

ALL WALES PRESCRIBING ADVISORY GROUP (AWPAG)

**Minutes of meeting held on
30th June 2021 commencing at 9.30 am via Zoom**

Chair – Dr Laurence Gray Consultant Clinical Pharmacologist, Cardiff & Vale UHB

Voting members

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| Ms Rosemary Allgeier | Primary Care Senior Manager, Public Health Wales |
| Mr David Barnard | Lay member |
| Dr Richard Brown | General Practitioner, Hywel Dda UHB |
| Ms Sarah Davies | Advanced Nurse Practitioner, Hywel Dda UHB |
| Mrs Clare Clement | Prescribing Advisor, Cardiff and Vale UHB |
| Ms Hazel Hopkins | Prescribing Advisor, Hywel Dda UHB |
| Dr Lynette James | All Wales Consultant Pharmacist – Acute Care & Medication Safety |
| 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 Jenny Pugh-Jones | Chief Pharmacist, Hywel Dda (for Bethan Tranter) |
| Mrs Sue Knights | ABPI representative |
| Mr Darren Smith | Pharmacist, Swansea Bay UHB |

In attendance (non-voting)

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|-----------------------|-------------------------------|
| Dr Rick Greville | ABPI |
| Ms Carol Blount | BGMA NHS Partnership Director |
| Ms Shaila Ahmed | AWTTC |
| Mr Richard Boldero | AWTTC |
| Dr Rob Bracchi | AWTTC |
| Dr Thomas Curran | AWTTC |
| Dr Paul Deslandes | AWTTC |
| Ms Kath Haines | AWTTC |
| Ms Karen Jones | AWTTC |
| Dr Bridget- Ann Kenny | AWTTC |
| Mrs Ruth Lang | AWTTC |
| Mrs Claire Thomas | AWTTC |

Presenting

| | |
|------------------|---|
| Dr Simon Barry | Item 7.0 Decarbonisation Strategy – Inhaler Impact only |
| Mr Rhys Jeffries | Item 7.0 Decarbonisation Strategy – Inhaler Impact only |
| Mrs Emma Davies | Item 8.5 All Wales Chronic Pain Resources (Joined meeting at Item 7.0) |
| Dr Nicholas Reid | Antimicrobial issues under Any Other Business |

Observing

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|----------------------|---------------------|
| Dr Katherine Chaplin | AWTTC |
| Ms Lia McKenzie | AWTTC |
| Mrs Meryl Davies | Public Health Wales |

Key of abbreviations

| | |
|-------|---|
| ABPI | Association of the British Pharmaceutical Industry |
| AWMSG | All Wales Medicines Strategy Group |
| AWTTC | All Wales Therapeutics and Toxicology Centre |
| MHRA | Medicines and Healthcare products Regulatory Agency |
| NICE | National Institute for Health and Care Excellence |
| NPIs | National Prescribing Indicators |
| PHW | Public Health Wales |

1.0 Welcome and introduction

The Chair welcomed all members and informed the group that Kate Spittle, Pharmacist member for Cwm Taf Morgannwg UHB, had now resigned from the group due to her change in role. The Chair also welcomed to their first meeting, new members, Sarah Davies, Nurse member; Carol Blount, alternate member for BGMA; and Hazel Hopkins, Pharmacist member for Hywel Dda UHB. Jenny Pugh-Jones, Chief Pharmacist, Hywel Dda UHB, deputising for Bethan Tranter was also welcomed to the group.

2.0 Apologies

Apologies were received from:

| | |
|--------------------|--|
| Mr Robert Caine | Healthcare professional eligible to prescribe |
| Mr Andrew Evans | Welsh Government |
| Mr Paul Fleming | Chairman BGMA |
| Dr Anders Skarsten | Consultant, Powys Teaching HB |
| Mrs Karen Samuels | AWTTC |
| Ms Kate Spittle | Lead Pharmacist Primary Care, Cwm Taf Morgannwg UHB |
| Mrs Bethan Tranter | Chief Pharmacist, Velindre NHS Trust (Jenny Pugh-Jones attending on behalf of Bethan Tranter) |

3.0 Declarations of Interest and Confidentiality Agreement

The Chair asked members to declare any interests relevant to the meeting. No interests were declared. Members were reminded that Declarations of Interest forms should be returned to AWTTC prior to the meeting.

