

# All Wales Medicines Strategy Group

## Annual Report 2020–2021

*“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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# Chair's welcome

## A review of April 2020 to March 2021

At the beginning of April 2020 the COVID-19 pandemic was escalating and the decision was made to suspend the normal business of the AWMSG and its sub-groups, the New Medicines Group (NMG) and All Wales Prescribing Advisory Group (AWPAG), so that members of the Committee, many of whom are frontline staff, could focus on the care of patients and delivery of key services. The work programme of AWMSG's dynamic and multi-professional support network, provided by the All Wales Therapeutics and Toxicology Centre (AWTTC), was quickly re-prioritised and an information hub was developed to enable the central provision of evidence-based guidance for prescribers on the appropriate use of medicines during the coronavirus pandemic. AWTTC's secure communication platform, the Vault, was deployed so that Welsh Government officials and colleagues in the service could share confidential and critical information, and the data analytical services of the Welsh Analytical Prescribing Unit (WAPSU) were utilised for daily reporting on stocks of critical medicines. In such unprecedented circumstances, the ability of AWTTC to quickly respond and adapt to the unique and challenging circumstances was highly impressive and very much appreciated.

AWMSG meetings were cancelled in April and May, but it was decided that meetings should resume from June. The use of new, virtual technology was therefore embraced and, like our partners in the National Institute for Health and Clinical Excellence (NICE), meetings moved to an online platform in order to ensure that business could be resumed and AWMSG could continue to advise Welsh Government on

important medicines-related issues. As Chair of AWMSG, I was mindful of our key objectives:

- To share the medicines management agenda in Wales and the implementation of AWMSG's Medicines Strategy;
- To provide strategic direction for the NHS in Wales and all key stakeholders;
- To be instrumental in developing innovative partnerships which benefit patients;
- To achieve the best outcomes from the use of medicines; and
- To play a critical role in ensuring that AWTTC supports the Committee and NHS Wales in achieving their strategic objectives.

**"It has been a privilege and pleasure to see AWMSG come of age..."**

Notwithstanding the challenges AWMSG was able to improve links with health boards by their involvement in virtual meetings, which allowed dialogue on prescribing and where AWMSG members were able to hear first-hand what support health boards were seeking to optimise the use of medicines at a local level. One of the main themes that came from these discussions was the need for more sharing of best practice, benchmarking with local practices and improved communication.

This report highlights the many achievements of the Group over the last year, despite the difficulties and, as we start to see the easing of restrictions and, hopefully, a return to a degree of 'normality', AWMSG will continue to support Welsh Government, patients and NHS colleagues in the recovery phase.

I have recently taken up the post of Vice Chair of Cardiff and Vale University health board, which meant that I had to resign as Chair of AWMSG. It has been a privilege and pleasure to see AWMSG 'come of age' in October 2020 and to be able to share in some of its achievements over the 18 years, both as a Committee member and as the Chair. I will continue to follow the progress of the Group as it continues to mature and play an increasingly significant role in the recovery phase of the NHS over the next few years.



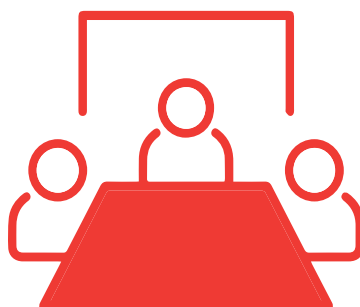
A handwritten signature in dark ink, reading "C.J. Phillips".

**Professor Ceri Phillips**  
Chair, AWMSG

# Milestones reached this year



18 years

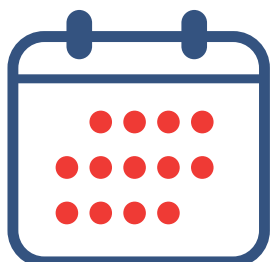


123 AWMMSG meetings



403 appraisals

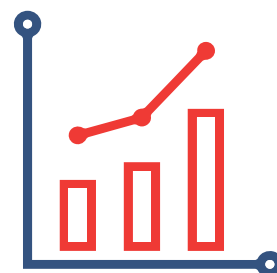
## 2020–2021 in numbers



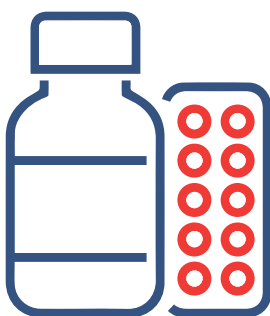
8 meetings held  
([see page 6](#))



6 medicines  
optimisation  
publications  
([see page 35](#))



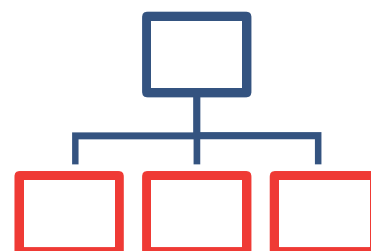
15 National Prescribing  
Indicators monitored  
([see page 38](#))



15 medicines  
appraised  
([see page 49](#))



93% positive  
appraisals  
([see page 49](#))



5 Wales Patient  
Access Schemes  
processed  
([see page 51](#))

# Profile of AWMSG

## Our vision for Wales – “Achieve the best outcomes from medicines for the people of Wales”

### 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, a lay member and a Director of Finance (see Membership on [page 53](#) for individual members)

### Meetings:

8 virtual meetings held in 2020–2021

### Subgroups:

The New Medicines Group (NMG) and the 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)

[@AWTTCcomms](#) (English Twitter account)

[@AWTTCcymraeg](#) (Welsh Twitter account)

## Top stories

### How AWMSG's support network (AWTTC) responded to the challenges of the COVID-19 pandemic

AWTTC embraces innovation, reduces bureaucracy and applies agile management to meet the changing needs of the service ([see page 7](#)).

### Medicines Optimisation Framework

AWMSG endorses a framework that improves transparency and clarity for medicines optimisation resources ([see page 13](#))

### Clinical engagement

Work endorsed by AWMSG impacts patients beyond Wales ([see page 25](#))

### Resource reallocation - The evolution of disinvestment in items of low value for prescribing

AWMSG embarks on “international first” to delivering an evidence-based approach to resource reallocation ([see page 29](#)).

# How AWMSG's support network (AWTTC) responded to the challenges of the COVID-19 pandemic

COVID-19 was first detected in Wuhan, China, in December 2019 but it quickly spread across the globe. The first confirmed case in Wales was reported in February 2020, after a person living in the Swansea area contracted the virus whilst on a skiing holiday in Italy. The first known case of community transmission was reported on 11 March in the Caerphilly area. On 23 March 2020 staff were sent home from their offices in the Routledge Academic Centre in the University Hospital Llandough after a request by the All Wales Therapeutics and Toxicology Centre's (AWTTC's) Clinical Director to work remotely until further notice. AWTTC's clinical pharmacologists, medical secretaries and Poisons Information scientists remained working on site to care for the increasing number of sick people being admitted to hospital and to deal with mounting enquiries.

AWTTC staff volunteered for redeployment to provide support wherever it was needed. The staff knew that AWTTC's services to Welsh Government and NHS Wales were needed now more than ever and it was vital to minimise service disruption. To ensure that the administrative function continued, phones were diverted, new equipment ordered and laptops with remote working capability were allocated. AWMSG business was conducted remotely whilst AWTTC adjusted to the changing landscape. The AWTTC operational plan was reviewed to accommodate new additional work priorities, as detailed below.

- Worked with Welsh Government, the Finance Delivery Unit, Audit+ and the Shared Services Partnership to help identify patients in critical disease groups that required a letter from the Health Minister about 12-week isolation (for example, severe asthmatics, patients on immunosuppressant medication, patients with chronic obstructive pulmonary disease and heart failure).
- Established a COVID-19 Information Hub on the AWMSG and AWTTC websites to act as a central repository of evidence-based guidance for prescribers on the appropriate use of medicines during the pandemic.
- Staff in AWTTC's Welsh Analytical Prescribing Support Unit (WAPSU) started around-the-clock monitoring of hospital pharmacy critical medicine stocks and reported on the situation on a daily basis including weekends and bank holidays, ensuring that adequate supplies of medicines were available to those who needed them.
- AWTTC's confidential communication platform, the Vault, was used by Welsh Government and key NHS staff to share sensitive and critical information to support work related to COVID-19.
- Staff in the Welsh National Poisons Unit (WNPU), part of AWTTC, commenced toxicovigilance work in collaboration with the World Health Organization and Public Health England with regard to enquiries relating to COVID-19 that may provide public health 'flags' or alerts.



**AWTTC**  
All Wales Therapeutics  
& Toxicology Centre



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## Coronavirus (COVID-19) - Therapeutic advice

To aid in the appropriate use of medicines during the current Coronavirus (COVID 19) pandemic, the following resources are provided for information. Please click on any of the following headings to access the advice.

- **Specific areas of interest**

- **COVID-19 vaccines**

- **End of Life COVID-19 Medicines Service to supply Just in Time Emergency Medicine Packs**

- **Coronavirus (COVID-19) Therapeutic advice**

- **Specific areas of interest**

- **COVID-19 vaccines**

- **End of Life COVID-19 Emergency Medicine Pack Service**

- **COVID-19 therapies - alerts and advice**

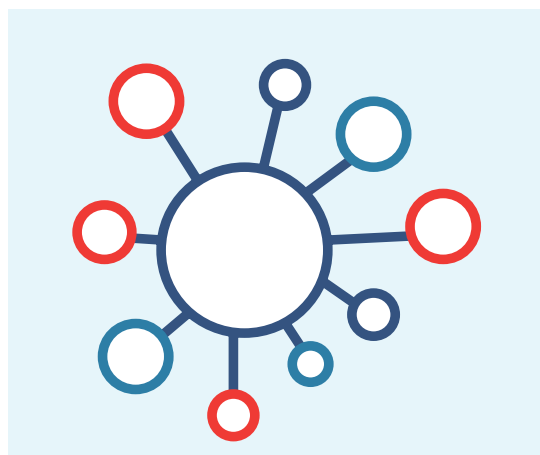
- **Information for community pharmacy**

- **Information for hospital pharmacists**



# How AWMSG's support network (AWTTC) responded to the challenges of the COVID-19 pandemic *continued*

- Staff in the WNPU, in collaboration with colleagues in National Poisons Information Service (NPIS), developed a procedure to minimise hospital admissions related to poisoning to ease the burden on emergency departments and ambulance services during the pandemic.
- Responded to evidence requests from the service on therapies for severe COVID-19 infection in patients who may have benefitted from treatment but were excluded from clinical trials.
- Developed a process to implement the National Institute for Health and Care Excellence COVID-19 rapid interim guidelines in NHS Wales. AWTTC consulted with the service and sought endorsement of the process by AWMSG.
- Reviewed the All Wales Free of Charge Medicine Supply Policy to include unlicensed medicines during the COVID-19 pandemic and developed a mechanism to enable interim recommendations by NHS England to be utilised in NHS Wales; this was endorsed by AWMSG.
- Input into the UK-wide clinical stakeholder group and Interim Clinical Commissioning Policy for remdesivir, to help clinicians offer the best care and advice to patients with, or at risk of, COVID-19 across the UK.



- Supported Welsh Government in making treatments available for cystic fibrosis patients, and to offer the best care and advice to all patients with or at risk of COVID-19. This included identifying all patients in Wales and any Welsh patients treated in centres outside Wales by liaising with the Welsh Health Specialised Services Committee and specialist centres in Liverpool and Cardiff; and reviewing trial literature and preparing future analyses based on licence extensions.
- AWTTTC played a pivotal role in ensuring vital palliative care medication reached terminally ill patients during the coronavirus pandemic. A member of staff was deployed to project manage the monitoring of end-of-life medicines to make sure that adequate supplies were maintained and available across NHS Wales. The story was featured on S4C.



- AWTTTC's Clinical Director helped to establish Ysbyty Calon Y Ddraig - the Dragon's Heart Hospital in the Principality Stadium in Cardiff, becoming the Joint Clinical Lead during the operational phase. He also served as a Principal Investigator for the RECOVERY trial and started involvement with a collaborative project into COVID-19 research.

- The Commercial Medicines Access Team (CMAT) in AWTTTC ensured that NHS Wales benefitted from the commercial arrangements being offered to NHS England, and shared this information confidentially with health boards and Velindre NHS Trust.
- In partnership with Medicines Information, AWTTTC's clinical pharmacologists developed a clinical service to advise on COVID-19 vaccine related adverse drug reaction enquiries from across Wales.

In delivering these tasks under unprecedented circumstances AWTTTC demonstrated that by embracing innovation, reducing bureaucracy and applying agile management, their small, multidisciplinary team was able to respond to the challenges and adapt its work to meet the changing needs of the service. AWTTTC will continue to support AWMSG, NHS Wales and Welsh Government throughout the pandemic and into the recovery phase.

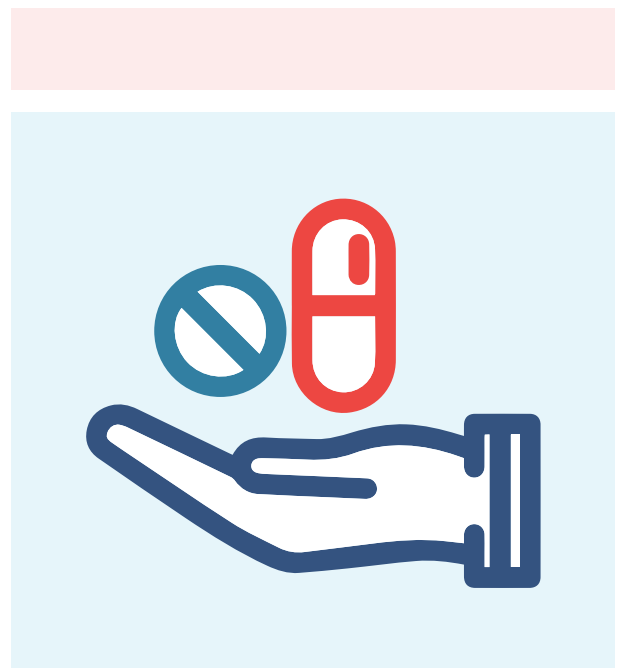
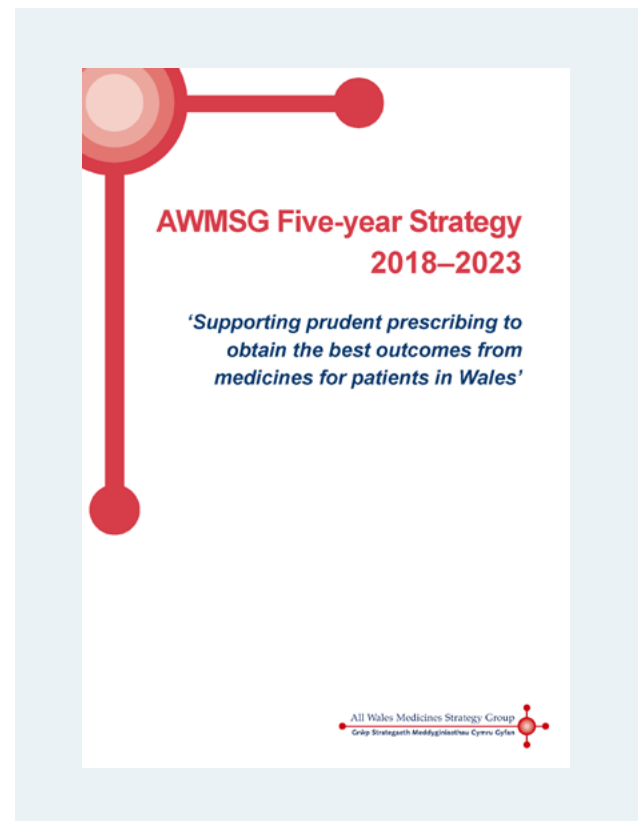


# News

## Delivering the recommendations of AWMMSG's five-year strategy 2018–2023

AWMSG aims to work with partners to deliver the recommendations of the Medicines Strategy for Wales 2018–2023 to improve the safe use of medicines, promote best practice and optimise the use of medicines to benefit the people of Wales. The following table provides an update on the work undertaken to implement the recommendations during the reporting period 1 April 2020 to 31 March 2021.

