

DRAFT

ALL WALES PRESCRIBING ADVISORY GROUP

Minutes of meeting held on

Wednesday 14th December 2016 commencing 9.30 am

At the St Michael's Centre, 10a Pen Y Pound, Abergavenny, NP7 5UD

Voting members

Dr Sue Jeffs (Chair)	Consultant, Aneurin Bevan
Dr Lisa Adams	General Practitioner, Abertawe Bro Morgannwg
Mrs Jane Barnard	Lay Member
Mr Alan Clatworthy	Pharmacist, Abertawe Bro Morgannwg
Mr Mike Curson	Pharmacist, Aneurin Bevan
Mr Stefan Fec	Community Pharmacist, Powys
Dr Rick Greville	Director, ABPI Cymru Wales
Mrs Sarah Isaac	Pharmacist, Hywel Dda
Dr Becky McGee	General Practitioner, Aneurin Bevan
Mrs Robyn Miles	ABPI Wales Industry Group
Mrs Bethan Tranter	Chief Pharmacist, Velindre
Ms Fiona Walker	Cardiff and Vale University Health Boards

In attendance (non-voting)

Mr Paul Fleming	British Generics Manufacturers
Mr Richard Boldero	AWTTC
Miss Christine Collier	AWTTC
Dr Stephanie Francis	AWTTC
Ms Kath Haines	AWTTC
Miss Jessica Howells	AWTTC
Mrs Karen Samuels	AWTTC
Mrs Claire Thomas	AWTTC

In attendance (other)

Mr Tim Banner	Consultant Pharmacist Community Healthcare – All Wales (Agenda items 8.5 and 8.6 only)
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Key of abbreviations

ABPI	Association of the British Pharmaceutical Industry
AEC	Anticholinergic Effect on Cognition
AWMSG	All Wales Medicines Strategy Group
AWTTC	All Wales Therapeutics and Toxicology Centre
CEPP	Clinical Effectiveness Prescribing Programme
CKD	Chronic kidney disease
COPD	Chronic obstructive pulmonary disease
GIC	Gender Identity Clinic
GPC	General Practitioners Committee
ICS	Inhaled corticosteroids
NICE	National Institute for Health and Care Excellence
NOAC	Non-vitamin K oral anticoagulant
NPIs	National Prescribing Indicators
NSAIDs	Non-steroidal anti-inflammatory drugs
NWIS	NHS Wales Informatics Service
PPI	Proton pump inhibitor
SCP	Shared Care Protocol
SMC	Scottish Medicines Consortium
SPIRA	Server for Prescribing Information Reporting and Analysis
WHSSC	Welsh Health Specialised Services Committee

1.0 Welcome & introduction

The Chair opened the meeting and welcomed members who introduced themselves.

2.0 Apologies

Mr Andrew Evans, Health and Social Services Group, Welsh Government

Miss Sian Evans, Consultant in Pharmaceutical Public Health, Public Health Wales

Mr Jamie Hayes, AWTTC

Dr Peter Horvath-Howard, GPC Wales

Mrs Louise Howard-Baker (Chair), Pharmacist, Betsi Cadwaladr

Dr Lynette James, Medicines Safety Officer, Cardiff & Vale

Dr Sally Lewis, Assistant Medical Director/Primary Care Clinical Director, Aneurin Bevan

Mrs Bev Woods, Cwm Taf University Health Board

3.0 Declarations of interest

The Chair asked for any declarations of interest. Robyn Miles declared an interest for items 7.1 National Prescribing Indicators and 8.2 Verbal update on the All Wales Prescribing Guidelines for Asthma and COPD. The Chair informed Robyn Miles that she would need to leave the meeting for the discussion on item 7.1. Members completed Declarations of Interest forms and Confidentiality agreements.

4.0 Chair's report

The Chair informed members that there were no items of note to report.

5.0 Minutes of previous meeting

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

Kath Haines updated the group on changes to the AWPAG constitution following discussion at the last meeting. The constitution now states: one nurse with an interest in therapeutics, and one behavioural scientist or health psychologist, and one member representing other healthcare professionals eligible to prescribe not already represented (e.g. dentist, podiatrist, physiotherapist, etc). These changes were agreed by AWMSG Steering Committee.

Kath Haines informed the group that SPIRA cannot be used with browsers older than Internet Explorer 11 due to upgrades carried out on the Tableau software.