4.0 Chair's report

The Chair reported that Kate Spittle had now resigned from her role as pharmacist member for Cwm Taf Morgannwg UHB and informed members that two new appointments had been approved, Sarah Davies as main Nurse member and Sabrina Owen as alternate nurse member. Members were also notified that nominations had been received for both the main and alternate pharmacist members for Cwm Taf Morgannwg.

The Chair reminded members 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. Members were asked to forward nominations to AWTTC.

5.0 Minutes of previous AWPAG meeting – 17th March 2021

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

The actions from the last meeting were considered.

6.0 Feedback from AWMSG - 20th April, 19th May and 15th June 2021

- Medicines Optimisation Framework

Thomas Curran informed members that this document had now been published and was available on the website. Members were encouraged to promote this document to colleagues and were asked, as this is an evolving document, to comment on any part of the framework.

- NHS Wales GP Cluster Prescribing Leads Forum proposal (for information)

Kath Haines informed members that this document was taken to AWMSG for discussion and the principle of developing a forum for sharing information and feedback with primary care prescribers was supported. Following AWMSG, AWTTTC met with the General Practitioners Committee Wales/BMA and the Royal College of General Practitioners to discuss suitable options to ensure two-way communications. It was agreed that a multi-pronged approach would be the most beneficial. Discussions to follow will include the potential for webinars, consultation and AWPAG group membership.

- Initial clinical management of adult smokers in secondary care

Kath Haines informed members that this document had now been endorsed by AWMSG and was available on the website.

- Educational pack: Material to support appropriate prescribing of hypnotics and anxiolytics across Wales (2021 update)

Kath Haines informed members that amendments following the AWMSG meeting had been completed and the document was now awaiting sign-off by the AWMSG Chair, Professor Iolo Doull before it is uploaded to the AWMSG website.

- Medication Review Standards – pilot update

Claire Thomas informed members that the Vision template had now been deployed to those practices who agreed to take part in the pilot and that AWTTTC were still looking for further Vision practices to take part.

- National Prescribing Indicators 2020-2021: Analysis of Prescribing Data to December 2020

Claire Thomas informed members that this document went to AWMSG for information and is now available on the AWMSG website.

Simon Barry and Rhys Jeffries joined the meeting.

7.0 Decarbonisation Strategy – Inhaler Impact

Dr Simon Barry gave an overview of the updated respiratory guidelines highlighting the carbon impact from inhalers and how switching from metered dose inhalers (MDI) to dry powder inhalers (DPI) where possible would reduce the carbon footprint from inhalers. Dr Barry informed members of a Welsh Government decarbonisation strategy document, which contains a section on inhalers and a goal for NHS Wales to reduce the carbon footprint in Wales from inhalers so that MDIs reduce from more than 70% to less than 30% by 2025.

Dr Barry presented the updated All Wales Asthma Management and Prescribing Guideline and the All Wales COPD Management and Prescribing Guideline. It was confirmed that these updates would need to go through the standard AWMSG consultation process, prior to consideration by AWMSG for endorsement. Short discussion followed with regards to the licensing of MDIs and members were reminded that the pharmaceutical industry recognise the importance of the green agenda and therefore changes were expected in the licensing arrangements of these devices.

Dr Simon Barry also presented a 'green' poster intended for patient information. Initially it is intended to ask patients' opinion on the poster and, once agreed, for it to be displayed in all GP practices. A suggestion for an A5 leaflet was raised, however Dr Barry felt that patients would be encouraged to access the app which still needs to be finalised. Brief discussion followed and it was suggested that AWTTTC's Patient and Public Implementation Group (PAPIG) could be asked to consider this poster.

Action: Green poster to be forwarded to PAPIG for consideration.
Action: Documents to progress through AWMSG process.

Simon Barry and Rhys Jeffries left the meeting.

8.0 Documents for discussion

8.1 Medicines Identified as High Value for Prescribing in NHS Wales – Proposal

Richard Boldero gave an overview of the proposal, noting that this document was mainly intended as a scoping proposal for members' viewpoints on the consideration to run a high value basket of medicines

It was noted that in relation to sacubitril with valsartan the guidance we are providing is different to that currently provided by NICE, but is supported by the recent Wales Cardiac Network pathway which details a change in the approach to prescribing for patients with heart failure with reduced ejection fraction.

Although members agreed that the document portrayed a positive message, concerns were raised on this being a niche area of prescribing and the lack of economic appraisal, with agreement to investigate proof of value.

