

## **ALL WALES PRESCRIBING ADVISORY GROUP**

**Minutes of meeting held on  
Wednesday, 17 March 2021, commencing 9.30 am via Zoom**

**Chair** – Dr Laurence Gray                      Consultant, Cardiff and Vale UHB

### **Voting members**

Ms Rosemary Allgeier	Primary Care Senior Manager, PHW
Mr David Barnard	Lay member
Dr Richard Brown	General Practitioner, Hywel Dda UHB
Mr Robert Caine	Healthcare professional eligible to prescribe
Mrs Clare Clement	Prescribing Advisor, Cardiff and Vale UHB
Mr Dylan Jones	Community Pharmacist, Powys Teaching HB
Mr Hywel Jones	Locality Prescribing Advisor and Lead Pharmacist for Aneurin Bevan UHB Prisons
Dr Becky McGee	General Practitioner, Aneurin Bevan UHB
Mrs Sue Knights	ABPI representative
Mr Darren Smith	Pharmacist, Swansea Bay UHB
Ms Kate Spittle	Lead Pharmacist Primary Care, Cwm Taf Morgannwg UHB
Mrs Bethan Tranter	Chief Pharmacist, Velindre NHS Trust

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

Dr Rob Bracchi	AWTTC
Dr Thomas Curran	AWTTC
Dr Paul Deslandes	AWTTC
Dr Rick Greville	ABPI
Ms Kath Haines	AWTTC
Ms Ruth Lang	AWTTC
Mrs Karen Samuels	AWTTC
Mrs Claire Thomas	AWTTC

### **Presenting**

Ms Vicki Richards-Green	In attendance for item 7.1 only
Ms Emma Davies	In attendance for item 7.4 and 7.5 only
Dr Sue Jeffs	In attendance for item 7.4 and 7.5 only
Dr Mike Stone	In attendance for item 8.3 only
Ms Karen Jones	AWTTC
Dr Bridget-Ann Kenny	AWTTC
Ms Shaila Ahmed	AWTTC

### **Observing**

Mr Alan Meudell	Alternate lay member
-----------------	----------------------

### **Key of abbreviations**

ABPI	Association of the British Pharmaceutical Industry
AWMSG	All Wales Medicines Strategy Group
AWTTC	All Wales Therapeutics and Toxicology Centre
CEPP	Clinical Effectiveness Prescribing Programme
HEIW	Health Education and Improvement Wales
MHRA	Medicines and Healthcare products Regulatory Agency
NICE	National Institute for Health and Care Excellence
NPIs	National Prescribing Indicators
NWIS	NHS Wales Informatics Service
PHW	Public Health Wales

## **1.0 Welcome and introduction**

The Chair opened the meeting and welcomed members. The Chair welcomed new alternate member Alan Meudell observing this meeting. Members introduced themselves.

## **2.0 Apologies**

Apologies were received from:

Dr Anders Skarsten	Consultant, Powys Teaching HB
Mr Ben Woodhouse	Pharmacist alternate member, Betsi Cadwaladr UHB
Dr Lynette James	All Wales Consultant Pharmacist – Acute Care & Medication Safety
Mr Paul Fleming	Chairman BGMA
Mr Andrew Evans	Welsh Government

## **3.0 Declarations of Interest and Confidentiality Agreement**

The Chair asked members to declare any interests relevant to the meeting. Sue Knights declared an interest for Item 7.3. No other declarations pertinent to the agenda were received. The Chair reminded members to forward their Declaration of Interests form to AWTTTC if they hadn't already done so.

## **4.0 Chair's report**

### **Membership issues**

The Chair informed members of the recent membership changes on the Group.

#### Resignations

Neil Thomas, Nurse member has now resigned from the group due to taking up a new role.

Ross Davies, Pharmacist member for Hywel Dda has now resigned from the group due to taking up a new role.

Warwick Smith, alternate member for BGMA is due to retire so has now stepped down from the group.

#### Deputy to Main Member Appointments

Hywel Jones has been appointed as the main member for Aneurin Bevan.

Rosemary Allgeier has been appointed as the main member for Public Health Wales.

#### New Appointments

Carol Blount has been appointed as the alternate member for BGMA.

Hazel Hopkins has been appointed as the new Pharmacist member for Hywel Dda.

Alan Meudell has been appointed as the new alternate lay member.

#### Nominations

The Chair informed members that AWTTTC were now in receipt of nominations for both the main and alternate Nurse member roles which are currently going through the new membership process.

