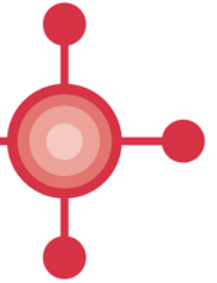


All Wales Medicines Strategy Group

Grŵp Strategaeth Meddyginiaethau Cymru Gyfan



# **Therapeutic Priorities and Clinical Effectiveness Prescribing Programme Summary 2018–2019**

March 2018

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).

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## CONTENTS

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1.0 BACKGROUND.....	2
2.0 PURPOSE.....	2
3.0 CEPP 2018–2019.....	3
3.1 Prescribing indicators.....	3
3.1.1 <i>AWMSG National Prescribing Indicators</i> .....	3
3.1.2 <i>Local Comparators</i> .....	3
3.2 Educational component .....	3
3.2.1 <i>Therapeutic update session(s)</i> .....	3
3.2.2 <i>National prescribing audits</i> .....	3
4.0 RESOURCES TO SUPPORT LOCAL PRESCRIBING INITIATIVES.....	5

## 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 (NPIs), 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<sup>st</sup> 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. The therapeutic priorities identified in this document are applicable to all prescribers, and therefore support a coordinated approach.

## 2.0 PURPOSE

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This document summarises the AWMSG therapeutic priorities for 2018–2019, and highlights opportunities within the CEPP framework where local prescribing initiatives can be undertaken to support these priorities. There is an expectation that prescribing initiatives should address a balance of medicine safety, quality and cost-effectiveness.

Resources that can be used to support local prescribing initiatives have been collected together in section 4.0.

### 3.0 CEPP 2018–2019

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The CEPP framework consists of two equally weighted elements: prescribing indicators and an educational component.

#### 3.1 Prescribing indicators

##### 3.1.1 AWMSG National Prescribing Indicators

Prescribing indicators are used to highlight therapeutic priorities for NHS Wales and compare the ways in which different prescribers and organisations use particular medicines or groups of medicines. Prescribing indicators should be evidence-based, clear, easily understood and allow health boards, primary care clusters, GP practices and prescribers to compare current practice against an agreed standard. In October 2003, AWMSG agreed that NPIs were useful tools to promote rational prescribing across NHS Wales, and since then, NPIs have evolved to include secondary care in addition to primary care. It was agreed that NPIs should address efficiency as well as quality and that targets should be challenging, but achievable, and applicable at practice level. See Table 1 for the full list of NPIs 2018–2019.

##### 3.1.2 Local Comparators

The Local Comparators are former NPIs which have been retired, but which may continue to be useful for some health boards to monitor. Local Comparator data will be available on a quarterly basis via the Server for Prescribing Information Reporting and Analysis (SPIRA). The list of comparators will be circulated directly to Chief Pharmacists and Medicines and Therapeutics Committees, and will be available [here](#).

#### 3.2 Educational component

Materials to support the educational component, including national guidance, educational modules and National Prescribing Audits are listed in Section 4.0.

##### 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. Subsequent meeting to be held in the final quarter, reviewing progress against action points.

##### 3.2.2 National prescribing audits

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

Table 1. National Prescribing Indicators 2018–2019

NPIs	Applicable to:	Unit of measure	Target for 2018–2019	Data source
<b>Safety</b>				
<b>Prescribing Safety Indicators</b>	Primary care	Number of patients identified as a percentage of the practice population	No target set	Audit+
<b>Hypnotics and anxiolytics</b>	Primary care	Hypnotic and anxiolytic ADQs per 1,000 STAR-PU	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below	NWSSP
<b>Analgesics</b>	Primary care	Tramadol DDDs per 1,000 patients	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below	NWSSP
		Opioid patch items as a percentage of all opioid prescribing	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below	NWSSP
		Gabapentin and pregabalin DDDs per 1,000 patients	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below	NWSSP
<b>Yellow Card Reporting</b>	Primary care	Number of Yellow Cards submitted	One Yellow Card per 2,000 GP practice population	MHRA
	Health board		In excess of one Yellow Card per 2,000 health board population In excess of a 20% increase from baseline for Yellow Cards submitted by secondary care	
	Community pharmacy		In excess of a 50% increase from baseline for Yellow Cards submitted by members of the public No target set. Reported as the number of Yellow Cards submitted by health board.	
<b>Stewardship</b>				
<b>Antimicrobial stewardship</b>	Primary care	Total antibacterial items per 1,000 STAR-PU	Health board target: a reduction of 5% against a baseline of April 2016–March 2017	NWSSP
	Primary care	4C antimicrobials (co-amoxiclav, cephalosporins, fluoroquinolones and clindamycin): - the number of 4C items per 1,000 patients - the number of 4C items as a percentage of total antibacterial prescribing.	Absolute measure ≤7% or a proportional reduction of 10% against a baseline of April 2016–March 2017	NWSSP
	Secondary care	Prophylaxis in colorectal surgery: proportion of elective colorectal patients receiving a single dose of antimicrobial for surgical prophylaxis	Absolute measure ≥90% or a proportional increase of 20% against performance for 2017–2018	Data collection by antimicrobial pharmacists
<b>Efficiency</b>				
<b>Proton pump inhibitors</b>	Primary care	PPI DDDs per 1,000 PUs	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below	NWSSP
<b>Biosimilars</b>	Primary + secondary care	Quantity of biosimilar medicines prescribed as a percentage of total 'reference' product plus biosimilar	Increase the appropriate use of cost-effective biological medicines, including biosimilar medicines.	NWSSP Medusa
<b>Long-acting insulin analogues</b>	Primary + secondary care	Items/number of long-acting insulin analogues expressed as a percentage of total long- and intermediate-acting insulin prescribed	Reduce prescribing of long-acting insulin analogues and achieve prescribing levels below the Welsh average	NWSSP Medusa

## 4.0 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 2018–2019, 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.