It was suggested that work carried out by the Regional Medicines Optimisation Committees in England could be investigated for selection of further medicines e.g. those within the five highest health gain medicine categories. Mr Boldero confirmed that the document would follow AWMSG's process and would come back to AWPAG before going out to consultation.

Members were invited to comment on:

- Naming of the initiative e.g. value based prescribing
- Prescribing measure utilised
- Including budgetary implications
- Additional medicines for consideration

The Chair summarised that the document feedback had been positive.

Action: Members to suggest possible additional medicines to include and options for the initiative name.

Action: Document to be reconsidered by AWPAG prior to consultation.

8.2 National Prescribing Indicators

2022-2023 proposed indicators – feedback

Claire Thomas informed members that the main purpose for today was to agree the proposed list of National Prescribing Indicators (NPIs) to be consulted on, and confirmed that consultation comments would be discussed at the next AWPAG meeting prior to the document being finalised and presented to AWMSG for endorsement.

Claire Thomas noted to members that the NPIs listed in the document were in order of preference following the feedback from the last meeting, and members were asked to consider the overall number of NPIs. It was noted to members that Andrew Evans (Chief Pharmaceutical Officer, Welsh Government) had indicated that there may be a need to reduce the number of NPIs in order to refocus.

Up-to-date information regarding each NPI was presented by Claire Thomas, followed by a poll which members completed. The results of the poll were as follows:

| Current NPIs | | | |
|---|------------------|-------------------------|--|
| NPI | Retain | Retire | Outcome |
| Opioid Burden - To include additional basket for high strength opioids | 13 | | Retain |
| Gabapentin and Pregabalin | 13 | | Retain |
| 4C antimicrobials | 11 | 2 | Retain |
| Total antibacterial items | 13 | 1 | Retain |
| Anticoagulants in AF – annual review | 11 | 2 | Retain |
| Prescribing Safety Indicators | 13 | | Retain |
| Anticoagulants in AF – antiplatelet monotherapy | 9 | 4 | Retain |
| Hypnotics and Anxiolytics | 8 | 6 | Retain |
| Anticoagulants in AF – patients prescribed an anticoagulant | 9 | 5 | Retain |
| Yellow card reporting | 11 | 3 | Retain |
| Biosimilars | 11 | 2 | Retain |
| Tramadol | 10 | 4 | Retain |
| Low value for prescribing | 10 | 4 | Retain |
| PPIs | 0 | 14 | Retire |
| Long acting insulin analogues | 0 | 13 | Retire |
| Proposed new NPIs | | | |
| NPI | Introduce | Do Not Introduce | Outcome |
| Heart failure | 8 | 6 | Introduce - based on the principle of the indicator. An appropriate indicator to be worked up. |
| Antimicrobials in UTI | 6 | 7 | Will not proceed |
| Respiratory – dry powder inhalers | 6 | 8 | Will not proceed |

Sue Knights, ABPI representative, did not vote on two of the above NPIs due to a conflict of interest.

Claire Thomas thanked members for their assistance in completing the poll and informed the group that the next steps would be to prepare the paper for consultation, the feedback from which will be presented at the September meeting.

Kath Haines informed the group that potential health inequalities is a top priority for the new Health Minister and is included in the AWTTC work programme. To this purpose there will be a more detailed data exploration for greater areas of variation e.g. opioids and gabapentin and pregabalin. Kath Haines expressed that close liaison with every health board will be vital for this work to inform on the actual local picture. Members were asked for their thoughts on priority areas and the need to engage with the relevant clinical networks was noted. Emma Davies offered to share deprivation data on opioid prescribing, noting that high levels are often synonymous with similarly higher levels of antidepressant and antibiotic prescribing. Emma Davies drew members' attention to a piece of work undertaken in England and published in the BJGP which may be of interest, and agreed to share the article with members. Emma Davies suggested looking at jointly working with a Welsh Pain Strategy Group which is

currently being formed and the lead on pain in Welsh Government, Kevin Francis, as this would ensure it is linked in to AWMSG/AWTTC.

Action: NPI document to be updated and sent out for consultation.

Action: Emma Davies to forward BJGP article to members

Action: AWTTC to investigate link with Welsh Pain Strategy Group for variation work

Potassium chloride and GI bleeds

Paul Deslandes brought to members' attention a paper published in the British Journal of Clinical Pharmacology, which identified an association between co-prescribing of potassium chloride and anticholinergic drugs, and GI bleeding. Paul Deslandes presented a brief overview and asked members whether they felt this paper was of any interest in the context of the patient safety indicators.

