

# **ALL WALES PRESCRIBING ADVISORY GROUP**

## **MINUTES OF MEETING HELD ON TUESDAY, 15<sup>TH</sup> JULY 2008 COMMENCING 10.30 AM IN THE HILL EDUCATION & CONFERENCE CENTRE, PEN-Y-POUND, ABERGAVENNY, NP7 7RP**

### **Members**

Mr Trevor Batt	Pharmacist South East Wales
Mrs Louise Howard-Baker	Pharmacist North Wales
Miss Nuala Brennan	National Public Health Service Wales
Mr Bill Duffield	Pharmacist North Wales
Mr Stuart Evans	Healthcare professional eligible to prescribe – SW Wales
Mrs Susanna Jacks	GP South Wales
Dr Tessa Lewis (Chair)	GP South East Wales
Mr Ken Nazareth	Pharmacist South East Wales
Dr Ashok Rayani	GP Mid and South West Wales
Mr John Terry	Secondary care pharmacist
Mrs Judith Vincent	Pharmacist South West Wales
Dr David Webb	Dr David Webb, Secondary Care Consultant

### **In attendance**

Mrs Andrea Clarke (Welsh Medicines Resource Centre)  
Mr Jamie Hayes (Welsh Medicines Resource Centre / Welsh Medicines Partnership)  
Mrs Ruth Lang (Welsh Medicines Partnership)

### **Key of abbreviations**

ASPBs	Assembly Sponsored Public Bodies
AWDAC	All Wales Dietetic Advisory Committee
AWMSG	All Wales Medicines Strategy Group
AWPAG	All Wales Prescribing Advisory Group
A&E	Accident & Emergency
BNF	British National Formulary
BSC	Business Services Centre
CASPA	Comparative Analysis System for Prescribing Audit
CHCs	Community Health Councils
CSM	Committee of Safety of Medicines
DoH	Department of Health
DMARD	Disease Modifying Anti-Rheumatic Drug
GP	General Practitioner
HSW	Health Solutions Wales
HoPMM	Heads of Pharmacy and Medicines Management
LHB	Local Health Board
LMCs	Local Medical Committees
MEDUSA	

NHSIF	NHS Industry Forum
NLIAH	National Leadership & Innovation Agency for Healthcare
NMG	New Medicines Group
NPHS	National Public Health Service
NSAIDs	Non steroidal anti inflammatory drugs
RAG	Renal Advisory Group
RPSGB	Royal Pharmaceutical Society of Great Britain
SLA	Service Level Agreement
WeMeReC	Welsh Medicines Resource Centre
WMP	Welsh Medicines Partnership

#### 1. **Welcome and introduction**

The Chair opened the meeting and welcomed members.

#### 2. **Apologies**

Mr Berwyn Owen, Pharmacist North Wales

Dr Martin Duerden, GP North Wales

Dr Mark Daniels, GP South West Wales

Mrs Delyth Simons, Pharmacist Mid & West Wales

Mrs Debbie Davies, Healthcare professions eligible to prescribe

#### **Apologies not received:**

Dr Stephen Lennox, Secondary Care Consultant

Mrs Kath Hier, Healthcare professional eligible to prescribe

Dr Jonathan Jones, GP North Wales

#### 3. **Declarations of interest**

Members were reminded to declare any interests pertinent to the agenda and in general. There were none.

#### 4. **Chair's report**

The Chair confirmed that Dr Susanna Jacks will replace Dr Robert Bracchi as GP South East Wales, Mr Jonathan Simms will replace Mr Trevor Batt as Pharmacist South East Wales. Mr Batt will continue on the Interface Pharmacists Group. It was confirmed that these appointments had the support of the AWMSG Steering Committee. The Chair confirmed that Mrs Debbie Davies had expressed a wish to continue her membership on AWPAG.

#### **AWMSG feedback**

The Chair informed members that Dr Bruce Ferguson had indicated that the Medical Directors had enthusiasm for secondary care indicators but not for a secondary care incentive scheme.

#### **Next AWPAG meeting**

Members were thanked for their contributions and documents provided for the meeting. Members were reminded that the next AWMSG meeting is 13<sup>th</sup> August 2008 and next AWPAG 14<sup>th</sup> October 2008 and that papers for these meetings would be required by WMP by the end of July and end of September respectively.

#### 5. **Minutes of previous AWPAG meeting**

The minutes of the previous meeting were checked for accuracy and content. No changes were made.

## **Matters arising**

### **Methotrexate**

The Chair informed members that the issue of methotrexate prescribing had been raised at the previous AWPAG meeting and remained outstanding.

