

All Wales Medicines Strategy Group

Grŵp Strategaeth Meddyginiaethau Cymru Gyfan



Getting the Best Outcomes from Medicines for Wales

**A MEDICINES STRATEGY FOR
WALES**

April 2008

Contents

1. SUMMARY	1
1.1. Introduction	1
1.2. Medicines Management Achievements	2
1.3. Context and Challenges	2
1.4. Making the Vision a Reality	3
1.5. Responses	4
2. BACKGROUND	5
2.1. Why Develop a Medicines Strategy?	5
2.2. All Wales Medicines Strategy Group	5
2.3. Prescribing in Wales – Current Position	6
2.4. Health Care Needs	8
3. STRATEGIC DIRECTION FOR MEDICINES IN WALES	10
3.1. Healthcare Strategy in Wales	10
3.2. The Vision for Medicines in Wales	11
3.3. Proposed Strategic Framework	11
3.4. Objectives	12
3.5. Principles Underlying the Strategy	13
4. KEY ELEMENTS OF IMPLEMENTATION	14
4.1. The Elements	14
4.2. Cross-Sector Involvement from Stakeholders	14
4.3. System Capability	15
4.4. Integrated Structures and Systems	17
4.5. Knowledge and Information	18
5. MAKING IT HAPPEN	19
6. QUALITY, SAFETY AND EFFECTIVENESS	20
6.1. Summary of Issues and Factors	20
7. TIMELY ACCESS TO MEDICINES	23
7.1. Summary of Issues and Factors	23
8. OPTIMAL USE: PATIENT FOCUS AND EFFICIENCY	24
8.1. Summary of Issues and Factors	24
Appendices	
I References	26
II Glossary	28
III Proposed Strategic Framework	32

1. SUMMARY

1.1. Introduction

This document proposes a vision for the future of prescribing and medicines management in Wales; A vision which focuses on patient outcomes as well as process.

Prescribing and Medicines Management

The Vision for the Future

Getting the Best Outcomes from Medicines for Wales

All involved with Prescribing and Medicines Management will work together to ensure equity of access to the most clinically appropriate and cost-effective medicines for the people of Wales. This will be delivered through innovative services by a high quality workforce designed to meet the needs of all patients within all levels of health care, as outlined in *Designed for Life*¹. There will be systems in place to facilitate informed decisions, improve performance, reward good work, tackle waste and strengthen accountability.

Prescribing performance in Wales will compare favourably with other areas of the UK with similar demography, providing safe, effective and economic use of medicines within an informed system that facilitates maximum benefit and minimal risk from appropriately resourced medicines.

The fair and transparent allocation of drug budgets across all sectors is fundamental to strengthening accountability and maximising the use of available resources.

The vision is supported by a series of actions for medicines management in Wales to support safe and effective prescribing.

This strategy identifies a vision for the future of medicines management, including prescribing, in Wales. It proposes a set of objectives and principles to guide the development of supporting strategies and policies and a way forward through key actions.



1.2. Medicine Management Achievements

The following medicines management achievements have been made in Wales over the last five years:

- There have been safety monitors introduced for patients through, for example, development of prescribing indicators, meeting Quality and Outcomes Frameworks (QOF) targets, implementing automated dispensing, etc
- Geographical variation in availability of some medicines has been reduced through the All Wales Medicines Strategy Group (AWMSG) appraisal of new medicines
- Increased efficiency by rationalisation of prescribing (e.g. improved generic prescribing)
- Increased use of preventative medicine in chronic diseases
- New professional advisory structure
- Faster access to new medicines via AWMSG appraisal process

1.3. Context and Challenges

In the foreseeable future there will be increasing demands on medicines management because of:

- Increased population, life expectancy and incidence of chronic conditions in a population with historically high deprivation
- Increasing patient expectations
- A focus on evidence base therapy and improved health outcome
- Changing professional practice due to more complex prescribing
- The need for better education and training
- Highly targeted therapies for short and long-term conditions

The challenges that flow from this increased demand include:

- Ensuring patient safety
- The need to demonstrate effective use of resources (including staff and infrastructure)
- Meeting the expectations of patients, carers and the general public
- Providing evidence based therapy

- Improved education and training to ensure that there are people who can interpret the evidence base
- Responding to changes in commissioning arrangements
- Continuing to reduce access and geographical variations
- Responding to changes in GP and Pharmacy contracts
- Measuring the quality of prescribing
- Continuing to improve working relationships between primary care, secondary care and the industry
- Maintaining good communication at all levels, for example, ensuring patients understand why some medicines are available and why some are not
- Responding to the long-term care agenda, particularly for chronic conditions

1.4. Making the Vision a Reality

The strategic vision needs to be considered in conjunction with three “Tactical Papers” which cover:

- Quality, Safety and Effectiveness
- Access and Timeliness
- Optimal Use (patient focus and efficiency)

The recommendations of the tactical papers, which are summarised in the body of this document, cover:

- Safety of medicines
- Education and training:
- Communication
- Commissioning
- Evidence-base methodologies
- Budget setting
- Monitoring

Taken together, the vision and the recommendations set out a pragmatic and realistic way forward for the improvement of medicines management in Wales.

1.5. Responses

AWMSG are inviting responses on this draft strategy, including the answers to questions such as:

- Q1. Do you agree with the overarching objectives of the proposed Medicines Strategy? If not, why not?
- Q2. Are any objectives missing? If so, what are they and why should they be included?
- Q3. Do you agree with the proposed principles to guide decision-making? If not, why not?
- Q4. Are any principles missing? If so, what are they and why should they be included?
- Q5. Do you agree with the key elements of implementation? Are there others you would like to add? Please explain your reasons.

The responses will be used to develop a detailed action plan with realistic timelines. This will then provide a framework to ensure that the best health outcomes are obtained from medicines and that all activity is aligned for the benefit of patients and users.

2. BACKGROUND

2.1. Why Develop a Medicines Strategy?

Excellent management of medicines by health professionals and well targeted prescribing for patients and users delivers health improvement. This is true for both acute and chronic disease, and underpins many of the current initiatives to improve the quality of patient care.

Medicines management is also important because, in common with all other treatments, medicines incur a direct financial cost to purchase and administer, and potentially wider economic costs due to adverse events or wastage.

It is important, therefore, that the potential health gains from medicines are realised and that taxpayer's investment in medicines is spent wisely.

The latest comprehensive review of prescribing in Wales was undertaken by the Task and Finish Group on Prescribing, which reported in 2001. Almost all of this report's recommendations to NHS Wales have now been implemented by AWMSG.

2.2. All Wales Medicines Strategy Group

AWMSG was established in 2002 to provide advice to the National Assembly for Wales' Minister for Health & Social Services in an effective, efficient and transparent manner on strategic medicines management and prescribing.

AWMSG, acting in a strategic and advisory capacity, is an authoritative and expert channel through which consensus can be reached on the use of medicines within both primary and secondary care.

The Group's main functions are to:

- advise the Welsh Assembly Government (WAG) of future developments within prescribing and medicines management to assist in its strategic planning
- develop timely, independent and authoritative advice on new drugs and on the cost implications of making these drugs appropriately available within the NHS
- advise WAG on the development and implementation of a prescribing strategy for Wales
- advise WAG on the implementation of a range of strategic Prescribing Task and Finish Group recommendations

Members of AWMSG include consultants, General Practitioners (GPs) and pharmacists, representatives from national public health, pharmaceutical industry, NHS managerial and academic representatives and a lay member. AWMSG brings together healthcare specialists and key organisations to form an expert panel when assessing new medicines and guidance in respect of prescribing and medicines management issues.

Three advisory sub-groups report to AWMSG and provide expert advice on all these issues; All Wales Prescribing Advisory Group (AWPAG), National Health Service and Industry Forum (NHSIF) and the New Medicines Group (NMG).

From April 2007 the AWMSG appraisal process was broadened to include all new cardiac and cancer therapies, licensed from April 2007 onwards, in addition to all new high cost medicines. AWMSG has increased its capacity to review new medicines to up to a maximum of 32 appraisals per year.

2.3. Prescribing in Wales – Current Position

Prescribing of medicines is one of the most visible and measurable actions undertaken by the NHS. There is an average of over 19 primary care prescriptions dispensed per person per year in Wales at a total cost of £574 million². A further £137 million is spent on medicines each year in Welsh hospitals³. The total annual cost is £711 million.

The 2006 annual report produced by the Statistical Directorate of National Assembly for Wales (NAfW) published in March 2007, contained the following statistics²:

- 58.9 million Prescription items were dispensed in the community; a 4.1% increase from 2005
- The average net ingredient cost per prescription item was £9.74, a 15p decrease from 2005
- Medicines for the treatment of cardiovascular disease constitute that of the largest therapeutic group in terms of volume and cost

[Note: rates per head of population for 2006 are based on 2005 mid year estimates]

Table 1: Welsh Community Prescribing Trends

	2001	2002	2003	2004	2005	2006
Prescription items (million)	46.0	48.8	51.0	54.0	56.6	58.9
Difference in items year on year (%)	5.0	6.1	4.5	5.9	4.8	4.1
Cost of items (£ million)	443.8	498.1	539.5	577.0	560.0 ⁽ⁿ⁾	574.0
Average cost per item (£)	9.64	10.21	10.58	10.69	9.89	9.74
Average items per head of population	15.8	16.7	17.4	18.3	19.1 ^(r)	19.9 ^(p)

(r) The figure for 2004 has been revised using 2004 mid year estimates of population

(p) The 2006 figure is provisional as it is based on 2005 mid year estimate of population

(n) The reduction in the net ingredient cost between 2004-05 and 2005-06 can be attributed to the introduction of a new Category M of generic medicines and the PPRS (Pharmaceutical Price Regulation Scheme 2005) as explained in the glossary.

When compared to other UK countries, GPs in Wales prescribe more prescription items per head of population, but with a lower cost per prescription item.

Table 2: UK Comparisons

2005 data	Wales	England	Scotland	Ireland
Average cost per item (£)	9.89	11.02	10.92	12.87
Average items per head of population (2001 data)	19.2 (14.7)	14.3 (11.1)	14.34 ^a (12.3)	16.95 ^b (14.1)
% Generic prescribing (2001 data)	82 (69)	80.1 (74)	80.11 (75)	(38)

(a) per person on general practitioners' list NOT resident population

(b) 2004 population data

The trend in medicine use in Wales, therefore, appears to be driven by growth in prescription volume and presumably reflects patient demand and/or need. This increased volume of prescribing is partly countered by a trend for the average cost per prescription item to decrease. Further research is needed to fully understand the underlying reasons for the increasing volume of prescribing and any related impact of prescription charge reduction and then abolition in Wales.

There appears to be considerable variation in the use of medicines between the 22 Local Health Boards (LHBs)^{4,5}. Further research is required to understand the underlying reasons for this variation in prescribing and its effect on the quality of patient outcomes. There are currently limited data available to analyse comparative secondary care prescribing costs, but this should be finalised within 2008. It is envisaged that that this Strategy will help to promote best practice and thereby minimise unjustified practice variation.

2.4. Health Care Need

The 2001 Census identified that reported health-limiting long term illness is higher in Wales than in any region of England⁶. One third of adults in Wales (an estimated 800,000) reported having at least one chronic condition; of people over 65, two thirds reported having at least one chronic condition, and one third had multiple chronic conditions⁷. About 6% of adults reported having three or more chronic conditions⁷.

Quality and Outcomes Framework (QOF) statistics collected under the General Medical Services (GMS) contract show that the prevalence of many common chronic conditions is higher in Wales than in England or Scotland.

Table 3: Prevalence of a Number of Common Chronic Conditions

<i>Disease Area</i>	<i>Wales</i>		<i>England</i>		<i>Scotland</i>	
	2004/5	2005/6	2004/5	2005/6	2004/5	2005/6
CHD	4.3%	4.3%	3.6%	3.6%	4.5%	5.1%
Stroke	1.8%	1.9%	1.5%	1.6%	1.7%	1.9%
Hypertension	12.5%	13.4%	11.3%	12.0%	11.7%	12.1%
Diabetes	3.8%	4.1%	3.3%	3.6%	3.3%	3.4%
COPD	1.9%	1.9%	1.4%	1.4%	1.8%	1.8%
Asthma	6.5%	6.6%	5.8%	5.8%	5.3%	5.4%

Source: Quality and Outcomes Framework Statistics 2004/05 and 2005/06 (Wales HOWIS GMS Contract website⁸; England – The Information Centre; Scotland - Health and Use of Medicines in the UK⁹)

The medicines expenditure in the community is over £190 per head of population. The growth in recent years may reflect:

- the increased prescribing of preventative therapies e.g. statins in patients at risk for cardiovascular disease
- the effects of Government policies such as National Service Frameworks (NSF)
- the introduction of the GMS contract
- the reduction, followed by the abolition, of prescription charges in Wales

Expenditure on medicines provides considerable health gain if used wisely and optimally. As new models of care are developed, it is inevitable that further growth in primary and secondary care prescribing may continue. It is important, therefore, that the allocation of a medicines budget in Wales reflects the current higher prevalence of ill-health and recognises the future expectations of patients for improved outcomes.

3. STRATEGIC DIRECTION FOR MEDICINES IN WALES

3.1. Healthcare Strategy in Wales

Health-limiting long term illness and chronic disease are placing increasing demands on the NHS in Wales and demographic trends suggest that these are likely to continue to increase in the future⁷.

The population of Wales has a proportionately higher 65+ population than the rest of the UK and it is well recognised that the prevalence of chronic disease is highest in the elderly. As a consequence, it has been estimated that if the current disease prevalence rate remains constant, there will be more than 400,000 people aged 65 and over in Wales who have at least one chronic condition by 2014. (i.e. 100,000 more than 2003-04)

Data Source: Government Actuary's Department and Welsh Health Survey (Oct03 –Mar04) taken from Health and Use of Medicines in the UK: A View of Wales (ABPI October 2006)⁹

In response, WAG has reviewed its healthcare strategy with the publication of *Designed for Life*¹. This is a remodelled approach to NHS structure and is process based, in particular, on the delivery of chronic disease management by an extended primary care team, which includes an increased emphasis on early diagnosis, treatment and monitoring.

- *Designed for Life* recognises that the provision of quality assured and evidence-based treatments appropriate to need is intrinsic to this vision for improving health in Wales over the next decade.

In addition to *Designed for Life*:

- *Designed to Deliver - the Healthcare Quality Improvement Plan (QuIP)*¹⁰ identifies the need to address the safety of medicines use
- *Making the Connections*¹¹ sets healthcare standards for the NHS including the implementation of NICE and AWMSG guidance relating to medicines
- *Designed to Improve Health and the Management of Chronic Conditions in Wales*¹² recognizes that the correct administration and use of medicines is integral to good chronic condition management and that there is a need to examine how the community pharmacy contract and other developments such as enhanced services could support better patient care

Similar related documents such as *Spending by Design*¹³, *Designed to Work*¹⁴ and *Fulfilled Lives, Supportive Communities*¹⁵ also emphasise the importance of the overall health strategy and the efficient use of resources.

