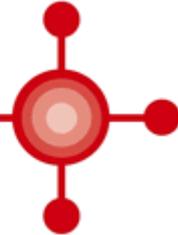


All Wales Medicines Strategy Group

Grŵp Strategaeth Meddyginiaethau Cymru Gyfan



# ***Getting the Best Outcomes from Medicines for Wales***

**Supporting Tactical Document 1**

**Quality, Safety and Effectiveness**

**A MEDICINES STRATEGY FOR  
WALES**

**April 2008**

## Contents

<b>1. INTRODUCTION</b>	<b>2</b>
1.1. The Strategy	2
1.2. Making the Vision a Reality	2
<b>2. SAFE PRESCRIBING AND QUALITY USE OF MEDICINES IN WALES</b>	<b>3</b>
2.1. A Strategic Approach	3
2.2. Clinical Governance	4
2.3. Safety	5
2.4. Management of Unlicensed Medicines or Indications	6
<b>3. QUALITY</b>	<b>7</b>
3.1. Encouraging Quality Prescribing	7
3.2. Organisational Support for Prescribers	7
3.3. General Medical Services and Community Pharmacy Contracts	9
3.4. Education	10
3.5. Medicines Information	11
3.6. Information Technology (IT)	11
<b>4. EFFECTIVENESS: APPRAISAL OF MEDICINES IN WALES</b>	<b>12</b>
4.1. AWMSG Drug Appraisal Process	12
4.2. Role of Medicines in Disease Management	13
4.3. Role of AWMSG	13
4.4. Implementing National Guidance	14
<b>5. SUMMARY OF RECOMMENDATIONS</b>	<b>15</b>
<b>Appendix</b>	<b>18</b>
References	18

# 1. INTRODUCTION

## 1.1. The Strategy

The strategy for medicines in Wales proposes a vision for the future of prescribing and medicines management in Wales; A vision which focuses on patient outcomes as well as process.

**Prescribing and Medicines Management  
The Vision for the Future  
*Getting the Best Outcomes from Medicines for Wales***

All involved with Prescribing and Medicines Management will work together to ensure equity of access to the most clinically appropriate and cost-effective medicines for the people of Wales. This will be delivered through innovative services by a high quality workforce designed to meet the needs of all patients within all levels of health care, as outlined in *Designed for Life*<sup>3</sup>. There will be systems in place to facilitate informed decisions, improve performance, reward good work, tackle waste and strengthen accountability.

Prescribing performance in Wales will compare favourably with other areas of the UK with similar demography, providing safe, effective and economic use of medicines within an informed system that facilitates maximum benefit and minimal risk from appropriately resourced medicines.

The fair and transparent allocation of drug budgets across all sectors is fundamental to strengthening accountability and maximising the use of available resources.

This strategy identifies a vision for the future of medicines management, including prescribing, in Wales. It proposes a set of objectives and principles to guide the development of supporting strategies and policies and a way forward through key actions.

## 1.2. Making the Vision a Reality

The strategic vision is supported by three “Tactical Documents” which cover:

- Quality, Safety and Effectiveness
- Access and Timeliness
- Optimal Use
- This document is the 1<sup>st</sup> of those tactical documents – **Quality, Safety and Effectiveness.**



## 2. SAFE PRESCRIBING AND QUALITY USE OF MEDICINES IN WALES

### 2.1. A Strategic Approach

Evidence from the literature and experience of programmes in the UK and elsewhere (e.g. the Safer Patients Initiative and the Institute of Health Improvement saving 100,000 lives campaign<sup>1</sup>) identify medicine-related issues as a significant contributor to avoidable harm or suboptimal efficacy. Wales should draw on the experience of other countries, such as Australia and New Zealand<sup>2</sup> and develop a strategic Wales-wide approach to safety and quality use of medicines.

**Recommendation 1: AWMSG will develop a strategy for the clinically and cost effective, acceptably safe use of medicines**

**Lead: AWMSG**

This will:

- Promote a culture of safety within the health and social care sector that supports leadership and co-ordination of safe and effective use of medicines initiatives.
- Encourage and support more widespread involvement of all healthcare organisations in safe and effective use of medicines initiatives through links to clinical governance and the establishment and support of active networks, dissemination of information and ideas, and shared learning and review.
- Maximise outcomes, minimise risks and improve safety associated with medication use by establishing, reviewing and improving practice standards for all aspects of prescribing, dispensing and administration of medicines.
- Identify high-risk medicines and high-risk situations, including those for chronic disease areas targeted for specialised input across all health care sectors (e.g., cardiovascular disease, diabetes and asthma). Approaches should then be identified to minimise these risks.
- Improve the effectiveness and consistency of infrastructure, such as process, technology and information systems used by health & social care organisations in association with medication use.
- Improve health outcomes for patients, acknowledging that the interface between primary and secondary care requires emphasis.
- Promote a culture of enquiry that fosters audit, monitoring, evaluation, and research into the areas of safe and effective use of medicine.

