

ALL WALES PRESCRIBING ADVISORY GROUP
(AWPAG) Minutes of meeting held on
26th June 2024 commencing at 9.30 am
Held at the All Nations Centre, Cardiff and via Teams

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

Voting members

Mrs Vicky Allum	Head of Pharmacy, Primary Care and Community Services, Betsi Cadwaladr UHB
Ms Rachel Andrew	Public Health Wales
Ms Helen Davies	Principal Pharmacist for Medicines Optimisation in Primary Care – Cwm Taf Morgannwg UHB
Mrs Sarah Davies	Senior Lecturer Advanced Clinical Practice, Swansea University
Dr Jennifer Ellis	General Practitioner, Betsi Cadwaladr UHB
Mr Daniel Hallett	Community Pharmacist
Ms Hazel Hopkins	Prescribing Support Pharmacist, Hywel Dda UHB
Dr Lynette James	All Wales Consultant Pharmacist – Acute Care & Medication Safety
Mrs Sue Knights	ABPI representative
Mrs Eryl Smeethe	Lead Prescribing Advisor – Aneurin Bevan UHB
Mr Emyr Stephens	Pharmacist, Cardiff and Vale UHB
Ms Bethan Thain	Pharmacist, Swansea Bay UHB
Mrs Bethan Tranter	Chief Pharmacist, Velindre NHS Trust
Mrs Fiona Woods	Lay member

In attendance (non-voting)

Ms Joe Castle	ABPI
Dr Rob Bracchi	AWTTC Medical Advisor
Mrs Claire Thomas	AWTTC Head of WAPSU and Medicines Optimisation
Dr Paul Deslandes	AWTTC WAPSU Pharmacist
Mrs Helen Adams	AWTTC Senior Pharmacist
Ms Shaila Ahmed	AWTTC Senior Pharmacist
Dr Bridget-Ann Kenny	AWTTC Scientist
Dr Katherine Chaplin	AWTTC Scientist
Dr Carolyn Hughes	AWTTC Medical Writer
Mrs Siân Harbon	AWTTC Medical Writer
Dr Sara Pickett	AWTTC Principal Health Economist

Observing

Mrs Jessica Morgan	AWTTC Communications Manager
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External presenters

Mrs Meryl Davies	Lead Antimicrobial Pharmacist, Primary and Community Care, Health Protection Team, Public Health Wales	7.2, 7.3 and 8.0.
Mr Emyr Jones	Consultant Pharmacist, Cardiff & Vale UHB	7.4
Mrs Dianne Burnett	National Lead for Medicines Advice, Cardiff & Vale UHB	7.5

Key of abbreviations

ABPI	Association of the British Pharmaceutical Industry
ADQs	Average Daily Quantity
AWMSG	All Wales Medicines Strategy Group
AWTTC	All Wales Therapeutics and Toxicology Centre
BGMA	British Generic Manufacturers Association
CAS	Common Ailments Service
DDD	Defined Daily Dose
DHCW	Digital Health and Care Wales
HRT	Hormone Replacement Therapy
JCC	Joint Commissioning Committee
MAR chart	Medicines administration record
MARRS	Medicines Administration, Recording, Review, Storage & Disposal
MHRA	Medicines and Healthcare Products Regulatory Agency
NICE	National Institute for Health and Care Excellence
NPIs	National Prescribing Indicators
NSAID	Non-steroidal anti-inflammatory
OME	Oral Morphine Equivalence
PGD	Patient Group Direction
PHW	Public Health Wales
PSI	Pharmaceutical Society of Ireland
SACT	Systemic anti-cancer therapy
SBAR	Situation, Background, Assessment and Recommendations
SGLT2	Sodium-glucose Co-transporter-2
SPIRA	Server for Prescribing Information Reporting and Analysis
THB	Teaching Health Board
TrAMS	Transforming Access to Medicines
UHB	University Health Board
WAPSU	Welsh Analytical Prescribing Support Unit
4C antimicrobials	Group of antibiotics: co-amoxiclav, cephalosporins, fluoroquinolones and clindamycin.

