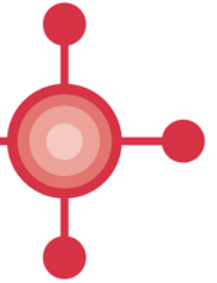


All Wales Medicines Strategy Group

Grŵp Strategaeth Meddyginiaethau Cymru Gyfan



# **Therapeutic Priorities and Clinical Effectiveness Prescribing Programme Summary 2016–2017**

September 2016

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).

Please direct any queries to AWTTC:

All Wales Therapeutics and Toxicology Centre  
University Hospital Llandough  
Penlan Road  
Llandough  
Vale of Glamorgan  
CF64 2XX

[awttc@wales.nhs.uk](mailto:awttc@wales.nhs.uk)

029 2071 6900

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## 1.0 BACKGROUND

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The All Wales Medicines Strategy Group (AWMSG) provides advice to NHS Wales on therapeutic priorities, through the production of resources such as the National Prescribing Indicators, National Prescribing Audits and educational materials. These priorities are reviewed annually by the All Wales Prescribing Advisory Group (AWPAG), considered by AWMSG and published by 1 April each year.

In recent years, the importance of a coordinated approach, which addresses therapeutic issues across primary, secondary and tertiary care, as well as community care and self care, has been recognised.

Although there is a clear framework through which therapeutic priorities can be promoted within primary care (formerly known as the All Wales Prescribing Incentive Scheme and now known as the Clinical Effectiveness Prescribing Programme [CEPP]), there is no formal framework within the hospital setting. Likewise, National Prescribing Indicators were originally only intended for use in primary care.

The therapeutic priorities identified in this document are applicable to all prescribers, and therefore support a coordinated approach. With this aim, it has been suggested that National Prescribing Indicators should be reported at health board level.

## 2.0 PURPOSE

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This document summarises the AWMSG therapeutic priorities for 2016–2017. The priorities are formatted according to the AWMSG-recommended [CEPP framework](#) for primary care (section 3.0). This consists of two equally weighted elements: prescribing indicators (national and health board defined) and an educational component.

The document also highlights opportunities within the General Medical Services (GMS) contract (section 5.0), and resources that can be used to support local prescribing initiatives (section 6.0).

## 3.0 CEPP 2016–2017

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There is an expectation that prescribing initiatives should address a balance of medicine safety, quality and cost-effectiveness.

### 3.1 Prescribing indicators

#### 3.1.1 AWMMSG National Prescribing Indicators

National Prescribing Indicators 2016–2017 summary table:

Indicator	BNF chapter	Unit of measure	Target for 2016–2017
<b>Proton pump inhibitors (PPIs)</b>	1.3.5	PPI DDDs per 1,000 PUs	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below
<b>Lipid-regulating drugs</b>	2.12	Items of bile acid sequestrants, fibrates, nicotinic acid and omega-3 fatty acid compounds (BNF 2.12 sub-set) as a percentage of total lipid-regulating items	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below
<b>Inhaled corticosteroids (ICS)</b>	3.2	Low strength ICS items as a percentage of all ICS prescribing	Maintain performance levels within the upper quartile, or show an increase towards the quartile above
<b>Hypnotics and anxiolytics</b>	4.1	Hypnotic and anxiolytic ADQs per 1,000 STAR-PUs	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below
<b>Analgesics</b>	4.7.2	Tramadol DDDs per 1,000 patients	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below
	4.8.1	Gabapentin and pregabalin DDDs per 1,000 patients	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below
<b>Antibiotics</b>	5.1	Total antibacterial items per 1,000 STAR-PUs	No performance target set; aim for reduction in prescribing year on year, measuring quarter to December only
	5.1.1	Co-amoxiclav items per 1,000 patients Co-amoxiclav items as a percentage of total antibacterial items	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below
	5.1.2	Cephalosporin items per 1,000 patients Cephalosporin items as a percentage of total antibacterial items	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below
	5.1.12	Fluoroquinolone items per 1,000 patients Fluoroquinolone items as a percentage of total antibacterial items	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below
<b>Non-steroidal anti-inflammatory drugs (NSAIDs)</b>	10.1.1	NSAID ADQs per 1,000 STAR-PUs	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below
	10.1.1	Ibuprofen and naproxen items as a percentage of NSAID prescribing	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 –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 dose;  
PU = prescribing unit; STAR-PU = specific therapeutic group age–sex related prescribing unit

### 3.1.2 Local Comparators

The Local Comparators are lower level measures produced to allow health boards to benchmark across a range of prescribing indicators. They are not reported nationally but are available for both local and national comparative measurement as necessary in accordance with local prioritisation. Caution should be exercised in the interpretation of Local Comparator data, as some comparators may be more relevant to benchmark for one health board than another.

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

## 3.2 Educational component

### 3.2.1 Therapeutic update session(s)

Attendance at therapeutic update sessions is recommended, for example:

- Attendance of practice prescribing lead at therapeutic update educational event(s).
- 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.