- Involve and engage consumers on the safe and appropriate use of medicines and thus increase consumer awareness on the potential for medication adverse effects (AEs) and errors.

## 2.2. Clinical Governance

All providers of NHS services have a “duty of quality” (Health Acts of 1999 and 2003). At the local level, this duty is discharged largely through implementing clinical governance. Clinical governance implemented effectively can provide assurance that healthcare (including prescribing and medicines management) is both safe and of good quality whether provided directly or commissioned from other providers.

Quality improvement for medicines management and prescribing is a feature of the Welsh Assembly Government’s quality strategy, the *Healthcare Quality Improvement Plan (QulP)*<sup>3</sup>. Published in November 2006, the QulP gave a commitment to:

- develop an approach to assess and quantify the effect of introducing potential life-saving interventions at a national level.
- identify programmes to spread Quality Improvement learning, in collaboration with leaders in the improvement field, such as the Institute for Health Improvement (IHI), the Health Foundation, National Patient Safety Agency (NPSA), and the National Leadership and Innovation in Healthcare Agency (NLIAH).

This all Wales quality improvement initiative, which aims to improve patient outcomes, will include one or more interventions relating to medicines.

***Recommendation 2: AWMSG will work closely with other organisations tasked with safety issues e.g. NHS Wales QulP team, NPSA, YCC Wales and the MHRA to support the national risk and learning scheme***

***Lead: AWMSG***

### 2.3. Safety

Medicines, when used properly, have the potential to prevent or treat illness and relieve the symptoms of disease. However, medicines also have the potential to harm. This may be due to a direct effect of the medicine itself, patient administration error or inappropriate prescribing. A high proportion of hospital admissions are due to adverse drug reactions (ADRs). A study conducted in two large general hospitals, published in BMJ July 2004<sup>4</sup> identified that 6.5% of admissions were related to an ADR, with the ADR directly leading to the admission in 80% of cases. This accounted for 4% of the hospital bed capacity. The projected annual cost of such admissions to the NHS is £466m.

#### Drug related admissions to hospital

*“Adverse reactions are implicated in 5-17% of hospital admissions of older people”*

*NSF for Older People<sup>5</sup>*

A Spoonful of Sugar<sup>6</sup> highlights the contribution that the use of patients' own medicines, self administration schemes, and medication review at admission can make to reduce the number of errors with medicines.

Most medicines have a good safety record. However, it is vital that where medicine-related “untoward events” are identified, appropriate action is promptly taken. This ensures patient safety by identifying potential ADRs, prescribing or administration errors and how they might be avoided. Surveillance of the safety of medicines is coordinated at a UK level by the Medicines and Healthcare products Regulatory Agency (MHRA) and MHRA supports the Yellow Card Centre Wales (YCC Wales) in encouraging the reporting of suspected ADRs by health professionals, patients and their carers in Wales.

There are also systems in place to ensure that hazards and safety concerns relating to medication errors are identified, communicated promptly and remedial action taken by, for example, NPSA, Welsh Assembly Government Professional Advisers and Regional Business Service Centres (locally).

***Recommendation 3: WAG will support the All Wales hazard warning system for defective products and audit the process through AWMSG to ensure it is robust and timely.***

***Lead: AWMSG supported by other organisations***

Possible actions for NHS organisations could include introducing Health Community Safe Medicines Practice Committees to reduce hospital admissions that are medicines related and produce a list of “high risk” drugs to support the identification of patients who may require closer clinical pharmacy attention whilst in hospital<sup>7</sup>.

#### **2.4. Management of Unlicensed Medicines or Indications**

The use of medicines in the NHS for unlicensed indications needs to be tightly controlled. Strategies need to be developed to support patients involved in clinical trials of unlicensed medicines, or medicines used for unlicensed indications, especially when trials close early.

