

## **ALL WALES PRESCRIBING ADVISORY GROUP**

### **Minutes of meeting held on**

**Wednesday 4 December 2019, commencing 9.30 am at the Angel Hotel, Cardiff**

#### **Voting members**

Dr Lisa Adams	General Practitioner, Swansea Bay
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
Mrs Susan Knights	ABPI
Dr Becky McGee	General Practitioner, Aneurin Bevan
Mr Mike Curson	Pharmacist, Aneurin Bevan
Mr Dylan Jones	Community Pharmacist, Powys
Mr Neil Thomas	Nurse Representative
Mrs Bethan Tranter	Chief Pharmacist, Velindre
Mrs Bev Woods	Pharmacist, Cwm Taf Morgannwg

#### **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
Ms Kath Haines	AWTTC
Mrs Karen Samuels	AWTTC
Mrs Claire Thomas	AWTTC
Dr Alice Varnava	AWTTC
Dr Sara Pickett	AWTTC (Observing)
Dr Nik Reid	All Wales Consultant Antimicrobial Pharmacist, Public Health Wales
Mr Emyr Jones	Consultant Pharmacist - Community Healthcare
Dr Simon Barry	Consultant – Respiratory, Cardiff & Vale (Agenda item 7.4 and 7.5 only)
Dr Katie Pink	Consultant – Respiratory, Cardiff & Vale (Agenda item 7.8 only)
Mr Rhys Jefferies	National Respiratory Health Programme Manager, NHS Wales Health Collaborative (Agenda items 7.4, 7.5 and 7.8)

#### **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 Nik Reid and Emyr Jones who were in attendance for agenda items 7.1 and 7.7/9.0 respectively. Members introduced themselves.

## **2.0 Apologies**

Apologies had been received from:

Mr David Barnard (Lay member)

Dr Richard Brown (General Practitioner, Hywel Dda)

Mr Aled Falvey (Clinical Specialist Physiotherapist, Powys)

Dr Rick Greville (ABPI)

Mr Jamie Hayes (AWTTC)

Dr Sally Lewis (National Clinical Lead for Value-Based and Prudent Healthcare, Aneurin Bevan)

Mr Darren Ormond (Welsh Government)

Dr Anders Skarsten (Consultant, Powys)

Dr David Pyle (Consultant, Powys [deputy])

Ms Cathy Wynne (Physiotherapy, Betsi Cadwaladr)

## **3.0 Declarations of Interest and Confidentiality Agreement**

The Chair asked members to declare any interests relevant to the meeting. Susan Knights (ABPI representative) had declared an interest for items 7.1, 7.3 and 7.8. No other declarations of interest pertinent to the agenda were declared.

Kath Haines informed members of an incident with regards to the All Wales Advice on Oral Anticoagulation for Non-valvular Atrial Fibrillation paper whereby the document (draft version) had been shared with Daiichi Sankyo UK Ltd. The company had forwarded comments to AWTTC which had since been addressed, however it was reiterated that meeting papers were not to be shared outside of the advisory group and reminded members of the Declarations of Interest and Confidentiality Agreement they had signed.

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 confirmed that the March 2020 meeting would be her last meeting and that the eight year terms of membership for Bev Woods and Alan Clatworthy would also be at an end. Lynette James and Lisa Adams had reached the end of their four year terms and the Chair invited both members to renew their membership.

Sian Evans raised the issue of nomination of members and agreed to meet with the Chair outside of the meeting to discuss.

Once again members were reminded that there were still vacancies for medical representation from some health boards.

**Action: Sian Evans to meet with the Chair to discuss member nomination**

## **5.0 Minutes of previous AWPAG meeting – 18 September 2019**

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

The Chair noted that all actions from the previous meeting had been completed or were included in the agenda.

## **6.0 Feedback from October and November 2019 AWMSG meetings for information**

## Endocrine Management of Gender Dysphoria in Adults: Prescribing Guidance for Non-specialist Practitioners -

Thomas Curran informed members that AWMSG had endorsed the document pending amendments agreed at the meeting. A brief summary of the changes was given.

## Medicines Identified as Low Priority for Funding in NHS Wales (Update to section on liothyronine)

Richard Boldero informed members that the section of the document on liothyronine had been updated and was supported by AWMSG. A brief presentation of the updates will be made later in the meeting under the agenda item.

