

# All Wales Medicines Strategy Group

## Annual Report 2019–2020

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



*This document is available in Welsh  
Mae'r ddogfen hon ar gael yn Gymraeg*

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# Chairman's welcome

## A review of April 2019 to March 2020 and a look to the year ahead

Having been one of the founder members of the All Wales Medicines Strategy Group (AWMSG) in 2002 and witnessed its evolution during my eight years of membership, I was delighted to have been appointed as Chair in July 2019. It was an honour to take up the post with an organisation that was such an important and influential part of my working life, and gave me so many developmental opportunities during its initial eight years. It was an exciting time to take over the reins as AWMSG embarks on a new chapter in its existence following the external review, and I was set three objectives by the Minister for Health and Social Services:

- **Delivering better outcomes for patients;**
- **Reducing harm/improving medication safety; and**
- **Supporting the delivery of value-based healthcare.**

These objectives resonated very closely with my own thoughts as to what the focus of AWMSG should be in moving forward. I set to my task and spent a number of weeks meeting with key individuals, including senior officials in Welsh Government, Medical Directors, Chief Pharmacists and the Director of the Association of British Pharmaceutical Industry (ABPI) Cymru Wales. All alluded to the changing landscape with regards to health technology appraisal and a potential opportunity to utilise the multi-disciplinary and multi-professional support network provided by the All Wales Therapeutics and Toxicology Centre (AWTTC) to develop the strategic components of the medicines management agenda.

I have been very impressed with the high-quality prescribing information held by AWTTC and their agility in responding to the needs of the service in providing therapeutics support over a number of years. This has been clearly evident in the way in which the organisation has adapted and responded to the challenges thrown down by the COVID-19 pandemic.

**“As AWMSG moves into adulthood, I will strive to meet the challenge posed by the Minister in delivering the objectives and, at the same time, make AWMSG more relevant to NHS Wales.”**

I would like to pay tribute to Professor John Watkins who served as Interim Chair between September 2018 and June 2019, and thank Professor Iolo Doull for acting as Vice Chair. I am very conscious of the status and esteem of the previous Chairs of AWMSG; Professor Roger Walker, Professor Philip Routledge and Dr Stuart Linton and hope that I can in some small way emulate their achievements in driving the organisation during its formative years. As AWMSG moves into adulthood, I will strive to meet the challenge posed by the Minister in delivering the objectives and, at the same time, make AWMSG more relevant to NHS Wales. In order to achieve this, we will work closely with the health boards and Velindre University NHS Trust, affording more opportunity for face-to-face dialogue, and we will embrace new and improved information technology to harness the enthusiasm of committee members and the skills, expertise and support of AWTTTC. I very much look forward to the exciting journey ahead!



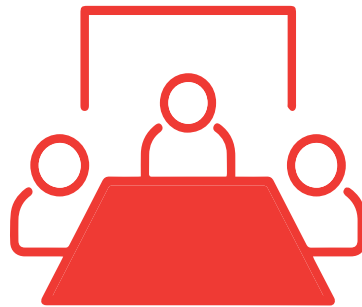
*C.J. Phillips*

**Professor Ceri Phillips**  
Chairman, AWMSG

# Milestones reached this year



17 years

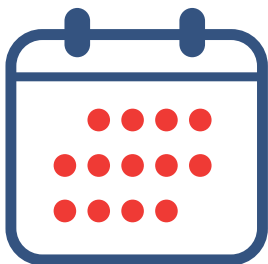


115 AWMMSG meetings



388 appraisals

## 2019–2020 in numbers



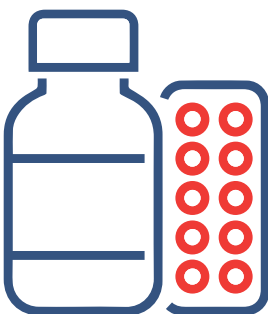
8 meetings held  
([see page 6](#))



7 medicines  
optimisation  
publications  
([see page 31](#))



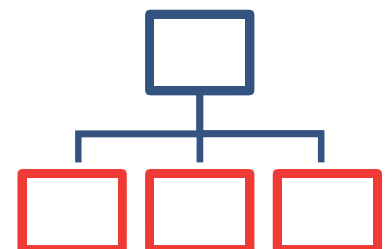
11 National Prescribing  
Indicators monitored  
([see page 33](#))



17 medicines  
appraised  
([see page 42](#))



88% positive  
appraisals  
([see page 42](#))



8 Wales Patient  
Access Schemes  
processed  
([see page 43](#))

# 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

### Members:

Doctors, nurses, pharmacists, academics, health economists, a pharmaceutical industry representative and a lay member (see Membership on [page 45](#) for individual members)

### Meetings:

8 public meetings held in 2019–2020

### 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 information:

[awmsg.nhs.wales/](http://awmsg.nhs.wales/) (English)  
[gsmcg.gig.cymru/](http://gsmcg.gig.cymru/) (Welsh)

## Top stories

### New AWMSG website

The official launch of the new AWMSG website is planned for summer 2020 (see [page 12](#)).

### Implementing Welsh language standards

AWMSG committed to fully supporting Welsh Government's Welsh language agenda (see [page 19](#)).

### All Wales Patient Access Scheme monitoring and implementation

The “Invest to Save” project recouped approximately 97% of missed savings for NHS Wales. (See [page 24](#)).

### Horizon scanning

AWTTC's horizon scanning team strengthened links with other UK horizon scanning organisations (see [page 28](#)).

# Review of AWMSG's Five-year Strategy 2018–2023

The 2018–2023 AWMSG strategy was based on the four principles of prudent healthcare:

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

## Domain 1

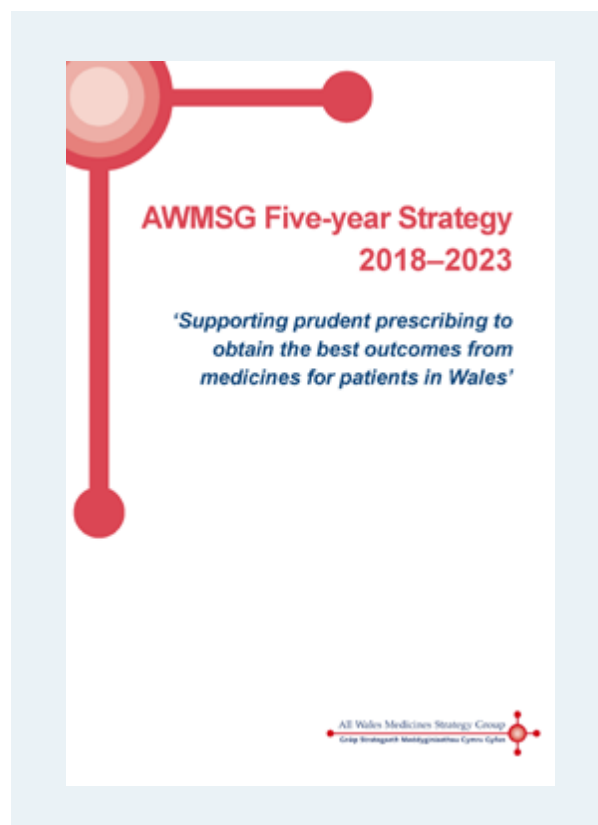
### Achieve health and wellbeing with the public, patients and professionals as equal partners through co-production

AWMSG is committed to working in partnership with patients and the public and holds regular Patient and Public Interest Group (PAPIG) meetings as recommended in the AWMSG 2013–2018 strategy.

Recommendation 1.1 of the 2018–2023 strategy aimed to increase patient and public understanding of medicines access and medicines optimisation measured by periodic surveys. The All Wales Therapeutics and Toxicology Centre (AWTTC), working in collaboration with HealthWise Wales (HWW), surveyed 1,288 members of the public. HWW members completed a questionnaire on their awareness of AWMSG and were invited to watch AWMSG's video "Getting access to new drugs in Wales". The survey found that

the initial awareness of AWMSG's medicines appraisal process amongst members of HWW was 23% ([healthwisewales.gov.wales/files/AWMSG-Abstract\\_260220.pdf](https://healthwisewales.gov.wales/files/AWMSG-Abstract_260220.pdf)). Watching a patient information video about AWMSG's drug appraisal process increased the awareness to 92% immediately afterwards. Wider use of this approach has the potential to increase awareness and improve involvement of the public in AWMSG's work.

AWTTC is working with health economists to achieve Recommendation 1.3 to "ascertain the views of patients and the public (through PAPIG and other stakeholders) on the role of social value judgements in decision-making related to medicines access".



## Domain 2

Care for those with the greatest health need first, making the most effective use of all skills and resources

AWMSG is committed to workforce development and hosts an annual Best Practice Day to promote good practice.

Recommendation 2.1 of the 2018–2023 strategy states that “AWMSG, through AWTTTC, will develop educational resources (including via digital platforms) to ensure that healthcare professionals have access to evidence-based information on current best practice in prudent prescribing making most use of all resources”. AWTTTC, working in collaboration with Health Education and Improvement Wales (HEIW), has developed an educational module on the AWMSG National Prescribing Indicators (NPIs) which is now available on the HEIW website. AWTTTC has also collaborated on modules on the Yellow Card scheme and the management of gender dysphoria. Working with HEIW, AWTTTC will continue to develop modules for prescribers.

In February 2020, AWMSG acknowledged the “National Guiding Principles for Medicines Support in Domiciliary Care”, to help achieve Recommendation 2.3: “To help protect patients, AWMSG will support the development of principles and policy across health and social care settings to ensure safe systems for medicines optimisation are available”.

## Domain 3

Do only what is needed, no more, no less; and do no harm

Medication safety is an important part of the AWMSG strategy. Recommendation 3.1 of the AWMSG 2018–2023 strategy aims to “develop robust methodologies to conduct periodic audits of patient safety indicators, medication-related patient safety incidents and also monitoring of medication-related admissions using coding data”. As part of a medicines safety dashboard AWTTTC has the capacity to monitor ICD10 codes for medicine-related admissions. By implementation and monitoring the NPIs it intends to achieve the outcome of Recommendation 3.4 “Reduction in cases of potential medicine-related harm by 50% over the next 5 years”.

In order to progress Recommendation 3.2 “Implement a nationally agreed, multi-professional standard for medicine reviews”, AWTTTC convened a task-and-finish group to explore the development of Medication Review Standards. As part of the process, the standards are currently in consultation and will be presented to AWMSG before the end of 2020.

# Review of AWMSG's Five-year Strategy 2018–2023 *continued*

AWTTC, working in collaboration with HWW, created a module to determine current understanding of the Yellow Card scheme. One thousand, six hundred and six participants completed a questionnaire and watched the Medicines and Healthcare Products Regulatory Agency's (MHRA's) patient information video. The module increased their awareness of how to report an adverse drug reaction using the Yellow Card report from 18% to 71% ([healthwisewales.gov.wales/files/Yellow-Card-abstract\\_260220.pdf](https://healthwisewales.gov.wales/files/Yellow-Card-abstract_260220.pdf)).

AWMSG is committed to making the most effective use of healthcare resources in Wales. Recommendation 3.6 outcome states "the development of a process to support evidence-based, appropriate disinvestment of medicines considered as low-priority in NHS Wales". AWTTC, in collaboration with health economists, is developing a process to support evidence-based, appropriate disinvestment of medicines, to be considered at a future AWMSG meeting.

## **Domain 4** **Reduce inappropriate variation using evidence-based practices consistently and transparently**

AWMSG is committed to supporting the introduction of an electronic prescribing system in Wales as stated in Recommendation 4.1 of the AWMSG 2018–2023 strategy. AWTTC is represented on Welsh Hospitals Electronic Prescribing and Pharmacy Medicines Administration (WHEPPMA) committees. In February 2020, WHEPPMA achieved the first stage in the development of electronic prescribing in Wales, with the approval of

an All Wales Hospital Pharmacy Prescribing System, which will be introduced over the next year ([nwis.nhs.wales/news/latest-news/digital-boost-for-hospital-pharmacy/](https://nwis.nhs.wales/news/latest-news/digital-boost-for-hospital-pharmacy/)).