Issues of concern were identified as follows:

- High volume scripts and length of treatment
- Continued use of 10mg tablets
- Monitoring of patients, particularly in non-rheumatology specialties

Members had expressed concern at the quantities of tablets per script of methotrexate and identified a need to encourage regions to review prescribing control charts. It was suggested that AWPAG should consider levels of prescribing in Trusts across Wales.

Nuala Brennan confirmed that a review of the available CASPA and MEDUSA data had shown very little movement in the volumes of prescribing of 2.5mg and 10mg tablets. Members noted the NPSA had provided standards and guidance.

Members were informed that a regional Trust had undertaken a local audit of methotrexate prescribing and monitoring. This suggested that the rheumatology database and system works well and there could be scope to share this with other specialties. Anecdotal evidence suggests that this pattern may be reflected nationally.

Subcutaneous methotrexate is not in the rheumatology core amber list. Members discussed whether this should be updated following the availability of a licensed product. The interface pharmacists meeting held on 11<sup>th</sup> July 2008 had noted that shared care had been possible where patients self-administer and Trusts arranged disposal of residue and sharps. Varying regional arrangements were noted. There was support for the proposal that the interface pharmacists develop a paper outlining the issues in relation to injectable methotrexate for consideration by AWPAG at a future meeting.

### **ACTION**

**Chair to progress through interface pharmacists group**

### **Thromboprophylaxis to prevent venous thromboembolism**

The Chair confirmed that a national group had been set up to address this issue and developments would be fed back to AWPAG and AWMSG.

### **Prescribing of erythropoiesis stimulating agents (epo) in secondary care**

The Chair confirmed that this issue remains on the agenda of the Renal Network led by Dr Richard Moore and an invitation had been extended to Dr Moore to attend AWPAG to clarify the current situation. Some members expressed concern over the regional variation in the prescribing of erythropoietins in Wales.

### **ACTION**

**Chair to seek views of AWMSG Steering Committee**

### **Prescribing incentives in secondary care**

The Chairman fed back the views of Dr Ferguson that the Medical Directors support the concept of secondary care indicators but not a secondary care incentive scheme. Dr Webb confirmed that he has written to Professor Routledge as AWMSG Chairman to

express his concern and asked members to note that incentivising secondary care is included within the AWMSG Medicines Strategy.

### **Amiodarone**

The Chairman confirmed the wording of the endorsement of the Welsh Cardiovascular Society. This has been included on the AWMSG amiodarone shared care template and posted on the AWMSG website. Jamie Hayes confirmed that a brief document outlining 'key messages in relations to amiodarone' is currently being finalised by WeMeReC.

### **Primary Care Quality Forum (PCQF)**

The Chair confirmed that Kevin Smith had been nominated by the HoPMMs to provide the link between AWPAG and the PCQF. Subsequent to attending a meeting of this group, Mr Smith had provided a report, including the following:

- GP information project under consideration, relating to early identification of Adverse Drug Reactions via GP computer records.
- A Records exercise is under development to determine whether another user of the patient's notes can readily understand ongoing problems and treatments.
- Audit training is available and has been well received. Available to community pharmacists, GPs, nurses, optometrists, dentists etc.
- Development of a quality tool for medicines use review
- Audit plus tool– now well implemented (Supports anticoagulation audit, DMARD monitoring etc)

## **6. Prescribing reviews**

### **Respiratory Chapter 3**

The Chair referred members to the key messages of the respiratory BNF Chapter review and updated members in relation to the discussion at AWMSG. The removal of certain key messages during the editorial process was discussed and the necessity to produce a robust document.

The process for dissemination of the document and secondary care consultant input was discussed. When the relevant specialty is not represented on AWPAG, the opinion of a nominated lead could be sought. Members agreed that the document would be useful as a tool for discussion at a local level and proposed dissemination via the Chairs and Secretaries of MTCs as well as via HoPMMs. A suggestion was made that a questionnaire to ascertain the usefulness of the document should be sent at a later date.

#### **ACTION**

**WeMeReC to incorporate the changes suggested at AWMSG**

**WMP to email the document to MTCs, HoPMMs and post on the AWMSG website (for a finite period only)**

**AWPAG to produce audit document or questionnaire at a future meeting**

### **Endocrine Chapter 6**

The Chair invited Ken Nazareth to present the review of the endocrine draft key messages, due to be presented to AWMSG. Members suggested minor amendments to the document. Mrs Clarke presented and members discussed the issues highlighted by NHSIF. Mrs Clarke agreed to update the document in light of the discussion and provide to WMP for the next AWMSG meeting in August.

