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<b>Agenda item No:</b>	10.0 – Draft Minutes AWPAG meeting 27 June 2018
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**ALL WALES PRESCRIBING ADVISORY GROUP**

**DRAFT Minutes of meeting held on**

**Wednesday 27 June 2018 commencing 9.30 am**

**At the St Michael's Centre, 10a Pen Y Pound, Abergavenny, NP7 5UD**

**Voting members**

Dr Lisa Adams	General Practitioner, Abertawe Bro Morgannwg
Mrs Jane Barnard	Lay member and deputy
Dr Richard Brown	General Practitioner, Hywel Dda
Mr Alan Clatworthy	Pharmacist, Abertawe Bro Morgannwg
Mrs Clare Clement	Prescribing Advisor, Cardiff and Vale
Miss Sian Evans	Consultant in Pharmaceutical Public Health, PHW
Mr Aled Falvey	Clinical Specialist Physiotherapist, Powys
Dr Laurence Gray	Consultant, Cardiff and Vale
Mrs Sarah Isaac	Pharmacist, Hywel Dda
Ms Lynette James	Pharmacist, Cardiff and Vale
Dr Becky McGee	General Practitioner, Aneurin Bevan
Dr Anders Skarsten	Consultant, Powys
Mrs Bethan Tranter	Chief Pharmacist, Velindre
Mrs Bev Woods	Pharmacist, Cwm Taf

**In attendance (non-voting)**

Dr Rick Greville	ABPI
Mr Paul Fleming	British Generics Manufacturers
Ms Kath Haines (Chair)	AWTTC
Mr Richard Boldero	AWTTC
Miss Christine Collier	AWTTC
Mrs Claire Thomas	AWTTC
Mr Thomas Curran	AWTTC
Mrs Anne Coles	AWTTC
Mr David Lewis	AWTTC
Dr Nicholas Reid	Consultant Antimicrobial Pharmacist, PHW

**Key of abbreviations**

ABPI	Association of the British Pharmaceutical Industry
AWMSG	All Wales Medicines Strategy Group
AWTTC	All Wales Therapeutics and Toxicology Centre
CEPP	Clinical Effectiveness Prescribing Programme
NICE	National Institute for Health and Care Excellence
NPIs	National Prescribing Indicators
NWIS	NHS Wales Informatics Service
PHW	Public Health Wales
UTI	Urinary tract infection

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### 1.0 Welcome & introduction

Kath Haines welcomed members to the meeting and informed members that due to both the Chair, Louise Howard-Baker, and the Vice-Chair, Sue Jeffs, being unable to attend that she would be chairing the meeting. New members Dr Richard Brown and Dr Anders Skarsten, and new deputy member, Clare Clement, were welcomed, and Lynette James was welcomed back.

### 2.0 Apologies

Mrs Louise Howard-Baker (Chair)	Pharmacist, Betsi Cadwaladr
Mr Mike Curson	Pharmacist, Aneurin Bevan
Dr Sue Jeffs	Consultant, Aneurin Bevan
Dr Sally Lewis	Assistant Medical Director/Primary Care Clinical Director, Aneurin Bevan
Mrs Robyn Miles	ABPI Wales Industry Group
Ms Miranda Morton	Welsh Government
Mr Steve Simmonds	Community Pharmacist
Ms Fiona Walker	Pharmacist, Cardiff and Vale
Mrs Karen Samuels	AWTTC
Mr Jamie Hayes	AWTTC
Dr Rob Bracchi	AWTTC

### 3.0 Declarations of interest

The Chair asked members to declare any new interests relevant to the meeting. No conflicting interests were declared.

