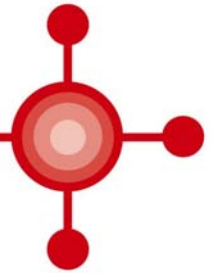


All Wales Medicines Strategy Group

Grŵp Strategaeth Meddyginiaethau Cymru Gyfan



**All Wales Medicines Strategy Group
2002 – 2008**

Getting the best outcomes from medicines for Wales

Foreword

Six years after the formation of an All Wales Medicine Strategy Group (AWMSG), it is timely to review the progress made so far and to outline the strategic vision of AWMSG for the years to come. This short paper describes the history of the formation of AWMSG, the measures it has instituted to encourage safe and effective prescribing in Wales, and the effects of those measures.

The paper also highlights the main recommendations of the proposed new medicines strategy, "*Getting the best outcomes from medicines for Wales*", and how these might be attained. We are grateful for your consideration of these issues, and look forward to continuing to play our part in ensuring the best outcomes from medicines for the people of Wales.

**Philip Routledge, Chairman AWMSG
July 2008**

Introduction

In March 2001 the final report of the Task and Finish Group on Prescribing was presented to the Welsh Assembly Government's Health and Social Services Committee. This articulated the need for a prescribing strategy for Wales and proposed the formation of the All Wales Medicines Strategy Group (AWMSG).

AWMSG was established in 2002 (as a statutory advisory Assembly-sponsored public body under the 1977 NHS Act). The Group's role is to provide advice on medicines management and prescribing to the Minister for Health and Social Services in an effective, efficient, and transparent manner. Acting in a strategic and advisory capacity, AWMSG is an authoritative and expert channel through which consensus can be reached on the use of new medicines, and on policy that promotes the best use of medicines in both primary and secondary care.

This year (2008) sees the emergence of AWMSG's medicines strategy for Wales, "*Getting the best outcomes from Medicines for Wales*". It also marks six years of AWMSG activity – a period over which considerable work has been done laying the foundations for processes and partnerships that are now supporting an almost exponential rise in productivity.

The formation of AWMSG has allowed the use of medicines for disease management to be guided by a national strategy that represents the best current evidence and is responsive to the policies and priorities of the National Assembly. This all-Wales approach makes best use of the available skills and expertise, focusing efforts to help prevent duplication and to minimise variation across Wales. It also serves to highlight local initiatives that promote the highest standards of prescribing practice throughout NHS Wales.

As pressure on prescribing budgets grows (over £729m was spent on prescribed medicines in Wales in 2007 with over £190 spent per head of population in primary care) the job of ensuring that decisions around the use of medicines are rational, fair, and cost-effective becomes increasingly important. Considered judgements must balance the potential health gains that can be associated with the wise use of resources against the denial of healthcare resources elsewhere.

In establishing its procedures and an appraisal process for new medicines, AWMSG has drawn on the experience of other national bodies such as the National Institute for Health and Clinical Excellence (NICE) and the Scottish Medicines Consortium (SMC).

However, AWMSG has not only developed rigorous procedures, but it is the first public body in the UK to have developed an “open” therapeutic appraisal process. AWMSG engages with the pharmaceutical industry, clinical experts, economists, financial and clinical service providers, patient interest groups, and lay representatives in a transparent manner – its meetings, venues, and minutes are available for public scrutiny. This accountability is vital for its effectiveness – people delivering services can understand and have confidence in the decisions made, and patients can trust that they are receiving the best possible service.

Supporting NHS Wales

Designed for Life (2005) identifies five key areas against which performance within the NHS is managed. AWMSG continues to work with the Welsh Assembly Government to ensure those aspects that involve medicines receive attention, advice, and action.

Clinical Effectiveness, Safety, and Efficiency

Modern healthcare strives to follow the best evidence of effectiveness and safety – not only of new medicines but those that have been available for some time – to make sure they are being used in the right way for the right patients. With finite resources, it must also try to establish the true cost of therapy. Each cost must be justifiable – providing outcomes and avoiding waste. Balancing resource implications is fraught with difficulty and requires significant expertise.

AWMSG delivers evidence-based recommendations about medicines (both new and established therapies) based on quality-assured information. To do so, it draws on the support of:

- the specialist resources of its subgroups – the New Medicines Group, the All Wales Prescribing Advisory Group, and the NHS Industry Forum).
- clinical, technical, and economic experts who are identified by, or available within, the wider AWMSG network, including the Welsh Medicines Partnership.
- other NHS and government organisations; for example, the National Patient Safety Agency, and the Medicines and Healthcare products Regulatory Agency (MHRA).

