

ALL WALES PRESCRIBING ADVISORY GROUP

**Minutes of meeting held
Wednesday 16th December 2015 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
Mr Alan Clatworthy	Pharmacist, Abertawe Bro Morgannwg
Mr Mike Curson	Pharmacist, Aneurin Bevan
Mrs Sian Evans	Consultant, Pharmaceutical Public Health Wales
Mr Stefan Fec	Community Pharmacist, Powys
Mrs Sarah Isaac	Pharmacist, Hywel Dda
Dr Susanna Jacks	GP, Aneurin Bevan
Dr Sue Jeffs	Consultant, Aneurin Bevan
Mrs Robyn Miles	ABPI Wales Industry Group
Mr Gary Morris	Lecturer in Physiotherapy, Cardiff University
Mrs Fiona Walker	Pharmacist, Cardiff and Vale
Mrs Bev Woods	Pharmacist, Cwm Taf

In attendance (non-voting)

Mr Andrew Evans	Department of Health and Social Services
Dr Robert Bracchi	AWTTC
Miss Christine Collier	AWTTC
Dr Stephanie Francis	AWTTC
Ms Karen Jones	AWTTC
Ms Kath Haines	AWTTC
Miss Jessica Howells	AWTTC
Dr Tessa Lewis	AWTTC
Mrs Janet Thomas	Patient Safety Pharmacist, Betsi Cadwaladr
Dr Lisa Adams (Observer)	General Practitioner, Abertawe Bro Morgannwg

Key of abbreviations

ABPI	Association of the British Pharmaceutical Industry
APoSM	Advisory Panel on Substance Misuse
AWMSG	All Wales Medicines Strategy Group
AWMSG SC	All Wales Medicines Strategy Group Steering Committee
AWPAG	All Wales Prescribing Advisory Group
AWTTC	All Wales Therapeutics and Toxicology Centre
BNF	British National Formulary
GP	General Practitioner
GPC	General Practitioners Committee
NICE	National Institute for Health and Care Excellence
NPIs	National Prescribing Indicators
PCQIS	Primary Care Quality and Information Service
PrescQIPP	Prescribing Quality, Innovation, Productivity and Prevention
QOF	Quality Outcomes Framework
TDA	Therapeutic Development Assessment

1.0 Welcome & introduction

The Chair opened the meeting and welcomed new member, Mr Gary Morris, representing other professions eligible to prescribe. Members introduced themselves.

2.0 Apologies

Mr Paul Fleming	British Generics Manufacturers
Dr Rick Greville	Director, ABPI Cymru Wales
Miss Sophie Harding	Pharmacist, Velindre
Dr Peter Horvath-Howard	GPC Wales
Dr Atir Khan	Consultant, Hywel Dda
Mr Jonathan Simms	Pharmacist, Aneurin Bevan
Dr Sally Lewis	Interim Assistant Medical Director/Primary Care Clinical Director, Aneurin Bevan

3.0 Declarations of interest

The Chair asked for any declarations of interest. Robyn Miles declared interests pertinent to the agenda [NPIs].

4.0 Chair's report

The Chair informed the meeting 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. Accuracy was agreed. The Chair asked for an update on the following action points:

National Prescribing Indicators 2015–2016

Bev Woods informed the group that nothing further had progressed with the work Cwm Taf are doing to identify medicines which have been recently stopped on GP computer systems for potential Yellow Card reports. However, support for auto-filling Yellow Cards was highlighted.

Action: Bev Woods to inform AWPAG when the auto-filling of yellow cards function is available on the INPS GP computer system.

Advice on the Role of Oral Anticoagulants

Tessa Lewis informed the group that she had liaised with Audit+. The Audit+ AF module has been piloted and is expected to be rolled out imminently – this will include the measure 'Patients with warfarin with AF where time in therapeutic range has been calculated.'

Sarah Isaac joined the meeting

Diabetes Prescribing Analysis with Cluster Level Comparators

Fiona Walker informed the group that QOF data had been sent for primary care outcomes.

Inhaled Steroid Safety Cards

Fiona Walker informed the group that she had received a response from Dr Simon Barry – but that there was no feedback on the document yet.

