

<b>Enclosure No:</b>	5/AWMSG/0610
<b>Agenda Item No:</b>	9 – Update on AWPAG
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## **ALL WALES PRESCRIBING ADVISORY GROUP**

### **MINUTES OF MEETING HELD WEDNESDAY 21st April 2010 COMMENCING 10.45 AM AT THE POST GRADUATE CENTRE, NEVILLE HALL HOSPITAL, ABERGAVENNY NP7 7EG**

#### **Members**

Dr Tessa Lewis (Chair)	GP South East Wales
Mr Bill Duffield	Pharmacist North Wales
Mrs Louise Howard-Baker	Pharmacist North Wales
Dr Jonathan Jones	GP North Wales
Mr Ken Nazareth	Pharmacist South East Wales
Mrs Delyth Simons	Pharmacist Mid & West Wales
Mr Jonathan Simms	Pharmacist South East Wales
Mr John Terry	Chief Pharmacist
Mrs Judith Vincent	Pharmacist South West Wales
Dr Rick Greville	Representing NHSIF Industry Forum (non voting)
Mr Brendan Dobrowolny	Representing NHS Industry Forum (non voting)
Mrs Janette Wilkins	Representing NHS Industry forum (non voting)

#### **In attendance**

Mrs Karen Samuels (Welsh Medicines Partnership)  
Mrs Ruth Lang (Welsh Medicines Partnership)  
Mr Jamie Hayes (Welsh Medicines Partnership)  
Mr Dave Hopkins (Health Solutions Wales)

#### **Key of abbreviations**

AWMSG	All Wales Medicines Strategy Group
AWPAG	All Wales Prescribing Advisory Group
CASPA	Comparative Analysis System for Prescribing Audit
CEPP	Clinical Effectiveness Prescribing Programme (formerly known as the Prescribing Incentive Scheme)
CPW	Community Pharmacy Wales
DoH	Department of Health
GP	General Practitioner
HSW	Health Solutions Wales
HoPMM	Heads of Pharmacy and Medicines Management
MHRA	Medicines Health and Regulatory Authority

NHSIF	NHS Industry Forum
NMG	New Medicines Group
NPHS	National Public Health Service
NSAIDs	Non steroidal anti inflammatory drugs
PSU	Prescribing Support Unit
SLA	Service Level Agreement
UHB	University Health Board
WeMeReC	Welsh Medicines Resource Centre
WMP	Welsh Medicines Partnership

**1. Welcome and introduction**

The Chair opened the meeting and welcomed members.

**2. Apologies**

Nuala Brennan, Public Health Wales  
 Martin Duerden, Medical Director  
 Katie Panton, representing NHS Industry Forum  
 Susanna Jacks, GP South Wales  
 Stuart Evans, Healthcare professional eligible to prescribe  
 Kath Hier, Healthcare professional eligible to prescribe

**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 informed the Group that three papers were presented by representatives of AWPAG at the AWMSG meeting held 3<sup>rd</sup> March 2010 – the non-steroidal audit, advice in relation to prescribing low Molecular weight heparin and the review of the chiral indicator. Members were referred to Enclosure 4, the draft minutes of the AWMSG meeting held 3 March 2010.

Members were reminded that issues are resolved by consensus and that deliberations should remain confidential within the Group and should not be disclosed outside the meeting.

The Chair noted the need to resolve the proposed review of the AWPAG constitution and membership. WMP representatives confirmed that the need for a review had been highlighted to representatives of Welsh Assembly Government. The Chair agreed to raise this issue at the next AWMSG Steering Committee.

The Chair sought the views of the Group in relation to improving links with GP prescribing leads. Members were asked to identify their locality leads to enable the Chair to explore the co-ordination of prescribing leads and improve communications.

Members were informed that WMP is organising a workshop to be held on Thursday, 13<sup>th</sup> May 2010 in the St Michaels Centre, Abergavenny. Key individuals within NHS Wales, representatives from the pharmaceutical industry and patient representatives will be invited to highlight areas of strength and weakness in the current process, to enable the AWMSG Secretariat (the Welsh Medicines Partnership) to address these issues within the broadened process.