Members were reminded again that there are currently vacancies for doctor members for Betsi Cadwaladr, Cwm Taf and Swansea Bay University Health Boards along with a doctor member from Velindre NHS Trust. Should members require further information regarding nominations they were asked to contact Anne Coles at AWTTTC.

It was queried as to whether the group specifically needed General Practitioners or Hospital Consultants. The Chair confirmed that both were required.

### **5.0 Minutes of previous AWPAG meeting – 2 December 2020**

Minutes for the previous meeting were checked for accuracy and agreed.

The Chair discussed the actions from the last meeting. There were no matters arising that were not on the agenda for today's meeting.

### **6.0 Feedback from AWMSG 8th December 2020, 9th February 2021 and 10th March 2021**

Kath Haines gave feedback from the recent AWMSG meetings. Members were informed that the Medical Director and Chief Pharmacist from two health boards, Swansea Bay and Cardiff & Vale had joined the December 2020 and March 2021 meetings respectively, for discussion on the initiatives that have been undertaken in the health boards and best practice. These discussions were found to be very helpful to all. The following documents were all shared with AWMSG, some for information purposes and others for endorsement and all documents were endorsed. It was noted that the document 'Delivering Value Through Disinvestment: An exploration and analysis of appropriate disinvestment in medicines considered Low Value for Funding by NHS Wales' was given support by AWMSG. Following a request by the Chair to operationalise the recommendations in the paper, further discussions will be ongoing.

- [National Prescribing Indicators 2020-21: Analysis of prescribing data to June 2020](#)
- Delivering Value Through Disinvestment: An exploration and analysis of appropriate disinvestment in medicines considered Low Value for Funding by NHS Wales (follow-on from previous meeting)
- [Welsh National Standards for Medication Review](#)
- [Best Practice Reminder - Avoid Nitrofurantoin in the Treatment of Pyelonephritis](#)
- [Shared Care Prescribing and Monitoring Guidance](#)
- [Prescribing Dilemmas \(2021 Review\)](#)
- [Safeguarding Users of Opioid Patches by Standardising Patient and Caregiver Counselling – for information](#)
- [Persistent pain resources – for information](#)
- [National Prescribing Indicators 2020-21: Analysis of prescribing data to Sept 2020](#)

### **7.0 Documents for discussion**

#### **7.1 Initial Clinical Management of Adult Smokers in Secondary Care**

The Chair introduced Vicky Richards-Green and thanked her for joining the meeting to discuss the Initial Clinical Management of Adult Smokers in Secondary Care document. Kath Haines reminded members that the document shared with them included the consultation comments received, details of any actions taken and responses to the comments; including some responses which would benefit from the thoughts of AWPAG members.

A comment from CPW was raised regarding patients being referred to pharmacy services from secondary care. Vicky Richards-Green informed the group that the options within the document had been left intentionally broad as not all health boards run the same services.

Brief discussion followed regarding Help Me Quit referrals, and Level 2 and 3 referrals.

It was requested to note within the document that patients need to be directed to a service; Help me Quit or a community pharmacy, rather than their GP where there is no service option, other than repeat prescriptions. Vicky Richards-Green agreed to update this information for nurses and patients in the discharge process section and other relevant sections of the document.

It was noted that all other comments from the consultation had been addressed by Vicky Richards-Green, who had been pleased with the consultation feedback received.

Members agreed for the document to progress to AWMSG for endorsement.

**Action: Vicky Richards-Green to make suggested amendments and document to proceed to AWMSG for consideration of endorsement.**

## **7.2 Hypnotics and Anxiolytics Educational Pack (2021 Review)**

Paul Deslandes presented the Hypnotics and Anxiolytics Educational Pack (2021 Review). Members were reminded that this document was presented to AWPAG in September and has since been out for consultation. Consultation comments had now been shared with members and although most had been addressed there were a few which Paul Deslandes had highlighted for discussion.

Discussion followed on benzodiazepines in pregnancy. It was suggested that wording be added to address cases of women who may already be taking benzodiazepines when they become pregnant and how specialist guidance should be sought. Similarly, it was agreed that wording should also be added to the section on breastfeeding.

The next comment raised was the best place for the section on dementia to sit within the document. It was agreed that it should be moved under the neurological heading.

Paul Deslandes mentioned that the issue of the included patient letters and leaflets being produced in Welsh had been queried previously. Paul Deslandes informed members that following this being discussed at the previous AWPAG he would chase this up.