It also consults with the pharmaceutical industry, patient interest groups, and lay representatives - fostering mature relationships with all interested parties.

Access and Timeliness

AWMSG delivers prescribing initiatives across Wales ensuring its services impact all patients and clinicians in accordance with their needs. It is a role that requires vigilance and responsiveness. AWMSG is informed and is able to react to issues regarding the availability and supply of medicines, to matters arising from clinical research and safety alerts, and to anomalies identified by monitoring prescribing. This is achieved through:

- a wide network of members and partners.
- a constantly updated work agenda, which is informed by the service users and Welsh Assembly Government representatives.
- regular meeting schedules. The AWMSG meeting schedule increased in 2007 from quarterly to every two months (i.e. from four to six meetings per year).

Both these aims are achieved with attention to:

Patient Perspectives

Patients' experience of their medicines and their conditions is a crucial part of evidence that must be considered when making decisions about therapies. AWMSG works in partnership with patient interest groups to ensure that the views, needs, and hopes of patients are incorporated. This input is sought through representation within the membership of AWMSG and its subgroups. The opinion of clinical patient advocates is also sought when appraising new medicines or when considering issues around products that are already available.

Open and Transparent Processes

AWMSG is subject to public scrutiny and holds open meetings. Members of AWMSG and its subgroups work to a Code of Practice. In the interests of probity and transparency, members' or meeting participants' declarations of interests are listed on the AWMSG website and, as appropriate, in the minutes of each meeting. Copies of the meeting papers (prior to meetings), and minutes (after each meeting) are available at: <http://www.wales.nhs.uk/awmsg>.

A Welsh translation service is available on the request of the meeting participants.

AWMSG infrastructure

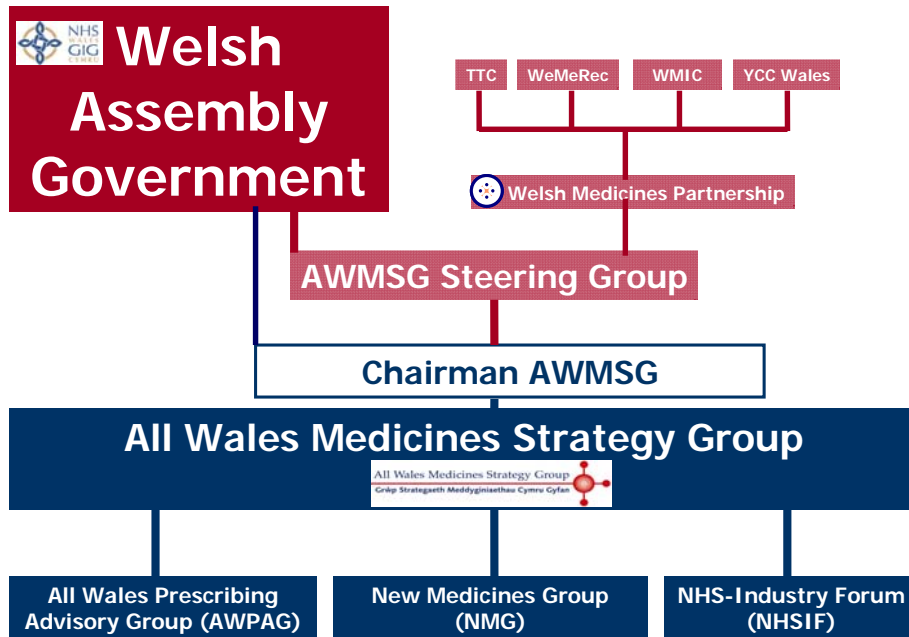


Figure 1 The infrastructure and reporting lines of AWMSG

The AWMSG subgroups

In order to fulfil its remit effectively and efficiently, AWMSG has established two strategic subgroups which meet quarterly.

The NHS Industry Forum (NHSIF) was formed in July 2003. This group provides advice to AWMSG on issues regarding the relationship between NHS Wales and the pharmaceutical industry. It monitors financial arrangements, promotional activity, research and development activity, and helps to secure efficient and competitive provision of medicines.