Action: The Chair to contact Dr Dan Menzies

Susanna Jacks joined the meeting

Mechanisms to Promote and Support the Systematic Implementation of National Therapeutic Guidance

Jamie Hayes has fed back decision of AWPAG to Tessa Lewis. Tessa Lewis provided clarification in response to the feedback from AWPAG, which suggested that the implementation work should be focusing on AWMSG guidance rather than NICE guidance: the process for developing this document focused on AWMSG guidance as well as NICE.

Welsh Cautionary and Advisory Labels in BNF for Prescription Medicines

Kath Haines informed the group that no further changes had been made to the document.

National Prescribing Indicators 2016–2017

Primary care outcomes discussion – Contact Jamie Hayes for feedback on this discussion.

Dose Taper and Discontinuation of Biologics in Low Disease Activity Rheumatology Patients and Review of Biologics Pathway

The Chair informed the group that she had spoken with Jayne Price who explained that there was no capacity in Powys Teaching Health Board at present to go forward with this project. Discussion followed. Members understood that health boards were already undertaking work in this area and Abertawe Bro Morgannwg has a local policy. It was suggested that now might not be an appropriate time to review with forthcoming review of etanercept in February. Stuart Linton has indicated that he believes this work should be done across Wales. It was agreed that Alan Clatworthy will work on this with (an)other interested member(s).

Prescribing Dilemmas – Norethisterone

No response had been received from Peter Horvath-Howard on the query regarding norethisterone.

Sharing good practice

Robert Bracchi raised the issue of Yellow Card reporting. Bev Woods commented on potential methods for searching for Yellow Cards. This could be discussed at the Sharing Good Practice day.

All other documents with action points from the last meeting will be discussed later in the meeting.

6.0 Feedback from 11 November 2015 AWMSG for information

Kath Haines provided feedback from the AWMSG meeting of the 11 November 2015. All of the following documents had been presented to and supported by AWMSG. The All Wales Policy for Medicines Administration, Recording, Review, Storage and Disposal and the All Wales Guidance for Health Boards/Trusts in Respect of Medicines and Health Care Support Workers in particular received excellent feedback from members.

- [Monitoring Usage in Wales of Medicines Appraised by NICE and AWMSG – Data to March 2015](#)
- [National Prescribing Indicators 2015–2016 – Analysis of Prescribing Data to June 2015](#)
- [All Wales Policy for Medicines Administration, Recording, Review, Storage and Disposal](#)
- [All Wales Guidance for Health Boards/Trusts in Respect of Medicines and Health Care Support Workers](#)

Bev Woods joined the meeting

7.0 Documents for discussion

7.1 Role of Oral Anticoagulants – Update

A large number of consultation comments were received for this document and the Chair requested members to highlight any points requiring discussion.

Time in therapeutic range (TTR) was discussed as many practices are not looking at this, and the question of how often it should be reviewed was raised. Proposed wording – *Review TTR annually and demonstrate systems for TTR assessment.*

Section 5.4 '*Decision to start... should be carried out by clinicians with an interest in stroke prevention and management of AF*'. Proposed wording: '*whose scope of practice includes*'.

Usage of the term NOAC versus DOAC was discussed – it is not expected that NICE are intending to use the term DOACs in the near future. Therefore it was agreed to revert back to using the term NOAC.

It was agreed that UKMi statement should be added: *Patients co-administered medication that may inhibit metabolism and potentiate bleeding risk with novel agents ... are probably safer managed on warfarin as the INR may be adjusted accordingly.*

Suggestion to link to online BNF if relevant statements are not in new hard copy.

Decision tool from Keele University was highlighted.

Section 3.2 Proposed wording: 'If after using/referring to the decision aid, no preference exists, well controlled warfarin therapy is a reasonable therapeutic option'.

Action: Tessa Lewis to make amendments as discussed

7.2 National Prescribing Indicators 2016–2017

Inhaled corticosteroid information needs to be clear in Supporting Information for Prescribers document. Brand prescribing of inhaled corticosteroids was discussed. It was agreed to recommend that, where it is essential that a patient remains on the same device, prescribing should be by brand, or as per advice in the BNF. It was recommended that prescribers refer to local policy, and that health boards advise locally.