## **7.0 Documents for discussion**

### **7.1 National Prescribing Indicators 2020-2021**

Claire Thomas presented the *National Prescribing Indicators 2020-2021* informing members that the document had been updated as a result of changes agreed at the meeting of AWPAG in September, followed by a period of consultation with a large number of comments received, demonstrating a wide circulation. Claire Thomas initiated discussions by talking through the NPI document, noting consultation comments requiring debate and agreement by members.

#### ***Priority areas***

##### ***Analgesics***

A comment had been received suggesting that ADQs were not an ideal measure for opioid burden, and that morphine equivalence would be preferable. Claire Thomas explained that current data sources do not allow for use of morphine equivalence and therefore, as had been agreed by AWPAG previously, ADQs were the most appropriate measure.

A further comment questioned monitoring tramadol separately when it is included in the opioid burden basket, however members agreed that it should continue to be monitored due to ongoing concerns about its use.

No comments were received regarding gabapentin and pregabalin.

##### ***Anticoagulants***

Claire Thomas informed members that although this section contained potential new indicators, there were no comments for discussion.

##### ***Antimicrobial Stewardship***

Claire Thomas reminded members that two options had been suggested for both antimicrobial stewardship NPIs, and consultees asked to state their preference for either option 1 – *a 5% health board reduction for total antibacterial items/1,000 STAR-PU's, or 10% health board reduction for 4C antimicrobials, with the introduction of lower quartile thresholds for GP practices*, or option 2 – *introduction of a target to achieve prescribing at or below the all England figure*. The consultation responses received demonstrated strong preference for option 1, as option 2 was felt to be extremely difficult for some health boards to achieve and would risk disengagement. Introduction of a target related to prescribing in NE England was discussed, however as a number of health boards were already prescribing at levels below this, it was agreed it would not be appropriate. Members agreed for option 1 to be continued, with the introduction of the threshold for GP practices.

**Action: AWTTC to remove option 2 from document**

#### ***Safety domain***

### *Prescribing safety indicators*

Claire Thomas informed members that the AWMSG Prescribing Safety Indicators (PSIs) now formed part of the Quality Assurance and Improvement Framework (QAIF) for GP practices in Wales, and was a mandatory part of the cluster work. As a result, the PSIs were under more scrutiny and a number of comments had been received. Health board medicines management teams and GPs had commented that the indicator related to oestrogen-only HRT was not necessarily providing accurate data due to the identification of patients who were prescribed an oestrogen and a progestogen separately. AWTTC had been in discussion with Audit+ to ask them to exclude these patients from the search, this had been agreed and would be implemented from quarter 2 2019/20 and the search for quarter 1 re-run.

Comments had been received regarding sodium valproate and retinoids in females, enquiring as to the feasibility of excluding patients who had signed up to the pregnancy prevention programme. Claire Thomas explained that no read code was available for this, therefore members agreed for the indicators to continue as they are.

One consultation comment regarding the introduction of an indicator monitoring the number of females receiving HRT for 12 months or longer questioned the validity of this as a safety indicator. Claire Thomas explained that this had been added due to a recent MHRA warning regarding the increased risk of breast cancer. However, as the advice by the MHRA is to discuss the risks and benefits with women at their next or annual appointment, the question of whether the introduction of this as an indicator would provide any benefit was raised. Dr Becky McGee and Dr Lisa Adams confirmed that they have these discussions currently with their patients, and it is for the woman to decide whether they want to continue with treatment based on the risks and benefits. Members agreed that the addition of this indicator would not add benefit, and therefore should not be included.

**Action: AWTTC to remove indicator *Female patients prescribed systemic HRT for longer than 12 months***

*Karen Samuels joined the meeting*

### *Proton pump inhibitors*

Due to the current situation regarding ranitidine withdrawal, comments had been received questioning the continuation of this NPI and the impact on monitoring for the current year. Claire Thomas informed members that there had been approximately 4,000 prescriptions dispensed across Wales for ranitidine during the month of September, compared with 36,000 PPI prescriptions, with minimal use of other H2RAs. As September data is the most recent data available, it is too early to show any change in ranitidine or PPI prescribing. A discussion ensued regarding the withdrawal of ranitidine and Dylan Jones confirmed that not all makes of ranitidine were affected. Paul Fleming informed members that the issue related to the sourcing of the active ingredient and concerns regarding contamination with N-nitrosodimethylamine. Paul Fleming highlighted that manufacturers had been asked to undertake a risk assessment by the end of March 2020, therefore more information on next steps would be available at that point. Members discussed the impact that ranitidine withdrawal may have on PPI prescribing and felt that prescribers would most likely switch to an alternative H2RA.

