

ALL WALES PRESCRIBING ADVISORY GROUP

Minutes of meeting held on

Wednesday 18 Sept 2019, commencing 9.30 am at the Angel Hotel, Cardiff

Voting members

Dr Lisa Adams	General Practitioner, Swansea Bay
Mr David Barnard	Lay member
Mr Alan Clatworthy	Pharmacist, Swansea Bay
Mrs Clare Clement	Locality Lead Pharmacist, Cardiff and Vale
Mr Ross Davies	Pharmacist, Hywel Dda
Mrs Sian Evans	Consultant in Pharmaceutical Public Health, PHW
Dr Laurence Gray	Consultant, Cardiff and Vale
Mrs Louise Howard-Baker (Chair)	Pharmacist, Betsi Cadwaladr
Ms Lynette James	Pharmacist, Cardiff and Vale
Ms Rachel Jenkins	ABPI Representative
Dr Sally Lewis	National Clinical Lead for Value-Based and Prudent Healthcare, Aneurin Bevan
Dr Becky McGee	General Practitioner, Aneurin Bevan
Mr Mike Curson	Pharmacist, Aneurin Bevan
Mr Dylan Jones	Community Pharmacist, Powys
Mrs Bethan Tranter	Chief Pharmacist, Velindre

In attendance (non-voting)

Miss Shaila Ahmed	AWTTC
Mr Richard Boldero	AWTTC
Dr Rob Bracchi	AWTTC
Mrs Anne Coles	AWTTC
Dr Thomas Curran	AWTTC
Mr Paul Fleming	British Generics Manufacturers
Dr Rick Greville	ABPI
Ms Kath Haines	AWTTC
Dr Alice Varnava	AWTTC
Mrs Karen Samuels	AWTTC
Mrs Claire Thomas	AWTTC
Dr Nik Reid	All Wales Consultant Antimicrobial Pharmacist, Public Health Wales
Mr Emyr Jones	Consultant Pharmacist - Community Healthcare

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
DOAC	Direct oral anticoagulants
NPIs	National Prescribing Indicators
NWIS	NHS Wales Informatics Service
PHW	Public Health Wales

1.0 Welcome and introduction

The Chair welcomed members and Emyr Jones and Nik Reid who were in attendance for agenda items 7.5 and 9.0 respectively. Members introduced themselves.

2.0 Apologies

Apologies had been received from:

Dr Richard Brown	General Practitioner, Hywel Dda
Mr Aled Falvey	Clinical Specialist Physiotherapist, Powys
Mr Jamie Hayes	AWTTC
Mrs Susan Knights	ABPI
Mr Darren Ormond	Welsh Government
Dr Anders Skarsten	Consultant, Powys
Mr Neil Thomas	Nurse Representative
Mrs Bev Woods	Pharmacist, Cwm Taf Morgannwg
Ms Kate Spittle	Pharmacist, Cwm Taf Morgannwg (Deputy for Bev Woods)

3.0 Declarations of Interest and Confidentiality Agreement

The Chair asked members to declare any interests relevant to the meeting. The Chair had been made aware that Rachel Jenkins (ABPI representative) had an interest in agenda item 7.2 and would be asked to leave the meeting for this agenda item. No other declarations of interest pertinent to the agenda were declared.

Members were also asked to sign the Code of Practice if they had not done so previously.

4.0 Chair's report

The Chair informed members that there had been no new members or resignations for the group since the last meeting, however there were a few memberships that would shortly be reaching full term, including her own as Chair. The Chair also reminded members that there were still vacancies for medical representation from some health boards.

Kath Haines gave a brief update on the AWMSG/AWTTC Review which had been carried out earlier in the year. Members were informed that a new Chair of AWMSG had been appointed, Professor Ceri Phillips, Head of the College of Human and Health Sciences at Swansea University and Professor of Health Economics at Swansea Centre for Health Economics. Discussions regarding the review are due to be held with Welsh Government however this was not expected to unduly affect AWPAG.

5.0 Minutes of previous AWPAG meeting – 26 June 2019

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

The Chair noted that all actions from the previous meeting were included in the agenda.

6.0 Feedback from September 2019 AWMSG meetings for information

- National Prescribing Indicators 2018–2019 Analysis of Prescribing Data to March 2019

Claire Thomas informed members that AWMSG had given positive feedback to the report. Richard Boldero informed members that there had been an update to the biosimilar data as some of the data shown was different to that held by the health boards. This was due to a mapping problem which had since been rectified and the health boards had been updated.

Karen Samuels joined the meeting.

