

**DRAFT**

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| <b>Enclosure No:</b>   | 1/AWPAG/1216   |
| <b>Agenda item No:</b> | 5.0 – Draft Minutes of September 2016 AWPAG Meeting                              |
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**ALL WALES PRESCRIBING ADVISORY GROUP**

**Minutes of meeting held on**

**Wednesday 28<sup>th</sup> September 2016 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   |
| Dr Lisa Adams                   | General Practitioner, Abertawe Bro Morgannwg                                |
| Mrs Jane Barnard                | Lay Member  |
| Mr Alan Clatworthy              | Pharmacist, Abertawe Bro Morgannwg  |
| Mr Mike Curson                  | Pharmacist, Aneurin Bevan   |
| Miss Sian Evans                 | Consultant in Pharmaceutical Public Health,<br>Public Health Wales          |
| Mr Stefan Fec                   | Community Pharmacist, Powys   |
| Mrs Sarah Isaac                 | Pharmacist, Hywel Dda   |
| Dr Sue Jeffs                    | Consultant, Aneurin Bevan   |
| Dr Sally Lewis                  | Assistant Medical Director/Primary Care Clinical<br>Director, Aneurin Bevan |
| Dr Becky McGee                  | General Practitioner, Aneurin Bevan   |
| Mrs Robyn Miles                 | ABPI Wales Industry Group   |
| Mrs Bethan Tranter              | Chief Pharmacist, Velindre  |

**In attendance (non-voting)**

|                        |                                |
|------------------------|--------------------------------|
| Mr Paul Fleming        | British Generics Manufacturers |
| Dr Rob Bracchi         | AWTTC                          |
| Mr Richard Boldero     | AWTTC                          |
| Miss Christine Collier | AWTTC                          |
| Dr Stephanie Francis   | AWTTC                          |
| Ms Kath Haines         | AWTTC                          |
| Mr Jamie Hayes         | AWTTC                          |
| Miss Jessica Howells   | AWTTC                          |
| Mrs Claire Thomas      | AWTTC                          |
| Mrs Andrea Clarke      | WeMeReC                        |

**In attendance (other)**

|                     |   |
|---------------------|---|
| Dr Nick Wilson      | WHSSC (Agenda Items 1.0 – 7.0 and 8.3 only)               |
| Mr Owain Brooks     | Pharmacist, Abertawe Bro Morgannwg (Agenda Item 8.3 only) |
| Mr Simon Scourfield | NWIS (Agenda Items 7.0 + 8.3 only)                        |
| Dr Nik Sheen        | Cardiff University (Agenda Item 8.5 only)                 |

**Key of abbreviations**

|        |  |
|--------|--|
| ABPI   | Association of the British Pharmaceutical Industry |
| AKI    | Acute kidney injury                                |
| AWMSG  | All Wales Medicines Strategy Group                 |
| AWTTC  | All Wales Therapeutics and Toxicology Centre       |
| CASPA  | Comparative Analysis System for Prescribing Audit  |
| CEPP   | Clinical Effectiveness Prescribing Programme       |
| CKD    | Chronic kidney disease                             |
| CMO    | Chief Medical Officer                              |
| COPD   | Chronic obstructive pulmonary disease              |
| GPC    | General Practitioners Committee                    |
| ICS    | Inhaled corticosteroids                            |
| NICE   | National Institute for Health and Care Excellence  |
| NOAC   | Non-vitamin K oral anticoagulant                   |
| NPIs   | National Prescribing Indicators                    |
| NSAIDs | Non-steroidal anti-inflammatory drugs              |

|         |   |
|---------|---|
| NWIS    | NHS Wales Informatics Service                             |
| SACN    | Scientific Advisory Committee on Nutrition                |
| SIGN    | Scottish Intercollegiate Guidelines Network               |
| SPIRA   | Server for Prescribing Information Reporting and Analysis |
| WeMeReC | Welsh Medicines Resource Centre                           |
| WHSSC   | Welsh Health Specialised Services Committee               |

### 1.0 Welcome & introduction

The Chair opened the meeting and welcomed new members, Mrs Bethan Tranter and Dr Becky McGee. Mr Mike Curson was attending his first meeting as a full member.

