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).

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
029 2071 6900
## CONTENTS

1.0 BACKGROUND ...................................................................................................... 2
2.0 PURPOSE .............................................................................................................. 2
3.0 CEPP 2018–2019 ................................................................................................... 3
   3.1 Prescribing indicators .......................................................................................... 3
       3.1.1 AWMSG National Prescribing Indicators ......................................................... 3
       3.1.2 Local Comparators ....................................................................................... 3
   3.2 Educational component ...................................................................................... 3
       3.2.1 Therapeutic update session(s) ....................................................................... 3
       3.2.2 National prescribing audits ......................................................................... 3
4.0 RESOURCES TO SUPPORT LOCAL PRESCRIBING INITIATIVES ...................... 5
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 1st 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

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

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

#### 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) Antibacterial Resistance in Wales

#### Audits
- AWMSG (2015) Focus on Antibiotic Prescribing

#### Educational
- RCGP training resources TARGET Antibiotics

### Proton pump inhibitors

#### Guidance
- WeMeRec (2015) Proton pump inhibitors
- AWMSG (2018) Safe Use of Proton Pump Inhibitors
- 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

### Biosimilars

#### Guidance

### Insulin analogues

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

### Anticoagulation

#### 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

<table>
<thead>
<tr>
<th><strong>Guidance</strong></th>
<th><strong>Educational</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>WeMeReC (2016) Depression in young people</td>
<td>MHRA (2014) Selective serotonin reuptake inhibitors (SSRIs) learning module</td>
</tr>
</tbody>
</table>

## Other areas

<table>
<thead>
<tr>
<th><strong>Guidance</strong></th>
<th><strong>Other</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>WeMeReC (2016) Optimising medicines use in care homes</td>
<td>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.</td>
</tr>
<tr>
<td>WeMeReC (2015) Medicines-related admissions NICE List of Quality Standards</td>
<td></td>
</tr>
</tbody>
</table>