***Recommendation 4: AWMSG will work with clinical networks and Specialist groups to develop mechanisms to monitor and review the use of off-licence and unlicensed medicines.***

***Lead: AWMSG***

### 3. QUALITY

#### 3.1. Encouraging Quality Prescribing

##### Prescribing Incentive Schemes

“Incentive schemes are the main mechanism by which goals of the Primary Care Organisation (LHB) are made meaningful at practice level so it is important that they are designed to reward rational prescribing and work towards achieving the organisation’s strategic goals”

Audit Commission April 2003<sup>8</sup>

Whilst the Audit Commission recognised the benefit of Prescribing Incentive Schemes on primary care prescribing, an incentive scheme applicable to secondary care has yet to be developed. Investigation of appropriate incentives for secondary care is necessary in order to build a successful scheme. The rapid turnover of junior doctors (who do much of the actual prescribing) also adds another layer of complexity. It is probable that such a scheme would be markedly different from the GP prescribing incentive schemes which have been implemented in most LHBs.

***Recommendation 5: AWMSG will monitor and review its national prescribing incentive scheme framework for primary care.***

***Lead: AWMSG (WAPSU)***

***Recommendation 6: AWMSG network will investigate the development of a secondary care prescribing incentive scheme.***

***Lead: AWMSG (NHS Trusts)***

#### 3.2. Organisational Support for Prescribers

Local Health Boards and NHS Trusts must enable practitioners to deliver quality, patient outcome focused care through a culture of innovation and improvement in prescribing and medicines management, supported by robust systems. There are many examples of good practice within Wales and the UK, where sustained improvements in prescribing practice have been achieved through innovative schemes.

Such approaches may include

- regular peer review and education through a “GP prescribing leads” forum`

- training of practice repeat-prescription clerks in primary care
- appointment of interface pharmacists
- establishment of safe medicines practice committees in secondary care.

**Benefits of a “GP Prescribing Leads” Network**

- raises the profile of prescribing and medicines management
- facilitates the communication of good practice, sharing of data and sharing of problems
- provides an interface with other prescribers in primary and secondary care

NLIAH

***Recommendation 7: AWMSG will work with all health and social care organisations to provide robust methods of spreading existing good medicines management practice across Wales.***

***Lead: AWMSG***

Resources are needed to promote safe and effective prescribing and manage the prescribing budget effectively and to invest in staffing to help this. In many circumstances improvements can be achieved through an “invest to save” approach, whereby better care through the use of medicines leads to improved well-being and reduced costs in other budgets. Similarly investment in prescribing support staff to review patients’ medications can lead to improved patient outcomes, often at reduced cost.

***Recommendation 8: AWMSG will support a practice research agenda which continues to identify new and improved methods of working.***

***Lead: AWMSG***

Organisations need to:

- Modernise the workforce and develop appropriate skill mix and maximise capacity through work force planning.
- Develop appropriate levels of both strategic and operational support

- Assess how the skills and knowledge of health care professionals can best be deployed
- Fully utilise IT and implement automated systems
- Provide adequate data analysis and administrative support for healthcare staff, to enable them to concentrate on prescribing improvements
- Provide evidence based training

*“Experience has shown that face to face contact with GPs (and other prescribers) for example through practice visits and working directly with practices to improve prescribing are the most effective methods of delivering change. Prescribing Advisers need to organise their work in a way that maximises the amount of time they can spend doing these things”.*

The Audit Commission in “Primary Care Prescribing- A bulletin for Primary Care Trusts”<sup>8</sup>

### 3.3. General Medical Services and Community Pharmacy Contracts

The new contract for independent contractor professions goes some way to assist in good prescribing and medicines management.

There are 320 points directly related to medicines management within the new GMS contract, including appropriate documentation of medicines prescribed, patient medicines reviews and meeting annually with the LHB Prescribing Adviser to agree and complete 3 actions. There is also the potential to commission enhanced services for medicines related activities e.g. shared care of prescribing and monitoring between GP and Consultant.

The new Community Pharmacy Contract also supports better patient care through Medicines Use Reviews and other enhanced services aimed at better medicines management e.g. services to care homes.

***Recommendation 9: All NHS organisations will ensure that they provide appropriate support for prescribers and maximise the medicines management and prescribing opportunities of any new developments e.g. self-medication, contracts, to support patient care.***

***Lead: NHS Organisations***



### 3.4. Education

It is important to ensure that the art and science of therapeutics and prescribing is well-represented in the undergraduate curriculum of all potential prescribers (medicine, dentistry, pharmacy, nursing and other professions allied to medicine).