### 4.0 Chair's report

The Chair informed the group that after consideration all future meetings would now be held at the Angel Hotel in Cardiff. The issue of membership was raised. The Chair noted that there were two GP/consultant posts still vacant, one for Cwm Taf and the other for Betsi Cadwaladr, and that deputy GP/consultant nominations would also be welcomed for each health board. Nomination of a community pharmacy representative was still being sought from the Royal Pharmaceutical Society. The Chair encouraged members to use AWTTC's SHARE online community and noted that the presentations from the Best Practice Day being held on July 10<sup>th</sup> will be available on SHARE following the event. The Chair informed members of the positive feedback received with regards to the AWTTC Vault which was now used for sharing papers for all meetings. Members were informed that Item 8 on the agenda, Welsh Hospitals Electronic Prescribing and Pharmacy Medicines Administration (WHEPPMA) had unfortunately been postponed as the presenters were now unable to attend.

### 5.0 Minutes of previous meeting – March 2018

The minutes of the previous meeting were checked for accuracy. One minor amendment was agreed (Page 3: All Wales Prescription Handwriting Standards to be listed as having been presented by 'Stefan Fec', *not* 'Community Pharmacy'), and the minutes were approved.

Actions of the previous meeting were addressed. All actions had been completed or were to be discussed as part of the agenda.

**Action: AWTTC to amend minutes of previous meeting**

### 6.0 Feedback from May 2018 AWMSG meeting for information

The Chair gave feedback from the AWMSG meeting where the Common Ailments Service Patient Information Leaflets were endorsed and the National Prescribing Indicators 2017–2018: Analysis of Prescribing Data to December 2017 was presented for information.

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### **7.0 All Wales Chronic Obstructive Pulmonary Disease (COPD) Management and Prescribing Guide – Dr Simon Barry**

The Chair welcomed Dr Simon Barry who presented the proposed All Wales COPD Management and Prescribing Guide app. Dr Barry informed members of the background to the project and gave a comprehensive demonstration of the app, which will be available in the near future.

The guideline originated as a result of wide variation in prescribing patterns for COPD in Wales and started out as a Cardiff and Vale pathway. Other health boards also created their own pathways and guidelines, and this app represents an attempt to standardise guidance across Wales.

A guideline was previously produced over a year ago and following consultation it became apparent that many interested parties felt that they had not had the opportunity to be involved. In an attempt to rectify this, a survey was circulated to all GPs and practice nurses and the results indicated that 98% of respondents were in favour of national guidance. Around 30 of these respondents also agreed to become part of the guideline development group.

As part of this work, it has been agreed with Welsh Government that 50% of savings generated from prescribing savings will be put back into respiratory care, and 50% will go back to the health board. Sarah Isaac and Bethan Tranter queried whether this had been discussed with the Chief Pharmacists, and any savings taken into account by Health Board Medicines Management teams. Simon Barry confirmed that it had not, Bethan Tranter agreed to raise this with them and feedback.

It was outlined that the pathway seeks to place more emphasis on non-prescribing interventions for respiratory patients including flu vaccination, smoking cessation interventions and pulmonary rehab or other forms of exercise and activity intervention.

Dr Barry stated that of the 80,000 patients in Wales with a COPD diagnosis, approximately 20,000 people in fact do not have COPD. Spirometry has been made available in all practices to facilitate accurate diagnosis.

There was discussion around the app format and the fact that this is not something AWPAG or AWMSG have considered before. Dr Barry stated that a poster of the PDF is intended to be provided to every GP practice; however, it is intended that prescribers will use the app during consultations.

A request was made to be informed of the consultants involved as a new Abertawe Bro Morgannwg pathway has been produced by consultants that is radically different.

The issue of including prices in guidance was raised and it was suggested that stars for cost effectiveness could be used instead of specific prices. The importance of maintaining accuracy in costs was emphasised.

Members queried how this would fit in with ScriptSwitch. It was emphasised that this guidance does not recommend making a switch if a patient is already happy with their treatment. Work would be undertaken with Vision and the EMIS replacement, Microtest.

The lack of pulmonary rehab service availability was highlighted and it was clarified that the pathway would recommend referral to activity living and measuring of outcomes.

With reference to the spirometry hardware that has been distributed, it was queried whether this was being used. Simon Barry responded that audit results showed no increase in use as yet; there may be issues with coding although work is underway to improve this.

