

ALL WALES PRESCRIBING ADVISORY GROUP

**Minutes of meeting held
Wednesday 10th December 2014 commencing 9.30 am
At the St Michael's Centre, 10a Pen Y Pound,
Abergavenny, NP7 5UD**

Voting members

Mrs Louise Howard-Baker (Chair)	Pharmacist, Betsi Cadwaladr
Mrs Jane Barnard	Lay member
Dr Brendan Boylan	Medical Director (Primary, Community & Intermediate Care) (Cardiff and Vale)
Mr Alan Clatworthy	Pharmacist, Abertawe Bro Morgannwg
Mr Mike Curson	Pharmacist Aneurin Bevan
Mrs Sian Evans	Pharmaceutical Public Health Wales
Mr Stefan Fec	Community Pharmacist, Powys
Mrs Sarah Isaac	Pharmacist, Hywel Dda
Dr Sue Jeffs	Consultant, Aneurin Bevan
Dr Sally Lewis	Interim Assistant Medical Director/Primary Care Clinical Director (Aneurin Bevan)
Mrs Robyn Miles	ABPI Wales Industry Group
Mrs Fiona Walker	Pharmacist, Cardiff and Vale
Mrs Bev Woods	Pharmacist, Cwm Taf

In attendance (non-voting)

Mr Paul Fleming	British Generics Manufacturers
Mr Andrew Evans	DHSS
Dr Rob Bracchi	AWTTC
Miss Christine Collier	AWTTC
Ms Kath Haines	AWTTC
Mrs Kate Jenkins	AWTTC
Dr Tessa Lewis	AWTTC
Miss Karen Jones	AWTTC

Key of abbreviations

ABPI	Association of the British Pharmaceutical Industry
AWMSG	All Wales Medicines Strategy Group
AWMSGSC	All Wales Medicines Strategy Group Steering Committee
AWPAG	All Wales Prescribing Advisory Group
AWTTC	All Wales Therapeutics and Toxicology Centre
CASPA	Comparative Analysis System for Prescribing Audit
CEPP	Clinical Effectiveness Prescribing Programme (formerly called the Prescribing Incentive Scheme)
CPW	Community Pharmacy Wales
DHSS	Department of Health and Social Services
GP	General Practitioner
MHRA	Medicines and Healthcare products Regulatory Agency
NMMPB	National Medicines Management Programme Board
NICE	National Institute for Health and Care Excellence
NWIS	NHS Wales Informatics Service
PSU	Prescribing Support Unit
T&FG	Task and Finish Group
WAPSU	Welsh Analytical Prescribing Support Unit
WeMeReC	Welsh Medicines Resource Centre
WG	Welsh Government

1.0 Welcome & introduction

The Chair opened the meeting and welcomed Dr Sally Lewis and Dr Brendan Boylan to the group. Members introduced themselves. The Chair also informed the group that Ashok Rayani, Hamsaraj Shetty and Marnel Owen had all resigned from AWPAG. The Chair thanked them for their contribution to the group during their membership and called for nominations to posts.

2.0 Apologies

Dr Rick Greville
Miss Sophie Harding
Dr Peter Horvath-Howard
Dr Susanna Jacks
Ms Marnel Owen
Dr Hamsaraj Shetty
Mr Jonathan Simms

Director, ABPI Cymru Wales
Pharmacist, Velindre
GPC (Wales)
GP, Aneurin Bevan
Community Nurse, Betsi Cadwaladr
Consultant, Cardiff and Vale
Pharmacist, Aneurin Bevan

3.0 Declarations of interest

The Chair asked for any declarations of interest. Mrs Robyn Miles declared interests pertinent to the National Prescribing Indicators.

4.0 Chair's report

The Chair reported that she had attended the AWMSG meeting on the 12 November but there was nothing further to report.

5.0 Minutes of previous meeting

The minutes of the previous meeting were checked for accuracy. Accuracy was agreed.

The Chair asked for an update on action points:

Polypharmacy – Guidance for Prescribing in Frail Adults – The Chair's meeting with Professor John Hindle had been cancelled but they are due to meet next week.

Sarah Isaac has sent a PowerPoint educational slide set based on the document to AWTTTC and is happy for it to be used widely and put on website.

National Prescribing Indicator (NPI) related outcome measures proposal – Kath Haines informed the group that she had attended a scoping meeting to discuss measures around potential mental health prescribing indicators and that they were to meet next in February 2015. The Chair gave an overview of this group for the benefit of new members. Discussion followed regarding Primary Care representation on this group.