The AWMMSG five-year strategy 2018–2023 can be viewed on the AWMMSG website: [awmsg.nhs.wales/about-us1/our-strategy-and-annual-reports/](https://awmsg.nhs.wales/about-us1/our-strategy-and-annual-reports/)



Publication / Guidance / Report	Strategy recommendation
Communication and Engagement Strategy Patient Awareness Project report undertaken in collaboration with HealthWise Wales	1.1 Increase patient and public awareness of AWMMSG
All Wales Guidance for Health Boards, Trusts and Social Care Providers in Respect of Medicines and Care Support Workers	2.1 Workforce development 2.3 Safe medication systems 3.4 Reducing medicines related harm
All Wales Prescribing Guidelines for Asthma for endorsement as interim guidance in Wales	2.1 Workforce development 4.2 Nationally available medicines list 4.3 Improving prescribing and medicines optimisation within NHS Wales 4.8 Using data to improve patient outcomes
Welsh National Standards for Medication Review	1.3 Ensuring fair and equitable provision of healthcare 2.1 Workforce development 2.3 Safe Medication Systems 3.2 Medication review 3.4 Reducing medicines related harm 4.3 Improving prescribing and medicines optimisation within NHS Wales
Avoid Nitrofurantoin in the Treatment of Pyelonephritis	2.1 Workforce development 2.3 Safe medication systems 4.3 Improving prescribing and medicines optimisation within NHS Wales
Prescribing Dilemmas (2020 Review)	1.3 Ensuring fair and equitable provision of healthcare 2.1 Workforce development 2.3 Safe Medication Systems 3.2 Medication review 3.4 Reducing medicines related harm 4.3 Improving prescribing and medicines optimisation within NHS Wales
Shared Care Prescribing and Monitoring Guidance	2.3 Safe Medication Systems 3.4 Reducing medicines related harm 4.3 Improving prescribing and medicines optimisation within NHS Wales
Brachi R, et al 2021. Public awareness in Wales of the UK Yellow Card scheme for reporting suspected adverse drug reactions. British Journal of Clinical Pharmacology, 1-5.	3.5 Pharmacovigilance: improve understanding and reporting of suspected adverse drug reactions
National Prescribing Indicator Report and Educational Module	4.5 National Prescribing Indicators
Delivering Value Through Disinvestment: An exploration and analysis of appropriate disinvestment in medicines considered Low Value for Funding by NHS Wales	3.6 Resource reallocation
Safeguarding users of opioid patches by standardising patient and caregiver counselling	2.1 Workforce development 2.3 Safe medication systems 3.4 Medicine-related harm 4.3 Improving prescribing and medicines optimisation within NHS Wales
Persistent Pain	2.1 Workforce development 2.3 Safe medication systems 3.4 Medicine-related harm 4.3 Improving prescribing and medicines optimisation within NHS Wales
Items identified as low value for prescribing in NHS Wales – Paper 3	3.6 Resource Reallocation
Medicines Optimisation Framework	2.1 Workforce development 4.3 Improving prescribing and medicines optimisation within NHS Wales

# News continued

## Medicines Optimisation Framework

The All Wales Therapeutics and Toxicology Centre (AWTTC) supports the development of a range of medicines optimisation resources through a robust project process, culminating in their consideration for endorsement by AWMSG. The number of medicines optimisation resources being developed has increased in recent years. After feedback from an external review of AWTTC's work by the Welsh Institute of Health and Social Care in 2019, AWTTC recognised a need for improved transparency and clarity around the processes to develop medicines optimisation resources.

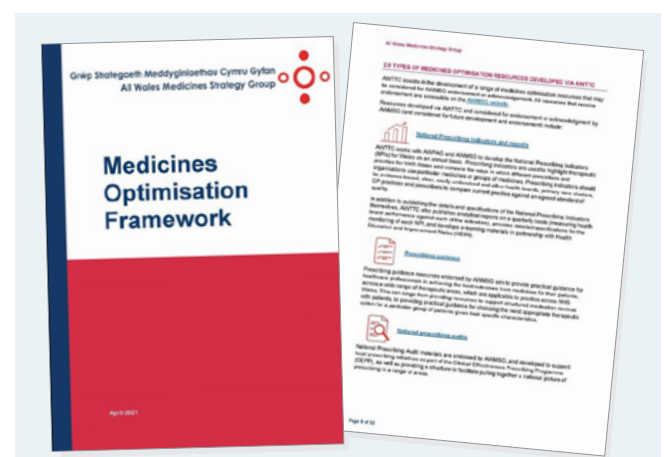
Development of the Medicines Optimisation Framework began in late 2020. The framework aims to address the issues identified and to clearly communicate:

- the structure and remit of AWTTC, AWMSG and the All Wales Prescribing Advisory Group (AWPAG)
- the types of medicines optimisation resources considered and developed
- how AWTTC and AWMSG intend endorsed resources to be used alongside other available guidance
- how the medicines optimisation resource development work programme is managed
- the full development process for AWMSG-endorsed medicines optimisation resources
- what the separate AWMSG Acknowledgement process is, and what it entails
- how consultations feed into the resource development process and are managed
- when published resources are considered for review

- how AWTTC's audience can share feedback
- developments planned or underway across AWTTC that may affect aspects of the framework.

After consultation in February 2021, the framework was developed further to address comments received. The final Medicines Optimisation Framework document was endorsed by AWMSG and published on the AWMSG website in April 2021.

However, the work doesn't stop there. Now that the framework is openly available, it is hoped that this will improve engagement from all stakeholders in our medicines optimisation work. In addition, through the planned future development work described in the framework (some of which is discussed in this annual report), our resource development processes will continue to evolve; fostering a 'working in partnership' environment and ensuring our resources continue to meet the needs of NHS Wales.



You can access the Medicines Optimisation Framework at [awmsg.nhs.wales](https://awmsg.nhs.wales). If you have any feedback or wish to contact us about anything in the document, please get in touch at: [awttc@wales.nhs.uk](mailto:awttc@wales.nhs.uk).

## AWMSG and medicines research

### Introduction

AWMSG's Medicines Strategy for Wales 2018–2023 supports the prudent healthcare principles in obtaining the best outcomes from medicines for patients in Wales.

Tackling the issue of health and wellbeing after the COVID-19 pandemic will be an urgent priority involving Welsh Government, healthcare professionals, the public and the pharmaceutical industry. An awareness of the processes that underpin the development of AWMSG guidance and understanding the broad role and remit of AWMSG is essential to ensure that patients and the public, healthcare professionals and the pharmaceutical industry have confidence in its outputs and the NHS implements the guidance.

It is important to evaluate the work of AWMSG. The All Wales Therapeutics and Toxicology Centre (AWTTC) acts as the professional secretariat to AWMSG and undertakes research and development to evaluate AWMSG's work. In 2020, AWTTC formed a Research & Publication Group that meets quarterly.

### Publications evaluating the work of AWMSG

In March 2021 a publication, "The All Wales Medicines Strategy Group: 18 years' experience of a National Medicines Optimisation Committee" (1), highlighted how AWMSG had helped healthcare professionals in the NHS to reduce harm and waste, to avoid inappropriate local or regional duplication and variation, and to make sure that the

NHS gets the best value for the taxpayer by providing timely and authoritative advice on the prudent use of medicines over almost two decades. It also described how, since 2002, AWMSG has worked with healthcare professionals to promote the implementation of UK guidelines relating to medicines from bodies such as the National Institute for Health and Care Excellence (NICE) and the Medicines and Healthcare products Regulatory Agency (MHRA).

In 2018 a paper titled "New Medicines in Wales: The All Wales Medicines Strategy Group (AWMSG) Appraisal Process and Outcome" was published (2). This paper focused on AWMSG's other main role: its work on health technology assessment (HTA). The paper showed that over a five-year period, the median time advantage gained in Wales for 17 medicines for which NICE guidance superseded an earlier positive AWMSG recommendation was 10.6 months (range 3.5–48.3 months). Another study, "Estimated Versus Observed Expenditure Associated with Medicines Recommended by the All Wales Medicines Strategy Group" (3), concluded that pharmaceutical companies' submissions for HTA tended to overestimate the actual expenditure in NHS Wales for most medicines recommended by AWMSG.

During 2020–2021, AWTTC produced and submitted posters for the Health Technology Assessment International (HTAi) 2021 conference, and the Prescribing and Research in Medicines Management (PRIMM) conference. All posters were accepted and were well received by the community.

# News continued

## Publications focusing on implementation of the AWMSG 2018–2023 strategy

Recommendation 1.1 of the strategy is that AWMSG should seek to increase the general public's understanding of the work of AWMSG and medicines safety. AWTTTC engaged with HealthWise Wales (HWW) to determine the awareness of the general public for reporting adverse drug reactions (ADRs). Before watching an MHRA information video, only 18% of respondents knew how to report a suspected ADR to the MHRA using the Yellow Card reporting scheme. This increased to 71% after viewing the video and 82% of respondents subsequently felt confident to report ADRs (4).

AWTTTC is working with the Centre for the Improvement of Population Health through e-Records Research (CIPHER) at Swansea University to use machine learning to examine whether certain medications that patients are currently taking for pre-existing conditions may alter patients' outcomes after COVID-19 infection.

The AWMSG safety indicator "Hypnotics and Anxiolytics" encourages a reduction in inappropriate prescribing of hypnotics and anxiolytics in primary care. AWTTTC, working with colleagues at Cardiff University, King's College London and the Cochrane Skin Group, published a systematic review showing that benzodiazepines and Z-drugs are associated with a similar increased risk of hip fracture in older people and, importantly, that patients newly prescribed these agents have the highest risk (5).

## Collaborative research

Working with Cardiff University, AWTTTC undertook research into antibiotic use and deprivation in Wales. The study concluded that patients in areas of higher socioeconomic deprivation are more likely to be prescribed antibiotics in primary care (6).

AWTTTC aims to collaborate with all stakeholders, and hosts "Best Practice" events to highlight successful examples of implementation and evaluation of AWMSG's work in Wales. Best Practice Days will allow stakeholders to learn from the excellent research being done across Wales aiming to improve medication safety and prescribing practices. AWTTTC will aim to create new research opportunities to examine patient outcomes related to the use of medicines.

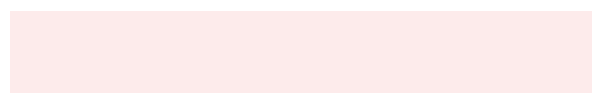
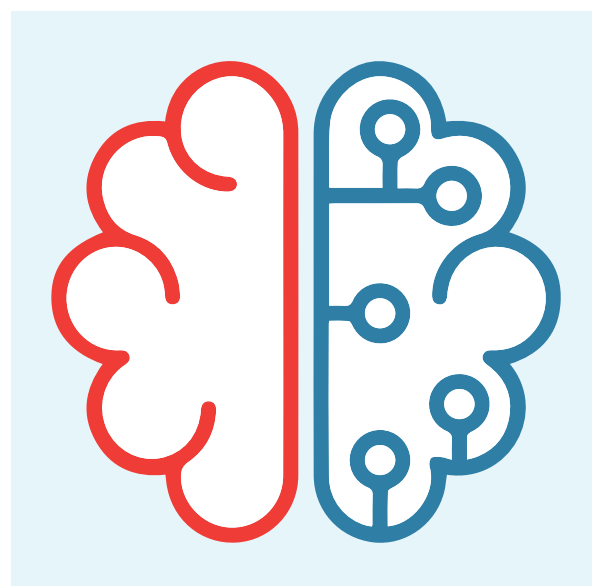
## Implementation

AWTTTC will continue to examine how AWMSG's work is adopted and implemented in NHS Wales and identify the barriers and facilitators to overcome challenges in implementation. AWMSG's processes for appraisal (accredited by NICE) and medicines optimisation are well established but we must continue to encourage all stakeholders to collaborate and engage with AWMSG to share best practice and highlight innovation.

## References

1. Haines K, Bracchi R, Lang R, Samuels K, Routledge PA. The All Wales Medicines Strategy Group: 18 years' experience of a national medicines optimisation committee. British Pharmacological Society. 2021:1-10.

2. Varnava A, Bracchi R, Samuels K, Hughes DA, Routledge PA. New medicines in Wales: the All Wales Medicines Strategy Group (AWMSG) appraisal process and outcomes. *Pharmacoeconomics*. 2018;36(5):613-24.
3. Keeping S, Deslandes PN, Haines K, Routledge PA. Estimated versus observed expenditure associated with medicines recommended by the All Wales Medicines Strategy Group. *Pharmacoecon Open*. 2019;3(3):343-50.
4. Bracchi R, Tseliou F, Copeland L, Routledge PA, Thomas A, Woods F, et al. Public awareness in Wales of the UK Yellow Card scheme for reporting suspected adverse drug reactions. *British Journal of Clinical Pharmacology*. 2021:1-5.
5. Donnelly K, Bracchi R, Hewitt J, Routledge PA, Carter B. Benzodiazepines, Z-drugs and the risk of hip fracture: a systematic review and meta-analysis. *PLoS One*. 2017;27(12).
6. Adekanmbi V, Smith A, Farewell D, Jones H, Paranjothy S, Routledge P, et al. P24 Association between antibiotics prescribing and deprivation in Wales: a multilevel analysis. *Epidemiology & Community Health*. 2018;72.



# News continued

## AWMSG Training Day

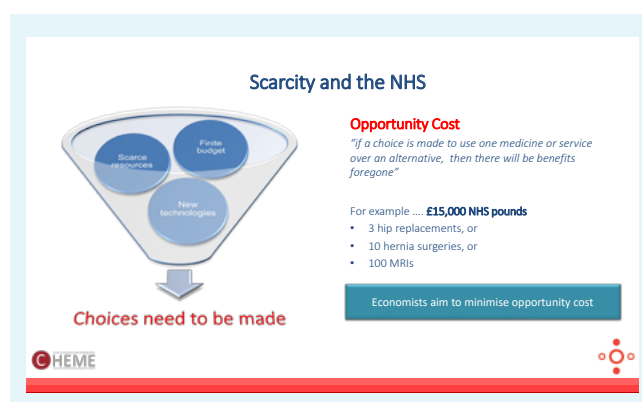
AWMSG held its annual Training Day on Wednesday 13 January 2021, which was conducted virtually for the first time due to the COVID-19 pandemic. The event was well attended by members and deputies of AWMSG and its two sub-groups: the New Medicines Group (NMG) and the All Wales Prescribing Advisory Group (AWPAG).

Professor Ceri Phillips, the AWMSG Chair, opened the day. Professor Phillips reflected on the notable events and accomplishments of the last year, and commended the All Wales Therapeutics and Toxicology Centre (AWTTC) and AWMSG on their flexibility and responsiveness throughout the COVID-19 pandemic. Before moving on to highlight the importance of continued and enhanced collaborative working, and the critical role of AWMSG in helping to ensure that NHS Wales achieve their strategic objectives. To conclude, Professor Phillips shared his vision of the future priorities for AWMSG:

- continuing to align with the National Institute for Health and Care Excellence's methodology and prescribing guidance;
- providing up-to-date timely advice on medicines;
- improving stakeholder engagement; and
- supporting the introduction of the Blueteq high-cost drugs platform.

Professor Phillips' opening address was followed by talks from the NMG Chair Dr James Coulson, and key note speakers from AWTTC. Topics covered included:

- the potential for evolution of AWMSG sub-committees and collaborations;
- clarification of the status of AWMSG recommendations;
- the Medicines Optimisation Agenda and Framework;
- website developments; and
- a new AWMSG Communications and Engagement Strategy.