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The process for guidance consideration was outlined and it was clarified that it has been through the Guideline Development Group and its authors consider it to have been completed; however, they are happy that it will now go through the AWMSG process to include consultation.

Members welcomed this work and the principle of a standard pathway. It was highlighted by the group that the process, i.e. development by Respiratory Health Implementation Group and endorsement by AWMSG will need to be made clear to provide confidence to users.

It was suggested that after going through the AWPAG process, this work should be put on the All Wales Chief Pharmacists and Finance Group agenda.

Action: Dr Simon Barry to forward pdf version of app to members and consultants in Wales.

Action: Dr Simon Barry to forward a New Project Proposal Form to AWTTTC.

Action: Bethan Tranter to raise the financial aspects with Chief Pharmacists and Finance Group

*Dr Simon Barry left the meeting.*

It was pointed out that there is a discrepancy between the pathway and the current NICE COPD guidelines published in 2010, which recommend going through long-acting beta agonist (LABA) stage before initiating a LABA/long-acting muscarinic receptor antagonist (LAMA). To be addressed via consultation process.

### **8.0 Welsh Hospitals Electronic Prescribing and Pharmacy Medicines Administration (WHEPPMA) – Sophie Hanson-Jones**

Due to the speakers being unable to attend the meeting, this agenda item was postponed until September.

### **9.0 Healthcare Associated Infection, Antimicrobial Resistance & Prescribing Programme Team (HARP) – Dr Nicholas Reid**

Dr Nicholas Reid gave AWPAG members an overview of the structure and work of HARP.

### **10.0 Documents for discussion**

#### **Primary Care Empirical Urinary Tract Infection (UTI) Treatment Guidelines**

Dr Nicholas Reid presented the Primary Care Empirical UTI Treatment Guidelines document and informed members that the All Wales Antimicrobial Guidance Group had considered all the consultation comments, and submitted their responses. The most significant change in light of the comments received was that the two Appendices had now been removed from the guideline, for them to be developed and submitted as separate documents on 'UTI diagnosis' and 'UTI prophylaxis' in the future.

The need to replace the current guidance on the AWMSG website following endorsement was stated.

Action: Document to go to next AWMSG Steering Committee and then to AWMSG (on July 3 and July 18, respectively).

#### **AWPAG Shared Care Prescribing and Monitoring Guidance**

Alan Clatworthy presented the draft Shared Care Prescribing and Monitoring Guidance document. It has been based on review of the 2008 document, using previous policies,

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current health board transfer of responsibility documents, and discussion with relevant colleagues including Gareth Oelmann from General Practitioners Committee Wales.

Changes made to the previous guidance were highlighted including: addition of the statement that if a medicine doesn't need review at least 6-monthly then it is not suitable for shared care; and how Direct Enhanced Services, National Enhanced Services, and Local Enhanced Services fall outside the scope of this guidance.

It was highlighted that a core ethical principle of shared care is that there is no requirement to take on prescribing if the prescriber is not comfortable with it.

It was queried whether the agreement should include adverse drug reaction (ADR) monitoring only or also efficacy monitoring (Principle 3), and members felt that this should be ADR only.

An issue was raised with traffic lights and the fact that they mean different things in different health boards. It was agreed that the colours would be taken out and the wording amended.

Point 13 was highlighted and the suggestion was made to expand and clarify the wording to distinguish between medicines without a marketing authorisation which should not be considered for shared care and medicines prescribed off-label which may be considered suitable for shared care. For off-label medicines, use of a shared care protocol should be considered in accordance with General Medical Council guidance on '*Prescribing unlicensed medicines*'. It was agreed that the wording would be amended and 'indication' will also be highlighted in bold for clarity. It was suggested that terminology should match that in the Guideline on Compassionate Use. It was suggested that a glossary could be included.

Point 2 was also discussed and it was highlighted that a medicine being appropriate for shared care is no longer included within the final recommendation, but only in the AWMSG Secretariat Appraisal Report (ASAR). Therefore there might be implications for the New Treatment Fund if development of an AWMSG shared care protocol is not taking place alongside Health Technology Appraisal. It was suggested that the New Medicines Group may advise on the need for shared care, with lead clinicians involved at that point, and another sub-group could develop the protocols. There was confirmation that not many new shared care protocols are required each year but some updating of old ones is required.

