Therapeutic Priorities and Clinical Effectiveness Prescribing Programme Summary 2017–2018

December 2016
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), and has subsequently been endorsed by the All Wales Medicines Strategy Group (AWMSG).

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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 1 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. Likewise, NPIs were originally only intended for use in primary care.

The therapeutic priorities identified in this document are applicable to all prescribers, and therefore support a coordinated approach. With this aim, it has been suggested that NPIs should be reported at health board level.

2.0 PURPOSE

This document summarises the AWMSG therapeutic priorities for 2017–2018, and highlights opportunities within the General Medical Services (GMS) contract and 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 5.0.

3.0 GENERAL MEDICAL SERVICES CONTRACT (2004)

The Quality and Outcomes Framework (QOF), as part of the GMS contract for general practices, rewards practices for the provision of quality care and helps to fund further improvements in the delivery of clinical care.

Although practice participation in QOF is voluntary, most practices in Wales have GMS contracts providing opportunities to promote safe and effective prescribing. This is primarily through the Medicines Management Domain of the GMS QOF containing the following indicator:

Medicines Management Indicator: The practice meets the [health board] prescribing adviser at least annually, has agreed up to three actions related to prescribing and subsequently provided evidence of change.
4.0 CEPP 2017–2018

The CEPP framework consists of two equally weighted elements: prescribing indicators and an educational component.

4.1 Prescribing indicators

4.1.1 AWMSG National Prescribing Indicators
Prescribing indicators are used to highlight therapeutic priorities for NHS Wales and compare the way 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, practices and prescribers to compare current practice against an agreed standard of quality. In October 2003, AWMSG agreed that NPIs were useful tools to promote rational prescribing across NHS Wales. 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 proposed NPIs 2017–2018, to be considered for endorsement by AWMSG in February 2017.

4.1.2 Local Comparators
The Local Comparators are additional measures produced to allow health boards to benchmark across a range of prescribing indicators. They include some measures that were previously NPIs, which may continue to be useful for some health boards to monitor. They are not reported nationally but are available for both local and national comparative measurement as necessary in accordance with local prioritisation. Caution should be exercised in the interpretation of Local Comparator data, as some comparators may be more relevant to benchmark for one health board than another. The list of comparators will be circulated directly to Chief Pharmacists and Medicines and Therapeutics Committees, and will be available here.

4.1.3 NHS Outcomes Framework (NOF)
The NHS Wales Outcomes Framework aims to demonstrate annual improvement in the health and wellbeing of the people in Wales through the delivery of NHS services. It identifies key outcomes, outcome indicators and performance measures under seven domains. The domains were developed through engagement with patients, clinicians and stakeholders and identify the priority areas they wanted the NHS to be measured against. Four prescribing-related performance measures have been selected from the NPIs. See Table 2 for the full list of NHS Outcomes Framework Performance Measures 2016–2017 (these may be subject to change in 2017–2018).

4.2 Educational component
Materials to support the educational component, including national guidance, educational modules and National Prescribing Audits are listed in Section 5.0.

4.2.1 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.

4.2.2 National prescribing audits
Completion of one of the AWMSG-endorsed National Prescribing Audits is recommended.
Table 1. Proposed National Prescribing Indicators 2017–2018