3.2. The Vision for Medicines in Wales

The vision for medicines in Wales developed by AWMSG is:

The Vision for Prescribing and Medicines Management

All involved with Prescribing and Medicines Management will work together to ensure equity of access to the most clinically appropriate and cost-effective medicines for the people of Wales. This will be delivered through innovative services by a high quality workforce designed to meet the needs of all patients within all levels of health care, as outlined in *Designed for Life*¹. There will be systems in place to facilitate informed decisions, improve performance, reward good work, tackle waste and strengthen accountability.

Prescribing performance in Wales will compare favourably with other areas of the UK with similar demography, providing safe, effective and economic use of medicines within an informed system that facilitates maximum benefit and minimal risk from appropriately resourced medicines.

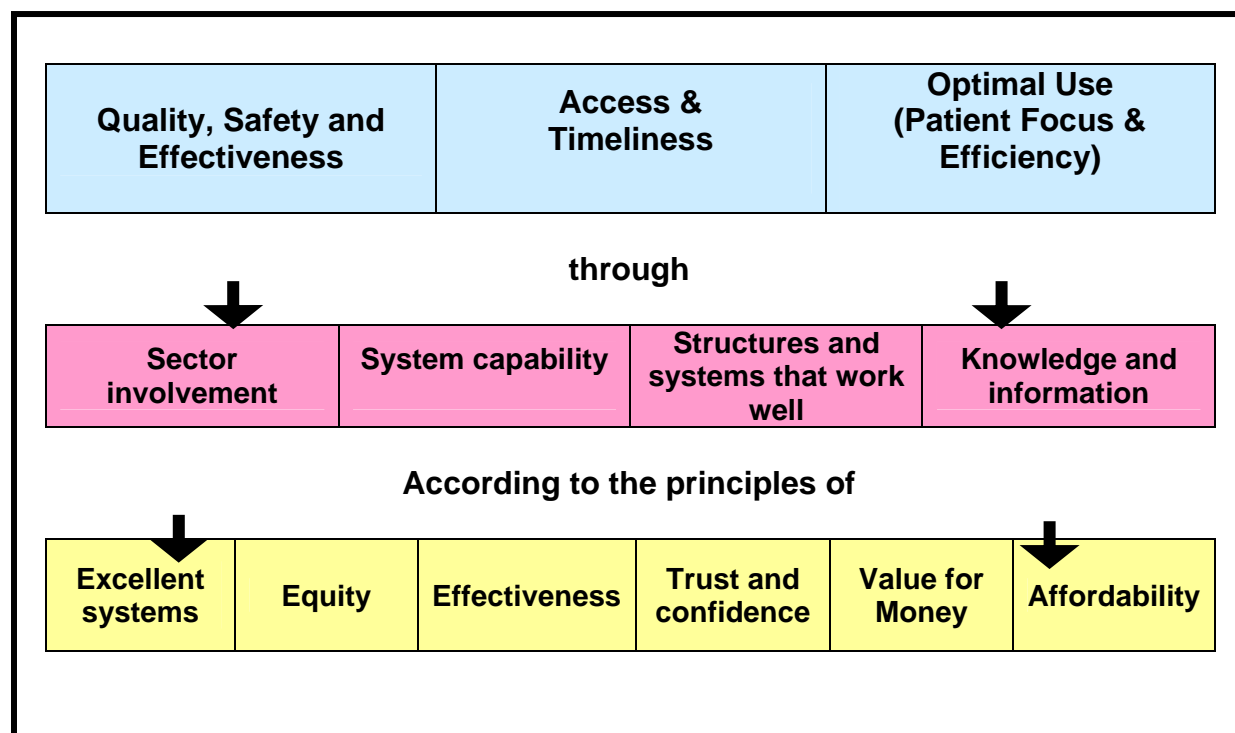
The fair and transparent allocation of drug budgets across all sectors is fundamental to strengthening accountability and maximising the use of available resources.

3.3. Proposed Strategic Framework

*Designed for Life*¹ identifies five key areas for managing future performance within NHS Wales. The strategic framework for medicines proposed in figure 1 will address these areas under the main headings:

- Quality, Safety and Effectiveness
- Access & Timeliness
- Optimal use (Patient Focus and Efficiency)

Figure 1. Achievement Aims of the Strategy



3.4. Objectives

*Designed for Life*¹ describes a world class health and social care strategy for Wales where there is minimisation of avoidable deaths, pain, delays, helplessness and waste. The direction proposed in this strategy document aims to support this with the following objectives for the medicines sector:

- | |
|--|
| <p>Quality, Safety and Effectiveness</p> <ul style="list-style-type: none"> ○ Medicines used in Wales are acceptably safe, are clinically effective and cost effective ○ Systems are in place to support evidence based prescribing <p>Access & Timeliness</p> <ul style="list-style-type: none"> ○ The people of Wales have access to clinically effective and cost-effective medicines, at the time they need them <p>Optimal Use (Patient Focus and Efficiency)</p> <ul style="list-style-type: none"> ○ Medicines are used in Wales in a way that will lead to good health outcomes ○ Wastage of medicines is minimised ○ NHS Wales adopts a whole systems and integrated approach to medicines across all health and social care sectors, designed to meet the needs of patients |
|--|

3.5. Principles Underlying the Strategy

In order to advance these objectives within NHS Wales, principles are required to guide decision making and system design. The principles are as follows:

Excellent systems

- The systems that support the use of medicines are people-centred, reflect best practice, are appropriately funded and ensure safety and efficacy
- Prescribing and Medicines Management is integrated and seamless across all agencies and health care sectors

Equity

- Medicines and other resources are allocated in a manner that reduces inequity of outcome between population groups

Effectiveness

- The systems ensure the provision of medicines, including the roles and functions of the individuals and organisations involved, are effective in contributing to the objectives of the strategy

Trust and confidence

- The systems ensure the provision of medicines are timely, robust and transparent
- Stakeholders (including the public and consumers) understand and have the opportunity to participate in the decision-making processes used for appraising new medicines

Value for money

- The systems in the medicines sector operate efficiently, minimize medicines waste and maximize health outcomes from medicines given the context of a constrained budget

Affordability

- The medicines used within NHS Wales and the structures and processes that support their use are appropriately funded and affordable for individuals and the community

4. KEY ELEMENTS OF IMPLEMENTATION

4.1. The Elements

Implementing a robust and sustainable approach to the prescribing of medicines based on the principles above requires:

- cross-sector involvement
- system capability– financial and other resource inputs
- structures and systems that work well
- knowledge and information

4.2. Cross-Sector Involvement from Stakeholders

Achieving the objectives of the Medicines Strategy and implementing its principles is not the responsibility of a single agency, organisation, professional group or other entity. It requires a sector-wide effort, an understanding of the roles the different parties play, and agreement on a shared strategic direction.

The key sector stakeholders are:

- **Public and Consumers of medicines:** The whole system is geared towards improving outcomes for users of medicines through the optimal use of affordable, safe, effective, accessible and high-quality medicines. Patient empowerment and engagement in decision making should be encouraged because they have a key role to play in ensuring that they understand and take full responsibility for living healthier lives. This includes self care, taking and using medicines appropriately, informing others of adverse events, and seeking professional guidance when they need advice.
- **NHS Wales:** the Welsh Assembly Government, Local Health Boards, NHS Trusts, Health Commission Wales and the National Public Health Service are concerned with ensuring that the optimal use of safe, effective and high-quality medicines contributes as much as possible to improving the health of the people of Wales and reducing inequalities between different population groups. The role of commissioners must be transparent and operate in a way that puts patients' healthcare needs first, whilst providing the most appropriate outcome for the wider population of Wales.
- **Local Authorities:** Safe and efficient medicines management systems in managed and intermediate care rely on good communication and partnership working between health and social care.

- **Health Care Professionals:** The role of health professionals, supported by their professional bodies, is central to achievement of the strategic objectives. Health Care Professionals interact with patients in the delivery of health care services, plan treatment, prescribe medicines, and monitor outcomes. They are also often the first point of contact for information on how the health service works, and what treatments are available.
- **Pharmaceutical industry:** The UK pharmaceutical industry is strong and successful and contributes to quality healthcare as well as producing economic benefits^{16,17}. The pharmaceutical industry invests, develops and manufactures prescription and over-the-counter medicines and has a vital role to play in ensuring that safe and effective medicines are available in the UK.
- **UK Government:** The Department of Health (DOH) through the Pharmaceutical Price Regulation Scheme (PPRS) regulates the pricing of medicines which ultimately determines the affordability of medicines in the UK.

Encouraging appropriate use of medicines has considerable benefits for the government, patients, healthcare professionals and the industry. The aim of the vision is to have healthcare professionals equipped to give the most appropriate treatment, based on current clinical and cost effective evidence and for correct use by each patient.

4.3. System Capability

In order to achieve the objectives of this strategy, the medicines management system needs a robust and supportive infrastructure, which is appropriately resourced:

- **Financial Resources** are required to pay for the medicines, the services within which medicines are used, and the structures and systems that support their safe and effective use. Financial resources are provided through NHS Wales and administered by Commissioners. NHS financial and planning systems need to consider fully the potential impact of medicines in supporting established health priorities leading to appropriate resourcing of clinically effective and cost-effective medicines.

The fair and transparent allocation of drug budgets to organisations within the medicines sector is fundamental to strengthening accountability and maximising the use of available resources as outlined in *Spending by Design*¹⁴.



“Expenditure on medicines is rising as new therapies are developed and as more patients are being treated. These cost pressures need to be reviewed as part of the overall package of patient care - for some conditions, medicines expenditure should be rising because an increase in spending provides a cost effective way of increasing health gain for the population.”

“A Spoonful of Sugar” Audit Commission 2001

Financial resources are provided for the administration of All Wales support organisations such as the Welsh Medicines Partnership and Health Solutions Wales and the future development of the Analytical Prescribing Support Unit (APSU). There are also costs incurred as a result of health professional regulation, e.g. for education and training.

- **Workforce:** Health care professionals and others are required to deliver health services, undertake regulatory assessments, make funding decisions and monitor the NHS medicines system. A focus on the development needs of individuals, as well as organisations, can help to ensure that best practice approaches to the evaluation and adoption of cost-effective medicines are both embedded in health systems and understood by those who have to implement them. In line with *Designed to Work*, the aim must be to develop a world class, sustainable medicines workforce for NHS Wales where we have the right people, with the right skills at the right place and time¹⁴.
- As a consequence of recent changes in regulation there has been a growth in the number of Health Care Professionals eligible to prescribe. There are numerous patient benefits to this change in prescribing practice, and appropriate utilisation of these additional skills will assist in the delivery of the strategic vision for NHS Wales¹. However, there are wider implications on budgets, and infrastructure to provide ongoing educational support to these individuals.
- **Infrastructure:** Organisations (such as universities and the Deanery), information systems (Health Solutions Wales), technology (Informing Healthcare) and other infrastructure (for example, Welsh Medicines Partnership) are fundamental to support the safe and appropriate use of medicines in Wales.

4.4. Integrated Structures and Systems

In addition to having the necessary capability, it is important that the structures and systems within the sector are integrated and efficient. There are numerous interfaces within the current health care arrangements e.g. primary, secondary, tertiary care, not to mention community, home and managed care. To provide integrated, seamless care, the structures and systems need to be:

- **Well designed and efficient.** To avoid costs being incurred from unnecessary duplication, and, be patient focused to empower and maximise patient concordance with their treatment.
- **Understood by the sectors and the public.** The roles and operations of structures and systems need to be well understood by others in the sectors. A good understanding by the public of how systems operate will help assist the public to get the most benefit from and have confidence in them. One example is patient knowledge of a Patient Own Drugs Scheme operating in hospital.
- **Designed to endure over time.** The medicines sector will need to adapt to changes in NHS Wales over the next ten years in order to deliver world class healthcare. Challenges will be posed by new technology and changing skill-mix.
- **Good Communication** is the lynchpin of safe, appropriate and effective medicines use, leading to good health outcomes. Communication between Health Care Professionals, within organisations and across interfaces is often inadequate. Good communication with patients with regard to their condition and medicines also leads to improved compliance and concordance

Many changes that occur to prescribed medicines after discharge from hospital are unintentional and result from different labelling and supply systems, or a breakdown in communication between secondary and primary care^{18, 19}.

84% of GPs “occasionally” or “never” receive information about why medicines have been altered in hospital^{20, 21}

4.5. Knowledge and Information

To get the best outcomes from medicines requires good knowledge, information and understanding, with sharing of that information across all sectors. Technology has a central role to play in ensuring that good information is gathered and made available:

- WAG requires robust information on how decisions are made and how medicines should be used in order to assess the performance of medicines management within NHS Wales.
- NHS Wales needs access to good information in order to facilitate comparison of prescribing performance, including the implementation of evidence-based practice e.g. uptake of NICE and AWMSG recommendations.
- The optimal use of medicines cannot be achieved without ready access to good information on evidence-based practice.
- Regulatory bodies, such as the Medicines Health Regulatory Authority (MHRA), need to have access to relevant information in order to ensure monitoring and guidance on medicines safety.

5. MAKING IT HAPPEN

The previous sections have proposed a strategic framework to ensure that the best health outcomes are obtained from medicines and that activity is aligned.

This strategic framework is derived from three “Tactical Papers” prepared by AWMSG on the topics of:

- Quality, Safety and Effectiveness
- Access and Timeliness
- Optimal Use (Patient Focus and Efficiency)

The following sections set out the main points made in each of those tactical documents and the issues that need to be addressed.

The three tactical documents contain a summary of those recommendations appropriate to that specific area of prescribing and medicines management.

AWMSG welcomes your comments on the recommendations included in each of the tactical documents (for contact details please refer to section 1). All of the recommendations are included in the Executive Summary.

The framework, draft recommendations and the responses will then form the basis of an action plan with realistic timelines.



6. QUALITY, SAFETY AND EFFECTIVENESS

6.1. Summary of Issues and Factors

The main points made in the Quality, Safety and Effectiveness tactical document are as follows:

- Evidence from the literature and experience of programmes in the UK identify medicine-related issues as a significant contributor to avoidable harm or suboptimal efficacy.
- Most medicines have a good safety record. However, it is vital that where medicine-related “untoward events” are identified, appropriate action is promptly taken. This ensures patient safety by identifying potential adverse reactions and how they might be avoided.
- A high proportion of hospital admissions account for a considerable hospital bed capacity and associated costs.
- All NHS service providers have a “duty of quality” (Health Acts 1999 and 2003) which is discharged largely through implementation of clinical governance. Effective clinical governance provides assurance that healthcare (including prescribing and medicines management) is both safe and of good quality whether provided directly or commissioned from other providers.
- Local Health Boards and NHS Trusts must enable practitioners to deliver quality, patient outcome focused care through a culture of innovation and improvement in prescribing and medicines management, supported by robust systems.
- Appropriate investment in resources, such as staffing, is needed to help improve the clinical and cost effectiveness of prescribing.
- Both the art and the science of therapeutics and prescribing must be well represented within the undergraduate curriculum of all potential prescribers (medicine, dentistry, pharmacy, nursing and all other professions allied to medicine).
- Recent major advances in information technology (IT) have provided an opportunity to influence both acute and repeat prescribing, and convey safety, effectiveness and efficiency messages to prescribers across all NHS sectors. Further benefits are to be gained from working with software suppliers to achieve IT communication across GP, hospital and community pharmacy systems.