The All Wales Prescribing Advisory Group (AWPAG) was formed in October 2003. This group advises AWMSG on strategic developments in primary and secondary care. It assists with monitoring prescribing, advising on prescriber training, and developing prescribing indicators and audits for a national incentive scheme.

AWMSG also established the Task & Finish Group on Supplementary Prescribing in August 2003, which was later subsumed under the Group on Independent Prescribing (discussed further under *Programmes for new prescribers* on page 17).

A further subgroup, **The New Medicines Group (NMG)** was formed in May 2007 to enable AWMSG to efficiently manage a broadened appraisal process. This group meets every two months to consider the evidence on new medicines, and to provide preliminary recommendations to AWMSG on the introduction of these medicines in Wales.

The AWMSG network

The work of AWMSG is primarily supported by the **Welsh Medicines Partnership (WMP)**, which is based around the following four organisations:

- Cardiff University Department of Pharmacology, Therapeutics and Toxicology
- Welsh Medicines Resource Centre (WeMeReC)
- Welsh Medicines Information Service
- Yellow Card Centre (YCC) Wales.

Welsh Assembly Government funding has allowed the informal collaboration between these groups to develop into a strategic partnership with dedicated staff. This partnership is tasked with providing the expert technical and professional input for the appraisal of new medicines, and for the development and progression of AWMSG initiatives.

In a supportive role, WMP is key to facilitating the effective partnerships that enable the work of AWMSG. It brings together people responsible for developing and appraising medicines, those who provide education and information on medicines, those who help shape national and local policy, leaders of prescribing initiatives across Wales and, ultimately, prescribers and patients.

AWMSG Membership

The membership of AWMSG and its subgroups are specified in the relevant constitutions [<http://www.wales.nhs.uk/awmsg>]. Although appointments are not determined by geographical location, it is a strength of the organisation that the members are drawn from across the various regions of Wales.

The membership of the various groups, including the AWMSG Steering Committee, has been revised and adapted as necessary. For example, deputy members have been appointed to ensure adequate representation is available for all meetings, the lay member of AWMSG is now a voting member, finance representatives have been sought, the role of economists in the process has been clarified, and representation from Health Commission Wales (HCW) has been incorporated.

Appointment of the subgroups' members is now a responsibility of the AWMSG Steering Committee. This committee now formally includes the subgroups' chairmen and involves clinical network and Health Commission Wales (HCW) representatives as appropriate.

The work programme

The Task and Finish Group on Prescribing (2001) not only recommended the formation of AWMSG and the development of a prescribing strategy for Wales, but outlined 96 specific recommendations for action. These recommendations informed the initial work programme of AWMSG. Tasks were prioritised and all of the recommendations have been addressed.

Although the various streams of AWMSG activity are invariably interlinked, the work of the Group can be broadly categorised as:

- A. Advising on new medicines.
- B. Influencing medicines management and prescribing.
- C. Developing a medicines strategy.

A. Advising on new medicines

The role of AWMSG is complementary to that of NICE. The relationship between Wales and NICE has undergone some changes [WHC (2005) 22]; however, Wales currently continues to have access to all NICE technology appraisal guidance, clinical guidelines, and interventional procedures. Local Health Boards (LHBs) and NHS Trusts are expected to implement NICE guidance and statutory funding directives apply.

AWMSG recommendations on the clinical and cost-effectiveness of new medicines are interim to NICE, should NICE subsequently publish guidance. AWMSG is able to consider medicines that are not appraised by NICE or those for which a final NICE appraisal is not expected for a considerable time – a time in which patients can benefit if an effective and appropriate medicine can be made available, or in which monies that would be spent inappropriately or inefficiently could be saved. AWMSG will not normally consider appraising a product if NICE intends to publish a final appraisal within 18 months, although this working rule has recently been relaxed.

The work of AWMSG is aimed at “achieving a balance suited to the circumstances of Wales”. The AWMSG appraisal process allows decisions to be made on a national basis ensuring value for money and eradicating unacceptable variations in availability. LHBs and Trusts are expected to follow AWMSG recommendations that are ratified by the Minister within three months [WHC (2007) 28].

The AWMSG appraisal process has evolved, with iterative refinements to ensure it is fit for purpose [<http://www.wales.nhs.uk/awmsg>]. In developing the process, AWMSG consulted with SMC and considered the NICE programme, including the introduction of its Single Technology Appraisal (STA) process. The aim is to ensure that AWMSG decisions are consistent, explicit, and evidence-based. However, as always, there are judgements associated with gathering, appraising and weighing evidence. Recognising this has informed the AWMSG process: expert technical resources are employed, manufacturers are consulted about the details of their product information, the views of clinical experts are sought, and patient opinions are heard. This is all done in a public arena at open meetings.

