

ALL WALES PRESCRIBING ADVISORY GROUP
Minutes of meeting held on
Wednesday 14th June 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
Dr Peter Horvath-Howard	GPC Wales
Mrs Sarah Isaac	Pharmacist, Hywel Dda
Ms Lynette James	Medicines Safety Officer, Cardiff & Vale
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
Mrs Bethan Tranter	Chief Pharmacist, Velindre
Ms Fiona Walker	Cardiff and Vale University Health Boards
Mrs Bev Woods	Cwm Taf University Health Board
Mr Steve Simmonds	Contractor Services Development Executive, Community Pharmacy Wales

In attendance (non-voting)

Mr Paul Fleming	British Generics Manufacturers
Dr Rick Greville, Director	ABPI Cymru Wales
Mr Richard Boldero	AWTTC
Miss Christine Collier	AWTTC
Dr Stephanie Francis	AWTTC
Ms Kath Haines	AWTTC
Mr Jamie Hayes	AWTTC
Miss Jessica Howells	AWTTC
Mrs Claire Thomas	AWTTC

Key of abbreviations

ABPI	Association of the British Pharmaceutical Industry
ADQ	Average daily quantity
ADR	Adverse drug reaction
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
DDD	Defined daily dose
eGFR	Estimated glomerular filtration rate
GPC	General Practitioners Committee
ICS	Inhaled corticosteroids
NICE	National Institute for Health and Care Excellence
NMC	Nursing and Midwifery Council
NPIs	National Prescribing Indicators
NSAIDs	Non-steroidal anti-inflammatory drugs
PAPIG	Patient and Public Interest Group
PU	Prescribing unit
SCP	Shared care protocol
SPIRA	Server for Prescribing Information Reporting and Analysis
STAR-PU	Specific Therapeutic Group Age-Sex Related Prescribing Unit
WeMeReC	Welsh Medicines Resource Centre
WHSSC	Welsh Health Specialised Services Committee

1.0 Welcome & introduction

The Chair opened the meeting and welcomed deputy members Mr Steve Simmonds, representing Community Pharmacy Wales, and Hywel Jones, deputising for Mike Curson, and new member Lynette James. Members introduced themselves.

2.0 Apologies

Mrs Jane Barnard	Lay Member
Mr Mike Curson	Pharmacist, Aneurin Bevan
Miss Sian Evans	Consultant in Pharmaceutical Public Health, Public Health Wales
Mr Stefan Fec	Community Pharmacist, Powys
Louise Lidbury	Royal College of Nursing
Mrs Karen Samuels	AWTTC

3.0 Declarations of interest

There were no declarations of interest. 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. It was noted that there were differences around Wales in the ability to access SPIRA. Kath Haines informed the group that AWTTC are working with Shared Services to resolve this.

6.0 Feedback from March and April AWMSG meetings for information

Members were informed that no medicines optimisation documents were presented at these AWMSG meetings.

7.0 Verbal updates

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

Claire Thomas highlighted that the document had been out for consultation and a number of responses were received. Members were also informed that Tim Banner had asked for this document to be put on hold due to the NMC standards currently undergoing consultation. The document will be brought back to AWPAG once the outcome of the consultation is known.

7.2 All Wales Proton Pump Inhibitor and Dyspepsia Resource Pack: Review

Kath Haines informed the group that this document would be sent out for consultation shortly.

Action: AWTTC to send document out for consultation.

7.3 All Wales Multidisciplinary Medicines Reconciliation Policy

Kath Haines informed the group that this document will be presented to AWMSG in June 2017.

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

Kath Haines informed members that this document is in process with the Task and Finish Group set up by WHSSC.

7.5 All Wales Prescription Handwriting Standards

The Chair informed the group that this project will be discussed at a meeting in Llandrindod Wells next week. The Chair agreed to find someone to work with Stefan Fec on this project.

Action: Chair to find someone to work on project with Stefan Fec.

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

Kath Haines informed the group that this protocol is currently being developed by a group of specialists nominated by WHSSC.

The wider issues around providing these and other medicines via shared care were discussed; members commented that in many cases the best person to prescribe a medicine is a specialist nurse, not a GP. The potential for medicines to be prescribed via homecare was also mentioned as an alternative. There was discussion around the limited capacity of GPs and it was highlighted that, while individual medicines may be prescribed only rarely, the number of shared care protocols in circulation amount to a substantial workload.

It was agreed that shared care process documents and protocols for individual medicines should be reviewed, and all future protocols should be developed only if they meet the shared care criteria set out in the AWMSG document. A virtual subgroup will be established to review documents relating to shared care and Sue Jeffs, Alan Clatworthy, Sally Lewis and Becky McGee volunteered to be members of this group.

Action: AWTTTC and members to look at the SCP template.