**ACTION**

**WeMeReC to update the document in light of the discussion**

**Ken Nazareth agreed to present the document to AWMSG**

**Cardiovascular Chapter 2**

No update had been provided to the meeting and it was agreed that this chapter will be deferred to a future meeting.

**ACTION**

**Cardiovascular Chapter 2 to be discussed at AWPAG October meeting**

**Gastro-intestinal Chapter 1**

The Chair invited Bill Duffield to present the document and members were asked to select the key messages. The involvement of clinicians in commenting on the draft prior to AWPAG was welcomed. Timelines were discussed and clarified - the first draft is to be provided to WeMeReC at the beginning of August. The document will be presented to NHSIF in October and AWMSG in December 2008.

**ACTION**

**Bill Duffield to update the paper in light of discussion and provide to WeMeReC at the beginning of August**

**Next chapter**

It was agreed that the cardiovascular BNF chapter will be considered at the next meeting in October 2008, and the Gwent region will undertake an update of the Infections chapter. Thereafter, an update of the Central nervous system chapter will be required.

**ACTION**

**SE Wales update of Chapter 5 Infections**

Mr Terry joined the meeting.

**7. Prescribing incentive scheme**

**Prescribing incentive scheme questionnaire feedback**

The Chair thanked Mr Duffield for preparing a paper from the national questionnaire, identifying key messages to inform the subsequent development of the scheme. Mr Duffield provided the background. A suggestion was made to rename the document to a 'prescribing quality and efficiency scheme'. The group mooted whether a change should be made in the component percentages i.e. between recommended education and indicator elements. It was agreed that the scheme appears to be well accepted and no changes should presently be made to the template components. Bill Duffield agreed to incorporate the minor changes and submit the document to WMP for inclusion in AWMSG's August meeting papers.

**ACTION**

**Mr Duffield to amend the document in light of the discussion and provide to WMP**

**Feedback on anticoagulation audit**

The Chair invited comment on the implementation of the anticoagulation audit. It was noted that the Audit Plus tool is currently being rolled out and will assist with data collection. The intention was for the first part of the audit to be undertaken via a Read Code search rather than a manual record search and that INR data should be available from Trusts where practices do not receive the information directly. AWPAG welcomed feedback from users to allow minor adjustment of the audit, which will continue for

2009/10.

**ACTION**

**HOPMMs to cascade to colleagues**

**Future audit**

Members agreed that the current audits should remain for the next year. Suggestions for future audits were noted as follows:

- Non steroidal anti-inflammatory drugs
- Yellow card reporting
- Proton pump inhibitors

**8. Prescribing Indicators update**

**National indicators**

Mrs Howard-Baker provided the background to the draft paper for AWMSG and confirmed that the Indicator Working Group had considered all the suggestions for a new national indicator, in particular yellow card reporting and black triangle medicines. It was reported that after careful consideration the working group had agreed that the new national indicator would be chiral medicines. It was proposed that the antimicrobial working group associated with the 1000 lives campaign, could be invited to suggest an indicator for inclusion in the 2010-2011 indicators. Mrs Howard-Baker confirmed that the NHSIF member on the working group had input into the development of the paper. The Chair invited Mrs Howard-Baker to continue as Chair of the indicator working group – this was accepted.

**ACTION**

**Paper to be presented to AWMSG at the August meeting**

**Local comparators**

Judith Vincent provided the background and explained how the local comparators had evolved, primarily for internal discussion and use by HoPMMs. It was stated that review and development of local comparators did not form part of the work programme of AWPAG. Since the last meeting HoPMMs have had internal discussions reviewing the relevance of existing local indicators.

**ACTION**

**Chair to contact Sue Murphy as Chair of HoPMMs to establish outcome of discussions relating to rationalisation of the local comparator list**

**Judith Vincent to prepare a document clarifying the purpose of the local comparators? for October AWPAG meeting**

**9. Scriptswitch**

The Chair invited members to air their views in relation to ScriptSwitch. The system has been available to support prescribing messages within primary care for some years. It has recently been promoted and widely disseminated within Wales. The following issues were raised.

- Extensive workload in establishing and updating the profiles particularly if ScriptSwitch was to be used to best effect.
- Pharmacy and Medicines Management teams have invested resources in developing personal contacts with practices; for example with the use of weekly

technician or pharmacist visits to practices. Diversion of resources from this team approach should be based on firm evidence.

