

ALL WALES PRESCRIBING ADVISORY GROUP

MINUTES OF MEETING

WEDNESDAY, 22nd OCTOBER 2003 AT 9.30 AM

Held at Twyn-yr-Hydd House, Margam Country Park, Port Talbot, SA13 2TJ

Members

Dr Thomas Lau (Chairman)

Dr Jeremy Black
Mr Darren Cooper
Mr William Duffield
Mr Stuart Evans
Mr Paul Gimson
Ms Nicola John
Dr Jonathan Jones
Dr Tessa Lewis
Mrs Delyth Simons
Mr John Terry
Dr Gillian Todd
Ms Judith Vincent
Mrs Delyth Simons
Dr Jonathan Jones

In attendance

Mrs Gemma Nye (Welsh Assembly Government)
Mrs Carolyn Poulter (Welsh Assembly Government)

Mr Jamie Hayes (Welsh Medicines Partnership)
Mrs Ruth Lang (Welsh Medicines Partnership)
Miss Heather Morris (Welsh Medicines Partnership)
Professor Philip Routledge (Welsh Medicines Partnership)
Mrs Karen Samuels (Welsh Medicines Partnership)

Action

- 1 **Welcome**
The Chairman welcomed members to the inaugural meeting of the All Wales Prescribing Advisory Group (AWPAG).
- 2 **Apologies**
Dr Robert Bracchi
Dr Martin Duerden
Ms Tracy Parry
Dr Stephen Griffiths
- 3 **Declarations of interest**
Members were reminded to declare any interests pertinent to the agenda.

4 **Prescribing Incentive Scheme**

Members were asked to consider whether Prescribing Incentive Schemes (PIS) should remain as a tool for LHBs to help influence prescribing behaviour.

Professor Routledge informed the Group of the background to prescribing incentive schemes and outlined various schemes used in the past.

Members were asked to consider what

- could be learned from past experience?
- could be achieved in Wales?
- is the best way of getting there?

Dr Black informed the group that his talk consisted of a PowerPoint presentation and a detailed spreadsheet outlining the results of the survey (some parts of which were anonymised).

The Chairman thanked both presenters for their excellent presentations both of which can be viewed on the AWMSG website.

Mr Jamie Hayes from the Welsh Medicines Partnership (WMP) informed the Group of his experience in Conwy. Mr Hayes stated that there was no prescribing incentive scheme in Conwy LHB, instead he had implemented a scheme whereby general practitioners attended four out of six prescribing forums on various topics, for which they obtained PGEA points. He also introduced a system of shared data. Monies saved from not having a prescribing incentive scheme were used for pharmacists, technicians or on the support team.

Mrs Carolyn Poulter presented the Welsh Assembly Government perspective on prescribing incentive schemes. Mrs Poulter informed the Group that such schemes are discretionary but confirmed that WAG was seeking guidance from AWPAG on this issue for the future. Mrs Poulter encouraged the group to draw together evaluations of initiatives to improve prescribing performance in Wales and asked that any guidance issued from AWPAG on future PIS in Wales should encompass some form of audit.

The group acknowledged that the impact of incentive schemes on spend by LHBs must be looked at, to determine the effectiveness of schemes, and not just their cost.

In his summary the Chairman stated that the group had highlighted the following factors that influence prescribing behaviour and incentive schemes:

- Educational Programmes
- Leadership- the Group would advise that all LHBs prescribing support teams should include GP prescribing leads with well defined role and responsibility
- Ownership of PIS by local stake holders / and a 3-year rolling programme
- Local flexibility of the scheme
- Good interface working relationship between primary, secondary and tertiary care
- The open sharing of data

The Chairman suggested that a working group be set up to produce a common structure for an All Wales prescribing incentive scheme. It was agreed that this group would consist of:

- William Duffield
- Judith Vincent
- Paul Gimson
- Jamie Hayes
- Jeremy Black
- Karen Samuels

This group will formulate a report for the AWMSG to consider at a future meeting.

It was noted that links between this working group and the Townsend Group were important and possible as there was cross-representation within these groups.

5 **Sponsorship**

The Chairman invited Mrs Gemma Nye to introduce her draft report on 'Commercial Sponsorship: Ethical standards for the NHS in Wales' that had been prepared following a recommendation of the Task & Finish Group. Mrs Nye explained to the group that the report has drawn on existing documentation would be sent out to the service following a consultation process as a Welsh Health Circular in an effort to encourage openness and transparency. Mrs Nye informed members that she had taken this document to the NHS Industry Forum on Monday, 20th October and some amendments had been suggested at that meeting which had not been incorporated as yet. She also confirmed that she had approached other professional bodies informally for their comment. The Chairman confirmed that although the NHS Industry Forum had been tasked with taking the lead on this issue, the comments of the AWPAG would be fed back to AWMSG. The Chairman invited comments from the group.

It was agreed there was a fundamental concern amongst the members of AWPAG that it might be inappropriate for the NHSIF to take the lead on this issue. There was general feeling amongst the Group that the perceived tone was unacceptable and it was suggested that collaborative work might be more beneficial to progress the issue. It was acknowledged that guidance on sponsorship in NHS Wales would be welcomed at the earliest opportunity.

It was agreed there was a need for the clarification of reporting lines and that WMP would seek guidance from the AWMSG Chairman, Professor Roger Walker, and report back to the group.