### 2.0 Apologies

Mr Andrew Evans, Health and Social Services Group, Welsh Government  
 Dr Peter Horvath-Howard, GPC Wales  
 Dr Rick Greville, Director, ABPI Cymru Wales  
 Ms Lynette James, Medicines Safety Officer, Cardiff & Vale  
 Mrs Bev Woods, Cwm Taf University Health Board  
 Ms Fiona Walker, Cardiff and Vale University Health Boards

### 3.0 Declarations of interest

The Chair asked for any declarations of interest. Robyn Miles declared an interest for items 8.1 National Prescribing Indicators and 9.1 Verbal update on the All Wales Prescribing Guidelines for Asthma and COPD. The Chair informed Robyn Miles that she would need to leave the meeting for the discussion on item 8.1. Members completed Declarations of Interest forms and Confidentiality agreements.

### 4.0 Chair's report

The Chair informed members 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 and agreed.

### 6.0 Feedback from September 2016 AWMSG for information

The following documents were endorsed subject to minor amendments:

- [Prescribing of Low Molecular Weight Heparin in Wales](#)
- [Prescribing of Amiodarone for Atrial Fibrillation and Atrial Flutter in Wales](#)
- [Guidance for Partnership Working](#)
- [Safeguarding Users of Opioid Patches by Standardising Patient/Caregiver Counselling](#)
- [Therapeutic Priorities and CEPP Summary 2016–2017](#)
- [NPIs 2015–2016 Annual Primary Care Prescribing Report](#)

The *All Wales NOAC Alert Card* was not endorsed by AWMSG. It was suggested by AWMSG that AWPAG consider producing a NHS Wales NOAC alert card with input from Welsh haematologists and patients. Louise Howard-Baker will contact Roger Williams, from the Chief Pharmacists Quality and Safety Group, regarding the next steps to be taken.

**Action: Louise Howard-Baker to contact Roger Williams, Chief Pharmacists Quality and Safety Group**

### 7.0 SPIRA demonstration

Kath Haines gave an update and presentation on SPIRA. Feedback from the group was that SPIRA was perceived to be complex to use, and that users will need training and experience in order to gain the most from it. It was pointed out that there was a very clear “help” guide on the site. AWTTTC will investigate support to give training for SPIRA use.

**Action: AWTTTC to investigate resource availability for SPIRA support**

## **8.0 Documents for discussion**

### **8.1 National Prescribing Indicators 2017–2018**

Claire Thomas presented the *National Prescribing Indicators 2017–2018* document and informed the group that the National Prescribing Indicator subgroup met in July. The subgroup proposed the retirement of two NPIs: lipid-regulating drugs, and ibuprofen and naproxen as a percentage of all NSAIDs. In addition, the subgroup had proposed three new indicators:

NSAIDs – to replace the ibuprofen and naproxen as a percentage of all NSAIDs NPI. It was noted that the three different baskets for this proposed indicator all showed a decreasing trend and were measuring the inverse of the ibuprofen and naproxen percentage indicator. It was agreed that this should not go forward as an NPI. It was suggested that an indicator related to NSAID use in patients with CKD, using Audit+, would provide a quality measure and link in with the CEPP CKD audit. It was suggested that one or two new indicators could be launched for monitoring via Audit+ for 2017–2018, with a number of others running in the background. If successful, additional indicators could be introduced using Audit+ monitoring in subsequent years.

Opioid patches – discussion took place regarding the appropriate and inappropriate use of opioid patches and the differences in relative strength of fentanyl and buprenorphine patches. It was agreed that this should be included as an NPI for 2017–2018 and that information on the specific place in therapy for BuTrans<sup>®</sup> patches be included in the background information for the indicator.

Anticholinergic drugs – the increased risk of cognitive impairment, falls and other adverse effects with increasing anticholinergic burden, particularly amongst the elderly, was discussed. Claire Thomas informed the group that recent discussions with Audit+ had taken place, and it was possible that this indicator could be monitored via Audit+, rather than CASPA. The aim of the indicator would be for GPs to undertake medication reviews to reduce the anticholinergic burden; the indicator would raise the profile of this area and has some overlap with the Quality and Productivity (QP) polypharmacy reviews. The measure would be patients aged 75 and over with an anticholinergic burden score of 3 or more as a percentage of all patients aged 75 and over. It was agreed that this should be included as an NPI for 2017–2018. It was agreed that the anticholinergic burden score table would be updated and included in the NPI paper.

Current indicators for 2016–2017 were discussed. Rob Bracchi thanked the group for their response to the Yellow Card NPI and informed the group that Wales had been acknowledged for the number of reports received.

### **Robyn Miles was asked to leave the room for discussion of the ICS NPI.**

Claire Thomas informed the group that the basket for low strength ICS was evolving due to a number of recent additions. Symbicort<sup>®</sup> metered dose inhalers had recently been launched and will be included in the basket when first prescribed. The recent launch of the updated SIGN guidelines on the management of asthma was discussed, in relation to the placement of Relvar<sup>®</sup> 92/22 as a low/medium dose inhaler. The group were referred to the table from the SIGN document and agreed that it was not a true low-strength inhaler and therefore should not be included in the basket.

