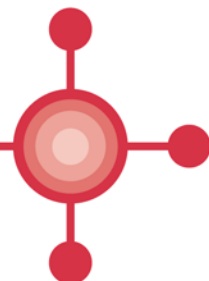


All Wales Medicines Strategy Group

Grŵp Strategaeth Meddyginiaethau Cymru Gyfan



# **Therapeutic Priorities and Clinical Effectiveness Prescribing Programme Summary 2014–2015**

January 2014

This report has been prepared by a multiprofessional collaborative group, with support from the All Wales Prescribing Advisory Group (AWPAG) and 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 BACKGROUND

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This document summarises the AWMSG therapeutic priorities for 2014–2015. It outlines the structure of the Clinical Effectiveness Prescribing Programme (CEPP) and elements within the General Medical Services (GMS) through which prescribing initiatives can be progressed.

Historically, the CEPP was designed for primary care use; however, the therapeutic priorities are applicable to all prescribers. The identified priorities address cost-effectiveness and quality issues.

In December 2004, AWMSG endorsed a non-mandatory [All Wales Prescribing Incentive Scheme](#). This scheme provides a recommended framework to health boards, which consists of two equally weighted elements: prescribing indicators (national and health board defined) and a learning portfolio (National Prescribing Audits, Welsh Medicines Resource Centre [WeMeReC] educational materials and other health board defined activity).

In 2008, AWPAG undertook a review of schemes across Wales and the outcomes were considered by AWMSG. AWMSG members agreed that the scheme should continue to be available as a template for local adaptation. It is now known as the [CEPP](#).

## 2.0 CEPP 2014–2015

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Welsh Government expects that prescribing initiatives address issues of safety, quality and cost.

### 2.1 Prescribing Indicators

#### 2.1.1 AWMSG National Prescribing Indicators 2014–2015

See Appendix 1 for National Prescribing Indicators 2014–2015 summary table.

#### 2.1.2 Local Comparators 2014–2015

The Local Comparators are produced to allow benchmarking across a range of prescribing indicators. These are not intended to be fully validated and caution should be exercised in their interpretation as some comparators may be more relevant to benchmark for one health board than another. The intention is that they are made available for both local and national comparative measurement as necessary in accordance with local prioritisation.

The list of comparators will be circulated directly to Chief Pharmacists and Medicines and Therapeutics Committees.

## 2.2 Educational Component

### 2.2.1 Therapeutic update session(s)

- Attendance of practice prescribing lead at therapeutic update educational event(s). One event will be provided by the All Wales Therapeutics and Toxicology Centre (AWTTC). The session will focus on anticoagulants, polypharmacy and prudent prescribing.
- Evidence of face to face feedback and discussion with the primary healthcare team and/or locality cluster groups. Meeting notes to include action points identified. Meeting to be held in the final quarter, reviewing progress against action points.

### 2.2.2 National audits

EITHER

AWMSG endorsed [CEPP National Audit: Focus on Antibiotic Prescribing](#) (2013–2015)

OR

AWMSG CEPP National Audit: Focus on Analgesics

- [Tramadol audit](#) (2014–2015)

## 3.0 GENERAL MEDICAL SERVICES CONTRACT

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The GMS contract for primary care provides further opportunity to promote safe and effective prescribing. The organisational domain of the GMS contract contains the following medicines management indicator:

**Medicines Management Indicator:** The practice meets the [*health board*] prescribing adviser at least annually, has agreed up to three actions related to prescribing and subsequently provided evidence of change.

The following toolkits or therapeutic initiatives could be considered for inclusion within health board CEPP or the three actions from the GMS Medicines Management Indicator:

### WeMeReC modules

- Chronic Pain – January 2013
- Respiratory medicine [*title to be confirmed*]
- Medicines-related hospital admissions [*title to be confirmed*]

### AWMSG guidance

- [All Wales Advice on the Role of Oral Anticoagulants for the Prevention of Stroke and Systemic Embolism in People with Atrial Fibrillation](#)

### AWMSG audits and toolkits

- [CEPP National Audit: Patient Safety: Lithium Prescribing](#) (2012)
- [CEPP National Audit: Towards More Appropriate Management of Depression in a Primary Care Setting](#) (2012)
- [CEPP National Audit: Repeat Prescribing](#) (2012)
- [CEPP National Audit: Towards Appropriate Non-Steroidal Anti-Inflammatory Drug \(NSAID\) Prescribing 2010–2012](#) (updated 2011)
- Anticoagulation Audit (under review)
- [Educational Resource Pack: Material to Support Appropriate Prescribing of Hypnotics and Anxiolytics across Wales](#) (2011)
- [All Wales Proton Pump Inhibitor and Dyspepsia Resource Pack](#) (2013)

**MHRA learning modules**

- [Opioids](#)
- [Selective serotonin reuptake inhibitors \(SSRIs\)](#)
- [Antipsychotics learning module](#)
- [Benzodiazepines learning module](#)
- [Pharmacovigilance](#)

**NICE**

[CG140 Opioids in palliative care: initiating drug treatment clinical audit tool](#)

**Collaborative working to reduce waste**

For example, to meet with community pharmacist to review ordering of medicines, and reduce stockpiling and inappropriate repeat prescribing/dispensing.

## Appendix 1. National Prescribing Indicators 2014–2015 Summary Table

Indicator	Unit of measure	Target for 2014–2015
<b>Lipid-modifying drugs</b>	Items of LAC statins as a percentage of all statin, ezetimibe and simvastatin/ezetimibe combination prescribing	Maintain performance levels above the threshold set for 2013–2014 NPI, or show an increase towards this threshold.
<b>Hypnotics and anxiolytics</b>	ADQs per 1,000 STAR-PUs	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below
<b>Antidepressants</b>	ADQs per 1,000 STAR-PUs	No performance target set
<b>Opioid analgesics</b>	Total items per 1,000 PUs	No performance target set
	Items of morphine as a percentage of strong opioid prescribing	Maintain performance levels within the upper quartile, or show an increase towards the quartile above
	Tramadol DDDs per 1,000 patients	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below
<b>Antibiotics</b>	Total antibacterial items per 1,000 STAR-PUs	No performance target set
	Quinolones as a percentage of total antibacterial items	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below
	Cephalosporins as a percentage of total antibacterial items	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below
	Co-amoxiclav as a percentage of total antibacterial items	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below
<b>Insulin</b>	Items of long-acting insulin analogues as a percentage of total long- and intermediate-acting insulin (excluding biphasics)	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below
<b>Non-steroidal anti-inflammatory drugs (NSAIDs)</b>	ADQs per 1,000 STAR-PUs	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below
	Ibuprofen and naproxen as a percentage of NSAID items	Maintain performance levels within the upper quartile, or show an increase towards the quartile above
<b>Yellow cards</b>	Number of yellow cards submitted per practice and per health board	Target for GP practice – GPs to submit one yellow card per 2,000 practice population. Target for each health board – submit yellow cards in excess of one per 2,000 health board population.
ADQ = average daily quantity; DDD = defined daily dosage; LAC = low acquisition cost; PU = prescribing unit; STAR-PU = specific therapeutic group age–sex related prescribing unit		