

<b>Enclosure No:</b>	4/AWMSG/0319
<b>Agenda item No:</b>	8 – Therapeutic Priorities and Clinical Effectiveness Prescribing Programme Summary 2019–2020
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## 1.0 ACTION FOR AWMSG

AWMSG members are requested to consider the *Therapeutic Priorities and Clinical Effectiveness Prescribing Programme Summary 2019–2020* 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.

### 2.1 Process

- AWPAG meeting 19<sup>th</sup> September 2018
- AWMSG Steering Committee 26<sup>th</sup> February 2019
- AWMSG meeting 13<sup>th</sup> March 2019

### 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 in order to assist health boards in development of local schemes.

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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 (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 2019–2020, 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 2019–2020

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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 for 2019–2020, which have been endorsed pending agreement of wording for biosimilar unit of measure.

##### 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) for two years post NPI retirement. The list of Local Comparators and associated drug baskets for 2019–2020 can be found here [link to be added].

#### 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.

**New in 2018:** CEPP National Audit: *Antipsychotics in Dementia* (2018). This audit supports recommendations made in the Welsh Government's *Dementia Action Plan for Wales 2018-2022* and the National Assembly for Wales's Health, Social Care and Sport Committee report, *Use of antipsychotic medication in care homes*.

Table 1. National Prescribing Indicators 2019–2020

National Prescribing Indicator	Applicable to:	Unit of measure	Target for 2019–2020	Data source
<b>Safety</b>				
<b>Prescribing Safety Indicators</b>	Primary care	Number of patients identified as a percentage of the practice population or sub population	No target set	Audit+
<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>Hypnotics and anxiolytics</b>	Primary care	Hypnotic and anxiolytic ADQs per 1,000 STAR-PUs	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below	NWSSP
<b>Analgesics</b>	Primary care	Opioid burden ADQs per 1,000 patients	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below	NWSSP
		Tramadol DDDs per 1,000 patients	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		One Yellow Card per 2,000 health board population  20% or greater increase from baseline (2018–2019) for Yellow Cards submitted by secondary care  50% or greater increase from baseline (2018–2019) for Yellow Cards submitted by members of the public	
	Community pharmacy		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-PUs	Health board target: a quarterly reduction of 5% against a baseline of April 2017–March 2018	NWSSP
	Primary care	Number of 4C antimicrobial (co-amoxiclav, cephalosporins, fluoroquinolones and clindamycin) items per 1,000 patients	10% reduction against a baseline of April 2017–March 2018	NWSSP
<b>Efficiency</b>				
<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-efficient 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

\* NPIs 2019–2020 endorsed pending agreement of wording for biosimilar unit of measure.

## 4.0 RESOURCES TO SUPPORT LOCAL PRESCRIBING INITIATIVES

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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 2019–2020, 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

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#### Guidance

MHRA (2018) Valproate use by women and girls  
NHS Scotland (2018) Polypharmacy Guidance  
NICE (2018) Antipsychotic medicines for treating agitation, aggression and distress in people living with dementia (patient decision aid)  
AWMSG (2017) Medicines Management Resource for Chronic Kidney Disease  
PrescQIPP (2016) Bulletin 140: Anticholinergic drugs  
AWMSG (2014) Polypharmacy: Guidance for Prescribing

#### Audits

AWMSG (2018) CEPP National Audit – Antipsychotics in Dementia  
AWMSG (2017) Medicines Management for Chronic Kidney Disease  
AWMSG (2015) Towards appropriate NSAID prescribing

#### Educational

MHRA (2015) Antipsychotics learning module

### Proton pump inhibitors

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#### Guidance

AWMSG (2018) Safe Use of Proton Pump Inhibitors  
PrescQIPP (2015) Bulletin 92: Safety of long term PPIs  
WeMeReC (2015) Proton pump inhibitors  
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

### Hypnotics and anxiolytics

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#### 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 (2015) Benzodiazepines learning module

