that National Prescribing Indicators (NPIs) were useful tools to promote rational prescribing across NHS Wales and the first set of NPIs were published in 2003.

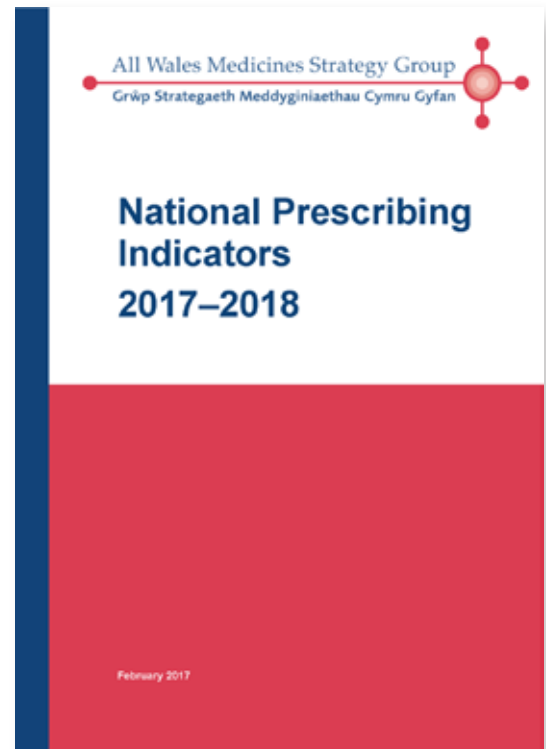
NPIs are used to highlight therapeutic priorities for NHS Wales and compare the ways in which different prescribers and organisations use particular medicines or groups of medicines. Prescribing indicators should be evidence-based, clear, easily understood and allow health boards/trusts, practices and prescribers to compare current practice against an agreed standard of quality. The NPIs should address efficiency as well as safety and quality, and targets should be challenging but achievable, and applicable at practice level.

National Prescribing Indicators 2017–2018

For 2017–2018, AWMSG endorsed 14 primary care NPIs focusing on seven areas of prescribing and the reporting of adverse events (Yellow Cards). Three secondary care NPIs, which were newly introduced for 2016–2017, were also endorsed and continued in 2017–2018; these focus on insulin, biosimilars and antibiotic surgical prophylaxis.

National Prescribing Indicator monitoring

During 2017–2018, NPIs were monitored quarterly and reports published on the AWMSG website. The report for the quarter ending March 2018 showed that of the 11 primary care NPIs with a threshold, there was an overall improvement across Wales in 9 NPIs (in line with the aim of each indicator), compared to the equivalent quarter of the previous year (quarter ending March 2017). One secondary care NPIs showed an improvement in prescribing, in line with the aim of the indicator. Detailed NPI data for 2017–2018 are shown on page 21 and Appendix 1.



Monitoring data for the NPIs can be viewed and analysed through the Server for Prescribing Information Reporting and Analysis (SPIRA).



NPI data to 2018

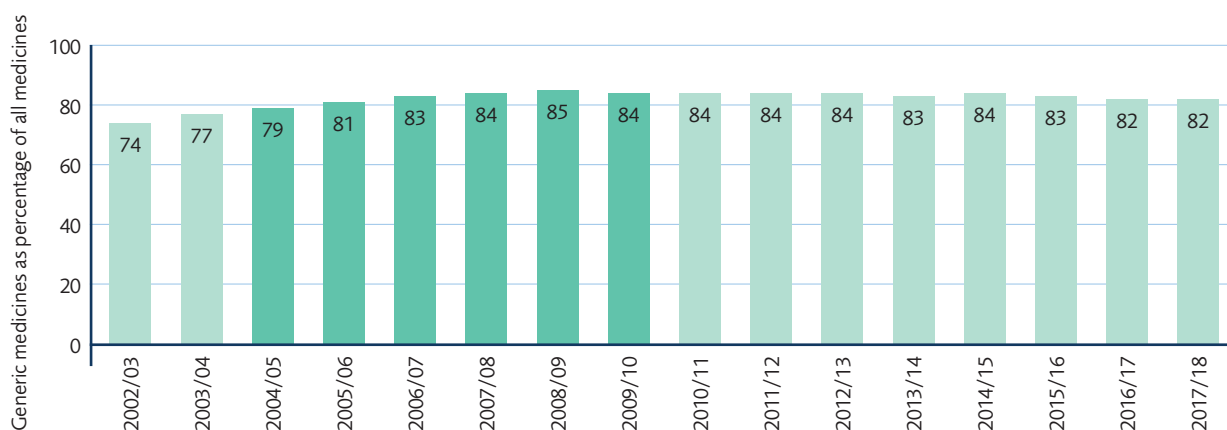
Data for the NPIs 2017–2018 show that, for the majority of NPIs with baseline data available, prescribing (or reporting of adverse drug reactions) is improving in line with the aim of the NPI. Only gabapentin and pregabalin, total antibiotics, long-acting insulin analogues and filgrastim biosimilar have shown a negative trend. Antibiotic surgical prophylaxis NPI has not shown a change.

The following data are taken from the quarter ending March of each financial year, except Yellow Card and antibiotic surgical prophylaxis figures, which show data for the complete financial year.