National Prescribing Indicators 2015–2016 – The Chair updated the group on the latest progress on authoring prescribing decision support messages (ScriptSwitch). Jamie Hayes has established health board connections and it is likely that some of their messages could be adopted. Kath Haines informed the group that this was also discussed at the Chief Pharmacists Meeting.

Beverley Woods updated the group on the proposal for a project on morphine use in chronic pain, highlighting that she had found some good audits, which can be signposted. Beverley Woods will share her document with the group when the PrescQIPP document has been developed.

Advice on the Role of Oral Anticoagulants – Supporting documents – Implementation Considerations for Health Boards is complete and will go to AWMSG for information. The Summary for Patients requires further work.

6.0 Feedback from 8 October and 12 November 2014 AWMSG for information

[GP Cluster Level Comparators](#) – The document was presented at AWMSG on 8 October. It was well received and endorsed by AWMSG and is now on the website.

[Handbook for Homecare Services](#) – The document was presented at AWMSG on 8 October. It was approved and is now on the AWMSG website and also on the Royal Pharmaceutical Society website.

[Monitoring Usage in Wales of Medicines Appraised by NICE and AWMSG](#) – The document was presented at AWMSG on 8 October. It was discussed and well received and is now on the AWMSG website. Individual health boards will be responsible for using this data locally to review prescribing where appropriate.

[NPIs: Analysis of Antibacterial Prescribing Data to March 2014](#) – The report was presented to AWMSG on 8 October. It was endorsed and is on the AWMSG website.

7.0 Documents for discussion

7.1 National Prescribing Indicators 2015–2016

Kate Jenkins presented the National Prescribing Indicators 2015–2016 document. The document has been out for consultation and has since been amended to include consultation responses. Discussion followed:

Antibiotics – Beverley Woods queried the antibiotic graphs showing all quarters and suggested only presenting data from December quarter – this was agreed.

ICS – The suggestion to include basket for low strength ICS as Appendix was agreed by the group.

The suggestion to include details of the flat dose response curve of ICS in asthmatics was also agreed. Details could also be included in the “Supporting Information for Prescribers” and add Prudent Prescribing initiatives.

There was discussion of practice nurse education and step-down guidance – review step-down guides. Fiona Walker and the Chair to share their information and consider a new project proposal for the AWMSG Steering Committee.

Discussion of ‘train the trainer’ work by WCPPE on advanced inhaler technique – useful resource.

LAC statins – Discussion on IMPROVE-IT study – data presented at a conference but not yet published – review section when data is published. Chair to respond to company thanking them for their consultation comments and to inform them of this.

Yellow Cards – Importance of reporting in all settings was discussed, not just GP reporting; consider strengthening the message.

Suggestion that the health board target (all yellow cards primary and secondary care) could be higher. Agreed that perhaps it could be; however, still a new indicator and still teething problems managing the data. The indicator’s primary objective is to raise the profile of yellow cards. Rob Bracchi reported that other areas of the UK are interested in the work being undertaken in Wales and that Yellow Card Champions are being adopted elsewhere. It was agreed that there is potential to widen the use of yellow card reporting to other reporters/settings.

It was pointed out that work in one health board highlighted that a search in one practice showed that prescribers were recording adverse effects to medicines in a patient’s notes but not following this up by documenting it on a yellow card. Example of good practice to be shared with AWTTTC by Bev Woods. Rob Bracchi reported that

yellow card reporting is to be integrated into GP computer systems – (VISION) hopefully in the new year.

Appendix 1 – Development of secondary care NPIs

Two secondary care indicators around antibiotic prescribing (surgical prophylaxis and duration of treatment) were presented to the group as examples of measures that could be used to support and promote the uptake of the National Prescribing Indicators in non-GP settings. The two examples had been developed following discussion at the Antimicrobial Stewardship Forum and with Robin Howe/Maggie Heginbotham. There was discussion regarding surgical prophylaxis and whether the data included emergency surgery as well as elective as this could skew the data for some hospitals. It was suggested that there was a need to explore the use of broad spectrum antibiotics and how this relates to *C. difficile*.

There was broad support for the development of secondary care prescribing indicators and including antibiotic prescribing; however, more consideration needed to be given to working up sound measures that could be reported more frequently than the annual point prevalence survey. Consideration was given to including the data as an appendix to the main document; however, it was agreed that it may get lost and that there was a need to develop separately.

There was also suggestion that secondary care indicators focusing on the following areas could be considered: opioid analgesics (particularly patches), insulin, overactive bladder, ophthalmology and the run charts could be used to highlight good practice.

It was agreed that a new Task and Finish Group (to develop secondary care indicators) was required to discuss how to take these ideas forward (Sally Lewis, Alan Clathworthy, Sue Jeffs) – pain, diabetes, bladder and ophthalmology to be considered alongside antibiotics. Need to ensure the measures are robust. The Chair and Tessa Lewis to meet with the Medical Directors to discuss the principles of NPIs.