Mrs Judith Vincent joined the meeting.

**5. Minutes of previous AWPAG meeting**

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

**Matters arising:**

**Chiral indicator**

Mr Hopkins confirmed that the wording on the HSW website in relation to the National Indicators had been updated to reflect the need for clinicians to exercise their clinical judgement when providing care for an individual patient.

**Controlled drug regulations and training requirements**

Mr Duffield updated members in relation to a paper developed via the HoPMMs, Chief Pharmacists Groups and with the Assembly's Chief Pharmaceutical Adviser. Members were informed that further guidance is being developed in relation to controlled drug regulations and training requirements.

**Vascular Group report update**

The Chair thanked Mr Jonathan Simms for acting as AWPAG lead in relation to considering and responding to the final version of the Vascular Project Group report. It was noted that the document is yet to be published and the Chair agreed to seek an update from the Welsh Assembly Government representative at the AWMSG Steering Committee meeting.

**Emerging Themes – Improving Pharmaceutical Services in Wales**

Members were informed that the 28 day indicator basket is currently being finalized by the Prescribing Support Unit (PSU) in Health Solutions Wales (HSW) and will be reported at end of September. Members advised that the data would be needed from quarter 4 2009/10 and Mr Hopkins stated that this should be feasible.

**Monitored Dosage System (MDS) update**

Members had planned at the previous meeting to establish a working group to address the defined remit of patients admitted on MDS and requiring one at discharge. There is a need to agree a safe process which avoids delays in patient discharge. Proposed membership of the group had been agreed. Members reiterated the importance of including a CPW representative. A request for social services representation was made if the remit was broadened.

There were no volunteers to lead the project from around the table and the issue of Community Pharmacy remuneration and potential for enhanced service was raised. Mr Terry stated that the Gwent model was a particularly good example and that he would raise the issue of adopting a universal model at the next Chief Pharmacist meeting. The consensus view was that AWPAG should promote an example of good practice to ensure that the process of medicines discharge from secondary care for patients on dosette boxes is efficient. Members alluded to the potential for overlap with the work of the Medicines Management Programme Board which had recently been established to address issues in relation to community pharmacy. The Chair noted that WMP had outlined this work with Mr Berwyn Owen who had provided an example of good practice from North Wales which covered a broader remit but not this specific issue.

The Chair agreed to seek clarification in relation to taking this issue forward from the AWMSG Steering Committee.

**6. Feed back on Chiral indicator review**

**(Agenda item pertinent to recommendation 5 of the Medicines Strategy)**

The Chair provided the background and thanked Jonathan Simms for leading the Indicator Working Group and presenting the issues in relation to the review of the chiral indicator to AWMSG at their public meeting in March. Mr Simms confirmed the AWMSG decision to retain the chiral indicator within the national indicators but to remove Escitalopram in light of the availability of new evidence after publication of the AWMSG national indicators. Members discussed the validity of the chiral indicator basket.

The Chair referred members to the paper prepared by Lundbeck and the examples of monitoring models used in England. Members agreed that the decision to monitor the prescribing of Escitalopram should remain at a local level and that it should be included as a local comparator. It was agreed that WMP should ask that Lundbeck monitor the prescribing of Escitalopram and provide a report for consideration by the All Wales Prescribing Advisory Group at a future meeting. JS requested clarification on the status of NICE quick reference guides when their advice appears to differ from the full guidance.

**ACTION**

**WMP to respond to Lundbeck**

**Chair to seek clarification with NICE representatives at AWMSG SC**

**7. Unlicensed medicines update**

**(Agenda item pertinent to recommendation 4 of the Medicines Strategy)**

Members assessed progress on the recommendations outlined previously (AWPAG April 2009) regarding the appropriate prescribing of liquid formulations. The following was noted:

- Many regions have included discussion of this issue at the practice prescribing visit and/or prescribing leads meetings. Prescribers have been encouraged to seek advice from their medicines management team prior to prescribing unlicensed liquid formulations.
- AWPAG and HSW have worked together to improve functionality of prescribing data and have established a local comparator. DH confirmed that the information will be available at locality level and the prescriber can be identified.
- Improvement of electronic decision support systems: Some but not all practices have systems to alert the prescriber.
- Examples of good practice and/or an educational package for prescribers, dispensers and care home staff would still be welcomed.