The day concluded with a health economics focused training session. Mrs Eifiona Wood, Senior Research Fellow at the Centre for Health Economics and Medicines Evaluation at Bangor University, provided a 'crash course' in health economics and health technology assessment (HTA). The session started with an overview of the key economic concepts that underpin economic evaluation, before going into greater detail about the methods and requirements of economic evaluations for HTA. The role of budget impact analysis in HTA decision making was also explored.

AWMSG's Training Day was very well received by attendees. The next AWMSG training event is planned for early 2022.

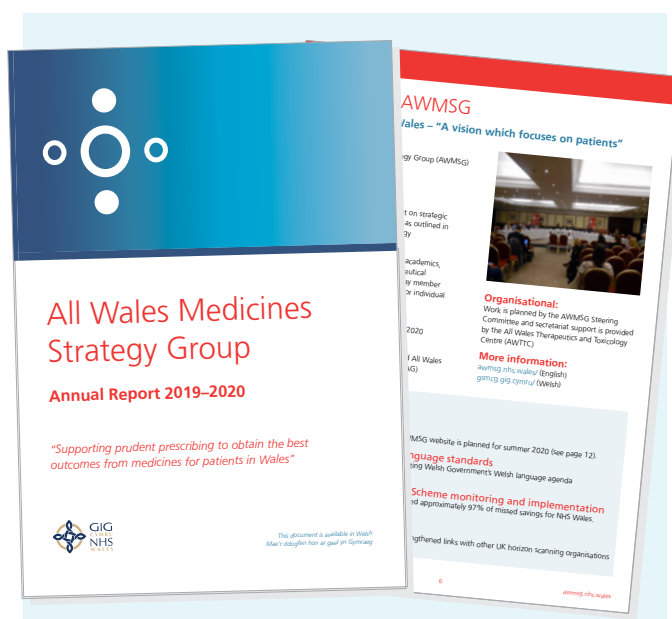
## AWMSG moves forward with new Communications and Engagement Strategy

During the COVID-19 pandemic AWMSG's multidisciplinary team showed resilience in overcoming many challenges whilst embracing a new way of working. The team continued to grow, which included the appointment of a new Senior Communications Officer, who came into post in April 2020. The addition of dedicated communications support was an exciting step forward in continuing to raise the profile of AWMSG's work in Wales and beyond, by supporting the delivery of the All Wales Therapeutics and Toxicology Centre Work Programme.

Over the past year AWMSG's communications reach has grown, creating new opportunities to engage with patient organisations, the pharmaceutical industry and health professionals across Wales. Throughout the year AWMSG members were kept updated on the progression of key objectives, including the development of a new Communications and Engagement Strategy. An integral part of this strategy has been to align AWMSG and AWTTTC's communications approach, something that has been welcomed by stakeholders including Welsh Government and members of the Association of British Pharmaceutical Industry.

Further communications activity included supporting the virtual AWMSG Open Day events and a redesign of the AWMSG annual report. Communications support has also included access to a range of resources and contacts, creating closer links to organisations

including Health Technology Wales, Health Technology Assessment International (HTAi) and Public Health Wales. AWMSG also worked collaboratively with the Terrence Higgins Trust on press activity after a positive review of pre-exposure prophylaxis (PrEP) was made ([see page 26](#)).



The strategic approach to communications and expertise provided by a dedicated Communications Officer, has been invaluable in helping raise AWMSG's profile as the Group continues to embark on a new chapter. The work over the past year has been consolidated into the Communications and Engagement Strategy, which provides a comprehensive action plan that will be taken forward over the next few months.

# 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 issue 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:

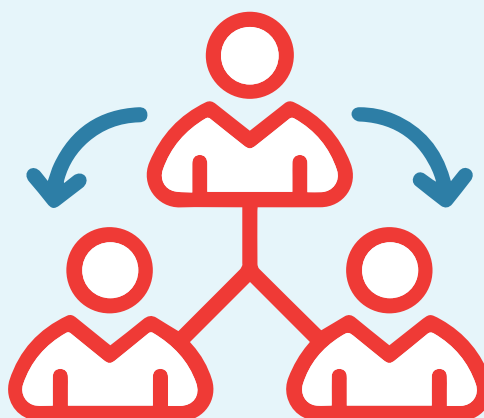
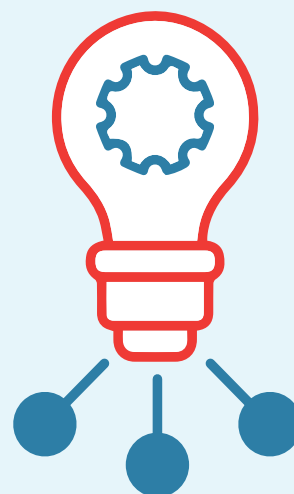
- Develop and implement strategies that promote safe, rational, cost-effective prescribing;
- Monitor prescribing patterns and develop appropriate indicators;
- Advise on appropriate training, education and professional development for those persons employed in providing prescribing advice;
- Advise 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.

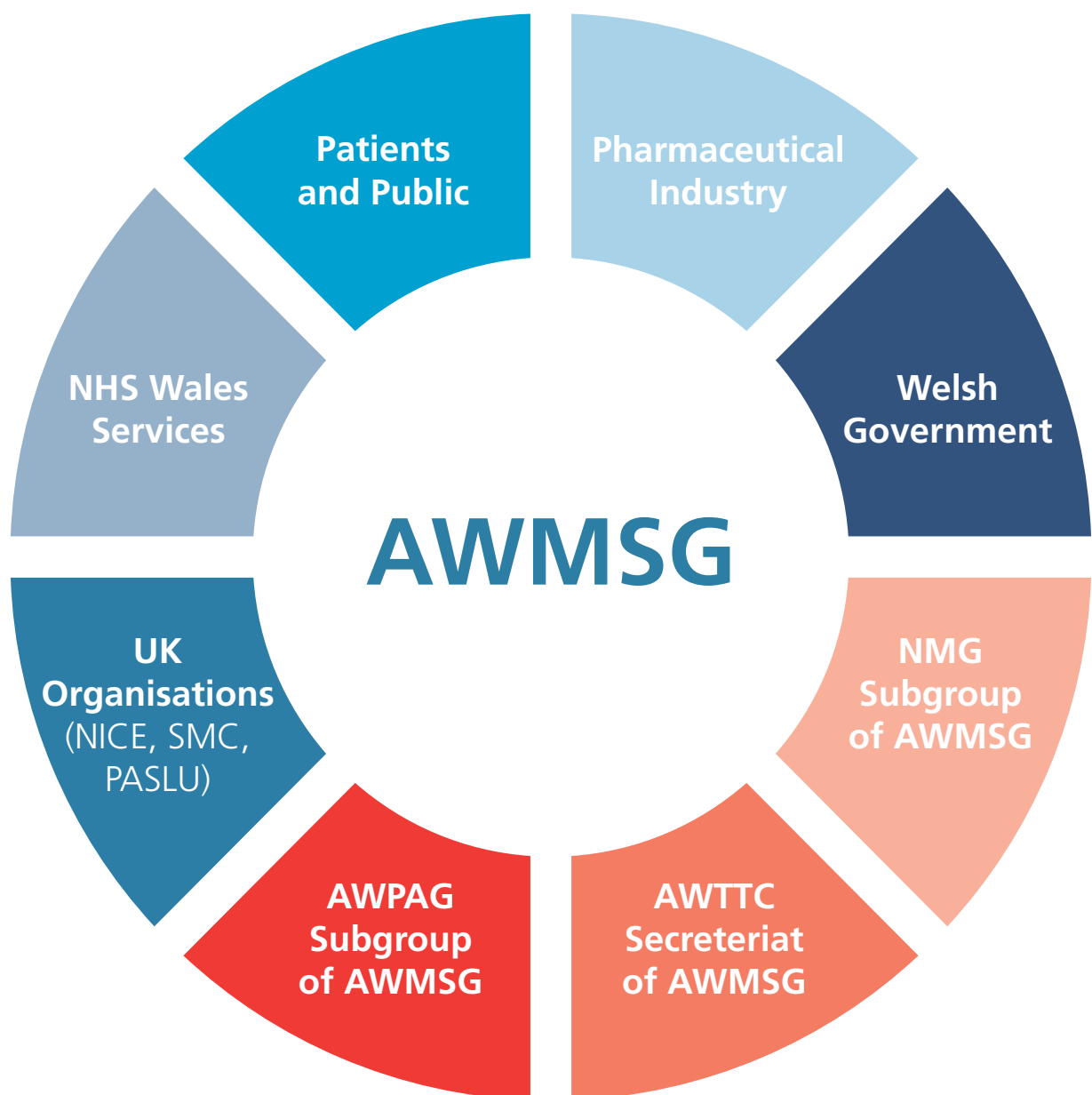
## NMG

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 for these groups is provided by the All Wales Therapeutics and Toxicology Centre (AWTTC).

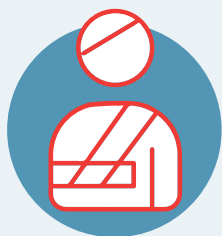




**“AWMSG works with patients, healthcare professionals and representatives of the pharmaceutical industry, as well as Welsh Government and relevant UK organisations, to issue recommendations on new medicines and provide guidance on medicines optimisation to improve the care of patients in Wales.”**

# Working in Partnership *continued*

## Patients and public



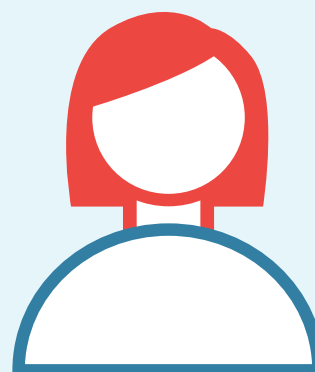
Patients, and their families and carers, are best placed to explain how a condition or medicine affects them, or the person they care for.

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 call Ruth Lang on 029 218 26900 for more information on getting involved.

The All Wales Therapeutics and Toxicology Centre (AWTTC) oversees the recruitment of lay members on behalf of AWMSG. During 2020–2021, AWTTC revised the process for recruiting, selecting and supporting new lay members. One new step in the process invites candidates to observe AWMSG, NMG and AWPAG meetings. This is an opportunity to see first-hand the role of the lay member and to find out how each committee contributes to delivering the overall objectives of AWMSG. We are pleased that three new lay members have been appointed this year. Their feedback about the revised process has been very positive.



## News

### Support for new lay members

Lay members are an integral part of AWMSG and its two sub-groups: the New Medicines Group (NMG) and the All Wales Prescribing Advisory Group (AWPAG). Lay members play a key role in making sure that patient, carer and public views, experiences and interests are represented on all committees, which helps inform the development of AWMSG guidance.



After a review of the AWMSG constitution in early 2021 by Welsh Government, an additional lay member has been added to the membership of AWMSG to align it with other advisory committees. Having two lay members allows the potentially different viewpoints of the general public and of patients and carers to be fairly represented.

A resources hub on the AWMSG website is also in development to provide support to all lay members as they continue in their important role with us.

We aim to carry on building our pool of lay members through raising public awareness of the work of AWMSG. We look forward to continuing our collaboration with partner organisations such as the Community Health Councils and HealthWise Wales in reaching out to as many people as possible to encourage them to actively take part in our work. If you would like to find out more about becoming a lay member, please email [awttc@wales.nhs.uk](mailto:awttc@wales.nhs.uk) or call Ruth Lang on 029 218 26900.

Finally, we want to thank all our lay members for their skills, commitment and enthusiasm in supporting AWMSG, NMG and AWPAG during a particularly challenging year.



# Get Involved



## Join PAPIG

The Patient and Public Interest Group (PAPIG) members contribute to the work of AWMSG in lots of ways, including giving feedback on resources, appraisal processes and web content. PAPIG meetings are usually held quarterly, but were suspended during 2020 due to the COVID-19 pandemic. If you would like to be involved in our PAPIG meetings when they restart in 2021 please email: [awttc@wales.nhs.uk](mailto:awttc@wales.nhs.uk)



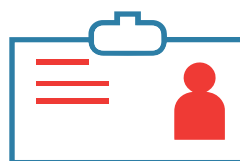
## Take part in a consultation

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 sub-groups 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 AWMSG produces information for patients, members of the public and patients are needed 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/](https://awmsg.nhs.wales/get-involved/) (English) and [gsmcg.gig.cymru/cyfranogi/](https://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: 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 to strengthen links with healthcare professional networks in Wales.

During the COVID-19 pandemic, the focus of clinicians has been on the care of patients and the delivery of key services. Despite the challenges, AWTTC continued to build relationships with clinicians and to support them. For example, AWTTC worked to deliver an information hub to enable the central provision of evidence-based guidance for prescribers on the appropriate use of medicines during the pandemic. AWTTC also worked with the Welsh Cancer Network to ensure that National Institute for Health and Care Excellence (NICE) rapid guidance could be implemented. AWTTC held virtual meetings with colleagues from the Royal College of Nursing, the Royal College of General Practitioners (RCGP) and the General Practitioners Committee (GPC) Wales to discuss future collaborative working. AWTTC also developed a Communications and Engagement Strategy, and AWTTC's Lead for Clinical Engagement

aims to improve engagement with our clinical networks in Wales.

Healthcare professionals have continued to work closely with AWTTC this year to deliver a range of national guidance documents, resources and advice. These include the Welsh National Standards for Medication Review and the All Wales guidance for health boards, trusts and social care providers in respect of medicines and care support workers.

Healthcare professionals working in Wales can bring their work through AWMSG's robust process, which includes 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. This year AWTTC developed a Medicines Optimisation Framework, which aims to improve transparency and clarity around the processes for developing medicines optimisation resources. The framework is available on the AWMSG website, and aims to improve engagement from all stakeholders.

Healthcare professionals have also worked closely with AWTTC when issues around unmet need or inequity in patients' access to medicines are identified. Healthcare professionals' input is an integral part of the Individual Patient Funding Request and One Wales processes. During the COVID-19 pandemic clinicians worked closely with AWTTC to produce One

# Working in Partnership *continued*

Wales advice on abiraterone (Zytiga®), enzalutamide (Xtandi®) and apalutamide (Erleada®) for high-risk locally advanced and metastatic, hormone-sensitive prostate cancer. Clinicians can contact AW TTC to explore access pathways available in Wales to ensure that their patients can access appropriate medicines. AW TTC 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 engage in AWMSG's work; we would not be able to achieve our aims without the enormous support we receive from colleagues across Wales. AWMSG and AW TTC strive to improve links and work closely with healthcare professionals to meet new challenges as the healthcare landscape in Wales continues to change.

## News

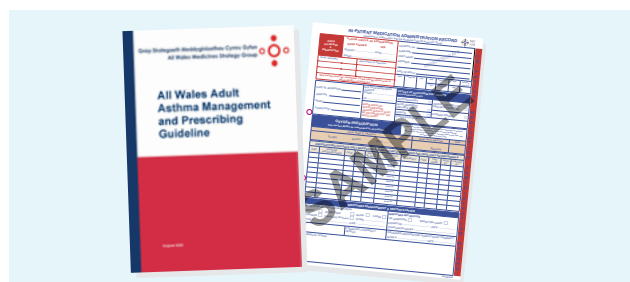
### Clinical engagement

AWMSG is committed to promoting medication safety by ensuring all healthcare professionals in Wales have access to a standardised, nationally agreed, medication review process. Sometimes the work of AWMSG is recognised beyond Wales and there have been two recent examples of publications endorsed by AWMSG that have positively impacted patients outside Wales. This reiterates our aim of delivering better outcomes for patients, reducing harm and improving medication safety and supporting the delivery of value-based care.