Discussion took place regarding analgesics and the appropriate measures to use. Karen Jones will compare different prescribing measures and check whether DDDs are necessary in order to compare with England.

It was agreed to keep morphine as a Local Comparator and bring back as an NPI if deemed necessary. There was a request to ensure that the statement on Lyrica remains current. It was agreed to keep the pregabalin/gabapentin NPI.

It was agreed to report yellow cards by practice instead of by GP. It was pointed out that the Yellow Card button is not working on vision (BW). It was suggested that sharing good practice including education would be useful, as would an All Wales summary of what is being reported.

In future it was suggested that before the NPI meeting NPIs should be sent round to MTCs for feedback on which are most useful. However, it was noted that practices will pick out the ones that are relevant to them.

With NPIs moving towards having more of a focus on outcomes, it will be key to involve PAPIG.

Action: BW to send wording for brand inhaler prescribing to include in supporting information.

Action: Prescribing data to be updated for AWMSG.

Action: Karen Jones to compare prescribing measures for analgesics.

7.3 Secondary Care National Prescribing Indicators 2016–2017

Stephanie Francis presented the Secondary Care National Prescribing Indicators 2016–2017 document. In light of AWPAG discussion at the last meeting, minor updates had been made to the document.

Section 1: an update has been made to acknowledge Type 1 diabetes. Changes have been made to the section on Biosimilars in light of Rick Greville's comment. The group were happy with amended wording on automatic switching.

There was a suggestion that as new drugs are coming to market, the baskets should be reviewed each year.

It was agreed that as the amendments are minor, the document should be updated and go to the next AWMSG Steering Committee meeting

Action: Following minor amendments document to go to AWMSG Steering Committee meeting.

7.4 Local Comparators 2016–2017

Kath Haines presented the proposed Local Comparators 2016–2017 document. AWTTTC have been working with the Primary Care Delivery Group on whether comparators are relevant and in use. Members (BW/FW) fed back that they are useful. There was support for the range of comparators as they are useful in highlighting practices not meeting targets. It was suggested that a survey could be undertaken to gain feedback on which are being used. However, it was pointed out that different prescribers use different ones in different years. It was agreed that comparators weighted by prevalence, those with bigger baskets, and those using ADQs are most useful.

Single drugs are least useful as they are easy to monitor.

It was agreed to include the “do not do” drug basket monitoring.

A query was raised on whether drug baskets are being updated and it was suggested that the diabetes drug basket needs changing.

It was agreed to continue to monitor local comparators and update as discussed.

Action: AWTTTC to update and check drug baskets.

7.5 Prescribing of Low Molecular Weight Heparin

Christine Collier gave an update on the Prescribing of Low Molecular Weight Heparin document. The original document and good practice points were written in 2010. These documents have now been combined, reference checked and sent to original contributors for comment. No responses had been

received. In combining and checking the two documents there has been no change in the message in the papers.

Discussion followed. It was pointed out that CHADs should be changed to CHADS VASC.

It was queried whether people are adhering to the guidance and whether any feedback has been received. AWTTC are not aware of any.

Bev Woods raised an issue with the statement in section 5.0 on prescribing for 4 weeks or less. It was suggested that patients should stay with initiating clinician if on a course of treatment. AWMSG guidance is not helping with patients who need LMWH for a couple of extra weeks.

An issue was raised with section 5.3. This will be discussed at the next meeting.

Janet Thomas informed the group of a leaflet produced by IDA Healthcare Commercial Company on Clexane. It was agreed that this leaflet should be circulated alongside the document. Janet Thomas to send the link for the document to the Chair.

It was agreed by the group that the document would go out to consultation to MTCs and original stakeholders and come back to AWPAG in March 2016.

Action: Janet Thomas to send link for leaflet to Chair.

Action: Send out for consultation to MTCs and stakeholders.

7.6 Chronic Pain Resources

Karen Jones presented the Chronic Pain Resources document and outlined the project to the group. The resources are aimed at non-specialist prescribers to improve prudent prescribing in chronic non-malignant pain by providing educational support, raising awareness of the issues surrounding prescribing for chronic pain and highlighting the risks associated with inappropriate prescribing.