- Appropriate links between prescribing, medicines management, and other strategic health documents is vital. Clinical networks have an important role in the development of therapeutic guidelines and care pathways, and other initiatives to improve patient outcomes e.g. National Service Frameworks (NSFs) and National Guidelines.

7. TIMELY ACCESS TO MEDICINES

7.1. Summary of Issues and Factors

The main points made in the Timely Access to Medicines tactical document are as follows:

- The public are not always aware of the process by which medicines become available and can often be misled through the media with respect to the role and benefit of medicines.
- New medicines which are clinically and cost effective should be made available to patients within an appropriate timescale.
- The medicines management aspect of commissioning should be transparent and operate in a way that puts patients' healthcare needs first, whilst providing the most appropriate outcome for the wider population of Wales.
- Access to independent, evidence-based advice is important for commissioners to consider the funding of high cost treatment for individual patients where the medicines have not been appraised by NICE or AWMSG.
- Horizon scanning is an important component of planning and commissioning services; recognising the potential impact of emerging technologies such as new medicines is a vital part of the process.
- The new regional commissioning and prioritisation arrangements for Wales will need to link closely with the AWMSG drug appraisal process to ensure that there is evidence based and timely commissioning advice provided to inform funding consideration of drug treatment.
- Commissioning responsibilities for medicines should be transparent in order that decisions with regard to funding are made in an appropriate timely manner.
- There are high levels of chronic disease, morbidity and ageing reported in Wales. This, together with the ongoing development and availability of new effective medicines, puts additional pressure on prescribing budgets.
- Budget holders need to ensure that the mechanism by which their indicative prescribing budget is set is fair, transparent, open and consistent, and that there is ownership and accountability for that budget.

- A significant proportion of the NHS Wales budget is spent on medicines. The primary care prescribing budget alone accounts for approximately 13% of total NHS Wales spend. It is estimated that 80% of total medicines spend is within the community.
- The secondary care medicines budget is part of the overall Hospital and Community Health Service (HCHS) allocation and is not separately identified. The average increase in Welsh Trust medicine costs for over the last five years is 14.7%. It is vital that timely horizon scanning can inform potential cost pressures and that budgets are adjusted to reflect this.
- The mechanism by which Trusts allocate budgets internally for medicines varies across Wales with many budgets being set at individual directorate level.
- There is a gradual move to transfer the delivery of healthcare for chronic conditions from the acute hospital setting to the community or an intermediate care setting. This will require the movement of resources to support the service as well as ensuring arrangements for communication across the interface.
- Budget setting processes must have sufficient flexibility to enable and support changes in service delivery over time.
- Local Health Boards have a statutory duty to contain costs within their allocated budget. Any overspend on a prescribing budget for example would therefore have to be recovered from other areas of LHB cost pressures e.g. hospital and community service allocations. It is the responsibility of all prescribers and Medicines Management teams to ensure that clinical and cost effective prescribing is appropriately targeted for the local population in order to maximise health gain from within allocated resources.
- The Audit Commission has identified that secondary care prescribing can directly and indirectly affect primary care prescribing and *vice-versa*. Communication across the interface can ensure that any potential clinical or financial implications are minimised.
- Healthcare packages at home are increasingly being commissioned by LHBs and Trusts across Wales to provide specialist medicines directly to patients in their own homes. These packages are generally not commissioned through hospital pharmacy departments and therefore the scale of provision is currently unknown.

8. OPTIMAL USE: PATIENT FOCUS AND EFFICIENCY

8.1. Summary of Issues and Factors

The main points made in the Optimal Use tactical document are as follows:

- Patients' understanding, attitudes and experience of their medicines and their condition is a crucial factor influencing effective medicines use and clinical outcomes.
- Over 58 million prescription items were dispensed through Welsh primary care services in 2006, at a cost of over £574m (13% of healthcare spending) and a further £136.6 million was spent on medicines in Welsh Hospitals.
- Poor compliance with medication can jeopardise treatment and increase the risk of admission or re-admission to hospital. A number of studies have shown that up to 17% of admissions are related to adverse drug reactions.
- There are some areas of health care where, regardless of evidence base, prescribing patterns may be driven by patient expectation and demand e.g. hypnotics, antibiotics.
- The patient experience and outcome from a health care intervention involving medicines is determined by the prescribing, supply and use of that medicine. There are numerous management systems that have been shown to work well at a local level, which could prove even more successful if operated at an All Wales level.
- The appropriateness of medicines systems require review in light of changes in care delivery arrangements proposed in *Designed for Life*. A whole system approach across all health and social care sectors is needed to ensure that patients receive optimal care and outcomes from their medicines wherever they are.
- The NICE Public Health Guidance: "Community Engagement to Improve Health"¹⁸, encourages the process of getting communities involved in decisions that affect them. This includes the planning, development and management of services, as well as activities which aim to improve health or reduce health inequalities.
- Guidance on effective admission, transfer, discharge and minimising the risks in relation to medicines use have been published in *Moving Patients, Moving Medicines, Moving Safely*.

- The UK pharmaceutical industry is strong and successful and contributes to quality healthcare as well as producing economic benefits. The Industry produces resources aimed at improving patient understanding and concordance.
- It is vital that AWMSG communicates with patients, service users, staff and the wider general public. It is the only Medicines Appraisal Forum in the UK which conducts all its business in public.
- The NLIAH modernisation assessment for Wales and the National Audit Office have identified that there is scope to improve the efficiency of primary care prescribing in Wales.
- There is a huge amount of medicines wastage at significant cost to the NHS. This could be as much as £20 million per annum in Wales, but requires quantifying.
- Monitoring of prescribing patterns is essential to ensure effective implementation of national guidance, policy decisions relating to medicines and to identify the accuracy of previous forecasting models. The APSU will provide meaningful and evaluated medicines surveillance information across primary and secondary care to NHS Wales and WAG.
- Shared care is a vital component of safe and effective prescribing.
- Whilst there are much data available on numbers and costs of prescriptions dispensed in Wales, relatively little is known regarding prescribing outcomes.
- The Quality and Outcomes Framework (QOF) which forms the basis of the GMS contract is designed to secure high quality services for patients. It allows practices to attain up to 320 quality points through comprehensive prescribing & medicines management services.
- The Strategic and Financial Framework (SaFF) has set delivery targets for health communities across Wales which clearly identify expected improvements relating to the effective delivery of prescribing and medicines management.

Appendix I

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The Author acknowledges the work of the New Zealand Ministry for Health “Towards a New Zealand Medicines Strategy”, the Chief Pharmacists Strategy Document and the Heads of Medicines Management Vision Document (draft) which are not referenced but were used in the production of this document.

Appendix II

Glossary

All Wales Medicines Strategy Group (AWMSG)

The All Wales Medicines Strategy Group (AWMSG) was established by the Welsh Assembly Government in 2002 as a statutory advisory body. Its remit is to advise the minister for Health and Social Services on strategic developments in prescribing which includes managing the entry of new (particularly high-cost) medicines.

AWMSG Network

The supporting infrastructure of AWMSG consisting of the Welsh Medicines Partnership, WeMeRec, Welsh Medicines Information Centre and Yellow Card Centre (YCC) Wales.

CASPA

The IT system for primary care costs and issues of medicines operated by HSW.

Category M

The April 2005 Drug Tariff introduced a new Category M of generic medicines under Part Viii, which applies to some medicines previously in Category A. The basic prices of Category M medicines reflects the average manufacturers' market prices after discount rather than the Category A system of basket prices before discount.

Compliance

A patient's ability to take the medicines prescribed.

Concordance

A patients understanding of their condition, purpose of treatment and hence commitment to taking their medicines as intended.

Cost: Net Ingredient Cost (NIC)

NIC refers to the cost of the drug before discounts and does not include any dispensing costs or fees. It does not include any adjustments for income obtained where a prescription charge is paid (pre April 2007) at the time the prescription is dispensed or where the patient has purchased a pre-payment certificate.

GMS Quality and Outcomes Framework (QOF)

A component of GPs' contracts, the QoF sets targets for GPs against evidence based criteria covering a range of general and condition specific indicators. Payments to practices are calculated on the basis of the extent to which these targets are met.

Health Commission Wales

Commissioner of regional and specialist services for the population of Wales.

Items dispensed

A prescription item refers to a single item prescribed by a doctor (or dentist, nurse, pharmacist) on a prescription form. If a prescription form includes three items it is counted as three prescription items.

Limiting Long Term Illness

This variable records whether a person perceives that they have a limiting long term illness, health problem or disability which limits their daily activity or the work they can do, including problems that are due to old age.

Local Health Boards (LHBs)

A statutory body and part of the NHS responsible for delivering healthcare and health improvements to local residents, for example by commissioning care from providers such as hospitals.

MEDUSA

The IT system for collating hospital pharmacy costs and issues of medicines operated by Health Solutions Wales.

Medicines Use Review (MUR)

A structured review between patients receiving medication for a long term condition and a pharmacist to identify how the drugs they are prescribed are being used and if there are any problems.

NLIAH

National Leadership and Innovation Agency for Healthcare.

National Institute for Health and Clinical Excellence (NICE)

An independent organization covering England and Wales, responsible for providing guidance on the promotion of good health. NICE provides objective guidance on the clinical and cost effectiveness of drugs and treatments

PPRS (Pharmaceutical Price Regulation scheme)

An agreement negotiated every 5 years between the Department of Health and the pharmaceutical industry, which aims to secure the provision of safe and effective medicines for the NHS at reasonable prices, promote a strong and profitable pharmaceutical industry capable of such sustained research and development expenditure as should lead to the future availability of new and improved medicines, and encourage the efficient and competitive development and supply of medicines to pharmaceutical markets in the UK and other countries.

PPRS (Pharmaceutical Price Regulation scheme 2005)

Companies with sales of branded prescription medicines to the NHS above £1 million in 2004 were required to reduce prices by 7% from January 2005. Thereafter, there was no price increase before 31st December 2005. The price cut applied to the NHS list price of all products covered by the scheme on the market at 31st December 2004. For companies with NHS home sales of £10 million or less in that year, the first £1 million of sales was exempt from the price cut. Variable reductions will be allowed provided that the company can show that the aggregate effect is equivalent to an overall reduction of 7%. Scheme members may opt to deliver up to 2% of the price cut by making a payment to the Department of Health. In common with all PPRS receipts, this payment is apportioned between England, Wales, Scotland and Ireland.

Prescribing Adviser

A pharmacist employed by a LHB as part of its medicines management team to provide support to prescribers and help implement the LHB's prescribing priorities.

Prescribing Management System / Health Solution Wales (HSW)

The body responsible for processing NHS prescriptions in Wales, determining reimbursement levels and payment and provision of prescribing data analysis.

Prescribing Units (PUs)

Prescribing units were adopted to take account of the effect of temporary residents and greater need of elderly patients for medicines in reporting prescribing performance.

Primary / Community Care

The point at which most people enter the health system and the "gateway" to the NHS, for example GPs are providers of primary care.

Repeat Dispensing

A scheme which allows patients to collect repeat medicines from a pharmacist without being issued with a new prescription by the prescriber.

Repeat Prescription

A prescription which allows patients to collect medicines on several occasions without an appointment with a prescriber.

Secondary Care

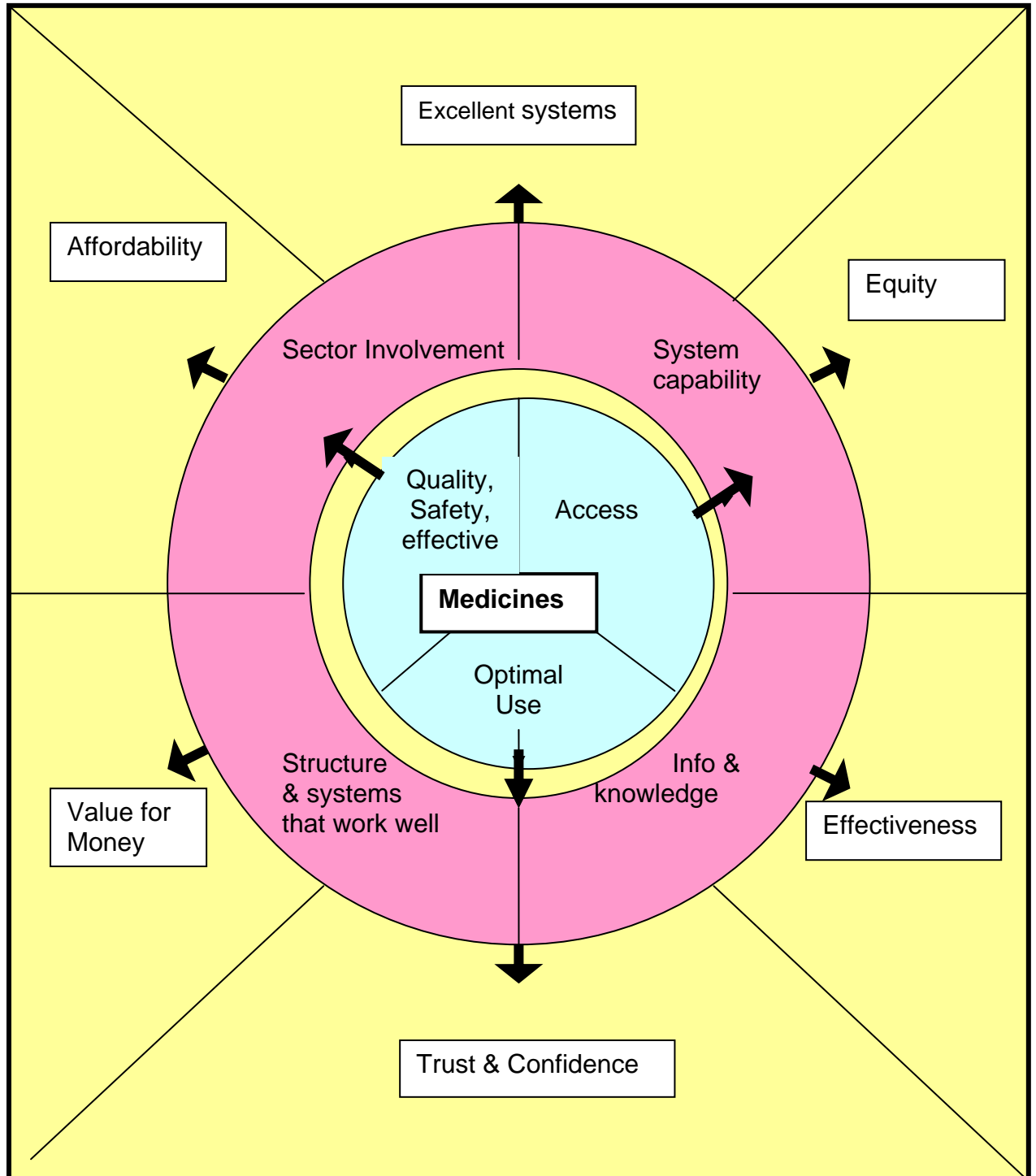
Specialist care, for example in a hospital usually administered following a referral from primary care.