The Chair invited Mr Duffield to provide the background to Enclosure 3, a guide to supporting patients having difficulty taking medicines as oral solid dosage forms – a document developed by Betsi Cadwaladr UHB. Mr Duffield invited comments and confirmed the intention that it be updated in light of comments received and brought back to AWPAG in July. The target audience was confirmed as general practitioners, pharmacists, nurses and carers. Mr Greville offered to seek the views of industry colleagues.

It was noted that HSW is beginning to assess dispensing information. Members discussed work currently ongoing by other professional groups in relation to the use of unlicensed medicines. Members agreed that AWMSG should be provided with an update on this issue and that AWPAG should support and promote the example of good prescribing practice. It was clarified that AWPAG members have an important role in ensuring the accuracy of clinical information, effectively providing a clinical edit of documentation. It was agreed that WMP would undertake a technical edit prior to AWMSG.

**ACTION**

**Members to pass comments to author within two weeks**

**Mr Duffield to re-circulate the draft electronically for comment**

**Agenda AWPAG July**

**8. Draft minutes of AWMSG Meeting March 2010**

The Chair referred members to the draft minutes of the AWMSG meeting held on 3<sup>rd</sup> March 2010 for information.

**9. Prescribing amiodarone for historical patients**

**(Agenda item pertinent to recommendation 8 of the Medicines Strategy)**

The Chair confirmed that the proposal in relation to the management of patients started historically on amiodarone had been provided to the Cardiac Networks and General Physicians in Wales for comment by mid-May. Members were referred to the consultation document (Enclosure 5). No points of accuracy were noted. Mrs Howard-Baker offered to share results of the audit undertaken in North Wales using this guidance. The presentation of national prescribing data was discussed and DH offered support from the Prescribing Support Unit in Health Solutions Wales. The Chair clarified that she would work with Mrs Howard-Baker to update the paper in light of consultation responses, the North Wales audit and updated prescribing data.

**ACTION**

**Dr Lewis & Mrs Howard-Baker to update paper AWPAG July 2010 (AWMSG Aug)**

**10. Review of Medicines Strategy (progress and priorities)**

**(Pertinent to recommendation 1 of the Medicines Strategy)**

The Chair invited Mr Hayes, representing the Welsh Medicines Partnership, to present Enclosure 6, a review of the AWMSG Medicines Strategy for Wales. Members were informed that in order for AWMSG's strategy to be visionary, conceptual and directional, it must be realistic, attainable and flexible. He clarified that the update demonstrates progress to date and highlights past, present and future collaborations with NHS partners, pharmaceutical industry and Welsh Assembly Government. The strength of approach was noted in that AWMSG and WMP are aligning strategy, education and communication in the delivery and implementation of getting the best outcomes from medicines for Wales.

There was confusion in relation to the role and remit of the Medicines Management Programme (MMP) and potential for overlap with the work of AWPAG. One suggested approach was that the MMPB could be tasked with 'operationalising' the medicines strategy. Members were informed that the principle had been established to ensure that the groups are aligned and there is a mechanism for joint input into the development of the medicines strategy to ensure delivery for patients in Wales. Mr Hayes confirmed that the paper would be presented to AWMSG at the meeting to be held on 28<sup>th</sup> April and the priorities and individual components of the strategy would be reviewed. The

appraisal workload scheduled for the AWMSG meeting was noted, and a suggestion was made that AWPAG could review the document if AWMSG considered it appropriate. Members considered that AWPAG and Welsh Assembly Government involvement with Recommendation 19 and 46 in relation to enhanced services would be required.