The Chair highlighted feedback received from the Chief Pharmaceutical Officer questioning whether indicators and targets set are challenging enough. Consensus was that they were currently realistic and achievable. There was the suggestion that if indicators can be linked to safety in the future this might provide the potential to make them more challenging. It was agreed that data for the Antimicrobial Stewardship indicators should be displayed alongside *C. diff* and resistance data.

It was questioned to what extent an NPI being retired affects prescribing in that area and whether a summary of the consequences of this could be prepared. Jamie Hayes

highlighted the need to closely monitor the impact of retiring indicators, stating that this was in itself a quality improvement issue.

There was also discussion around what happens once the indicators have been agreed and the document endorsed. It was suggested that guidance could be sought on next steps and a natural route for implementation of indicators, and other guidance.

**Action: AWTTTC to update document, then send out to consultation and bring back to AWPAG in December.**

## **8.2 Therapeutic Priorities and Clinical Effectiveness Prescribing Programme Summary 2017–2018**

Kath Haines presented the *Therapeutic Priorities and Clinical Effectiveness Prescribing Programme Summary 2017–2018* document. It was suggested that clarification be included in the background of the document, so that readers know that the purpose of this document is to be a helpful resource. It was agreed that AWTTTC would restructure the document to improve clarity. Jamie Hayes suggested that the therapeutic outputs of AWPAG and AWMSG be forwarded to providers of continuing professional development specialising in therapeutic updates, e.g. NB Medical, GP-Update Red Whale, etc.

**Action: Clarify purpose in background of document**

**Action: Re-structure document for clarity**

**Action: Forward materials to NB Medical and GP-Update Red Whale and other providers of therapeutics education in Wales**

## **8.3 Medicines Management Resource for National CKD Audit**

Nick Wilson introduced the national CKD audit and emphasised the importance of having as much support for the uptake of this as possible.

Simon Scourfield presented the work of Audit+ in particular in relation to the National CKD Audit. The potential for using this tool for medicines indicator measurements was discussed and very well received.

Rob Bracchi and Kath Haines presented the proposed medicines management resource for the national CKD audit. Also attending the meeting in support of this project was Owain Brooks. Discussion progressed around the purpose of this work and the potential benefits in the care of patients.

The discussion focused towards the audit criteria for the suggested CEPP audit utilising Audit+ data. It was suggested that having fewer audit parameters would be beneficial. The potential for having a separate workstream on AKI was discussed. Owain Brooks will speak to his colleagues and contact Janet Thomas with regards to this. Bethan Tranter suggested the inclusion of a flow diagram. There was some discussion around the inclusion within the medicines management resource of the information around bisphosphonate prescribing. It was suggested that this is reviewed in conjunction with current NICE guidance for suitable wording. There was discussion regarding the percentage Suggested Audit Standard to use in the Data Summary tables, and it was suggested that these percentages could be taken out.

**Action: AWTTTC to reduce the number of audit parameters (review in consideration of the current cardiovascular disease ones)**

**Action: Owain Brooks to speak to colleagues and Janet Thomas regarding separate AKI document**

**Action: AWTTTC to include flow diagram**

**Action: AWTTTC to check NICE wording for bisphosphonates**

**Action: Take out percentage suggested Audit Standard in Data Summary tables**

**Action: Members to send comments on the document via email**

#### **8.4 Material to Support Appropriate Prescribing of Hypnotics and Anxiolytics Across Wales – Review**

Claire Thomas presented the *Material to Support Appropriate Prescribing of Hypnotics and Anxiolytics Across Wales – Review* document. The group were informed that the document would be made available in a variety of user-friendly formats to include infographics and smaller resource packs. Discussion followed. It was suggested that the Patient Information Leaflet be made more patient friendly. Claire Thomas agreed and suggested taking this to the Patient and Public Interest Group on the 18 October for discussion. It was noted that any reference to 0.5 mg should be changed to 500 microgram for safety and consistency. Concern was raised regarding the flow chart on page 15, which states 'refer to psychological services for a cognitive or behavioural intervention'. It was felt that this may not be appropriate due to variable availability of services across Wales. Claire Thomas confirmed that the flow chart was based on NICE guidance, a discussion followed and it was agreed that where reference was made to referring to psychological services within the document, 'where appropriate' should be added in brackets following the statement. There was also a request to include a statement on pregabalin in support of the NPI.