NPIs are used to highlight therapeutic priorities for NHS Wales and compare the ways in which different prescribers and organisations use particular medicines, allowing health boards, primary care clusters and individual GP practices to benchmark their prescribing with that of others. AWMSG is committed to using all available information technology to monitor the clinical appropriateness and variation of the NPIs. The Welsh Analytical Prescribing Support Unit (WAPSU), within AWTTC, has developed the Server for Prescribing Information Reporting and Analysis (SPIRA).

SPIRA uses databases to give information on: Low value for prescribing, NPIs, biosimilar efficiencies, medicines safety dashboard and an NPI reporting tool on which data for all NPIs are available.

This database will be used to report on inappropriate variation in NPIs and the data will be used to achieve Recommendation 4.3 "Reduce inappropriate variation in achievement of NPIs between health boards". In February 2020, a new dashboard was introduced to compare health board NPI performance against the performance of NHS England Clinical Commissioning Groups, as well as overall NHS England averages and more focused North East England averages.

The AWMSG strategy 2018–2023 recognised the cost savings incurred from the Wales Patient Access Scheme (WPAS) and Recommendation 4.7 aimed to “maximise cost-efficiencies for early access to medicines whilst ensuring patient access to all medicines recommended via health technology assessment by NICE or AWMSG”. WAPSU, part of AWTTTC, in collaboration with NHS Wales, used an “Invest to save” bid to maximise cost efficiencies and identified missed savings from implementation of the WPAS-associated medicines across Wales of approximately £3.4 million up to March 2020, of which 97% has been recouped.

AWMSG recognises the importance of using data and Recommendation 4.8 outcome was “Demonstrable evidence-based benefit to patient safety, outcomes and care associated with improved analysis of prescribing data.” AWTTTC has developed the SPIRA dashboard using several databases to identify variations in prescribing practice. In order to examine patient outcomes, AWTTTC is working with the Secure Anonymised Information Linkage (SAIL) databank to look at patient outcomes from an AWMSG NPI (dosulepin), which will be used as a model to examine future patient healthcare outcomes resulting from the introduction of NPIs.

AWTTTC has also funded a study using the SAIL databank to look at antibiotic prescribing and deprivation; the study is due to be published in the Journal of Antimicrobial Chemotherapy in May 2020. AWTTTC is currently exploring the use of artificial intelligence and machine learning to help achieve Recommendation 4.8.



# News



## Our work during COVID-19

As the financial year of 2019–2020 came to a close, our health service was hit by the biggest crisis it has faced in decades. Across Wales working practices had to rapidly adapt to cope with the COVID-19 pandemic. Normal AWMSG business was suspended and in response to the unprecedented circumstances, the All Wales Therapeutics and Toxicology Centre (AWTTC) immediately re-prioritised its work. A COVID-19 Information Hub was quickly developed to provide a central repository of evidence-based guidance for prescribers on the appropriate use of medicines during the pandemic. To avoid duplication of effort and efficiently prioritise work, AWTTC reached out to colleagues for suggested topics for inclusion and collaborated with a number of other national bodies. In tandem, AWTTC started to monitor end of life and critical care medicines stocks to ensure there were sufficient supplies available in hospital pharmacies across NHS Wales, which required daily monitoring seven days of the week. Some medicines that were not routinely available within the NHS before the pandemic were needed by clinicians, creating an urgent requirement for processes to access these medicines. AWTTC played a key role in the implementation and management of interim processes that were developed over short timescales. AWTTC staff rose to the challenges posed by the pandemic, and next year's AWMSG annual report (2020–2021) will include a comprehensive summary of all their contributions.



## Members Training Day

The Annual AWMSG Training Day was held on Wednesday, 15<sup>th</sup> January 2020 in Cardiff City Stadium. As well as the members and deputies of AWMSG and its two sub-groups, the New Medicines Group (NMG) and the All Wales Prescribing Advisory Group (AWPAG), an invitation was extended to Medicines and Therapeutics Committees.



*Professor Ceri Phillips*

The key speaker was Professor Ceri Phillips, the new AWMSG Chair, who opened the day. Professor Phillips started by reflecting on the past achievements of AWMSG before setting out his vision of a new era for AWMSG. He highlighted the importance of increased collaborative working with other organisations and how he sees the role of AWMSG changing. After this, attendees worked in groups to brainstorm ways to address some key questions raised by Professor Phillips.

Mrs Eifiona Wood (Senior Research Fellow, Centre for Health Economics and Medicines Evaluation, Bangor University), spoke about the AWMSG process for assessing medicines for a rare disease and highlighted what's new in the AWMSG policy.



*Mrs Eifiona Wood*



*Dr Emily Holmes*

The event ended with a split session, where members went to presentations aimed at their groups. Dr Catrin Plumpton (Research Fellow, Centre for Health Economics and Medicines Evaluation, Bangor University) talked to AWMSG and NMG members about Markov models and how they are used for the economic evaluation of healthcare interventions. Dr Plumpton explained the theory, then attendees had the chance to try one themselves. Meanwhile, Dr Emily Holmes, (Research Fellow, Centre for Health Economics and Medicines Evaluation, Bangor University) talked to AWPAG members about the role of economics in guideline development and led a practical session on critical appraisal.

The next AWMSG Training Day will be held in early 2021.



## New AWMSG website

A new AWMSG website is in the final stages of production with an official launch planned for summer 2020.

The website, which will be available in English and Welsh, is built using the new web platform developed by the NHS Wales Informatics Service (NWIS). The new AWMSG website is fully responsive, meaning that the layout will automatically adjust and adapt to display on any device screen size: desktop, laptop, tablet, or mobile phone. It also has all the features that users expect from a modern website.

Colleagues from the All Wales Therapeutics and Toxicology Centre (AWTTC) designed the new website following four basic principles:

- establishing who the users are and what they want;
- having relevant and well-written content;
- having a clear site navigation; and
- being pleasing to the eye.

# News continued

These principles were achieved by using the well-established user-centred design methodology in which the needs of the end-users are the focus in each phase of website production. As part of this process, AWTTTC involved AWMSG stakeholders, including: the Patient and Public Interest Group (PAPIG) members, the public in general, pharmaceutical companies, pharmacists and the Chief Pharmacists Peer Group, clinicians in NHS Wales, and AWMSG, the New Medicines Group (NMG), the All Wales Prescribing Advisory Group (AWPAG) and AWTTTC colleagues. AWTTTC asked for their views about the current AWMSG website and what other features they would like, or expect, to have available. This feedback helped to inform the content, navigation and design of the new website.

The new AWMSG website has a cleaner and more engaging look, and a clearer navigation and improved search function so that users can find what they want quickly. It also meets the Welsh language and website accessibility guidelines. Content from the old AWMSG website has been reviewed and re-written and new content produced. A bespoke application was developed to help users easily find AWMSG medicines advice, and medicines optimisation resources and projects are much more accessible.

The final phase of development is user testing to make sure the new website meets the needs of its users and to make any refinements needed. Members of AWMSG and its sub-groups, AWTTTC staff and PAPIG members have been trying it out and giving some valuable feedback.

There is also opportunity for all users to give their views and suggestions through an online survey on the new website.

You can access the website from [awmsg.nhs.wales/](http://awmsg.nhs.wales/) (English) and [gsmcg.gig.cymru/](http://gsmcg.gig.cymru/) (Welsh), and your feedback would be very welcome.

The address of the previous AWMSG website [awmsg.org](http://awmsg.org) will also take you to the English-language homepage of the website. AWTTTC gratefully acknowledge the support of NWIS in the production of this website.



*The new AWMSG Website*

# Spotlight on AWTTTC

## Staff Professional Development and Research



**AWTTTC**

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

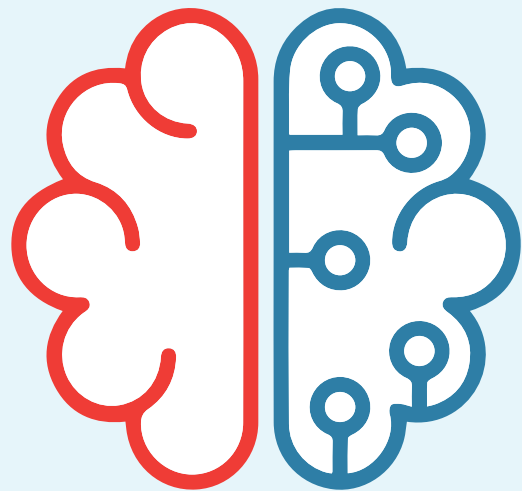
The All Wales Therapeutics and Toxicology Centre (AWTTTC) provides AWMSG with administrative and scientific support for the appraisals of new medicines, and to develop resources for prescribers to optimise the use of current medicines.

AWTTTC brings together a unique mix of professionals who combine their skills and expertise to provide professional support to AWMSG and Welsh Government. AWTTTC has a wealth of talent and experience covering a broad range of fields: pharmacists, clinical pharmacologists, health economists, specialist scientists, data analysts, pharmacy technicians, and administrative and communications staff.

AWTTTC has developed a process to support staff in the writing and submission of conference abstracts about AWTTTC's work relating to the safe and effective use of medicines in Wales. This year the team also developed a process to monitor and target relevant conferences and events to help AWMSG's implementation strategy.

AWTTTC's Research Group aims to develop a culture and research environment within AWTTTC, train members in research skills and techniques, produce publications, encourage submission of research grant applications and explore involvement in portfolio studies. AWTTTC has achieved these aims by holding regular research meetings in the department, developing posters for meetings and publishing research papers.

AWTTTC presented three posters at the Prescribing and Research in Medicines Management - PRIMM (UK & Ireland) 31<sup>st</sup> Annual Scientific Meeting, held in Manchester, UK, on 17<sup>th</sup> January, 2020: Medication Without Harm - WHO is Responsible? Abstracts can be found at [onlinelibrary.wiley.com/doi/10.991557/2020/29/S2](https://onlinelibrary.wiley.com/doi/10.991557/2020/29/S2).



# Spotlight on AWTTTC *continued*

## Professor Phil Routledge retires as Clinical Director of AWTTTC

On 9<sup>th</sup> May 2019, staff of the All Wales Therapeutics and Toxicology Centre (AWTTTC) paid tribute to their Clinical Director and founder Professor Phil Routledge as he entered retirement after almost 40 years of service in the NHS in Wales.



Professor Routledge was appointed a Consultant Clinical Pharmacologist in Cardiff and Vale University Health Board in 1981. He worked with colleagues in Clinical Pharmacology and Pharmacy to bring the Welsh National Poisons Unit, the Yellow Card Centre for Wales, and the Welsh Medicines Resource Centre to University Hospital Llandough. He also established the Patients Access to Medicines Service and the Welsh Analytical Prescribing Support Unit. All five now form the AWTTTC.

Professor Routledge had a fundamental role in delivering medicines services in NHS Wales, by improving access for patients to clinical and cost-effective medicines. He also acted as the longest serving Chair of AWMSG (from 2006–2014). During this time, he commissioned the development of an All Wales single national inpatient prescription

chart, which was endorsed by the UK's Royal College of Physicians.

In 1992, Professor Routledge proposed developing the former nurses' home at Llandough Hospital into a centre focused on teaching and research. From this, the "Academic Centre" was formed, showcasing high-quality research and teaching outputs from several areas of medicine. Later, the Cochrane Library was added as an extension to the Academic Centre, plus undergraduate and postgraduate teaching facilities. These contributed to Llandough Hospital's reputation as a major teaching hospital in Wales, leading to its' renaming as University Hospital Llandough in 2008.

The Academic Centre is now home to over 40 staff working for the AWTTTC. In recognition of Professor Routledge's outstanding contributions to the University Hospital Llandough, NHS Wales, Cardiff University and the AWTTTC, the centre was renamed "The Routledge Academic Centre" on 9<sup>th</sup> May 2019.