**ACTION**

**WMP invited comments and input on progress to date prior to AWMSG meeting  
Chair to clarify process for Enhanced Service development with Welsh Assembly Government**

**Industry representatives from NHSIF left the meeting.**

**11. Low molecular weight heparin additional issues  
(Pertinent to recommendation 19 of the Medicines Strategy)**

The Chair confirmed that the paper presented to AWMSG in relation to the prescribing of Low Molecular Weight Heparin (LMWH) had been endorsed and posted on the AWMSG website. A subgroup meeting had been held to progress the outstanding LMWH issues and associated education and dissemination requirements. Pregnant women where weight is one of the primary risk factors for prescribing prophylactic LMWH are currently excluded from the recommendations. The Chair conveyed the recommendation of the subgroup that AWPAG is not in a position at the present time to make an All-Wales recommendation for this group of patients. Discussion ensued regarding the wording and interpretation of recommendation 5. The Chair requested that Mr Duffield chair the discussion, as she had led the consultation and negotiations. Following discussion, Mr Duffield confirmed that rearrangement of the wording would provide clarification:

**Recommendation 5 (AWMSG Endorsed)**

Prophylactic doses of LMWH in pregnancy for medical conditions (excluding the indication of obesity) should normally be prescribed by Secondary Care. Mechanisms need to be agreed locally to support adequate supply between appointments (30-42 days). Further discussions are needed regarding the prescribing of prophylactic doses for obese patients.

**Recommendation 5 (AWPAG proposed rearrangement of wording)**

Prophylactic doses of LMWH in pregnancy for medical conditions should normally be prescribed by Secondary Care. This excludes the indication of obesity as further discussions are needed regarding the prescribing of prophylactic doses for obese patients. Mechanisms need to be agreed locally to support adequate supply between appointments (30-42 days)

Dr Lewis resumed the chair and tabled the sub-group summary of outstanding LMWH issues. Mr Hayes stated that a low molecular weight heparin module is included in the WeMeReC work programme. The dissemination of recommendations had been discussed in detail by the sub-group and Mr Hayes proposed that WMP develop a secondary care implementation matrix, separated by specialty, to cascade information.

The LMWH consultation highlighted the fact that many colleagues do not recognise that the professional signing a prescription takes legal responsibility, as detailed in GMC guidance. It was noted that Gwent use a 'decline to accept prescribing responsibility form' to aid communication between primary care, secondary care and the Medicines and Therapeutics Committee. Mr Terry and Mrs Howard Baker offered to provide examples of guidance which address this issue and would support recommendation 38 of the Medicines Strategy.

**ACTION**

**Recommendation 5 to be updated and the guidance re-posted on the AWMSG website**

**Chair to provide update on outstanding LMWH issues AWPAG July 2010**

**Mr Terry and Mrs Howard-Baker to provide a paper for AWPAG July 2010**

**12. Antimicrobial prescribing in primary care in Wales NPHS  
(pertinent to recommendation 13 of the Medicines Strategy)**

The Chair referred members to Enclosure 8, a document issued by the National Public Health Service for Wales in relation to antimicrobial dispensing in primary care Wales. Members noted that the document contained interesting data but would welcome a clinical interpretation, associated evidence-based comment and recommendations. There was no representation from NPHS Wales around the table. Members acknowledged the potential usefulness of the document and suggested further discussion with the Welsh Antimicrobial Resistance group. It was agreed that the Chair would contact the authors to establish whether this could be taken forward.

**ACTION**

**Chair to contact authors**

**13. Clinical Effectiveness Prescribing Programme (CEPP)  
(Pertinent to recommendation 19 of the Medicines Strategy)  
NSAID update and timelines**

The Chair confirmed that the audit, developed as part of AWMSG's CEPP, had been endorsed by AWMSG in March 2010 and is available on the AWMSG website for use at a local level. It was noted the audit also forms part of the Welsh Assembly Government's invest to save initiative. Members were informed that funding had been provided to the Welsh Medicines Partnership as part of this initiative to develop four specific projects under the auspices of the Welsh Analytical Prescribing Support Unit, one of which relates to the prescribing of non-steroidal anti-inflammatory drugs. The audit recommends that practice results are sent to HoPMMs by 31<sup>st</sup> October 2010 and HoPMMs are requested to compile the local information and forward on to the Welsh Medicines Partnership. WMP will then provide a national perspective and encourage the safe and effective prescribing of NSAIDs. AWPAG members suggested an update on the detail of the four invest to save projects.