1.0 Welcome and introduction

The Chair opened the meeting and welcomed everyone, including Bethan Thain, pharmacist representative for Swansea Bay UHB attending her first meeting as a member, and Daniel Hallett, Community Pharmacist attending his first meeting. The Chair wished to thank Bethan Tranter for her hard work with AWPAG over the last eight years and wished her the best for the future after finishing her maximum term with AWPAG.

2.0 Apologies

Apologies were received from:

Dr Gemma Rogers	General Practitioner, Aneurin Bevan UHB
Mrs Jacqueline Seaton	Chief Pharmacist, Powys THB
Mrs Clare Clement	Lead Pharmacist for Primary, Community and Intermediate Care, Cardiff & Vale UHB
Mr Paul Fleming	BGMA
Mr Jonathan Smith	Community Pharmacist
Mrs Siân Evans	Consultant in Public Health - Public Health Wales
Mr Malcolm Latham	Lay member
Dr Rick Greville	ABPI
Dr Richard Brown	General Practitioner, Hywel Dda UHB

3.0 Declarations of Interest and Confidentiality Agreement

The Chair asked members to declare any interests relevant to the meeting; no declarations of interest pertinent to the meeting were received.

4.0 Chair's report

Withdrawal of Audit+

The Chair informed members that due to unforeseen circumstances Audit+ software will be withdrawn from the market later in the year. The withdrawal of Audit+ will affect reporting of some of the NPIs and ongoing feasibility testing of some of the proposed new indicators. Making necessary modifications to some existing indicators will also be negatively impacted. DHCW are reviewing options and we will keep members informed as the situation develops.

Membership

Members were informed that Amy Williams, the member for 'other professionals eligible to prescribe' and Avril Tucker, alternate pharmacy member for Cwm Taf Morgannwg UHB, had resigned from their roles on the group.

Bethan Thain has been appointed as the pharmacist representative for Swansea Bay UHB.

A nomination has been received for the alternate pharmacist representative for Cwm Taf Morgannwg UHB.

The Chair reminded members that there are currently vacancies for doctors for Cwm Taf Morgannwg UHB, Swansea Bay UHB and Powys THB, along with a doctor member from Velindre NHS Trust. Members were asked to forward nominations to AWTTTC.

5.0 Minutes of previous AWPAG meeting – 13th March 2024

The minutes of the previous meeting were checked for accuracy and agreed.

6.0 Feedback from AWMSG

Dr Laurence Gray provided feedback from the recent AWMSG meetings held on the 17 April, 14 May and 11 June 2024.

17 April 2024

- [National Prescribing Indicators 2023-24. Analysis of prescribing data to September 2023](#)
- [NHS Wales inhaler carbon footprint report – Data to December 2023](#)
- [Cancer Network – Prevention and Management of Tumour Lysis Syndrome](#) (for acknowledgement)
 - AWMSG members agreed that this should be Acknowledged however members suggested that the SACT group consider some amends to presentation of 'weight boundaries' in the 'Dose banding schedule' table, and the contraindications for rasburicase should be made more prominent.
- [SBAR: Medicines optimisation resources – process for consideration of resources for review](#)
 - AWMSG members supported the implementation of the process.

14 May 2024

- [All Wales guidance for penicillin allergy de-labelling in adults in secondary care](#)
 - AWMSG members agreed to endorse the document but requested that an additional 'GP letter template' be added for instances where a patient is de-labelled based on history alone.
- [Prescribing Dilemmas: Sharing responsibility for prescribing between a private clinician and an NHS healthcare professional](#)
 - Included on the agenda under 'Verbal updates'.
- [Primary care antimicrobial guidelines \(minor updates for information\)](#)

11 June 2024

- [National Prescribing Indicators 2023–2024: Analysis of Prescribing Data to December 2023](#)
- Appendix: A focus on tramadol
 - The quarterly report was accompanied by a pilot of an Appendix that provided a deeper-dive focus on tramadol prescribing, exploring variation between GP practices and clusters.
- [NHS Wales inhaler carbon footprint report – Data to February 2024](#)

Bethan Tranter joined the meeting.