Sian Evans commented that patient information should be included in the pack. Karen Jones informed the group that high quality patient information was available from the BPS on the issues covered by the resources and that these will be signposted/made available in the pack.

The work that Janet Thomas was doing on the fentanyl/opioid patches checklist would also be useful to include.

It was suggested that resources on stepping down and taking patients off/de-prescribing would also be useful. Gary Morris will be included in the development of the resources and physiotherapists will be added to the stakeholder list.

Action: To continue with the work and bring the resources to AWPAG in March 2016.

Kath Haines left the meeting.

7.7 Amiodarone

Louise Howard-Baker has updated the paper and suggested that NNH should be included to highlight risk versus benefit. A reference on this will be added.

It was pointed out that in some cases adverse effects can occur two years after stopping.

It was raised that it is not possible to get amiodarone medicines related admissions data as the data does not drill down this far.
This document will be sent out to consultation.

Action: Document to be sent out to consultation.

7.8 **All Wales NOAC Alert Card**

Northern England Strategic Clinical Networks have produced a NOAC Alert Card. Wales is able to adapt this card to include our logo but wording cannot be changed and their printers must be used. A Welsh translation version can also be printed via them, with our provision.

Louise Howard-Baker will circulate to Chief Pharmacists prior to finalisation.

The question of NOAC versus DOAC was raised and what manufacturers use in their leaflets was queried.

The group raised the fact that the line on antidotes may require an update when antidote availability changes (expected in 2016) and it was agreed to await this edit.

Action: To be circulated to haematologists and cardiac networks. Chief Pharmacists to be consulted on number of cards needed to print.

8.0 **Verbal updates**

8.1 **Dose Taper and Discontinuation of Biologics in Low Disease Activity Rheumatology Patients and Review of Biologics Pathway**

As discussed earlier in meeting see Section 5.

8.2 **Welsh Lexicon**

As discussed earlier in meeting see Section 5.

8.3 **Safeguarding Users of Fentanyl Patches by Standardising Patient/Caregiver Counselling**

Janet Thomas presented the Fentanyl checklists for use in hospital and community pharmacy. Janet Thomas asked for the members' thoughts on how detailed the checklist should be (i.e. probably too detailed/onerous for the user at the moment), whether there should be only one checklist or one each for primary care and secondary care and whether the development of an opioid patch checklist is required. Appropriate wording for considered usage in pregnancy to be added. If necessary to use, it should not be stopped abruptly. An alternative format may be more value to community pharmacists; a PIL/pictogram or shared decision making tool that can be used during counselling may be more useful. The group also highlighted that in community pharmacy the person collecting the medicine may not always be the patient. It was suggested that there may be two levels of checklists; one comprehensive for newly qualified/training staff, one more concise for experienced staff.

Action – Janet Thomas to pilot in hospital pharmacy. Further development of checklists following pilot will increase usability and effectiveness.

8.5 Medicines-related Admissions

Janet Thomas gave an update on the Medicines-related Admissions project. This work has generated a rich data set which could be effectively displayed in an infographic. It is hoped that a toolkit could be produced for AWPAG to consider and endorse as good practice.

A booklet for the All Wales Pharmacy Group for AKI was discussed.

Janet Thomas left the meeting.

8.4 Shared Care Protocols – Riluzole

The Chair suggested that in Kath Haines's absence this document be brought back to the next meeting. Jessica Howells informed the group that content had been compared from England and Wales.

9.0 Feedback from the All Wales Chief Pharmacists Committee

The Chair had nothing to report to the group.

10.0 Any Other Business

Alan Clatworthy raised the issue of the marketing of non-submission drugs. A brief discussion followed. Alan Clatworthy to forward a request to the Chair for this to be added to the next AWMSG Steering Committee agenda.

Action: Alan Clatworthy to forward request to Chair for agenda for AWMSG Steering Committee

Sian Evans informed the group that Roger Walker would be leaving his post as Chief Pharmaceutical Officer at Welsh Government at the end of December.

Date of next meeting – Wednesday 9th March 2016