Action: Process used to develop SCPs to be taken to AWMSG Steering Committee.

8.0 National Prescribing Indicators

8.1 Feedback from NPI Subgroup Meeting

National Prescribing Indicators

Claire Thomas and Richard Boldero presented the current and proposed primary and secondary care NPIs for 2018–2019. The group were presented with data and updated on the discussion that took place at the NPI subgroup meeting. Members were asked to decide on the NPIs that they would like to retire and the proposed NPIs that they would like to include for 2018–2019. It was suggested that the proposed NPIs should be categorised as efficiency, safety or stewardship indicators.

Table 1. NPIs for primary and secondary care

NPI	Proposal	AWPAG decision
Primary Care – Proposed indicators		
Prescribing Safety Indicators	Monitor the proposed bundle of Prescribing Safety Indicators	Include.
Type 2 diabetes	Cost/1,000 PUs against percentage of patients achieving target HbA1c. Basket	Members agreed that there was a need for a diabetes NPI. It was suggested that the National Diabetes Delivery Group may have some thoughts regarding a prescribing indicator. Bethan Tranter to ascertain the pharmacist contact for this group.
NICE 'Do Not Dos'	Basket of 14 drugs from NICE Do Not Do recommendations	It was noted that the Chief Pharmacists efficiencies group are working on a document for consultation regarding five cost efficiency medicines. It was suggested that this group of drugs should be monitored instead of the NICE 'Do Not Do' basket.
Otitis media	≤20% of patients with a READ code associated with acute otitis media receive an antimicrobial prescription	Include. Members agreed to include a caveat stating that this NPI applies to children and adults over the age of two years.
Primary Care – Current indicators		
PPIs	PPI DDDs per 1,000 PUs	Members agreed that AWTTTC should investigate whether Audit+ can be used to measure inappropriate use of PPIs, i.e. exclude patients on NSAIDs etc. If this is not possible, it should be retired.
High strength ICS	High strength ICS items as a percentage of all ICS prescribing	Retire
Tramadol	Tramadol DDDs per 1,000 patients	Retain
Hypnotics & anxiolytics	Hypnotic and anxiolytic ADQs per 1,000 STAR-PUs	Retain
Opioid patches	Opioid patches as a percentage of all opioid items	Retire
Anticholinergic burden	Patients aged 75 and over with an AEC score of 3 or more for items on active repeat, as a percentage of all patients aged 75 and over	Retain
NSAIDs	ADQs per 1,000 STAR-PUs	Retire
NSAIDs and CKD	Number of patients on the CKD register (CKD 3–5) who have received a repeat prescription for an NSAID within the last 3 months, as a percentage of all patients on the CKD register. Number of patients who are not on the CKD register but have an eGFR of < 59 ml/min and have received a repeat prescription for an NSAID within the last 3 months, as a percentage of all patients who are not on the CKD register but have an eGFR of < 59 ml/min	Retain
Yellow Card reporting	Number of Yellow Cards submitted per practice and per health board	Retain

Primary Care – Current indicators with proposed amendments		
Pregabalin DDDs/1,000 patients	Monitor pregabalin only – remove gabapentin	Retain with gabapentin removed.
Antibiotic items/1,000 STAR-PU	Include a target of 5% reduction against a baseline of April 2015–March 2016	Retain. Members agreed to include a caveat to explain that the target is for the health board overall rather than individual GP practices.
4Cs	Combine co-amoxiclav, cephalosporins and fluoroquinolones, with the addition of clindamycin to create the '4Cs'. Target is the absolute measure $\leq 7\%$ or a proportional reduction of 1% against a baseline of April 2015–March 2016	Include.
Secondary care		
Long-acting insulins	Retire	Members agreed that this NPI would be retired. This NPI proposal will be sent to the National Diabetes Delivery Group for feedback.
Prescribing of biosimilars	Amend biosimilar basket as biosimilars become available. Have an overall biosimilar percentage across each health board.	Filgrastim will be retired. It was agreed to also include biosimilars as a single basket. It was suggested that AWTTTC should work with contracting to look at including prices of biosimilars in this NPI.
Antibiotic surgical prophylaxis	Proportion of elective colorectal patients receiving a single dose for surgical prophylaxis.	Change to using single dose as a measure with targets added.
4C antimicrobials	Include Items as a percentage of antibacterial items as a target and DDD/1,000 Occupied Bed Days. Absolute measure $\leq 20\%$ or a proportional reduction of 10%, against a baseline of April 2015–March 2016	Include provisionally but it was agreed that AWTTTC will need to investigate further as to what can be done.
Yellow Card reporting	Number of Yellow Cards submitted per health board from secondary care.	Include. Discussion followed regarding suggested targets. Members agreed that baseline data should be obtained and brought back to the next AWPAG meeting to use to decide on a target.