The standards achieved by AWMSG and the other national bodies are acknowledged in the report by the Office of Fair Trading (OFT) on the Pharmaceutical Price Regulation Scheme (PPRS) (2007). Discussing the role of NICE, SMC, and AWMSG it states that, “[T]he technical expertise that these bodies bring to bear in conducting cost-

effectiveness assessments is of world class standard.” It also states that they have made a significant contribution to the cost-effective use of NHS resources and have “shown themselves able to adapt to changing needs”.

Initially the AWMSG appraisal process focussed on high-cost medicines (i.e. those costing > £2000 per patient per year with associated costs of administration). From April 2007, the process also has included new medicines for cancer and cardiovascular disease. AWMSG has substantially increased its capacity for appraising medicines from 8 to up to 32 appraisals per year.

To efficiently manage a broadened appraisal process, an AWMSG subgroup – the New Medicines Group (NMG) was established. As mentioned earlier, this group meets to consider the evidence on new medicines, and provide preliminary recommendations to AWMSG on the introduction of these medicines in Wales. This group considers evidence on clinical and cost-effectiveness, and submissions from pharmaceutical companies, medical experts, and patient interest groups. (Wider budget impact considerations are considered by the parent AWMSG body.)

AWMSG has appraised 46 new medicines since 2003:

- 25 high-cost medicines
- 17 cancer medicines
- 4 cardiac medicines.

More than half (25) of these appraisals have been conducted since April 2007 under the new broadened process and with the benefit of preliminary recommendations of the NMG [<http://www.wales.nhs.uk/awmsg>]. A further 14 appraisals are either in the process of awaiting NMG appraisal or are currently in development.

Almost one third (14) of the appraisal decisions, which have been ratified by the Minister for Health and Social Care, have resulted in a **negative** recommendation to NHS Wales. Of the 32 positive recommendations for medicines for NHS Wales, information relating to 24 of these products is currently available. The cost of using of these products currently stands at £29.2m.

The recommendations of AWMSG are sometimes made with caveats, and the first appraisal recommendation provided in March 2003 illustrates this. It also highlights the co-ordinated response for medicines monitoring that AWMSG is able to facilitate.

AWMSG was able to engage with the intensive care service in Wales to monitor the use of the product *Xigris*[®] [recombinant activated protein C or drotrecogin alfa (activated)] following approval for use for patients with severe sepsis and multiple organ failure. Patients had to meet the selection criteria set out in the PROWESS study, and intensive care units had to meet the standards set out in audit criteria agreed by the Welsh Intensive Care Society (WICS). Data collection forms had to be completed for all prescriptions.

The audit of *Xigris*[®] use was presented at a 12-month review and provided valuable information regarding outcomes. 85 patients had received the agent in that period.

NICE approved the use of *Xigris*[®] with similar guidance in September 2004.

The ability of AWMSG to appraise appropriate medicines before NICE can also allow the service to realise substantial savings in terms of opportunity costs.

Erythropoietins (EPOs) for the treatment of anaemia in cancer were appraised by AWMSG in December 2003. The appraisal decision was a negative recommendation, based on insufficient clinical and cost-effectiveness data. It was estimated that the financial implications of prescribing these agents for this indication in Wales would have amounted to approximately £3.65m per year. Treatment with these agents would have cost NHS Wales £16m to date, should the recommendation have been positive. NICE subsequently, and only recently (in May 2008), issued a final appraisal determination. This was also negative. If AWMSG had waited for NICE to appraise these agents, the prescribing of EPOs for anaemia in cancer in Wales over the past four years would have been considerable.

Early identification of medicines that are suitable for appraisal is key to the AWMSG process. "Horizon scanning" activities support workload projections and inform the prioritization of AWMSG activities. This, in turn, helps local prescribing committees to consider service implications and plan accordingly. The work of the Welsh Medicines Information Service is vital in this regard and provides links to UK-wide intelligence.

In order to facilitate the broadened appraisal process, links with the cardiac and cancer networks have been formalised.