### Use of adult asthma guidelines in Dorset

Audits found health boards in Wales had large variations in inhaler prescribing between different practices, despite similar prevalence of asthma. The Respiratory Health Implementation Group (RHIG) agreed an All Wales guideline would be more effective than local guidelines, and could intentionally focus on reducing prescribing variation and increasing the use of high-value interventions. In August 2020, AWMSG members endorsed the All Wales Adult Asthma Management and Prescribing Guideline. The guidance was developed by RHIG as 'interim' guidance pending the publication of guidance by the National Institute for Health and Care Excellence (NICE), the British Thoracic Society (BTS) and the Scottish Intercollegiate Guidelines Network (SIGN) which is now expected to be published in 2021 after delays caused by the COVID-19 pandemic.

In November 2020, the All Wales Therapeutics and Toxicology Centre (AW TTC) was contacted by a respiratory nurse consultant who asked if the All Wales guideline could be used in Dorset County Hospital NHS Foundation Trust. This avoided duplication of work and allowed their staff resources to be used elsewhere. AWMSG permission was granted, and it is anticipated this will further help to manage chronic asthma in adults.



## Implementation of the in-patient medication administration chart in Tanzania

AWMSG recognises the importance of preventing avoidable medication-related hospital admissions in Wales. With electronic prescribing not widely adopted across UK hospitals, a standardised in-patient medication administration chart was introduced across Wales to promote safe prescribing. The chart is regularly reviewed and adapted; the latest version is available on the AWMSG website. The last update, in July 2019, was in response to the 'Start Smart then Focus' public health initiative; it included the addition of a dedicated antimicrobial section, with the aim of improving antibiotic prescribing.

A neurosurgeon who had previously worked at the University Hospital of Wales, approached AWMSG asking permission to introduce the in-patient medication administration chart in her current posting at Muhumbili Orthopaedic Hospital, Tanzania. The hospital currently provides the main neurosurgery service for 55 million Tanzanians. The neurosurgeon was familiar with the benefits of using a standardised medication chart to improve drug compliance, documentation and increase patient safety. Permission was granted by the All Wales Chief Pharmacist's Committee and the AWMSG Chair. It is hoped an update will be provided when the chart has been implemented.

## HIV pre-exposure prophylaxis available in Wales

In Wales, there are approximately 153 new cases of HIV infection diagnosed each year. Pre-exposure prophylaxis (PrEP) is proven to be

an effective HIV prevention strategy, in which antiretroviral medication is used to prevent HIV infection.

In April 2017, AWMSG appraised emtricitabine/tenofovir disoproxil fumarate (Truvada®) in combination with safer sex practices to reduce the risk of sexually acquired HIV-1 infection in adults at high risk. Truvada® was the only licensed medicine for this indication in the UK at the time of the appraisal. AWMSG was unable to recommend Truvada® for use in NHS Wales due to concerns around cost-effectiveness. Based on clinical effectiveness, the Welsh Government piloted an all-Wales study known as the PrEPARED project, working collaboratively alongside AWMSG, Public Health Wales and the Terrence Higgins Trust (an independent HIV expert group). The project made PrEP available to those who met the criteria, through a three-year pilot scheme. In 2018, generic emtricitabine/tenofovir disoproxil was also licensed for PrEP in the UK, at a significantly lower acquisition cost. Interim data from the PrEPARED project showed that, between 1 July 2017 and 30 September 2019 there had been no HIV-1 diagnoses in those people taking PrEP.

After the success of the PrEPARED project, in April 2020 AWMSG reviewed the latest clinical data and cost effectiveness of generic emtricitabine/tenofovir disoproxil. AWMSG supported the continued provision of PrEP for patients in Wales and the recommendation was endorsed by Welsh Government. This is a significant milestone in the fight against HIV in Wales.

# News continued

## Treatment for cystic fibrosis available in Wales

Cystic fibrosis is the most common, life-limiting recessively inherited disease in the UK. It caused by a defective or missing CFTR protein resulting from certain mutations in the CFTR gene and affects organs such as the lungs, gastrointestinal tract and reproductive system. Build-up of sticky mucus in the lungs, digestive system and other organs causes chronic infections and difficulty in digesting food. Cystic fibrosis can have a significant impact on life expectancy and quality of life.

Elexacaftor/ivacaftor/tezacaftor (Kaftrio®) is a triple combination therapy manufactured by Vertex Pharmaceuticals. It significantly improves lung function, helping people with cystic fibrosis to breathe easier and enhancing their overall quality of life. In July 2020, Health Minister Vaughan Gething announced the Welsh Government had reached a 4-year access arrangement with Vertex Pharmaceuticals, as soon as the medicine licence was granted by the European Medicines Agency. Under the agreement, patients with cystic fibrosis living in Wales will be eligible for Kaftrio® treatment if they are aged 12 years and older and have either two copies of the F508del mutation (the most common cystic fibrosis-causing mutation), or one copy of the F508del mutation and one minimal function mutation in the CFTR gene.

AWTTC was requested to provide information to inform discussions with Vertex Pharmaceuticals. Firstly, Welsh patients were identified through liaison with the Welsh Health Specialised Services Committee (WHSSC), then the patients' individual

genotypes were obtained, establishing which treatment they were eligible to receive over the next five years. Clinical trial data and other literature were reviewed and, in consultation with clinical experts, the usage of common cystic fibrosis medicines was then mapped. Any discrepancies in patient numbers between the cystic fibrosis registry and Vertex Pharmaceuticals was discussed with clinicians; this allowed more confidence in the figures, especially when including unlicensed use. A report presented to the Welsh Government included available medicines, the classes of gene types to explain all the indications, products and age ranges licensed, to make it easier to understand which patients would switch therapies.

Kaftrio® received its licence on 21 August 2020 and an important treatment option for people with cystic fibrosis in Wales became available.

## News

### Maximising medicines access and efficiency

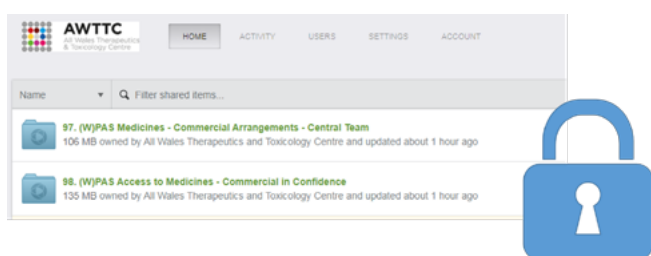
The 2018–2019 and 2019–2020 AWMSG Annual Reports summarised the success and work accomplished through the All Wales Patient Access Scheme monitoring and implementation – an “Invest to Save” project. As a result of the success of this two-year project, the All Wales Therapeutics and Toxicology Centre (AWTTC) secured two permanent Medicine Access and Efficiency Project Manager posts.

The Blueteq Patient Access Scheme Administration System (PASAS) is used by the project managers to centrally monitor

the simple discount patient access schemes (PASs), creating monthly exception reports for the health boards and trust. Highlighting noncompliance and potential missed discount each month allows the health boards to engage with the pharmaceutical companies early to recoup any potential loss, with support from the project managers where needed.

Project manager activity includes:

- Collaborative work with the National Procurement Lead Pharmacist for Wales to facilitate primary care arrangement allowing patient access to medicines closer to home, also supporting Welsh Government policy to move services out of hospital and into communities.



- Ensuring health boards and the trust in Wales have access to accurate and up-to-date PAS information as early as possible, through the AWTTTC online secure repository the Vault to share confidential details, to support them in meeting

the New Treatment Fund compliance timeframe.

- Development of a Commercial Medicines Access Team (CMAT); a multi-organisational team providing a single point of contact for the health boards and trust in Wales as well pharmaceutical companies, with the aim of supporting timely access to medicines associated with a commercial arrangement.
- Encouraging early engagement from pharmaceutical companies with regard to commercial arrangements, to ensure equitable and timely access to medicines for patients in Wales from when the National Institute for Health and Care Excellence (NICE) final appraisal document (FAD) is published.
- Centralising processes in relation to commercial arrangements associated with the availability of recommended NICE and AWMSG medicines where possible, to alleviate any potential administrative burden on the health boards and trust.
- Presentation of supporting information, together with planned schedules to health boards and trust colleagues and the pharmaceutical industry. The following are examples:
  - AWMSG Open Day 15 December 2020
  - AWMSG Open Day 18 March 2021



# News continued

## WHSSC Blueteq HCD system

The Blueteq High Cost Drugs (HCD) software programme was procured for Wales by the Welsh Health Specialised Services Committee (WHSSC) and Welsh Government in 2018, to support the implementation of advanced therapy medicinal products (ATMPs) commissioned through WHSSC, as supported by the ATMP Programme Board. This will support NHS Wales to prescribe and manage the ever-increasing complexities associated with these high-cost therapies. Since August 2020, one of the Medicine Access and Efficiency project managers has been seconded on a part time basis to manage the development and implementation of the WHSSC Blueteq HCD system.

## News

### Resource reallocation - The evolution of disinvestment in items of low value for prescribing

A collaborative project to provide an evidence-based approach to support appropriate resource reallocation of medicines has been conducted in partnership with the Swansea Centre for Health Economics (SCHE), based at Swansea University, and the Centre for Health Economics and Medicines Evaluation (CHEME), based at Bangor University. The project was commissioned to inform AWMSG's recommendations around resource reallocation, within its five-year strategy for 2018-2023 to support the prudent prescribing of medicines for NHS Wales.

A paper co-authored by SCHE and CHEME, entitled "Delivering Value Through

Disinvestment - an exploration and analysis of appropriate disinvestment in medicines considered low value for funding by NHS Wales", was presented to AWMSG members at a specially convened afternoon session of the November 2020 AWMSG meeting. An in-depth discussion was held around the paper, focusing on the recommendations it contained in supporting a process for putting the evidence into practice. On clarifying the potential extent of this work, one of the lead authors and current AWMSG member Professor Dyfrig Hughes said: "the implementation of such a process would be an international first for AWMSG". The paper focuses on using an evidence-based approach to support appropriate resource reallocation, and explores examples of items previously included in the AWMSG-endorsed "Low Value for Prescribing in NHS Wales" initiative.

At the December 2020 AWMSG meeting, members supported a proposal to introduce a process to consider the reallocation of valuable resources for investing in new clinically effective and cost-effective medicines. The AWMSG Chair, Professor Ceri Phillips, on welcoming the support of members reminded them of the objective from the Health Minister: to release resources from areas of low value to areas that can generate a higher value to the population of Wales.

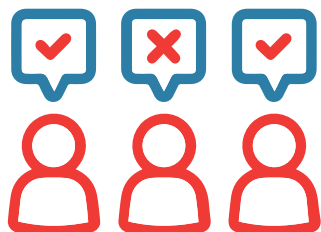
Following the successful delivery of this initial project, there will be a continuation of the established collaborative working group with SCHE and CHEME in 2021–2022. This work will focus on establishing further partnerships with other key stakeholders with the aim of providing demonstrable progress in delivering increased value through the appropriate reallocation of resources.

# Get Involved



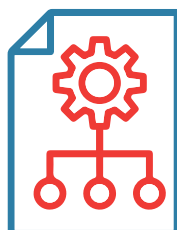
## Join a committee

AWMSG and its sub-groups (AWPAG and NMG) 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

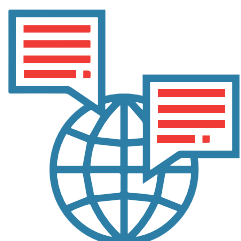
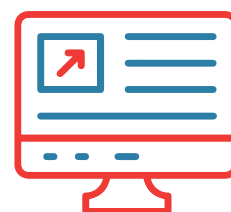


## Propose a project

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

AWTTC host Best Practice days to highlight some of the excellent work going on across health boards in relation to medicines optimisation. While the event for 2020-2021 was unfortunately cancelled due to the COVID-19 pandemic, AWTTC is hosting multiple virtual Best Practice Days in 2021-2022. Check the AWTTC website and Twitter 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.

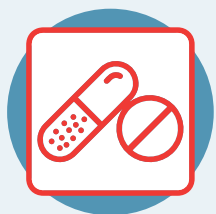


## Come to a meeting

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) provides an essential link between the pharmaceutical industry and AWMSG, and involves representatives from the:

- Association of the 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, commenting on medicines management projects through consultations, participating in AWMSG meetings, and attending Clinical and Patient Involvement Group meetings.

The National Institute for Health and Care Excellence (NICE) has increased the number

of appraisals on their work programme; therefore the AWMSG agenda has shifted to accommodate a reduction in AWMSG medicine appraisals and an increase in medicines optimisation projects. In line with this change; the TDAPG is reviewing their role and remit to consider wider involvement in AWMSG's medicines optimisation and best practice guidance.

This financial year the global COVID-19 pandemic has challenged us to consider improved ways of working with the pharmaceutical industry and with changing to remote working we have replaced our annual face-to-face Masterclass with a series of shorter live, virtual Open Day sessions. The launch of the Open Day programme by the AWTTC team took place in December 2020 and this was followed by the first session on Market Access and Engagement in March 2021. The meetings were a huge success and additional sessions will be delivered throughout the calendar year. The aim is to provide an opportunity for the pharmaceutical industry to learn about the different AWMSG work streams. The themed sessions will include:

- the appraisal process;
- AWTTC horizon scanning;
- One Wales process;
- Medicines Optimisation Framework; and
- an update on AWMSG's process and policies.

The aim is to learn more about the work of AWMSG through a combination of formal presentations, interactive sessions

and question and answer forums. Several AWTTTC staff will be involved in delivering these sessions and all presentations will be available on the AWMSG website. AWTTTC hopes that the Open Day events will follow the success of the annual Masterclass.

With the support of our new Communication and Engagement Group, our Pharmaceutical Engagement lead plans to take an active role in ensuring AWMSG and the pharmaceutical industry continue to work together to make sure people in Wales benefit from innovative medicines in a safe and effective way. Together the group will think about how to improve communication links with the pharmaceutical industry; alongside the development of the AWMSG website.

## News

### AWMSG Open Day programme for the pharmaceutical industry

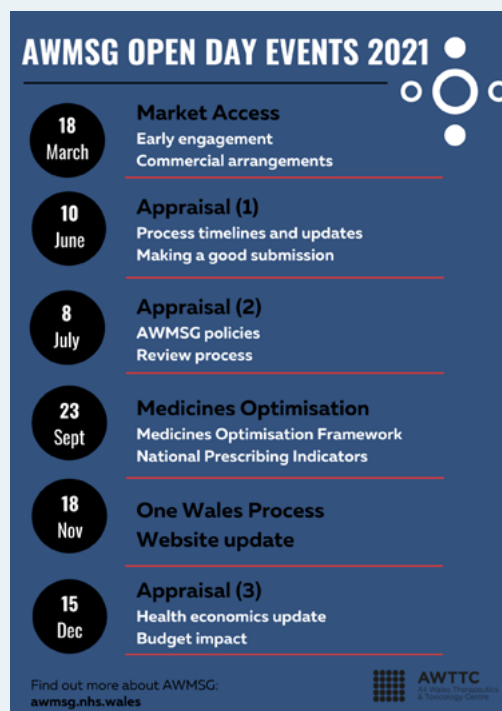
#### Launch of the AWMSG Open Day programme

The COVID-19 pandemic presented new challenges, which saw AWMSG and AWTTTC adapt to a new way of working and take virtual meetings in their stride.

On 15 December 2020, staff from AWTTTC presented an overview of AWMSG at the launch of the virtual Open Day programme. The AWMSG Chair opened the event, which was attended by over 40 pharmaceutical industry professionals who were given an opportunity to meet the team and find out more about the planned Open Day events.

An overview was provided of key aspects of AWMSG's work in supporting timely and equitable access to medicines in Wales and the pharmaceutical industry was encouraged to continue to work with us to optimise the use of medicines to benefit the people of Wales.

Feedback received from the industry delegates was extremely positive: attendees gained useful insights into AWMSG and established an open dialogue with team members.