6.0 Feedback from October, November and December 2016 AWMSG for information

The following documents were endorsed subject to minor amendments:

- [Persistent Pain Resources](#)
- [Vitamins for Babies, Children, and Pregnant and Breastfeeding Women](#)
- [National Prescribing Indicators 2016–2017 – Analysis of Prescribing Data to June 2016](#)
- [Monitoring Usage in Wales of Medicines Appraised by NICE and AWMSG – Data to March 2016](#)
- [Educational Pack: Material to Support Appropriate Prescribing of Hypnotics and Anxiolytics across Wales](#)
- [Therapeutic Priorities and Clinical Effectiveness Prescribing Programme Summary 2017–2018](#)
- [Dry Eye Syndrome Guidance](#)

7.0 Documents for discussion

7.1 National Prescribing Indicators 2017–2018

Robyn Miles was asked to leave the room for discussion of the ICS NPI.

Claire Thomas and Richard Boldero presented the *National Prescribing Indicators 2017–2018* document. The group was informed that Audit+ NPI data will not be reported at practice level for the foreseeable future because of governance issues; however, practices will be able to access this data themselves. Audit+ data will therefore be reported at cluster and health board level for the purposes of NPI monitoring. The group was also informed that Audit+ baseline data would be available to share in February 2017. Claire Thomas informed the group that NWIS are happy to provide a range of training options for practices and health boards that require support with accessing Audit+.

One of the consultation comments requested that data be presented with better performing practices on the right hand side of the graphs. The group agreed to continue with the current way of presenting data, as per SPIRA.

Claire Thomas explained that Scotland have removed Relvar[®] 92/22 from their high strength basket. Due to the difficulties in maintaining a low strength basket, the group agreed to monitor the high strength basket as the ICS indicator instead.

With regards to the consultation comment on the pregabalin and gabapentin indicator becoming a joint one with secondary care, it was agreed that data from secondary care were not readily available or attributable to a particular department; therefore, the indicator will continue in its current form. One of the consultation comments also suggested that some of the wording around the patent of Lyrica[®] was out of date; however, the consultee stated that they did not have alternative wording at this time. Therefore, the group agreed that no change was required until a decision was reached by the Supreme Court clarifying the patent of Lyrica[®].

Members agreed that the revised scale for anticholinergic effect on cognition (AEC) should replace the modified Anticholinergic Risk Scale (mARS), as it has been devised in a more robust manner.

One of the consultation comments questioned why only repeat prescription NSAIDs will be monitored for the NSAIDs and CKD indicator. It was agreed that this would be kept as repeat prescriptions only to capture those patients regularly receiving NSAIDs.

Richard Boldero introduced the discussion for the secondary care NPIs. One consultation response cautioned against the assumption that biosimilars will remain automatically cheaper than the original reference biologic. Rick Greville showed the group a letter that ABPI had recently received from NHS England, with their perspective on biosimilars. Some discussion followed and it was agreed to include wording in the NPI document to make it clearer that the most cost-effective medicine should be used. The question of whether a patient can be switched to a biosimilar was raised. The group was informed that a statement from NICE and SMC had been adapted and included in the document, which recommended choice of treatment following discussion between patient and clinician.

Richard Boldero informed the group that we do not have a complete data set as not all homecare medicines are put through Medusa. The group was informed that the Chief Pharmacists are aware of this, and that, although this will be a slow process, it is a priority for them. It was suggested that reports could include a caveat explaining the homecare situation until this issue is rectified. The group was informed that in England average biosimilar cost is presented using a dashboard. Due to confidentiality concerns, this needs to be considered by AWMSG Steering Committee. It was agreed that the biosimilar indicator should be retained for 2017–2018 and reconsidered next year.

Action: Develop high strength ICS basket to replace low strength basket.
Action: Update NPI document and Polypharmacy document with new AEC scale.
Action: Include caveat around homecare data for biosimilars.
Action: Investigate NHS England reporting of average cost for biosimilars.
Action: Reword to make clear that most cost-effective medicine should be used.

7.2 National Prescribing Indicators 2017–2018: Supporting Information for Prescribers

Claire Thomas informed the group of the updated format of the National Prescribing Indicators 2017–2018: Supporting Information for Prescribers. The Chair welcomed the changes, which made the document easier to read and references clearer. Claire Thomas informed the group that the NPI slide set would be available with the finalised NPI document.

Action: Slide set to be made available with September data.