Brief discussion followed regarding the data, the strength of evidence linking bleeding to the drug combination, and the patient cohort. It was felt that this was aimed more at secondary care patients than primary care patients, and might be something for the Yellow Card Centre to look into, rather than inclusion as a prescribing safety indicator.

The Chair thanked Paul Deslandes for bringing this paper to the meeting.

Dylan Jones left the meeting

8.3 All Wales Advice on SGLT-2 Inhibitors in Type 2 Diabetes and Cardiovascular Disease

Dr Bridget-Ann Kenny provided a short presentation on the progress of the All Wales Advice on SGLT-2 Inhibitors in Type 2 Diabetes and Cardiovascular Disease document. Members were informed that the document had been out for consultation and updated in light of the responses provided. One of these updates was the addition of a renal section that included brief summaries of relevant existing guidance and of key renal dedicated SGLT-2 inhibitor trials. The South Wales Renal team had reviewed and approved this addition post-consultation. Positive CHMP status for both empagliflozin (for the treatment of symptomatic chronic heart failure with reduced ejection fraction in adults) and dapagliflozin (for the treatment of chronic kidney disease) were also added to the document with the caveat that the document would be further updated over the course of the summer when marketing authorisations for both indications are anticipated.

Shaila Ahmed explained that the consultation comments had reflected a general theme recommending the inclusion of evidence for SGLT-2 inhibitor renal effectiveness. However, as a full review of SGLT-2 inhibitor renal outcomes had not been planned from the outset due to the remit of the document, and as updated NICE guidelines for the care and treatment of people with or at risk of developing CKD are expected this summer, a summary of this information had been drafted for inclusion.

The Chair queried whether members were content with the change of text within point 3.2 of the "Table of recommendations on the role of SGLT-2 inhibitors in people with T2DM" within the document. There were no objections and members were happy to sign-off the document to proceed to AWMSG.

Action: Document to progress to AWMSG

ABPI queried whether the AWTTC responses to industry consultee comments could be shared with industry consultees as soon as practical, rather than being made available within the AWMSG papers for the September meeting. It was noted that as per process, AWTTC do not share responses with consultees at this stage and all consultees are able to see such responses published on the website prior to AWMSG.

ABPI also queried if commercial in confidence information in the enclosure documents would be redacted before the document is published. It was noted that since CHMP publication this information is no longer commercial in confidence; however the relevant companies will be contacted to check this prior to publication of the documents.

8.4 Tramadol Educational Resources (2021 Review)

Karen Jones presented the Tramadol Educational Resources (2021 Review) and gave the background to the resources originally published in 2013 and previously reviewed in 2015. Members were informed that the document had undergone a four week consultation and that the responses received had been positive. Members were asked for comments on the responses which had now been put into themes:

1. Key messages – a summary has been added at the front of the document which will hopefully address the main points
2. Wider context of pain management
3. Practical advice for reducing the dose of, and stopping, tramadol.
4. Development and inclusion of community pharmacy audits

Karen Jones highlighted consultation responses received on which AWPAG comments were sought. Those responses highlighted were: the removal of the WHO Analgesic Ladder which was felt no longer appropriate for chronic pain; renal function advice; the differences in some terminology; the referral to specialist services which aren't always available; tramadol being noted as a strong opioid – this suggestion has various connotations for patients; audit for chronic pain and repeat prescribing; and the incorporation of audits into GP systems.

Discussion followed regarding audit software and the possibility of setting this up via EMIS or Audit+. Emma Davies agreed to share an audit paper from Scotland which looks at high dose opioids and factors contributing to prescribing.

Members felt it important for advice or guidance to be available to assist with patients' expectations. Emma Davies informed the group that there is general advice available and agreed to share this with members.

Terminology was discussed and whether the use of 'strong' painkiller should be used and how the patient feels about the terminology. The general feeling was that the terminology should remain as it is within the document.

The Chair confirmed that the document would be updated for e-sign off by AWPAG members, prior to proceeding to AWMSG.

Action; Emma Davies to share advice/guidance with members

Action: Emma Davies to share Scottish audit paper with members

Action: Document to proceed to AWMSG following AWPAG e-sign-off of updated documents.

8.5 All Wales Chronic Pain Resources

Emma Davies presented the All Wales Chronic Pain Resources document, reminding members that this paper was discussed at the last meeting and asked the group for advice on the next steps. It was noted that the document is linked to the Welsh Government Guidance Living Well with Pain in Wales.