The British Medical Association (BMA) also defines excessive and inappropriate prescribing within its guidance for health professionals<sup>9</sup>.

***Recommendation 10: Providers of education and training in therapeutics will ensure the principles of clinically and cost effective, acceptably safe prescribing are included within the undergraduate curriculum of all potential future prescribers.***

***Lead: Education Providers***

Existing opportunities for continuing professional development in therapeutic knowledge (e.g. WeMeReC or Diploma/MSc programmes in Therapeutics) presently mainly aimed at primary care practitioners might be examined for their applicability to the secondary care sector. New opportunities for CPD in specialist areas also need to be explored, together with the continuing needs of supplementary and independent prescribers.

***Recommendation 11: WAG should ensure that Continuing Professional Development opportunities in therapeutics and prescribing are made available to all prescribers and advisers across the health care sector e.g. WeMeRec & National Prescribing Centre Therapeutic Updates***

***Lead: WAG***

Staff knowledge and skills need to be nurtured and developed in the areas of leadership, managing change, negotiation, clinical skills, critical appraisal, analytical and interpretative skills. The National Leadership and Innovation Agency for Healthcare (NLIAH) provides a range of programmes of this nature. Staff competencies in prescribing will need to be reflected in Skills for Health.

***Recommendation 12: Healthcare professionals and staff are able to access skills-based training which will enable them to deliver effective medicines management services.***

***Lead: NHS Organisations***

### 3.5. Medicines Information

The Medicines Information Service, provided by nine centres in Wales, offers high-level, evidence-based, information and advice about medicines across the full range of clinical disciplines. This service is freely available within the NHS to help facilitate the safe, effective and economical use of medicines in Wales.

***Recommendation 13: All health care professionals in Wales should have easy access to up to date quality prescribing information***

***Lead: AWMSG***

### 3.6. Information Technology (IT)

In recent years there have been major advances in IT, with all GPs now having access to electronic clinical record systems in their practices. This provides opportunities to influence both acute and repeat prescribing, and convey safety, effectiveness and efficiency messages to the prescriber. Further benefits are to be gained from working with system suppliers to achieve full functionality between GP, hospital and Community Pharmacy IT systems.

***Recommendation 14: Systems need to be developed for electronically communicating patient medicines information on admission and discharge from hospital.***

***Lead: NHS Organisations***

## 4. EFFECTIVENESS: APPRAISAL OF MEDICINES IN WALES

### 4.1. AWMSG Drug Appraisal Process

Money spent on effective medicines can save substantial amounts in terms of otherwise unnecessary treatment. Establishing the true cost effectiveness of medicines is fraught with difficulty. It requires significant expertise to gather and evaluate evidence, but it is important that it is done, and done well<sup>10</sup>.

In 2002, an All-Wales mechanism for appraisal of high-cost medicines was agreed by the All Wales Medicines Strategy Group (AWMSG). This has provided a robust and transparent mechanism for appraising high cost medicines which was extended to include appraisals of anticancer and cardiovascular agents from April 2007.

***Recommendation 15: AWMSG will appraise all newly introduced medicines in Wales through capacity increase and explored collaboration with existing UK bodies which appraise the clinical effectiveness and cost effectiveness of new medicines, including the National Institute of Health and Clinical Excellence (NICE) and the Scottish Medicines Consortium (SMC)***

***Lead: WAG (AWMSG)***

***Recommendation 16: The AWMSG will develop a live database which informs prescribers, commissioners and the public of drugs which have been “recommended for use in Wales”.***

***Lead: AWMSG***

Money spent on effective medicines can also save substantial amounts in terms of otherwise unnecessary treatment. Establishing the true cost effectiveness of medicines is fraught with difficulty, requiring significant expertise to gather and evaluate the evidence. A key issue for NHS Wales in extending the new drug appraisal remit of AWMSG is the availability of the expertise required to inform the appraisal process, particularly in the area of pharmacoeconomics.

The appraisal process should be underpinned by using horizon scanning resources from all available sources, including the National Horizon Scanning Centre and UK Medicines Information (UKMi).

Evidence-based healthcare is paramount to successful patient outcomes. In the case of medicines, this not only requires review of new medicines, but also the appropriate use of those which have been available for some time.

