

## **ALL WALES PRESCRIBING ADVISORY GROUP**

**Minutes of meeting held on**

**Wednesday 13<sup>th</sup> December 2017 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
Dr Lisa Adams	General Practitioner, Abertawe Bro Morgannwg
Mr Alan Clatworthy	Pharmacist, Abertawe Bro Morgannwg
Mr Mike Curson	Pharmacist, Aneurin Bevan
Miss Sian Evans	Consultant in Pharmaceutical Public Health, Public Health Wales
Mr Stefan Fec	Community Pharmacist, Powys
Mrs Sarah Isaac	Pharmacist, Hywel Dda
Dr Sue Jeffs	Consultant, Aneurin Bevan
Dr Sally Lewis	Assistant Medical Director/Primary Care Clinical Director, Aneurin Bevan
Dr Becky McGee	General Practitioner, Aneurin Bevan
Mrs Robyn Miles	ABPI Wales Industry Group
Ms Fiona Walker	Pharmacist, Cardiff and Vale
Mrs Bev Woods	Pharmacist, Cwm Taf
Dr Gareth Oelmann	General Practitioner, Aneurin Bevan

### **In attendance (non-voting)**

Mr Paul Fleming	British Generics Manufacturers
Dr Rob Bracchi	AWTTC
Mr Richard Boldero	AWTTC
Mrs Wendy Casey	AWTTC
Miss Christine Collier	AWTTC
Ms Kath Haines	AWTTC
Mrs Claire Thomas	AWTTC
Mr Thomas Curran	AWTTC
Dr Paul Deslandes	AWTTC
Mrs Anne Coles	AWTTC
Mrs Carla Llewellyn	Welsh Government

### **Key of abbreviations**

ABPI	Association of the British Pharmaceutical Industry
AKI	Acute kidney injury
AWMSG	All Wales Medicines Strategy Group
AWTTC	All Wales Therapeutics and Toxicology Centre
CASPA	Comparative Analysis System for Prescribing Audit
CEPP	Clinical Effectiveness Prescribing Programme
CKD	Chronic kidney disease
COPD	Chronic obstructive pulmonary disease
GPC	General Practitioners Committee
ICS	Inhaled corticosteroids
NICE	National Institute for Health and Care Excellence
NPIs	National Prescribing Indicators
NSAIDs	Non-steroidal anti-inflammatory drugs
NWIS	NHS Wales Informatics Service
SPIRA	Server for Prescribing Information Reporting and Analysis
WHSSC	Welsh Health Specialised Services Committee

## **1.0 Welcome & introduction**

Dr Sue Jeffs, Deputy Chair, opening the meeting in the temporary absence of the Chair. Members introduced themselves.

## **2.0 Apologies**

Jane and David Barnard	Lay member and deputy
Dr Rick Greville	ABPI
Aled Falvey	New member representing "Other professionals eligible to prescribe"
Miranda Morton	Welsh Government
Mr Jamie Hayes	AWTTC
Mrs Bethan Tranter	Chief Pharmacist, Velindre

## **3.0 Declarations of interest**

The Deputy Chair asked members to declare any interests relevant to the meeting. No conflicting interests were declared. Members were asked to complete Declaration of Interests and Confidentiality Agreement forms.

## **4.0 Chair's report**

The Chair had nothing to report.

## **5.0 Minutes of previous meeting – 27 September 2017**

The minutes of the previous meeting were checked for accuracy and approved.

Actions of the previous meeting were addressed.

### 7.4 Common Ailments Formulary

Sarah Isaac confirmed that she had fed back to the Chair on the PGD, and that this is being looked at by the National Enhanced Service board.

The Chair confirmed she had been in touch with Darrell Baker regarding Chief Pharmacist workshops and that this would be unlikely to be picked up by the Chief Pharmacists.

It was confirmed that Gail Woodland had circulated the sections on sore throat and cough as requested, and that the document was sent to consultation on 19 October 2017.

### 7.5 AWMSG Strategy

Rob Bracchi confirmed that he has included wording on disinvestment in the strategy.

Sally Lewis confirmed that she has circulated value-based indicators as requested.

The document was sent to consultation on 20 October 2017 and following comments received and discussion at AWMSG will undergo a second consultation. Changes suggested by AWMSG members will be incorporated as part of the consultation.