A vertical poster titled 'AWMSG OPEN DAY EVENTS 2021' with a dark blue background and white text. It lists seven events with dates in circles. At the bottom, it says 'Find out more about AWMSG: awmsg.nhs.wales' and features the AWTTTC logo.

AWMSG OPEN DAY EVENTS 2021	
18 March	<b>Market Access</b> Early engagement Commercial arrangements
10 June	<b>Appraisal (1)</b> Process timelines and updates Making a good submission
8 July	<b>Appraisal (2)</b> AWMSG policies Review process
23 Sept	<b>Medicines Optimisation</b> Medicines Optimisation Framework National Prescribing Indicators
18 Nov	<b>One Wales Process</b> Website update
15 Dec	<b>Appraisal (3)</b> Health economics update Budget impact

Find out more about AWMSG:  
[awmsg.nhs.wales](http://awmsg.nhs.wales)

**AWTTTC**  
All Wales Therapeutics & Toxicology Centre

#### First virtual Open Day event

On 18 March 2021, with the support of the Association of the British Pharmaceutical Industry (ABPI), the All Wales Therapeutics and Toxicology Centre (AWTTTC) team hosted our first Open Day event.

# Working in Partnership *continued*

The event, which focused on market access and engagement, included topics such as horizon scanning, health technology assessment, statements of advice and commercial arrangements.

The session was very well received and more than 80 industry professionals from over 40 companies attended.

The short, visual presentations received a positive reaction and a number of delegates participated in our 'slido poll', which gave a new dynamic to virtual meetings. Industry participation and feedback has enabled us to shape future meetings.

The speakers responded to a number of useful questions from the audience and we hope to extend the Q&A time in future sessions.

It is encouraging to receive positive feedback as AWMSG work towards finalising Open Day events that will take place in the new financial year. We would like to thank all those involved and look forward to delivering further sessions.

A link to the presentation and the full Open Day programme are available on the AWMSG Open Days webpage: [awmsg.nhs.wales/meetings-and-events/events/awmsg-open-days/](https://awmsg.nhs.wales/meetings-and-events/events/awmsg-open-days/).

“

**I thought the virtual session worked very well. Really helped me to understand the system better, thank you.**

”

“

**Thank you for the informative and engaging session. Really enjoyed it.**

”

**Brilliant event, I have recently been upgraded to cover Wales and this was so informative.**

“

**“It was a well-run, well thought out meeting.”**

”

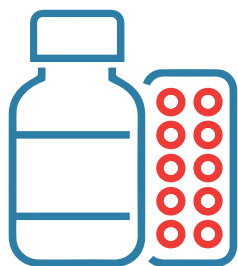
“

**It was a very good session, well delivered by presenters.**

”

**I think the format was great. I really liked the slido poll at the start which was both informative and fun. Well done!**

# Get Involved

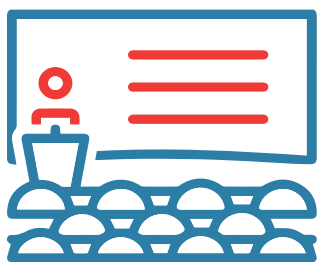
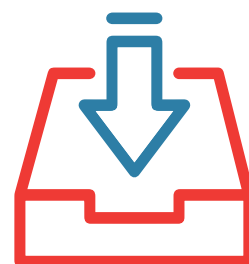


## Tell us about medicines in your pipeline

AWTTC's horizon scanning team gathers information on new medicines, indications and formulations in the pharmaceutical pipeline. 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.

## 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. Start the dialogue as soon as possible.



## Come to an AWMSG Open Day

The Open Day sessions are held regularly throughout the year and replace the annual Masterclass. These shorter live, virtual sessions aim to provide pharmaceutical industry with information about AWMSG work streams and encourage pharmaceutical engagement. Topics include market access, the health technology appraisal process, the Medicines Optimisation Framework and an update to AWMSG policies. Meet representatives from AWMSG and AWTTC, learn more about their work and get practical advice in relation to appraisal submissions.



## Take part in consultations

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

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



## Come to a meeting

AWMSG meetings are open to the public and dates are listed on the AWMSG website. Contact AWTTC if you would like to attend a meeting and want more details [awttc@wales.nhs.uk](mailto:awttc@wales.nhs.uk).

# 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 how to obtain the best outcomes from the medicines they are taking. This may involve stopping some medicines or starting others to make sure a patient is taking the safest medicine that works best to treat their condition. Healthcare professionals will also advise patients how best to adhere to a 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.

## Prescribing guidance and resources

A range of prescribing guidance and resources has been developed and published on the AWMSG website in the last year.

### All Wales guidance for health boards/trusts and social care providers in respect of medicines and care support workers

This guidance was developed to provide managers, responsible individuals, registered nurses and care support workers in Wales with information on how and when a registered nurse may delegate the task of medicines support to a care support worker. It includes the necessary education and training standards, and policies and procedures that are required.

### All Wales adult asthma management and prescribing guideline

Prompting the development of this guideline, the results of several audits in different health boards had demonstrated large variations in

inhaler prescribing between different practices despite similar prevalence of asthma. Many health boards had previously produced their own local guidelines for asthma management, but it was agreed by the Respiratory Health Implementation Group (RHIG) that an All Wales guideline would be more effective than local plans.



This guideline was developed by RHIG and endorsed by AWMSG. It includes an easy-to-use algorithm illustrating the treatment and prescribing pathway for a typical adult with asthma, complemented by supporting notes outlining the general principles of management and providing additional context to the recommendations within the algorithm.

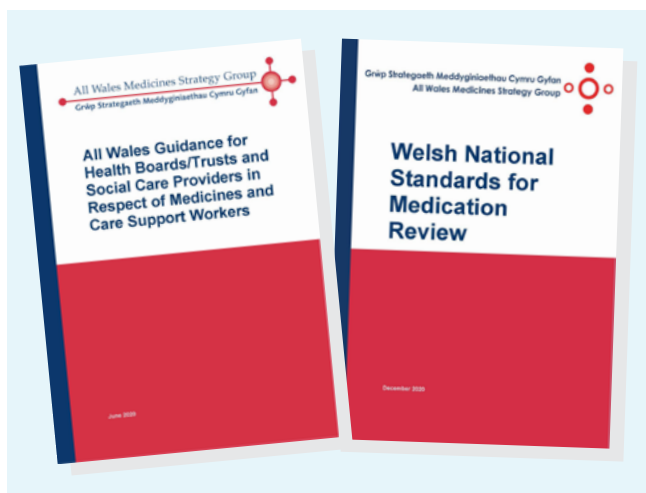
AWMSG endorsed the guideline as interim guidance pending the publication of updated collaborative guidelines due to be published in 2021 by the National Institute for Health and Care Excellence, the British Thoracic Society and the Scottish Intercollegiate Guidelines Network.

### Welsh national standards for medication review

The standards for medication review were developed to provide a structured approach to medication review and act as benchmarks

for quality, with the aim of optimising patient safety and prescribing practice. It is anticipated that healthcare professionals undertaking medication reviews will work towards achieving the standards, and the list of associated activities included will help reviewers to achieve them.

In endorsing the standards, AWMSG acknowledged the enormous pressure on NHS Wales currently, and suggested piloting the standards in order to identify any barriers which might prevent the standards being achieved. A number of GP practices are working with the All Wales Therapeutics and Toxicology Centre as part of this pilot; if you would like to take part now, or in the future, please contact [awttc@wales.nhs.uk](mailto:awttc@wales.nhs.uk).



### **Best practice reminder: Avoid nitrofurantoin in the treatment of pyelonephritis**

Inappropriate antibiotic use in suspected urinary tract infection (UTI) risks infection with multi-resistant organisms and treatment failure, leading to urosepsis. Optimising the management of UTIs is important for patient safety and antimicrobial stewardship.

This short 'Best Practice Reminder' document was developed to inform primary care prescribers to avoid prescribing nitrofurantoin in patients with suspected pyelonephritis, giving the rationale behind this and what they can prescribe instead.

### **Prescribing dilemmas: A guide for prescribers**

This document updates and replaces the previous 'Prescribing Dilemmas' document published in 2015. The resource provides guidance for healthcare professionals about: prescribing duration; foodstuffs; complementary medicines and alternative therapies; common ailments; fertility treatment; erectile dysfunction; prescribing for self and family; visitors from overseas; travel and occupational health vaccines; prescribing situations not covered by the NHS including private care and private prescriptions; unlicensed medicines; and prescribing outside national guidance.



# Our work this year - Medicines optimisation *continued*

## Shared care prescribing and monitoring guidance

Within NHS Wales, shared care represents circumstances where primary care accepts the transfer of prescribing responsibility from specialist care where patients have already been initiated and stabilised on a medicine that requires long-term provision and regular monitoring. The monitoring arrangements and responsibilities are set out in a formal shared care protocol for the specific treatment, and the patient continues to be followed-up in reviews by the specialist. This document provides an update to the principles of best practice for shared care prescribing agreements, and includes templates for developing a shared care protocol and shared care agreement forms.

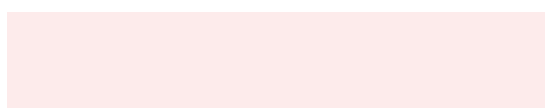
## Minor updates

- Both sets of resources for 'Safeguarding users of opioid patches by standardising patient and caregiver counselling' and 'Persistent Pain' were updated to capture the Medicines and Healthcare Products Regulatory Agency drug safety updates published in September 2020 highlighting that fentanyl patches for non-cancer pain should be avoided in opioid-naïve patients, and that opioids carry a risk of dependence and addiction.
- The 'Items identified as low value for prescribing in NHS Wales – Paper 3' document was also updated; removing the section on cyanocobalamin and to also clarify that active monitoring of items had been temporarily suspended until April 2021 due to the ongoing workload pressures associated with the COVID 19 pandemic.

## Acknowledged resources

AWMSG has acknowledged the following initiative as good practice and aligning with the aims of the AWMSG five-year strategy 2018–2023:

Using Standardised Concentrations of Unlicensed Liquid Medicines in Children – joint position statement of the Neonatal and Paediatric Pharmacists Group and the Royal College of Paediatrics and Child Health ([rcpch.ac.uk/resources/using-standardised-concentrations-unlicensed-liquid-medicines-children-joint-position](http://rcpch.ac.uk/resources/using-standardised-concentrations-unlicensed-liquid-medicines-children-joint-position)).



# Our work this year - Prescribing monitoring and analysis

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

## National Prescribing Indicators (NPIs)

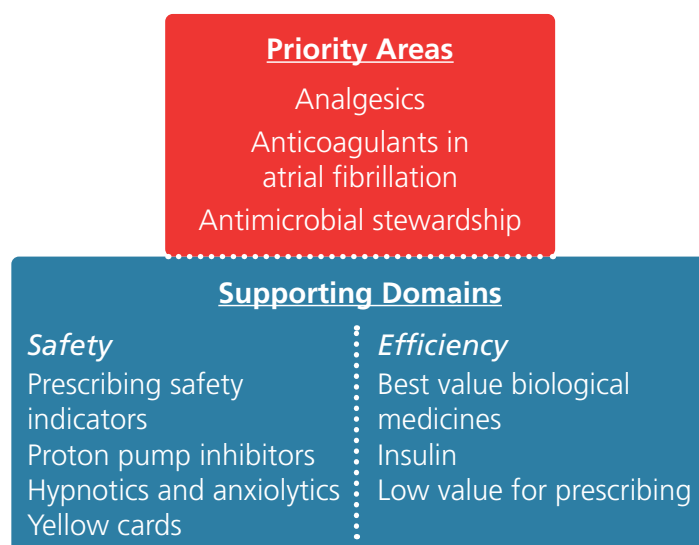
Where there are clear safety, stewardship or efficiency messages that can indicate good practice, prescribers often find it useful to benchmark themselves against others; whether at health board, cluster or practice level. To facilitate this, AWMSG agreed that NPIs were useful tools to promote rational 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 and 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 2020–2021

For 2020–2021, AWMSG endorsed 15 NPIs focusing on nine areas of prescribing and the reporting of adverse events (Yellow Cards). These indicators have been refreshed with a focus on three priority areas (analgesics, anticoagulants in atrial fibrillation and antimicrobial stewardship), which are then supported by indicators grouped in the domains of 'safety' and 'efficiency'.

Because of the workload pressures associated with the COVID-19 pandemic, it was decided that the 2020–2021 NPIs should be carried over to 2021–2022.

### NPIs 2020–2021 – Priority areas and supporting domains



### NPI monitoring

During 2020–2021, NPIs were monitored quarterly and reports published on the AWMSG website. Detailed NPI data for 2020–2021 are shown on the following pages and summarised on [page 47](#). The Server for Prescribing Information Reporting and Analysis (SPIRA) is updated quarterly with NPI data for health boards, clusters and individual GP practices, giving a more detailed view of local prescribing.

The potential impact of COVID-19 on prescribing and Yellow Card reporting during 2020–2021 should be considered when reviewing the data in this report.

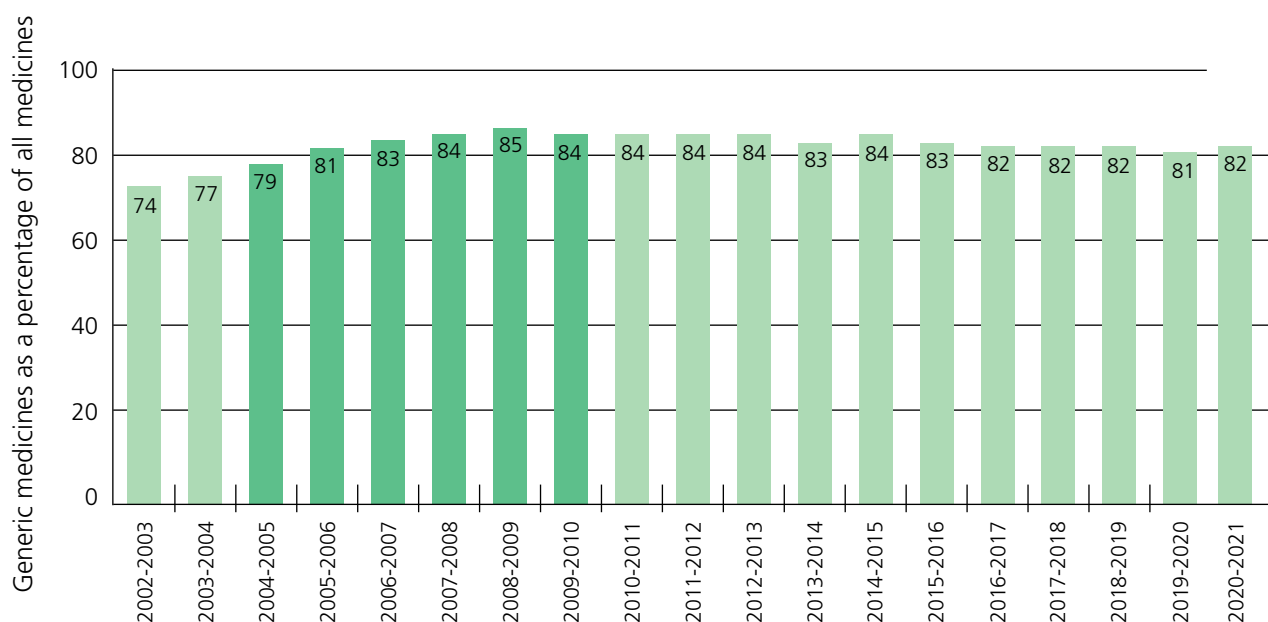
# Our work this year - Prescribing monitoring and analysis *continued*

## National Prescribing Indicators (NPIs)

Data for the NPIs 2020–2021 show that, for most NPIs with a target or threshold, prescribing 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 full financial year) and 'Anticoagulants in atrial fibrillation' (which show data for the month of March only). 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.