7.0 Documents for discussion

7.1 Agenda item removed

7.2 Back-up antibiotic prescribing: Good practice guide

Meryl Davies advised that the document had been circulated for consultation and the feedback was mostly positive. A number of the comments were to consider including some additional resources, which have now been added. Sore throat test and treat was added into the document as well as advice around accessing a pharmacist for self-limiting conditions.

There was discussion around the patient information leaflet and why the term doctor has been used, it was fed back that this was on advice from the AWTTTC plain language lead. The group discussed that this should be changed to 'prescriber' with an explanatory note regarding what was meant by the term, due to the fact that a range of healthcare professionals are able to prescribe, therefore avoiding patient confusion.

There was discussion around section five and the inclusion of wording about the dispensing of medicine provisions over weekends and bank holidays.

There was discussion around the wording of systemically unwell and systemically very unwell. This was taken from the NICE document but discussions centered around removing the word very unless a definition could be provided with the document. It was agreed that if systemically very unwell was the wording NICE were using it would be wise to stick the same wording in this document. The NICE sore throat guideline will be checked for a definition and if found something will be added to this document.

The group discussed the potential to add a 'don't dispense after' date to back-up prescriptions. Although not legally binding, providing a specified timeframe would identify when a back-up prescription should no longer be dispensed. Members agreed that this should be included. The wording 'pain in the chest and throat is normal' in section 5.3 was raised, members agreed to amend 'pain' to 'soreness'.

Action: Document to be updated and proceed to AWMSG

7.3 Primary Care Antimicrobial Guidelines – minor updates (acute cough/bronchitis, ophthalmic shingles. Sore throat, travellers' diarrhoea, infectious diarrhoea)

Meryl Davies provided an overview of minor amendments that had been made to the document following NICE changes and feedback from Optometry Wales. Members asked for the word 'consumption' to be added prior to under-cooked meat in the diarrhoea sections. Members asked for the sections to be checked and the wording 'delayed prescription' to be changed to 'back-up' to ensure consistency.

There was discussion around whether a GP could manage ophthalmic shingles with an optician if they were to provide the prescribing aspect and the optician to provide the examinations. This would be taken back to Optometry Wales for further discussion prior to publication on the website.

Action: Document to be updated and to proceed to AWMSG for information

7.4 All Wales Medicine Management Guidelines for Integrated Community Based Services

Emyr Jones informed members that the document had been updated with suggestions from previous discussion at AWPAG and with representatives from social care. Comments largely focussed on this being a large document and whether to consider splitting it into two different documents covering care home and domiciliary care separately. For now, the plan is to keep it as one document that would hopefully link to a number of other resources. Additional comments have been received from Care Inspectorate Wales and these will be incorporated into the document prior to consultation.

There was discussion regarding the fact that there isn't an All Wales MAR chart, however as the aim is for carers to use electronic MAR charts, development of an All Wales paper document isn't required.

Action: Document to be updated and proceed to consultation

7.5 Common Ailments Service – Minor updates (Athlete's foot, Back pain, Conjunctivitis, Dry eye, Dry skin, Ringworm)

Dianne Burnett informed members that minor amendments had been made to 6 monographs to address some inconsistencies and to align with updated advice following amendments to NICE Clinical Knowledge Summaries.

Members raised issues with the back pain monograph and some of the formatting in the section with red flags and GP referral criteria.