**Action: AW TTC to make suggested amendments.**

**Action: Document to be sent to AWPAG members for e-sign off.**

#### ***Nik Sheen joined the meeting***

#### **8.5 Dry Eye Syndrome Guidance**

The Chair introduced Dr Nik Sheen, who, along with Richard Boldero, presented the *Dry Eye Syndrome Guidance* document.

Discussion followed regarding the inclusion of antibiotics in dry eye and blepharitis. It was suggested that the section on topical antibiotics and anterior blepharitis be worded as it is in NICE guidance.

AWPAG agreed that the sentence on oral tetracycline should be removed as this was more in keeping with blepharitis treatment and that this guidance should refer to dry eye only.

Richard Boldero highlighted the suggestion within the consultation responses to include a patient information leaflet. The group agreed that this was a good idea, and that AW TTC should look to see if there are any reliable patient resources on good hygiene of the eyelid. Alan Clatworthy suggested taking out two of the references (15 and 16) and replacing them with stronger ones. Robyn Miles informed the meeting that she had provided an additional consultation comment from Santen to Richard Boldero and Anne Coles at the start of the meeting. Richard Boldero informed the group that the comments were in keeping with some of the other consultation responses and didn't contain any significantly different information that should require any further discussion.

AWPAG agreed that the table of prioritised treatment options should remain generic, allowing health boards to add in specific medicines. There was some discussion around who are the most appropriate healthcare professionals to be dealing with dry eye treatments. Nik Sheen raised a query in relation to how optometrists can provide NHS treatment for dry eye syndrome. Discussion moved to area of the Choose Pharmacy Scheme and Mike Curson informed the group that he would contact the primary care group in Aneurin Bevan to look at how health boards can remunerate pharmacies.

**Action: AW TTC to make suggested amendments to document (remove sentence on tetracycline therapy, replace references).**

**Action: AW TTC to investigate patient resources**

**Action: Mike Curson to contact the primary care group in Aneurin Bevan**

**Action: Document to go to AWMSG Steering Committee**

## **9.0 Verbal updates**

### **9.1 All Wales Prescribing Guidelines for Asthma and COPD**

Kath Haines informed the group that Simon Barry had confirmed that the Respiratory Implementation Group are now in the process of further consultation and health economic analysis, which could take a few months. After this process the document will be sent to AWTTTC again.

### **9.2 Dose Titration of Biologics in Rheumatology Patients with Low Disease Activity**

Kath Haines informed the group that Alan Clatworthy had now finalised the document and it would be sent out for consultation next week.

**Action: AWTTTC to send out for consultation**

### **9.3 Vitamins for Babies, Children, and Pregnant and Breastfeeding Women**

Jessica Howells informed the group that AWTTTC are awaiting confirmation from Welsh Government/CMO that the updated SACN guidance is to be adopted in Wales. Once finalised, the document will be presented to AWMSG in November. Sian Evans made the group aware that a Welsh Health Circular on vitamin D should be released in early October.

**Action: To AWMSG in November**

## **10.0 Feedback from the All Wales Chief Pharmacists Committee**

The Chair informed the group of a patient information leaflet being developed with Roger Williams. This leaflet will list medicines patients are taking and has been written for patients of all ages. Betsi Cadwaladr UHB is in the process of piloting Medicines: A Patient Profile Summary (MAPPs). The Chair to forward a screen shot of the leaflet to Jane Barnard.

**Action: Chair to forward leaflet to Jane Barnard**

## **11.0 Any Other Business**

The Chair informed the group that Kath Haines and Rob Bracchi had met with the Royal College of Nursing to discuss their input to the AWTTTC consultation process. The Royal College of Nursing felt that the deadlines for consultation were too short for their own internal processes. Discussion followed and it was agreed that AWTTTC would extend consultation duration from three to four weeks.

Further discussion followed regarding an independent nurse prescriber being invited to become an AWPAG member representing 'other professionals eligible to prescribe', as this position is currently vacant. Jamie Hayes commented that in addition to the evidence-based nature of the resources developed by AWPAG, several of the solutions suggested at the meeting were to develop patient resources and implementation tools using behavioural change techniques. Jamie Hayes suggested that the current constitution of AWPAG did not hold sufficient expertise in these essential areas. It was suggested that AWPAG recruit the expertise of a behavioural or implementation scientist and a health psychologist.

**Action: AWTTTC to seek nurse member of AWPAG and propose a change to the terms of reference to include a behavioural or implementation scientist and a health psychologist**

## **12.0 Date of next meeting – Wednesday 14<sup>th</sup> December 2016**