Where the aim of the NPI is to increase prescribing the graph is green, where the aim is to decrease prescribing the graph is red. Years where the area was monitored as an NPI are displayed as darker bars.

Generic medicines

Generic medicines are no longer monitored as an NPI but figures for prescribing of generic medicines as a percentage of all medicines indicate a value with minimal change over the last few years.

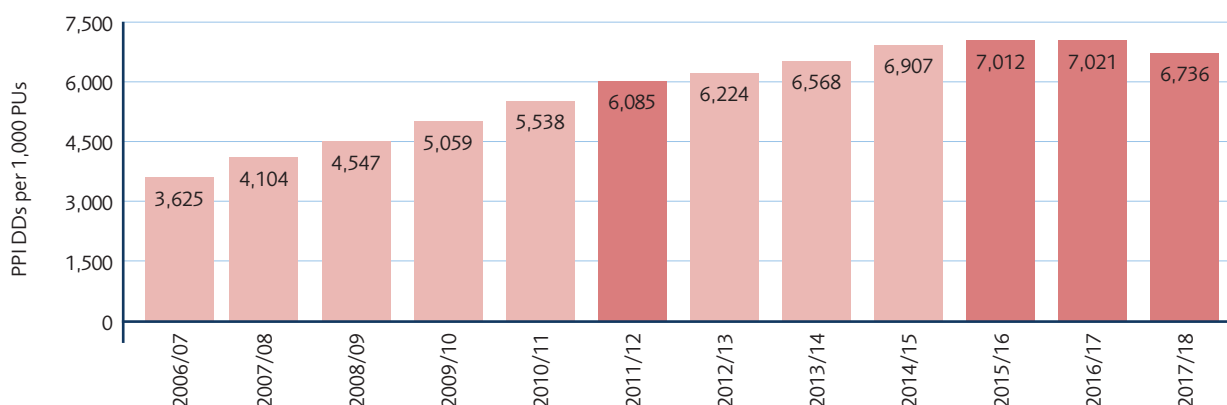


Primary care

Proton pump inhibitors (PPIs)

Although PPIs are generally well tolerated, there is emerging evidence that serious adverse effects may be linked with long-term PPI use.

PPIs are monitored (using defined daily doses [DDDs] per 1,000 prescribing units [PUs]) to encourage appropriate use – the aim is to reduce prescribing in light of safety and cost effectiveness concerns.

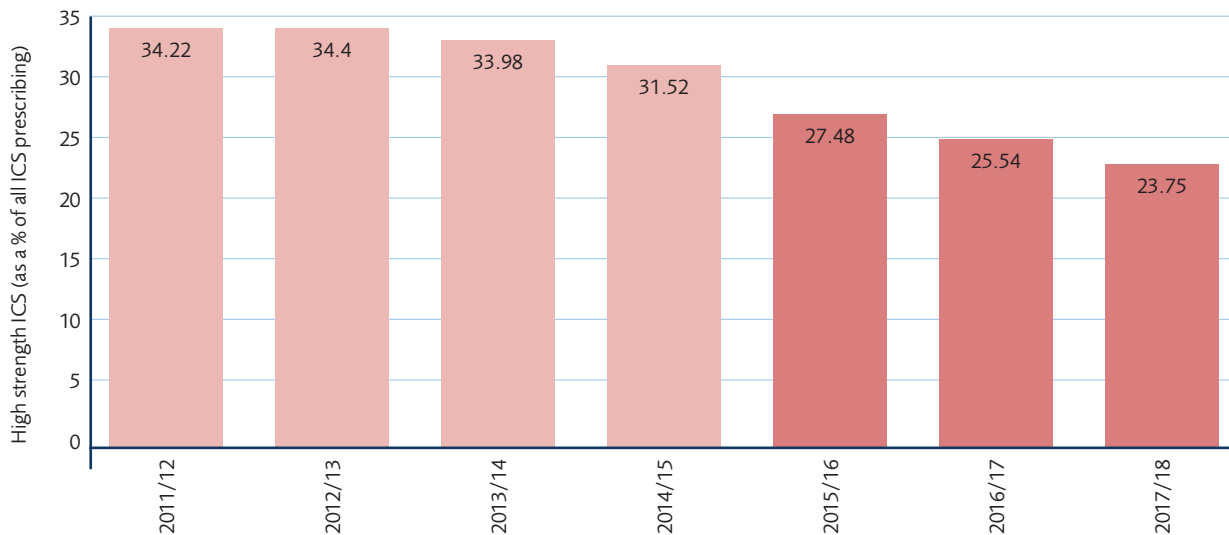


Our work this year – Prescribing monitoring and analysis *continued*

Inhaled corticosteroids (ICS)

Potentially serious systemic side effects may be associated with ICS, particularly at high doses.

Prescribing of high strength ICS as a percentage of all ICS is declining in line with the aim of the NPI.