7.3 Shared Care Prescribing Guidance for the Treatment of Gender Dysphoria in Transwomen

Kath Haines introduced the Shared Care Prescribing Guidance for the Treatment of Gender Dysphoria in Transwomen document, which has been adapted from the guidance from the Charing Cross Gender Identity Clinic.

Jessica Howells outlined the differences between the drafted version of the Shared Care Protocol (SCP) and the Charing Cross SCP.

Richard Boldero informed the group of a 2016 review published in *The Lancet Diabetes and Endocrinology*, which provides an overview of the main risks for transgender women associated with the recommended treatments. It was suggested that this review be used to update the information currently in the SCP. The group agreed that this review should be used to outline the different risks associated with treatment.

There was some discussion as to whether, in practice, all GPs would feel confident in prescribing hormone treatment, especially where prescribers can sometimes find it difficult to get in contact with the Gender Identity Clinic specialist. It was also pointed out that it is not always practical for GPs to see transgender patients within 2 weeks of receiving the written request to take part in shared care of the patient.

It was mentioned that there appeared to be a lack of information in the SCP regarding next steps for those patients whose GPs do not agree to undertake shared care. It was suggested that local endocrinologists should be involved.

There was discussion on the situation for patients who do not do regular exercise, do not have a sensible diet and do not consume less than 14 units of alcohol per week.

It was queried whether it is appropriate to adapt SCPs from England to be used in a Welsh context and the group agreed that it was acceptable to do so. It was also queried whether the 5-year monitoring of breast cancer would be adhered to.

Action: Contact WHSSC and Charing Cross GIC to address any queries before sending for consultation.
Action: Ask WHSSC about next steps if SCP is not taken up by GPs.
Action: Include section on responsibilities of local consultants/endocrinologists.
Action: Update risks in SCP with information from *The Lancet Diabetes and Endocrinology* review article.
Action: Review reference to GP seeing patient within 2 weeks of written recommendation of SCP.

8.0 Verbal updates

8.1 Dose Titration of Biologics in Rheumatology Patients with Low Disease Activity

The question of whether this should be a shared decision-making toolkit was raised. It was decided that this was not needed and would be duplication of work already in progress in most health boards.

8.2 All Wales Prescribing Guidelines for Asthma and COPD

Kath Haines informed the group that further consultation and health economic analysis were being undertaken, and these would likely take several months. After this process, the document will be sent to AWTTTC again.

8.3 NOAC Alert Card

Kath Haines updated the group on the NOAC Alert Card which Louise Howard-Baker had taken to the Chief Pharmacists Committee who felt that development of this card should not be currently progressed.

8.4 Medicines Management Resource for CKD and CEPP National Audit: Medicines Management for CKD

Richard Boldero informed the group that the CKD Medicines Management Resource, including the CEPP CKD audit, is currently out for consultation until 20 December. One consultation comment already received questioned whether it was appropriate to have 100% targets for audit standards. Following discussion, it was agreed to maintain the 100% target as customary practice and provide a qualifying statement acknowledging that in a small number of patients achievement of a desired target e.g. blood pressure below 140/90mmHg, may not be suitable in that particular patient (e.g. history of falls).

Action: Add qualifying statement to audit methodology about the possibility that it may not be desirable to achieve the stated audit standards in every patient.

Action: Collate and consider consultation responses.

Tim Banner joined the meeting

8.5 All Wales Guidance for Nurses and Care Home Providers in Respect of Medicines Administration and Support Workers

Tim Banner provided a summary of the project and progress so far. A draft document was presented and it was agreed that this will be formatted as per the Health Care Support Workers document and sent out to consultation.

Action: Tim Banner awaiting clarification on the situation regarding controlled drugs from Jean White.

Action: Format as per Health Care Support Workers document.

Action: Tim Banner to provide list of stakeholders for consultation.

8.6 Equitable and Consistent Approach to Domiciliary Care Medicines Administration across Wales

Tim Banner provided a summary of the project and outlined that the next step would be to send scoping emails to health and social services. It was agreed that a Task and Finish Group should be established to take this project forward.

Action: AWTTTC to send out scoping email.

9.0 Feedback from the All Wales Chief Pharmacists Committee

Karen Samuels had no feedback to report from the committee.

10.0 Any Other Business

Jessica Howells informed the group that the PPI Leaflet and Opioid Patch Patient Safety Checklist were in the process of being translated into Welsh.

Action: AWTTTC to forward patient information leaflets to Jane Barnard.

11.0 Date of next meeting – Wednesday 1st March 2017