Action: See 'AWPAG decision' column in table for actions.

Local Comparators

It was noted that the Chief Pharmacists have agreed that the majority of current Local Comparators could be retired, with the aim of keeping the Local Comparators for monitoring retired NPIs only, for a period of two to three years.

Action: AWTTTC to amend Local Comparators to reflect retired NPIs.

8.2 Targets/thresholds

For the majority of indicators, it was agreed to continue with setting thresholds based on December quarter data, with the aim of remaining in, or moving towards the best performing quartile. The introduction of targets for the Antimicrobial Stewardship NPIs was agreed.

8.3 National audit

The Chair asked members to suggest a National Audit for 2018–2019. Discussion followed and it was agreed to propose a diabetes treatment pathway National Audit to the National Diabetes Delivery Group and ask for their feedback.

Action: Contact National Diabetes Delivery Group for feedback on National Audit.

9.0 Process for the review of AWMSG-endorsed AWPAG documents

Chrissie Collier presented the proposed process for the review of AWMSG-endorsed AWPAG documents.

Patient Information Manual – Opioids in Palliative Care (Morphgesic SR)

Patient Information Manual – Opioids in Palliative Care (MST)

Members agreed that the '*Patient Information Manual – Opioids in Palliative Care (Morphgesic SR)*' and '*Patient Information Manual – Opioids in Palliative Care (MST)*' should be combined to make a single generic document. Discussion followed regarding the inclusion of brand names and the confusion that can arise when different brands are prescribed and subsequently changed. The Chair suggested creating a template which can be used by health boards to input medicine names. The Chair agreed that it would be useful to develop good practice guidance for switching medicines in general; Bev Woods volunteered to work on this with the Chair, Steve Simmonds nominated Stefan Fec to also help with this. Members agreed to send the updated English and Welsh patient information leaflets to Jane Barnard and PAPIG members.

Action: AWTTC to make amendments and send updated patient information leaflet to Jane Barnard and PAPIG.

Action: Update logo in leaflet with new Velindre logo.

Action: Bethan Tranter to take patient information leaflet to Velindre for palliative care input.

Action: Chair, Bev Woods and Stefan Fec to develop good practice guidelines for switching medicines.

Patient Information – Medicines for Mild to Moderate Pain Relief

Sue Jeffs informed the group that she was happy with the '*Patient Information – Medicines for Mild to Moderate Pain Relief*' document. Discussion followed regarding the use of paracetamol in people with cancer and how this can mask signs of infection due to its antipyretic effect. Bethan Tranter agreed to compose a statement to include in the patient information leaflet.

Action: Bethan Tranter to compose statement on paracetamol in cancer patients for '*Patient Information – Medicines for Mild to Moderate Pain Relief*'.

CEPP National Audit: Repeat Prescribing

The *CEPP National Audit: Repeat Prescribing* document was discussed. Members agreed that this is a useful document. Sarah Isaac and Lisa Adams agreed to review the document to see whether it needs updating. Discussion followed regarding the development of a similar audit for community pharmacy as part of the multidisciplinary audit requirement of the community pharmacy contract. Fiona Walker noted that Cardiff and Vale may have an audit that could be adapted, and Bev Woods will make enquiries of a similar nature with the community pharmacy lead in Cwm Taf.

Action: Sarah Isaac and Lisa Adams to review document to see whether it needs to be updated.

Action: Fiona Walker and Bev Woods to investigate health board community pharmacy audits.

CEPP National Audit: Towards More Appropriate Management of Depression in a Primary Care Setting

It was noted that NICE are currently in the process of reviewing their guidance on depression. The Chair agreed that this document should be archived on the AWMSG website and brought back to AWPAG when NICE have published the updated guidance.

Action: Archive and bring back to AWPAG once updated NICE guidance published.

10.0 Best Practice Day

Kath Haines informed the group of the agenda for the Best Practice Day on 28th June 2017. Members noted that they were looking forward to attending.

11.0 Feedback from the All Wales Chief Pharmacists Group

Bethan Tranter informed the group that the six initial Chief Pharmacist workshops have been completed. It was noted that the Chief Pharmacists are currently in the process of planning the next few workshops, which will include 'quantifying the value of automated drug storage in secondary care'. Members were informed that the Chief Pharmacists were also asking healthcare departments for examples of best practice.

12.0 Any other business (Chair to have been informed prior to the meeting)

Jamie Hayes informed the group that the Prudent Prescribing Implementation Group (PPIG) has been disbanded and the final meeting took place on Friday 9th June 2017. The work of PPIG has now been incorporated into the Chief Pharmacists work streams. It was also noted that the Public Accounts Committee will meet on Monday 19th June to continue their inquiry into medicines management.

13.0 Date of next meeting – Wednesday 27th September 2017