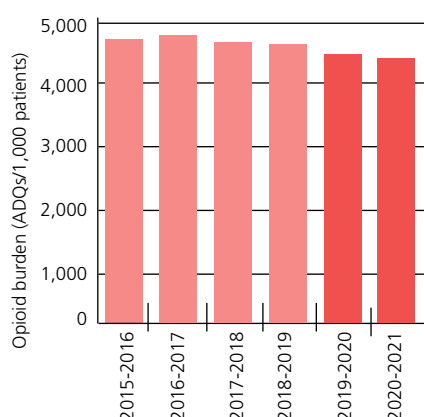


## Priority areas

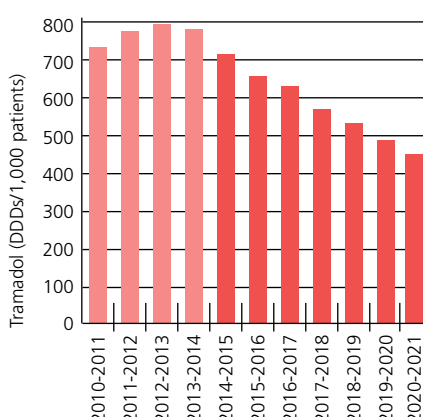
### Analgesics

Three NPIs support the appropriate use of analgesics: opioid burden, tramadol, and gabapentin and pregabalin. Opioid burden (average daily quantities [ADQs] per 1,000 patients), tramadol prescribing (defined daily doses [DDD] per 1,000 patients), and gabapentin and pregabalin prescribing (DDD per 1,000 patients) have all decreased in line with the aim of the NPIs.

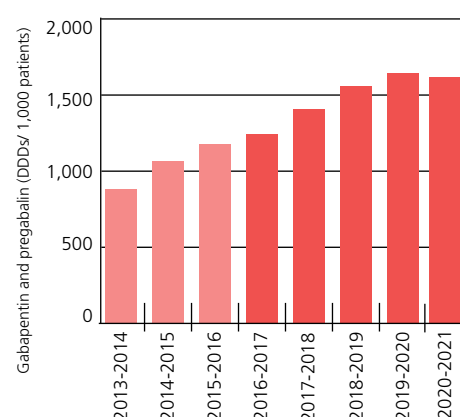
#### Opioid burden



#### Tramadol



#### Gabapentin and pregabalin

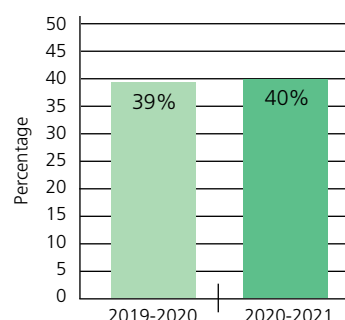


### Anticoagulants in atrial fibrillation

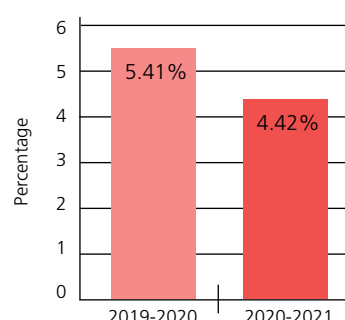
Please note, due to this being a new indicator for 2020–2021 and the nature of how this data is captured, comparisons can only be made for the month of March 2021 against March 2020. There are three NPIs monitoring anticoagulants in atrial fibrillation for 2020–2021:

- Number of patients who have a CHA<sub>2</sub>DS<sub>2</sub>-VASc score of two or more who are currently prescribed an anticoagulant as a percentage of all patients diagnosed with atrial fibrillation – data are currently unavailable for this indicator.
- Number of patients who are currently prescribed an anticoagulant and have received an anticoagulant review within the last 12 months, as a percentage of all patients diagnosed with atrial fibrillation who are prescribed an anticoagulant – the percentage of patients identified is increasing in line with the aim of the indicator.
- Number of patients who are prescribed antiplatelet monotherapy, as a percentage of all patients diagnosed with atrial fibrillation – the percentage of patients identified is decreasing in line with the aim of the indicator.

Percentage of patients who are currently prescribed an anticoagulant and have received an anticoagulant review within the last 12 months



Percentage of patients who are prescribed antiplatelet monotherapy



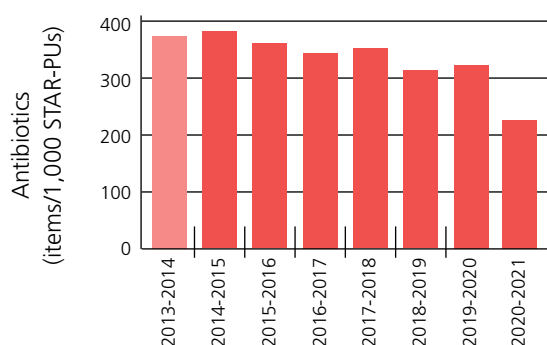
# Our work this year - Prescribing monitoring and analysis *continued*

## Antimicrobial stewardship

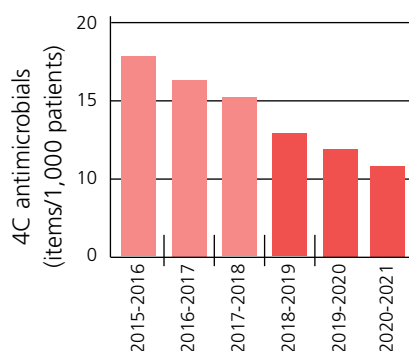
The widespread and often excessive use of antimicrobials is one of the main factors contributing to the increasing emergence of antimicrobial resistance.

Total antibiotic prescribing (items per 1,000 specific therapeutic group age-sex related prescribing units [STAR-PUs]) and 4C antimicrobial (co-amoxiclav, cephalosporins, fluoroquinolones and clindamycin) prescribing (as items per 1,000 patients) have both decreased, in line with the aims of the indicators.

### Total antibiotics



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



## Supporting domain - Safety

### Prescribing Safety Indicators

The Prescribing Safety Indicators (PSIs) in primary care were introduced in 2018–2019, and help to identify groups of patients in GP practices, enabling intervention and avoidance of harm. Patients identified by the PSIs should be reviewed or monitored as appropriate. Additional PSIs have since been introduced for 2020–2021 and the data is summarised on [page 42](#). 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.

Prescribing Safety Indicator		Number of patients		% change (March 2020 to March 2021)
		2019–2020	2020–2021	
1	Number of patients on the CKD register (CKD stage 3–5) who have received a repeat prescription for an NSAID within the last three months.	1,441	1,271	-11.8%
2	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 three months.	2,342	2,307	-1.49%
3	Number of patients with concurrent prescriptions of an NSAID, renin-angiotensin system (RAS) drug and a diuretic.*	-	4,595	-
4	Number of patients aged 75 years and over with a current prescription for an ACE Inhibitor or loop diuretic without a check of renal function and electrolytes in the previous 15 months.*	-	1,930	-
5	Number of patients with a peptic ulcer who have been prescribed NSAIDs without a PPI.	213	233	9.39%
6	Number of patients with concurrent prescriptions of warfarin and an oral NSAID.	160	115	-28.1%
7	Number of patients with concurrent prescriptions for a DOAC and an oral NSAID.*	-	621	-
8	Number of patients aged 65 years or over who are prescribed an NSAID plus aspirin and/or clopidogrel but without gastroprotection (PPI or H <sub>2</sub> -receptor antagonist).	543	476	-12.3%
9	Number of patients with concurrent prescriptions of an oral anticoagulant (warfarin or DOAC) and an SSRI.*	-	10,003	-
10	Number of patients aged 65 years or over prescribed an antipsychotic.	10,006	10,033	0.27%
11	Number of patients aged 75 years and over with an Anticholinergic Effect on Cognition (AEC) score of three or more for items on active repeat.	22,024	21,760	-1.20%
12	Number of female patients with a current prescription of oestrogen-only hormone replacement therapy (HRT) without any hysterectomy READ/SNOMED codes.	2,404	2,500	3.99%
13	Number of female patients with a past medical history of venous or arterial thrombosis who have been prescribed combined hormonal contraceptives.	92	108	17.4%
14	Number of female patients aged 14–45 years with a prescription for sodium valproate.	1,071	942	-12.0%
15	Number of female patients aged 14–45 years with a prescription for oral retinoids.*	-	82	-
16	Number of patients under 16 years with a current prescription of aspirin.	167	172	2.99%
17	Number of patients with asthma who have been prescribed a beta-blocker.	8,529	8,691	1.90%
18	Number of patients with concurrent prescriptions of verapamil and a beta-blocker.	176	156	-11.4%

\* This prescribing safety indicator is new for 2020–2021. Therefore, there are no comparative data for 2019–2020.

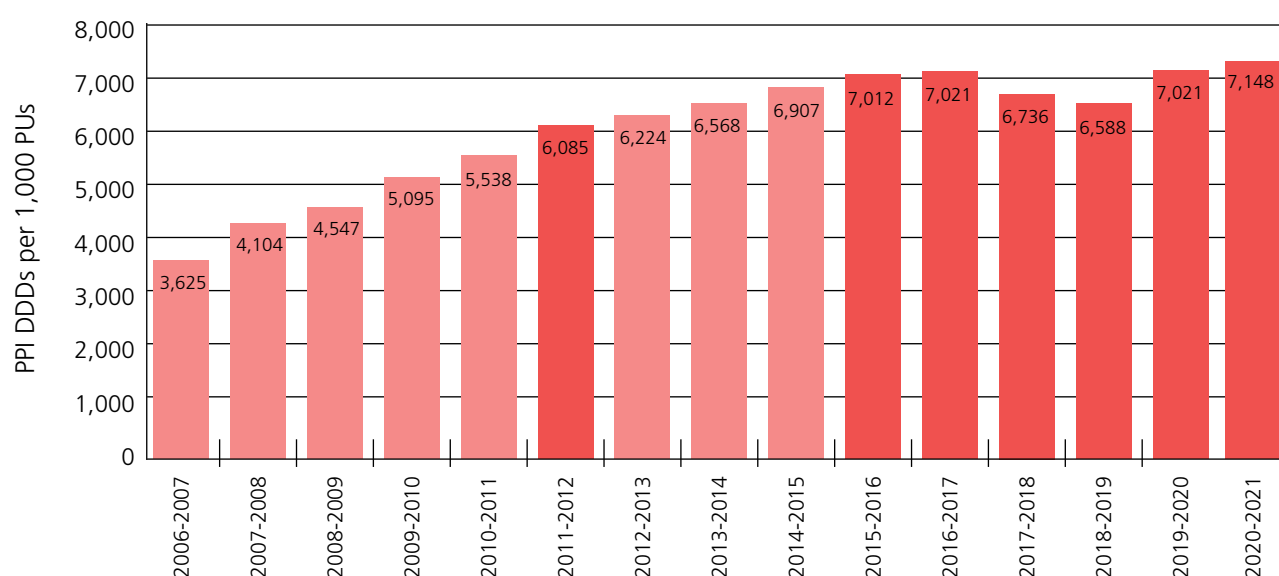
CKD = chronic kidney disease; DOAC: direct oral anticoagulant; eGFR = estimated glomerular filtration rate; NSAID = non-steroidal anti-inflammatory drug; PPI = proton pump inhibitor; SNOMED = Systematised Nomenclature of Medicine; SSRI: selective serotonin reuptake inhibitor.

Data prior to 2019–2020 for the Prescribing Safety Indicators are available in the published NPI Quarterly Reports at [awmsg.nhs.wales/medicines-appraisals-and-guidance/medicines-optimisation/national-prescribing-indicators/](https://awmsg.nhs.wales/medicines-appraisals-and-guidance/medicines-optimisation/national-prescribing-indicators/)

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

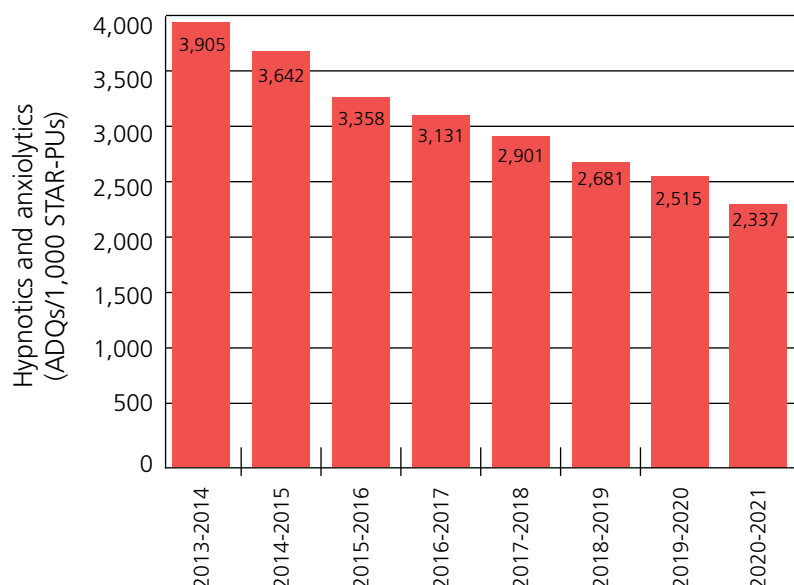
## Proton pump inhibitors (PPIs)

Although PPIs are generally well tolerated, there is evidence that long-term PPI use may be linked with an increased risk of adverse effects. PPIs are monitored (using DDDs per 1,000 prescribing units [PUs]) with the aim of encouraging appropriate and cost-effective prescribing. Despite the prescribing of PPIs having decreased after introduction of the NPI, there has been an increasing trend in recent years. A contributing factor to this increase is disruption to the supply of ranitidine ( $H_2$ -receptor antagonist) and the subsequent recommendation to switch patients to omeprazole (a PPI).



## Hypnotics and anxiolytics

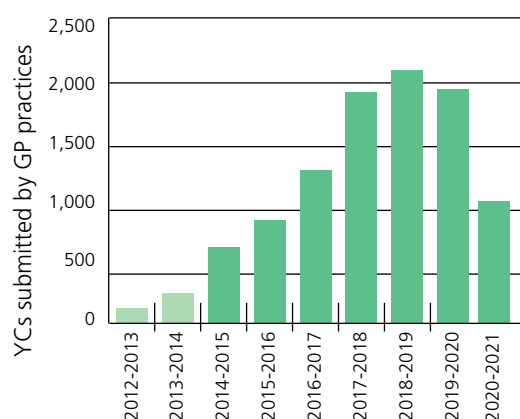
There has been continued concern over high levels of hypnotic and anxiolytic prescribing in NHS Wales, in comparison with England. Some prescribing may be inappropriate and contribute to the problem of physical and psychological dependence, and may also be responsible for masking underlying depression. Prescribing (measured in ADQs per 1,000 STAR-PU's) has declined steadily in line with the aim of the NPI since its introduction.



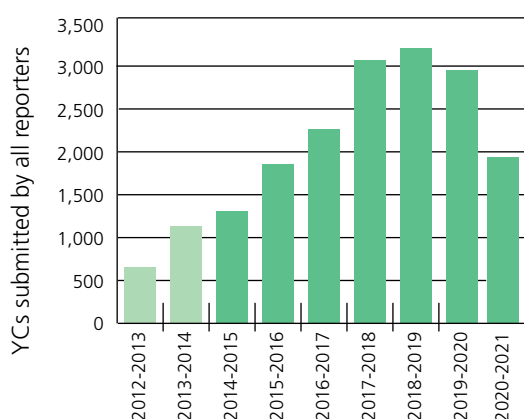
## Yellow Cards

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 in 2014. However, compared to 2019–2020, the number of Yellow Cards submitted by GP practices, secondary care, community pharmacists, health boards overall and members of the public, has decreased. See [page 47](#) for detailed NPI data.