### Prescribing Safety Indicators

#### Guidance

AWMSG (2014) Polypharmacy: Guidance for Prescribing  
 NHS Scotland (2016) PolyPharmacy Guidance  
 PrescQIPP (2016) Bulletin 140: Anticholinergic drugs  
 NICE (2011) CG124: Hip fracture: management  
 AWMSG (2011) Patient Information Leaflet - Medicines for Mild to Moderate Pain Relief  
 Back Book Wales: [Link to order](#)

#### Audits

AWMSG (2015) Towards appropriate NSAID prescribing  
 AWMSG (2017) Medicines Management for Chronic Kidney Disease

#### Educational

MHRA (2014) Antipsychotics learning module

### Hypnotics and anxiolytics

#### Guidance

AWMSG (2016) Material to Support Appropriate Prescribing of Hypnotics and Anxiolytics across Wales  
 WeMeReC (2015) Sedative medicines in older people  
 AWMSG (2014) Polypharmacy: Guidance for Prescribing

#### Educational

MHRA (2014) Benzodiazepines learning module

### Analgesics

#### Guidance

AWMSG (2016) Persistent Pain Resources  
 AWMSG (2014) Tramadol Educational Resource Materials  
 AWMSG (2016) Safeguarding Users of Opioid Patches by Standardising Patient/Caregiver Counselling  
 NICE (2013) CG173: Neuropathic pain in adults: pharmacological management in non-specialist settings  
 SIGN (2013) SIGN 136 Management of chronic pain  
 PHE (2014) Advice for prescribers on the risk of the misuse of pregabalin and gabapentin  
 PrescQIPP (2016) Neuropathic pain: Pregabalin and gabapentin prescribing  
 PrescQIPP (2014) Opioid patches  
 WHO Pain Relief Ladder  
 NICE (2016) NG46: Controlled drugs: safe use and management

#### Audits

AWMSG (2014) Tramadol Audit Materials  
 NICE (2016) CG140: Opioids in palliative care – Initiating drug treatment clinical audit tool

#### Educational

MHRA (2014) Opioids learning module

### Yellow Cards

#### Guidance

WeMeReC (2013) Pharmacovigilance Bulletin  
 Yellow Card website

#### Educational

NHS Scotland e-learning modules on ADRs

## Antimicrobial Stewardship

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### Guidance

AWMSG (2015) Primary care antimicrobial guidelines  
WeMeReC (2012) Appropriate antibiotic use – whose responsibility?  
NICE (2016) QS121: Antimicrobial Stewardship  
PHW (2016) Antimicrobial Usage in Secondary Care in Wales  
PHW (2016) Report on the Point Prevalence Survey of Antimicrobial Prescribing in Secondary Care in Wales  
PHW (2016) Antibacterial Resistance in Wales

### Audits

AWMSG (2015) Focus on Antibiotic Prescribing

### Educational

RCGP training resources TARGET Antibiotics

## Proton pump inhibitors

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### Guidance

WeMeReC (2015) Proton pump inhibitors  
AWMSG (2018) Safe Use of Proton Pump Inhibitors  
NICE (2014) CG184: Gastro-oesophageal reflux disease and dyspepsia in adults: investigation and management  
AWMSG (2014) Polypharmacy: Guidance for Prescribing  
PrescQIPP (2015) Bulletin 92: Safety of long term PPIs

### Audits

NICE (2014) Clinical audit tool: Dyspepsia and gastro-oesophageal reflux disease – H. pylori testing and eradication  
NICE (2014) Clinical audit tool: Dyspepsia and gastro-oesophageal reflux disease – interventions

## Biosimilars

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### Guidance

NHS England (2015) What is a biosimilar medicine?

## Insulin analogues

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### Guidance

NICE (2015) NG28: Type 2 diabetes in adults: management  
Cochrane (2007) Long-acting analogues versus NPH insulin

## Anticoagulation

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### Guidance

AWMSG (2016) Advice on the Role of Oral Anticoagulants  
NICE (2015) QS93: Atrial Fibrillation  
NICE (2014) Patient Decision Aid: Atrial fibrillation  
NICE (2014) Patient Decision Aid: Taking a statin to reduce the risk of coronary heart disease and stroke

### Educational

MHRA (2014) Oral anticoagulants learning module



## Depression

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### Guidance

WeMeReC (2016) Depression in young people

### Educational

MHRA (2014) Selective serotonin reuptake inhibitors (SSRIs) learning module

## Other areas

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### Guidance

WeMeReC (2016) Optimising medicines use in care homes

WeMeReC (2015) Medicines-related admissions  
NICE List of Quality Standards

### Other

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.