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Monitored via</th>
<th>Unit of measure</th>
<th>Target for 2017–2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proton pump inhibitors (PPIs)</td>
<td>CASPA</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>
</tr>
<tr>
<td>Inhaled corticosteroids (ICS)</td>
<td>CASPA</td>
<td>High strength ICS items as a % of all ICS prescribing</td>
<td>Maintain performance levels within the lower quartile, or show a reduction towards the quartile below</td>
</tr>
<tr>
<td>Hypnotics and anxiolytics</td>
<td>CASPA</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>
</tr>
<tr>
<td></td>
<td>CASPA</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>
</tr>
<tr>
<td></td>
<td>CASPA</td>
<td>Opioid patch items as a % of all opioid prescribing</td>
<td>Maintain performance levels within the lower quartile, or show a reduction towards the quartile below</td>
</tr>
<tr>
<td></td>
<td>CASPA</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>
</tr>
<tr>
<td></td>
<td>CASPA</td>
<td>Total antibacterial items per 1,000 STAR-PUs</td>
<td>No performance target set; aim for reduction in prescribing year on year, measuring quarter to December only</td>
</tr>
<tr>
<td></td>
<td>CASPA</td>
<td>Co-amoxiclav items per 1,000 patients</td>
<td>Maintain performance levels within the lower quartile, or show a reduction towards the quartile below</td>
</tr>
<tr>
<td></td>
<td>CASPA</td>
<td>Cephalosporin items per 1,000 patients</td>
<td>Maintain performance levels within the lower quartile, or show a reduction towards the quartile below</td>
</tr>
<tr>
<td></td>
<td>CASPA</td>
<td>Fluoroquinolone items per 1,000 patients</td>
<td>Maintain performance levels within the lower quartile, or show a reduction towards the quartile below</td>
</tr>
<tr>
<td></td>
<td>Audit+</td>
<td>Number of patients aged 75 and over with an anticholinergic effect on cognition (AEC) score of 3 or more for items on active repeat as a % of all patients aged 75 and over</td>
<td>Maintain performance levels within the lower quartile, or show a reduction towards the quartile below</td>
</tr>
<tr>
<td></td>
<td>CASPA</td>
<td>NSAID ADQs per 1,000 STAR-PUs</td>
<td>Maintain performance levels within the lower quartile, or show a reduction towards the quartile below</td>
</tr>
<tr>
<td></td>
<td>Audit+</td>
<td>Number of patients on the CKD register (CKD 3–5) who have received a repeat prescription for an NSAID within the last 3 months, as a % of all patients on the CKD register</td>
<td>Maintain performance levels within the lower quartile, or show a reduction towards the quartile below</td>
</tr>
<tr>
<td></td>
<td>Audit+</td>
<td>Number of patients who are not on the CKD register but have an eGFR of &lt; 59 ml/min and have received a repeat prescription for an NSAID within the last 3 months, as a % of all patients who are not on the CKD register but have an eGFR of &lt; 59 ml/min</td>
<td>Maintain performance levels within the lower quartile, or show a reduction towards the quartile below</td>
</tr>
</tbody>
</table>
| Yellow Cards                                 | YCC Wales     | Number of Yellow Cards submitted per practice and per health board | Target for GP practice – submit one Yellow Card per 2,000 practice population  
Target for each health board – submit Yellow Cards in excess of one per 2,000 health board population |

ADQ = average daily quantity; DDD = defined daily dose; 
PU = prescribing unit; STAR-PU = specific therapeutic group age–sex related prescribing unit
Table 2. NHS Outcomes Framework Performance Measures 2016–2017

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Performance measure</th>
<th>Target</th>
<th>Reporting frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inhaled corticosteroids (ICS)</strong></td>
<td>Low strength ICS items as a percentage of all ICS prescribing</td>
<td>Maintain performance levels within the upper quartile, or show an increase towards the quartile above</td>
<td>Quarterly</td>
</tr>
<tr>
<td><strong>Antibiotics</strong></td>
<td>Fluoroquinolone items as a percentage of total antibacterial items prescribed</td>
<td>Maintain performance levels within the lower quartile, or show a reduction towards the quartile below</td>
<td>Quarterly</td>
</tr>
<tr>
<td></td>
<td>Cephalosporin items as a percentage of total antibacterial items prescribed</td>
<td>Maintain performance levels within the lower quartile, or show a reduction towards the quartile below</td>
<td>Quarterly</td>
</tr>
<tr>
<td></td>
<td>Co-amoxiclav items as a percentage of total antibacterial items prescribed</td>
<td>Maintain performance levels within the lower quartile, or show a reduction towards the quartile below</td>
<td>Quarterly</td>
</tr>
<tr>
<td><strong>Non-steroidal anti-inflammatory drugs (NSAIDs)</strong></td>
<td>NSAID ADQs per 1,000 STAR-PU</td>
<td>Maintain performance levels within the lower quartile, or show a reduction towards the quartile below</td>
<td>Quarterly</td>
</tr>
<tr>
<td><strong>Yellow Cards</strong></td>
<td>Percentage of GP practices that report at or above the National Prescribing Indicator target for the submission of Yellow Cards</td>
<td>Submit one Yellow Card per 2,000 practice population.</td>
<td>Annually</td>
</tr>
</tbody>
</table>

Please note: these may be subject to change for 2017–2018
5.0 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 2017–2018, 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 or to support implementation of the three actions from the GMS QOF Medicines Management Indicator.