Bethan Tranter will raise the suggestion of development of a shared care sub-group with Chief Pharmacists.

Action: Alan Clatworthy to update document in line with the comments received

Action: Document to go out for consultation, followed by AWMSG Steering Committee and AWMSG

Action: Bethan Tranter to raise sub-group issue with the All Wales Chief Pharmacists Group

### **Medicines Identified as Low Priority for Funding in NHS Wales – Proposal**

Kath Haines informed members that a proposal had been received from the Pharmacy and Finance Group for development of a second phase on *Medicines Identified as Low Priority for Funding in NHS Wales* with a focus on some over the counter medicines and bath additives.

The inclusion of bath additives was discussed and the views of some paediatric consultants was raised. The evidence presented in a recent BMJ study may have been

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taken out of context, and that while evidence is limited, there is a place for these treatments in treating children who are unable to use leave-on emollients.

It was confirmed that this document would follow the AWPAG process and undergo consultation.

The question of who will be the author(s) of the document was raised and it was pointed out that the New Project Proposal Form implies that AWPAG members will write the document. The previous document first draft was written by Jonathan Simms and editing was supplied by the Welsh Analytical Prescribing Support Unit (WAPSU).

It was raised that there had been a perception with the last document that its development was pharmacy led, and that specialists should be more involved. The input of Medicines Information was suggested as being helpful and it was confirmed that Fiona Woods would be able to comment at the next AWMSG Steering Committee meeting.

The next steps will likely involve looking at the work already done and evidence already compiled and engaging with relevant parties. The project proposal was supported by AWPAG but confirmation was required on priorities and responsibilities.

**Action: Responsibility for document development to be raised at next Steering Committee.**

### 11.0 Verbal updates

#### **CEPP National Audit: Antipsychotics in Dementia**

Claire Thomas informed members that due to the NICE Guideline on dementia being updated, this audit had previously been put on hold. NICE launched their updated guideline the previous week, therefore development of the audit could now recommence. It was explained that the biggest change to the NICE guideline is a move from 3-monthly to 6-weekly reviews for patients on antipsychotics. Sarah Isaac noted that the National Assembly for Wales Health, Social Care and Sport Committee had now published their report into the use of antipsychotic medication in care homes, which advocates 3-monthly reviews.

The aim is for the Antipsychotics in Dementia Audit to form part of the CEPP 2019–2020.

Bethan Tranter noted that the Gosport report had recently been published which may contain some relevant recommendations.

### 12.0 National Prescribing Indicators 2019–2020

Claire Thomas presented the National Prescribing Indicators (NPIs) 2019–2020 document and thanked those members who attended the recent NPI Sub-Group Meeting.

It was highlighted that some responses from the questionnaire circulated prior to the sub-group meeting, and some sub-group members, had suggested that fewer NPIs might be more effective. It was noted that if numbers reduce, there must still be enough breadth so that good performing areas have something to work on.

There was discussion around which NPIs are working. Yellow Cards was highlighted as an NPI that has had a positive effect and, if it was to be removed as an NPI, it was important that reporting performance was still monitored and easily viewed. Some NPIs were also flagged as not working at all. There are concerns around removing certain NPIs; however, it was pointed out that it might be useful to see whether this has any effect.

