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Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

12 June 2017

Chair  
Public Accounts Committee  
National Assembly for Wales  
Senedd  
Cardiff Bay

Dear Chair

**Powys Teaching Health Board: Additional Information for the inquiry  
into Medicines Management**

I am pleased to attach some additional information for the Committee in relation to the Medicine Management Inquiry, ahead of the oral evidence session planned for 19 June 2017.

Powys Teaching Health Board is a somewhat different Health Board to the others in Wales, with a greater element of commissioning from other providers both within Wales and across the border into England. The provision element of the health board relates largely to a network of community hospital and community based services.

The Medical Director, Dr Karen Gully and I look forward to attending the Committee to assist with this inquiry. Please do not hesitate to get in touch should the Committee require any additional information.

Yours sincerely,

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## **Powys Teaching Health Board**

### **Public Accounts Committee - briefing**

#### **Auditor General's Report for Wales - Managing medicines in primary and secondary care (published December 2016)**

##### **What actions is your Health Boards taking in minimising medicines wastage?**

- We have an enhanced service with Community pharmacies to help identify where patients are prescribed medicines they don't need (because they are prescribed 'as required' but appear on prescriptions regularly )
- We feed back this information to GPs.
- We are working on plans to take part in the Your Care Your Medicines initiative along with other HBs in Wales
- We have invested in significant increases in Pharmacist support in primary care -pharmacy professionals working in our GP practices are involved in supporting patient medication reviews to improve quality, safety, check adherence and minimise waste
- We have an active Drugs and Therapeutics Committee, which leads on
  - The promotion of Decision Support Systems (currently Scriptswitch),
  - Developing and reviewing a Powys Formulary and "Traffic Light" system,
  - Priorities for our ward pharmacy teams in identifying issues, supporting discharge and challenging prescribing as appropriate Our Medicines Administration Record service through community pharmacies, working with social services also includes a requirement to review medicines to minimise the medicines load for a patient on the service.
- Although there remains some possibility for savings from specific medication changes, the major gains for the future are in making sure that patients benefit from prescribed medicines, through adherence support, accurate and supportive cross setting information provision and support for patients in home and care settings.
- Enablers for this such as MTed, IT system support, automation developments and investment into post discharge pharmacy care (including collaboration with social care, domiciliary care workers, and managers etc) will be essential to achieve those major improvements and the savings (especially in prevention) that fall out of them.

##### **What actions is your Health Board taking to implement prudent prescribing principles?**

- Pharmacists working with GP practices in Powys, are increasingly undertaking roles to support effective medication review.
- Collaborative work with prescribers in Powys has kept prescribing costs low, and improved the quality of prescribing – as shown by the trend graph, and the National Indicator ranks – highlighted below
- Activity is developing on improving adherence, with examples such as collaboration with respiratory specialist and practice nurses on

improving inhaler technique and availability of rescue packs and advice, demonstrating significant reductions in admission to hospitals for asthma exacerbations, and reports of consequent and welcome improvements in patient experience.

- In several areas of Powys, Pharmacist skills also play an extremely valuable role supporting GP practices in providing expertise for patients and their medicines, including reviews of prescribing for patients discharged from secondary care settings, to reconcile all relevant information.
- Further progress, particularly around antimicrobial stewardship, safety in handling and awareness of medicines including medical gases and in developing the post-discharge medicines administration and adherence support, is required, and these are areas for work this year, alongside continuation of current activity in roll out of MTeD, Common Ailments Scheme, and other projects.

**What actions is your Health Board taking to address issues associated with medicines administration, storage and recording that originated from the Trusted to Care Report?**

- A new pharmacy team in Powys hospitals can review medicines regimens at the bedside, and in conversation with prescribers in the multi-disciplinary team meetings. Pharmacy services lead and support in achieving safer medicines use, but also work to support others - it is important that all health care professionals and carers play a part in achieving the aims of safe care for patients, where medicines are concerned.
- We've been working with nursing and estates to ensure our medicines storage matches the BS standards, and conduct the Fundamentals of Care audit on all care of the elderly wards in Powys with feedback to Senior sisters on findings and suggestions for ongoing improvement

**The progress for your Health Board for considering or implementing the Auditor Generals recommendations (recommendations below)?**

***Annotated below***

**Auditor Generals recommendations: -**

1. The Welsh Government, NHS Wales Informatics Service (NWIS) and all health bodies should agree a detailed, time-bound plan for implementing electronic prescribing systems in secondary care, along with a clear process for monitoring the delivery of the plan.