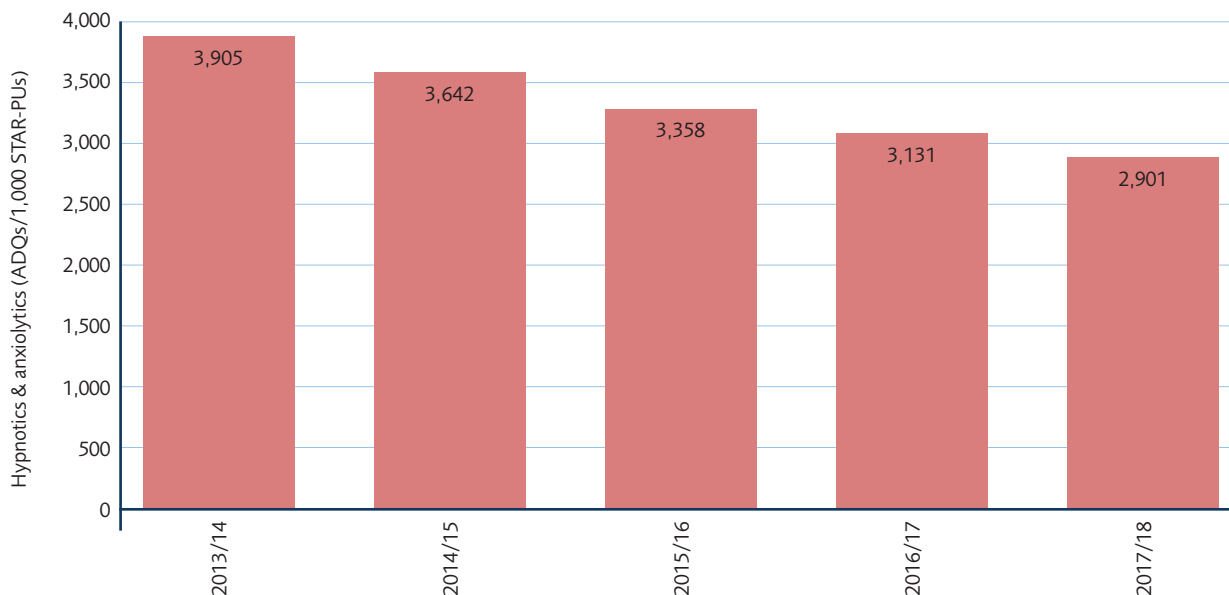


Hypnotics and anxiolytics

There has been concern over high levels of hypnotic and anxiolytic prescribing in NHS Wales for some time.

Some prescribing may be inappropriate and contribute to the problem of physical and psychological dependence, and/or may be responsible for masking underlying depression.

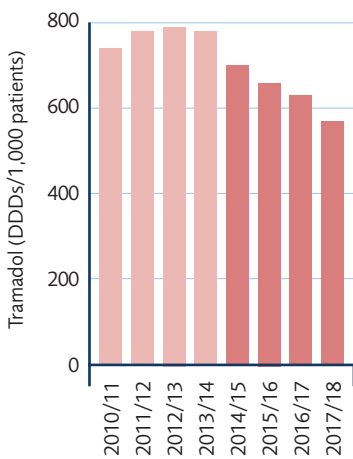
Prescribing (measured in average daily quantities [ADQs] per 1,000 specific therapeutic group age–sex related prescribing unit [STAR-PU]) has declined steadily in line with the aim of the NPI since its introduction.



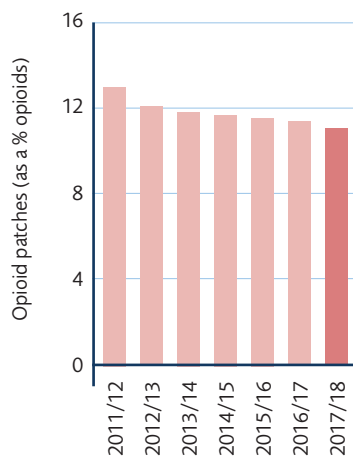
Analgesics

Three NPIs support the appropriate use of analgesics: tramadol, opioid patches and gabapentin and pregabalin. Tramadol DDDs per 1,000 patients and opioid patches as a percentage of all opioids have decreased in line with the aim of the NPI. Gabapentin and pregabalin prescribing (DDD per 1,000 patients) continues to increase.

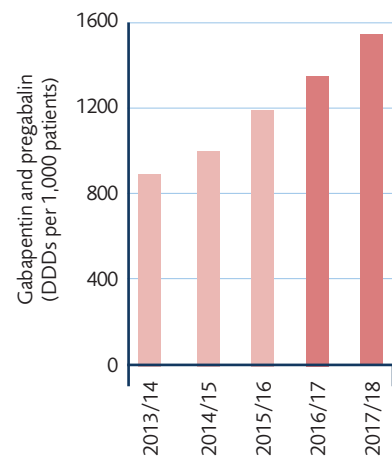
Tramadol



Opioid patches



Gabapentin and pregabalin

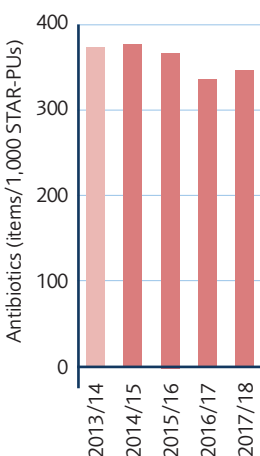


Antimicrobial Stewardship

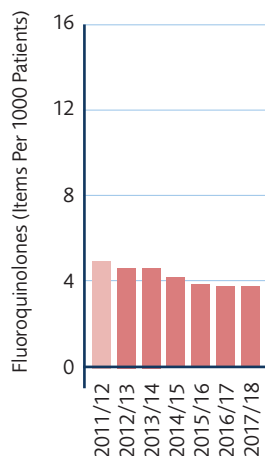
The widespread and often excessive use of antimicrobials is one of the main factors contributing to the increasing emergence of antimicrobial resistance.