**Recommendation 17: AWMSG will identify, and inform WAG on currently used medicines which are not cost effective and warrant disinvestment to improve headroom for adoption of innovation as recommended by the Ministerial Industry Strategy Group's Long-term Leadership Strategy<sup>10</sup>. Lead: AWMSG**

#### 4.2. Role of Medicines in Disease Management

Appropriate links must be made between the use of medicines, prescribing and other strategic health documents. The clinical networks have an important role in developing guidelines and care pathways, and other initiatives to improve patient outcomes e.g. National Service Frameworks and National Guidelines.

**Recommendation 18: NHS Wales should ensure that all organisations interested in medicines and prescribing performance e.g. NLIAH and Commissioning Groups have access to independent and authoritative advice on quality prescribing.**

**Lead: NHS Organisations**

#### 4.3. Role of AWMSG

AWMSG's role as the advisory body on medicines use in Wales requires it to ensure that appropriate and meaningful dialogue is held between the AWMSG and other national bodies associated with the healthcare agenda in Wales e.g. NLIAH, and Clinical Networks. As the National Advisory Group on Medicines, the AWMSG provides expert advice and comment on policy and guidance involving the use of medicines.

In 2003, AWMSG provided LHBs and NHS Trusts with recommendations for roles and structures of Prescribing Committees<sup>12</sup>. This guidance needs review in light of AWMSG undertaking a wider spectrum of medicines appraisals which will free Medicines & Therapeutic Committees (MTC) in Wales to consider broader medicines management issues and to prevent duplication of valuable professional resources. Recent guidance on Managing Medicines across a health community – making area prescribing committees “fit for purpose”<sup>13</sup> has been issued in England.

The new appraisal process will allow AWMSG additional time to concentrate on more strategic matters, including the audit of the uptake of previously approved medicines.

#### 4.4. Implementing National Guidance

In addition to funding the infrastructure and technology costs of NICE and AWMSG appraisals as outlined in WHC (2007) 028<sup>14</sup> LHBs and NHS Trusts are tasked with achieving the Health Care Standards for Wales<sup>15</sup>. Standard 12 states that Healthcare organisations should ensure that patients and service users are provided with effective treatment and care that:

- conforms to the National Institute for Clinical Excellence (NICE) Technology Appraisals and interventional procedures, and the recommendations of the All Wales Medicines Strategy Group (AWMSG )
- is based on nationally agreed best practice and guidelines, as defined in National Service Frameworks, NICE clinical guidelines, national plans and agreed national guidance on service delivery.

***Recommendation 19: AWMSG will work with clinical networks and Specialist groups to ensure that national clinical pathways and guidance include cost effective and evidence based prescribing.***

***Lead: AWMSG***

***Recommendation 20: The AWMSG will develop its relationship with Medicines and Therapeutic Committees and Regional Commissioning bodies.***

***Lead: AWMSG***

## 5. SUMMARY OF RECOMMENDATIONS

<b>Recommendation (Quality, Safety and Effectiveness)</b>	<b>Lead (Support)</b>
<b>1. AWMSG will develop a strategy for the clinically and cost effective, acceptably safe use of medicines.</b>	AWMSG
<b>2. AWMSG will work closely with other organisations tasked with safety issues e.g. NHS Wales QuIP team, NPSA, YCC Wales and the MHRA to support the national risk and learning scheme.</b>	AWMSG (Other organisations)
<b>3. WAG will support the All Wales hazard warning system for defective products and audit the process through AWMSG to ensure it is robust and timely.</b>	WAG (via AWMSG)
<b>4. AWMSG will work with clinical networks and specialist groups to develop mechanisms to monitor and review the use of off-licence and unlicensed medicines.</b>	AWMSG
<b>5. AWMSG will monitor and review its national prescribing incentive scheme framework for primary care.</b>	AWMSG (APSU)
<b>6. AWMSG will investigate the development of a secondary care prescribing incentive scheme.</b>	AWMSG (NHS Trusts)
<b>7. AWMSG will work with all health and social care organisations to provide robust methods of spreading existing good medicines management practice across Wales.</b>	AWMSG
<b>8. AWMSG will support a practice research agenda which continues to identify new and improved methods of working.</b>	AWMSG