Statin

A drug used to lower cholesterol in the prevention and treatment of cardiovascular disease.

Appendix III

Proposed Strategic Framework



All Wales Medicines Strategy Group

Grŵp Strategaeth Meddyginiaethau Cymru Gyfan



Getting the Best Outcomes from Medicines for Wales

**A MEDICINES STRATEGY FOR
WALES**

Executive Summary

EXECUTIVE SUMMARY

This document proposes a Vision for the future of prescribing and medicines management in Wales; a Vision which focuses on patient outcomes as well as process.

1. The Vision

Prescribing & Medicines Management

Getting the Best Outcomes from Medicines for Wales

All involved with Prescribing & Medicines Management will work together to ensure equity of access to the most appropriate and cost-effective medicines for the people of Wales. This will be delivered through innovative services by a high quality workforce designed to meet the needs of all patients within all levels of health care, as outlined in *Designed for Life*. There will be systems in place to improve performance, reward good work, tackle waste and strengthen accountability.

Prescribing performance in Wales will compare favourably with other areas of the UK with similar demography, providing safe, effective and economic use of medicines within a system that facilitates maximum benefit and minimal risk from medicines for patients.

The fair and transparent allocation of drug budgets across all sectors is fundamental to strengthening accountability and maximising the use of available resources

2. Medicine Management Achievements

The achievements in medicines management in Wales over the last five years have included:

- Greater safety for patients through, for example, development of prescribing indicators, meeting Quality and Outcomes Frameworks (QOF) targets, implementing automated dispensing, etc
- Less geographical variation in the availability of some medicines through AWMSG appraisal of new medicines
- Increased efficiency by rationalisation of prescribing, e.g. improved generic prescribing
- Increased use of preventative medicine in chronic diseases
- A new professional advisory structure
- Faster access to new medicines through the AWMSG appraisal process

Context and Challenges

In the foreseeable future there will be increasing demands on medicines management because of:

- Increased population, life expectancy and incidence of chronic conditions in a population with historically high deprivation
- Increasing patient expectations
- A focus on evidence base therapy and improved health outcome
- Changing professional practice due to more complex prescribing
- The need for better education and training
- Highly targeted therapies for short and long-term conditions

The challenges that flow from this increased demand include:

- The continued need to ensure patient safety
- The effective use of resources, including staff and infrastructure
- Meeting the expectations of patients, carers and the general public
- Providing evidence based therapy
- Improved education and training to ensure that there are people who can interpret the evidence base
- Responding to changes in commissioning arrangements
- Continuing to reduce access and geographical variations
- Responding to changes in GP and Pharmacy contracts
- Measuring the quality of prescribing
- Continuing to improve working relationships between primary care, secondary care and the industry
- Maintaining good communication at all times, for example, ensuring patients understand why some medicines are funded and why some are not
- Responding to the long-term care agenda, particularly for chronic conditions

3. Making the Vision a Reality

Supporting the strategic vision are three “Tactical Papers” which cover:

- Quality, Safety and Effectiveness
- Access and Timeliness
- Optimal Use

The recommendations of the tactical papers, which are attached as an appendix to this summary, cover:

- Safety of medicines
- Education and training:
- Communication
- Commissioning:
- Evidence-base methodologies
- Budget setting
- Monitoring



Taken together, the vision and the recommendations set out a pragmatic and realistic way forward for the improvement of medicines management in Wales.

Appendix

Summary of Recommendations

The recommendations that have been developed to address the above issues are as follows:

Quality, Safety and Effectiveness

Recommendation (Quality, Safety and Effectiveness)	Lead (Support)
1. AWMSG will develop a strategy for the clinically and cost effective, acceptably safe use of medicines.	AWMSG
2. AWMSG will work closely with other organisations tasked with safety issues e.g. NHS Wales QuIP team, NPSA, YCC Wales and the MHRA to support the national risk and learning scheme.	AWMSG (Other organisations)
3. WAG will support the All Wales hazard warning system for defective products and audit the process through AWMSG to ensure it is robust and timely.	WAG (via AWMSG)
4. AWMSG will work with clinical networks and specialist groups to develop mechanisms to monitor and review the use of off-licence and unlicensed medicines.	AWMSG
5. AWMSG will monitor and review its national prescribing incentive scheme framework for primary care.	AWMSG (WAPSU)
6. AWMSG will investigate the development of a secondary care prescribing incentive scheme.	AWMSG (NHS Trusts)
7. AWMSG will work with all health and social care organisations to provide robust methods of spreading existing good medicines management practice across Wales.	AWMSG (Other organisations)



Recommendation (Quality, Safety and Effectiveness)	Lead (Support)
8. AWMSG will support a practice research agenda which continues to identify new and improved methods of working.	AWMSG
9. All NHS organisations will ensure that they provide appropriate support for prescribers and maximise the medicines management and prescribing opportunities of any new developments e.g. contracts to support patient care.	NHS Organisations
10. Providers of education and training in therapeutics will ensure the principles of clinically and cost effective, acceptably safe prescribing are included within the undergraduate curriculum of all potential future prescribers.	Education providers
11. Continuing Professional Development (CPD) opportunities in therapeutics and prescribing are made available to all prescribers and advisers across the health care sectors.	WAG (via WeMeRec & National Prescribing Centre)
12. Healthcare professionals and staff are able to access skills-based training which will enable them to deliver effective medicines management services.	NHS Organisations
13. All health care professionals in Wales should have easy access to up to date quality prescribing information.	AWMSG (NHS organisations)
14. Systems need to be developed for electronically communicating patient medicines information on admission and discharge from hospital.	NHS Organisations Informing Healthcare



Recommendation (Quality, Safety and Effectiveness)	Lead (Support)
15. AWMSG will appraise all newly introduced medicines in Wales through capacity increase and explored collaboration with existing UK bodies which appraise the clinical effectiveness and cost effectiveness of new medicines, including the National Institute of Health and Clinical Excellence (NICE) and the Scottish Medicines Consortium (SMC).	WAG AWMSG
16. The AWMSG will develop a live database which informs prescribers, commissioners and the public of drugs which have been “recommended for use in Wales”.	AWMSG
17. AWMSG will identify and inform WAG on currently used medicines which are not cost effective and warrant disinvestment to improve headroom for adoption of innovation as recommended by the Ministerial Industry Strategy Group’s Long-term Leadership Strategy.	AWMSG
18. NHS Wales will ensure that all organisations interested in medicines and prescribing performance, e.g. NLIAH and Commissioning Groups, have access to independent and authoritative advice on quality prescribing.	NHS Organisations
19. AWMSG will work with clinical networks and Specialist groups to ensure that national clinical pathways and guidance include consistent advice on cost effective and evidence-based prescribing.	AWMSG
20. The AWMSG will develop its relationship with Medicines and Therapeutic Committees and Regional Commissioning bodies.	AWMSG

Access and Timeliness

Recommendation (Access and Timeliness)	Lead (Support)
21. AWMSG will work with WAG and the Wales Centre for Health to develop a communications strategy for informing the public on the process followed for evaluation and funding of new drugs in Wales.	AWMSG (WAG and Wales Centre for Health)
22. WAG should ensure that commissioners have access to independent medicines advice and that uptake is embedded in new commissioning roles and structures.	WAG (AWMSG)
23. WAG will clarify the commissioning responsibility of Health Commission Wales (HCW) and LHBs with regard to funding of medicines.	WAG
24. NHS Wales will adopt an evidence-based methodology for budget setting and funding of medicines to ensure fair and equitable access to medicines across Wales.	WAG
25. The commissioning framework will address areas of medicine cost pressure on LHBs and Trusts at the beginning of the financial year and develop a process so that requests for interim funding are dealt with in an equitable manner across Wales.	Commissioners
26. The commissioning framework must recognise the medicines implications of service reconfiguration and ensure the appropriate virement of funds between budgets.	WAG Commissioners



Recommendation (Access and Timeliness)	Lead (Support)
27. The methodology for setting of prescribing budgets needs to be clearly transparent to NHS budget holders, with clear timelines for any phased movement towards a new formula.	WAG
28. The clinical networks and Specialist groups across Wales will help to inform the AWMSG work programme by supporting horizon scanning, advising on appraisal prioritisation and providing specialist clinical advice to AWMSG.	Clinical Networks AWMSG
29. A timetable will be agreed between Finance Directors, AWMSG Network, NPHS and WAG so that prompt financial information can inform the decision making process on the resources to be considered for prescribing within NHS Wales.	WAG (NHS Organisations)
30. The Welsh Analytical Prescribing Support Unit (WAPSU) (when established) and HSW will assist LHBs and Trusts with budgetary forecasting, monitoring and management.	AWMSG
31. Robust interface working arrangements will be developed to ensure that the influence of secondary care on primary care prescribing is considered in local service and strategic developments.	WAG NHS organisations
32. NHS Trusts and LHBs to identify and carefully monitor the financial implications of healthcare packages at home across Wales to ensure they provide cost effective use of NHS resource.	NHS Organisations

Optimal Use: Patient Focus and Efficiency

Recommendation (Optimal Use)	Lead (Support)
<p>33. AWMSG will work with other relevant bodies in Wales to encourage the self care of self-limiting illness through the advice of healthcare professionals and the use of over the counter medicines, as an alternative to seeking a prescription.</p>	<p>NHS Organisations (AWMSG)</p>
<p>34. AWMSG will raise awareness of the risk to health outcomes of poor concordance and, with stakeholders, develop ways to improve concordance and engage patients in better utilization of medicines.</p>	<p>AWMSG</p>
<p>35. AWMSG and its sub-groups will work with LHBs and Trusts to identify systems that could work more efficiently at an All Wales level e.g. Analytical Prescribing Support Unit, Central Purchasing and distribution of Medicines, All Wales Hospital Medication Charts.</p>	<p>AWMSG (NHS Organisations)</p>
<p>36. AWMSG will initiate a combined Health and Social Services review of medicines management systems also involving “front line staff”; to include communication across interfaces, the review of roles and the need for staff training and appropriate use of medicines compliance aids. A report is to be compiled with recommendations to WAG.</p>	<p>AWMSG</p>



Recommendation (Optimal Use)	Lead (Support)
37. Systems should be in place which use patients' own medicines whilst in hospital, to encourage self-medication during hospital stays and help to unify prescribing choices between hospitals and local GPs.	NHS Organisations
38. NHS Trusts and LHBs should review their interface medicines management systems in line with best practice and develop a plan to tackle problem areas.	NHS Organisations
39. NHS Wales should adopt an effective and appropriate working relationship with the Pharmaceutical Industry in line with WAG's advisory document "Guidance for partnership working between NHS organizations and the pharmaceutical industry".	NHS Organisations
40. WAG to assess the impact of the advisory document "Guidance for partnership working between NHS organizations and the pharmaceutical industry" in Wales. Examples of successful Industry/NHS Partnerships should be shared across Wales.	WAG
41. AWMSG will develop a communication strategy to ensure that patients and the wider general public as well as service users are aware of issues relating to the managed entry of new medicines and clinically and cost-effective, safe prescribing.	AWMSG (NHS Organisations)
42. AWMSG will initiate an investigation on the scale of medicines wastage within Wales and explore methods that reduce this waste in collaboration with the NHS service and other organisations.	AWMSG



Recommendation (Optimal Use)	Lead (Support)
43. AWMSG will include a regular agenda item on cost-effective prescribing within primary, secondary care and the interface between these sectors in order to encourage a more integrated clinical and financial approach to the planning process.	AWMSG
44. AWMSG will agree prescribing and medicines management performance measures e.g. prescribing indicators, adherence to formularies, across all NHS sectors on an annual basis and report outcomes on a quarterly basis.	AWMSG
45. AWMSG will work closely with the WAPSU to develop robust systems to monitor prescribing outcomes and ensure available resources are used effectively in accordance with agreed performance measures.	AWMSG
46. AWMSG will examine the applicability of shared care arrangements to specialist areas of prescribing and where appropriate, develop shared care templates	AWMSG (NHS Organisations)
47. NHS Wales will undertake a needs assessment of prescribing in relation to ill-health, in order to inform a more detailed strategic work plan for improving the health of the Nation.	WAG
48. AWMSG will audit the service impact of its appraisal recommendations through WAPSU, with feedback to NHS organisations on any potential further action that may be required.	AWMSG (WAPSU)

All Wales Medicines Strategy Group

Grŵp Strategaeth Meddyginiaethau Cymru Gyfan



Getting the Best Outcomes from Medicines for Wales

Supporting Tactical Document 1

Quality, Safety and Effectiveness

**A MEDICINES STRATEGY FOR
WALES**

April 2008

Contents

1. INTRODUCTION	2
1.1. The Strategy	2
1.2. Making the Vision a Reality	2
2. SAFE PRESCRIBING AND QUALITY USE OF MEDICINES IN WALES	3
2.1. A Strategic Approach	3
2.2. Clinical Governance	4
2.3. Safety	5
2.4. Management of Unlicensed Medicines or Indications	6
3. QUALITY	7
3.1. Encouraging Quality Prescribing	7
3.2. Organisational Support for Prescribers	7
3.3. General Medical Services and Community Pharmacy Contracts	9
3.4. Education	10
3.5. Medicines Information	11
3.6. Information Technology (IT)	11
4. EFFECTIVENESS: APPRAISAL OF MEDICINES IN WALES	12
4.1. AWMSG Drug Appraisal Process	12
4.2. Role of Medicines in Disease Management	13
4.3. Role of AWMSG	13
4.4. Implementing National Guidance	14
5. SUMMARY OF RECOMMENDATIONS	15
Appendix	18
References	18

1. INTRODUCTION

1.1. The Strategy

The strategy for medicines in Wales proposes a vision for the future of prescribing and medicines management in Wales; A vision which focuses on patient outcomes as well as process.

**Prescribing and Medicines Management
The Vision for the Future
*Getting the Best Outcomes from Medicines for Wales***

All involved with Prescribing and Medicines Management will work together to ensure equity of access to the most clinically appropriate and cost-effective medicines for the people of Wales. This will be delivered through innovative services by a high quality workforce designed to meet the needs of all patients within all levels of health care, as outlined in *Designed for Life*³. There will be systems in place to facilitate informed decisions, improve performance, reward good work, tackle waste and strengthen accountability.

Prescribing performance in Wales will compare favourably with other areas of the UK with similar demography, providing safe, effective and economic use of medicines within an informed system that facilitates maximum benefit and minimal risk from appropriately resourced medicines.

The fair and transparent allocation of drug budgets across all sectors is fundamental to strengthening accountability and maximising the use of available resources.

This strategy identifies a vision for the future of medicines management, including prescribing, in Wales. It proposes a set of objectives and principles to guide the development of supporting strategies and policies and a way forward through key actions.