Four primary care NPIs promote appropriate antimicrobial prescribing. Total antibiotic prescribing (items per 1,000 STAR-PU) increased slightly in 2017-2018; however, co-amoxiclav, cephalosporin and fluoroquinolone prescribing (as items per 1,000 patients) have all decreased in line with the aim of the NPI.

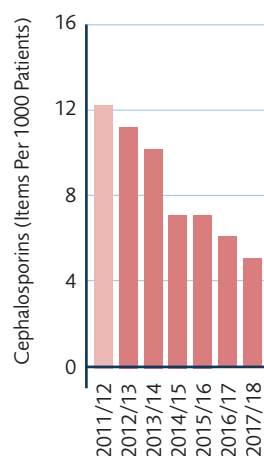
Antibiotics



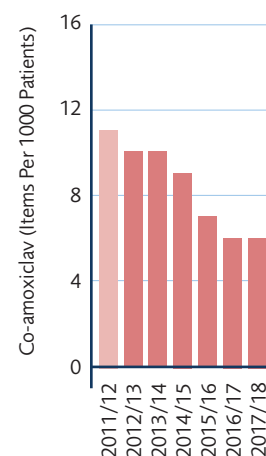
Fluoroquinolones



Cephalosporins



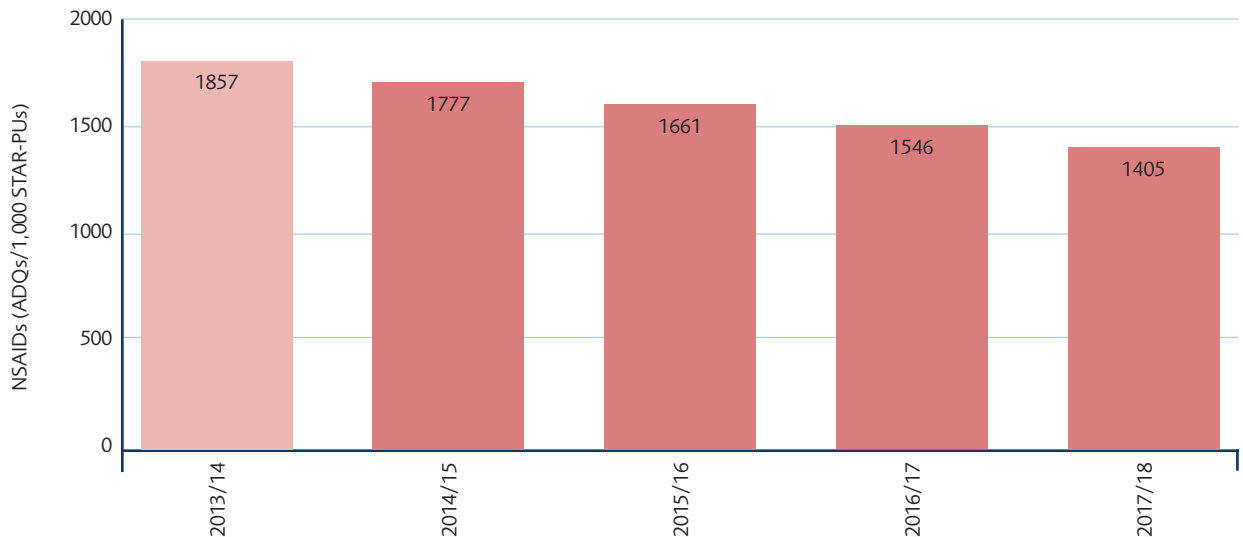
Co-amoxiclav



Our work this year – Prescribing monitoring and analysis *continued*

Non-steroidal anti-inflammatory drugs (NSAIDs)

NSAIDs are monitored (as ADQs per 1,000 STAR-PU_s) to help ensure that the risks associated with their use are minimised by appropriate prescribing. In line with the aim of the NPI, prescribing has reduced since its introduction.