Members agreed that this indicator should continue. However, should the use of PPIs increase, a footnote may be added to quarterly reports to note the ranitidine withdrawal and the possible impact on PPI use.

No comments were received regarding hypnotics and anxiolytics. One comment had been received questioning the continuation of the Yellow Card indicator, however members agreed this should continue.

Members were asked if they had any other comments regarding the analgesic, anticoagulant and antimicrobial stewardship indicators, and the safety domain. Members confirmed that they did not.

### ***Efficiency domain***

#### ***Biosimilars***

Richard Boldero presented three possible options in relation to the biological medicines indicator. These were constructed to reflect the variety of comments received from the consultation. Following discussion of each option, members concluded that they would like the biological medicine indicator to change its wording to “Best Value Biologic Medicine”. In light of this amendment, members requested a brief explanation of what “best value” will be measured as and for this explanation to be included within the paper.

Richard Boldero asked for the thoughts of members with regards to adding Teriparatide to the biological medicines basket. This had been raised at previous AWPAG meetings and had also featured within the consultation comments. Members were supportive of its inclusion. Richard Boldero informed members that, following an action point from the last meeting, the biological medicines currently within the indicator basket had been reviewed using available data for consideration of ‘retiring’ certain ones whose overall usage was showing a decreasing trend. Currently there was no conclusive picture emerging across Wales for any of the biological medicines in the basket. Members agreed to further analyses being undertaken on a regular basis, with pertinent updates provided at future meetings.

**Action: AWTTC to amend wording for the biosimilar NPI to ‘best value’**

**Action: AWTTC to provide explanation of what ‘best value’ is being measured as**

**Action: AWTTC to review overall individual biological medicine usage trends**

**Action: AWTTC to update NPI document to reflect agreed actions.**

**Action: AWTTC to take document to January AWMSG Steering Committee prior to the February AWMSG meeting.**

### **7.2 National Prescribing Indicators 2020-2021: Supporting Information for Prescribers and Healthcare Professionals**

Claire Thomas confirmed that the *Supporting Information for Prescribers* document would be updated in line with the changes to the NPIs as previously discussed.

**Action: AWTTC to update supporting information to reflect NPI document.**

**Action: AWTTC to take document to the January AWMSG Steering Committee prior to the February AWMSG meeting.**

### 7.3 Items Identified as a Low Priority for Funding in NHS Wales - Paper 3

Prior to discussing this paper Richard Boldero provided members with a brief update on the wider initiative. This included the ongoing collaborative work with the Swansea Centre for Health Economics where a presentation of some of the draft outputs from this collaborative research is expected at the meeting to be held in March 2020.

Richard Boldero informed members that the *Items Identified as a Low Priority for Funding in NHS Wales – Paper 3* had been out for consultation and a number of responses had been received. This phase 3 paper was discussed in light of these consultation comments. Primarily, the focus was on which items/item groups should be considered for removal. Following discussion, it was decided the contents should remain largely unchanged. However, in light of some of the comments members agreed on the removal of amiodarone and dronedarone, bath and shower emollients and silver dressings. Members felt that there could be further consideration for the inclusion of silver dressings in future phases.

Other points discussed in light of the consultation comments included: a need to make it clearer that the restriction in the use of silk garments is in relation to the indication of eczema only; and that Movelat® should remain within the rubefacient basket as per PrescQIPP designation. Members were thanked for their insightful input.

**Action: AWTTC to update Low Priority for Funding – Paper 3**  
**Action: AWTTC to take updated Phase 3 paper to AWMSG Steering Committee on 27<sup>th</sup> January 2020 prior to the AWMSG meeting on 11<sup>th</sup> February 2020.**

### 7.4 All Wales Secondary Care Community Acquired Pneumonia Guideline

Dr Simon Barry presented the *All Wales Secondary Care Community Acquired Pneumonia Guideline*.

There was discussion around how the guideline differs from current NICE guidance, and how (as was the case with the now endorsed COPD management guidance) any endorsement by AWMSG of this guidance was for the content of the guideline itself and not for how it will be presented and function within the app, as is currently planned by the Respiratory Health Implementation Group.