7.0 Documents for discussion

7.1 Medicines Identified as Low Priority for Funding in NHS Wales

Richard Boldero informed members of a recent update to the Regional Medicines Optimisation Committee recommendations to liothyronine which is an included medicine in Phase 1 of the Low Priority for Funding initiative. The suggested changes to be made were highlighted along with additions to the paper including a new section on oncology and thyroid. The issue of shared care was raised and discussed, however it was agreed that this would be a separate piece of work, the necessity of which was not yet established across Wales. Members agreed to the changes as provided within Enclosure 3. Members also supported presenting the updated paper to the October All Wales Medicines Strategy Group meeting.

Prior to the discussion around Phase 3 of the initiative, members were informed of the recent progress with regards to the collaborative research project with the Swansea Centre for Health Economics. The research protocol has been agreed and there is an estimated timescale for findings. This work is a potential tool for identifying future options for low priority for funding, and any findings will be provided to members of the March 2020 meeting. Members were also informed of the need to amend the title of the initiative to 'Items Identified as Low priority for Funding' due to the widening nature of the items included for the proposed basket within Phase 3 being beyond medicines only.

Members were provided with a short presentation around some of the pertinent points for consideration within Phase 3 of the Low Priority for Funding initiative. Following discussion members agreed to maintain the current basket and add a summary table highlighting where the main justification for the included items/item groups originates. In keeping with the already established selection criteria this should be in relation to safety, cost, and/or lack of evidence. Following this addition members agreed for the paper to progress to the consultation stage.

Action: AWTTC to take updated Phase 1 paper to AWMSG steering committee 1st October 2019 prior to AWMSG meeting 16th October 2019. Document dissemination will follow this meeting.

Action: AWTTC to update Phase 3 paper with a summary table of the selection criteria for each item/item group included.

Action: AWTTC to send drafted Phase 3 paper out to consultation for reporting back of comments to the AWPAG meeting on 4th December 2019.

Rachel Jenkins left the meeting

7.2 All Wales Advice on Oral Anticoagulation for Non-valvular Atrial Fibrillation

Shaila Ahmed presented the All Wales Advice on Oral Anticoagulation for Non-valvular Atrial Fibrillation document. Further to comments from the group at the June meeting and those received from the All Wales Consultant Haematologist group, Shaila Ahmed explained the changes that had been made. It was suggested that more detail on drug interactions was required and should be included in Appendix 1.

Appendix 2 was also discussed and it was agreed that there should be a clearer statement that any DOAC may be offered as an option in those patients with none of the listed characteristics, and where no preference exists the most cost-effective option may be chosen.

The equal positioning of DOAC and warfarin in treating patients where no risk factors are present (section 3.2) was also discussed, and whether warfarin should be stated to

be first line in such patients – it was agreed that patient choice is a factor and no change was necessary.

Action: AWTTC to incorporate additional detail in Appendices 1 and 2.
Action: AWTTC to send amended paper out to consultation, with comments received to be discussed at the AWPAG meeting on 4th December 2019.

Rachel Jenkins rejoined the meeting

7.3 Endocrine Management of Gender Dysphoria in Adults: Prescribing Guidance for Non-Specialist Practitioners

Kath Haines presented the Endocrine Management of Gender Dysphoria in Adults: Prescribing Guidance for Non-Specialist Practitioners document, the development of which has been led by Dr Sophie Quinney together with Dr Peter Taylor and the Welsh Gender Team. Members were informed that the document had been out for consultation and that Dr Quinney is happy to present at AWMSG pending AWPAG agreement.

It was noted that only one product was specified in the section on testosterone gel, and that cheaper options that were now available were not listed. It was requested that the prescribing recommendations in this section be made more generic to account for these additional options.

The issue of screening was raised and discussed as it was felt that this needed further clarity and additional information should be added on the GP's role with regards to screening. Examples of the patient treatment consent forms were tabled as a possible appendix, which members agreed would be a useful addition to the document.

Action: AWTTC and Dr Sophie Quinney to update the prescribing recommendations in the section on testosterone gel.
Action: AWTTC and Dr Sophie Quinney to see whether there is any further information that could be added to clarify the GP's role screening.
Action: AWTTC to submit the updated document to AWMSG for endorsement at the meeting on 16th October 2019

7.4 All Wales Agreement for Shared Care Prescribing of Somatostatin Analogues for the Treatment of Patients with Neuroendocrine Tumours

Kath Haines informed members that the All Wales Agreement for Shared Care Prescribing of Somatostatin Analogues for the Treatment of Patients with Neuroendocrine Tumours (NET) had been out for consultation. One consultation comment from GPC Wales regarding enhanced service payment had been forwarded to Welsh Government for consideration. It was queried as to whether the document should be transferred into the Generic Shared Care Template developed by AWTTC. This was noted and the format is to be checked by AWTTC. Kath Haines informed the group that the author will confer with All Wales NET colleagues prior to responding to consultation comments; this item will then be added to the agenda for the December meeting of AWPAG.