### Yellow Cards - GPs



### Yellow Cards - all reporters

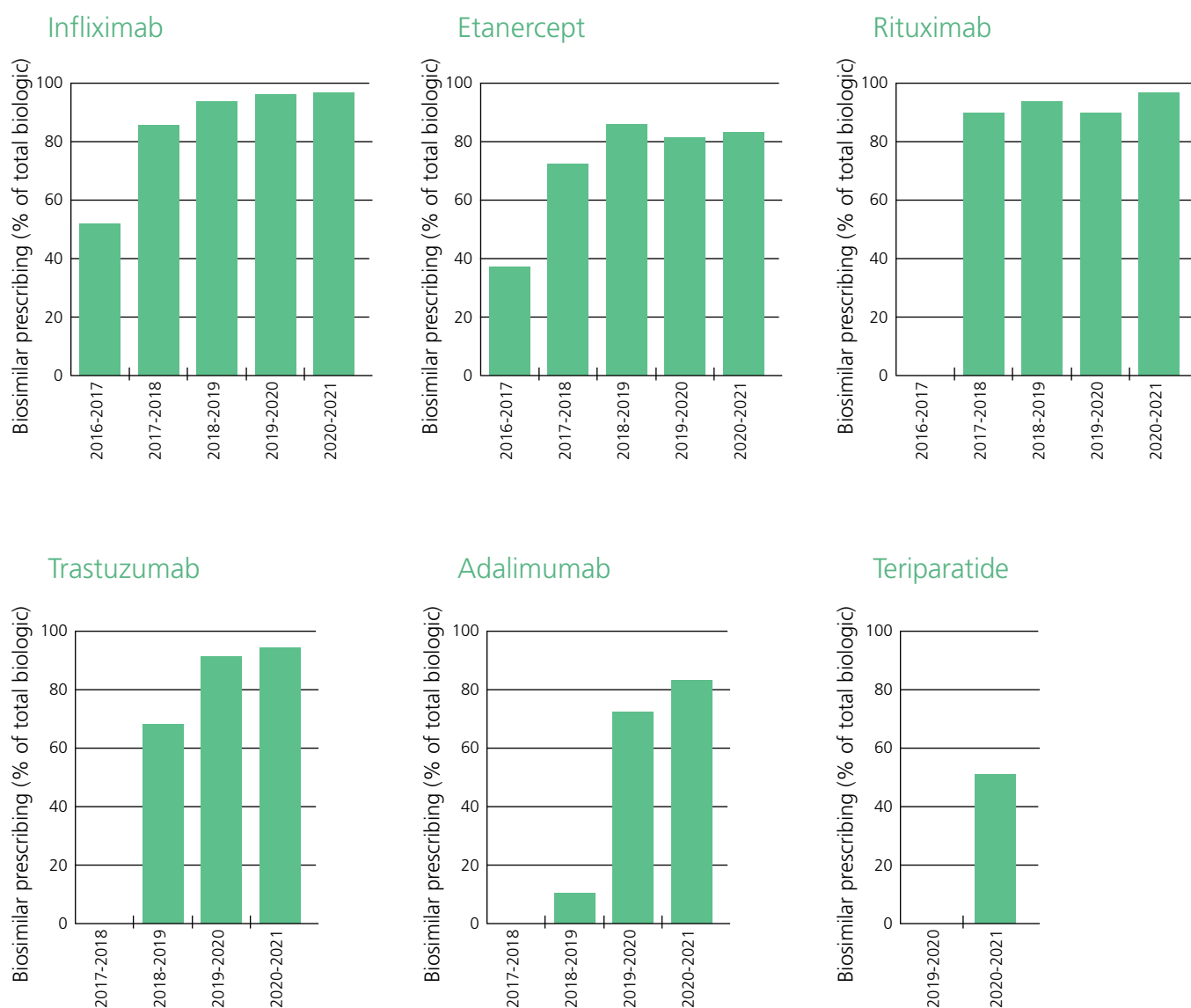


# Our work this year - Prescribing monitoring and analysis *continued*

## Supporting domain - Efficiency

### Best value biological medicines

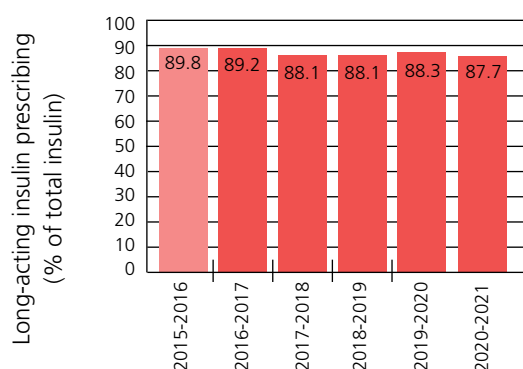
The purpose of this NPI is to ensure prescribing of biosimilar medicines is in line with AWMSG guidance to support quality and cost-effective prescribing in Wales. All six monitored biosimilars have shown an increase in prescribing as a percentage of total biologic medicines, in line with the aim of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



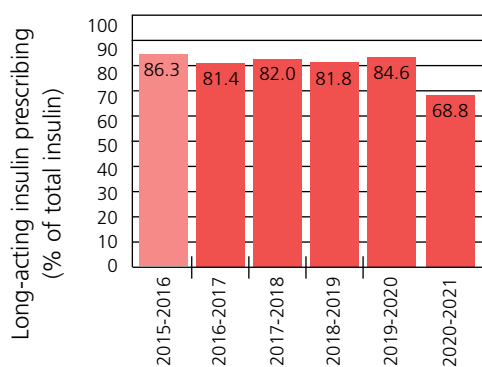
## Insulin

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 decreased in both primary and secondary care, in line with the aim of the indicator.

### Insulin analogues - Primary care

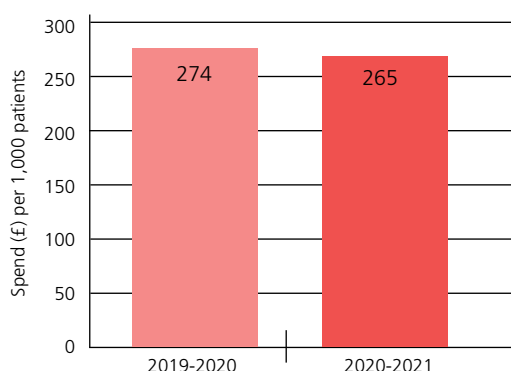


### Insulin analogues - Secondary care



## Low value for prescribing

The aim of the Low Value for Prescribing in NHS Wales initiative is to minimise the prescribing of items that offer a limited clinical benefit to patients and where more cost-effective treatments may be available. The items monitored as part of this indicator for 2020-2021 are defined in the *Items Identified as Low Value for Prescribing in NHS Wales Paper 1* and *Paper 2*, available at [awmsg.nhs.wales/medicines-appraisals-and-guidance/medicines-optimisation/prescribing-guidance/items-identified-as-low-value-for-prescribing-in-nhs-wales/](https://awmsg.nhs.wales/medicines-appraisals-and-guidance/medicines-optimisation/prescribing-guidance/items-identified-as-low-value-for-prescribing-in-nhs-wales/).



Since its introduction as an NPI, the overall spend per 1,000 patients on *Low Value for Prescribing* items has decreased, in line with the aim of the indicator.

# Our work this year - Prescribing monitoring and analysis continued

## National Prescribing Indicator (NPI) data summary

The table below shows the current NPIs, and also the former NPI for '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) and 'Anticoagulants in atrial fibrillation' (which show data for the month of March only). Figures show primary care prescribing, except where otherwise stated.

National Prescribing Indicators		2010–2011	2011–2012	2012–2013	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021
Generic medicines (% of items)		84	84	84	83	84	83	82	82	82	81	82
Opioid burden (ADQs per 1,000 patients)							4675	4685	4612	4540	4,429	4,404
Tramadol (DDD's/1,000 patients)		741	786	797	788	708	665	631	577	523	492	457
Gabapentin and pregabalin (DDD's per 1,000 patients)					890	1,054	1,197	1,347	1,442	1,513	1,557	1,550
Number of patients who have a CHA <sub>2</sub> DS <sub>2</sub> -VASc score of two or more who are currently prescribed an anticoagulant as a percentage of all patients diagnosed with atrial fibrillation												Data currently unavailable
Anticoagulants in atrial fibrillation											39.0	40.0
Number of patients who are currently prescribed an anticoagulant and have received an anticoagulant review within the last 12 months, as a percentage of all patients diagnosed with atrial fibrillation who are prescribed an anticoagulant											5.41	4.42
Number of patients who are prescribed antiplatelet monotherapy, as a percentage of all patients diagnosed with atrial fibrillation												
Total antibacterial items (items per 1,000 STAR-PUs)					374	377	362	337	340	306	307	223
4C items per 1,000 patients							17.7	16.2	15.2	13.2	12.1	10.7
Prescribing Safety Indicators												See page 42
Proton pump inhibitors (PPIs) (DDD's/1,000 PUs)		5,538	6,085	6,224	6,568	6,907	7,012	7,021	6,736	6,588	7,021	7,148
Hypnotics and anxiolytics (ADQs/1,000 STAR-PUs)					3,905	3,642	3,358	3,131	2,901	2,681	2,515	2,337
GP practices				116	271	662	851	1,346	1,980	2,149	1,945	1,037
Secondary care									627	597	519	481
Health boards				649	1,177	1,462	1,817	2,323	3,040	3,221	2,949	1,978
Members of the public									290	354	356	349
Community pharmacies									75	68	67	40
Biosimilar prescribing in secondary care (% of total biologic)	Infliximab							55.8	85.9	95.8	97.1	97.2
	Etanercept							38.3	74.1	84.2	80.6	82.1
	Rituximab						0		88.8	93.4	92.8	97.8
	Trastuzumab								0	68.9	89.8	94.3
	Adalimumab								0	9.7	77.9	82.4
	Teriparatide										0	49.9
Long-acting insulin prescribing (% of long and intermediate acting insulin)							89.8	89.2	88.1	88.1	88.3	87.7
Secondary care							86.3	81.4	82.0	81.8	84.6	68.8
Low value for prescribing (spend (£) per 1,000 patients)											274	265

## 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.

## Launch of first National Prescribing Indicator educational module

**The All Wales Therapeutics and Toxicology Centre (AWTTC) collaboration with Health Education and Improvement Wales (HEIW)**

AWTTC continued to expand its educational remit through a collaboration with HEIW. The collaboration came as part of AWTTC's work to improve health outcomes for patients and provide educational support to healthcare providers. The module, which is the first of its kind, was launched on 11 June 2020 and allows healthcare professionals to gain an overview of the AWMSG National Prescribing Indicators for 2020–2021. The module is available in Welsh and English, and received over 400 views between January and March 2021. AWTTC will continue to collaborate with HEIW to develop additional modules to support healthcare professionals in Wales.



Addysg a Gwellia Iechyd  
Cymru (AaGIC)  
Health Education and  
Improvement Wales (HEIW)



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[CPD On Demand](#)

 Cymraeg
  English

### All Wales Medicines Strategy Group National Prescribing Indicators 2020 - 2021

- Prescribing measures - Volume Measures & Denominators >
- Priority Areas - Analgesics >
- Priority Areas - Analgesics: Opioid Burden >
- Priority Areas - Analgesics: Tramadol >**
- Priority Areas - Analgesics: Gabapentin and Pregabalin >
- Priority Areas - Anticoagulants in atrial fibrillation: Intro >
- Priority areas - Anticoagulants in atrial fibrillation >
- Priority Areas - Anticoagulants in atrial fibrillation - Anticoagulant review >
- Priority Areas - Anticoagulants in atrial fibrillation: Antiplatelet monotherapy >
- Priority Areas - Stewardship >
- Priority Areas - Stewardship: Total Antibacterial Items >
- Priority Areas - Stewardship: 4C Antimicrobials >
- Safety >
- Safety - Prescribing Safety Indicators >
- Safety - Proton Pump Inhibitors >
- Safety - Hypnotics and Anxiolytics >
- Safety - Yellow Cards >

## Priority Areas - Analgesics: Tramadol

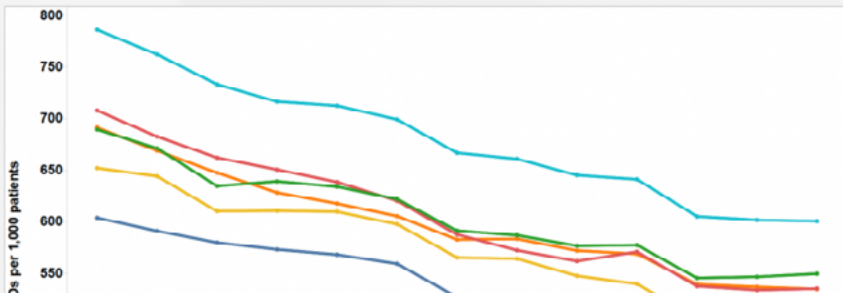
This indicator promotes a prudent approach to prescribing tramadol, taking into account the risks and benefits and encouraging timely review. There is increasing evidence that tramadol has the potential for harm and abuse. Cases of dependency have been described and there are reports of an increasing street value and risk of misuse.

Tramadol is an opioid analgesic licensed for the treatment of moderate to severe pain. Tramadol produces analgesia by two mechanisms: an opioid effect and an enhancement of the serotonergic and adrenergic pathways. It has fewer of the typical opioid side effects (notably, less respiratory depression, less constipation and less addiction potential); however psychiatric reactions have been reported. The unique dual-action pharmacological profile of tramadol increases the risk of adverse effects seen in overdose.

<b>Purpose</b>	To encourage appropriate use and review of tramadol in primary care, minimising the potential for dependence, diversion, misuse and ADRs.
<b>Unit of measure</b>	Tramadol DDDs per 1,000 patients
<b>Aim</b>	To reduce prescribing.

- While there is a recognised place in pain management for tramadol, there are concerns regarding abuse, dependence and deaths involving tramadol, in addition to the risks associated with misuse and diversion.
- The unique dual action pharmacological profile of tramadol increases the risk of adverse effects seen in overdose.
- Hallucinations, confusion and convulsions as well as rare cases of dependence and withdrawal symptoms have been reported with tramadol at therapeutic doses.
- Tramadol should be used with caution in patients taking concomitant medicines that can lower the seizure threshold, such as tricyclic antidepressants (TCAs) and selective serotonin reuptake inhibitors (SSRIs).

**Trend in Tramadol prescribing**



Region	2015	2016	2017	2018	2019	2020
South West	780	750	720	700	680	650
South East	710	680	650	630	610	590
West Midlands	690	660	630	610	590	570
East of England	650	620	600	580	560	540
North East	600	580	560	540	520	500

# 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.

Between 1 April 2020 and 31 March 2021, AWMSG advised Welsh Government on 15 medicines, 14 of which received a positive recommendation and were made available within NHS Wales.

