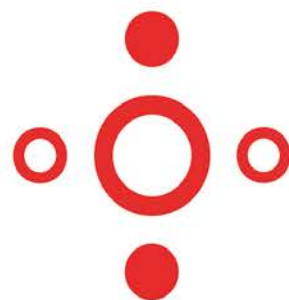


Grŵp Strategaeth Meddyginiaethau Cymru Gyfan  
All Wales Medicines Strategy Group



# Value-based prescribing Strategy

June 2022

This document has been prepared by the All Wales Prescribing Advisory Group (AWPAG) with support from the All Wales Therapeutics and Toxicology Centre (AWTTC), and has subsequently been endorsed by the All Wales Medicines Strategy Group (AWMSG).

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### 1.0 Introduction

The purpose of this document is to set out the strategic approach for the value-based prescribing programme; summarising the background to the work and providing a structure for the proposed work to progress.

The All Wales Medicines Strategy Group (AWMSG) aims to encourage clinicians to prescribe medicines that offer the best health outcomes improving the quality of life for patients living in Wales. This value programme will support the delivery of AWMSG's three key strategic objectives as set out by the Minister for Health and Social Services in 2019:

1. Deliver better outcomes for patients.
2. Reduce harm/improve medication safety.
3. Support the delivery of value-based healthcare.

AWMSG's role within NHS Wales is to ensure there is equitable access to the most clinically effective and cost-effective medicines. This value programme aims to deliver meaningful change in the use of medicines and resources for patients within Wales. By adopting this work AWMSG will support organisations to:

- increase the quality of care for patients
- fulfil the clinician's obligation to provide healthcare that is based on evidence of clinical effectiveness and cost-effectiveness
- optimise the use of selected medicines
- support the principles of prudent healthcare.

The advice contained within the programme's guidance will enable a more consistent process for health boards and healthcare-providing NHS Trusts to make decisions in relation to organisational policies for prescribing. Each organisation will need to make decisions on local implementation individually, ensuring that they consider their legal duties to advance equality and reduce health inequalities. This complements the progress for equitable access brought about by the New Treatment Fund, where medicines need to be made available within 60 days of a positive recommendation by AWMSG or the National Institute of Health and Care Excellence (NICE)<sup>1</sup>.

As well as providing recommendations, the programme's guidance will detail both general and specific exceptions. However, it will be for organisations to interpret the advice and determine how it is best implemented; this will include determining the circumstances in which these medicines should or should not be prescribed. Likewise, prescribers are expected to have due regard for the recommendations when deciding whether or not to prescribe the medicines included within the programme. However, the guidance will not remove the clinical discretion of the prescriber in accordance with their professional duties.

## 2.0 Background

As detailed within *A Healthier Wales: our plan for Health and Social Care* published by the Welsh Government in 2018, one of the ten national design principles to drive change and transformation is “Higher Value”<sup>2</sup>. This can be applied through achieving better outcomes and a better experience for people at reduced cost; care and treatment which is designed to achieve ‘what matters’ and which is delivered by the right person at the right time; less variation and no harm<sup>2</sup>.

“Value-based prescribing” is focused on optimising the use of medicines in Wales, complementing the aims of value-based healthcare. “Value-based healthcare” has been defined as “*the equitable, sustainable and transparent use of the available resources to achieve better outcomes and experiences for every person*”<sup>3</sup>. A key part of value-based healthcare is the optimum positioning of medicines to support pathways of care<sup>4</sup>. Value-based healthcare can be considered as a comprehensive concept built upon four value pillars<sup>5</sup>. These have been defined as stated in Table 1.

**Table 1. Definitions of the four value pillars of value-based healthcare<sup>5</sup>**

Value pillar	Definition
Technical	The achievement of best possible outcomes with available resources.
Allocative	The equitable resource distribution across all patient groups.
Personal	The appropriate care to achieve patients’ personal goals.
Societal	The contribution of healthcare to social participation and connectedness.