- *This work is linked with the replacement of the pharmacy management systems.*

- *The Powys Medicines Management Team is fielding members on both the operational development group and the steering group for the NWIS project*

2. The Chief Pharmaceutical Officer for Wales should lead national reviews to assess each health body's compliance with the MARRS policy, to assess the effectiveness of the new mandatory training programme on medicines management and to assess the long-term sustainability of actions taken in each health body to address all medicines-related findings from Trusted to Care.

- *Powys Health Board's Medicine Management Nurse has had an active role in the development of the MARRS e-learning package on an All Wales level.*
- *Implementation of e-learning package across the health professions will be progressed.*
- *The MM Team take part in the monthly safety audit of medicines charts, on wards, and provide awareness training as part of an annual review of systems on wards.*

Each health body should develop a time-bound plan for improving storage and security of medicines on hospital wards, including specific consideration of the benefits of implementing automated vending machines.

- *The Health Board has purchased through WG capital funding one unit installed in Ystradgynlais, but further work on understanding the benefits realisation, to be undertaken at an All Wales level, will be required before wider implementation.*
- *The Medicines Management Team will then identify further wards/clinical areas where a unit would be of benefit.*

3. Health bodies should ensure their Chief Pharmacist is, or reports directly to, an executive director.

- *In Powys the Head of Pharmacy currently reports to Director of Primary, Community and Mental Health but works closely with the Medical Director.*

Health bodies should have an annual agenda item at the Board to discuss an annual report covering pharmacy services, medicines management, primary care prescribing, homecare medicines services and progress in addressing the issues identified in Trusted to Care.

- *The Powys Patient Experience, Quality and Safety Committee receives an annual report on medicines management.*

4. Chief Pharmacists should seek the support of the NHS Wales Shared Services Partnership's Workforce, Education and Development Services to strengthen current resource mapping approaches to facilitate robust comparisons of pharmacy staffing levels across Wales and to produce a generic service specification. The specification should set out the typical resources required to deliver key pharmacy services, such as clinical pharmacy input and patient

education on the wards. The specification should also be flexible enough to recognise that different types of wards will require different levels of resource.

- *All Wales approach. In Powys work has been undertaken to restructure medicines management services, based on the assessment of local need. The new structure is currently being implemented.*

5. To drive further improvements in prescribing, health bodies should ensure they have a targeted plan of action to achieve cost and quality improvements in prescribing in primary care and in secondary care, in line with prudent healthcare principles. The plan of action should be informed by regular analysis of prescribing data to ensure that attention is focused on the areas where the greatest scope exists to secure cost and quality improvements;

*The pharmacy and medicines management team have delivered significant cost improvement in prescribing over the past 8 years, even against a backdrop of significant work across all Health Boards.*

*At a national level the Efficiency, Health Care Value and Improvement Group has been established, the main focus being:*

- *Reducing medicines related harm*
- *Improving patient experience and outcomes*
- *Workforce modernisation*
- *Driving efficiency*
- *Better use of technology*
- *Benchmarking*

In line with the need to increase the profile of medicines management at Board level, health bodies should ensure that performance against the National Prescribing Indicators is considered regularly by the Board, alongside progress in delivering wider cost and quality improvements in primary care prescribing; Prescribing indicators and Prescribing costs (Latest data at January 2017)