This was followed by discussion on where the document stood in respect of NICE guidance, and it was agreed that clarity on this needed to be sought from Welsh Government.

It was agreed by AWPAG members that, dependent on the discussions between AWMSG and Welsh Government, that the guidance document could proceed to consultation.

**Action: Depending on AWMSG and Welsh Government discussions, AWTTC to disseminate document for consultation.**

### 7.5 All Wales Management of Acute COPD Exacerbation Guideline

Dr Simon Barry gave background on the *Acute COPD Exacerbation Guideline*. Discussion followed as to who had been involved to date with regards to consultation on the document and whether cluster leads had been involved.

There was also discussion around the availability and cost-effectiveness of CRP testing across NHS Wales, and how the guidance (and associated patient materials) being provided primarily via a digital app takes account of equality. Dr Barry assured members that the guidance will also be provided in printed form.

Members requested that prior to any consultation an additional evidence summary document should be provided to accompany the document, including any health economic evaluation data for the cost-effectiveness of CRP testing.

It was agreed by AWPAG members that, dependent on the discussions between AWMSG and Welsh Government, that the guidance document could proceed to consultation.

**Action: Dr Simon Barry to provide supporting materials to accompany the document, prior to consultation.**

**Action: Depending on AWMSG and Welsh Government discussions, AWTTC to disseminate document for consultation.**

*Bethan Tranter and Nick Reid left the meeting.*

## **7.6 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* for discussion, together with Direct Oral Anticoagulant (DOAC) prescribing data that had been shared prior to the meeting. It was highlighted from the data that the use of Edoxaban was generally low in both England and Wales, but higher in some health boards than others.

Many of the document consultation comments were in relation to the appropriateness of recommendation on preferred DOAC choice within Appendix 2. The lack of head to head DOAC trial data was noted. The Chair requested members to vote on whether to include Appendix 2 as part of the advice document.

There were 14 voting members present. 2 members abstained. The other members voted as follows:

1. Not to proceed with the complete document – 0 votes
2. Issue the document without Appendix 2 – 4 votes
3. Issue the document with Appendix 2 without the last column offering a recommendation on DOAC options – 8 votes

There was some discussion around the inclusion of the statement cautioning the use of edoxaban in patients with high creatinine clearance, and how this may be perceived as singling out edoxaban unnecessarily. It was agreed that the advice of clinical experts would be sought on whether or not this statement should be considered for removal.

It was also agreed that the guidance should align with and take account of recent MHRA guidance on the use of the Cockcroft and Gault formula for calculating creatinine clearance.

It was agreed that, pending the amendments discussed, that the paper could proceed to AWMSG Steering Committee prior to presentation to AWMSG for endorsement.

**Action: AWTTC to make agreed changes to document.**

**Action: Advice to proceed to the January AWMSG Steering Committee prior to the February AWMSG meeting.**

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

Emyr Jones presented the *All Wales Guidance for the Health Boards/Trusts and Social Care Providers in Respect of Medicines and Care Support Workers* and reminded members of the background to the document. A large number of consultation responses had been received, with a significant proportion of these related to domiciliary care. Although the document refers to domiciliary care, a number of amendments would be required to ensure it was fit for purpose in a domiciliary care

setting. As a result, it was suggested that the current version of the document should be finalised for health board and nursing home use only, and a separate project undertaken to develop guidance for domiciliary care. This approach had been discussed and supported by the AWMSG Steering Committee.

**Action: Emyr Jones and AW TTC to update document in light of relevant consultation comments.**

**Action: Further project to be undertaken to develop guidance for domiciliary care.**

## **7.8 All Wales Prescribing Guidelines for Asthma**

Dr Katie Pink gave members the background on the *All Wales Prescribing Guidelines for Asthma* pathway, and how it aims to standardise care across Wales taking into account of NICE, BTS and GINA guidance with one of the primary aims being to reduce reliance on SABA inhalers.

Members queried the evidence for the pathway, and the reasoning behind why it differed to current NICE guidance (for example, in the positioning of LTRA within the pathway). It was noted that the document had been approved by members of the Respiratory Health Implementation Group (RHIG), and the positioning of LTRA is in line with the more recent BTS guidance. Members agreed with Dr Pink that clarity for prescribers on what guidance to follow was of paramount importance.