### 3.2.2 National prescribing audits

Completion of one of the following AWMSG-endorsed National Prescribing Audits is recommended:

- [CEPP National Audit: Focus on Antibiotic Prescribing](#) (2015). This audit consists of stand-alone bite-size components (sore throat, acute rhinosinusitis, urinary tract infection [UTI] in females, acute cough or bronchitis, quinolone prescribing, co-amoxiclav prescribing, hospital prescribing of antibiotics, delayed prescriptions, read coding to identify healthcare-acquired infection [HCAI]).
- [Tramadol Educational Resource Materials: Audit Materials](#) (2014)
- [CEPP National Audit: Towards Appropriate Non-Steroidal Anti-Inflammatory Drug \(NSAID\) Prescribing](#) (2015)

## 4.0 NHS OUTCOMES FRAMEWORK (NOF) 2016–2017

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The [NHS Wales Outcomes Framework](#) aims to demonstrate annual improvement in the health and wellbeing of the people in Wales through the delivery of NHS services. It identifies key outcomes, outcome indicators and performance measures under seven domains. The domains were developed through engagement with patients, clinicians and stakeholders and identify the priority areas they wanted the NHS to be measured against. Four prescribing related performance measures have been selected from the NPIs.

#### 4.1 NHS Outcomes Framework 2016–2017 Performance Measures

Indicator	Performance measure	Target	Reporting Frequency
Antibiotics	Fluoroquinolone items as a percentage of total antibacterial items prescribed	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below	Quarterly
	Cephalosporin items as a percentage of total antibacterial items prescribed	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below	
	Co-amoxiclav items as a percentage of total antibacterial items prescribed	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below	
Inhaled corticosteroids (ICS)	Low strength ICS items as a percentage of all ICS prescribing	Maintain performance levels within the upper quartile, or show an increase towards the quartile above	Quarterly
Yellow Cards	Percentage of GP practices that report at or above the National Prescribing Indicator target for the submission of Yellow Cards	Submit one Yellow Card per 2,000 practice population.	Annually
Non-steroidal anti-inflammatory drugs (NSAIDs)	NSAID ADQs per 1,000 STAR-PUs	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below	Quarterly

#### 5.0 GENERAL MEDICAL SERVICES CONTRACT (2004)

The Quality and Outcomes Framework (QOF), as part of the GMS contract for general practices, rewards practices for the provision of quality care and helps to fund further improvements in the delivery of clinical care.

Although practice participation in QOF is voluntary, most practices in Wales have GMS contracts providing opportunities to promote safe and effective prescribing. This is primarily through the Medicines Management Domain of the GMS QOF containing the following 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.*

#### 6.0 RESOURCES TO SUPPORT LOCAL PRESCRIBING INITIATIVES

The following toolkits and therapeutic initiatives are highlighted for consideration by health boards to support local prescribing initiatives. This could be in addition to the National CEPP 2016–2017, where health boards have committed to use the national scheme, or where health boards have not adopted the National CEPP and have identified local programmes to improve prescribing or to support implementation of the three actions from the GMS QOF Medicines Management Indicator.

## 6.1 Recommended AWMSG-endorsed toolkits and therapeutic initiatives

### WeMeReC bulletins

- [Depression in young people](#)
- [Medicines-related admissions](#)
- [Sedative medicines in older people](#)

### AWMSG guidance

- [All Wales Advice on the Role of Oral Anticoagulants](#) (2016)
- [Polypharmacy: Guidance for Prescribing](#) (2014)

### 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)
- [Educational Pack: Material to Support Appropriate Prescribing of Hypnotics and Anxiolytics across Wales](#) (under review)
- [All Wales Proton Pump Inhibitor and Dyspepsia Resource Pack](#) (2013)

## 6.2 Additional resources

### MHRA learning modules

- [Oral anticoagulants](#) – The module is designed for use by all clinical practitioners and it covers:
  - a description of important adverse effects
  - factors that increase the risk of adverse effects
  - how the clinician and the patient can reduce the risk
  - specific treatment of the adverse effectIt also includes a quiz on important risks and their management.
- [Opioids learning module](#)
- [Selective serotonin reuptake inhibitors \(SSRIs\) learning module](#)
- [Antipsychotics learning module](#)
- [Benzodiazepines learning module](#)

### BMJ Learning

- [Pharmacovigilance – identifying and reporting adverse drug reactions](#)

### Royal College of General Practitioners training resources

- [TARGET Antibiotics](#)

### NICE

- [CG140 Opioids in palliative care – Initiating drug treatment clinical audit tool](#)
- [Clinical audit tool: Gastro-oesophageal reflux disease and dyspepsia in adults: Helicobacter pylori testing and eradication](#)
- [Clinical audit tool: Gastro-oesophageal reflux disease and dyspepsia in adults: Interventions](#)

## 6.3 Collaborative working to reduce waste

This could be achieved, for example, through meeting with community pharmacists to review ordering of medicines, and reduce stockpiling and inappropriate repeat prescribing/dispensing.