**"Phil has been an inspiration to our staff and a pleasure to work with for 25 years"**

Mrs Ruth Lang, Senior Liaison Manager, AWTTTC

# 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:

## 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:

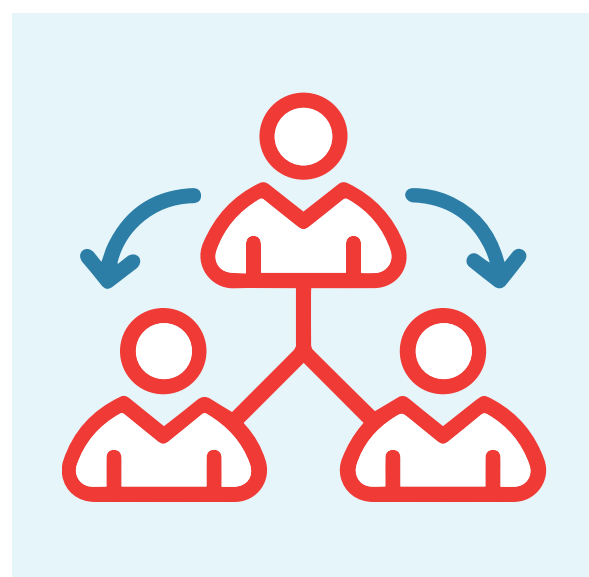
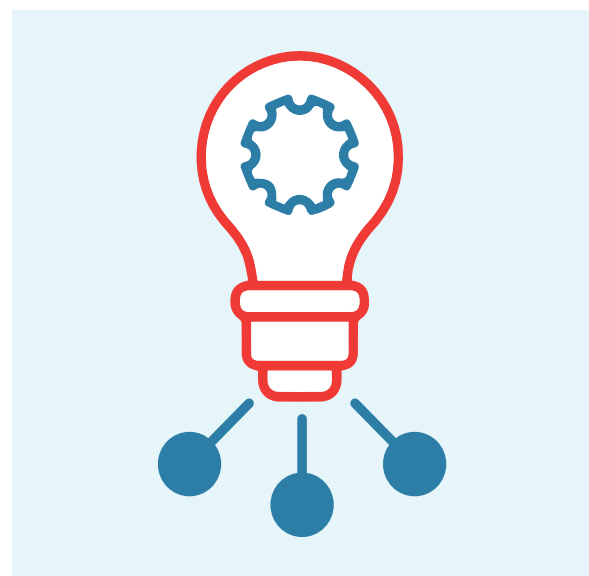
- Develop and implement strategies that promote safe, rational, cost-effective prescribing;
- Monitor prescribing patterns and develop appropriate indicators;
- Advise on appropriate training, education and professional development for those persons employed in providing prescribing advice;
- Advise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

## 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.

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

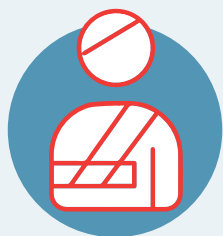


## Working in Partnership *continued*



**“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.”**

## 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.

AWMSG 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 AWMSG involve patients and patient organisations in the most effective way. Members meet quarterly and provide vital input into our work.

AWMSG is looking for lay members to sit on their groups. Members of the public are invited to email [awttc@wales.nhs.uk](mailto:awttc@wales.nhs.uk) or telephone Ruth Lang on 029 218 26900 for more information on getting involved.

## News

### The Patient and Public Interest Group (PAPIG) met three times during 2019–2020

#### 20<sup>th</sup> May 2019 meeting highlights

Philip Webb, Associate Director of Planning, Performance and Innovation at Velindre University NHS Trust, explained how the healthcare sector was harnessing Artificial Intelligence. He demonstrated a trial of RiTTA

(Realtime Information Technology Towards Activation) which is designed to provide information at any time to support patients living with cancer.

Laura Wilson, Senior Health Promotion Specialist at Public Health Wales, shared information about Making Every Contact Count (MECC) which is an approach to behaviour change.

Dr Alison Thomas, Clinical Pharmacologist and Director of the Yellow Card Centre (YCC) in Wales, gave an update on the work of the YCC including the introduction of patient information leaflets and the 2019 Training Day.

Ceri Phillips, Consultant Pharmacist, Aneurin Bevan Health Board, talked about the ongoing problem of antimicrobial resistance. Ceri highlighted the UK's five-year national action plan published in January 2019, the monitoring of prescribing rates and antimicrobial stewardship.

Dr Robert Bracchi, Medical Advisor to the All Wales Therapeutics and Toxicology Centre (AWTTC), ended the meeting with an insight into AWMSG's five-year strategy to implement standardised tools for healthcare professionals to use when conducting patient medication reviews.

#### 25<sup>th</sup> September 2019 meeting highlights

Alana Adams, Principal Pharmacist-Medicines Information at the Welsh Medicines Information Centre, introduced MAVIS, a chatbot being developed to support patients with acute intermittent porphyria who have questions about their medicines.

# Working in Partnership *continued*

Catherine Washbrook, Community Dietetic Clinical Lead at Cardiff and Vale UHB, shared feedback from a new structured diabetes education programme called X-PERT Insulin.

Sabrina Rind, Senior Appraisal Pharmacist at AWTTTC, discussed a review of AWMSG's process for appraising medicines for rare diseases and the resulting updates made.

Dr Clare Elliott, Appraisal Scientist at AWTTTC, updated PAPIG on the development of a new fully responsive and bilingual AWMSG website using a user-centred design methodology.

## **5<sup>th</sup> February 2020 meeting highlights**

Fiona Woods, Director of the Welsh Medicines Information Centre, started the February meeting by highlighting the importance of Yellow Card adverse drug reaction reporting and how public awareness of the scheme is being raised.

Richard Boldero, Senior Pharmacist at AWTTTC, gave members an update on the latest review of medicines that are being considered as low value for prescribing, which was out for consultation.

Helen Garratt, Director of Clinical Services at GamCare, discussed the established link between patients with Parkinson's disease treated with dopamine agonists and the increased risk of impulsive or compulsive behaviours including gambling.

Dr Tim Banks, Head of Research at Tenovus Cancer Care, gave an overview of the history of the charity and how public and patient involvement inputs into research they fund.

Jodie Phillips, Dewis Cymru Administrator at Data Cymru, introduced the Dewis Cymru website, a portal for information about well-being services in Wales.

Lynette James, All Wales Consultant Pharmacist in Medicines Safety, asked members to consider and give feedback on pharmacy medicine labels. A discussion followed on how medication details and dosage instructions were printed, and whether these were clear and user-friendly, which gave Lynette some valuable insights into how these labels could be improved.

PAPIG is made up of patients, carers, and representatives from patient organisations, AWTTTC and AWMSG. To find out more about joining PAPIG, coming to a PAPIG meeting or presenting to PAPIG, please contact Ruth Lang (Senior Liaison Manager) or Clare Elliott (AWTTTC Patient Engagement Lead) on 029 218 26900 or at [awttc@wales.nhs.uk](mailto:awttc@wales.nhs.uk). To find out how you can get involved in AWMSG's work, please go to [awmsg.nhs.wales/](http://awmsg.nhs.wales/) (English) and [gsmcg.gig.cymru/](http://gsmcg.gig.cymru/) (Welsh).

## **News**

### **Implementing Welsh language standards**

AWMSG works in partnership with patients and the public and supports the right of people in Wales, staff and the general public to have a service in Welsh and English.

AWMSG is committed to fully supporting Welsh Government's Welsh language agenda, and to implementing the Welsh language standards set by the Welsh language Commissioner.

To promote and support the use of Welsh, AWMSG had a stand at the Urdd National Eisteddfod in Cardiff Bay in May 2019. The Urdd Eisteddfod had 70,530 registered entrants taking part in singing, dancing and performing competitions during the week-long festival. It was a great opportunity to engage with the general public and raise their awareness of AWMSG and how they can get involved in our work.



At the Urdd Eisteddfod a bilingual video about involving patients and the public in AWMSG's work was shown. The video explains why it's important to hear the patient's voice and their experiences. It highlights the valuable role of patients and carers when AWMSG is assessing newly licensed medicines. Staff gave out AWMSG's bilingual annual report and information leaflets to people who visited our stand, and talked with members of the public in Welsh and English.

Patients, patient organisations, carers, patient networks and the general public can get involved in AWMSG's work by attending our Patient and Public Involvement Group (PAPIG). In line with the Welsh language standards, and

to further promote the use of Welsh language, our PAPIG meeting agendas, signage and advertising material have been translated and are available in Welsh and English. Language preferences are identified for all people attending the meeting. A simultaneous interpretation service is also available.

A new, fully responsive and bilingual AWMSG website is in development, with a launch planned for 2020. The Welsh language standards were considered as part of the website development and design process, with content and functionality available equally in Welsh and English. Language preferences will also be able to be accessed from the website address: [gsmcg.gig.cymru/](https://gsmcg.gig.cymru/) (Welsh) and [awmsg.nhs.wales/](https://awmsg.nhs.wales/) (English). This will make sure that patients and the public can access AWMSG's information in their preferred language.

A bilingual Twitter account ([@AWTTCCymraeg](https://twitter.com/AWTTCCymraeg); [@AWTTCComms](https://twitter.com/AWTTCComms)) has additionally been set up to inform patients and the public about new advice from AWMSG.

The Clinical Diagnostics and Therapeutics Clinical Board in Cardiff and Vale University Health Board recognised the commitment made by the All Wales Therapeutics and Toxicology Centre (AWTTC) in promoting use of the Welsh Language when supporting AWMSG. In November 2019, Kelly Wood, a Senior Appraisal Scientist within AWTTC, received a staff recognition award in the Equality/Welsh language category.

# Get Involved



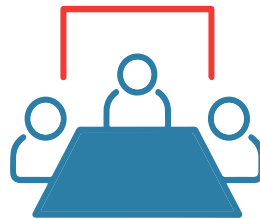
## Join PAPIG

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).



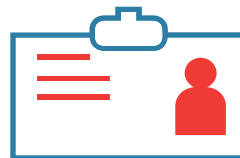
## Take part in a consultation

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.



## Come to a meeting

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



## 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.



## Visit our website

For more details of our work and ways you can get involved, please visit [awmsg.nhs.wales/get-involved/](http://awmsg.nhs.wales/get-involved/) (English) and [gsmcg.gig.cymru/cyfranogi/](http://gsmcg.gig.cymru/cyfranogi/) (Welsh).

# Working in Partnership *continued*

## Healthcare professionals



Healthcare professionals play a fundamental role in the work of AWMSG and are involved in every step of their work: 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.

The All Wales Therapeutics and Toxicology Centre (AWTTC) aims to continually improve clinical expert engagement and strengthen links with healthcare professional networks in Wales. This year AWTTC has worked to build relationships with these networks.

AWTTC staff took part in an interactive discussion group to identify key areas where healthcare professional input is needed and to take forward new ideas to improve clinical expert engagement. AWTTC staff have attended national network meetings with colleagues in the health service, and aim to build relationships with experts in more therapeutic areas including those working with patients who have rare conditions.

Healthcare professionals have worked closely with AWTTC this year to deliver a range of national guidance documents, resources and advice. These include the Endocrine Management of Gender Dysphoria in Adults guidance and work related to providing pre-exposure prophylaxis (PrEP) for HIV prevention in

Wales. Healthcare professionals working in Wales can bring their work through AWMSG's robust process, including consultation with key stakeholders, by submitting a project proposal. AWTTC provides support all the way through a project, working with medical writers, pharmacists, medical advisors, data analysts and project managers.

Healthcare professionals have also worked closely with AWTTC when issues around unmet need or inequity in patient access to medicines were identified; healthcare professionals' input is an integral part of IPFR and One Wales processes. Clinicians can contact AWTTC to explore access pathways available in Wales to ensure that their patients can access appropriate medicines. AWTTC encourages clinicians to highlight areas of unmet need or work being done on a local level that could benefit patients at a national level.