- The AWMSG network attends meetings of the All Wales Cancer Drugs Group (AWCDG) for the purposes of horizon scanning.
- Medical specialist representatives from AWCDG and the cardiac network attend AWMSG Steering Committee meetings for the purposes of helping to prioritize potential appraisals.
- The networks also act as appoint of contact for clinical experts who contribute to new drug appraisals.

The AWMSG network seeks the support of the pharmaceutical industry to ensure medicines that fall within the remit are identified and brought to appraisal in a timely manner. To facilitate the interaction between AWMSG and the pharmaceutical industry, a Therapeutic Development Assessment (TDA) user group has been established. This has proved an invaluable forum for those providing information and those producing the technical assessments to communicate their requirements and inform the appraisal process. It has also informed the Independent Review process (formerly, the appeals process).

The technical assessments for medicine appraisals are prepared by WMP. Input from the wider AWMSG network is also required, specifically that of the health economists. Their expertise has been sought and incorporated into the appraisal process at various levels.

- Membership of AWMSG includes a health economist.
- Pharmcoeconomic information and health economist input is included in the technological assessments.
- Pharmacoconomics has been the subject of extended critical appraisal training for AWMSG members.
- Health economists have led AWMSG discussions and deliberations around the appraisal of orphan and ultra-orphan medicines, and the submission of comments to the European Union on rare diseases.

Because of the potential for overlap of AWMSG activity and the work done on specialist services by HCW, links have been formed with this group. As already mentioned, an HCW representative is included in membership of AWMSG. Furthermore, a Service Level Agreement with the AWMSG network (WMP) provides HCW with critical appraisal services of information on unlicensed use of medicines.

Feedback from AWMSG members on the broadened appraisal process was sought in August 2007, and the results presented in December 2007. This has informed further refinements to the appraisal process and improved communication between the groups. It has also highlighted the importance of communicating the forward work programme to prescribing committees, clinical networks, and commissioners in order to assist with budget setting. This feedback has been considered in developing the WMP communication strategy.

"I have not worked in the health service although I am a lay assessor with Health Care Inspectorate Wales. My background is in the shipping industry (PR) but I am semi-retired and wanted to do something for the community that played to my strengths and that I found interesting and challenging.

"I feel it is extremely important that patients and/or members of the public, as taxpayers and people who are affected by the outcomes, are represented when decisions about medicines are made. I try to keep abreast of people's views, and the issues raised by patient interest groups, so that I can try to present the voice of the person "on the street".

"I am impressed by the professionalism and knowledge of the wide range representatives involved with AWMSG. Although I'm not a clinical expert, my opinion is valued and respected - I have always felt very comfortable asking questions.

"There is a need for more lay members from across Wales. There are extremely important decisions being made that could affect any one of us. It is a highly rewarding and interesting role that I could recommend to anyone."

Mr John Guy
Deputy lay member, AWMSG

B. Influencing medicines management and prescribing

Monitoring medicines use is a key to informing preventative or corrective strategies for medicines management. It is important to understand how people are using medicines – perhaps in ways that are unintended, that are changing over time, or that are suboptimal. Such trends, if spotted, can be investigated and potential problems can be tackled. A researched-based, learning approach is required to investigate unevaluated practice.

AWMSG and its network have two objectives with regard to medicines available in Wales:

1. To look at current prescribing and how it compares with other countries and, thus, identify areas for potential improvement.

This has been done by:

- looking at prescribing data and trends and advising on appropriate units of measurement. AWMSG works in collaboration with Health Solutions Wales (HSW) using the Comparative Analysis System for Prescribing Audit (CASPA) and has been informed by scoping work done for benchmarking projects.
- feeding into the European Surveillance of Antimicrobial Consumption (ESAC) project that is monitoring antibiotic use across 30 countries.
- supporting development of the Medusa project (a prescribing analysis system for medicines prescribed in secondary care).
- establishing a Welsh Analytical Prescribing Support Unit (WAPSU).

2. To promote initiatives that aim to improve prescribing.

This has been done where necessary by:

- providing **guidance** on the structure of local and regional prescribing committees [WHC 2003/73].
- setting national **prescribing indicators** and advising on local comparators.
- informing **prescribing incentive schemes** and incorporating targets into an All Wales Prescribing Incentive Scheme. The feasibility and uptake of the national incentive scheme has been reviewed and feedback received was supportive.