Members highlighted that non-pharmaceutical treatments should appear more prominently above pharmaceutical treatments, including ice and rest therapy. Members discussed at length the inclusion of topical NSAIDs. It was noted that members had previously agreed to include topical NSAIDs as a treatment option in the back-pain monograph when the section was reviewed some years ago. There was discussion regarding consistency of advice, i.e. GPs are advised not to prescribe it therefore it shouldn't be available via the CAS. It was agreed that this should be taken back to the working group for discussion.

Action: Document to be updated and signed off via 'Chair's Actions. Document to be presented to AWMSG for information.

7.6 AWMSG-endorsed medicines optimisation documents – Process for consideration of resources for review

Bridget-Ann Kenny informed members there were three resources for discussion, and nine resources previously recommended for retirement based on past AWPAG discussions. Members were asked to review the documentation that had been prepared for each resource.

Monitored dosage systems (MDS): Flagged as being out of date although the issue of MDS at discharge from hospital remains significant. Members indicated that this was a needed resource, that it should remain online while it undergoes review (potentially as part of a larger piece of work) and that the audience for such a document may be wider than that of the original document which was aimed at secondary care. Members agreed that the resource should remain on the website unchanged, with a note flagging revision to follow. A suggestion was made to include on the webpage and document, a request for people to get in touch if they would like to be involved in the consultation.

Safe use of proton pump inhibitors (PPI): Members queried the impact of the retired NPI on prescribing and whether the existence of other resources, such as those from PrescQIPP, superseded the value in reviewing the resource under discussion. Members agreed that there are other resources that could be utilised now. Members agreed to the retirement of the resource. A suggestion was made to flag other resources on the webpage.

Best practice reminder: avoid nitrofurantoin in the treatment of pyelonephritis. Flagged as out of date following recent MHRA advice and therefore posed a potential safety issue for resource users. As the AWMSG Primary Care Antimicrobial Guidelines incorporate the most up to date advice, members agreed that this should be retired.

Nine resources, previously discussed at AWPAG, were considered for retirement, with members in agreement. The resources would still be available on the website in accordance with the agreed process.

Action: Implement decisions made by members

7.7 Oral Morphine Equivalents (OME) Specification

Katherine Chaplin and Shaila Ahmed discussed the proposed opioid burden and high strength opioid baskets that were previously shared with members. Members were thanked for sharing their comments. It was agreed that

injectable opioids should be removed from the baskets as these are generally used in palliative care rather than other indications. There was discussion around including methadone tablets in the opioid basket, as their only licensed indication is to treat pain, unlike methadone solution which is licensed for substance misuse. Members agreed that methadone tablets and buprenorphine 200mcg and 400mcg preparations should also be included. Members agreed with the proposed lower thresholds for inclusion of opioids in the high strength basket. Members were also advised there will be an accompanying SPIRA dashboard to enable 'drill-down' to enable users to see what has been prescribed.

Action: To use the OME baskets for opioid burden and high strength opioids from Q1 2024/2025

7.8 National Prescribing Indicators 2024-2025 - Specifications

Katherine Chaplin asked members for comments on the NPI specifications document. Members were satisfied with the document and agreed that the new OME specification should be included. Katherine Chaplin informed members that the document will be updated and published on the AWTTC website.

Action: Update document and publish on AWTTC website

Bethan Tranter left the meeting during the next item.

7.9 Branded generics position statement

Claire Thomas provided members with background to the document's development and asked for comments. Members requested the addition of some intra-document links to make navigation easier and suggested some amendments to wording. It was noted that statements related to the voluntary pricing scheme arrangements may require review. Members requested that all medicines that should be prescribed by brand must be listed, rather than inclusion of a hyperlink. It was suggested that reference is made to circumstances where patients may be allergic to particular excipients, therefore requiring the prescription of a specific brand or branded generic. Members suggested utilising the Value and Sustainability board to promote this document.