The AWMSG endorsed [Low Value for Prescribing](#) work, which has been running since 2017, has shown that when there is a nationally-agreed criteria for targeting usage of medicines, significant change can be achieved. Its focus is to decrease the routine prescribing of specified items in primary care. To date, this has generated three papers, with the latest having been published in February 2020.

*A Healthier Wales* promised that a series of ‘quality standards’ would be developed to describe the standards and outcomes expected to be seen in high quality, patient focused services<sup>2</sup>. This programme seeks to support the treatment pathways being developed within Wales by highlighting pertinent medicines included within them. As Clinical Networks in NHS Wales progress with the development of treatment pathways for a range of conditions, certain medicines within these pathways are being highlighted for their benefit in improving health outcomes. Additionally, population estimates and usage data could be used to identify preferential therapeutic areas to potentially target.

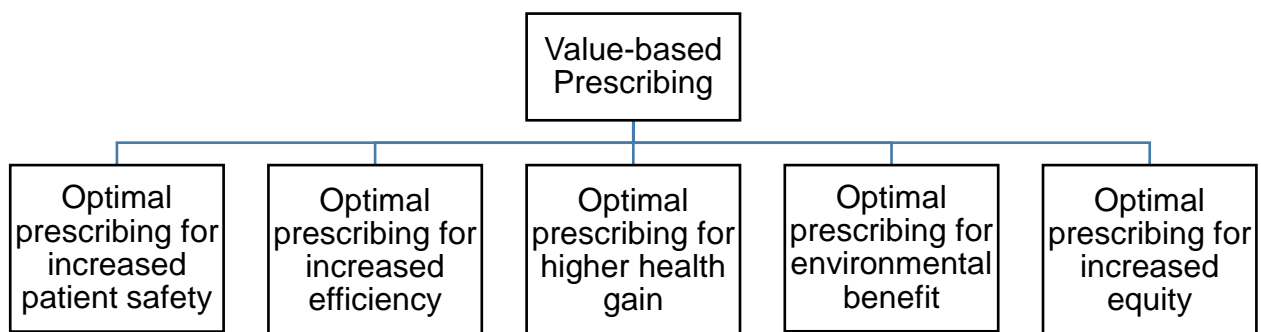
The programme of work may not be exclusively limited to medicines that are stated within the all Wales treatment pathways. Recent innovations and appraisals of new significant ‘game changing’ medicines may also be considered, as well as those medicines which align with the Welsh Government action to drive a community-based model of healthcare delivery. As with any change in a patient’s medication, decisions made in alignment with the guidance provided within this programme should be made as a shared decision between the prescriber, the patient and, where appropriate, the patient’s carer<sup>6</sup>.

### 3.0 Programme structure

The overall aim of this value-based prescribing programme is to optimise the usage of medicines to deliver value. Associated resources will provide a singular point of reference for the programme, as well as mechanisms for monitoring and reporting at a national level. This will align with Welsh Government’s target within *A Healthier Wales* to “share good practice nationally, so that services are of equally high quality across the whole of Wales”<sup>2</sup>.

The programme proposes to incorporate the *Low Value for Prescribing* work already endorsed by AWMSG, whilst progressing to encompass a widening focus. Prescribing in any area across NHS Wales will be eligible for inclusion. Candidate medicines for inclusion can be nominated by any stakeholder and these will continue to be assessed for suitability via the All Wales Prescribing Advisory Group (AWPAG) prior to consideration by AWMSG. Figure 1 provides a proposed overarching structure to the programme.