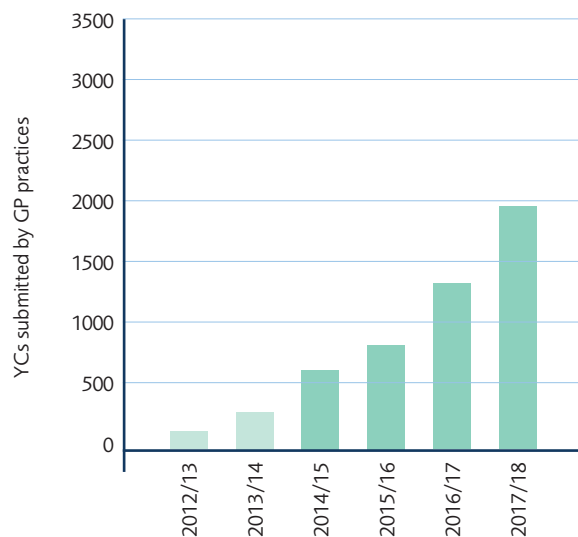


Yellow Cards

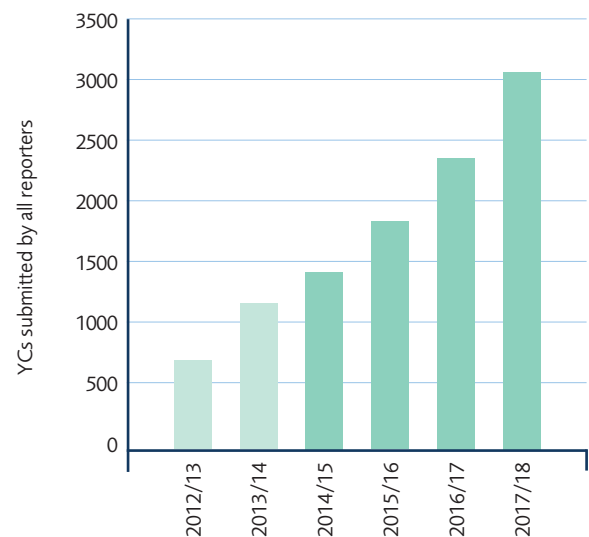
Adverse drug reactions (ADRs) are a significant clinical problem, increasing morbidity and mortality. Approximately 6.5% of hospital admissions in adults and 2.1% in children are attributed to ADRs.

The number of Yellow Cards submitted by GPs and health boards has increased substantially since the NPI was introduced.

Yellow Cards – GPs



Yellow Cards – all reporters



Secondary Care

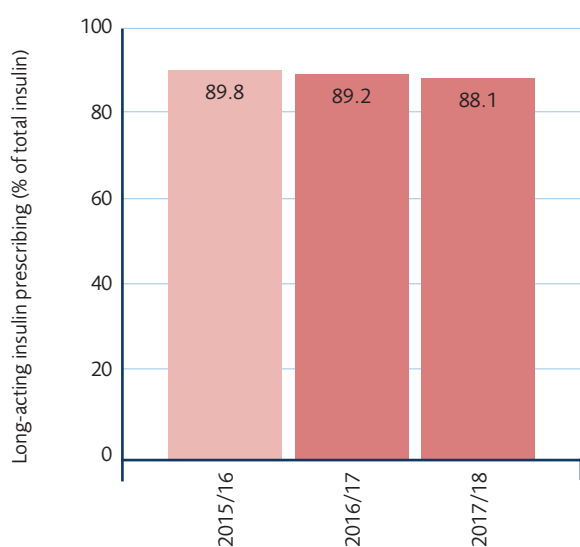
Insulin

This NPI aims to ensure long-acting analogue insulin prescribing in type 2 diabetes mellitus is in line with NICE guidance to maximise cost-effective prescribing within Wales.

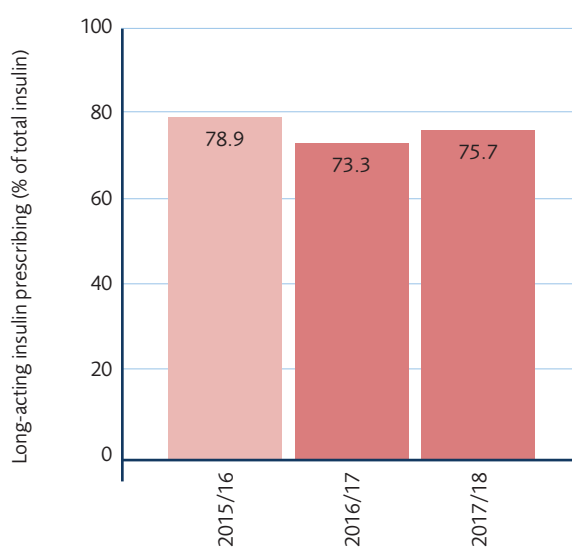
Figures for primary care prescribing are included here to capture ongoing prescribing that may have been initiated in secondary care.

Prescribing has decreased slightly in primary care in line with the aim of the NPI but increased slightly since the previous year in secondary care.