Action: AWTTC to check format of document.
Action: To be added to agenda for December meeting.

7.5 All Wales Guidance for the Health Boards/Trusts and Social Care Providers in Respect of Medicines and Care Support Workers

Emyr Jones gave an update on the All Wales Guidance for the Health Boards/Trusts and Social Care Providers in Respect of Medicines and Care Support Workers. It was noted that this document is an update to the 2015 AWMSG document for health boards and NHS Trusts in relation to healthcare support workers. In 2016 work began to

develop similar guidance for care homes, however due to the NMC Medicines Management Standards it was not possible to progress with this. Since then, the NMC Medicines Management Standards have been abolished and work commenced to amalgamate the 2015 document with guidance for social care support workers. A brief explanation on new guidelines and policies with regards to who can administer medicines was given to members. The issues of policies, procedures, accountability and training were discussed. It was agreed that the document should go out to consultation.

Action: AWTTC to distribute for consultation

8.0 Verbal updates

8.1 Nationally agreed multi-professional standard for medicine reviews

Claire Thomas informed members that the second Medication Review Task and Finish Group meeting had been held earlier in September and that standards had been agreed at the meeting. The third meeting of the group is scheduled for January 2020 and that an update will be given at the meeting of AWPAG in March 2020.

8.2 Paediatric Steroid Replacement Therapy Card for Adrenal Insufficiency

Tom Curran informed the group that Dr Rebekah Pryce was hoping to undertake a substantial update to the treatment card however due to workload pressure was unable to commence this work at present and therefore the project was currently on hold.

8.3 SPIRA Steering Committee

Claire Thomas informed members that the SPIRA Steering Committee meeting due to take place in September had been cancelled and the next meeting was scheduled for December. It was noted that SPIRA had been updated with Quarter 1 data for 2019-2020 using the new boundaries for Cwm Taf Morgannwg and Swansea Bay UHBs, and historical data had been amended to reflect the changes.

8.4 WHEPPMA

Richard Boldero updated the group on the WHEPPMA project informing members that, since the provision of the SBAR paper from AWPAG to the clinical lead for the project, an e-prescribing clinical reference group meeting was attended in July. AWTTC have volunteered to co-lead the reporting clinical reference group with Public Health Wales. Further updates will be provided at future meetings as appropriate.

8.5 Antidepressants NPPF

Kath Haines informed members that a New Project Proposal Form had been received for an Antidepressants project however this was currently on hold, awaiting NICE Guidelines due to be published in March 2020.

9.0 National Prescribing Indicators 2020-2021

Claire Thomas and Richard Boldero presented the proposed National Prescribing Indicators 2020-2021.

Claire Thomas updated members with progress since the NPIs had been discussed at the June 2019 meeting of AWPAG and reminded members of the aim to focus on three priority areas; analgesics, anticoagulants and antimicrobial stewardship, with supporting domains of safety and efficiency.

Priority areas

It was agreed that the analgesic NPIs should retain the targets of maintaining performance levels within the lower quartile or demonstrating a reduction towards the quartile below. It was noted that some gabapentin and pregabalin use was being driven by prescribing for dementia patients with anxiety. It was agreed that the safety

messages with respect to these medicines should be strengthened within the background information.

The anticoagulant section was discussed with members agreeing to the three proposed indicators and targets. Claire Thomas explained that data from the Sentinel Stroke Audit could not be used for secondary care as the reporting periods and timescales did not fit with that of the NPIs.

Antimicrobial stewardship indicators and targets for primary care were discussed and agreement was reached to include health board specific targets for both total volume of antibacterial and 4C items per 1,000 patients, in addition to GP practice targets to maintain performance within the lower quartile or demonstrate a reduction towards the quartile below. It was noted that a secondary care indicator may be able to be developed using Define, and this would be included within the consultation document provided that data was robust.

Safety

Indicators within the safety supporting domain were discussed, and members were informed that NWIS had provisionally agreed to the additional Prescribing Safety Indicators discussed at the meeting of AWPAG in June.