In light of these differences with NICE guidance, it was again agreed that clarity on the place of consensus guidance in Wales needed to be sought from Welsh Government.

It was agreed by AWPAG members that, dependent on the discussions between AWMSG and Welsh Government, that the guidance document could proceed to consultation.

**Action: Depending on outcome of discussions between AWMSG and Welsh Government around relationship between AWMSG guidance and NICE guidance, AW TTC to disseminate document for consultation.**

## **8.0 Verbal updates**

### **8.1 Nationally agreed multi-professional standard for medicine reviews**

Claire Thomas informed members that the standards have been developed and the document, along with the background and evidence, will be presented at the next meeting of AWPAG in March 2020 before going out for consultation.

### **8.2 SPIRA Steering Committee**

Claire Thomas informed members that a SPIRA Steering Committee meeting had taken place on the 3<sup>rd</sup> December 2019. A number of items had been discussed including the new NPI reporting tool (shortly to be disseminated); new secondary care pharmacy systems; and issues related to biosimilar reporting. The next meeting is due to be held in March 2020.

### **8.3 WHEPPMA**

Richard Boldero updated members on the Welsh Hospitals Electronic Prescribing and Pharmacy Medicines Administration (WHEPPMA) project. Members were informed there had been a couple of meetings throughout the autumn where some of the various suppliers had provided demonstrations of their e-prescribing systems. Further meetings are planned in the New Year and so it is expected more progress can be reported at the next AWPAG meeting.

#### **8.4 Chronic Pain**

Kath Haines provided an update on the Chronic Pain document, notifying members that Emma Davies is due to submit the first draft in January 2020.

#### **8.5 Agreement for Shared Prescribing of Somatostatin Analogues (Somatuline® Autogel®; Sandostatin® LAR®) to Treat Neuroendocrine Tumours (NETs)**

Kath Haines informed members that Dr Mohid Khan was still waiting to speak with the NET group regarding this shared care project to address the comments received during consultation.

#### **9.0 Acknowledgement Process**

##### **National Guiding Principles for Medicines Support in the Domiciliary Care Sector**

Emyr Jones gave the background to the *National Guiding Principles for Medicines Support in the Domiciliary Care Sector* highlighting the fact that agreement had been reached with the All Wales Heads of Adult Services Group. The aim of the principles is to provide a template for the development of medicine policies so that medicines support is delivered in a consistent way across Wales. The principles will also aid the development of guidance for domiciliary care as noted in agenda item 7.7.

Members supported this paper for the Acknowledgment process.

**Action: Paper to be presented to February 2020 AWMSG for acknowledgment**

#### **10.0 Best Practice Day 2019 – 7<sup>th</sup> July 2020**

Due to time constraints the planned workshop for ideas for the Best Practice Day 2020 was not held. Members briefly discussed their ideas. It was felt that the breakout sessions held last year received positive feedback and it was noted that small projects in GP practices could be highlighted, but there was a need to develop positive initiatives at scale and pace. It was agreed that the focus should be on NPIs and best practice. An idea to include pharmacy technician work as a poster display was also suggested. The Chair agreed to write to the Chief Pharmacists to invite them to suggest presentations from their health boards.

**Action: The Chair to request suggested presentations from the Chief Pharmacists**

#### **11.0 Feedback from the All Wales Chief Pharmacists Group**

The Chair informed members, in Bethan Tranter's absence, that there was no feedback from the All Wales Chief Pharmacists Group and that the Transforming Access to Medicines Service project has nothing new to report at present.

#### **12.0 Feedback from health boards**

There was no feedback from the health boards.

#### **13.0 Any other business**

Aled Falvey had requested that the issue of non-medical prescriber competencies and re-validation be raised with members. It was noted that Lloyd Hambridge, in his new consultancy role, was undertaking this work. Discussion followed regarding revalidation and further information is expected in 6-8 months' time. The Chair raised the issue of being unable to extract non-medical prescriber data in secondary care. A brief discussion followed.

Robert Bracchi informed members that HEIW had agreed to host the 2019-2020 NPI educational module on their website, and were happy for this to be updated annually.

**14.0 Date of next meeting: Tuesday 10<sup>th</sup> March 2020 - Copthorne Hotel, Cardiff**

**Please note change of venue for next meeting.**