Insulin analogues – primary care



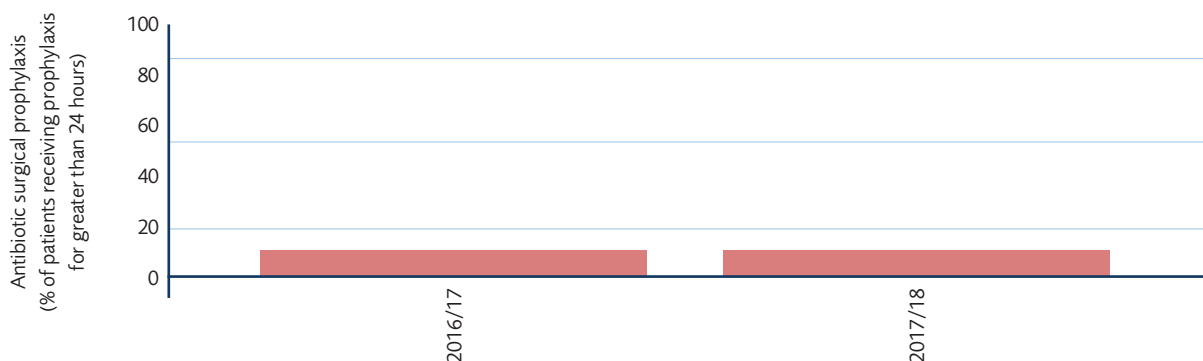
Insulin analogues – secondary care



Antibiotic surgical prophylaxis

Advice from national organisations, including Public Health Wales, Scottish Intercollegiate Guidelines Network (SIGN) and NICE, recommends that antibiotic prophylaxis for surgical patients should be a single therapeutic dose of intravenous antibiotics in the majority of cases.

Data for this NPI show figures for the full financial year and have remained static compared with 2016–2017.



Our work this year – Prescribing monitoring and analysis *continued*

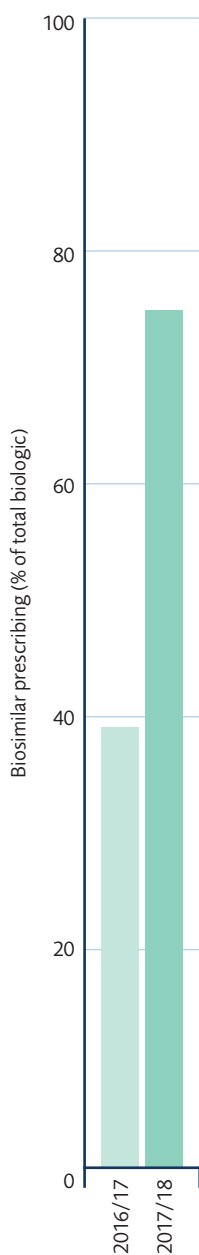
Biosimilars

The purpose of this NPI is to ensure prescribing of biosimilar medicines is in line with AWMMSG guidance to support quality and cost-effective prescribing in Wales.

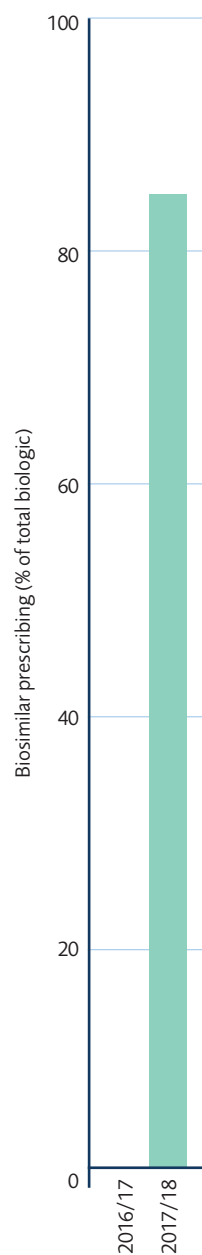
Four out of the five monitored biosimilars (with the exception being filgrastim) have shown an increase in prescribing as a percentage of total biologic medicine, in line with the aim of the NPI.

Figures for primary care prescribing are also included for those biologic medicines which show usage.