Action: Document to be updated then proceed to consultation

8.0 National Prescribing Indicators (NPIs) 2025-2028

Shaila Ahmed provided an overview of the proposed NPIs for 2025 to 2028. Members were informed of the key changes and how the withdrawal of Audit+ impacted the feasibility testing of the proposed NPIs and modifications of some existing indicators.

Members agreed to maintain the NPIs within the three categories of priority areas, safety and efficiency. It was agreed that the proposed indicator regarding SGLT-2 inhibitors should be added as a priority area. Members were asked to consider the antimicrobial course duration health board target for respiratory tract infection antibiotics and agreed the target should be 75% of prescriptions issued as a 5-day versus a 7-day course length. Members also agreed to include the same target for GP practices.

For the decarbonisation of inhalers indicator, members agreed that the target should be based on the NHS Wales Decarbonisation Strategy Delivery Plan which is currently being updated. It was agreed to discuss potential targets with Public Health Wales.

Members were asked to consider if an albumin creatinine ratio (ACR) threshold should be included within the unit of measure for the proposed SGLT-2 inhibitor indicator in patients with type 2 diabetes and chronic kidney disease (CKD). Members agreed to remove a specific ACR threshold to align with current guidance. Members were informed the SGLT-2 inhibitor indicator in patients with non-diabetic CKD may be difficult to introduce as ACR testing in this population is not recorded well and due to coding issues for non-diabetic patients. It was agreed to include this within the consultation and review the feedback received.

Members discussed whether the prescribing safety indicator (PSI) related to sodium valproate should report all patients aged under 55 combined, or males and females separately and whether reporting of females aged 14–55 should continue. Members agreed that male and female reporting should be kept separate but that the ages should change. Females should now report 0–55 years and males of all ages.

Members discussed the recent MHRA drug safety update regarding topiramate, which is now contraindicated in pregnancy and in women of childbearing potential unless the conditions of a Pregnancy Prevention Programme are fulfilled. It was agreed to add topiramate as a prescribing safety indicator in females of child bearing age (14–55).

Action: Update document and circulate for consultation

9.0 Acknowledgements

9.1 Guidance for clinicians on prescribing antidepressants in the perinatal period and Patient poster on psychotropic medications pre-conception and during perinatal period

Members were asked to consider the paper detailing the proposal for 'Acknowledgement' of the 'Guidance for clinicians on prescribing antidepressants in the perinatal period' and accompanying poster. Members raised a number of concerns about the document including the names of organisations highlighted within the document, the lack of a review or publication date, author details and referencing. Members were not able to support this document progressing to Acknowledgement by AWMSG.

Action: Feedback outcome and members concerns to author

9.2 All Wales neonatal unit gentamicin IV drug monograph

Members were asked to consider the paper detailing the proposal for 'Acknowledgement' of the 'All Wales neonatal unit gentamicin IV drug monograph'. Members discussed whether the group that had written this paper had representation from all of Wales; this was unclear and will be clarified and fed back via email. It was pointed out that neonatal units don't exist in all health boards so representation would need to be clarified. Members were happy to

support the document progressing to AWMSG if All Wales representation was confirmed.

Action: Feedback members query to author. To proceed to AWMSG for Acknowledgment if appropriate.

10.0 Verbal Updates

10.1 Endocrine management of gender incongruence in adults

Laurence Gray advised that NHS Wales JCC had been in touch advising that a sentence on page 29 of the document (reviewed in August 2023) was not in line with the service commissioned by them. This had been raised with the author who was unable to attend the meeting. AWPAG members agreed that the sentence 'and referral for fertility preservation, where indicated' will be removed from the document as it does not align with commissioning.

Action: Document to be updated on website and sent to AWMSG for information

10.2 Prescribing Dilemmas: Sharing responsibility for prescribing between a private clinician and an NHS healthcare professional

Paul Deslandes informed members that the document had been presented to AWMSG, however members did not feel able to provide endorsement. The Chair noted that AWPAG and AWMSG had reached an impasse, and noted that a lot of hard work had gone into developing the document, and thanked Paul and AWPAG members for this. The Chair noted that some time to reflect would be helpful, and this may be raised again at the September meeting of AWPAG.