The advising of the out-of-hours service about reduction schedules was raised. A brief discussion followed and it was felt that this would be beneficial although it was noted that the out of hours service are reticent to prescribe those medicines which are open to abuse.

Members felt that all other issues raised required no changes being made to the document.

**Action: Amendments to be made and document to proceed to AWMSG for consideration of endorsement.**

*Sue Knights left the meeting*

## **7.3 All Wales Advice on SGLT-2 Inhibitors in Type 2 Diabetes and Cardiovascular Disease**

Bridget-Ann Kenny and Shaila Ahmed presented the All Wales Advice on SGLT-2 Inhibitors in Type 2 Diabetes and Cardiovascular Disease. A presentation was given to members on the background of the document and evidence review.

Members felt this document was very useful and a good piece of work. A concern was raised regarding the timeline for consultation. It was agreed that AWTTC would look into the period for consultation and members were informed that this is also being considered within the Medicines Optimisation Framework

Discussion followed with regard to the marketplace and how this document would be of interest to both patient services and industry. It was queried as to how dynamism would be captured, specifically in relation to any new licence extensions during the consultation period, and that this may need to be reflected in the process. A brief

discussion also followed on the process for companies engaging with AWTTC regarding expected licence extensions. It was noted that this is a fast moving area and therefore need to be mindful of changes. Members were informed that although a three-year review is specified, if new evidence is available the document can and would be reviewed sooner and as required.

It was agreed that this document should now proceed to consultation following the AWTTC process.

**Action: AWTTC to look into consultation period for the document.**

**Action: AWTTC to send document out for consultation.**

*Sue Knights rejoined the meeting.*

#### **7.4 All Wales Guidelines for the Management of Chronic Pain – New Project Proposal Form (NPPF)**

Karen Jones introduced Emma Davies and Dr Sue Jeffs and the All Wales Guidelines for the Management of Chronic Pain. Karen Jones informed the group that this was very timely in respect of the recent reviews of some related documents, such as the tramadol resources review, the interim review of the persistent pain resources and the safeguarding users of opioid patches check list. Karen Jones gave members the background to the project. It was noted that there had been a considerable amount of work already undertaken by a working group in Wales led by Dr Jeffs and Emma Davies looking at the adaptation and development of guidelines, educational resources, topic summaries, audits and patient information.

Emma Davies informed the group that the need for this guideline came about during the development of the Welsh Government 'Living with persistent pain in Wales' guidance document which highlighted the difference in prescribing analgesics across the country and the high rate of analgesic prescribing in Wales. Emma Davies continued to give members an overview of the aims of the work.

Discussion followed regarding the education aspect of the work and who should be engaged with in the development of the document.

The issue of monitoring was raised, and also the need to align messages with the NPIs and development of research questions. Measurement of outcomes was discussed, including pain scores and the importance of functioning measurements, and it is hoped that this is something that can be brought into this project.

Dr Jeffs highlighted the importance of engaging the third sector, patients and the public to ensure the success of implementation. Campaign examples were also discussed.

Kath Haines raised the issue of wording in the NPPF of 'In addition to the prescribing guidance, A National Formulary for pain will be developed'. It had been suggested at AWMSG Steering Committee that the work would best 'inform local formulary decisions'. Emma Davies clarified the intention of the work and the importance of it supporting local formularies.

Emma Davies informed members that she had been involved in previous discussions about GP systems incorporating pain management notes and highlighted that education was needed in all specialties with regards this. It was noted that there should be a multi-disciplinary team working on a whole system approach to this project.

The Chair asked members whether they were happy for development of this document to proceed. Members were in agreement.

**Action: Document was supported by AWPAG to proceed.**

## **7.5 Tramadol Educational Resource Materials (2021 Review)**

Karen Jones presented the review of the Tramadol Resource Materials document and gave the background to the document originally developed in 2013 further to a request from Welsh Government. This document is currently under review and has been updated in light of new information published since the original work was carried out. The document consists of a background and prescribing data analysis, audit materials for primary care, secondary care and emergency departments and a shared decision making toolkit. In reviewing this document, the development of the previously discussed chronic pain resources have also been kept in mind. The changes are a simplification of the introduction and analysis, including links to SPIRA for up-to-date prescribing information for health boards and the message that, although prescribing has steadily decreased since the original work, there is still a need for the promotion of appropriate prescribing and review of tramadol prescribing in NHS Wales. This piece of work was originally undertaken because prescribing was increasing and cases of harm associated with tramadol had been highlighted. Members were directed to the changes summary table and comments invited.