Indicators used to formally measure prescribing since 2004 have included:

Prescribing Indicator (unit of measurement)	2004/05	2005/06	2006/07	2007/08
generic medicines (% of items)	79	80	82	83
hypnotics & anxiolytics (DDD*/1000 patients)	2917	2892	2717	2579
“less suitable” medicines (items/1000 PUs [†])	140	-	-	-
“inappropriate generic” medicines (% of items)	-	13	4	2.6
antibiotics (DDD/1000 patients)	1518	-	-	-
NSAIDs (DDD/1000 PUs)	-	2852	2660	2679
generic simvastatin (% of statins)	50	-	-	64
coproxamol (£/1000 PUs)	-	16	6	-

* Defined daily doses † Prescribing units

The success achieved in increasing the prescribing of **generic medicines** is noteworthy. The relevant prescribing indicator is one which is based on best practice but which also generates considerable savings. It has almost certainly contributed substantially to the slower rise in prescription costs compared to the number of items prescribed. In 2001, the average rate of generic prescribing across LHBs in Wales was 69% (range 63%-77%), compared with 74% in England. The generic prescribing rate in Wales was also lower than in Scotland.

By 2006, the rate in Wales had risen to 82% (79%-86%); equal to the rate reported in England. This has increased further to > 84% in March 2008 and is now higher than that in England (currently 83%). The latest figure available for Scotland is 81.7%.

Other prescribing initiatives include:

- developing **audits** as examples of good practice, some of which have been included in the All Wales Prescribing Incentive Scheme, for example, those for statins and anticoagulants. (Other examples of audit “templates” developed by local groups have been made available nationally.)
- developing national templates for **prescribing policy**, e.g. for statins and antiplatelet agents.

These pieces of work have been updated as new developments and/or guidance from bodies such as WAG or NICE, or other professional groups has emerged.

Spending on **antiplatelet therapy** has remained fairly stable overall, but could well have risen uncontrollably without All Wales guidance on appropriate prescribing on these medicines. Since January 2007, the expenditure on antiplatelet therapy has decreased by £0.75m per month, which amounts to a total saving of £9m across NHS Wales, mainly due to ensuring that clopidogrel is prescribed in appropriate patients for appropriate time periods.

AWMSG has co-ordinated many of its prescribing messages with the work of educational providers such as WeMeReC. Numerous **education** modules produced by WeMeReC have been closely linked with national prescribing initiatives:

- *“Optimising the use of statins – using statins wisely”* (May 2005)
- *“Prescribing clopidogrel”* (February 2004)
- *“Benzodiazepines and “Z” drugs for insomnia”* (October 2003).
- *“Prolonging market exclusivity of medicines – implications for the NHS”* (July 2003)

Other WeMeReC publications include a series of WeMeReC Maps illustrating regional variations in prescribing. One example was a Map of coproxamol use (January 2006) that was produced as part of an AWMSG drive to reduce the prescribing of coproxamol to zero for safety reasons.

AWMSG’s strategic approach to improving prescribing practice has helped achieve national goals, for example, some of those aligned to National Service Frameworks.

Use of the lipid lowering agents, the **“statins”**, is advocated for prevention of coronary heart disease. In general practice in 2003, approximately £50m was spent on 1.8m items on prescription. Alongside UK-wide changes that sought to drive down prices of generic medicines via reimbursement mechanisms, AWMSG sought to encourage optimal use of cost-effective options. The Group produced a *“template”* for prescribing policy, and set prescribing indicators and an audit as part of the All Wales Prescribing Incentive Scheme. This work was co-ordinated with educational messages disseminated in a WeMeReC distance-learning module.

Despite increasing numbers of prescriptions, the cost of statin prescribing in Wales had fallen to approximately £40.3m in the financial year 2006/07. In 2007/08, the cost had fallen a further £3.5m – £36.8m was spent on 3.7m items.

In contrast to appropriately increasing the use of statins, a national strategy to reduce the prescribing of **hypnotics and anxiolytics** was undertaken [reported on by Walker R *et al*, in *Pharmacy World Science* (2005;27:A24)]. Usage levels suggested, for example, that benzodiazepines (indicated for short-term management of insomnia) were being prescribed inappropriately. Again, a prescribing indicator was set as part of the All Wales Prescribing Incentive Scheme and prescribing messages were disseminated via a WeMeReC educational module. Prescribing of hypnotics and anxiolytics has been reduced by 4.4% nationally.