1.2. Making the Vision a Reality

The strategic vision is supported by three “Tactical Documents” which cover:

- Quality, Safety and Effectiveness
- Access and Timeliness
- Optimal Use
- This document is the 1st of those tactical documents – **Quality, Safety and Effectiveness.**

2. SAFE PRESCRIBING AND QUALITY USE OF MEDICINES IN WALES

2.1. A Strategic Approach

Evidence from the literature and experience of programmes in the UK and elsewhere (e.g. the Safer Patients Initiative and the Institute of Health Improvement saving 100,000 lives campaign¹) identify medicine-related issues as a significant contributor to avoidable harm or suboptimal efficacy. Wales should draw on the experience of other countries, such as Australia and New Zealand² and develop a strategic Wales-wide approach to safety and quality use of medicines.

Recommendation 1: AWMSG will develop a strategy for the clinically and cost effective, acceptably safe use of medicines

Lead: AWMSG

This will:

- Promote a culture of safety within the health and social care sector that supports leadership and co-ordination of safe and effective use of medicines initiatives.
- Encourage and support more widespread involvement of all healthcare organisations in safe and effective use of medicines initiatives through links to clinical governance and the establishment and support of active networks, dissemination of information and ideas, and shared learning and review.
- Maximise outcomes, minimise risks and improve safety associated with medication use by establishing, reviewing and improving practice standards for all aspects of prescribing, dispensing and administration of medicines.
- Identify high-risk medicines and high-risk situations, including those for chronic disease areas targeted for specialised input across all health care sectors (e.g., cardiovascular disease, diabetes and asthma). Approaches should then be identified to minimise these risks.
- Improve the effectiveness and consistency of infrastructure, such as process, technology and information systems used by health & social care organisations in association with medication use.
- Improve health outcomes for patients, acknowledging that the interface between primary and secondary care requires emphasis.
- Promote a culture of enquiry that fosters audit, monitoring, evaluation, and research into the areas of safe and effective use of medicine.

- Involve and engage consumers on the safe and appropriate use of medicines and thus increase consumer awareness on the potential for medication adverse effects (AEs) and errors.

2.2. Clinical Governance

All providers of NHS services have a “duty of quality” (Health Acts of 1999 and 2003). At the local level, this duty is discharged largely through implementing clinical governance. Clinical governance implemented effectively can provide assurance that healthcare (including prescribing and medicines management) is both safe and of good quality whether provided directly or commissioned from other providers.

Quality improvement for medicines management and prescribing is a feature of the Welsh Assembly Government’s quality strategy, the *Healthcare Quality Improvement Plan (QulP)*³. Published in November 2006, the QulP gave a commitment to:

- develop an approach to assess and quantify the effect of introducing potential life-saving interventions at a national level.
- identify programmes to spread Quality Improvement learning, in collaboration with leaders in the improvement field, such as the Institute for Health Improvement (IHI), the Health Foundation, National Patient Safety Agency (NPSA), and the National Leadership and Innovation in Healthcare Agency (NLIAH).

This all Wales quality improvement initiative, which aims to improve patient outcomes, will include one or more interventions relating to medicines.

Recommendation 2: AWMSG will work closely with other organisations tasked with safety issues e.g. NHS Wales QulP team, NPSA, YCC Wales and the MHRA to support the national risk and learning scheme

Lead: AWMSG

2.3. Safety

Medicines, when used properly, have the potential to prevent or treat illness and relieve the symptoms of disease. However, medicines also have the potential to harm. This may be due to a direct effect of the medicine itself, patient administration error or inappropriate prescribing. A high proportion of hospital admissions are due to adverse drug reactions (ADRs). A study conducted in two large general hospitals, published in BMJ July 2004⁴ identified that 6.5% of admissions were related to an ADR, with the ADR directly leading to the admission in 80% of cases. This accounted for 4% of the hospital bed capacity. The projected annual cost of such admissions to the NHS is £466m.

Drug related admissions to hospital

“Adverse reactions are implicated in 5-17% of hospital admissions of older people”

NSF for Older People⁵

A Spoonful of Sugar⁶ highlights the contribution that the use of patients' own medicines, self administration schemes, and medication review at admission can make to reduce the number of errors with medicines.

Most medicines have a good safety record. However, it is vital that where medicine-related “untoward events” are identified, appropriate action is promptly taken. This ensures patient safety by identifying potential ADRs, prescribing or administration errors and how they might be avoided. Surveillance of the safety of medicines is coordinated at a UK level by the Medicines and Healthcare products Regulatory Agency (MHRA) and MHRA supports the Yellow Card Centre Wales (YCC Wales) in encouraging the reporting of suspected ADRs by health professionals, patients and their carers in Wales.

There are also systems in place to ensure that hazards and safety concerns relating to medication errors are identified, communicated promptly and remedial action taken by, for example, NPSA, Welsh Assembly Government Professional Advisers and Regional Business Service Centres (locally).

Recommendation 3: WAG will support the All Wales hazard warning system for defective products and audit the process through AWMSG to ensure it is robust and timely.

Lead: AWMSG supported by other organisations

Possible actions for NHS organisations could include introducing Health Community Safe Medicines Practice Committees to reduce hospital admissions that are medicines related and produce a list of “high risk” drugs to support the identification of patients who may require closer clinical pharmacy attention whilst in hospital⁷.

2.4. Management of Unlicensed Medicines or Indications

The use of medicines in the NHS for unlicensed indications needs to be tightly controlled. Strategies need to be developed to support patients involved in clinical trials of unlicensed medicines, or medicines used for unlicensed indications, especially when trials close early.

Recommendation 4: AWMSG will work with clinical networks and Specialist groups to develop mechanisms to monitor and review the use of off-licence and unlicensed medicines.

Lead: AWMSG

3. QUALITY

3.1. Encouraging Quality Prescribing

Prescribing Incentive Schemes

“Incentive schemes are the main mechanism by which goals of the Primary Care Organisation (LHB) are made meaningful at practice level so it is important that they are designed to reward rational prescribing and work towards achieving the organisation’s strategic goals”

Audit Commission April 2003⁸

Whilst the Audit Commission recognised the benefit of Prescribing Incentive Schemes on primary care prescribing, an incentive scheme applicable to secondary care has yet to be developed. Investigation of appropriate incentives for secondary care is necessary in order to build a successful scheme. The rapid turnover of junior doctors (who do much of the actual prescribing) also adds another layer of complexity. It is probable that such a scheme would be markedly different from the GP prescribing incentive schemes which have been implemented in most LHBs.

Recommendation 5: AWMSG will monitor and review its national prescribing incentive scheme framework for primary care.

Lead: AWMSG (WAPSU)

Recommendation 6: AWMSG network will investigate the development of a secondary care prescribing incentive scheme.

Lead: AWMSG (NHS Trusts)

3.2. Organisational Support for Prescribers

Local Health Boards and NHS Trusts must enable practitioners to deliver quality, patient outcome focused care through a culture of innovation and improvement in prescribing and medicines management, supported by robust systems. There are many examples of good practice within Wales and the UK, where sustained improvements in prescribing practice have been achieved through innovative schemes.

Such approaches may include

- regular peer review and education through a “GP prescribing leads” forum`

- training of practice repeat-prescription clerks in primary care
- appointment of interface pharmacists
- establishment of safe medicines practice committees in secondary care.

Benefits of a “GP Prescribing Leads” Network

- raises the profile of prescribing and medicines management
- facilitates the communication of good practice, sharing of data and sharing of problems
- provides an interface with other prescribers in primary and secondary care

NLIAH

Recommendation 7: AWMSG will work with all health and social care organisations to provide robust methods of spreading existing good medicines management practice across Wales.

Lead: AWMSG

Resources are needed to promote safe and effective prescribing and manage the prescribing budget effectively and to invest in staffing to help this. In many circumstances improvements can be achieved through an “invest to save” approach, whereby better care through the use of medicines leads to improved well-being and reduced costs in other budgets. Similarly investment in prescribing support staff to review patients’ medications can lead to improved patient outcomes, often at reduced cost.

Recommendation 8: AWMSG will support a practice research agenda which continues to identify new and improved methods of working.

Lead: AWMSG

Organisations need to:

- Modernise the workforce and develop appropriate skill mix and maximise capacity through work force planning.
- Develop appropriate levels of both strategic and operational support

- Assess how the skills and knowledge of health care professionals can best be deployed
- Fully utilise IT and implement automated systems
- Provide adequate data analysis and administrative support for healthcare staff, to enable them to concentrate on prescribing improvements
- Provide evidence based training

“Experience has shown that face to face contact with GPs (and other prescribers) for example through practice visits and working directly with practices to improve prescribing are the most effective methods of delivering change. Prescribing Advisers need to organise their work in a way that maximises the amount of time they can spend doing these things”.

The Audit Commission in “Primary Care Prescribing- A bulletin for Primary Care Trusts”⁸

3.3. General Medical Services and Community Pharmacy Contracts

The new contract for independent contractor professions goes some way to assist in good prescribing and medicines management.

There are 320 points directly related to medicines management within the new GMS contract, including appropriate documentation of medicines prescribed, patient medicines reviews and meeting annually with the LHB Prescribing Adviser to agree and complete 3 actions. There is also the potential to commission enhanced services for medicines related activities e.g. shared care of prescribing and monitoring between GP and Consultant.

The new Community Pharmacy Contract also supports better patient care through Medicines Use Reviews and other enhanced services aimed at better medicines management e.g. services to care homes.

Recommendation 9: All NHS organisations will ensure that they provide appropriate support for prescribers and maximise the medicines management and prescribing opportunities of any new developments e.g. self-medication, contracts, to support patient care.

Lead: NHS Organisations



3.4. Education

It is important to ensure that the art and science of therapeutics and prescribing is well-represented in the undergraduate curriculum of all potential prescribers (medicine, dentistry, pharmacy, nursing and other professions allied to medicine).

The British Medical Association (BMA) also defines excessive and inappropriate prescribing within its guidance for health professionals⁹.

Recommendation 10: Providers of education and training in therapeutics will ensure the principles of clinically and cost effective, acceptably safe prescribing are included within the undergraduate curriculum of all potential future prescribers.

Lead: Education Providers

Existing opportunities for continuing professional development in therapeutic knowledge (e.g. WeMeReC or Diploma/MSc programmes in Therapeutics) presently mainly aimed at primary care practitioners might be examined for their applicability to the secondary care sector. New opportunities for CPD in specialist areas also need to be explored, together with the continuing needs of supplementary and independent prescribers.

Recommendation 11: WAG should ensure that Continuing Professional Development opportunities in therapeutics and prescribing are made available to all prescribers and advisers across the health care sector e.g. WeMeRec & National Prescribing Centre Therapeutic Updates

Lead: WAG

Staff knowledge and skills need to be nurtured and developed in the areas of leadership, managing change, negotiation, clinical skills, critical appraisal, analytical and interpretative skills. The National Leadership and Innovation Agency for Healthcare (NLIAH) provides a range of programmes of this nature. Staff competencies in prescribing will need to be reflected in Skills for Health.

Recommendation 12: Healthcare professionals and staff are able to access skills-based training which will enable them to deliver effective medicines management services.

Lead: NHS Organisations

3.5. Medicines Information

The Medicines Information Service, provided by nine centres in Wales, offers high-level, evidence-based, information and advice about medicines across the full range of clinical disciplines. This service is freely available within the NHS to help facilitate the safe, effective and economical use of medicines in Wales.

Recommendation 13: All health care professionals in Wales should have easy access to up to date quality prescribing information

Lead: AWMSG

3.6. Information Technology (IT)

In recent years there have been major advances in IT, with all GPs now having access to electronic clinical record systems in their practices. This provides opportunities to influence both acute and repeat prescribing, and convey safety, effectiveness and efficiency messages to the prescriber. Further benefits are to be gained from working with system suppliers to achieve full functionality between GP, hospital and Community Pharmacy IT systems.

Recommendation 14: Systems need to be developed for electronically communicating patient medicines information on admission and discharge from hospital.

Lead: NHS Organisations

4. EFFECTIVENESS: APPRAISAL OF MEDICINES IN WALES

4.1. AWMSG Drug Appraisal Process

Money spent on effective medicines can save substantial amounts in terms of otherwise unnecessary treatment. Establishing the true cost effectiveness of medicines is fraught with difficulty. It requires significant expertise to gather and evaluate evidence, but it is important that it is done, and done well¹⁰.

In 2002, an All-Wales mechanism for appraisal of high-cost medicines was agreed by the All Wales Medicines Strategy Group (AWMSG). This has provided a robust and transparent mechanism for appraising high cost medicines which was extended to include appraisals of anticancer and cardiovascular agents from April 2007.

Recommendation 15: AWMSG will appraise all newly introduced medicines in Wales through capacity increase and explored collaboration with existing UK bodies which appraise the clinical effectiveness and cost effectiveness of new medicines, including the National Institute of Health and Clinical Excellence (NICE) and the Scottish Medicines Consortium (SMC)

Lead: WAG (AWMSG)

Recommendation 16: The AWMSG will develop a live database which informs prescribers, commissioners and the public of drugs which have been “recommended for use in Wales”.

Lead: AWMSG

Money spent on effective medicines can also save substantial amounts in terms of otherwise unnecessary treatment. Establishing the true cost effectiveness of medicines is fraught with difficulty, requiring significant expertise to gather and evaluate the evidence. A key issue for NHS Wales in extending the new drug appraisal remit of AWMSG is the availability of the expertise required to inform the appraisal process, particularly in the area of pharmacoeconomics.

The appraisal process should be underpinned by using horizon scanning resources from all available sources, including the National Horizon Scanning Centre and UK Medicines Information (UKMi).

Evidence-based healthcare is paramount to successful patient outcomes. In the case of medicines, this not only requires review of new medicines, but also the appropriate use of those which have been available for some time.



Recommendation 17: AWMSG will identify, and inform WAG on currently used medicines which are not cost effective and warrant disinvestment to improve headroom for adoption of innovation as recommended by the Ministerial Industry Strategy Group's Long-term Leadership Strategy¹⁰. Lead: AWMSG

4.2. Role of Medicines in Disease Management

Appropriate links must be made between the use of medicines, prescribing and other strategic health documents. The clinical networks have an important role in developing guidelines and care pathways, and other initiatives to improve patient outcomes e.g. National Service Frameworks and National Guidelines.

Recommendation 18: NHS Wales should ensure that all organisations interested in medicines and prescribing performance e.g. NLIAH and Commissioning Groups have access to independent and authoritative advice on quality prescribing.

Lead: NHS Organisations

4.3. Role of AWMSG

AWMSG's role as the advisory body on medicines use in Wales requires it to ensure that appropriate and meaningful dialogue is held between the AWMSG and other national bodies associated with the healthcare agenda in Wales e.g. NLIAH, and Clinical Networks. As the National Advisory Group on Medicines, the AWMSG provides expert advice and comment on policy and guidance involving the use of medicines.

In 2003, AWMSG provided LHBs and NHS Trusts with recommendations for roles and structures of Prescribing Committees¹². This guidance needs review in light of AWMSG undertaking a wider spectrum of medicines appraisals which will free Medicines & Therapeutic Committees (MTC) in Wales to consider broader medicines management issues and to prevent duplication of valuable professional resources. Recent guidance on Managing Medicines across a health community – making area prescribing committees “fit for purpose”¹³ has been issued in England.