It was queried as to tramadol being different to other opioids and whether there are any other references that could be included in this document to further support the information. Karen Jones agreed to look at further references and will also ask the Welsh National Poisons Unit for any further data relating to harm and admissions associated with tramadol.

A query was raised in connection with the audits, in particular the repeat prescriptions section of the primary care audit. It was asked if suggested actions following the audit could be included to ensure information is gathered and also leads to an action. For example it was suggested that a question about modified-release preparations could be included and the objectives strengthened and also a question about the effectiveness of tramadol for the patient. Karen Jones agreed to incorporate some advice and messages into the document.

**Action: Amendments to be made to document and to progress to consultation.**

## **7.6 Medicines Optimisation Framework**

Thomas Curran presented the Medicines Optimisation Framework. Members were reminded that this document had been out for consultation and were given a presentation covering two areas: a selection of amendments and responses being made as a result of the consultation; and consultees' thoughts on how the medicines optimisation process could change in future.

Thomas Curran shared some of the more significant comments received through the consultation and presented suggested amendments to members, informing the group that a full breakdown of all the comments and responses would be shared with AWPAG members in the coming weeks.

Responses to questions posed to AWPAG and AWMSG members were also shared with the group. The questions that had been posed to members included: whether members felt the processes described should be changed; whether the number of AWPAG meetings held per year is appropriate; whether the number of AWPAG and/or AWMSG meetings at which a medicines optimisation resource is considered is appropriate; and whether AWMSG has an appropriate amount of input into the medicines optimisation work programme. AWPAG members agreed that the process is appropriate and that it continues to be useful to consider a resource both before and after consultation.

It was confirmed that an updated version of the framework would accompany the full breakdown of consultation comments being shared with members in the coming

weeks. Following AWPAG member endorsement, the document will proceed to AWMSG Steering Committee in late April and AWMSG for endorsement in May.

**Action: Document to be updated and shared with AWPAG members for e-sign-off before proceeding to AWMSG for consideration of endorsement.**

## **8.0 Verbal updates**

### **8.1 Low Value for Prescribing – Paper 3 Monitoring temporary suspension of paper 3**

Kath Haines reminded members that at the September meeting of AWPAG it was agreed for a temporary suspension to the active monitoring of medicines in the Paper 3 basket on the understanding that there would be a review at this March 2021 meeting, with the intention of restarting monitoring in 2021-2022 if supported. Members were asked if they had any objections to the overall monitoring of these items. If there were no objections from members this basket could be included for monitoring and they will be regularly reported in the Low Value for Prescribing dashboard on SPIRA. Regular reports would also be sent to the Chief Pharmacists and Directors of Finance meeting which are held bi-monthly. There were no objections to this proposal and it was agreed to take this forward.

**Action: Monitoring of Paper 3 Low Value basket to recommence for 2021-2022.**

### **8.2 Disinvestment**

Kath Haines informed members that it had been requested by AWMSG to operationalise the recommendations in this paper. Members were informed that this was initially being scoped with Swansea and Bangor University Health Economic departments with a focus on the area of diabetes. It was noted that as this project progresses relevant papers will be presented to AWPAG for comment. Members were reminded that the title of this paper has now been changed to “resource reallocation”.

A query was raised as to whether this included injectable or oral for rationalisation or any other specific area for diabetes. Kath Haines confirmed that at present they are focusing on the newer oral agents.

**Action: Project to continue to proceed**

### **8.3 Denosumab – Shared Care**

The Chair introduced Professor Mike Stone and thanked him for his submission. Professor Stone presented the New Project Proposal Form for the Denosumab – Shared Care document. The Wales Osteoporosis Advisory Group (WOAG) and the Network of Ortho-Geriatrics in Wales (NOW) had requested that AWPAG consider an update to the existing ‘Prescribing of denosumab (Prolia) in Wales’ shared care guidance. The update would allow primary care to be considered for initiation of denosumab rather than just continuation of the injections/therapy. Professor Stone gave an in-depth overview of the background and the proposal for the project.

Lengthy discussion followed. It was noted that 2,000 patients in Wales are already receiving the drug, 80-90% receiving it in primary care. Members were informed that there were shared care policies in place, but where the initial injection is administered in secondary care then the rest administered in primary care. It was also highlighted that this proposal had been successfully rolled out in England. Funding arrangements, direct enhanced services, support from secondary care and timeframes for patient reviews were also discussed.

It was noted that Cardiff and Vale do not participate in a shared care agreement for denosumab, and there is no associated Local Enhanced Service. As such, it would be a big leap from not being prescribed at all in primary care, to initiation and ongoing



prescribing. It was suggested that shared care and associated enhanced services could be maximised as a first step.