It is vital that healthcare professionals are engaged in AWMSG's work, which would not be able to achieve its aims without the enormous support received from colleagues across Wales. AWMSG and AWTTC strive to improve these links and work closely with healthcare professionals to meet new challenges as the healthcare landscape in Wales changes.

# Working in Partnership *continued*

## News

### Best Practice Day 2019

On 9<sup>th</sup> July 2019, the All Wales Therapeutics and Toxicology Centre (AWTTC) hosted its fourth annual Best Practice Day; an event focused on the sharing of excellent medicines optimisation work ongoing in Wales, with plenty of opportunity for networking and the sharing of ideas.

#### Sessions included:

##### Tapering the “opioid crisis”

Emma Davies, Advanced Pharmacist Practitioner from Swansea Bay University Health Board (UHB), presented the first session entitled “Tapering the ‘opioid crisis’ – where, what, why and when”.



Emma Davies

Cindy Hayward

##### Non-malignant pain medication review clinic in a GP practice

The second session of the Best Practice Day 2019 on “Pharmacist-led chronic non-malignant pain medication review clinic in a GP practice” was presented by Ceri Clatworthy, Primary Care Pharmacist from Cardiff and Vale UHB.

### Valley Steps

Richard Bundy, Executive Director of Valleys Steps, presented on “Valleys Steps - Psycho-education as the third way in addressing stress, anxiety and depression”.

### Recognition and support of prescribed drug dependence

Stevie Lewis, patient and campaigner, spoke about her important work in her talk “Campaigning for better recognition and support of prescribed drug dependence”.



Stevie Lewis

### Social prescribing

There was a talk from Cindy Hayward, Social Prescribing Co-ordinator for Cwmtawe, about “New ways to wellbeing – Social prescribing in Swansea”.

### Reducing unplanned admissions

Bethan Evans, Prescribing Advisor from Hywel Dda UHB, spoke about the impact of introducing a medicines management service to prevent unplanned admissions.



*Bethan Evans*



*Lindsay George*

### **Prudent prescribing of human versus analogue insulin**

Dr Lindsay George, Clinical Lead for Diabetes in Cardiff and Vale UHB, gave a presentation on “Prudent prescribing of human versus analogue insulin”.

### **Sore Throat Test and Treat Service**

A session on the “Community Pharmacy Sore Throat Test and Treat Service” was delivered by Emma Williams, Team Leader for Pharmacy Community Services at Cwm Taf Morgannwg UHB.



*Emma Williams*

A significant portion of the day was also dedicated to allowing representatives from all of the health boards, and AWTTTC themselves, to host interactive sessions on various initiatives they are currently implementing within NHS Wales.

### **Find out more**

Videos of the talks delivered at the Best Practice Day can be viewed on the AWTTTC website at [awttc.org/news/best-practice-day-2019](https://awttc.org/news/best-practice-day-2019). You can also download slides that were presented on the day through SHARE – AWTTTC’s Online Community – where you can also pose questions and discuss best practice initiatives. You can join the discussion and download the slides at [share.awttc.org](https://share.awttc.org).

Feedback on the day has been overwhelmingly positive, and we look forward to hosting the next Best Practice Day in 2021. Keep an eye on [awttc.org](https://awttc.org) for more information.

## **News**

### **All Wales Patient Access Scheme monitoring and implementation – an “Invest to Save” project**

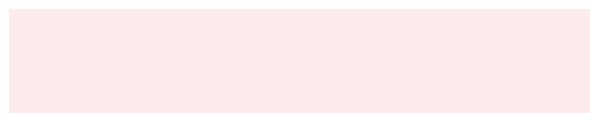
In the 2018–2019 Annual Report AWMSG summarised the work accomplished in the project’s first year. In 2019–2020 the project team have gone on to:

- Recoup approximately 97% of missed savings for NHS Wales. The Project Manager continues to facilitate central monitoring and reporting of Patient Access Schemes (PAS) to ensure that health boards are paying the right price for their medicines.

# Working in Partnership *continued*

- Implement the Blueteq Patient Access Scheme Administration System (PASAS), allowing the Project Manager to monitor the simple schemes centrally and create monthly exception reports for the health boards and trusts. These reports highlight potential missed savings every month and allow the health boards to engage with the pharmaceutical companies early to recoup any potential loss.
- Introduce primary care agreements for medicines reviewed as part of the primary care audit. Going forward, this allows patients to access treatment closer to home.
- Ensure health boards in Wales have access to accurate and up-to-date PAS information earlier, to support them in meeting the New Treatment Fund compliance deadlines.
- Work with the All Wales Medicines Procurement Specialist Pharmacist and the NHS Wales Shared Services Partnership (NWSSP), so that NHS Wales are now in a position to engage with pharmaceutical companies to pursue further central agreements for Wales to alleviate the administrative burden on the health boards.
- Share information, advice and experience regularly with health board colleagues. The Project Manager has presented an overview of the project at various forums, including:
  1. Patient Access Scheme Wales Group (PASWG) and Welsh Medicines Procurement and Logistics Advisory Group (WMPLAG) joint workshop – May 2019
  2. Welsh Industry Group – July 2019
  3. Ethical Medicines Industry Group (EMIG) – October 2019.

Because of the success of the project, a substantive post was fully supported by the Wales Chief Pharmacist Peer Group, and the Project Manager was successfully recruited into the post within the Welsh Analytical Prescribing Support Unit (WAPSU).

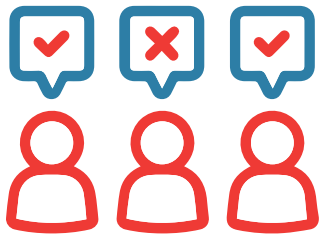


# Get Involved



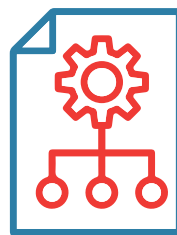
## Join a committee

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.

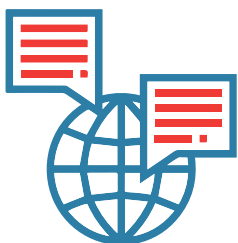


## Propose a project

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 [awmsg.nhs.wales/](http://awmsg.nhs.wales/) (English) and [gsmcg.gig.cymru/](http://gsmcg.gig.cymru/) (Welsh).

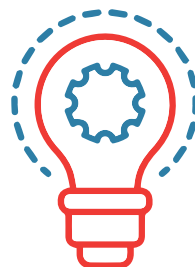


## Sign up to SHARE

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](http://share.awttc.org) and more information including a user guide can be accessed here: [awttc.org/share-awttcs-online-community](http://awttc.org/share-awttcs-online-community).

## 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 2019–2020 the event was held in July 2019. Check the AWTTTC website for details of future events.



## 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.



## Come to a meeting

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

# Working in Partnership *continued*

## Pharmaceutical industry



The pharmaceutical industry is an essential partner, particularly in the health technology assessment (HTA) process, where engagement enables

prompt appraisal of new medicines in Wales.

The Therapeutic Development Assessment Partnership Group (TDAPG) involves representatives from the:

- Association of British Pharmaceutical Industry (ABPI);
- Wales Industry Group (WIG);
- Ethical Medicines Industry Group (EMIG); and
- All Wales Therapeutics and Toxicology Centre (AWTTC).

The Group meets quarterly to develop comprehensive and robust appraisal methodology, ensuring that pharmaceutical companies have appropriate engagement opportunities throughout the development of AWMSG policy and their appraisal submissions. Opportunities to engage include: telephone discussions, commenting on the HTA reports, participating in AWMSG meetings, and attending Clinical and Patient Involvement Group meetings.

In response to a recent review of AWMSG, Dr Rick Greville, Director of ABPI Cymru Wales, said “The pharmaceutical industry has worked with AWMSG since its establishment to support the ability of patients and their clinicians in Wales to have fast, equitable access to innovative

medicines. Our aim has been to support the development of an open, transparent and consistent approach based on the available evidence-base. This end-to-end policy process, which is transparent and effective, now receives the support of all stakeholders: patients, clinicians and the pharmaceutical industry”.

ABPI stated: “The collaborative nature of AW TTC and AWMSG has ensured that decisions have been reached in a collegiate and collective environment. This exemplifies how the work of both AWMSG and AW TTC align with Welsh Government’s twin ambitions to deliver Prudent and Value-Based Healthcare – and particularly ensuring that services are co-produced and relevant to those providing and receiving treatment.” ABPI also highlighted the “strong alignment with A Healthier Wales: the ten-year strategy for health in Wales, particularly in ensuring that patients can receive their care consistently and appropriately, wherever they are in Wales.”

An AWMSG Masterclass is held on an annual basis and provides an opportunity for the pharmaceutical industry to network and meet on a face-to-face basis with representatives from AWMSG and AW TTC. The aim is to learn more about the work of AWMSG through a combination of interactive sessions and more formal presentations. A number of AW TTC staff are on hand to offer practical advice in relation to appraisal submissions and to answer questions. The Masterclass is a long-standing and enjoyable annual event.

## News

### Horizon scanning

#### Why do we horizon scan?

Horizon scanning is essential in supporting NHS Wales' organisations to budget and plan for new medicines. Horizon scanning also helps AWMSG to plan the health technology assessment work programme. Knowing which new medicines are coming, and their likely impact, together with early pharmaceutical company engagement helps to speed up patients' access to those medicines, in line with the requirements set out in Welsh Government's New Treatment Fund.

The All Wales Therapeutics and Toxicology Centre (AWTTC) horizon scanning team gathers information on new medicines, indications and formulations expected to become available in the following year, and further ahead for medicines classified as an Advanced Therapy Medicinal Product (ATMP). The team are particularly interested in medicines that may have significant cost or service planning implications for NHS Wales.

#### How do we know what new medicines might be coming?

UK PharmaScan is the team's primary source of information and is used by all UK national horizon scanning organisations. It is populated by pharmaceutical companies on a confidential and secure platform. AWTTC's horizon scanning team has been involved in encouraging pharmaceutical companies to engage with UK PharmaScan. This work includes the development of a new UK PharmaScan website and information leaflet. Information from UK PharmaScan is



supplemented with information from a range of other sources and AWTTC has recently procured and begun using a specialised horizon scanning intelligence and data analysis resource.

The team also has good links with other national horizon scanning organisations across the UK and communicates directly with pharmaceutical companies. A horizon scanning section for the new AWMSG website and an AWTTC LinkedIn page is currently in development to further support engagement. The team has also strengthened links with the Welsh Health Specialised Services Committee (WHSSC) and now provides regular reports, identifying ATMPs in the pipeline with a potential UK launch expected during the next two to five years.

# Working in Partnership *continued*

## How is horizon scanning information shared?

All AW TTC's horizon scanning reports are shared confidentially using the secure AW TTC Vault. Access to the Vault is restricted to appropriate and named people in NHS Wales and is subject to a confidentiality agreement and regular monitoring. In the second half of 2019, AW TTC provided updates to the Welsh Industry Group and the Ethical Medicines Industry Group about using the Vault for horizon scanning. As a result, both organisations have approved Advanced Budgetary Notifications given to AW TTC's horizon scanning team to be shared through the Vault with members of the All Wales Medicines Horizon Scanning and Forecasting Group. This ensures that the information is made available to formulary and procurement pharmacists at health boards who are responsible for financial and service planning.

## How can clinical experts help?

Knowing how many patients would be likely to receive a new medicine and what medicines might be displaced are key factors in identifying those medicines in the pipeline that are likely to have significant financial or service delivery implications. Clinical experts' input is essential to this aspect of horizon scanning and the team has been working to strengthen links with clinicians.

## The future

Ongoing review and development of AW TTC's horizon scanning processes and links with clinical experts will help the team to build on their progress to date and support effective planning for, and delivery of, new medicines to patients in NHS Wales.

The screenshot shows a web page from the All Wales Medicines Strategy Group (AWMSG). The page title is "Submit horizon scanning information". The main content area contains the following text:

**Submit horizon scanning information**

AW TTC's horizon scanning team gathers information about new 'pipeline' medicines, indications and formulations that are in development and are expected to be licensed and made available in the UK in the next financial year.