The new appraisal process will allow AWMSG additional time to concentrate on more strategic matters, including the audit of the uptake of previously approved medicines.

4.4. Implementing National Guidance

In addition to funding the infrastructure and technology costs of NICE and AWMSG appraisals as outlined in WHC (2007) 028¹⁴ LHBs and NHS Trusts are tasked with achieving the Health Care Standards for Wales¹⁵. Standard 12 states that Healthcare organisations should ensure that patients and service users are provided with effective treatment and care that:

- conforms to the National Institute for Clinical Excellence (NICE) Technology Appraisals and interventional procedures, and the recommendations of the All Wales Medicines Strategy Group (AWMSG)
- is based on nationally agreed best practice and guidelines, as defined in National Service Frameworks, NICE clinical guidelines, national plans and agreed national guidance on service delivery.

Recommendation 19: AWMSG will work with clinical networks and Specialist groups to ensure that national clinical pathways and guidance include cost effective and evidence based prescribing.

Lead: AWMSG

Recommendation 20: The AWMSG will develop its relationship with Medicines and Therapeutic Committees and Regional Commissioning bodies.

Lead: AWMSG

5. SUMMARY OF RECOMMENDATIONS

Recommendation (Quality, Safety and Effectiveness)	Lead (Support)
1. AWMSG will develop a strategy for the clinically and cost effective, acceptably safe use of medicines.	AWMSG
2. AWMSG will work closely with other organisations tasked with safety issues e.g. NHS Wales QuIP team, NPSA, YCC Wales and the MHRA to support the national risk and learning scheme.	AWMSG (Other organisations)
3. WAG will support the All Wales hazard warning system for defective products and audit the process through AWMSG to ensure it is robust and timely.	WAG (via AWMSG)
4. AWMSG will work with clinical networks and specialist groups to develop mechanisms to monitor and review the use of off-licence and unlicensed medicines.	AWMSG
5. AWMSG will monitor and review its national prescribing incentive scheme framework for primary care.	AWMSG (APSU)
6. AWMSG will investigate the development of a secondary care prescribing incentive scheme.	AWMSG (NHS Trusts)
7. AWMSG will work with all health and social care organisations to provide robust methods of spreading existing good medicines management practice across Wales.	AWMSG
8. AWMSG will support a practice research agenda which continues to identify new and improved methods of working.	AWMSG

Recommendation (Quality, Safety and Effectiveness)	Lead (Support)
9. All NHS organisations will ensure that they provide appropriate support for prescribers and maximise the medicines management and prescribing opportunities of any new developments e.g. contracts to support patient care.	NHS Organisations
10. Providers of education and training in therapeutics will ensure the principles of clinically and cost effective, acceptably safe prescribing are included within the undergraduate curriculum of all potential future prescribers.	Education providers
11. Continuing Professional Development (CPD) opportunities in therapeutics and prescribing are made available to all prescribers and advisers across the health care sectors.	WAG (via WeMeRec & National Prescribing Centre)
12. Healthcare professionals and staff are able to access skills-based training which will enable them to deliver effective medicines management services.	NHS Organisations
13. All health care professionals in Wales should have easy access to up to date quality prescribing information.	AWMSG (NHS organisations)
14. Systems need to be developed for electronically communicating patient medicines information on admission and discharge from hospital.	NHS Organisations Informing Healthcare



Recommendation (Quality, Safety and Effectiveness)	Lead (Support)
15. AWMSG will appraise all newly introduced medicines in Wales through capacity increase and explored collaboration with existing UK bodies which appraise the clinical effectiveness and cost effectiveness of new medicines, including the National Institute of Health and Clinical Excellence (NICE) and the Scottish Medicines Consortium (SMC).	WAG AWMSG
16. The AWMSG will develop a live database which informs prescribers, commissioners and the public of drugs which have been “recommended for use in Wales”.	AWMSG
17. AWMSG will identify, and inform WAG on currently used medicines which are not cost effective and warrant disinvestment to improve headroom for adoption of innovation as recommended by the Ministerial Industry Strategy Group’s Long-term Leadership Strategy¹¹.	AWMSG
18. NHS Wales should ensure that all organisations interested in medicines and prescribing performance, e.g. NLIAH and Commissioning Groups have access to independent and authoritative advice on quality prescribing.	NHS Organisations
19. AWMSG will work with clinical networks and Specialist groups to ensure that national clinical pathways and guidance include consistent advice on cost effective and evidence-based prescribing.	AWMSG
20. The AWMSG will develop its relationship with Medicines and Therapeutic Committees and Regional Commissioning bodies.	AWMSG

Appendix

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All Wales Medicines Strategy Group

Grŵp Strategaeth Meddyginiaethau Cymru Gyfan



Getting the Best Outcomes from Medicines for Wales

Supporting Tactical Document 3

Optimal Use

**A MEDICINES STRATEGY FOR
WALES**

April 2008

Contents

1. INTRODUCTION	1
1.1. The Strategy	1
1.2. Making the Vision a Reality	1
2. INVOLVING PATIENTS IN HEALTH CARE	2
2.1. Views of Patients - The Citizens Jury	2
2.2. Patients' Understanding of Health Care	2
2.3. Patient Concordance	3
3. MEDICINES MANAGEMENT SYSTEMS	4
3.1. Introduction	4
3.2. Integrated Care Pathways	4
3.3. Working with Partners	4
4. AWMSG COMMUNICATION	8
5. EFFICIENCY	9
5.1. Introduction	9
5.2. Waste Minimisation	10
6. AUDIT AND MONITORING	12
6.1. Introduction	12
6.2. Analytical Prescribing Support Unit (APSU)	13
7. PATIENT HEALTHCARE OUTCOME MEASURES	15
7.1. Needs Assessment	15
7.2. Current Performance Measures	15
8. MODERNISATION OF SERVICE	17
9. SUMMARY OF RECOMMENDATIONS	18
Appendix	
References	21

1. INTRODUCTION

1.1. The Strategy

The strategy for medicines in Wales proposes a vision for the future of prescribing and medicines management in Wales; A vision which focuses on patient outcomes as well as process.

**Prescribing and Medicines Management
The Vision for the Future
*Getting the Best Outcomes from Medicines for Wales***

All involved with Prescribing and Medicines Management will work together to ensure equity of access to the most clinically appropriate and cost-effective medicines for the people of Wales. This will be delivered through innovative services by a high quality workforce designed to meet the needs of all patients within all levels of health care, as outlined in *Designed for Life*³. There will be systems in place to facilitate informed decisions, improve performance, reward good work, tackle waste and strengthen accountability.

Prescribing performance in Wales will compare favourably with other areas of the UK with similar demography, providing safe, effective and economic use of medicines within an informed system that facilitates maximum benefit and minimal risk from appropriately resourced medicines.

The fair and transparent allocation of drug budgets across all sectors is fundamental to strengthening accountability and maximising the use of available resources.

This strategy identifies a vision for the future of medicines management, including prescribing, in Wales. It proposes a set of objectives and principles to guide the development of supporting strategies and policies and a way forward through key actions.

1.2. Making the Vision a Reality

The strategic vision is supported by three “Tactical Documents” which cover:

- Quality, Safety and Effectiveness
- Access and Timeliness
- Optimal Use

This document is the 3rd of those tactical documents – ***Optimal Use***.



2. INVOLVING PATIENTS IN HEALTH CARE

2.1. Views of Patients - The Citizens Jury

Increasingly, medicine is offering healthy people new ways of warding off ill health. But do patients just want to take medicines to preserve health? What information and help is needed to decide? Whose responsibility is it to preserve “My health”? These are questions affecting every one of us. The Government, NHS, healthcare professionals and others all have a role to play – but citizens ultimately have to decide for themselves. Recent work undertaken with a Citizens Jury identified several key recommendations relating to the safety of medicines, the information and advice given to patients, the role of GPs and the provision of free health care¹ including:

- Information on the risks and benefits of preventative medicines should always be set in the context of the risks and benefits associated with alternative ways of preserving health.
- Governments should encourage people to discuss the risks and benefits of taking preventative medicines with a healthcare professional before embarking on a course of treatment.

2.2. Patients’ Understanding of Health Care

Patients’ attitudes and experience of their medicines and their condition is a crucial factor influencing effective medicines use and clinical outcomes. The move towards promoting healthy lifestyles and well-being also involves attitudes towards medicines in the management of minor ailments. Better patient understanding of the health system and their health should promote self-responsibility.

There are some areas of health care where, regardless of evidence base, prescribing patterns may be driven by patient’s expectations and demands. This is a particular issue in certain conditions, such as insomnia and viral illnesses, where patients may inappropriately demand drug therapy. Whilst these issues can be addressed at a local level, support from a strategic public health national campaign could greatly contribute to further success.

Recommendation 33: AWMSG will work with other relevant bodies in Wales to encourage the self care of self-limiting illness through the advice of healthcare professionals and the use of over the counter medicines, as an alternative to seeking a prescription.

Lead: NHS Organisations (supported by AWMSG)

2.3. Patient Concordance

There is good evidence that people do not always take their medicines as intended, often due to poor communication and understanding of the need for medication. This can mean that they either take too many or too few, so they may not necessarily receive the maximum benefit. Even if they understand, they may choose not to take it as prescribed.

NHS Wales spends £11.4 million annually on statins, which are drugs used to lower blood cholesterol levels and reduce the risk of heart attacks and strokes. The Audit Commission² identified compliance and concordance as an area of concern claiming that many patients who are prescribed statins stop taking them (up to 75% after two years).

Health care professionals should discuss with patients the options available to preserve their health and fully engage with patients in “shared decision making” about medicines usage.

Recommendation 34: AWMSG will raise awareness of the risk to health outcomes of poor concordance and, with stakeholders, develop ways to improve concordance and engage patients in better utilisation of medicines.

Lead: AWMSG

3. MEDICINES MANAGEMENT SYSTEMS

3.1. Introduction

The patient experience and outcome from a health care intervention involving medicines is determined by the prescribing, supply and use of that medicine. There are numerous management systems that have been shown to work well at a local level, which could work more efficiently if supported at an All Wales level.

Recommendation 35: AWMSG and its sub-groups will work with LHBs and Trusts to identify systems that could work more efficiently at an All Wales level e.g. Analytical Prescribing Support Unit, Central Purchasing and Distribution of Medicines, All Wales Hospital Medication Charts.

Lead: AWMSG supported by NHS Organisations

3.2. Integrated Care Pathways

Designed for Life focuses on the development of integrated care pathways for the management of major chronic diseases, aimed at early assessment, accurate and timely diagnosis. Medicines should be considered in the context of the many care pathways currently under development, taking the opportunity to use the most clinically and cost-effective medicines earlier and reduce demands on other parts of the health system.

3.3. Working with Partners

Various Medicines Management Systems have developed over time including the use of multi compartment compliance aids in community and social care settings and the use of patient's own medicines in hospital.

Health and Social Care Interface

Little attention has been given in the past to the use of medicines in the social care and care home setting. Patients moving from one sector to the other often experience difficulties through poor communication and systems.

The appropriateness of medicines systems will need to be reviewed in light of changes in care delivery arrangements proposed in Designed for Life³, ensuring that patients receive optimal care and outcomes from their medicines, wherever they are. Reviews and changes to arrangements need to adopt a whole system approach across all health and social care sectors⁴.



Recommendation 36: AWMSG will initiate a combined Health and Social Services review of medicines management systems also involving “front line staff”; to include communication across interfaces, the review of roles and the need for staff training and appropriate use of medicines compliance aids. A report to be compiled with recommendations to WAG.

Lead: AWMSG

Interface within the Health Care Sector

Probably the most significant issue affecting medicines management issues across the interface is poor communication of information between prescribers. A solution to this long-standing problem is the use of IT for electronic communication across the interface, which has been discussed elsewhere in this document.

Poor compliance with medication can jeopardise treatment and increase the risk of admission or re-admission to hospital. A number of studies have implicated the occurrence of adverse drug reactions (ADRs) with admission to hospital, particularly in elderly patients. These have shown that between 5% and 17% of admissions are felt to be medicine related^{5,6,7,8,9,10}. Recent studies have completed the “circle” between admission and discharge, identifying that 19-23% of patients discharged experience an adverse event after discharge^{11,12}. It is thought that almost 60% of unplanned readmissions could be avoided by more effective action at the time of discharge¹³.

Development of a whole systems approach to managing medicines results in improved safety and effectiveness and reduced costs. Guidance on effective admission, transfer, discharge and minimizing the risks relating to medicines use have been published in Moving Patients, Moving Medicines, Moving Safely¹⁴. They recommend that Health Communities should have:

- Mechanisms for effective communication across interfaces
- Pharmacists taking patients’ medication histories on admission to hospital
- Use of patients’ own medication in hospital
- Patient self-administration of medicines whilst in hospital
- Using original packs to dispense medication only once

Recommendation 37: Systems should be in place which use patients’ own medicines whilst in hospital, to encourage self-medication during hospital stays and unify prescribing choices between hospitals and local GPs.

Lead: NHS Organisations



It is important that LHBs and Trusts build up good working relationships to ensure there is joint understanding of the implications of prescribing decisions, and processes are put in place to manage the local introduction of new drugs. This can be done through Interface Prescribing Committees with joint representation from primary and secondary care, and also through links with other local professional committees. Such committees can also consider broader issues of active medicines management, such as policies for prescribing at discharge, and re-use of patients' own medicines.

It may be helpful if such committees are supported by an interface pharmacist who can critically appraise the evidence and provide reports on new drugs. Collaboration with other interface committees can help to share the workload. Encouraging practice pharmacists and technicians to visit the local NHS trusts and spend time with clinical pharmacists, discharge pharmacists and observing procedures can be beneficial, and similarly hospital pharmacists may also benefit from spending time in general practice. There are many examples of good practice both within Wales and in the UK ¹⁴.

Recommendation 38: NHS Trusts and LHBs should review their interface communication arrangements for prescribing and medicines management in line with best practice and develop a plan to tackle problem areas.

Lead: NHS Organisations

Working with the Pharmaceutical Industry

The UK pharmaceutical industry is strong and successful and contributes to healthcare resources as well as producing economic benefits¹⁵. The industry possesses resources aimed at improving patient understanding and concordance. The NHS in Wales could utilise this resource to improve patient outcomes from medicines within appropriate guidelines. In some areas of Wales, partnerships have worked well and there is much to learn from their success. In other areas there is poor communication and mistrust ¹⁶.

Recommendation 39: NHS Wales should adopt an effective and appropriate working relationship with the Pharmaceutical Industry in line with WAG's advisory document "Guidance for partnership working between NHS organisations and the pharmaceutical industry".

Lead: NHS Organisations



For those organizations that choose to enter into partnership, the need for a robust agreement, of which all staff are aware, is essential. On behalf of AWMSG, NHSIF has already produced a strategy document in this area, "Guidance for partnership working between NHS organizations and the pharmaceutical industry"¹⁷. The intention of the document is to promote partnerships that will result in benefit to both parties. The impact of the guidance is currently being assessed.