AWMSG work has also promoted safe prescribing by:

- developing templates for **shared care protocols** (for adaptation by local service groups or prescribing committees); for example, protocols for five “amber” rheumatology drugs: pencillamine, oral gold, sulfasalazine, methotrexate, and intramuscular gold.

This is an ongoing activity with further templates relating to other therapeutic areas in development.

- supporting the “interface” pharmacists by facilitating six-monthly meetings.

The engagement of clinicians working at the **primary / secondary care interface** is vital to the strategic aims of AWMSG. Their support (e.g., with disseminating shared care protocols) is essential for a co-ordinated, pragmatic approach to prescribing issues.

“I have been in practice 12 years and am the prescribing lead for Torfaen LHB. I also work with the Welsh Medicines Partnership on a commissioned basis. A substantial part of the role has been advising on shared care issues. Over the last few years there has been increased clarity on these issues and extensive consultation across Wales has allowed consensus to be reached on the shared care status of certain medicines and on the necessary supporting documentation.

“I enjoy being able to discuss therapeutic issues from general practice with colleagues at the LHB and nationally at AWPAG. I welcome the fact that the most appropriate place for prescribing medicines (hospital, shared care, or general practice) is now clarified when a new medicine is approved via the appraisal process. I look forward to being part of a team addressing the prescribing issues that arise at the interface between primary and secondary care.”

Dr Tessa Lewis
General Practitioner, Chair of AWPAG

Programmes for new prescribers

With the aim of improving access to medicines, and making best use of nurse and pharmacist skills, AWMSG established a Task & Finish Group on **Supplementary Prescribing**, which was subsequently subsumed into the Task & Finish Group on **Independent Prescribing**. These groups introduced an all-Wales multi-professional course that was approved by the Royal Pharmaceutical Society of Great Britain (RPSGB) and Health Professions Wales (on behalf of the Nursing and Midwifery Council) and oversaw the introduction of these prescribers into the NHS.

To date, there are 527 qualified supplementary prescribers (92 pharmacists and 435 nurses); 233 of these have completed a further conversion course to become independent prescribers (68 pharmacists and 165 nurses). Another 30 nurses have undertaken a complete independent prescribing training course. Current enrolments in courses total 318.

Again, the AWMSG network was able to support and co-ordinate activities of relevant parties. WMP provided input on therapeutics into the programme, for example by running a training workshop for mentors, and WeMeReC continues to host a discussion forum for these professionals.

A code of conduct for partnership arrangements between the NHS and industry bodies

Developing a mature relationship between NHS Wales and pharmaceutical industry is of mutual benefit. The pharmaceutical industry has specialist expertise in healthcare innovations and the provision of medicines, and it is important that NHS Wales engages with the industry and learns from this. However, there are conflicts of interest that need to be managed with regards to competition and commercial interests. AWMSG has developed a paper for guidance which addresses many of the arrangements between these parties [WHC 2005/016]. It has also followed up recently by surveying these arrangements.

"I have been fortunate to have been the ABPI (Pharmaceutical Industry) representative to the AWMSG since its inaugural meeting in Wrexham in October 2002. What differentiates AWMSG from all other bodies undertaking therapeutic appraisals in the UK is that it has a much broader role in advising on Strategic Medicines Management and Prescribing. It has been reassuring for the Industry's voice to be heard at AWMSG meetings. Similarly, it has been helpful to give formal input to both the NMG and the NHS Industry Forum, as well as informal input to the appraisal process via the TDA User Group.

"It is no surprise that there have often been divergences of opinion, but these have been shared openly and, I hope, has increased mutual understanding. ABPI shares with AWMSG the wish that medicines should be prescribed appropriately to achieve the best possible health outcomes for the people of Wales. We continue to strongly support all AWMSG efforts to meet this goal."

Mr Peter Harsant
AWMSG

AWMSG and its sub-groups, working independently and collaboratively, have addressed a number of specific issues.

They have:

- considered the clinical guideline development of the Cancer Services Co-ordinating Group (CSCG) on hormone therapy, and gastrointestinal stromal tumours. The AWMSG network (WMP) supports this work by providing information on unlicensed use of medicines.
- considered the National Public Health Service and CSCG response to requests for *Herceptin*[®] (trastuzumab). Provided/facilitated a working group to advise on patient selection criteria (report March 2006).
- developed guidance on Sip feeds.
- developed a process for reviewing medicines use in Wales (by BNF chapter) and producing reports that serve to highlight good practice and areas where there may be potential to improve prescribing practice.
- considered the impact of Welsh Assembly Government guidance on the supply of original medication packs (for patients on hospital discharge), the use of patients' own medicines in secondary care [WHC (2002) 71], and injectable medicines. It has also reviewed out-of-hours service supply issues.