WMP

6 **Cardiovascular prescribing trends**

Mrs Karen Samuels presented the paper on prescribing trends that had been discussed at the AWMSG September 2003 meeting. She informed the Group that following that meeting WMP had been tasked with looking at CVS medicines. Mrs Samuels asked members of AWPAG to consider how the prescribing trends could best be measured and reported, and how AWPAG could give guidance to AWMSG on best prescribing practice within CVS.

The Group discussed prescribing measurements at length and it was felt that a baseline parameter needed to be introduced. It was suggested that ADQ's or DDD's per STAR PU should be used with some measure of deprivation. The Group was informed that at present HSW were unable to present their data in this format. Mrs Nicola John was asked to consult colleagues within National Public Health Service regarding which measurement they would prefer/advise. Clopidogrel was identified as an area that required further investigation. It was confirmed that WeMeReC would shortly be issuing one of its distance learning packs on Clopidogrel.

In his summary the Chairman stated that the group had highlighted the need to improve the range of prescribing measures used to report information data. He asked that the group work with WeMeReC to inform GPs on prescribing / audit, and link with the Primary Care Information Quality and Audit team to ascertain whether drugs are being targeted correctly.

The Chairman closed the discussion of this agenda item.

7 Prescribing Indicators for implementation April 2004

Mrs Karen Samuels referred the Group to documentation previously considered by AWMSG on Prescribing Indicators and informed the group that she was aware of the misconception of the underlying aims. She confirmed that local LHB indicators would run alongside the All Wales high level indicators for the year 2003/04, and that AWPAG had been tasked with developing the high level indicators for 2004/05. The high level indicators have been included in the SAFF round for 2003/04.

Generic Prescribing:

The group discussed the merits of generic prescribing. It was felt that the emphasis should be on appropriate generic prescribing, and that any future indicator should be re-worded to reflect this.

Generic Statin Prescribing:

It was stated that from a clinical point of view, prescribing statins at the correct dosage is important. Currently the indicator did not promote this.

It was agreed by the Group that simvastatin should continue to be incorporated as an example of generic prescribing together with omeprazole, lansoprazole and ramipril.

Hypnotics and anxiolytics:

The group agreed that the preferable unit of measurement should be DDDs/STAR PUs. The Group agreed that the 'target below 720' needed to be replaced with a general statement "to reduce" the prescribing of hypnotics and anxiolytics.

Antibiotics:

Due to the large number of antibiotics prescribed to children, it was felt that DDD's would not be the best unit of measurement. It was agreed that Nicola John should seek advice from the National Public Health with regard to the appropriate measure(s).

Prescribing of new (black triangle) drugs:

It was stated that this indicator was used to identify variation in rates of adoption of new black triangle drugs. The Group felt that some more work

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was required on this indicator but generally supported its use, although this was not unanimous.

Drugs less suitable for prescribing:

Concern was expressed within the group over the potential misinterpretation of this indicator. It was agreed that the list of drugs within this category required refinement.

Local Health Board formulary:

Mrs Samuels informed the group that this indicator was intended to promote collaborative joint working between primary and secondary care sectors. The Group discussed the feasibility of joint formularies. A suggestion was made that 'care pathways' would also promote appropriate prescribing. This should be reflected in the new indicator.

The Chairman suggested identifying a focus group to work on a basket of low-level indicators. He asked members to e-mail the secretariat a list of low-level indicators that members wished to be included. Mrs Delyth Simons agreed to take this issue forward and produce a discussion paper for the next meeting. It was suggested that compliance with WHC 2003 (73) Roles and Structures of Prescribing Committees be considered as a future indicator.

DS

8 **Election of Vice Chair**

The secretariat distributed ballot papers to members. Two nominations had been received:

1. Mrs Nicola John (nominated by Ms Judith Vincent)
2. Dr Robert Bracchi (nominated by Dr Tessa Lewis)

The majority vote was that Mrs Nicola John be appointed AWPAG Vice Chair.

9 **Any other business**

The Group was informed that Mr Graham Travis (Finance Director, North Wales LHB) had discovered a way of predicting LHB prescribing expenditure in a different way to HSW. The method is based on the number of prescribing days and is more accurate than the HSW method. It was agreed that the members would be e-mailed the information for comment.

CP

The issue of an All-Wales core formulary with key principles for local adoption/adaption was raised. It was generally agreed that for a formulary to work there must be local ownership. Dr Jonathan Jones agreed to seek the views of GPC Wales. There was general support amongst the Group for further developmental work on an All-Wales Advisory Drug List that could be used as the basis to develop a local formulary. AWPAG will seek approval from AWMSG to explore this issue.

JJ

TL

AWPAG wished to formally request AWMSG to consider broadening the criteria for therapeutic drug assessments to consider drugs which are high volume and low cost as these have a major impact on NHS prescribing in Wales.

TL

It was confirmed that any guidance issued by AWPAG would be fed back through the parent group (AWMSG) and then to the Minister. Guidance, if endorsed by AWMSG, could be incorporated into Welsh Health Circulars

and/or future SAFF targets.

The Chairman confirmed that AWPAG would be responsible for the development and production of both levels of prescribing indicators for 2004/05.

10 ***Next meeting***

The next meeting will be held on Wednesday, 14th January 2004 in the Boardroom, Hensol Conference Centre, Miskin, Pontyclun, CF72 8YS at 9.30 am.