Recommendation 40: WAG should assess the impact of the advisory document "Guidance for partnership working between NHS organisations and the pharmaceutical industry" in Wales. Examples of successful Industry/NHS Partnerships should be shared across Wales.

Lead: Welsh Assembly Government

4. AWMSG COMMUNICATION

It is vital that AWMSG communicates with patients, service users, staff and the wider general public. It is still the only National Medicines Appraisal Forum within the UK which conducts all its business in public. However, a robust communications strategy is needed to ensure that messages relating to safe, effective and cost-effective prescribing are disseminated across the whole of Wales. Links with the clinical networks are essential to ensure a harmonized approach to medicines management.

Recommendation 41: *AWMSG will develop a communication strategy to ensure that patients and the wider general public as well as service users are aware of issues relating to the managed entry of new medicines and clinically and cost-effective, safe prescribing.*

Lead: AWMSG supported by NHS Organisations

5. EFFICIENCY

5.1. Introduction

Taking medicines, whether prescribed by a practitioner or bought over-the-counter has become part of everyday living. Prescribing a medicine is also one of the most common interventions made by family doctors and increasingly, other healthcare professionals, as part of their routine daily work.

Over 58 million prescription items were dispensed through NHS Wales primary care services in 2006, at a cost of over £574 million (13% of healthcare spending) and a further £136.6 million was spent on medicines in Welsh Hospitals. This represents a large financial investment and also in the time spent by professionals in the process.

'Prescribers in Wales issue the greatest number of prescriptions per head in the four home countries but the net ingredient cost per item is the lowest.'

Office for National Statistics 2002

There is scope to improve the efficiency of primary care prescribing in Wales (NLIAH report). Improving efficiency frees up money, without affecting clinical outcomes, which can then be used to pay for treatments for other patients.

There has been much progress in some areas in recent years, for example an increase in the proportion of generic prescriptions which are more cost-effective, but of equivalent efficacy, to the branded preparation. There is further scope for improving value for money in primary care prescribing e.g. appropriate statin prescribing to reduce cholesterol levels and reduce the risk of heart attacks and strokes.

Both the NLIAH Modernisation Assessment for Wales¹⁸ and the National Audit Office report on "Prescribing Costs in Primary Care" for England¹⁹ identified significant further savings for LHBs and PCTs but also variations in the volume of prescribing between organisations. Further analysis of these patterns against parameters, such as local disease prevalence and deprivation, is warranted. An unusually low volume of prescribing may indicate unmet need, and an unusually high volume may indicate excessive prescribing, both of which represent poor value for money.

5.2. Waste Minimisation

There is a huge amount of medicines wastage at significant cost to the NHS. This could be as much as £20 million per annum for Wales, although the lack of robust data, and the wide range of reasons for waste, makes quantification difficult¹⁹. Prescriptions of duration greater than one month have been linked with high waste, and would suggest that prescribing should be for one month only, especially now that prescriptions are free in Wales.

Some Causes of Medicines Wastage

- Medicines are dispensed but remain uncollected
- Patients are recovering and no longer need their medication
- A medicine is unsuitable for the patient due to side-effects
- Medicines prescribed during a hospital stay, such as antibiotics, are continued unnecessarily when the patient returns home
- Acute (time-limited) medicines are transferred onto the repeat prescription record and issued every time that a repeat prescription is generated
- Seasonal medication remains on a repeat prescription all year
- Some patients tend to stockpile “just in case” medicines and re-order repeat medication that they do not need
- Non-equivalent pack sizes of medicines prescribed simultaneously can lead to the slow accumulation of “extra” doses. Over time this can generate significant amounts of waste

Source: NPC Medicines Management Team

In recognition of the serious medicines waste problem the Department of Health and WAG have introduced pharmacist medicines use of reviews and repeat dispensing schemes that allow patients to collect repeat prescriptions directly from community pharmacists. They can then check whether the patients are still taking their medicines or experiencing difficulties with them, in an attempt to tackle some of the causes of waste. Uptake of these initiatives, however, has been low since their introduction to the new pharmacy contract²⁰ in 2005. The true benefit of monthly repeat dispensing via community pharmacies will be realised when there is full connectivity between GP clinical systems and community pharmacies.

Possible measures to reduce waste include:

- Obtain a better understanding of the reasons why patients do not take their medicines.
- Raising professional, public and patient awareness about the cost of medicines to the NHS via local and national campaigns.

- Incentives for community pharmacists/dispensing practices hospitals and care homes to monitor and reduce waste medicines.
- Bench marking between organisations to identify and correct inefficient systems.
- Limiting the initial time period of new prescriptions, or of the length of time between repeat prescriptions.
- Issuing a directive that prescriptions should be for a period of no more than one month in usual circumstances.

Recommendation 42: AWMSG will initiate an investigation on the scale of medicines wastage within Wales and explore methods that reduce this waste in collaboration with the NHS service and other organisations Lead: AWMSG

6. AUDIT AND MONITORING

6.1. Introduction

Monitoring of prescribing patterns is essential to ensure effective implementation of national guidance, policy decisions relating to medicines and to identify the accuracy of previous forecasting models. There are a variety of prescribing information systems available in Wales which are managed by Health Solution Wales including the Primary Care Information System (primary care prescribing data) and the Medusa System (hospital pharmacy prescribing data). Consideration of one sector in isolation can be misleading as considerable variation exists across Wales in specialist service provision and interface prescribing policies.

There are dangers in focusing only on savings within the prescribing budget as a measure of performance. Medicines should also be considered in the context of care pathways so that they can have maximum benefit by reducing demands on other parts of the health system.

Currently, prescribing performance is compared using the prescribing unit. This high level comparative measure takes account of differences in the age of a population but not differences in its deprivation, sex distribution or prevalence of disease. A more sophisticated measure, which more accurately reflects prescribing demand, is the English based ASTRO prescribing unit.

Variations in performance between LHBs and Trusts within Wales, together with other parts of the UK, need to be examined and considered. This could be progressed through analysis of prescribing data captured via the CASPA system in primary care and the MEDUSA system in secondary care.

Work is already underway to measure the impact of abolition of prescription charges on the primary care prescribing budget and the self-care pharmacy sales market in Wales. Further prescribing analysis work is needed, including:

- Developing a range of measures of prescribing including a Welsh prescribing unit.
- Developing data links with non-prescribing databases, such as disease prevalence, epidemiological data and hospital admission data to ensure medicines use is not considered in isolation but as an integrated component of care.
- Reporting and consideration of variation in interface prescribing policies.



- Benchmarking of prescribing and the medicines management systems within and outside Wales and identify areas where improvement is necessary.
- Investigating the prescribing performance differences between LHBs and Trusts in Wales and with other areas of UK.

Recommendation 43: AWMSG will include a regular agenda item on cost-effective prescribing within primary, secondary care and the interface between these sectors in order to encourage a more integrated clinical and financial approach to the planning process.

Lead: AWMSG

Recommendation 44: AWMSG will agree prescribing and medicines management performance measures e.g. prescribing indicators, adherence to formularies, across all NHS sectors on an annual basis and report outcomes on a quarterly basis.

Lead: AWMSG

6.2. Welsh Analytical Prescribing Support Unit (WAPSU)

The Welsh Analytical Prescribing Support Unit, intends to provide a robust health intelligence function with meaningful and evaluated medicines surveillance information across primary and secondary care to NHS Wales and WAG. This function will become of increasing importance when considering reconfiguration of healthcare services and transfer of appropriate budgets to enable delivery of strategic plans.

Recommendation 45: AWMSG will work closely with WAPSU to develop robust systems to monitor prescribing outcomes and ensure available resources are used effectively in accordance with agreed performance measures.

Lead: AWMSG

Shared care is a vital component of safe and effective prescribing. AWMSG has already developed criteria for shared care, a generic template for shared care protocols and examples of shared care protocols for some antirheumatic agents. Templates for consultant and GP communications regarding shared care have also been developed.



Recommendation 46: AWMG should examine the applicability of shared care arrangements to specialist areas of prescribing and where appropriate, develop shared care templates.

Lead: AWMSG supported by NHS Organisations

Financial issues relating to prescribing in primary, secondary care and the interface between these sectors should be a regular component of AWMSG's agenda, to encourage a more integrated clinical and financial approach to planning, and to support effective medicines management across Wales.

7. PATIENT HEALTHCARE OUTCOME MEASURES

7.1. Needs Assessment

Whilst there is much data available on numbers and costs of prescriptions dispensed in Wales, relatively little is known regarding prescribing outcomes in Wales. Clearly there is a need to focus on any areas which need addressing in Wales.

The starting point may be a needs assessment, involving mapping of ill-health including incidence of disease.

Recommendation 47: NHS Wales will undertake a needs assessment of prescribing in relation to ill-health, in order to inform a more detailed strategic work plan for improving the health of the Nation. Lead: WAG

7.2. Current Performance Measures

The **quality and outcomes framework (QOF)** which forms the basis of the GMS contract is designed to secure high quality services for patients and enables practices to attain up to 320 quality points through comprehensive prescribing & medicines management services.

The **Strategic and Financial Framework (SaFF)** has set delivery targets for health communities across Wales which clearly identified expected improvements relating to the effective delivery of prescribing and medicines management including:

Modernisation & Efficiency Target (6) All prescribing organisations and practices to meet the five high level All-Wales Medicines Strategy Group prescribing indicator targets.

Long term care Formal audited appropriate medicines management systems for older people in hospital and community settings will be in place.

Long term conditions (21): All pharmacies will undertake at least 100 medicines use reviews (MURs).

Currently, local health boards' performance in terms of implementing national prescribing guidance is measured via the **Health Care Standards for Wales (Standard 12)**. Health Inspectorate Wales require LHBs and Trusts to undertake self assessments of their performance.

- Standard 12:** Healthcare organisations ensure that patients and service users are provided with effective treatment and care that:
- a) conforms to guidance from the National Institute for Health and Clinical Excellence (NICE), and the recommendations of the All Wales Medicines Strategy Group (AWMSG)
 - b) is based on nationally agreed best practice and guidelines, as defined in National Service Frameworks, NICE clinical guidelines, national plans and agreed national guidance on service delivery
 - c) takes account of patients' physical, social, cultural and psychological needs and preferences
 - d) is integrated to provide a seamless service across all relevant organisations, including social care organizations

Recommendation 48: AWMSG will audit the service impact of its appraisal recommendations, with feedback to NHS organisations on any potential further action that may be required.

Lead: AWMSG

8. MODERNISATION OF SERVICE

As health statistics suggest that over 90% of health interventions will at some stage involve a medicine, and up to 15% of elderly patients who are admitted to hospital are there because of related effects of medicines²¹, it is essential that every opportunity is taken to improve the management of medicines for patients.

NLIAH is commissioned by WAG to undertake modernisation assessments of health care organisations in Wales. The prescribing performance measures used in such assessments must be robust, evidence-based and whenever possible, focused on clinically effective and cost effective prescribing. A Modernisation Assessment undertaken by NLIAH¹⁸ in 2006 identified the potential for better utilisation of primary care prescribing resource and suggested a number of modernisation actions:

- Analyse prescribing data in more detail (e.g. by therapeutic group) and assess the scope for improving effectiveness and efficiency of prescribing.
- Implement formal arrangements for GP peers to meet and discuss comparative practice prescribing patterns (where these are not already in place) and publish non-anonymised results where there is evidence of poor clinical practice and reluctance to change.
- Implement a medicines formulary if not already in place.
- Implement a flexible incentives scheme if not already in place.
- Consider business case for implementing software solutions in GP systems (e.g. 'Scriptswitch')
- Implement formal arrangements for GPs and consultants to meet to discuss primary/secondary care interface and issues.
- Develop a performance framework for medicines management covering administrative costs and a revised set of local performance indicators
- Examine the potential relationship/correlation between prescribing by therapeutic group, disease prevalence and admissions to secondary care by HRG.

NLIAH Modernisation Assessment Summary Report 2005-2006
Delivering Designed for Life:
Focusing on effective, efficient, sustainable improvements

Summary of Recommendations

Recommendation (Optimal Use)	Lead (Support)
33. AWMSG will work with other relevant bodies in Wales to encourage the self care of self-limiting illness through the advice of healthcare professionals and the use of over the counter medicines, as an alternative to seeking a prescription.	NHS Organisations (AWMSG)
34. AWMSG will raise awareness of the risk to health outcomes of poor concordance and, with stakeholders, develop ways to improve concordance and engage patients in better utilization of medicines.	AWMSG
35. AWMSG and its sub-groups will work with LHBs and Trusts to identify systems that could work more efficiently at an All Wales level e.g. Analytical Prescribing Support Unit, Central Purchasing and distribution of Medicines, All Wales Hospital Medication Charts.	AWMSG (NHS Organisations)
36. AWMSG will initiate a combined Health and Social Services review of medicines management systems also involving “front line staff”; to include communication across interfaces, the review of roles and the need for staff training and appropriate use of medicines compliance aids. A report is to be compiled with recommendations to WAG.	AWMSG



Recommendation (Optimal Use)	Lead (Support)
37. Systems should be in place which use patients' own medicines whilst in hospital, to encourage self-medication during hospital stays and help to unify prescribing choices between hospitals and local GPs.	NHS Organisations
38. NHS Trusts and LHBs should review their interface medicines management systems in line with best practice and develop a plan to tackle problem areas.	NHS Organisations
39. NHS Wales should adopt an effective and appropriate working relationship with the Pharmaceutical Industry in line with WAG's advisory document "Guidance for partnership working between NHS organizations and the pharmaceutical industry".	NHS Organisations
40. WAG to assess the impact of the advisory document "Guidance for partnership working between NHS organizations and the pharmaceutical industry" in Wales. Examples of successful Industry/NHS Partnerships should be shared across Wales.	WAG
41. AWMSG will develop a communication strategy to ensure that patients and the wider general public as well as service users are aware of issues relating to the managed entry of new medicines and clinically and cost-effective, safe prescribing.	AWMSG (NHS Organisations)



Recommendation (Optimal Use)	Lead (Support)
42. AWMSG will initiate an investigation on the scale of medicines wastage within Wales and explore methods that reduce this waste in collaboration with the NHS service and other organisations.	AWMSG
43. AWMSG will include a regular agenda item on cost-effective prescribing within primary, secondary care and the interface between these sectors in order to encourage a more integrated clinical and financial approach to the planning process.	AWMSG
44. AWMSG will agree prescribing and medicines management performance measures e.g. prescribing indicators, adherence to formularies, across all NHS sectors on an annual basis and report outcomes on a quarterly basis.	AWMSG
45. AWMSG will work closely with the WAPSU to develop robust systems to monitor prescribing outcomes and ensure available resources are used effectively in accordance with agreed performance measures.	AWMSG
46. AWMSG will examine the applicability of shared care arrangements to specialist areas of prescribing and where appropriate, develop shared care templates.	AWMSG (NHS Organisations)
47. NHS Wales will undertake a needs assessment of prescribing in relation to ill-health, in order to inform a more detailed strategic work plan for improving the health of the Nation.	WAG

Recommendation (Optimal Use)	Lead (Support)
<p>48. AWMSG will audit the service impact of its appraisal recommendations through APSU, with feedback to NHS organisations on any potential further action that may be required.</p>	<p>AWMSG (APSU)</p>

Appendix

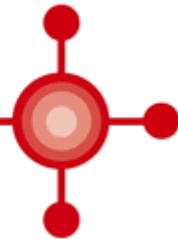
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All Wales Medicines Strategy Group

Grŵp Strategaeth Meddyginiaethau Cymru Gyfan



Getting the Best Outcomes from Medicines for Wales

Supporting Tactical Document 2

Timely Access to Medicines

**A MEDICINES STRATEGY FOR
WALES**

April 2008

Contents

1. INTRODUCTION	1
1.1. The Strategy	1
1.2. Making the Vision a Reality	1
2. PUBLIC UNDERSTANDING AND INVOLVEMENT	2
3. COMMISSIONING	3
4. BUDGET SETTING	4
4.1. Key Elements	4
4.2. Fair and Transparent Budget Setting	4
4.3. Robust Horizon Scanning and Financial Forecasting	6
4.4. Analysis and Monitoring of Prescribing Patterns	7
5. SUMMARY OF RECOMMENDATIONS	9
Appendix	
References	11

1. INTRODUCTION

1.1 The Strategy

The strategy for medicines in Wales proposes a vision for the future of prescribing and medicines management in Wales; A vision which focuses on patient outcomes as well as process.