This supports the planning, introduction and faster adoption of new medicines in NHS Wales, particularly those that may have significant cost or service planning implications.

The horizon scanning team use several sources to collect information about new medicines being developed. Pharmaceutical companies can tell AW TTC about new medicines, indications and formulations that are likely to become available for use in the UK by sending pipeline information to UK PharmaScan (U), or by emailing the horizon scanning team at [awttc@wales.nhs.uk](mailto:awttc@wales.nhs.uk).

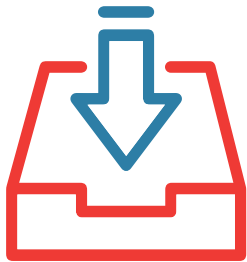
Our [Get involved with horizon scanning page](#) gives you more about our process and how to submit horizon scanning information.

On the right side of the page, there is a "Related content" section with the following links:

- [Get involved with horizon scanning](#)
- [Submit for AWMSG appraisal](#)
- [UK PharmaScan website \(U\)](#)

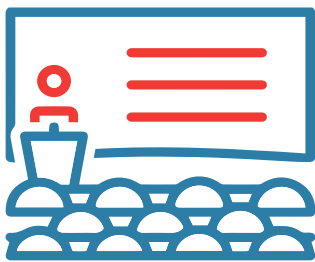
The page also features a navigation menu at the top with options like "Home", "Medicines appraisal and guidance", "Make a submission", "Get involved", "Meetings and events", "About us", "Contact us", and "News". A search bar is also present in the top right corner.

# 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.



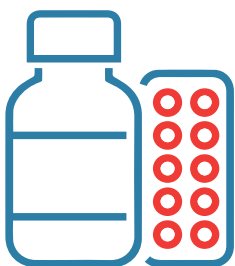
## Come to the Masterclass

The Masterclass is held each year to encourage and facilitate pharmaceutical industry engagement in the HTA process. Meet representatives from AWMSG and AWTTTC, learn more about their work and get practical advice in relation to appraisal submissions.



## Visit our website

For more details of our work and ways you can engage with the appraisal process and consultations, please visit [awmsg.nhs.wales/](http://awmsg.nhs.wales/) (English) and [gsmcg.gig.cymru/](http://gsmcg.gig.cymru/) (Welsh).

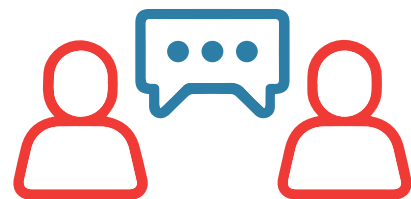


## Tell us about your pipeline medicines

AWTTTC's horizon scanning team gathers information on new pipeline medicines, indications and formulations.

This information supports NHS Wales to plan and

introduce the use of these new medicines. UK PharmaScan is the team's primary source of information and we encourage companies to register with and use UK PharmaScan. You can find out more on the UK PharmaScan website.



## Come to a meeting

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

# Our work this year - Medicines optimisation

Medicines optimisation focuses on patients and outcomes rather than process and systems. It aims to support healthcare professionals 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 advising 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.

## Guidance and resources

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



## Respiratory medicine

Data show wide variation in inhaler prescribing between health boards and between practices within health boards, despite similar prevalence of chronic obstructive pulmonary disease (COPD).

### All Wales COPD Management and Prescribing Guide

This guideline aims to reduce variation in inhaler prescribing. Many health boards have produced local guidelines for COPD management, and it was discussed and agreed at Respiratory Health Implementation Group meetings that an All Wales guideline would be more effective than local plans.

The guideline takes the prescriber through the stages of:

- initial assessment
- confirming a diagnosis of COPD
- appropriate referral
- what to prescribe based on the patient's phenotype
- patient follow-up.

## Gender dysphoria

As part of a Directed Enhanced Service introduced in late 2019, general practitioners in Wales are invited to provide long-term maintenance treatment for their patients who have been diagnosed with gender dysphoria.

### Endocrine Management of Gender Dysphoria in Adults: Prescribing Guidance for Non-specialist Practitioners

This is a treatment guidance document for non-specialist practitioners who support prescribing for people who have been psychologically assessed and diagnosed

with gender dysphoria and prescribed these therapies by an NHS gender clinic.

The guideline talks the prescriber through some of the nuances of prescribing testosterone, estrogen, gonadotrophin-releasing hormone agonist and anti-androgen treatments.

## Prudent use of medicines

It is vital that a prudent approach is taken to review medicines that offer a limited clinical benefit to patients and can therefore be considered a low priority for funding. In October 2017 the first “Medicines Identified as Low Priority for Funding in NHS Wales” paper was published; a second paper was published in 2018. During 2019–2020 this not only led to a decreased spend on these groups of medicines of £0.68m, but also enabled patients to have their medicines reviewed and, where appropriate, be prescribed more suitable alternatives in line with national recommendations.

### Items Identified as Low Value for Prescribing in NHS Wales – Paper 3

In February 2020, the initiative was renamed “Items Identified as Low Value for Prescribing in NHS Wales” and a third paper was published. The aim of this document is to minimise the prescribing of a third group of medicines that offer low clinical effectiveness to patients or where more cost-effective treatments may be available. Nine items or item groups were identified for the purposes of this document. These are:

#### Items of low clinical effectiveness:

- chloral hydrate (cloral betaine)
- minocycline
- probiotics

- rubefacients
- silk garments
- vitamins and minerals.

#### Items where more cost-effective alternatives are available:

- alimemazine
- aliskiren
- certain blood glucose testing strips.

## Anticoagulants

With an increasing number of treatment options becoming available for patients requiring anticoagulation for non-valvular atrial fibrillation, it is vital that healthcare professionals have up-to-date information to provide consistently safe and effective care.

### All Wales Advice on Oral Anticoagulation for Non-valvular Atrial Fibrillation

This guidance is an update to the previously available “All Wales Advice on the Role of Oral Anticoagulants”. It focuses on treatment of non-valvular atrial fibrillation (NVAf) and incorporates an updated version of the AWMSG-endorsed “Risk/Benefit Assessment Tool for Oral Anticoagulant Treatment in People with Atrial Fibrillation”. It includes recommendations from “Warfarin Monitoring” (published in June 2012) relevant to the treatment of NVAf.

## AWMSG Acknowledgement

AWMSG has acknowledged the following initiative as good practice and aligning with the aims of the AWMSG Five-year Strategy 2018–2023: [National Guiding Principles for Medicines Support in the Domiciliary Care Sector \(adss.cymru/en/blog/post/principles-for-medicines\)](https://adss.cymru/en/blog/post/principles-for-medicines)

# Our work this year - Prescribing monitoring and analysis

AWMSG monitors and analyses prescribing data in order to benchmark performance and drive improvements within the NHS in Wales.

## National Prescribing Indicators (NPIs)

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 at health board, cluster or practice level. To facilitate this, AWMSG agreed that 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.

### NPIs 2019–2020

For 2019–2020, AWMSG endorsed 11 NPIs focusing on seven areas of prescribing and the reporting of adverse events (Yellow Cards), with each indicator categorised as either safety, stewardship or efficiency.

### NPI monitoring

During 2019–2020, NPIs were monitored quarterly and reports published on the AWMSG website. Detailed NPI data for 2019–2020 are shown on the following pages and summarised on [page 40](#). The Server for Prescribing Information Reporting and Analysis (SPIRA) is updated quarterly with NPI data for health boards, clusters and individual GP practices, allowing a more detailed view of local prescribing.

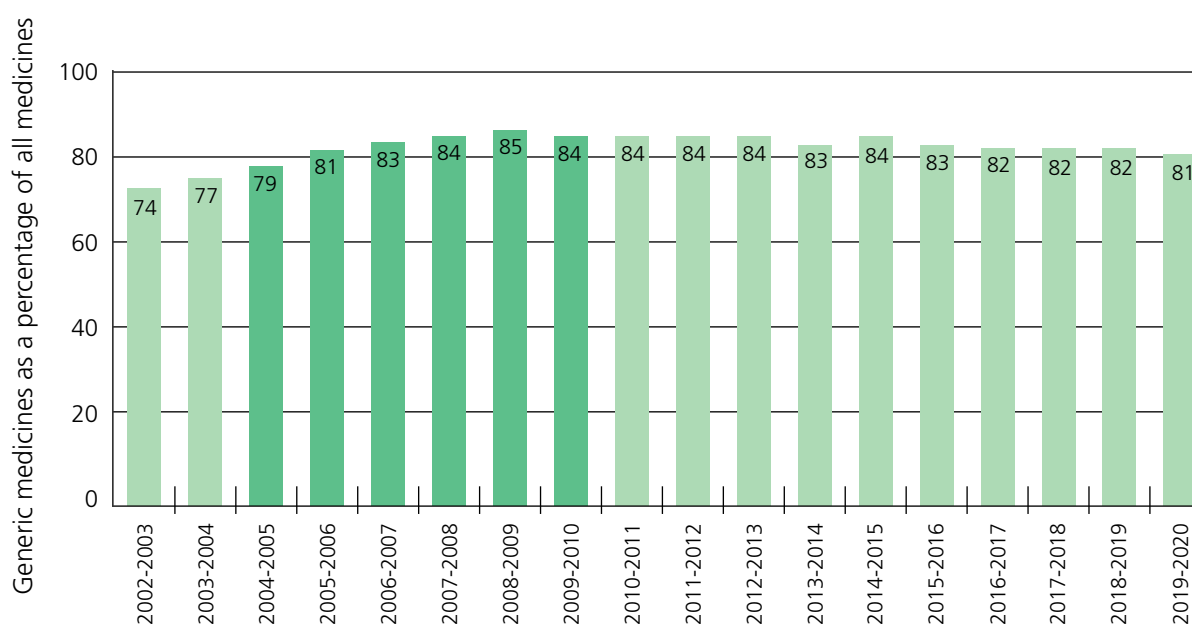


## NPI data to March 2020

Data for the NPIs 2019–2020 show that, for most NPIs with a target or threshold, prescribing (or reporting of adverse drug reactions) is improving in line with the aim of the NPI. The following data are taken from the quarter ending March of each financial year, except Yellow Card reporting, 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 has been 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 show minimal change over the last few years.



## Safety

### Prescribing Safety Indicators

The Prescribing Safety Indicators in primary care were introduced in 2018–2019, adapting some prescribing measures used in the pharmacist-led information technology intervention for medication errors (PINCER) trial, and tailored towards the needs of NHS Wales. Targets have not been set for this NPI, however, it is anticipated that the number of patients identified by each search will decrease over time or remain static. Data for these indicators are summarised on [page 35](#).

