

Enclosure No:	6/AWMSG/1216
Agenda item No:	10 – Therapeutic Priorities and Clinical Effectiveness Prescribing Programme Summary 2017–2018
Author:	All Wales Therapeutics and Toxicology Centre
Contact:	Tel: 02920 71 6900 awttc@wales.nhs.uk

1.0 ACTION FOR AWMSG

AWMSG members are requested to consider the *Therapeutic Priorities and Clinical Effectiveness Prescribing Programme Summary 2017–2018* for endorsement.

2.0 PURPOSE

In December 2004, AWMSG endorsed a non-mandatory All Wales Prescribing Incentive Scheme which aimed to encourage a common structure, with some common elements, for prescribing incentive schemes across Wales. The framework was composed of two equally weighted elements: prescribing indicators (national and health board defined) and a learning portfolio (National Prescribing Audits, 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. Members agreed that the scheme should continue to be available as a template for local adaptation. It is now known as the Clinical Effectiveness Prescribing Programme (CEPP).

The Therapeutic Priorities and CEPP Summary document was subsequently developed in order to assist health boards in the development of their CEPPs. In addition, the document signposts to resources that can be used as part of the General Medical Services (GMS) contract, Quality and Outcomes Framework (QOF), and Medicines Management Indicator (MED006W): *The contractor meets the Health Board prescribing adviser at least annually, has agreed up to three actions related to prescribing and subsequently provided evidence of change.*

2.1 Process

- NPI subgroup meeting 27 July 2016
- AWPAG Meeting 28 September 2016
- AWMSG Steering Committee Meeting 22 November 2016
- AWMSG Meeting 7 December 2016

2.2 Stakeholders

- Welsh Government
- Public Health Wales
- Royal College of General Practitioners
- Royal Pharmaceutical Society
- Local Medical Committees
- GPs
- Pharmacists
- Chief Pharmacists and Medicines Management teams
- Medical Directors

3.0 SUMMARY

This document outlines the structure of the CEPP and elements within the GMS contract through which prescribing initiatives can be progressed.

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1.0 BACKGROUND

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 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, NPIs 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 NPIs should be reported at health board level.

2.0 PURPOSE

This document summarises the AWMSG therapeutic priorities for 2017–2018, and highlights opportunities within the General Medical Services (GMS) contract and 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 5.0.

3.0 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.*

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4.0 CEPP 2017–2018

The [CEPP framework](#) consists of two equally weighted elements: prescribing indicators and an educational component.

4.1 Prescribing indicators

4.1.1 AWMSG National Prescribing Indicators

Prescribing indicators are used to highlight therapeutic priorities for NHS Wales and compare the way 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, practices and prescribers to compare current practice against an agreed standard of quality. In October 2003, AWMSG agreed that NPIs were useful tools to promote rational prescribing across NHS Wales. 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.

4.1.2 Local Comparators

The Local Comparators are additional measures produced to allow health boards to benchmark across a range of prescribing indicators. They include some measures that were previously NPIs, which may continue to be useful for some health boards to monitor. 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.

4.1.3 NHS Outcomes Framework (NOF)

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.

4.2 Educational component

Materials to support the educational component, including national guidance, educational modules and National Prescribing Audits are listed in Section 5.0.

4.2.1 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.

4.2.2 National prescribing audits

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

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Therapeutic Priorities

NPIs 2017–2018

Please note: Indicators to be confirmed and proposed new indicators are in red font.

Indicator	Monitored via	Unit of measure	Target for 2017–2018
Proton pump inhibitors (PPIs)	CASPA	PPI DDDs per 1,000 PUs	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below
Inhaled corticosteroids (ICS)	CASPA	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
Hypnotics and anxiolytics	CASPA	Hypnotic and anxiolytic ADQs per 1,000 STAR-PUs	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below
Analgesics	CASPA	Tramadol DDDs per 1,000 patients	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below
	CASPA	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
	CASPA	Gabapentin and pregabalin DDDs per 1,000 patients	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below
Antimicrobial stewardship	CASPA	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
	CASPA	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
	CASPA	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
	CASPA	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
Anti-cholinergic burden	Audit +	Number of patients aged 75 and over with an anticholinergic burden score of 3 or more for items on active repeat as a percentage of all patients aged 75 and over.	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below