ACTION: NPI 2015–2016 document to go to AWMSG Steering Committee in January 2015 then to AWMSG in February 2015. NPI Supporting Information for Prescribers to be considered at the same time.

ACTION: LAC statins – review section when data are published. Chair to write to company thanking them for their consultation comments and to inform them of this.

ACTION: Example of good practice to be shared with AWTTTC by Bev Woods.

ACTION: The Chair and Tessa Lewis to arrange attendance of All Wales MD/AMDs meeting to discuss NPIS.

7.2 Local Comparators 2015–2016

Kath Haines informed the meeting that the Primary Care Delivery Group met in November and was attended by Kate Jenkins. The group confirmed that they were happy to review the local comparators on an annual basis and support the development of the baskets. The group's recommendations were presented with a suggestion that ACE inhibitors and quinine be retired. One health board stated that they still use the quinine indicator, therefore this should be retained. Discussion followed on whether others could be removed or if it is preferable to have a comprehensive list. It was agreed to retain a comprehensive list.

ACTION: The document will now be developed and shared with medicines management teams, members and industry for consultation.

7.3 Therapeutic Priorities and CEPP Summary 2015–2016

Tessa Lewis presented the Therapeutic Priorities and CEPP Summary 2015–2016 and thanked the group for their comments. Discussion followed on how to ensure audits are undertaken and how information is reported. It was agreed that a template at the back of the document for reporting purposes would be useful. It would be helpful if WAPSU could feed back to practices and clusters on the outcomes of the audits.

ACTION: Develop a template to gather uptake/outcomes.

ACTION: Document to go to health boards.

7.5 Prescribing Dilemmas

Rob Bracchi presented the Prescribing Dilemmas document and informed the group that this document had been updated with the help of members but further input was required. Discussion followed around the strengthening of certain messages (on private prescriptions, travel abroad), reordering sections (on unlicensed medicines, appendices to be with appropriate sections), checking accuracy and references (travel abroad, vaccines, borderline substances) and change of wording (tadalafil, prescribing for self, appendices titles).

ACTION: Sian Evans to check vaccines sections; Andrew Evans to check borderline substances.

ACTION: Document to be updated then circulated to group and stakeholders for consultation.

Karen Jones joined the meeting

7.6 Review of AWMMSG National Audit: Focus on Antibiotic Prescribing 2013–2015

Tessa Lewis presented the draft Review of AWMMSG National Audit: Focus on Antibiotic Prescribing 2013–2015. Discussion followed on the possibility for a template for GP computer systems making it easier to document clinical features. Rob Bracchi will contact NWIS to discuss using Audit+ to pull the data for the audit, including link to patient leaflet regarding self care/delayed prescribing. It was agreed to re-pilot the audit with a template response sheet for ease of audit use. Suggestions included the possibility of marking delayed prescriptions and gathering data from Shared Services as a trial on a small scale. The Chair will discuss with Faiza Kennedy the use of ScriptSwitch to direct computer systems to print a delayed prescription. Tessa Lewis highlighted the opportunity to apply to develop the audits for the RCGP Target website. It was agreed to develop the document presented and take to AWMMSG in February/March 2015. No consultation required.

The group were also informed that the NSAID audit was being updated; this will be circulated to the group.

ACTION: AWTTC to develop document with the aim of it being presented to AWMMSG in February or March 2015.

ACTION: Circulate updated NSAID audit.

ACTION: Chair to discuss with Faiza Kennedy the use of ScriptSwitch to direct computer systems to print a delayed prescription.

ACTION: Rob Bracchi to contact NWIS to discuss using Audit+ to pull the data for the audit.

ACTION: Tessa Lewis/Andrew Evans to consider pilot on delayed prescribing.

Jane Barnard left the meeting.

7.4 Respiratory Prescribing Analysis with Cluster Level Comparators

Karen Jones presented the paper "Respiratory Prescribing Analysis with Cluster Level Comparators". Sally Lewis outlined a piece of work in Aneurin Bevan which showed that the use of high dose is not related to outcomes such as admissions, and

suggested highlighting the harms associated with long-term high-dose ICS as well as cost implications.

Sian Evans suggested the inclusion of key messages at the front of the document to highlight the most important prescribing messages (e.g. top of page 7).

Beverley Woods queried whether it was possible to identify which GP cluster groups were most deprived. It was discussed that it was possible to provide the deprivation and disease prevalence profiles for the GP cluster groups to indicate which were the most deprived but the model would not allow for straightforward ranking. Sally Lewis suggested using uptake of flu vaccine data and smoking prevalence, smoking cessation services and pulmonary rehabilitation services for whole clusters to cover full respiratory care.