# Our work this year - Prescribing monitoring and analysis *continued*

Prescribing Safety Indicator description		Number of patients		% change
		March 2019	March 2020	
1	Number of patients with a peptic ulcer who have been prescribed NSAIDs without a PPI <sup>1</sup> .	–	213	–
2	Number of patients with asthma who have been prescribed a beta-blocker.	7,636	8,529	11.7%
3	Number of patients with concurrent prescriptions of verapamil and a beta-blocker.	183	176	-3.83%
4	Number of female patients with a past medical history of venous or arterial thrombosis who have been prescribed combined hormonal contraceptives.	104	92	-11.5%
5	Number of female patients with a current prescription of oestrogen-only hormone replacement therapy without any hysterectomy Read/SNOMED codes <sup>1</sup> .	–	2,404	–
6	Number of patients with concurrent prescriptions of warfarin and an oral NSAID.	194	160	-17.5%
7	Number of patients aged under 16 years with a current prescription of aspirin <sup>2</sup> .	–	167	–
8	Number of patients aged 65 years or over prescribed an NSAID plus aspirin and/or clopidogrel but without gastroprotection (PPI or H <sub>2</sub> receptor antagonist) <sup>1</sup> .	–	543	–
9	Number of patients aged 65 years or over prescribed an antipsychotic.	9,362	10,006	6.88%
10	Number of patients aged 75 and over with an Anticholinergic Effect on Cognition (AEC) score of 3 or more for items on active repeat.	20,583	22,024	7.00%
11	Number of patients on the CKD register (CKD stage 3–5) who have received a repeat prescription for an NSAID within the last 3 months <sup>1</sup> .	–	1,441	–
12	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 <sup>1</sup> .	–	2,342	–
13	Number of female patients aged 14–45 with a prescription for sodium valproate <sup>2</sup> .	–	1,071	–

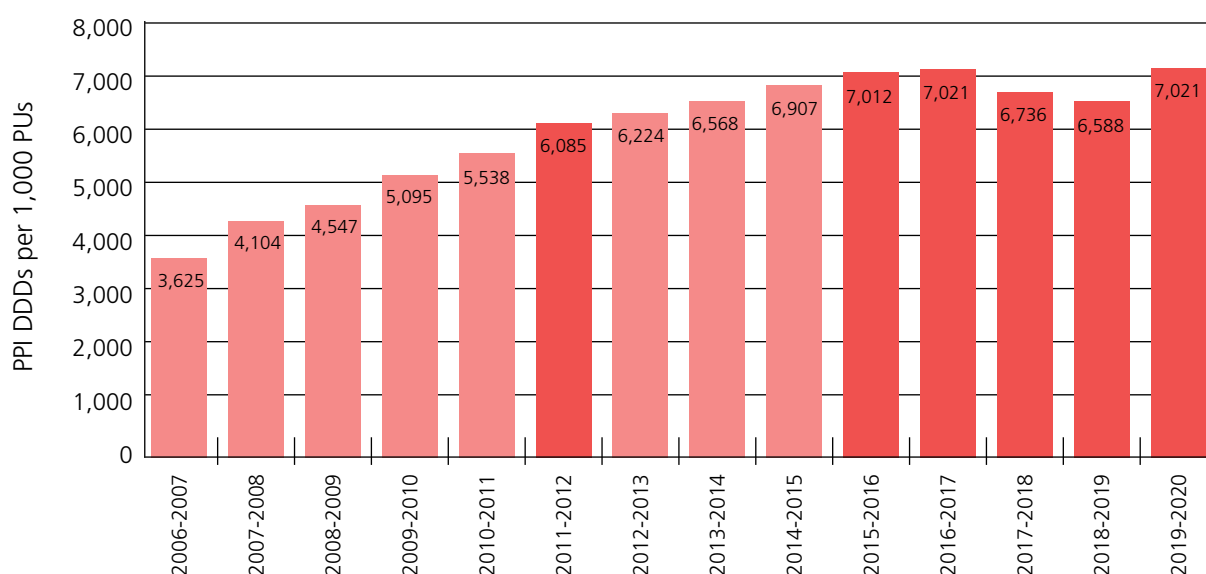
<sup>1</sup> Searches for these prescribing safety indicators were amended for the quarter ending March 2020 therefore there are no comparative data for 2018–2019.

<sup>2</sup> This prescribing safety indicator is new for 2019–2020. Therefore there are no comparative data for 2018–2019.

CKD = chronic kidney disease; eGFR = estimated glomerular filtration rate; NSAID = non-steroidal anti-inflammatory drug; PPI = proton pump inhibitor; SNOMED = Systematised Nomenclature of Medicine.

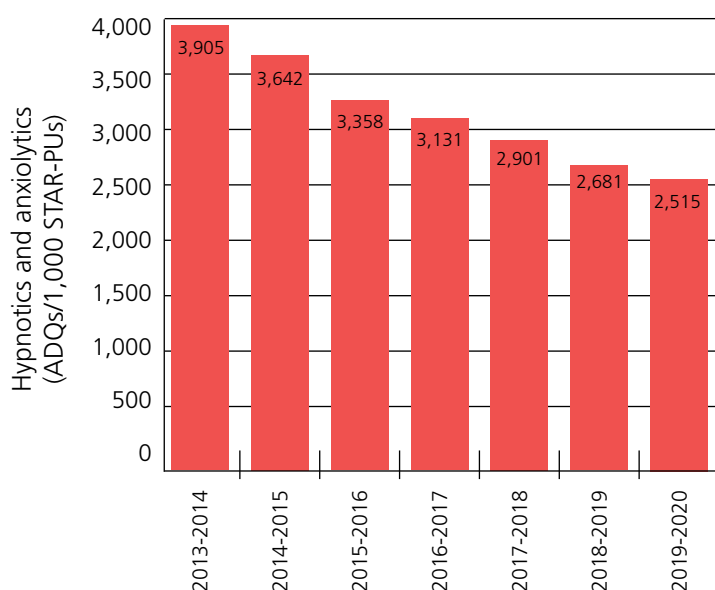
### Proton pump inhibitors (PPIs)

Although PPIs are generally well tolerated, there is increasing evidence that long-term PPI use may be linked with an increased risk of adverse effects. PPIs are monitored (using defined daily doses [DDDs] per 1,000 prescribing units [PUs]) with the aim of encouraging appropriate and cost-effective prescribing. Despite the prescribing of PPIs having decreased in recent years in line with the aim of the NPI, there has been an increasing trend of late. A contributing factor to this increase is disruption to the supply of ranitidine and the subsequent recommendation to switch patients to omeprazole (a PPI).



### 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 may be responsible for masking underlying depression. Prescribing (measured in average daily quantities [ADQs] per 1,000 specific therapeutic group age-sex related prescribing units [STAR-PUs]) has declined steadily in line with the aim of the NPI since its introduction.

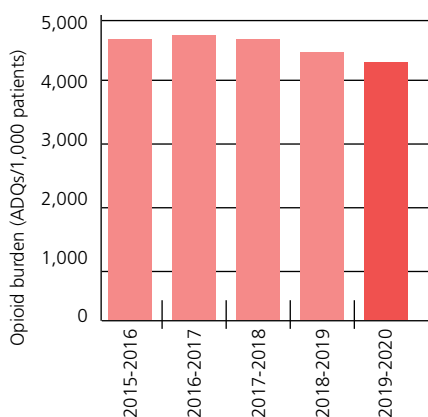


# Our work this year - Prescribing monitoring and analysis *continued*

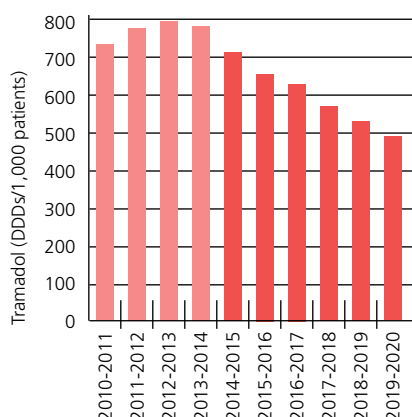
## Analgesics

Three NPIs support the appropriate use of analgesics: opioid burden, tramadol, and gabapentin and pregabalin. Opioid burden ADQs per 1,000 patients and tramadol DDDs per 1,000 patients have decreased in line with the aim of the NPI. However gabapentin and pregabalin prescribing (DDDs per 1,000 patients) continues to increase.

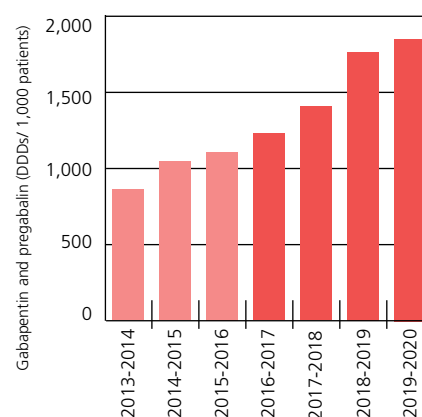
### Opioid burden



### Tramadol



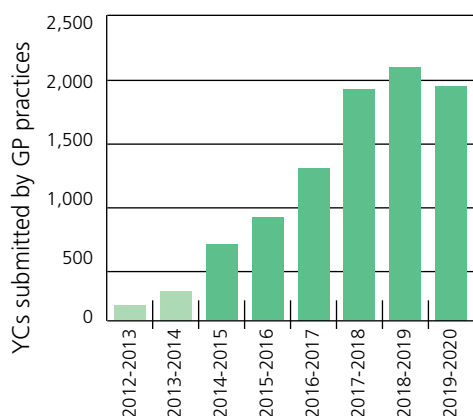
### Gabapentin and pregabalin



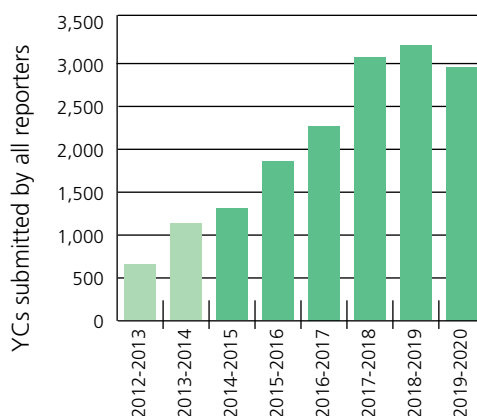
## Yellow Cards

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 in 2014. However, compared to 2018–2019, the number of Yellow Cards submitted by GP practices, secondary care, community pharmacists and health boards overall, has decreased. The number of submissions from members of the public slightly increased. See [page 40](#) for detailed NPI data.

### Yellow Cards - GPs



### Yellow Cards - all reporters



## Stewardship

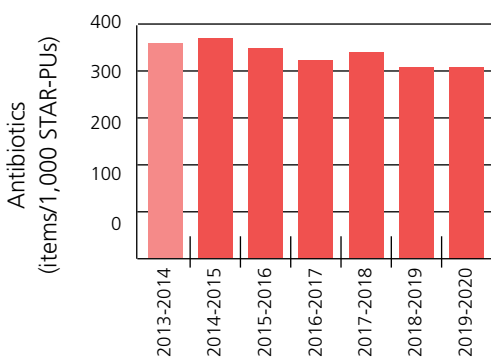
### Antimicrobial stewardship

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

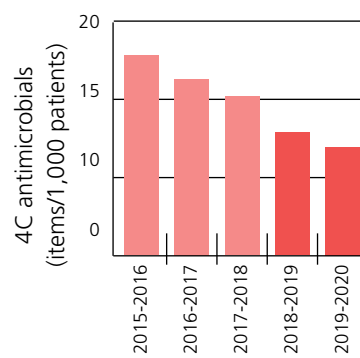
### Antimicrobial prescribing in primary care

Total antibiotic prescribing (items per 1,000 STAR-PU) and 4C antimicrobial (co-amoxiclav, cephalosporins, fluoroquinolones and clindamycin) prescribing (as items per 1,000 patients) have both declined in recent years, in line with the aim of the indicators. However, data for the quarter ending March 2020 show little change compared to the quarter ending March 2019.

#### Total antibiotics



#### 4C antimicrobials (items per 1,000 patients)

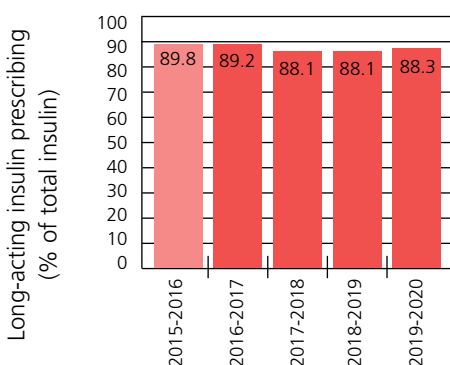


## Efficiency

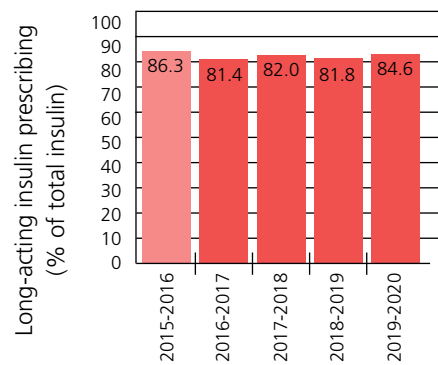
### Insulin

This NPI aims to ensure long-acting analogue insulin prescribing in type 2 diabetes mellitus is in line with the National Institute for Health and Care Excellence (NICE) guidance to maximise cost-effective prescribing in Wales. Figures for primary care prescribing are included here to capture ongoing prescribing that may have been initiated in secondary care. Compared to the previous year, prescribing has increased in both primary and secondary care, contrary to the aim of the indicator.