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There was discussion and decisions were taken around the current and proposed NPIs as follows:

### **Safety Indicators**

#### Prescribing Safety Indicators (PSIs) – Primary Care (current)

- A caveat was suggested for 2 (number of patients with asthma prescribed a beta-blocker); however, there will be exceptions to the principle of many of these and they are not 'never' events. The information in the NPI document notes caveats to the PSIs.
- Bev Woods highlighted that the unit of measure for PSI number 7 included '*unless due to a specialist recommendation*'. This should be removed from the measure and included in the information section as Audit+ is not able to pick up this information.
- Feedback from the sub-group meeting suggested including a "sodium valproate in women of childbearing age" indicator. Discussion ensued regarding whether to focus on patients who are not on effective contraception; however, it would not be possible via Audit+ to identify patients who obtained their contraception from sexual health clinics etc., therefore it was agreed to include this in the list of PSIs, focussing on all women of childbearing age.
- Lynette James noted the recent consultation in NHS England regarding monitoring of electrolyte disturbances as part of the NHS England Medicines Safety Metrics. It was agreed that these indicators would not be included for 2019–2020 but could be explored at a later date.

*Bethan Tranter left the meeting*

#### Yellow Cards – Primary and Secondary Care (current)

- It was agreed that Yellow Card reporting would be retained as per the 2018–2019 NPIs

#### Polypharmacy – Primary Care (proposed)

- Claire Thomas informed the group that Simon Scourfield from NWIS had confirmed that the proposed polypharmacy indicators would not be possible using Audit+. It was noted that the best way of monitoring this was via the 2D barcoded prescription data; however, issues regarding patient confidentiality would have to be overcome before any data are released.

#### Hypnotic and anxiolytics – Primary Care (current)

- It was agreed that there is further work to do in this area and safety concerns remain, therefore the NPI should be retained.

#### Tramadol – Primary Care (current)

- It was agreed that there is further work to do in this area and safety concerns remain.
- Issues regarding secondary care were discussed; however, secondary care prescribing is mainly for acute usage therefore may not be appropriate. Difficult to obtain secondary care data.
- Agreed to retain NPI for primary care.

#### Opioid patch items – Primary Care (current)

- Agreement was reached that this NPI should be retired.

#### Gabapentin and pregabalin (current)

- Noted that prescribing continues to increase, and it remains an area of concern. Ideally the NPI would be a joint one for primary and secondary care; however, the difficulties in obtaining secondary care data were discussed.

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- Agreed to retain NPI for primary care.

### Opioid burden (proposed)

- New NPI proposed by sub-group: average daily quantities (ADQs) per 1,000 patients, basket to include all opioids.
- Sub-group felt this was a high priority, particularly in view of USA experiences.
- It was agreed that this NPI should be included

### Non-vitamin K antagonist oral anticoagulant (NOAC) items – Primary Care (proposed)

- New NPI proposed by sub-group: NOAC items as a percentage of all NOACs and warfarin
- Difficult to know what 'good' looks like, therefore what is the purpose of the indicator? Outcome measure, tying up with data from *Sentinel stroke audit* not currently feasible.
- Agreed not to include

### Short-acting beta<sub>2</sub>-agonist (SABA) inhalers – Primary Care (proposed)

- New NPI proposed by sub-group; however, only possible via use of 2D barcoded data.
- Consider for 2020–2021 if 2D barcoded data available

## **Stewardship Indicators**

### Antimicrobial items – Primary Care (current)

- It was agreed this indicator should be retained

### Antimicrobial items – Secondary Care (proposed)

- Total volume of antibacterials – 5% reduction, proposed at sub-group meeting.
- PHW would be responsible for collecting the data. The pros and cons of reporting by hospital were discussed; it was noted that data would be skewed by hospitals transferring services from one site to another, therefore it was agreed that reporting would be by health board. Individual hospital data would be made available on the PHW data portal for those who wished to access it.
- It was agreed that this NPI should be included

### 4C antimicrobials – Primary Care (current)

- Discussion around switch from monitoring use of 4C antimicrobials to monitoring use of Access Aware 'recommended' antibiotics and the possible confusion this may cause.
- There is an issue when using a percentage where prescribers are high overall users of antibiotics; it therefore needs to be looked at in conjunction with 4C items/1,000 patients.
- Agreed to retain this NPI and await feedback from consultation
- Agreed to include a secondary care 4C NPI and await feedback from consultation

### World Health Organization (WHO) Access Aware – Primary and Secondary Care (proposed)

- Suggested by sub-group that this replaces the 4C indicator.
- Target of 90% set for primary care, and 55% for secondary care
- WHO Access Aware list has been adapted and includes macrolides for use in primary care.
- Measurement by % use can be misleading, due to cases of masking inappropriate prescribing of 'avoid' options by very high volume prescribing of 'safe' options in primary care
- Concerns regarding confusion of measuring 4Cs in primary care and Access Aware in secondary care; it should be consistent across both.