### 8.1 All Wales Shared Care Protocols for Prescribing Somatostatin Analogue for the Treatment of Patients with Neuroendocrine Tumours

The Chair reported on the action to contact GPC Wales and informed members that she had not received their view on the place of shared care protocols. Gareth Oelmann volunteered to make enquiries. Discussion is needed on the somatostatin SCP and the two medicines included which have not been appraised by either NICE or AWMSG. Wider discussion is also needed on the place of shared care in general.

### 9.3 CEPP National Audit – Repeat prescribing

AWTTC confirmed that this document had been archived as requested in the September 2017 AWPAG meeting. The outcome of raising this document with the Chief Pharmacists will be requested at the next meeting.

### 14. Any other business

#### Glucose monitoring testing

Alan Clatworthy informed members that he had requested feedback from Professor Bain on this, but had not received any as yet. The proposed project will be raised at the next meeting.

#### Choose Wisely

The group was informed that Choose Wisely has now changed its branding to 'Making decisions together'. Paul Myers will be invited to the March 2018 AWPAG meeting.

**Action: The Chair to invite Paul Myers to AWPAG 21<sup>st</sup> March 2018**

#### Training Day

It was confirmed that the agenda had been circulated to members.

### **6.0 Feedback from October, November and December 2017 AWMSG for information**

- [Medicines Identified as Low Priority for Funding in NHS Wales](#)  
Kath Haines informed members that this document was taken to AWMSG for the second time and supported.
- [National Prescribing Indicators 2017–2018. Analysis of Prescribing Data to June 2017](#)  
Claire Thomas informed the group that AWMSG members were encouraged by improvements seen with the majority of NPIs; however, pregabalin and gabapentin increases were highlighted.

### **9.0 Best Practice Day**

The Best Practice Day 2018 was discussed and members were asked to start considering topics for next year. Members were informed that four potential presenters had volunteered: Dr Tessa Lewis and Associate Professor Julia Terry of the NICE liaison group for mental health; Dr Sally Lewis had suggested value based indicators, Julie Patten had suggested medicines wastage and Mrs Fiona Walker had suggested anticholinergic burden. A suggested date of 10 July 2018 was put forward. Much of the feedback from the Best Practice Day 2017 had praised the impact of the patient perspective and therefore the inclusion of patient perspective in presentations for 2018 was encouraged. Feedback had also raised the possibility of recording sessions with patient input to use in training and members agreed that this would be beneficial where the patient was willing.

**Action: Members to suggest topics and speakers for the event.**

## 7.0 Documents for discussion

### 7.1 All Wales Guide: Pharmacotherapy for Smoking Cessation

Miss Sian Evans informed the group that the majority of consultation responses for the All Wales Guide: Pharmacotherapy for Smoking Cessation had been addressed, and requested AWPAG input on several outstanding queries.

Many of the comments received concerned varenicline and requested that its place in therapy be outlined. Sian Evans clarified that this document is not intended to recommend which medicine should be used in which circumstance. It was highlighted that a decision aid was being developed by PHW which may provide guidance in this area.

A discrepancy between information referenced from the BNF and July 2017 updates to the SPC had arisen; members agreed that in this instance the SPC should take precedence. The importance of ensuring that prescribers are aware of the need to consult the latest SPC was highlighted as a general issue. It was agreed that AWTTTC would contact the BNF to ask for the timescale for updates and amend the wording of the document to incorporate SPC and BNF guidance.

There was discussion around the current status of the MHRA warning on varenicline and suicidal behaviour – BNF wording appears not to have been updated and differs from the SPC.

**Action: AWTTTC to amend wording to take into account guidance from SPC and BNF.**

**Action: The Chair to seek clarification from Pfizer as to whether they had evidence of the withdrawal of MHRA advice regarding varenicline.**

**Action: Final changes to be made, document to then go to AWMSG Steering Committee in January and AWMSG in February.**

*Mrs Gail Woodland joined the meeting*

### 7.2 All Wales Common Ailments Formulary

The Chair informed the group that the All Wales Common Ailments Formulary had been out to consultation. Mrs Gail Woodland informed members that nothing further was needed from AWPAG and requested sign off of the document.

Members highlighted areas of possible inconsistency between conditions in the formulary (e.g. antifungal duration for ringworm and intertrigo) and between the formulary and current practice (e.g. guidance on threadworm and providing treatment for other household members). Inconsistency with primary care advice on treating acute lower back pain was also highlighted; in particular the use of co-codamol 8/500 as there is no evidence of benefit over paracetamol alone. Members agreed that co-codamol should be removed and an explanation should be added. It was also agreed that a link should be provided to the Pain Toolkit.