It was suggested that productive local discussion could be undertaken with interested parties to change the shared care protocol and a model set up of how the service would be delivered, which could then inform a template for a National Policy.

It was highlighted to members that AWMSG recently endorsed updated shared care guidelines which clearly state that shared care is only suitable for medicines where the first dose is administered in secondary care. Therefore, denosumab would not be suitable for shared care if the expectation was initiation in primary care. It was queried as to whether wording could be altered to read the specialist recommended initiation, however it was noted that the shared care document requires initiation and stabilisation.

Further discussion followed on the use of local champions and investigating implementation of a Directed Enhanced Service which could be centrally funded.

Professor Stone noted that generic versions of denosumab will be available by 2025 resulting in a price reduction. Professor Stone also stressed that the duration of the treatment is lifelong.

It was felt that there was a national piece of work to develop a Direct Enhanced Service and Professor Stone to discuss at a local level.

**Action: AWPAG to support in the development of a Direct Enhanced Service.**

**Action: Professor Stone to keep AWPAG updated regarding local discussions.**

## **9.0 National Prescribing Indicator (NPI) Sub-Group - feedback**

Claire Thomas provided feedback to members from the NPI Sub Group meeting held on the 2<sup>nd</sup> March 2021. Members were reminded of the current NPIs, which will continue for 2021-2022, and informed of potential amendments for 2022-2023 as proposed by the NPI sub-group. It was noted that a suggestion had been made during the NPI survey to increase the age of sodium valproate reporting to 55, however the sub-group considered that the maximum age should be 50. AWPAG members were informed that NHS Digital in England report up to the age of 55, therefore it was agreed that the same approach should be adopted for Wales. CT informed members that the same amendment would also apply to the reporting of the oral retinoids prescribing safety indicator. Members were informed that the sub-group had recommended development of a high strength opioid basket to run alongside the opioid burden indicator, and to use the baseline year of 2019-2020 when reporting on total antibacterial items/1,000 STAR-PU and 4C antimicrobials. The sub-group had also agreed to amend the targets for secondary care and member of public Yellow Card reporting.

NPI sub-group members had ranked their top six priority indicators from the current and proposed list of indicators, in addition to providing feedback on which indicators may be suitable for retirement. The results were shared with AWPAG members, however due to time constraints, it was agreed that feedback would be gathered electronically in order to develop a proposed list of indicators for 2022-2023.

**Action: AWTTC to gather feedback from members via email and develop proposed list of NPIs for 2022-2023.**



#### **10.0 Best Practice Day 2021**

Kath Haines informed members that the presentations for the Best Practice Day to be held on the 13<sup>th</sup> April 2021 had now been confirmed and that a 'Save the Date' email had been sent out to prospective delegates. The session is scheduled from 11.00 am to 1.00 pm and it was anticipated that another virtual Best Practice Day would be held in the autumn. Kath Haines confirmed that for the forthcoming Best Practice Day on the 13<sup>th</sup> April the two topics were: Integrated Medicines Review Initiative for Care Home Residents from Neath Port Talbot Primary Care Team and Penicillin Allergy De-labelling by Dr Laurence Gray. Dr Gray gave a brief overview of his presentation.

Members were asked to spread the word!

#### **11.0 Feedback from the All Wales Chief Pharmacists Group**

Bethan Tranter had left the meeting at this point but the Chair fed back that Bethan had forwarded the following: the main focus over the last 4 months had been overseeing the logistics of the Covid vaccine roll out.

#### **12.0 Feedback from Health Boards and Velindre NHS Trust**

There was no feedback from the Health Boards

#### **13.0 Any other business (Chair to have been informed prior to the meeting)**

Kath Haines informed the group that Welsh Government are commencing the process to have the SLS criteria for oral cyanocobalamin amended as requested by AWPAG members and supported by AWMSG. AWPAG have been requested to identify any other aspects of the SLS regulations that any members feel also require an urgent review. Kath Haines asked members to email Anne Coles with their comments by 4.00pm on Friday 19<sup>th</sup> March, apologising for the tight timescale but that Welsh Government need to be informed by Monday 22<sup>nd</sup> March 2021 at the latest as the regulatory process request has to be submitted.

**Action: Members to send urgent reviews to Anne Coles by 19<sup>th</sup> March 2021.**

#### **14.0 Date of next meeting: Wednesday 30<sup>th</sup> June 2021**