Members highlighted the need to improve the prescribing of nonsteroidals and in particular diclofenac, within primary and secondary care in light of MHRA guidance.

*The MHRA Public Assessment Report January 2010 'Non-steroidal anti-inflammatory drugs and cardiovascular risks in the general population' assessed 2 studies published since the original 2006 CHMP advice. Both studies found a very small increase in the risk of cardiovascular events in association with the following specific NSAIDs: celecoxib (any dose) , high dose diclofenac (>150mg/day), high dose ibuprofen (>1200mg/day)  
No detectable effect on cardiovascular risk was demonstrated for another specific NSAID, naproxen, at any dose. These findings are in line with the conclusions of the 2006 CHMP review.*

It was suggested that Medicines and Therapeutics Committees could be asked to support the use of the audit. Mrs Simons agreed to provide a discussion paper on the secondary care prescribing of diclofenac, and Mr Terry and the Chair agreed to provide

input. Mrs Samuels offered to outline the issues in relation to current prescribing practice, in conjunction with colleagues in the PSU for consideration and input by AWPAG members.

**ACTION**

**HoPMMs and interface pharmacists to discuss the NSAID audit with MTCs  
Karen Samuels to provide update on invest to save projects  
Delyth Simons to lead on the issue of hospital prescribing of diclofenac**

**National Indicators**

The Chair thanked Mr Simms for chairing the indicator working group and noted his resignation from the subgroup in light of his new role as Clinical Director of Pharmacy. Mr Simms questioned the need and appropriateness of target setting for the antimicrobial indicator. After discussion, it was agreed that as a comparator is a requirement, quarter 4 would be used but no target line would be included.

It was agreed that amendments regarding the inclusion of combination products in line with England would be considered for 2011/12. Mrs Howard-Baker and Mr Duffield agreed to lead the national indicator group for the next year.

**ACTION**

**Draft National Indicators 2011/12: AWPAG July Mrs Howard-Baker / Mr Duffield**

**Local comparators**

Mr Simms invited comments in relation to local comparators. It was agreed to include antipsychotics DDDs per 1000 PUs, dosulepin DDDs per 1000 PUs and SSRIs available as generics as a percentage of all SSRIs. It was confirmed that the generic indicator had been removed from the national indicators and would become a local comparator; retaining the selected basket. It was agreed that one pharmacy technician from each region could assist in the validation of the relevant drug baskets.

**ACTION**

**Mr Hopkins, Mrs Howard-Baker and Mr Duffield to co-ordinate verification of drug baskets**

**14. Feedback from Interface Pharmacists Group  
(Pertinent to recommendation 46 of the Medicine Strategy)**

**Shared care criteria**

The Chair highlighted the interface pharmacist review of the All Wales Shared Care Criteria. AWPAG supported the view that shared care is not appropriate when there is no substantive GP monitoring requirement but an ongoing need for specialist follow-up of the condition. It was noted the interface pharmacist group are developing a paper for consideration at a future AWPAG meeting.

**15. Feedback from HoPMMs**

It was reported that a clear steer had been given from Welsh Assembly Government that there would be no significant support for future meetings of HoPMMs and the Chief Pharmacists Committee. Members agreed to await clarification of the proposed re-structure in light of the NHS reorganisation, but noted the importance of such groups to promote best practice.

**16. Feedback from Chief Pharmacists**

Mr Terry informed members that the Chief Pharmacists are considering the implications of the GMC commissioned Prescribing Error Study.

**17. Feedback for PSU Users Group**

Mr Hopkins reported that HSW are being taken over by Informing Healthcare. A temporary working management team has been established.

**18. Any other business**

**Storage of Master Prescriptions**

The Chair drew members' attention to a letter issued by Welsh Assembly Government on 12<sup>th</sup> April 2010 in relation to Master Prescription Retention Requirement (WP10 forms) and the proposal that from May 2010 master copy retention will be reduced by one month to five months. There were no issues of note and the Chair closed the meeting.

**Date of next meeting - Wednesday 7<sup>th</sup> July 2010 at the St Michaels Conference Centre, Abergavenny. Thereafter, 20<sup>th</sup> October 2010**