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Non-steroidal anti-inflammatory drugs (NSAIDs)	CASPA	NSAID ADQs per 1,000 STAR-PU	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below
	Audit+	<p style="color: red;">Number of patients on the CKD register (CKD 3–5) who have received a repeat prescription for a NSAID within the last 3 months, as a percentage of all patients on the CKD register</p> <p style="color: red;">Number of patients who are not on the CKD register but have an eGFR of < 59 ml/min and have received a repeat prescription for a NSAID within the last 3 months, as a percentage of all patients who are not on the CKD register but have an eGFR of < 59 ml/min</p>	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below
Yellow Cards	YCC Wales	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.
<p>ADQ = average daily quantity; DDD = defined daily dose; PU = prescribing unit; STAR-PU = specific therapeutic group age–sex related prescribing unit</p>			

Local Comparators 2017–2018

The Local Comparators for 2017–2018 can be accessed here: [\[link to be added when published\]](#).

NHS Outcomes Framework Performance Measures 2016–2017

Please note: these may be subject to change for 2017–2018

Indicator	Performance measure	Target	Reporting Frequency
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
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	
Non-steroidal anti-inflammatory drugs (NSAIDs)	NSAID ADQs per 1,000 STAR-PU	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below	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

5.0 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 2017–2018, 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.

Proton pump inhibitors

Guidance

WeMeReC (2015) [Proton pump inhibitors](#)
 WAPSU (2013) [All Wales Proton Pump Inhibitor and Dyspepsia Resource Pack](#)
 NICE (2014) [CG184: Gastro-oesophageal reflux disease and dyspepsia in adults: investigation and management](#)
 AWMSG (2014) [Polypharmacy: Guidance for Prescribing](#)

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](#)

Inhaled corticosteroids

Guidance

SIGN (2016) [SIGN 153: British guideline on the management of asthma](#)
 NICE (2010) [CG101: Chronic obstructive pulmonary disease in over 16s: diagnosis and management](#)

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](#)
 NICE (2014) [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 (2014) [Pregabalin in neuropathic pain](#)
 WHO [Pain Relief Ladder](#)
 NICE (2016) [NG46: Controlled drugs: safe use and management](#) Quiz and supporting slide-set suitable for practice, prescribing leads or cluster group discussion *[to be finalised]*

Audits

NICE (2016) [CG140 Opioids in palliative care – Initiating drug treatment clinical audit tool](#)

Educational

MHRA (2014) [Opioids learning module](#)

Antimicrobial Stewardship

Guidance

AWMSG (2015) [Primary care antimicrobial guidelines](#)
 WeMeReC (2012) [Bulletin: Appropriate antibiotic use – whose responsibility?](#)
 NICE (2016) [Measures: NICE Antimicrobial Stewardship QS 121](#)

Audits

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

Educational

RCGP training resources [TARGET Antibiotics](#)

Anticholinergics

Guidance

AWMSG (2014) [Polypharmacy: Guidance for Prescribing](#)
NHS Scotland (2016) [PolyPharmacy Guidance](#)
PrescQIPP Anticholinergic bulletin (available to all users in November 2016)

Non-steroidal anti-inflammatory drugs

Guidance

NICE (2014) [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) [CEPP All Wales Audit: Towards appropriate NSAID prescribing](#)

Yellow Cards

Guidance

WeMeReC (2013) [Pharmacovigilance Bulletin Yellow Card website](#)

Educational

BMJ (2012) [Pharmacovigilance – identifying and reporting adverse drug reactions](#)

Anticoagulation

Guidance

AWMSG (2016) [All Wales Advice on the Role of Oral Anticoagulants](#)
NICE (2015) [Atrial Fibrillation Quality Standards](#)
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

Guidance

WeMeReC (2016) [Depression in young people](#)

Educational

MHRA (2014) [Selective serotonin reuptake inhibitors \(SSRIs\) learning module](#)

Audits

AWMSG (2012) [CEPP National Audit: Towards More Appropriate Management of Depression in a Primary Care Setting](#)
AWMSG (2012) [CEPP National Audit: Patient Safety – Lithium Prescribing](#)

Other areas

Guidance

WeMeReC (2016) [Optimising medicines use in care homes](#)
WeMeReC (2015) [Medicines-related admissions](#)
NICE [List of Quality Standards](#)

Educational

MHRA (2014) [Antipsychotics learning module](#)

Audits

AWMSG [CEPP National Audit: Chronic Kidney Disease \(CKD\)](#) (to be finalised)
AWMSG (2012) [CEPP National Audit: Repeat Prescribing](#) (2012)

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.