Proton pump inhibitors

**Guidance**
- WeMeReC (2015) [Proton pump inhibitors](#)
- WAPSU (2013) [All Wales Proton Pump Inhibitor and Dyspepsia Resource Pack](#)
- 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](#)

Inhaled corticosteroids

**Guidance**
- SIGN (2016) [SIGN 153: British guideline on the management of asthma](#)
- NICE (2010) [CG101: Chronic obstructive pulmonary disease in over 16s: diagnosis and management](#)

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 (2014) [Tramadol Educational Resource Materials](#)
- SIGN (2013) [SIGN 136 Management of chronic pain](#)
- PHE (2014) [Advice for prescribers on the risk of the misuse of pregabalin and gabapentin](#)
- PrescQIPP (2014) [Pregabalin in neuropathic pain](#)
- WHO [Pain Relief Ladder](#)
- NICE (2016) [NG46: Controlled drugs: safe use and management](#)
- Quiz and supporting slide-set suitable for practice, prescribing leads or cluster group discussion [to be finalised](#)

**Audits**
- NICE (2016) [CG140 Opioids in palliative care – Initiating drug treatment clinical audit tool](#)
- NICE (2014) [Opioids learning module](#)

Antimicrobial Stewardship

**Guidance**
- AWMSG (2015) [Primary care antimicrobial guidelines](#)
- WeMeReC (2012) [Bulletin: Appropriate antibiotic use – whose responsibility?](#)
- NICE (2016) [Measures: NICE Antimicrobial Stewardship Q5 121](#)

**Audits**
- AWMSG (2013) [CEPP National Audit: Focus on Antibiotic Prescribing](#)

**Educational**
- RCGP training resources [TARGET Antibiotics](#)
### Anticholinergics

**Guidance**  
AWMSG (2014) [Polypharmacy: Guidance for Prescribing](#)  
NHSScotland (2016) [PolyPharmacy Guidance](#)  
PrescQIPP Anticholinergic bulletin (available to all users in November 2016)

### Non-steroidal anti-inflammatory drugs

**Guidance**  
NICE (2014) [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) [CEPP All Wales Audit: Towards appropriate NSAID prescribing](#)

### Yellow Cards

**Guidance**  
WeMeReC (2013) [Pharmacovigilance Bulletin Yellow Card website](#)

**Educational**  
BMJ (2012) [Pharmacovigilance – identifying and reporting adverse drug reactions](#)

### Anticoagulation

**Guidance**  
AWMSG (2016) [Advice on the Role of Oral Anticoagulants](#)  
NICE (2015) [Atrial Fibrillation Quality Standards](#)  
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

**Guidance**  
WeMeReC (2016) [Depression in young people](#)

**Educational**  
MHRA (2014) [Selective serotonin reuptake inhibitors (SSRIs) learning module](#)

**Audits**  
AWMSG (2012) [CEPP National Audit: Towards More Appropriate Management of Depression in a Primary Care Setting](#)  
AWMSG (2012) [CEPP National Audit: Patient Safety – Lithium Prescribing](#)

### Other areas

**Guidance**  
WeMeReC (2016) [Optimising medicines use in care homes](#)  
WeMeReC (2015) [Medicines-related admissions](#)  
NICE [List of Quality Standards](#)

**Audits**  
AWMSG [CEPP National Audit: Chronic Kidney Disease (CKD) (to be finalised)](#)  
AWMSG (2012) [CEPP National Audit: Repeat Prescribing (2012)](#)

**Educational**  
MHRA (2014) [Antipsychotics learning module](#)

**Other**  
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.