#### Insulin analogues - Primary care



#### Insulin analogues - Secondary care

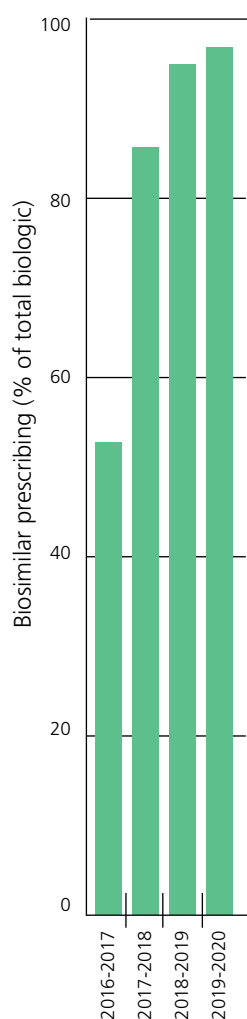


# Our work this year - Prescribing monitoring and analysis *continued*

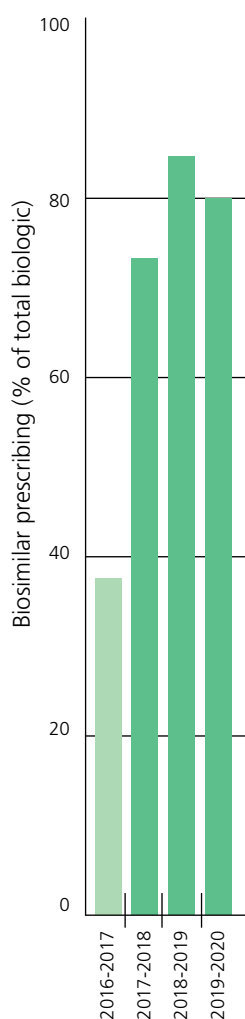
## Biosimilars

The purpose of this NPI is to ensure prescribing of biosimilar medicines is in line with AWMSG guidance to support quality and cost-effective prescribing in Wales. Three of the five monitored biosimilars have shown an increase in prescribing as a percentage of total biologic medicines, in line with the aim of the NPI. Figures for primary care prescribing are also included for those biologic medicines which show usage.

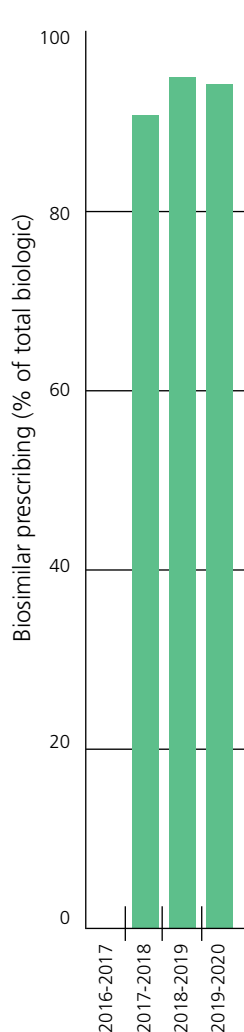
Infliximab



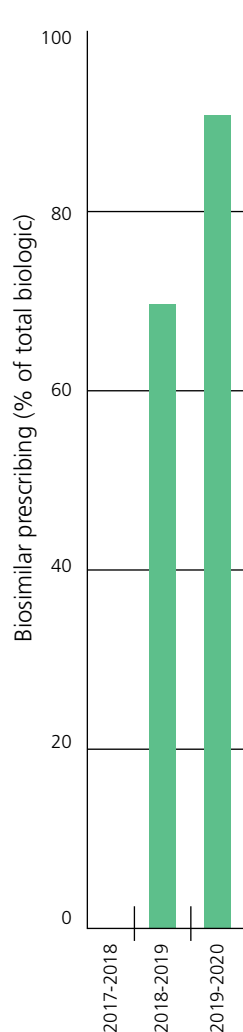
Etanercept



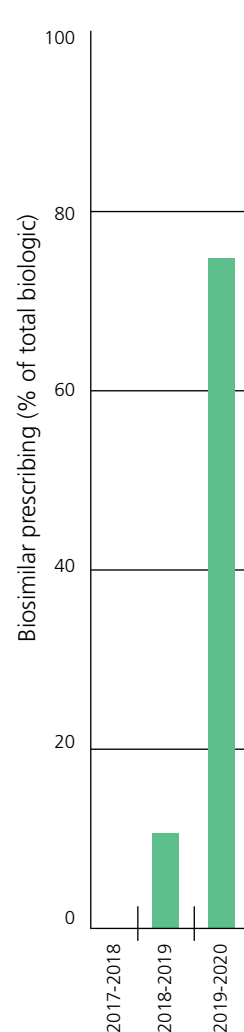
Rituximab



Trastuzumab



Adalimumab



## National Prescribing Indicator (NPI) data summary

The table below shows 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. Figures in the table are taken from the quarter ending March of each financial year, except Yellow Card figures, which show data for the full financial year. Figures show primary care prescribing, except where otherwise stated.

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	2018–2019	2019–2020
Generic medicines (% of items)	74	77	79	81	83	84	85	84	84	84	84	83	84	83	82	82	82	81
Prescribing Safety Indicators																		
Proton pump inhibitors (DDDs/1,000 PUs)				3,625	4,104	4,547	5,059	5,538	6,085	6,224	6,568	6,907	7,012	7,021	6,736	6,588	7,021	
Hypnotics and anxiolytics (ADQs/1,000 STAR-PUs)											3,905	3,642	3,358	3,131	2,901	2,681	2,515	
Opioid burden (ADQs per 1,000 patients)												4,675	4,685	4,612	4,540	4,429		
Tramadol (DDDs/1,000 patients)							741	786	797	788	708	665	631	577	523	492		
Gabapentin and pregabalin (DDDs per 1,000 patients)										890	1,054	1,197	1,347	1,442	1,513	1,557		
GP practices									116				1,346	1,980	2,149	1,945		
Secondary care															627	597	519	
Health boards									649				1,462	1,817	2,323	3,040	3,221	2,949
Members of the public															290	354	356	
Community pharmacies															75	68	67	
Total antibacterial items (items per 1,000 STAR-PUs)												374	377	362	340	306	307	
4C items per 1,000 patients														17.7	16.2	15.2	13.2	12.1
Long-acting insulin prescribing (% of long and intermediate acting insulin)	Primary care													89.8	89.2	88.1	88.1	88.3
	Secondary care													86.3	81.4	82.0	81.8	84.6
Biosimilar prescribing in secondary care (% of total biologic)	Infliximab														55.8	85.9	95.8	97.1
	Etanercept														38.3	74.1	84.2	80.5
	Rituximab														0	88.8	93.4	92.8
	Trastuzumab														0	68.9	89.8	
	Adalimumab														0	9.7	76.9	

### Prescribing performance

■ = No change ■ = moving against the aim of the indicator ■ = moving in line with the aim of the indicator

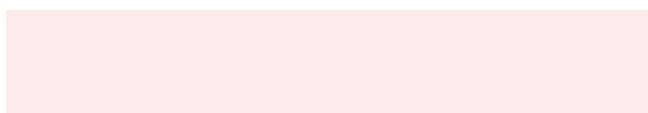
4C: co-amoxiclav, cephalosporins, fluoroquinolones and clindamycin; ADQs: average daily quantities; DDDs: defined daily doses; PUs: prescribing units; STAR-PUs: specific therapeutic group age-sex related prescribing units.

\* The measure for the Yellow Card indicator is number of reports submitted per practice and per health board, in addition to secondary care, members of the public and community pharmacies per health board. However, for consistency, the data shown here are for all Wales.

# Our work this year - Prescribing monitoring and analysis *continued*

## NPIs 2020–2021

The NPIs for 2020–2021 were endorsed by AWMSG at their February 2020 meeting along with the Supporting Information for Prescribers and Healthcare Professionals. These documents are available on the AWMSG website accompanied by an educational slide set.



# 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:

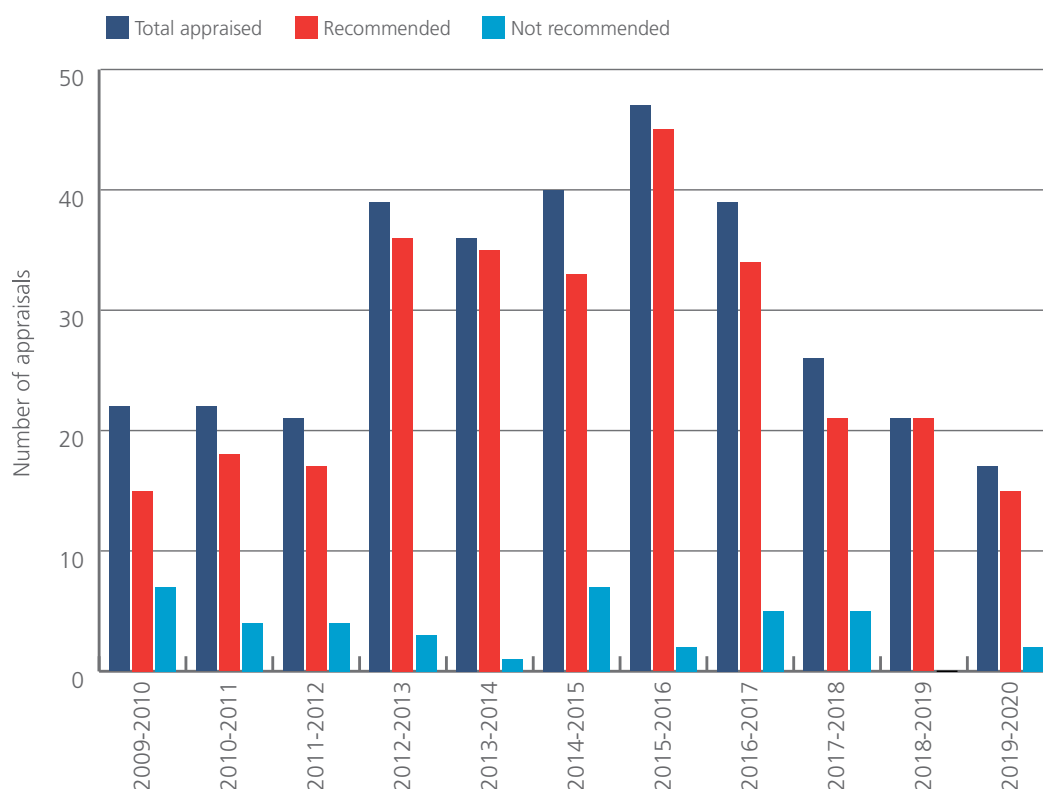
- how well they work in the real world (clinical effectiveness);
- how cost-effective they are; and
- which patients they would benefit the most.

Up to 31<sup>st</sup> March 2020, AWMSG has advised Welsh Government on 17 medicines, 15 of which received a positive recommendation and were made available within NHS Wales.