- Although profiles can be shared between regions, local adaptation for local need was imperative. Therefore a core profile would incompletely address the workload issues.
- Regions currently using ScriptSwitch perceived a need to restrict the number of messages
- Pulsing messages (time-limited messages) could improve acceptance rate but were an additional workload for the teams
- Concern that data of offered/declined switches could be used inappropriately by other departments.
- It can be welcomed by practitioners and should not be discounted.
- One region found that they were able to tailor provision to practices which were responding positively.

There was consensus that this tool should not be promoted by NLIAH beyond its evidence-base. Members agreed that it should remain one component of a multi faceted approach to promote effective prescribing in Wales.

## **10. Review role of templates for prescribing statins and antiplatelets**

### **Statin template**

The Chair informed members that the previous AWMSG statin template had been removed from the website in view of the NICE guidance. The group valued the prompt response in updating the AWMSG statin template and agreed that there is merit in retaining the document. It was suggested that the views of the cardiac network should be sought on the updated version. Stuart Evans agreed to act as the link with the specialist network. The Chair asked that detailed comments on the template be forwarded to Mr Evans outside of the meeting.

#### **ACTION**

**All to pass comments to Stuart Evans**

**Chair to confirm with steering committee recommendation to liaise with Cardiac Network prior to taking template to AWMSG**

### **Antiplatelet template**

The Chairman asked members to review the current antiplatelet template and consider whether it required updating. Members agreed that the document required an update and that it should be removed from the AWMSG website in the interim.

#### **ACTION**

**WMP to remove from AWSMG website**

### **Identify other areas where guidance may be required**

Members had a brief discussion in relation to other areas where clarification might be helpful.

## **11. Special formulations**

The Chair invited Judith Vincent to provide an overview of the enclosure on the use of unlicensed oral liquid medicines and their associated cost implications in Wales. Members were asked to consider measures that could be taken to reduce the increase in spend whilst ensuring patients receive the most appropriate preparations available.

Consideration should be given to adoption of the Newt guidance produced by North East Wales NHS Trust providing advice on the administration of medication to patients with enteral feeding tubes or swallowing difficulties. It is likely that prescribers are often unaware that they are prescribing specials. When a prescriber is aware that the requested formulation is unlicensed they should seek the advice from the LHB's medicines management team. Members agreed that a review of patients receiving unlicensed medications should be encouraged and systems should be put in place to ensure appropriate prescribing of liquids occurs in the first instance. Discussion took place on how these recommendations could be disseminated to prescribers.

**ACTION**

**Chair to recommend to Steering Group that the paper is considered by AWMSG**

**12. NHSIF draft minutes April 2008**

The Chair drew members' attention to the NHSIF draft minutes of the meeting held in April 2008. No issues were raised.

**13. NHSIF draft agenda July 2008**

The Chair drew members' attention to the NHSIF draft agenda for the July 2008 meeting. No issues were raised.

**14. Draft minutes AWMSG meeting June 2008**

The Chair drew members' attention to the AWMSG draft minutes of the meeting held in June 2008. No issues were raised.

**15. Any other business**

**Feedback from the Interface Pharmacists Meeting**

The Chair invited Mr Trevor Batt to inform members of any relevant issues raised at the recent interface pharmacist group meeting. Mr Batt reported that clarification had been sought in relation to the most appropriate place for the prescribing of immunosuppressants and low molecular weight heparin.

The group discussed whether a review of safety data could help to move the debate forward regarding the prescribing of immunosuppressants between primary, secondary and tertiary care. Some concern was expressed that it would be difficult to generalise these areas of prescribing given the regional variations and involvement of both English and Welsh tertiary care centres.

Historically regions have classed Low Molecular Weight Heparins (LMWH) as hospital-only prescribing however increased prescribing in primary care has been noted. There was general agreement that a review of the issues relating to LMWH would be welcomed.

**ACTION**

**Chair to report back to AWMSG Steering Committee and Interface Pharmacists Group**

**Diabetes guidelines**

The group had been informally informed that the Diabetes Guidelines were due to be disseminated, without being brought to the AWMSG. Members expressed disappointment as AWPAG had been invited to comment as part of the consultation and had requested sight of the revised document prior to it being disseminated. Members

agreed that all prescribing guidance should be channelled through AWMSG as the parent group whose remit is to advise the Minister for Health and Social Services on prescribing issues.

**ACTION**

**Chair to draw the Group's concern to the attention of Welsh Assembly representative on the AWMSG Steering Committee**

**Date and time of future meetings:**

**Tuesday, 14<sup>th</sup> October 2008, at The Hill Abergavenny commencing 10.30 am**