It was agreed to keep to the term "chronic" pain as it aligns with NICE and to promote non-pharmacological management where appropriate. A brief discussion followed and it was requested that a quick guide to medication review, one page in length, would be beneficial.

Action: Emma Davies to amend the document as discussed.
Action: Updated document to be sent to members for consultation (two weeks)
Action: Document to be sent out for wider consultation following AWPAG e-sign off.

9.0 Verbal updates

9.1 Low Value for Prescribing – Temporary suspension of monitoring the items in paper 3

Richard Boldero reminded members that an action point from the previous meeting for items to be added for monitoring to the Low Value for Prescribing Paper 3 had been completed and is available on SPIRA.

9.2 Resource reallocation (previously Disinvestment)

Richard Boldero reminded members of a collaborative paper produced last year which was supported by AWMSG. Members were informed that interim meetings have been held with a view to taking this work forward although at present the work is still in its developmental stage. Also noted was the possibility of having a case study around a treatment pathway included to complement the previous paper which looked at specific medicines. It is hoped for a research protocol to be put together over the next couple of months in time for an update at the next meeting in September.

Action: To return to AWPAG September 2021.

9.3 NPI Specification document 2021- 2022

Claire Thomas highlighted that the NPI Specification document which contains the drug baskets and targets for this year is now available on the AWMSG website. It was noted that although the NPIs have not changed, the targets and thresholds have been updated in line with the December quarter prescribing data. Members were asked to highlight this document to their team members.

10.0 Best Practice Day – Autumn 2021

Kath Haines informed the group that the next virtual Best Practice Day will be held in October but a date is yet to be set. Members were asked if they could suggest topics for the sessions

Action: AWTTTC to confirm date for next Best Practice Day.
Action: Members to suggest initiative topics for the Best Practice Day.

11.0 Feedback from the All Wales Chief Pharmacists Group

Jenny Pugh-Jones informed the group that the All Wales Chief Pharmacists workplan has been reset as we move out of COVID and the workplan is aligned to Pharmacy Delivering a Healthier Wales. It was noted that discussions in the meeting today overlap with the key priorities of the Chief Pharmacists Group, such as antimicrobial stewardship, opioid burden and value-based healthcare.

Members were informed of the aseptic technical services which is currently being redesigned, moving forward throughout Wales. The group were also looking into the electronic prescribing and medicines administration digital agenda which COVID has highlighted not only the lack of prescription transfer out of primary care but also the lack of digital systems in hospitals. Another area raised is advanced therapies, genomics and precision medicines which is a growing agenda.

12.0 Feedback from Health Boards and Velindre NHS Trust

There was no feedback from the health boards to note.

13.0 Any other business

Dr Nicholas Reid

Dr Nicholas Reid raised concerns over variation in the supply of last-line antimicrobials due to different interpretations of AWMSG guidance on the prescribing of drugs that have not been submitted to AWMSG. Dr Reid highlighted three antimicrobial medicines which have small patient numbers and therefore do not justify the resource of the pharmaceutical companies in making submissions to AWMSG. The IPFR process was noted and the One Wales process was suggested as possibly being more suitable to enable equity in access across Wales. Dr Reid agreed to take his paper to the next AWMSG Steering Committee for their consideration.

Dr Reid also presented a paper in relation to the changed recommendations around *Clostridioides difficile* treatment in primary care, particularly in relation to the change from using metronidazole to vancomycin and fidaxomicin. He expressed some concerns on the routine availability of the higher cost options within the primary care setting. Discussion followed regarding the possible availability options of these medicines and it was requested for Dr Reid to take his paper to the Chief Pharmacists Group which he agreed to do.

Action: Dr Reid to take last line antimicrobial SBAR to AWMSG SC

Action: Dr Reid to take C Diff treatment SBAR to Chief Pharmacists Group

Richard Boldero

Further to Dr Simon Barry's presentation Richard queried if members had concerns on the implementation and implications of inhaler switching to address the decarbonisation work program. Members awareness was raised to the NHS Wales Decarbonisation Strategic Delivery Plan and the impact of the recommendations, in particular the transition from the carbon intensive devices to those which have lower global warming potential. It has been identified that investment cost for such a change is high so there is potential for a cost impact as well as the benefit from the carbon footprint perspective. Members were asked to let AWTTTC know if they have concerns so that a consideration could be put together.

Action: Members to inform AWTTTC of concerns with regard to the cost of inhaler switching.

14.0 Date of next meeting: 22nd September 2021