## Advice issued in 2019-2020

Medicines appraisals	17
- Recommended	10
- Recommended for "optimised" use*	5
- Not recommended	2
Statements of Advice issued on non-appraised medicines to NHS Wales	25
Total number of medicines on which advice provided to NHS Wales	42

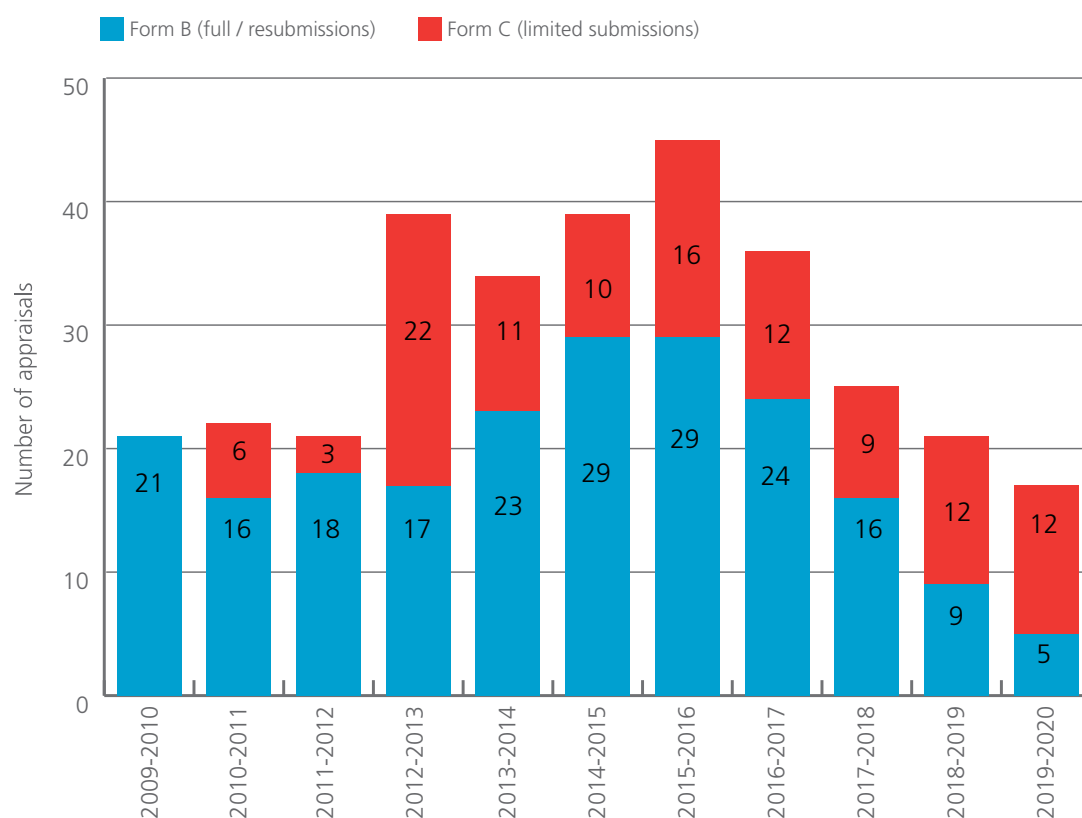
\* Medicine recommended for use in a smaller subset of patients than originally stated by the marketing authorisation. These medicines are also referred to in Wales as being recommended for "restricted use".



# 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. In the last three years, there have been 33 limited submissions; of which 25 (76%) were for paediatric licence extensions. All 33 limited submissions were given a positive recommendation by AWMSG. In order to continue to provide timely patient access to medicines, the All Wales Therapeutics and Toxicology Centre (AWTTC) is reviewing the process involved for the appraisal of paediatric licence extensions.

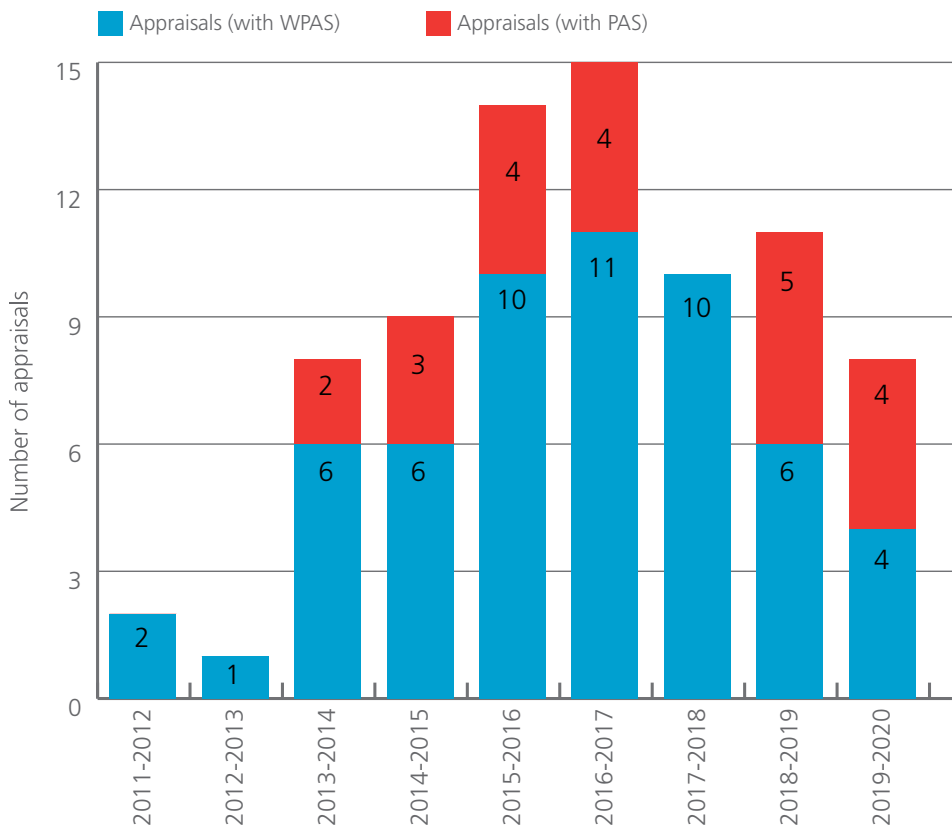


## Wales Patient Access Scheme (WPAS)

Up to 31 March 2020, a total of 66 WPAS proposals were submitted for review. The largest proportion (65%) of WPAS submissions have been for simple schemes (n=43), with 41 of these considered feasible to implement by Patient Access Scheme Wales Group (PASWG) and 2 resubmitted as complex schemes. Up to 31 March 2020, 23 complex WPAS proposals were submitted, with 13 of these considered feasible for implementation by PASWG. Of the remaining 10 submissions, 3 were not considered feasible, 6 were withdrawn (2 of which were resubmitted

as simple schemes), and the review of one scheme remains in process. The inclusion of a WPAS in the company submission to the AWMSG appraisal process has facilitated patient access to 46 medicines in Wales.

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.



# Membership

## AWMSG

Post	Member	Deputy
Chairman	Prof Ceri Phillips	Prof Iolo Doull
Consultant in Public Health Medicine	Prof Stephen Monaghan	Awaiting nomination
Welsh Health Specialised Services Committee	Prof Iolo Doull	Dr Sian Lewis
Health Economist	Prof Dyfrig Hughes	Prof Deborah Fitzsimmons
ABPI (Wales)	Mr Rob Thomas Mr Tommy Price Mr Farhan Mughal	Attendance is rotated between the three named individuals
Lay representative	Mr Cliff Jones	Awaiting nomination
Community Pharmacist	Mr Stefan Fec	Mr Ryan Dillon
Medical Director	Prof Arpan Guha	Awaiting nomination
GP with prescribing lead role	Dr Jeremy Black	Awaiting nomination
Managed Sector Primary Care Pharmacist	Mrs Susan Murphy	Mrs Alison Hughes
Director of Finance	Mr Stuart Davies	Mr Hywel Pullen
Managed Sector Hospital Pharmacist	Mr John Terry	Mr Stuart Rees
Senior Nurse	Mrs Louise Williams	Mrs Mandy James
Other healthcare professions eligible to prescribe not already represented	Dr Anwen Cope	Mrs Cathy Wynne Mr Aled Falvey
Clinical Pharmacologist	Dr Balwinder Bajaj	Dr Alison Thomas
Hospital Consultant	Dr Catherine Bale	Awaiting nomination
Pharmacist with an interest in Public Health	Awaiting nomination	Awaiting nomination

## AWPAG

Post	Member	Health Board	Deputy
Chair	Dr Laurence Gray (from Mar 2020) Mrs Louise Howard Baker (to Mar 2020)	Cardiff & Vale	Dr Laurence Gray (to Mar 2020) Awaiting nomination (Mar 2020)
Doctor from each health board reflecting different roles			
Medical Director	Dr Sally Lewis	All Wales	Dr David Pyle (Powys)
General Practitioner	Dr Rebecca McGee	Aneurin Bevan	
General Practitioner	Dr Lisa Adams (to Dec 2019)	Aneurin Bevan	
Hospital Consultant/General Practitioner	Awaiting nomination	Betsi Cadwaladr	
Hospital Consultant/General Practitioner	Awaiting nomination	Cwm Taf Morgannwg	
Hospital Consultant	Dr Laurence Gray	Cardiff and Vale	
General Practitioner	Dr Richard Brown	Hywel Dda	
Hospital Consultant	Dr Anders Skarsten	Powys	
Hospital Consultant/General Practitioner	Awaiting nomination	Swansea Bay	
Hospital Consultant	Awaiting nomination Craig Barrington (to May 2019)	Velindre	
Pharmacist from each health board/trust reflecting different roles			
Senior Primary Care Pharmacist	Mr Mike Curson	Aneurin Bevan	Mr Hywel Jones Mrs Karen May Ms Katie Spittle Ms Sue Beach Ms Jenny Pugh-Jones Mr Sudhir Sehrawat
Prescribing Advisor	Ms Clare Clement	Cardiff and Vale	
Pharmacist	Awaiting nomination Mrs Bev Woods (to Mar 2020)	Cwm Taf	
Prescribing Advisor	Mr Ross Davies	Hywel Dda	
Pharmacist	Mrs Louise Howard Baker (to Mar 2020)	Betsi Cadwaladr	
Community Pharmacist	Mr Dylan Jones	Powys	
Pharmacist	Awaiting nomination Mr Alan Clatworthy (to Mar 2020)	Swansea Bay	
Chief Pharmacist	Mrs Bethan Tranter	Velindre	
Pharmacist	Ms Lynette James	Cardiff and Vale	Awaiting nomination
Lay member			
	Mr David Barnard		Awaiting nomination
Healthcare professional eligible to prescribe			
	Mr Aled Falvey		Ms Cathy Wynne
Nurse			
	Mr Neil Thomas		Awaiting nomination
Public Health Wales			
	Ms Sian Evans		Awaiting nomination
ABPI Wales Industry Group			
	Ms Sue Knights		Ms Rachel Jenkins
Non-voting members			
Director ABPI Cymru Wales	Dr Rick Greville		Awaiting nomination
Director British Generic Manufacturers Association	Mr Paul Fleming		Mr Warwick Smith
Welsh Government	To be appointed prior to each meeting		
AWTTC Board Member and AWMSG Representative	To be appointed prior to each meeting		

# Membership *continued*

## NMG

Post	Member	Deputy
Chairman	Dr James Coulson	Awaiting nomination
Vice Chairman	Awaiting nomination Mr Scott Pegler (to Jan 2020)	Awaiting nomination
Pharmacist 1	Ms Suzanne Davies	Awaiting nomination
Pharmacist 2	Mrs Sue Beach	Mr Usman Ali Malik
Pharmacist 3	Mrs Teena Grenier Mr Trevor Batt (to Jan 2020)	Mrs Judith Green
Doctor 1 - Clinical Pharmacologist	Dr Emma Mason	Dr Manjeet Singh
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	Awaiting nomination	Awaiting nomination
Health Economist	Ms Philippa Anderson	Professor Deborah Fitzsimmons
ABPI Member	Mr Steven Lister Mr Sandeep Kiri Mr Alex Slowley (Apr 2019 - Oct 2019) Ms Holly Cranmer	Attendance is rotated between the three named individuals
Welsh Health Specialised Services Committee	Dr Andrew Champion	Dr Sian Lewis
Lay Member	Mr Christopher Palmer	Mr Robert Henley
Nurse	Mr Neil Thomas	Dr Carolyn Middleton Mrs Susan Newport



**AWTTC**

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

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