## Advice issued in 2020–2021



**15 medicines  
appraised**



**8 medicines  
recommended**



**6 medicines  
recommended for  
'optimised' use\***



**1 medicine not  
recommended**

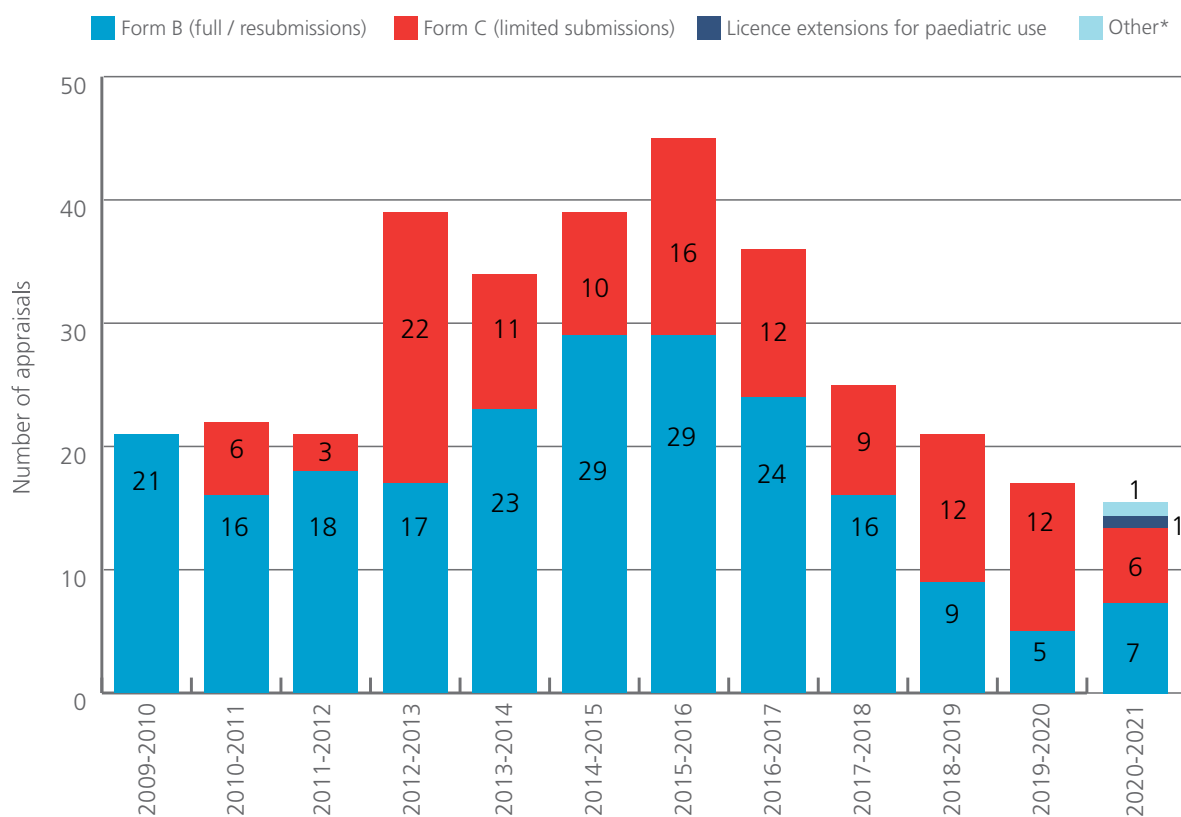
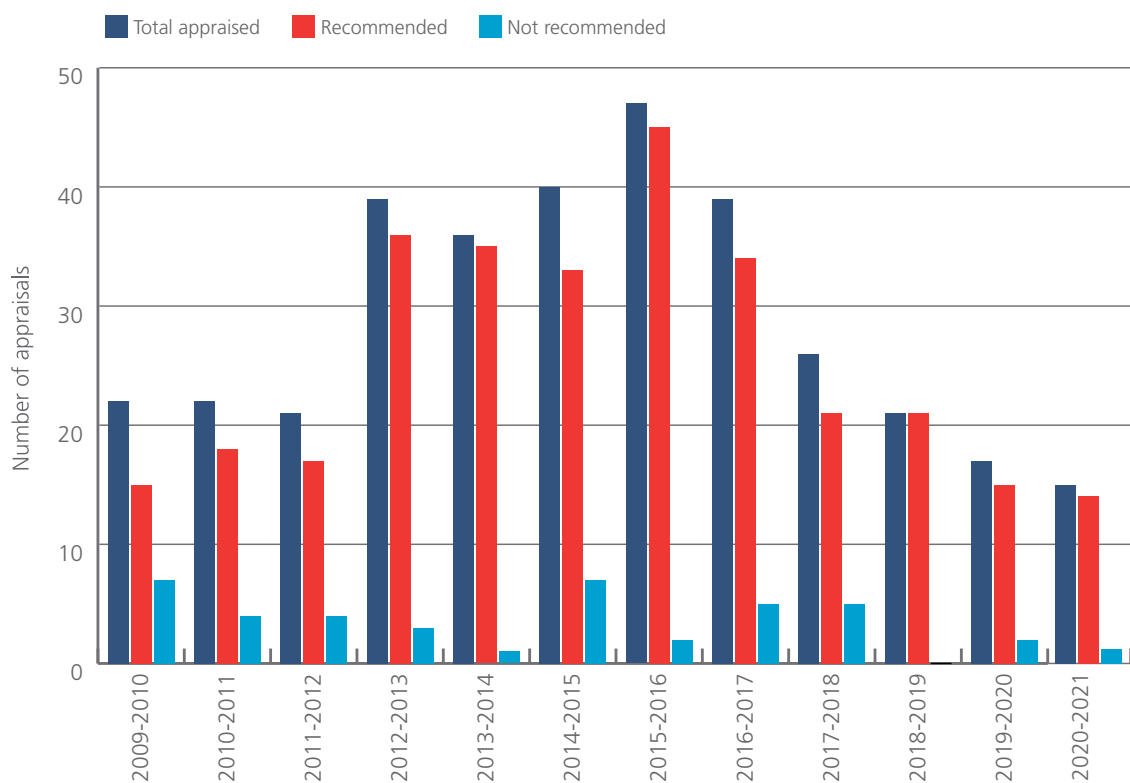


**25 Statements of  
Advice issued on non-  
appraised medicines  
to NHS Wales**



**A total of 40  
medicines on which  
advice provided to  
NHS Wales**

\* 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".



\* Other: reassessment of emtricitabine/tenofovir disoproxil

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

## **New AWMSG process for appraising licence extensions for paediatric use**

In December 2020, AWMSG endorsed a new process for appraising licence extensions for use in people younger than 18 years of age, which has been adapted from AWMSG's limited submission process. Since its introduction in 2010-2011, the limited submission process has been associated with a significant increase in the number of appraisals. 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.

Between 2014 and 2019, the All Wales Therapeutics and Toxicology Centre (AWTTC) received 40 limited submissions, of which 33 (83%) were for licence extensions for paediatric use. All 40 limited submissions were given a positive recommendation by AWMSG. During the same period an additional 90 medicines received a licence extension for paediatric use, but the pharmaceutical company did not make a submission to AWMSG for appraisal. As a result, those 90 medicines could not be endorsed for use within NHS Wales in the paediatric population and were issued a Statement of Advice.

This process for appraising licence extensions for paediatric use can be used when certain criteria are met. In particular, the medicine must have been accepted for use in adults for the same indication by AWMSG or NICE. When the criteria are met, AWTTC prepares

an assessment and draft recommendation for consideration by AWMSG. Further details of the process can be found on the AWMSG website here: [awmsg.nhs.wales/make-a-submission/make-a-submission-pharmaceutical-industry/submit-for-awmsg-appraisal/](https://awmsg.nhs.wales/make-a-submission/make-a-submission-pharmaceutical-industry/submit-for-awmsg-appraisal/).

In March 2021 lurasidone (Latuda®), for the treatment of schizophrenia in adolescents aged 13 to 17 years, was the first medicine to be appraised and recommended for use in NHS Wales by AWMSG under the new process.

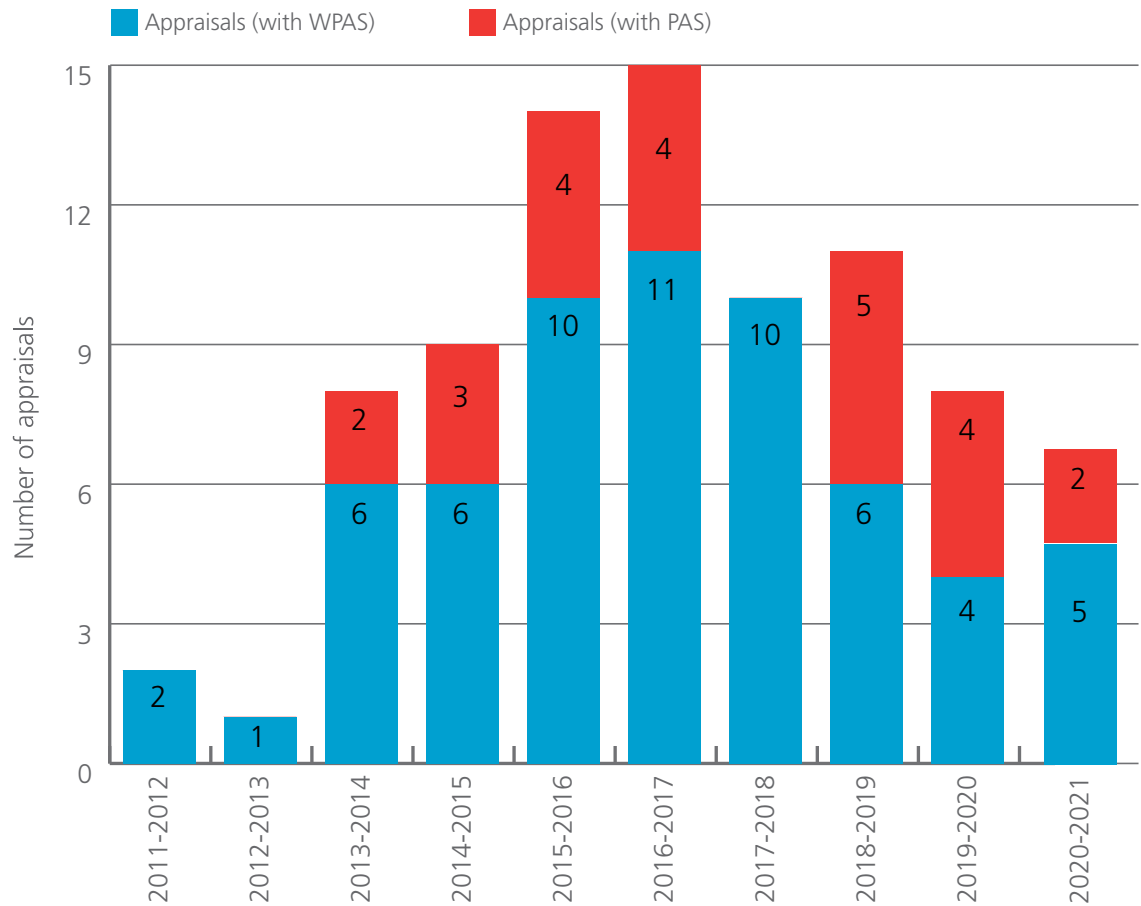
The new process has provided a simpler and quicker route from submission to AWMSG recommendation for medicines meeting the criteria (maximum three months) compared to the timescale for full and limited submissions (maximum six months). It is anticipated that this will encourage pharmaceutical companies to make a submission to AWMSG for appraisal, bringing benefits to children and adolescents in Wales with timely and equitable access to medicines already routinely available to adults in Wales.

## **Wales Patient Access Scheme (WPAS)**

Up to 31 March 2021, a total of 69 WPAS proposals have been submitted for review since 2011. The largest proportion (64%) of WPAS submissions have been for simple schemes (n = 44), with 41 of these considered feasible to implement by the Patient Access Scheme Wales Group (PASWG), 2 resubmitted as complex schemes and 1 scheme withdrawn from the review process. Up to 31 March 2021, 25 complex WPAS proposals were submitted, with 16 of these considered feasible for implementation by PASWG. Of the remaining

9 complex WPAS submissions, 3 were not considered feasible, and 6 were withdrawn (2 of which were resubmitted as simple schemes). The inclusion of a WPAS in the company submission to the AWMSG appraisal process has facilitated patient access to 51 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
Chair	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 Prof Pippa Anderson
ABPI (Wales)	Ms Kate Parrish 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 Dylan Jones
Medical Director	Dr Jim McGuigan	Awaiting nomination
GP with prescribing lead role	Dr Jeremy Black	Awaiting nomination
Managed Sector Primary Care Pharmacist	Miss Alison Hughes	Ms Rafia Ja
Director of Finance	Mr Hywel Pullen	Mr James Leaves
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	Mr Aled Falvey	Mrs Cathy Wynne
Clinical Pharmacologist	Dr Balwinder Bajaj	Dr Alison Thomas
Hospital Consultant	Dr Satish Kumar	Dr Manjeet Singh

Post	Member	Health Board	Deputy
Chair	Dr Laurence Gray	Cardiff & Vale	Mrs Clare Clement (from January 2021)
Doctor from each health board reflecting different roles			
Medical Director	Dr Sally Lewis (to November 2020)	All Wales	Dr David Pyle (Powys)
General Practitioner	Dr Rebecca McGee	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	Velindre	
Pharmacist from each health board/trust reflecting different roles			
Senior Primary Care Pharmacist Prescribing Advisor	Mr Mike Curson (to September 2020) Mr Hywel Jones (from January 2021)	Aneurin Bevan	Mr Hywel Jones (to January 2021) Nomination received (March 2021)
Pharmacist	Ms Clare Clement	Cardiff and Vale	Mrs Karen May
Pharmacist	Ms Kate Spittle (from August 2020)	Cwm Taf	Ms Kate Spittle (to July 2020) Mrs Helen Davies (from August 2020)
Prescribing Advisor	Mr Ross Davies (to February 2021) Ms Hazel Hopkins (from March 2021)	Hywel Dda	Ms Sue Beach Ms Jenny Pugh-Jones
Pharmacist	Awaiting nomination	Betsi Cadwaladr	Mr Ben Woodhouse
Community Pharmacist	Mr Dylan Jones	Powys	Mr Sudhir Sehrawat (Community Pharmacist)
Pharmacist	Mr Darren Smith (from July 2020)	Swansea Bay	Awaiting nomination
Chief Pharmacist	Mrs Bethan Tranter	Velindre	Mrs Sophie Harding Mr Usman Malik (to December 2020)
Medicines Safety Officer			
Pharmacist	Dr Lynette James	All Wales	Awaiting nomination
Lay member			
	Mr David Barnard		Mr Alan Meudell (from March 2021)
Healthcare professional eligible to prescribe			
	Mr Aled Falvey (to July 2020) Robert Caine (from August 2020)		Ms Cathy Wynne (to July 2020) Awaiting nomination (March 2021)
Nurse			
	Mr Neil Thomas (to December 2020) Nomination received (March 2021)		Nomination received (March 2021)
Public Health Wales			
	Ms Sian Evans (to December 2020) Rosemary Allgeier (from January 2021)		Rosemary Allgeier (to January 2021) 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 (to December 2020) Ms Carol Blount (from January 2021)
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
Chair	Dr James Coulson	
Vice Chair	Dr Emma Mason (from September 2020)	
Pharmacist 1	Ms Suzanne Davies	Mr Alan Clatworthy (from September 2020)
Pharmacist 2	Mrs Sue Beach	Mr Usman Ali Malik
Pharmacist 3	Mrs Teena Grenier	Eleri Phillips (from February 2021) Mrs Judith Green (to January 2021)
Doctor 1 - Clinical Pharmacologist	Dr Manjeet Singh	Awaiting nomination
Doctor 2 - Hospital Consultant	Awaiting nomination Dr Satish Kumar (to February 2021)	Dr Gareth Roberts (to March 2021) Dr Ian Campbell
Doctor 3 - General Practitioner	Awaiting nomination Dr David Whyler (to April 2020)	Dr Avkash Das Jain
Professions allied to medicine or eligible to prescribe	Ms Cathy Wynne	Mr Karl Jackson (from September 2020) Mr Aled Falvey (to September 2020)
Public Health/Epidemiologist	Awaiting nomination	Awaiting nomination
Health Economist	Professor Deborah Fitzsimmons Ms Philippa Anderson (to August 2020)	Dr Catrin Plumpton (from October 2020)
ABPI Member	Mr Steven Lister Mr Sandeep Kiri 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 Gyfan

Published by:

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Please note information in this document is correct at the time of print but may be subject to change.  
For latest information, please visit [awmsg.nhs.wales/](http://awmsg.nhs.wales/) (English) and [gsmcg.gig.cymru/](http://gsmcg.gig.cymru/) (Welsh).