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- Agreed to include 'Access Aware' for primary and secondary care and await feedback from consultation.

*Anders Skarsten and Sian Evans left the meeting*

### Trimethoprim as indicator of UTI management – Primary Care (proposed)

- Proposed by sub-group and will require development of a new module by Audit+
- The group queried whether retrospective data could be obtained by Audit+ for this NPI.
- It was agreed that this NPI should be included

### Prophylaxis in colorectal surgery – Secondary Care (current)

- Suggested by sub-group that this should be retired as little purpose in continuing
- Agreed to retire this NPI

*Lisa Adams left the meeting*

### Start Smart – Then Focus audit – Secondary Care (proposed)

- Suggested during sub-group meeting. Aim for audit of 20 patients per month, per clinical area. This may be ward, consultant or hospital – open to interpretation.
- Discussion ensued regarding an appropriate measure.
- Concern over adding to workload of junior doctors who would be expected to undertake the audit.
- Not in keeping with purpose of NPIs
- It was agreed that this would not be included as an NPI

## **Efficiency Indicators**

### Proton Pump Inhibitors – Primary Care (current)

- Consider reclassifying as a safety indicator due to association with hypomagnesaemia and other side effects
- Noted that AWMSG Safe Use of Proton Pump Inhibitors pack had recently been updated enabling further work to be undertaken in this area
- It was agreed that this NPI should be retained and reclassified as a safety indicator

### Biosimilars – Primary and Secondary Care (current)

- Wording should be reviewed for changing to most 'cost-efficient biologic' to take account of any cheaper reference products that may be prescribed.
- Consideration should be given to health boards themselves providing the data to avoid the issues of data collection via Medusa.
- It was agreed that this NPI should be retained.

*Jane Barnard left the meeting*

### Long-acting insulin analogues – Primary and Secondary Care (current)

- Many diabetologists now coming around to this NPI
- More influence in primary care
- Agreed to retain as a primary and secondary care indicator

Action: AWTTTC to liaise with NWIS regarding potential Audit+ indicators

Action: AWTTTC to draft consultation paper based on AWPAG comments

## **13.0 Best Practice Day 2018 Agenda**

Members were directed to the agenda for the Best Practice Day which is to take place on Tuesday 10<sup>th</sup> July 2018 at the Cardiff City Stadium. The wide scope of presentations

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was highlighted, and members were informed that a few spaces were still available and they should follow AWTTTC's Twitter account for news of the day.

### **14.0 Feedback from the All Wales Chief Pharmacists Group**

The Chair informed the group that Bethan Tranter had nothing to feedback to AWPAG on this occasion.

### **15.0 Any other business (Chair to have been informed prior to the meeting)**

#### **National Audit Office: Investigation into NHS spending on generic medicines in primary care**

The Chair highlighted points from the document. Paul Fleming gave members an update on the situation with regards to community pharmacies, concessionary prices, why an unexpectedly high number of concessions were made at the end of 2016–2017, and the steps that are being taken to mitigate this in future.

#### **Yellow Card Reporting**

Lynette James informed members that there had been a trend where the reporting of Yellow Cards in quarter 4 was significantly raised against the number reported in previous quarters. Lynette James confirmed that Yellow Card Centre (YCC) Wales are investigating this to see why this may be occurring and whether it was related to any incentive schemes, or whether reports were being stored up and reported all together. YCC are looking at ways of improving Yellow Card reporting and looking to target nurses both in secondary care and GP practice.

### **16.0 Date of next meeting: Wednesday 19 September 2018**

The Chair again informed members that the next meeting would take place at the Angel Hotel, Cardiff.