Efficiency

Richard Boldero introduced the discussion around the efficiency indicators within the draft paper. These are proposed as NPIs around biosimilars, insulin and medicines identified as low priority for funding. For the biosimilars NPI an overview of the current NPI was provided. Rick Greville raised concern that the unit of measure does not reflect the target. Explanation was made as to how this was mitigated to enable the basket of selected biologics to achieve the target.

Alan Clatworthy gave explanation of circumstances where health boards' use of the biosimilar version of specific biological medicines was decreasing in proportion as clinicians moved towards other treatment options. This could potentially cause a decrease in the percentage of biosimilar use with clinicians opting to use alternative treatments. Therefore, a revision to the biosimilar basket was proposed; potentially taking out two of the older agents, infliximab and etanercept. The Chair requested that this is considered by AWTTC prior to the issuing of the document for consultation. Paul Fleming suggested to maintain a close watch on any 'retired' biologics as often there can be a second wave of competition.

With regards to the insulin NPI, members were in general agreement for it to continue. Some concerns were raised to the slow progress that has been made over the number of years that it had been in place. However, the general consensus was for it to continue given there had been progress in some health boards, most notably Cardiff and Vale. Therefore, there was the opportunity to spread good practice across health boards to drive more widespread improvement. It was highlighted that the lead endocrinologist for this work at Cardiff and Vale, Dr Lindsay George, had spoken at the Best Practice Day in July about how his health board had achieved their progress.

Members were in support of the inclusion of the NPI for medicines identified as a low priority for funding. It was agreed for the basket to include items from the whole initiative and not any particular phase. However, members would like to see the reported unit of measure (spend per 1000 patients), to be separated by each phase within the bars of the graph presenting the data. The suggested target was to maintain performance levels within the lower quartile, or show a reduction towards the quartile below.

Action: AWTTC to strengthen safety messages around gabapentin and pregabalin prescribing
Action: AWTTC to investigate feasibility of developing a secondary care antimicrobial stewardship indicator using Define
Action: AWTTC to review biosimilar basket and consider 'retiring' certain biological medicines
Action: AWTTC to review medicines identified as a low priority for funding data presentation
Action: AWTTC to update the document as per discussions and send out for consultation

10.0 Best Practice Day 2019 – Feedback

Kath Haines informed members that the presentations from the Best Practice Day 2019 would soon be uploaded to the AWTTC website. The date for the next Best Practice Day has been arranged for the 7th July 2020 and members were asked to submit suggestions for topics and speakers.

Action: AWPAG members to suggest topics for the 7th July 2020

11.0 Feedback from the All Wales Chief Pharmacists Group

Bethan Tranter gave the feedback from the All Wales Chief Pharmacists Group. Members were given an update on the Transforming Access to Medicines Service Project. This proposes to consolidate pharmacy technical services into larger more sustainable units across Wales as opposed to having one in every health board. This is a resource intensive part of the pharmacy service, very expensive to run, and the aim is to have the most sustainable model moving forward.

Recently, Cardiff and Vale, Betsi Cadwaladr and Swansea have been managing a crisis with regards to home parental nutrition patients, due to a company having issues with the MHRA. Cardiff and Vale have supported the service to a large number of those patients and the crisis is now being slowly resolved.

As a part of the efficiency work with chief executives, the All Wales Chief Pharmacist Group have also recently looked at pharmacy and medicines management services with regards to clinical trials and how this can help patients in Wales.

With Brexit due to happen on 31st October, members were assured that although there are medicines on the shortage list, the All Wales Medicines Shortages Group regularly assess the potential impact of any informed shortages in the advent of Brexit. Bethan Tranter reiterated that secondary care facilities are not stockpiling, also noting that South East Wales had recently experienced a shortage of radio-pharmacy services but contingency plans were being worked on to try to address this.

It was noted that the current shortages issue is not just UK wide and not necessarily due to Brexit, although the shortages situation could worsen post Brexit.

12.0 Feedback from health boards

There was no feedback from the health boards.

13.0 Any other business

Claire Thomas raised the issue of environmental issues and the carbon footprint in respect of asthma inhalers. Claire Thomas informed members that NICE had recently published a Patient Decision Aid - Inhalers for asthma, with information on carbon footprint. In addition, NHS Digital in England are publishing CCG data for the carbon footprint of inhalers. Members were asked whether they felt that carbon footprint information should be made available on SPIRA. Discussion followed regarding the way forward with inhalers including recycling. It was noted that Public Health Wales and

Your Medicines Your Health were looking at this. It was agreed that this would be useful information to include on SPIRA.

Action: AWTTC to explore inclusion of inhaler carbon footprint data on SPIRA

14.0 Date of next meeting: Wednesday 4th December 2019