It was questioned whether in the long term this document should include some management of chronic conditions, and it was suggested that some acute respiratory conditions should also be considered for inclusion.

**Action: Co-codamol to be removed from document with explanation.**

**Action: Link to Pain Toolkit to be included.**

**Action: Updated document to go to AWMSG Steering Committee in January and AWMSG in February.**

### 7.3 National Prescribing Indicators 2018–2019

Claire Thomas and Richard Boldero introduced the document.

There was discussion around the Prescribing Safety Indicators to be monitored via Audit+. Indicator 5 was raised and the use of hysterectomy READ codes. There was concern that it was oversimplifying prescribing and it was suggested that patients using progestogen releasing intrauterine devices (such as Mirena®) should be excluded. This suggestion can be considered for future years but due to the timescale for making changes, it would need to remain for now. It was highlighted that these indicators have been based on measures used in the PINCER study, and which have been identified as causing iatrogenic harm. It was agreed that it should be made clear that the indicators are intended as a means of flagging up patients requiring review; those reviewing may then find that these medicines are appropriate. The data for this indicator will only be reported at cluster, not practice, level. Concern was raised as to whether these indicators have been tested and the problems experienced with the anticholinergic burden Audit+ indicator were raised.

Discussion in relation to the biosimilar indicator suggested amendments to wording to refer to cost savings available from 'best value biologic' rather than 'biosimilar'. The development of the biosimilar dashboard was raised and it was suggested that biosimilars could be a priority area to support efficiency work; a supporting resource pack has also been proposed. Kath Haines agreed to discuss wording with the Chief Pharmacists and Directors of Finance group. It was highlighted that when the measure was first developed originators were not competing on price; this has now changed. It was questioned whether biosimilars were still appropriate as an indicator. Members felt that it was still appropriate and useful for benchmarking health boards and it was agreed to link with the NHS Wales Efficiency group. Paul Fleming highlighted an action plan on adalimumab that is being developed in England and will report back on this piece of work.

The 4C antimicrobial indicator was discussed and a query was raised regarding the purpose which states that the indicator is targeting inappropriate prescribing; however, the measure is looking at the number of prescriptions, not the appropriateness. It was also raised that not all 4C prescribing is inappropriate. Members highlighted that this indicator is used to identify and target outlying practices to work with, as monitoring appropriateness is not currently possible. There were suggestions to change wording to 'identify areas for action', 'encourage reduction in variation' and 'reduce the overall prescribing of 4Cs in primary care'. The Chair agreed to discuss this with Nik Reid.

There was discussion around the removal of gabapentin from the pregabalin and gabapentin indicator. Both medicines are currently undergoing a consultation for controlling them under the Misuse of Drugs Act as Schedule 3 drugs due to safety concerns with both. Removing gabapentin from the indicator may simply push pregabalin prescribing to gabapentin; it was agreed to retain gabapentin.

The retirement of the NSAID ADQs indicator was raised and it was confirmed that this was felt to be a lower priority and health boards had achieved significant reductions in prescribing. It will be monitored as a Local Comparator.

A query on insulin was raised and whether Toujeo® should be included in the basket. Members agreed that it should.

**Action: Kath Haines to discuss "best value biologic" wording with Chief Pharm and DoF group.**

**Action: Paul Fleming to feed back on adalimumab work.**

**Action: Chair to contact Nicholas Reid to discuss 4C wording.**

**Action: Retain gabapentin.**

**Action: Document to AWMSG SC and AWMSG following changes.**

#### **7.4 National Prescribing Indicators 2018–2019: Supporting Information for Prescribers**

Claire Thomas introduced the document and confirmed that it would be updated to reflect the agreed changes in the main document. It was requested that a paragraph on rationale be included in the Prescribing Safety Indicators section.

**Action: Update as per main NPI document.**

**Action: Include rationale in the Prescribing Safety Indicators section.**

#### **7.5 Therapeutic Priorities and CEPP Summary 2018–2019**

Claire Thomas introduced this document and highlighted that the National Outcomes Framework section had been removed. Members supported the document.

#### **7.6 CEPP National Audit: Antipsychotics in Dementia**

Claire Thomas introduced this document. Sarah Isaac informed the group that work in this area had been done within Hywel Dda University Health Board in response to a request from the Older Peoples' Commissioner. She confirmed that she would share the audit that has been carried out across her health board.