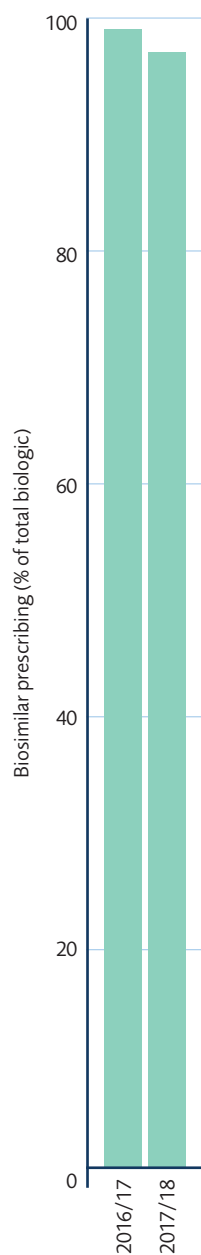
Etanercept



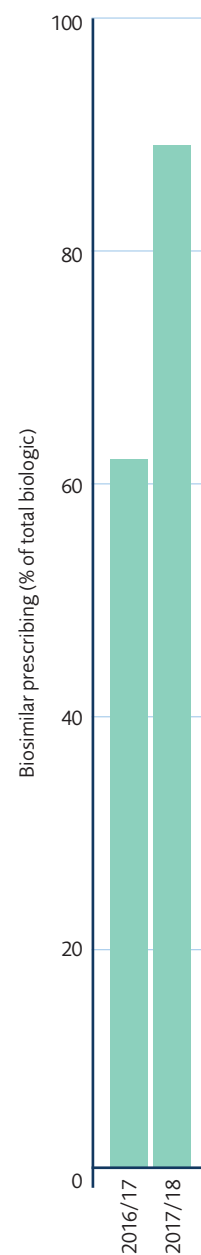
Rituximab



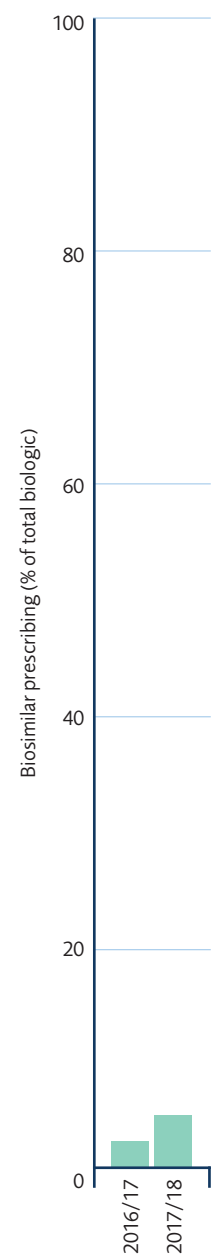
Filgrastim



Infliximab



Insulin glargine



Baseline data for new Audit+ NPIs

Two new NPIs have been introduced in 2017–2018 to be monitored by Audit+. Historical data is not available for these NPIs but March 2018 figures are provided below:

1) Anticholinergic burden – An increasing number of studies report that medicines with anticholinergic effects are associated with an increased risk of cognitive impairment, dementia and falls in older people. The cumulative effect of taking one or more medicines with anticholinergic properties is referred to as anticholinergic burden.

Data for quarter ending March 2018:

7.3% of all patients aged 75 and over have an Anticholinergic Effect on Cognition score of 3 or more for items on active repeat.

2) NSAIDs and chronic kidney disease (CKD) – In patients with CKD, the chronic use of NSAIDs may be associated with disease progression.

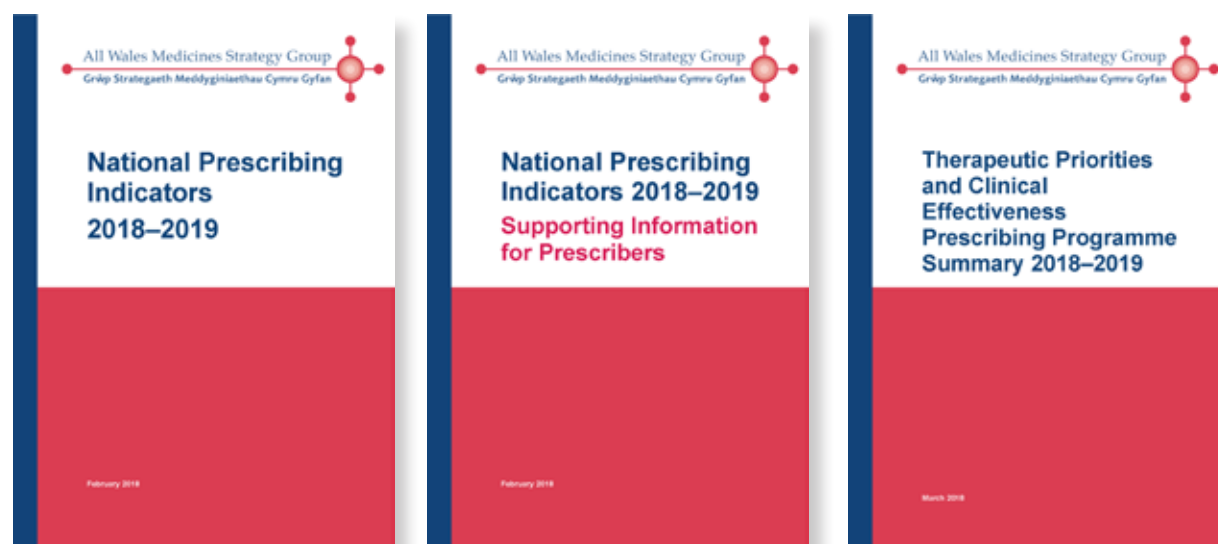
Data for quarter ending March 2018:

1. 85% of all patients on the CKD register have received a repeat prescription for an NSAID within the last 3 months.

2. 88% of all patients who are not on the CKD register but have an eGFR of < 59 ml/min have received a repeat prescription for an NSAID within the last 3 months.

National Prescribing Indicators 2018–2019

The National Prescribing Indicators for 2018–2019 were endorsed by AWMSG at their February 2018 meeting along with the Supporting Information for Prescribers. These documents are available on the AWMSG website accompanied by an educational slide set.



