This document 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), and has subsequently been endorsed by the All Wales Medicines Strategy Group (AWMSG).

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CONTENTS

1.0 BACKGROUND ...................................................................................................... 2

2.0 PURPOSE .............................................................................................................. 2

3.0 CEPP 2019–2020 ................................................................................................... 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 ...................... 6
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 2020–2021, 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 2020–2021

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.

For 2020-2021 the National Prescribing Indicators: Supporting Safe and Optimised Prescribing, have been refreshed with a focus on three priority areas, supported by safety and efficiency domains as listed in Table 1.

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 2020–2021 can be found 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.
## National Prescribing Indicators 2020–2021

<table>
<thead>
<tr>
<th>National Prescribing Indicator</th>
<th>Applicable to:</th>
<th>Unit of measure</th>
<th>Target for 2020–2021</th>
<th>Data source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Priority areas</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Analgesics</strong></td>
<td>Primary care</td>
<td>Opioid burden user defined group (UDG) ADQs 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></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></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><strong>Anticoagulants in atrial fibrillation</strong></td>
<td>Primary care</td>
<td>The number of patients with AF and a CHA₂DS₂-VASC score of 2 or more who are currently prescribed an anticoagulant, as a percentage of all patients with AF.</td>
<td>To increase the number of patients with AF and a CHA₂DS₂-VASC score of 2 or more prescribed an anticoagulant.</td>
<td>NWIS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The number of patients diagnosed with AF who are prescribed an anticoagulant and have received an anticoagulant review within the last 12 months, as a percentage of all patients diagnosed with AF who are prescribed an anticoagulant.</td>
<td>To increase the number of patients who are prescribed an anticoagulant and have received an anticoagulant review within the last 12 months.</td>
<td>NWIS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The number of patients diagnosed with AF who are prescribed antiplatelet monotherapy, as a percentage of all patients diagnosed with AF.</td>
<td>To reduce the number of patients with AF prescribed antiplatelet monotherapy.</td>
<td></td>
</tr>
<tr>
<td><strong>Antimicrobial stewardship</strong></td>
<td>Primary care</td>
<td>Total antibacterial items per 1,000 STAR-PUs</td>
<td>Health board target: a quarterly reduction of 5% against a baseline of April 2018–March 2019. GP Practice target: Maintain performance levels within the lower quartile, or show a reduction towards the quartile below.</td>
<td>NWSSP</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number of 4C antimicrobial (co-amoxiclav, cephalosporins, fluoroquinolones and clindamycin) items per 1,000 patients</td>
<td>Health board target: A quarterly reduction of 10% against a baseline of April 2018–March 2019. GP Practice target: Maintain performance levels within the lower quartile, or show a reduction towards the quartile below.</td>
<td>NWSSP</td>
</tr>
<tr>
<td>National Prescribing Indicator</td>
<td>Applicable to:</td>
<td>Unit of measure</td>
<td>Target for 2020–2021</td>
<td>Data source</td>
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<td>-------------------------------</td>
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<tr>
<td><strong>Supporting Domain: Safety</strong></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</td>
<td>No target set</td>
<td>NWIS</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>Hypnotics and anxiolytics</td>
<td>Primary care</td>
<td>Hypnotic and anxiolytic UDG 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>Yellow Cards</td>
<td>Primary care</td>
<td>One Yellow Card per 2,000 GP practice population</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Health board</td>
<td>Number of Yellow Cards submitted</td>
<td>One Yellow Card per 2,000 health board population</td>
<td>MHRA</td>
</tr>
<tr>
<td></td>
<td>Community pharmacy</td>
<td>No target set. Reported as the number of Yellow Cards submitted by health board</td>
<td></td>
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<tr>
<td></td>
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</tr>
<tr>
<td><strong>Supporting Domain: Efficiency</strong></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Best value biological medicines</td>
<td>Primary + secondary care</td>
<td>Quantity of best value biological medicines prescribed as a percentage of total ‘biosimilar’ plus ‘reference’ product.</td>
<td>Increase the appropriate use of cost-efficient biological medicines, including biosimilar medicines</td>
<td>NWSSP NWIS</td>
</tr>
<tr>
<td>Insulin</td>
<td>Primary + secondary care</td>
<td>Items/number of long-acting insulin analogues 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 NWIS</td>
</tr>
<tr>
<td>Low value for prescribing</td>
<td>Primary care</td>
<td>Low value for prescribing UDG spend 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>
</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 2020–2021, 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.