**Prescribing and Medicines Management
The Vision for the Future
*Getting the Best Outcomes from Medicines for Wales***

All involved with Prescribing and Medicines Management will work together to ensure equity of access to the most clinically appropriate and cost-effective medicines for the people of Wales. This will be delivered through innovative services by a high quality workforce designed to meet the needs of all patients within all levels of health care, as outlined in *Designed for Life*³. There will be systems in place to facilitate informed decisions, improve performance, reward good work, tackle waste and strengthen accountability.

Prescribing performance in Wales will compare favourably with other areas of the UK with similar demography, providing safe, effective and economic use of medicines within an informed system that facilitates maximum benefit and minimal risk from appropriately resourced medicines.

The fair and transparent allocation of drug budgets across all sectors is fundamental to strengthening accountability and maximising the use of available resources.

This strategy identifies a vision for the future of medicines management, including prescribing, in Wales. It proposes a set of objectives and principles to guide the development of supporting strategies and policies and a way forward through key actions.

1.2. Making the Vision a Reality

The strategic vision is supported by three “Tactical Documents” which cover:

Quality, Safety and Effectiveness

Access and Timeliness

Optimal Use

This document is the 2nd of those documents – ***Timely Access to Medicines***



2. PUBLIC UNDERSTANDING AND INVOLVEMENT

The public are not always aware of the process by which medicines become available and can often be misled through the media with respect to the role and benefit of medicines. Recent work undertaken by a Citizen's Jury of 16 individuals representing Welsh patients and the public¹ made recommendations including:

The results of research should be presented to the public by a trustworthy source, covering all sides of the argument, and wherever possible allowing comparisons between different data to be made on a comparable basis.

Governments have a duty to ensure that people are informed about the potential benefits and risks of medicines.

New medicines, which are clinically effective and cost effective, should be made available to patients within an appropriate timescale. Patients deserve as early a decision as is possible on whether or not new medicines should be recommended for use.

Any new medicine can be legally prescribed once it has a licence, if it is thought by a clinician to be the most suitable treatment for an individual patient. An individual clinician should take account of guidance issued by NICE or the AWMSG when exercising their clinical judgement, unless there is evidence to justify not doing so in the light of the particular circumstances of an individual patient.

WHC (2007) 028²

Recommendation 21: AWMSG will work with WAG and the Wales Centre for Health to develop a communications strategy for informing the public on the process followed for evaluation and funding of new drugs in Wales.

Lead: AWMSG (supported by WAG and the Wales Centre for Health and other NHS organisations)

3. COMMISSIONING

The medicines management aspect of commissioning should be transparent and operate in a way that puts patients' healthcare needs first, whilst providing the most appropriate outcome for the wider population of Wales.

Commissioning responsibilities for medicines should be transparent in order that decisions with regard to funding are made in an appropriate timely manner.

Horizon scanning is an important component of planning and commissioning services; recognising the potential impact of emerging technologies such as new medicines is a vital part of the process. There are many organisations within, and affiliated to the NHS with a remit to provide evaluated information on the impact of proposed new medicines under clinical development including the National Horizon Scanning Centre, the National Prescribing Centre and the UK Medicines Information (UKMi). However, it is often difficult to predict those that will actually reach the market and identify the true financial impact of a new medicine during the early stages of launch.

Access to independent, evidence-based advice is important for commissioners to consider the funding of high cost treatment for individual patients where the medicines have not been appraised by NICE or AWMSG.

The new regional commissioning and prioritisation arrangements for Wales will need to link closely with the AWMSG drug appraisal process to ensure that there is evidence based and timely commissioning advice provided to inform funding consideration of drug treatment.

Recommendation 22: WAG should ensure that commissioners have access to independent medicines advice and that uptake is embedded in new commissioning roles and structures.

Lead: WAG (via AWMSG)

Delays in making decisions regarding the funding of drug therapies may be due to lack of clarity in commissioning responsibility.

Recommendation 23: WAG should clarify the commissioning responsibility of Health Commission Wales (HCW) and LHBs with regard to the funding of medicines in Wales.

Lead: WAG

4. BUDGET SETTING

4.1. Key Elements

The fair allocation of health funding at both national and local level is vital, with above UK average reporting of chronic disease, morbidity and ageing demographic in Wales. This, together with the ongoing development and availability of new effective medicines, puts more pressure on prescribing budgets.

It is fundamentally important that budget holders ensure that the mechanism by which their indicative prescribing budget is set is fair, transparent, open and consistent, and that there is ownership and accountability for that budget. If there is a perception of the lack of any of these characteristics in their budget setting, budget holders, such as primary care practices and hospital directorates, will not be motivated to work within their allocation.

There are three important elements to supporting appropriate budgets for prescribing in Wales. These include:

- 1) a fair and transparent budget setting methodology
- 2) robust horizon scanning with financial forecasting
- 3) timely monitoring and analysis of prescribing patterns in both primary and secondary care

Recommendation 24: NHS Wales should adopt an evidence-based methodology for budget setting and funding of medicines to ensure fair and equitable access to medicines across Wales.

Lead: WAG

4.2. Fair and Transparent Budget Setting

A significant proportion of the NHS Wales budget is spent on medicines. The primary care prescribing budget alone accounts for approximately 13% of total NHS Wales spend. It is estimated that 80% of total medicines spend is in the community (primary care) with the remainder of the costs occurring in secondary care.

Secondary Care Budget

The secondary care medicines budget is part of the overall Hospital and Community Health Service (HCHS) allocation and is not separately identified. It is up to individual Trusts to decide how much money to allocate to the budget which includes medicines prescribed for both in and out patients dispensed by pharmacy departments, and for Healthcare Packages at Home. The average increase in Welsh Trust medicine costs for over the last five years is 14.7%. It is vital that timely horizon scanning can inform potential cost pressures and that budgets are adjusted to reflect this as accurately as possible.

The mechanism by which individual trusts allocate budgets internally for medicines varies across Wales with many setting budgets at individual directorate level. However, the mechanism for setting budgets is unclear and if the money allocated is insufficient to meet needs, there will be obvious cost pressures that require an explicit and robust commissioning framework.

Recommendation 25: The commissioning framework will address areas of medicine cost pressure on LHBs and Trusts at the beginning of the financial year and develop a process so that requests for interim funding are dealt with in an equitable manner across Wales.

Lead: Commissioners

Primary Care Budget

There is no perfect way to set budgets that explains all the variations in prescribing costs in primary care. However, the factors that are important include demographic information on the number, age and sex of patients, socio-economic data on levels of deprivation, together with specific information such as levels of nursing home patients for whom prescribing costs are higher than average. An alternative approach to budget setting might be to consider medicines in the context of integrated care pathways and seek to fund the use of the most appropriate medicine(s) thus reducing demands on other parts of the health system.

Across Wales, a variety of methodologies have been employed in budget setting, from uplift on historical spend, to a form of weighted capitation, or models which have a mixture of both. Further work is required by the Standing Group on Resource Allocation before agreeing a transparent budget setting methodology for the various funding streams including medicines.

There is a gradual move to transfer the delivery of healthcare for chronic conditions from the acute hospital setting to the community or an intermediate care setting. This will require the movement of resources to support the service needs as well as ensuring good arrangements for communication across the interface. Accurate, timely and relevant information is a key component in ensuring the prescribing implications of any planned new service or service reconfiguration have been adequately accounted for and delivered by the most cost-effective and clinically appropriate means.



Recommendation 26: The commissioning framework must recognise the medicines implications of service reconfiguration and ensure the appropriate virement of funds between budgets.

Lead: Commissioners

Budget setting processes must have sufficient flexibility to enable and support changes in service delivery over time. A review of budget setting in a fair and transparent manner would include:

A review of the scientific literature.

Assessment of the association between the current spend on prescribing and various measures of socio-economic deprivation.

Production of guidance on prescribing budget setting based on all available information.

Guidance on any move from the current to a new budget setting methodology, as this may be best phased over a period of years.

Advice on how LHBs communicate budget setting methodology and changes to each practice.

Recommendation 27: The methodology for setting of prescribing budgets needs to be clearly transparent to NHS budget holders, with clear timelines for any phased movement towards a new formula.

Lead: Welsh Assembly Government

4.3. Robust Horizon Scanning and Financial Forecasting

Many factors affect the rate of uptake of a new medicine by an NHS trust or clinician. These include whether the drug is novel for a previously untreatable condition, whether a specialist service is required or accessible, and whether approval by a local or national Medicines and Therapeutics Committee has been obtained.

Hospital specialists often have early awareness of new medicines in development. Individual clinicians with clinical trial experience and specialist group consensus can provide a valuable resource to NHS Wales (alongside evaluated medicines information systems) in predicting the likely impact of a new medicine prior to launch.

The managed introduction of a new medicinal product or existing medicine with a new indication into NHS Wales could also be considerably improved by developing strong links between AWMSG, Clinical Networks, Specialist Groups and Finance Directors.



Recommendation 28: The clinical networks and Specialist groups across Wales will help inform the AWMSG work programme by supporting horizon scanning, advising on appraisal prioritization and providing specialist clinical advice to AWMSG.

Lead: Clinical Networks

Recommendation 29: A timetable should be agreed between Finance Directors, AWMSG Network, NPHS and WAG so that prompt financial information can inform the decision making process on the resources to be considered for prescribing within NHS Wales.

Lead: Welsh Assembly Government supported by NHS Organisations

4.4. Analysis and Monitoring of Prescribing Patterns

Role of LHBs

In addition to ensuring quality, safety and effectiveness of prescribing and medicines management, Local Health Boards have a statutory duty to contain costs within their allocated budget. Any overspend on a prescribing budget for example would therefore have to be recovered from other areas of LHB cost pressures e.g. hospital and community services allocations. It is the responsibility of all prescribers and Medicines Management teams to ensure that clinical and cost effective prescribing is appropriately targeted for the local population in order to maximise health gain from within allocated resources.

LHB Medicines Management Teams therefore must focus on cost containment within the medicines budget through measures such as generic prescribing, dose optimization and generally helping prescribers maximize the benefits from well targeted prescribing. The frequent changes to the reimbursement prices of medicines contained within the Drug Tariff make local prescribing advice and strategies difficult to manage. A Drug Tariff for Wales might allow better strategic budgetary management at LHB level and this should be further explored.

Recommendation 30: The Welsh Analytical Prescribing Support Unit (WAPSU) (when established) and HSW will assist WAG, LHBs and Trusts with budgetary forecasting, monitoring and management.

Lead: AWMSG

Influence of Secondary Care

The Audit Commission report – A spoonful of Sugar³, has identified that secondary care prescribers can directly and indirectly affect primary care prescribing. This may have major financial implications, and may also influence the quality of prescribing.

There are many examples of good prescribing and medicines management systems within secondary care including the operation of well managed formulary systems, shared care arrangements etc. Communication across the interface can ensure that any potential clinical or financial implications are minimised.

Recommendation 31: Robust interface working arrangements should be developed to ensure that the influence of secondary care on primary care prescribing is considered in local service and strategic developments.

Lead: Welsh Assembly Government

Cost-shifting between primary and secondary care (in either direction) is counter-productive and so it is vital that Medicines and Therapeutics committees address these issues as soon as they are identified.

Healthcare packages at home are increasingly being commissioned by LHBs and Trusts across Wales to provide specialist medicines direct to patients in their own homes. These packages are generally not commissioned through hospital pharmacy departments and therefore the scale of these is currently unknown.

Recommendation 32: NHS Trusts and LHBs should identify and carefully monitor the financial implications of healthcare packages at home across Wales to ensure they provide cost effective use of NHS resource.

Lead: NHS Organisations



5. SUMMARY OF RECOMMENDATIONS

Recommendation (Access and Timeliness)	Lead (Support)
21. AWMSG will work with WAG and the Wales Centre for Health to develop a communications strategy for informing the public on the process followed for evaluation and funding of new drugs in Wales.	AWMSG (WAG and Wales Centre for Health)
22. WAG should ensure that commissioners have access to independent medicines advice and that uptake is embedded in new commissioning roles and structures.	WAG (AWMSG)
23. WAG will clarify the commissioning responsibility of Health Commission Wales (HCW) and LHBs with regard to funding of medicines.	WAG
24. NHS Wales will adopt an evidence-based methodology for budget setting and funding of medicines to ensure fair and equitable access to medicines across Wales.	WAG
25. The commissioning framework will address areas of medicine cost pressure on LHBs and Trusts at the beginning of the financial year and develop a process so that requests for interim funding are dealt with in an equitable manner across Wales.	Commissioners
26. The commissioning framework must recognise the medicines implications of service reconfiguration and ensure the appropriate virement of funds between budgets.	WAG Commissioners



Recommendation (Access and Timeliness)	Lead (Support)
27. The methodology for setting of prescribing budgets needs to be clearly transparent to NHS budget holders, with clear timelines for any phased movement towards a new formula.	WAG
28. The clinical networks and Specialist groups across Wales will help to inform the AWMSG work programme by supporting horizon scanning, advising on appraisal prioritisation and providing specialist clinical advice to AWMSG.	Clinical Networks AWMSG
29. A timetable will be agreed between Finance Directors, AWMSG Network, NPfS and WAG so that prompt financial information can inform the decision making process on the resources to be considered for prescribing within NHS Wales.	WAG (NHS Organisations)
30. The Welsh Analytical Prescribing Support Unit (WAPSU) (when established) and HSW will assist LHBs and Trusts with budgetary forecasting, monitoring and management.	AWMSG
31. Robust interface working arrangements will be developed to ensure that the influence of secondary care on primary care prescribing is considered in local service and strategic developments.	WAG NHS organisations
32. NHS Trusts and LHBs to identify and carefully monitor the financial implications of healthcare packages at home across Wales to ensure they provide cost effective use of NHS resource.	NHS Organisations

Appendix

References

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