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 Prof Iolo Doull
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	Vacant
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	Member	Deputy
Chairman	Dr Saad Al-Ismail	
Vice Chairman	Mr Scott Pegler	
Pharmacist 1	Ms Suzanne Davies	Mr Usman Ali Malik Awaiting nomination Awaiting nomination
Pharmacist 2	Mrs Sue Beach	
Pharmacist 3	Mr Trevor Batt	
Doctor 1 Clinical Pharmacologist	Dr James Coulson Dr John Thompson Dr C V Krishna Dr Alison Thomas	Attendance is rotated between the four named individuals
Doctor 2 Hospital Consultant	Dr Satish Kumar	Dr Gareth Roberts Dr Ian Campbell
Doctor 3 General Practitioner	Dr David Whyler	Dr Avkash Das Jain
Professions allied to medicine or eligible to prescribe	Ms Cathy Wynne	Mr Aled Falvey
Public Health/Epidemiologist	Prof Stephen Monaghan	Awaiting nomination
Health Economist	Ms Philippa Anderson	Prof Deborah Fitzsimmons
Association of the British Pharmaceutical Industry (ABPI) Member	Mr Steven Lister Mr Tom Sunderland Mr Sandeep Kiri	Attendance is rotated between the three named individuals
Welsh Health Specialised Services Committee	Dr Andrew Champion	Awaiting nomination
Lay Member	Mr Cliff Jones	Mr Robert Henley
Nurse	Mrs Susan Newport	Dr Carolyn Middleton Mr Neil Thomas

AWPAG




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

Appendix 1. National Prescribing Indicators data 2002–2018

Tables below show the current NPIs and also the former NPI generic medicines as a percentage of all medicines. Underlined numbering indicates years in which the area was an NPI.

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.

 Prescribing performance moving in line with the aim of the indicator	 No change	 Prescribing performance moving at odds with the aim of the indicator
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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	2017–2018
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	82
Proton pump inhibitors (PPIs) (DDDs/1,000 PUs)					3,625	4,104	4,547	5,059	5,538	<u>6,085</u>	6,224	6,568	6,907	<u>7,012</u>	<u>7,021</u>	<u>6,736</u>
High strength inhaled corticosteroids (ICS) (as a % of all ICS prescribing)										34.22	34.4	33.98	31.52	<u>27.48</u>	<u>25.54</u>	<u>23.75</u>
Hypnotics and anxiolytics (ADQs/1,000 STAR-PU)												3,905	<u>3,642</u>	<u>3,358</u>	<u>3,131</u>	<u>2,901</u>
Tramadol (DDDs/1,000 patients)									741	786	797	788	<u>708</u>	<u>665</u>	<u>631</u>	<u>577</u>
Opioid patches (as a % opioids)										12.99	12.31	11.85	11.6	11.36	11.13	<u>10.71</u>
Gabapentin and pregabalin (DDDs per 1,000 patients)												890	1,054	1,197	<u>1,347</u>	<u>1,442</u>
Antibiotics (items/1,000 STAR-PU)												374	<u>377</u>	<u>362</u>	<u>337</u>	<u>340</u>
Fluoroquinolones (items per 1,000 patients)										4.66	<u>4.34</u>	<u>4.35</u>	<u>3.98</u>	<u>3.63</u>	<u>3.57</u>	<u>3.52</u>
Cephalosporins (items per 1,000 patients)										12.23	<u>10.91</u>	<u>9.45</u>	<u>7.70</u>	<u>6.55</u>	<u>5.88</u>	<u>5.27</u>
Co-amoxiclav (items per 1,000 patients)										11.13	<u>10.16</u>	<u>9.68</u>	<u>8.53</u>	<u>7.14</u>	<u>6.38</u>	<u>6.07</u>
Patients ≥ 75 years with an Anticholinergic Effect on Cognition (AEC) score of ≥ 3 for items on active repeat, as a % of all patients ≥ 75 years																<u>7.3</u>
NSAIDs (ADQs/1,000 STAR-PU)												1,857	<u>1,777</u>	<u>1,661</u>	<u>1,546</u>	<u>1,405</u>
Number of patients on the chronic kidney disease (CKD) register (CKD stage 3-5) who have received a repeat prescription for an NSAID within the last 3 months, as a % of all patients on the CKD register																<u>1.85</u>
Number of patients who are not on the CKD register but have an eGFR of < 59 ml/min and have received a repeat prescription for an NSAID within the last 3 months, as a % of all patients who are not on the CKD register but have an eGFR of < 59 ml/min																<u>2.88</u>
Yellow Cards* submitted by GP practices											116	271	<u>662</u>	<u>851</u>	<u>1,346</u>	<u>1,980</u>
Yellow Cards* submitted by all reporters											649	1,177	<u>1,462</u>	<u>1,817</u>	<u>2,323</u>	<u>3,040</u>

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

* 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 NPIs 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 for long-acting insulin and biosimilars show both primary and secondary care prescribing, to capture ongoing prescribing that may have been initiated in secondary care.

National Prescribing Indicator		2015–2016	2016–2017	2017–2018
Long-acting insulin prescribing (% of total insulin)	Primary care	89.8	<u>89.2</u>	<u>88.1</u>
	Secondary care	78.9	<u>73.3</u>	<u>75.7</u>
Biosimilar prescribing (% of total biologic)	Etanercept		38.3	<u>74.2</u>
	Filgrastim		<u>97.6</u>	<u>96.4</u>
	Infliximab		<u>60.8</u>	<u>87.6</u>
	Insulin glargine		<u>2.3</u>	<u>4</u>
	Rituximab		0	<u>84</u>
Antibiotic surgical prophylaxis (% of patients receiving prophylaxis for greater than 24 hours)			<u>12</u>	<u>12</u>