**Figure 1. A diagram to illustrate the proposed overarching programme structure**



Whilst there are currently five domains underpinning the overall value-based prescribing programme (as shown in Figure 1), these will be reviewed as required. With regard to the items already included within the programme, these can be categorised within the most relevant domain to both their initial, and continuing, inclusion. For example, co-proxamol was included in *Low Value for Prescribing – Paper 1* to encourage cessation of its use for the purpose of increasing patient safety, therefore it is allocated to the “Optimal prescribing for increased patient safety” category. The majority of items in the existing *Low Value for Prescribing* basket are allocated to the “Optimal prescribing for increased efficiency” category; where efficiency has been defined as “either obtaining the greatest health benefit from interventions using available resources, or achieving a given health benefit in a way that minimises costs/resource use”<sup>7</sup>. A proposed categorisation of all existing items is provided in Appendix 1.

The three new categories have been selected based upon identified needs.

#### 1. Optimal prescribing for higher health gain

This category is intended to encompass medicines which can have a considerable beneficial impact on the health of individual patients or populations of patients. The suitability for inclusion of cost-effective medicines will be considered on the basis of generating large patient or population benefit.

### 2. Optimal prescribing for environmental benefit

This category is intended to include medicines that have primarily been selected on the basis that they address an environmental concern; an area that will only increase in importance over the coming years. This will support the widening work within NHS Wales aimed at achieving the sustainability goals of Welsh Government<sup>8</sup>.

### 3. Optimal prescribing for increased equity

This category is intended to consider medicines where there are potential concerns around the fairness in their use (distribution)<sup>9</sup>. The World Health Organisation has defined equity as “*the absence of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other dimensions of inequality (e.g. sex, gender, ethnicity, disability, or sexual orientation)*”<sup>10</sup>. Variation in the use of medicines can be a means of identification for inclusion and this could be done via a comparison within Wales or on a UK or international basis.

Categories may not necessarily be mutually exclusive from each other, and the addition of a medicine may cause some conflict between categories. For example, a medicine may offer an environmental benefit but may also at the same time not offer increased efficiency. It will be for AWPAG to evaluate the significance of this when considering the medicines for inclusion and making recommendations for consideration by AWMSG.

## 4.0 Programme data reporting

All health boards and healthcare-providing NHS Trusts will be expected to implement the recommendations made within the programme, with direction given by Executive Teams which will include the Medical Directors and Chief Pharmacists. It is expected that there will be collaboration between organisations to ensure transparency, support equity of access, maintain consistency in standards of care and address unwarranted variation.

Data within the programme has primarily been sourced from the Comparative Analysis System for Prescribing Audit (CASPA) and, occasionally for the purposes of context, the Medusa Data Warehouse. However, as further data sources become available it is expected that these will also be incorporated into the reporting. It is envisaged that outcome data will form an increasingly important part of the data reporting within the programme. This should be seen as a collaborative process to enable the reporting of data at an individual and cohort level, as well as at a population level, whilst adhering to patient confidentiality requirements.

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## Appendix 1 – Classification of Low Value for Prescribing items

Classification of existing Low Value for Prescribing items within the proposed new domain grouping structure

Optimal prescribing for increased patient safety	Optimal prescribing for increased efficiency	Optimal prescribing for higher health gain	Optimal prescribing for environmental benefit	Optimal prescribing for increased equity
<ul style="list-style-type: none"> <li>• Co-proxamol</li> <li>• Chloral hydrate / cloral betaine</li> <li>• Minocycline for acne</li> </ul>	<ul style="list-style-type: none"> <li>• Doxazosin MR</li> <li>• Tadalafil once daily</li> <li>• Oxycodone and naloxone combination product</li> <li>• Paracetamol and tramadol combination product</li> <li>• Perindopril arginine</li> <li>• Blood glucose testing strips</li> <li>• Alimemazine</li> <li>• Aliskiren</li> <li>• Lidocaine plasters</li> <li>• Liothyronine</li> <li>• Omega-3 fatty acid compounds</li> <li>• Probiotics</li> <li>• Rubefacients</li> <li>• Selenium</li> <li>• Silk garments for eczema</li> <li>• Ketovite</li> <li>• Ascorbic acid</li> </ul>			