It was stated that this work needs to be done hand in hand with older adult mental health. The question of where antipsychotics are initiated was raised and members agreed that these medicines are initiated in crisis, making it difficult for GPs to then review. It was suggested that the group should feed data back to the commissioner, as the issue is not arising in primary care but in secondary care. It was suggested that old age psychiatry contacts in each health board should be identified and asked what has been done.

The importance of this being a joint secondary and primary care piece of work was stressed in order to put misconceptions straight, as well as the need for a transparent approach.

The question of how to get engagement was raised. Potential stakeholders were identified – dementia leads in health boards, NSAG for mental health, 1000 Lives. Carla Llewellyn confirmed that she will find out if there is a suitable contact in Welsh Government to ensure there is secondary care involvement.

Claire Thomas, Sarah Isaac and Bev Woods agreed to liaise to ensure that everything the Older Peoples' Commissioner requires is covered.

The patient age at which the audit should be undertaken was discussed and it was agreed that it should align with the All Wales strategy i.e. 65 years of age. As the patients will be identified via the list generated from the Prescribing Safety Indicators, this will also require amending.

Sian Evans stated that 1000 Lives may be working on a similar audit and she will check on this.

The question of mental health involvement in strategy was raised and Sally Thompson was the suggested contact.

It was agreed that the document would be circulated to AWPAG members via email before being sent out to consultation.

**Action: Claire Thomas, Sarah Isaac and Bev Woods to liaise.**

**Action: Old age psychiatry contacts in each health board to be identified and consulted.**

**Action: Carla Llewellyn to find suitable contact in Welsh Government.**

**Action: Sian Evans to speak to 1000 Lives.**

**Action: Document to be circulated to AWPAG members via email before being sent out to consultation.**

## 7.7 Yellow Card Centre 5-Year Report

Dr Rob Bracchi presented the Yellow Card Centre 5-Year Report which had been brought to the meeting for information.

Some of the positive stories from the report were highlighted including a 250% increase in reporting, taking Wales from being the lowest reporting area in the UK to the highest. The NPI and Yellow Card Champions were highlighted as being behind this success. Rob Bracchi thanked members for their work on this.

The impact of the reporting function on Vision and the increase in practices using this system was highlighted as making people more likely to report.

There was a suggestion to carry out work comparing reporting in Vision versus EMIS practices. It was questioned whether the system is responsible for the rise or whether it is the impact of NPI inclusion in incentive schemes, and it was highlighted that numbers rose before Vision reporting was introduced. The impact of cluster pharmacists and the incentive that receiving feedback provides were also considered. The need to make reporting in secondary care easier was raised as the amount of information needed can put a prescriber off reporting. A BCU initiative using a sticker as a prompt in secondary care was raised and it was suggested that this could be rolled out elsewhere. The Chair will send information on this to Rob Bracchi and bring to next meeting.

Members agreed that this report should be sent out widely.

**Action: Chair to send BCU information to Rob Bracchi and bring to next meeting.  
Action: Inform YCC of request to circulate report more widely to GPs and secondary care.**

## 8.0 Verbal updates

### 8.1 Safe Use of Proton Pump Inhibitors

Richard Boldero introduced this document and highlighted that the consultation had recently closed and members were asked to review the consultation responses.

**Action: Document and consultation responses to be emailed to members for comment.**

## 10.0 Feedback from the All Wales Chief Pharmacists Group

There was no feedback presented from the All Wales Chief Pharmacists Group.

## 11.0 Any other business

### All Wales Prescription Handwriting Standards

No response has been received from the Chief Pharmacists Safety Group to date. The Chair will follow up with Roger Williams.

**Action: Chair to follow up with Roger Williams.**

### Good Practice Guide to Switching

The Chair will follow up with Roger Williams.

**Action: Chair to follow up with Roger Williams.**

### Shared Care

There was discussion of the way forward with regard to shared care and AWPAG's role. Gareth Oelmann confirmed that he had received feedback from GPC during the meeting. It was agreed that Steering Committee should discuss shared care and if AWPAG felt that shared care was appropriate they should progress development of guidance.

The group agreed that a document should be developed to outline where shared care protocols would be appropriate, and that the criteria and template should be updated. Alan Clatworthy volunteered to be involved and Trevor Batt and Karen Aslan were also nominated to review documents and report back to the next AWPAG meeting.

**Action: SC volunteers to review documents and report back to the next AWPAG meeting.**

**12.0 Date of next meeting – Wednesday 21 March 2018**