### Analgesics

**GUIDANCE**
- SIGN (2019) SIGN 136 Management of chronic pain
- 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
- PHE (2014) Advice for prescribers on the risk of the misuse of pregabalin and gabapentin
- AWMSG (2011) Patient Information Leaflet - Medicines for Mild to Moderate Pain Relief

**AUDITS**
- AWMSG (2014) Tramadol Audit Materials

**EDUCATIONAL**
- MHRA (2015) Opioids learning module

### Anticoagulation

**GUIDANCE**
- AWMSG (2020) All Wales Advice on Oral Anticoagulation for Non-valvular Atrial Fibrillation
- NICE (2018) 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

### Antimicrobial Stewardship

**GUIDANCE**
- AWMSG (2015 – Partial update in 2018) Primary Care Antimicrobial Guidelines
- AWMSG (2018) Primary Care Empirical Urinary Tract Infection Treatment Guidelines
- 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
## Prescribing Safety Indicators

### GUIDANCE

- MHRA (2020) 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)
- PrescQIPP (2016) Bulletin 140: Anticholinergic drugs
- AWMMSG (2014) Polypharmacy: Guidance for Prescribing

### AUDITS

- AWMMSG (2018) CEPP National Audit – Antipsychotics in Dementia
- AWMMSG (2017) Medicines Management for Chronic Kidney Disease
- AWMMSG (2015) Towards Appropriate NSAID Prescribing

### EDUCATIONAL

- MHRA (2015) Antipsychotics learning module

## Proton pump inhibitors

### GUIDANCE

- AWMMSG (2018) Safe Use of Proton Pump Inhibitors
- WeMeReC (2015) Proton pump inhibitors
- AWMMSG (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

### GUIDANCE

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

### EDUCATIONAL

- MHRA (2015) Benzodiazepines learning module

## Yellow Cards

### GUIDANCE

- WeMeReC (2013) Pharmacovigilance Bulletin
- Yellow Card website

### EDUCATIONAL

- NHS Scotland e-learning modules on ADRs
- Health Education and Improvement Wales (HEIW) e-Learning module on the Yellow Card Scheme
## Best value biological medicines

### GUIDANCE

- AWTTC (2020) SPIRA – Biosimilar Efficiencies
- NHS England (2019) What is a biosimilar medicine?
- EMA (2018) European public assessment reports
- The Cancer Vanguard (2018) Biosimilars adoption
- NICE (2018) Key Therapeutic Topic 15: Biosimilar medicines
- EMA (2017) Biosimilars in the EU
- The Cancer Vanguard (2017) Biosimilars frequently asked questions for healthcare professionals
- AWMSG (2017) Position statement for biosimilar medicines

## Insulin

### GUIDANCE

- NICE (2019) NG28: Type 2 diabetes in adults: management
- Cochrane (2007) Long-acting analogues versus NPH insulin for type 2 diabetes mellitus

### EDUCATIONAL

- AWTTC Best Practice Day 2019 Presentation by Lindsay George: Prudent prescribing of human versus analogue insulin (YouTube)

## Low value for prescribing

### GUIDANCE

- AWMSG (2020) Items Identified as Low Value for Prescribing in NHS Wales – Paper 3
- AWMSG (2019) Medicines Identified as Low Priority for Funding in NHS Wales – Paper 1
- AWMSG (2018) Medicines Identified as Low Priority for Funding in NHS Wales – Paper 2

## Depression

### GUIDANCE

- WeMeReC (2016) Depression in young people

### EDUCATIONAL

- MHRA (2015) Selective serotonin reuptake inhibitors (SSRIs) learning module
### Other areas

<table>
<thead>
<tr>
<th>GUIDANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NICE (2018) Dementia: assessment, management and support for people living with dementia and their carers</td>
</tr>
<tr>
<td>WeMeReC (2016) Optimising medicines use in care homes</td>
</tr>
<tr>
<td>WeMeReC (2015) Medicines-related admissions</td>
</tr>
<tr>
<td>NICE List of Quality Standards</td>
</tr>
</tbody>
</table>

**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.