- supported the Welsh Assembly Government's Standing Committee on Resource Allocation that was set up following the Townsend review (as well as the Prescribing Allocation Task and Finish Group, and other working groups).
- reviewed and commented on several consultation documents regarding the operation of Statutory Health Professional Advisory Committees in Wales, a Code of Practice for Scientific Advisory Committees, and the proposed NHS Wales restructuring.
- facilitated a consensus meeting and responded in detail to the National Audit Office on procurement of Primary Care Medicines.
- reviewed the use of risk sharing schemes (for example, that for Multiple Sclerosis). It has concluded that further schemes are best considered on a UK-wide basis.
- facilitated consultation on issues such as new arrangements for supply of generic medicines, on controlled drugs, pseudoephedrine (MHRA), the "Influence of the Pharmaceutical Committees" (House of Commons Health Committee Report), medicine shortages, counterfeit medicines (MHRA), regulation of herbal medicines, the OFT Market Study on the PPRS, and the consultation document "Medicines and Older People".
- supported development of an All Wales Prescription Chart for inpatient use and proposed the development of anticoagulant chart.
- supported a good practice model for prescribing oral methotrexate and highlighted other initiatives in various specialties, including respiratory medicine, paediatrics, renal medicine, care of the elderly, and diabetes.
- considered the task force on Medicines Partnership (MP), and the Medicines Management Collaborative.
- promoted a waste reduction scheme, and the Ask about Medicines campaign.
- considered a review of suitable publications and their availability for prescribers, such as the British National Formulary (BNF), the paediatric BNF, and the Drug and Therapeutics Bulletin (DTB).
- supported adverse drug reporting via the yellow card scheme (through YCC Wales). Raised awareness by publicising MHRA campaigns, local education programmes and, particularly, new prescriber training.

It is vital that adverse incidents involving medicines use are reported so that patterns can be identified and appropriate action can be taken promptly both in terms of short- and long-term monitoring.

An excellent example of partnership working has supported this work. ABPI Wales has facilitated a meeting between patient interest groups, the MHRA, and YCC Wales to promote adverse event reporting.

C. Developing a medicines strategy

Much of the work of AWMSG involves responding to current issues around prescribing, but this is done with a view to the future and the strategic implications of any recommendations. This applies not only to the appraisal of new medicines but to the other advice offered by the AWMSG network.

AWMSG's medicines strategy for Wales is articulated in "*Getting the best outcomes from Medicines for Wales*". This important document outlines the context and challenges for medicine management in Wales. It presents three tactical papers in support of the key aims of AWMSG. These discuss AWMSG recommendations regarding: safety, evidenced-based processes, education and training, communication, commissioning, budget setting, and monitoring.

Looking forward

There are numerous challenges posed in both maintaining and taking forward the medicines management agenda: keeping abreast of research and innovation, maintaining awareness of safety issues, and adapting to changes in healthcare provision. And these must all be done within the context of a changing NHS and a changing national and global economy.

AWMSG still seeks the support of industry and professional networks to ensure medicines that fall within its remit are identified and brought to appraisal in a timely manner. It needs to build on and create new relationships and make better use of established networks both within Wales and further afield. It has identified a need to communicate its forward programme more effectively to clinical networks and to commissioners, and to engage further via various educational forums.

AWMSG looks forward to liaising with NICE as they seek information about our transparent processes and public meetings. The possibility of broadening the AWMSG appraisal process further is being considered with the aim of assessing all new medicines – not only high-cost and specialist medicines, but those which may have a significant impact in Wales due to the large number of patients who may potentially benefit.

As part of its strategic approach, AWMSG also sees potential benefit in extending its activities in certain prescribing settings. For example, it seeks to explore the possibility of using prescribing indicators in secondary care, and to extending educational opportunities to all new prescribers. These and other opportunities would make best use of the sound base that AWMSG is now operating from. With development of new initiatives, such as the Welsh Analytical Prescribing Support Unit, AWMSG is well placed to deliver for the people of Wales the “best outcomes from medicines”.