## Analgesics

### Guidance

NICE (2018) CG173: Neuropathic pain in adults: pharmacological management in non-specialist settings  
 AWMSG (2016) Persistent Pain Resources  
 NICE (2016) NG46: Controlled drugs: safe use and management  
 PrescQIPP (2016) Neuropathic pain: Pregabalin and gabapentin prescribing  
 Faculty of Pain Medicine of the Royal College of Anaesthetists (2015) Opioids Aware  
 AWMSG (2014) Tramadol Educational Resource Materials  
 PHE (2014) Advice for prescribers on the risk of the misuse of pregabalin and gabapentin  
 SIGN (2013) SIGN 136 Management of chronic pain  
 AWMSG (2011) Patient Information Leaflet - Medicines for Mild to Moderate Pain Relief

### Audits

AWMSG (2014) Tramadol Audit Materials

### Educational

MHRA (2015) Opioids learning module

## Yellow Cards

### Guidance

WeMeReC (2013) Pharmacovigilance Bulletin  
 Yellow Card website  
 MHRA (2015) Health Professional Guidance on Reporting

### Educational

NHS Scotland e-learning modules on ADRs  
 The Strengthening Collaboration for Operating Pharmacovigilance in Europe (SCOPE) e-learning module: Adverse Drug Reactions: Reporting makes medicines safer

## Antimicrobial Stewardship

### Guidance

AWMSG (2015 – Partial update in 2018) Primary Care Antimicrobial Guidelines  
 AWMSG (2018) Primary Care Empirical Urinary Tract Infection Treatment Guidelines  
 PHW (2018) Quality Measures Point Prevalence Surveys of Antimicrobial Prescribing in Acute Hospitals in Wales 2013-2017  
 PHW (2018) Antibacterial Resistance in Wales 2008–2017  
 PHW (2017) Antimicrobial Usage in Secondary Care in Wales 2007–2016  
 NICE (2016) QS121: Antimicrobial Stewardship  
 WeMeReC (2012) Appropriate antibiotic use – whose responsibility?

### Audits

AWMSG (2015) Focus on Antibiotic Prescribing

### Educational

RCGP training resources TARGET Antibiotics

## Biosimilars

### Guidance

AWTTC (2018) SPIRA – Biosimilar Efficiencies  
 EMA (2017) Biosimilars in the EU  
 EC (2016) What I need to know about Biosimilar Medicines: Information for patients  
 NHS England (2015) What is a biosimilar medicine?  
 The Cancer Vanguard (2017) Biosimilars frequently asked questions for healthcare professionals  
 AWMSG (2017) Position statement for biosimilar medicines  
 NICE Position statement for biosimilar medicines  
 NICE (2018) Key Therapeutic Topic 15: Biosimilar medicines  
 MHRA (2008) Drug safety update. Biosimilar products  
 EMA (2018) European public assessment reports  
 The Cancer Vanguard (2018) Biosimilars adoption

## Insulin analogues

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### Guidance

NICE (2017) NG28: Type 2 diabetes in adults: management  
Cochrane (2007) Long-acting analogues versus NPH insulin

## Anticoagulation

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### Guidance

NICE (2018) QS93: Atrial Fibrillation  
AWMSG (2016) Advice on the Role of Oral Anticoagulants  
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 (2015) Selective serotonin reuptake inhibitors (SSRIs) learning module

## Other areas

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### Guidance

NICE (2018) Dementia: assessment, management and support for people living with dementia and their carers  
WeMeReC (2016) Optimising medicines use in care homes  
WeMeReC (2015) Medicines-related admissions  
NICE List of Quality Standards

### Other

Collaborative working with community pharmacists may include:

- Discussing repeat dispensing or batch prescribing and/or repeat prescribing or managed repeats with the aim of reducing waste
- Discussing the results of the community pharmacy High Risk Medicines Survey, with the aim of reducing medicines related harm to patients
- Developing arrangements for maximising the uptake of influenza vaccination within the community, with the aim of improving vaccination rates
- Joint review of the use of medicines by residents in care homes, with the aim of reducing medicines-related harm and medicines waste.