Kath Haines described plans to make data available to health boards via Tableau server with a test run in Jan/Feb 2015.

Next priority areas were discussed and suggestions included ophthalmology, diabetes, cardiovascular disease and heart failure. It was also agreed that the next therapeutic area could align with NPIs and that it would be helpful in developing a diabetes indicator.

ACTION: Inclusion of key messages at front of document.

ACTION: Group to send suggestions on specific areas to Kath Haines by 31st December 2014.

ACTION: Paper to AWMSG in February 2015.

8.0 Verbal updates

8.1 Guidance to Support the Review of Long-term Oral Bisphosphonate Therapy

Kate Jenkins informed the group that this document was still with WOAG as there are different approaches among health boards. WOAG is keen to reach a consensus, which will probably be in the form of general guidance on the review of long-term bisphosphonates with different examples of how this can be undertaken for local adaptation. Dr Stuart Linton will follow up in the New Year. Fiona Walker will feed back on the pilot in Cardiff and Vale to Stuart Linton.

8.2 Medicines-related Admissions

The Chair informed the group that this is working well in two hospitals in BCUHB at present. Janet Thomas is working on issues around Yellow Cards and feeding information back to practices. The group were advised that a WeMeReC bulletin on medicines-related admissions is due to be published shortly.

8.3 Dose Taper & Discontinuation of Biologics in Low Disease Activity Rheumatology

Kath Haines informed the group that Jayne Price would attend the next AWPAG meeting in March to update on the Dose Taper & Discontinuation of Biologics in Low Disease Activity Rheumatology.

8.4 Choose Pharmacy

Rob Bracchi informed the group that the Choose Pharmacy Formulary is being updated. Promotion to GPs was raised. Following update the document will go out for consultation and to members. It is proposed that this document will be added to the agenda for AWPAG in March 2015.

8.5 Implementation of NICE Guidance

Tessa Lewis requested the views of the group on the process of Implementation of NICE Therapeutic Guidance within health boards. Tessa Lewis to seek opinions and decide on area (AF?), then bring back to next meeting of AWPAG.

8.6 MARRS (Medicines Administration, Recording, Review and Storage)

Christine Collier informed the group of the Medicines Administration, Recording, Review and Storage (MARRS) project which is being led by Louise Williams, Medicines Management Nurse Advisor, Cardiff and Vale as a response to medicines practice issues identified in the Trusted to Care Report 2014. Louise Williams will present the document at the March 2015 AWPAG meeting. It would then go to AWMSG and Nurse Directors Wales. The Chair informed the group that there were three pharmacist members of the MARRS group. Following sign off of document, e-learning will be developed.

8.7 Welsh Lexicon

The Chair informed the group that the Welsh Lexicon project was being taken forward by Dyfrig Hughes and would come to AWPAG for sign off.

9.0 Feedback from the All Wales Chief Pharmacists Committee (AWCPC)

Nothing to report.

10.0 AOB

10.1 Implementation documents for AWMSG Advice on the Role of Oral Anticoagulants

10.1.1 Two documents had been discussed at the September AWPAG meeting to support the recently published AWMSG guidance *All Wales advice on the role of Oral Anticoagulation therapy*. The first, 'Implementation considerations for health boards' has been agreed and disseminated. The second, 'What this means for patients' had received more comments and Tessa Lewis asked the group whether it was a useful document to progress.

ACTION: Tessa Lewis to discuss with Jane Barnard.

10.1.2 Tessa Lewis provided a summary table: Annual Assessment for All People Established on Oral Anticoagulant Therapy and whether it could provide a useful summary for prescribers. Members discussed the frequency of reviews and suggested amendments including the addition of Yellow Cards and link to risk/benefit document.

ACTION: Tessa Lewis/AWTTC to progress and disseminate, to go to AWMSG for information.

10.1.3 Following discussion with the Stroke Implementation Board Tessa Lewis asked the group whether the AWMSG Risk/Benefit Assessment Tool should be updated using Time in Therapeutic Range as the starting point. This would prioritise the review of patients with a low TTR. The importance of computer templates was raised. AWTTTC has liaised with PCQIS to support the update of the Audit+ AF tool and this should provide the appropriate template Read Codes. Software developments by current primary care providers were noted.

ACTION: Tessa Lewis to re-establish links with NWIS regarding process for IT recommendations.

ACTION: Tessa Lewis/Sally Lewis/Brendan Boylan to review document and consider template.

Date of next meeting – Wednesday 11th March 2015