Emyr Stephens left the meeting at the end of this agenda item.

10.3 SPIRA Steering Committee feedback

Katherine Chaplin informed members that the committee had met in April and that there had been a demonstration of new dashboards. The committee had been asked whether they would like any training and/or resources to be developed for any SPIRA dashboards. It was noted that should AWPAG members require any training or support with regards to SPIRA, they should contact AWTTTC.

10.4 Initial clinical management of nicotine withdrawal in adults in secondary care and Pharmacotherapy for smoking cessation

Claire Thomas informed members that updates to the Initial clinical management of nicotine withdrawal in adults in secondary care document had not yet been made by the author, post consultation. It was anticipated that this will be done in time for September. The Pharmacotherapy for smoking cessation document will be updated and reviewed once the Evidence Summary Report for cytisine has gone to AWMSG in July.

10.5 Medicines shortages

Carolyn Hughes informed members that Welsh Government had requested the development of resources regarding medicines shortages, and that this project is in the very early stages. Should any members be interested, they were asked to contact AWTTTC. ABPI requested to be involved as they have been working

on a similar piece of work. Members advised that RPS have also been looking at this and output is due by the end of the year.

Action: Members to contact AWTTTC if they wished to be involved

11.0 Feedback from the All Wales Chief Pharmacists Group

Bethan Tranter had left the meeting but had provided an update to the Chair: Lois Lloyd from BCUHB is the new incoming Chair, with Jonathan Simms from ABUHB the Vice Chair. Judith Vincent, SBUHB, has stepped down as Chair and leaves a strong legacy on which future work will build. To better reflect the group, the group will be known as Directors of Pharmacy Peer Group going forward. The focus of the group is to deliver upon the priority recommendations as included within the WG/RPS Clinical Pharmacy Services review in NHS Hospitals. Senior responsible officers and deputies have been identified and work is now progressing to achieve these recommendations.

In April, a Pharmacist Primary Care Leads workshop was held which focussed on the sharing of best practice, challenges and future plans amongst the teams. Further work will be scheduled over the coming year.

The TrAMS programme is progressing and a business case for the development of a centralised Radio Pharmacy Unit is expected to be submitted to WG this Summer, with the outline business case for SACT/parenteral nutrition/central intravenous additive services production facilities in final stages of development.

The first National Consultant Pharmacist for Genomics and Pharmacogenomics will start in post July 1st. Sophie Harding will be hosted by CAVUHB.

12.0 Feedback from Health Boards and Velindre NHS Trust

Nothing to report.

13.0 Feedback from Public Health Wales

Rachel Andrew advised that there was a restructure to the inhaler decarbonisation group in order to deliver the NHS Decarbonisation AWMSG strategy. They are now looking at medicines waste and what other medicines are used in primary care that have a carbon footprint that they could look at reducing.

14.0 Any other business

The Chair highlighted the upcoming AWTTTC Best Practice Day being held on 2nd July 2024, and thanked members who were supporting the event.

Shaila Ahmed noted that ScriptSwitch antimicrobial course duration messages will be available from the week beginning of 7th July 2024.

Emyr Stephens had left the meeting but had asked whether members would consider development of an All Wales patient information leaflet / alert card on sick day rules, similar to what's available in NHS Scotland. It was suggested that this would be of value due to increasing numbers of patients now being prescribed SGLT-2 inhibitors. Members agreed that this would be of value. It

was highlighted that a New Project Proposal Form should be completed and submitted to AWTTTC for consideration.

Action: Feedback to Emyr Stephens regarding completion of a New Project Proposal Form

The Chair closed the meeting and thanked all for attending.

14.0 Date of next meeting: Wednesday 18th September 2024