<b>Recommendation (Quality, Safety and Effectiveness)</b>	<b>Lead (Support)</b>
<b>9. All NHS organisations will ensure that they provide appropriate support for prescribers and maximise the medicines management and prescribing opportunities of any new developments e.g. contracts to support patient care.</b>	NHS Organisations
<b>10. Providers of education and training in therapeutics will ensure the principles of clinically and cost effective, acceptably safe prescribing are included within the undergraduate curriculum of all potential future prescribers.</b>	Education providers
<b>11. Continuing Professional Development (CPD) opportunities in therapeutics and prescribing are made available to all prescribers and advisers across the health care sectors.</b>	WAG (via WeMeRec & National Prescribing Centre)
<b>12. Healthcare professionals and staff are able to access skills-based training which will enable them to deliver effective medicines management services.</b>	NHS Organisations
<b>13. All health care professionals in Wales should have easy access to up to date quality prescribing information.</b>	AWMSG (NHS organisations)
<b>14. Systems need to be developed for electronically communicating patient medicines information on admission and discharge from hospital.</b>	NHS Organisations Informing Healthcare



<b>Recommendation (Quality, Safety and Effectiveness)</b>	<b>Lead (Support)</b>
15. <b>AWMSG will appraise all newly introduced medicines in Wales through capacity increase and explored collaboration with existing UK bodies which appraise the clinical effectiveness and cost effectiveness of new medicines, including the National Institute of Health and Clinical Excellence (NICE) and the Scottish Medicines Consortium (SMC).</b>	WAG AWMSG
16. <b>The AWMSG will develop a live database which informs prescribers, commissioners and the public of drugs which have been “recommended for use in Wales”.</b>	AWMSG
17. <b>AWMSG will identify, and inform WAG on currently used medicines which are not cost effective and warrant disinvestment to improve headroom for adoption of innovation as recommended by the Ministerial Industry Strategy Group’s Long-term Leadership Strategy<sup>11</sup>.</b>	AWMSG
18. <b>NHS Wales should ensure that all organisations interested in medicines and prescribing performance, e.g. NLIAH and Commissioning Groups have access to independent and authoritative advice on quality prescribing.</b>	NHS Organisations
19. <b>AWMSG will work with clinical networks and Specialist groups to ensure that national clinical pathways and guidance include consistent advice on cost effective and evidence-based prescribing.</b>	AWMSG
20. <b>The AWMSG will develop its relationship with Medicines and Therapeutic Committees and Regional Commissioning bodies.</b>	AWMSG

## Appendix

### References

1. Saving 100,000 lives in US hospitals. Mc Cannon et al. *BMJ* 2006;332;1328-1330
2. New Zealand Safe and Quality Use of medicines Strategy (SQM 2005)
3. Designed to Deliver: Healthcare Quality Improvement Plan. Welsh Assembly Government, November 2006
4. Adverse drug reactions as cause of admission to hospital: prospective analysis of 18,820 patients. Pirmohamed et al. *BMJ* 2004;329; 15-19
5. Department of Health, National Service Framework for Older People, The Stationery Office, 2001
6. Audit Commission Report "A spoonful of Sugar" 2001
7. Which drugs cause preventable admissions to hospital? A Systematic review. Howard et al. *Br J Clin Pharmacol*; 63:2;136-147
8. Audit Commission Report "Primary Care Prescribing – A bulletin for Primary care Trusts" 2003.
9. Revisions to the GMS contract, 2006/07. Annex 8 - Excessive or inappropriate prescribing - guidance for health professionals on prescribing NHS medicines. Available at:  
<http://www.bma.org.uk/ap.nsf/Content/revisionnGMSFeb20062~annex8excesspres?OpenDocument&Highlight=2,annex,8,excessive,inappropriate,prescribing>
10. CHD and Diabetes in Wales: Meeting the Challenges NERA Economic Consulting November 2006
11. Ministerial Industry Strategy Group. Long Term Leadership Strategy. Department of Health and ABPI. 2007  
<http://www.dh.gov.uk/policyandguidance/medicinespharmacyandindustry/industrybranch>
12. WHC (2003) 73 Roles and Structures of Prescribing Committees. Welsh assembly Government. July 2003
13. National Prescribing Centre. Managing medicines across the health community – Making area prescribing committees fit for purpose. May 2007

14. WHC (2007) 028 Managed introduction of New medicines into the NHS in Wales. Welsh Assembly Government. March 2007
15. Healthcare Standards for Wales. Making the Connections Designed for Life Welsh Assembly Government, May 2005