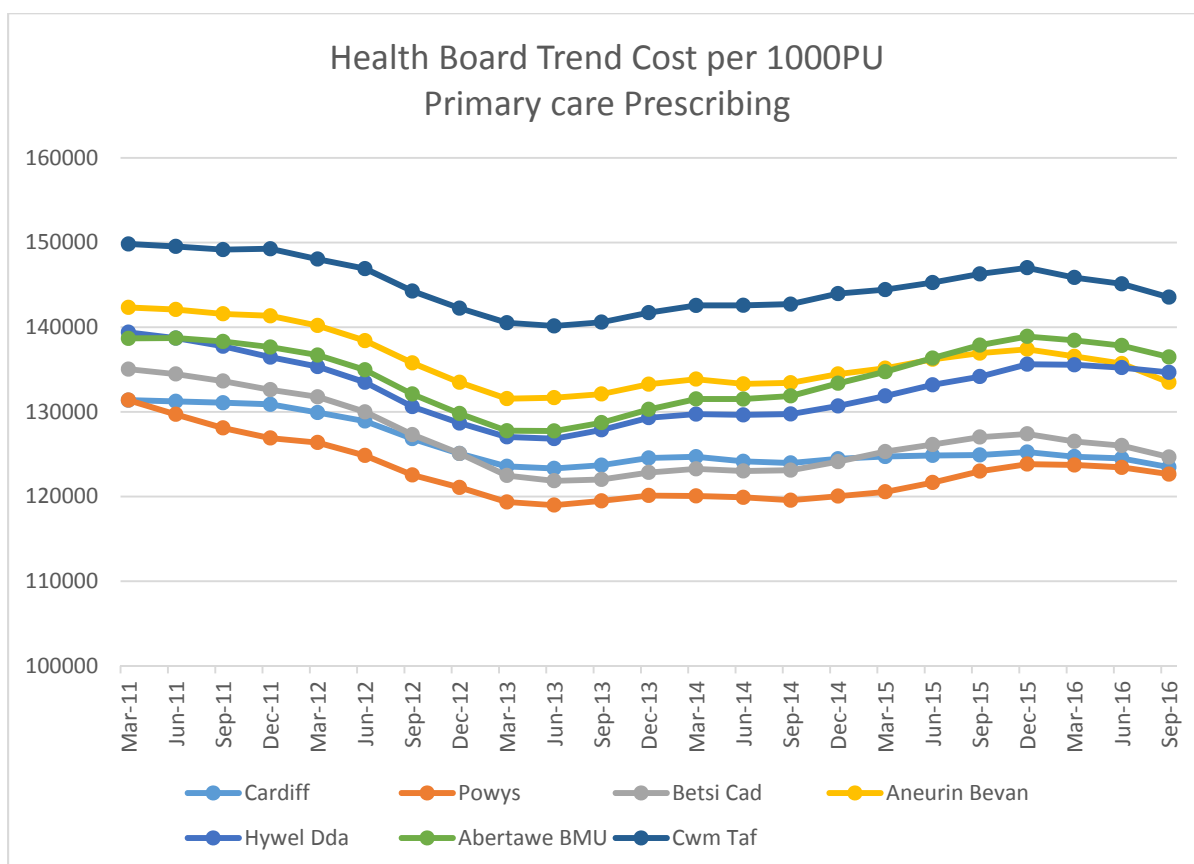
### **Prescribing indicators and Prescribing costs (Latest data at January 2017)**

All Wales Medicines Strategy Group (AWMSG) Indicators - Powys Teaching Health Board rank amongst 7 Health Boards across Wales

<b>National Prescribing Indicator</b>	<b>Powys Teaching Rank - of 7 Health Boards</b>
<b>Proton Pump Inhibitors DDDs per 1000 Pus</b>	<b>5</b>
<b>Lipid Regulating BNF 2.12 subset as % of total Lipid Regulating items</b>	<b>1</b>
<b>Low Strength ICS Items % of all ICS</b>	<b>2</b>

Hypnotics and Anxiolytics (UDG) ADQ Quantity per 1000 STAR-PU(13)	1
Tramadol DDD per 1000 Patients	1
Gabapentin and Pregabalin DDDs Per 1000 Patients	1
Antibacterial Items Per 1000 STAR-PU(13)	1
Co-Amoxiclav Items per 1000 Patients	3
Co-Amoxiclav Items % of Antibacterial Items	4
Cephalosporin Items Per 1000 Patients	2
Cephalosporin Items % of Antibacterial Items	2
Quinolone Items per 1000 Patients	3
Quinolone Items % of Antibacterial Items	5
NSAIDs ADQ Quantity per 1000 STAR-PU(13)	2
Ibuprofen And Naproxen Items as % of NSAIDs	3

Indicators where Powys does not perform as well remain a particular focus for work with practices, but all indicator areas are reviewed on a quarterly basis.



On this measure Powys remains amongst the lowest cost for primary care prescribing. Total approximately £24m pa.

The Welsh Government should ensure the work of the Efficiency, Healthcare Value and Improvement Group takes an all-Wales view on the cost and quality improvements that should be achievable through better prescribing and medicines management, and uses mechanisms such as the twice-yearly Joint Executive Team meeting between government officials and each individual health body to ensure that the necessary progress is being made in securing these improvements.

- *Powys performance against the NPIs was referenced at the recent JET meeting*

The Welsh Government should work with NHS bodies to develop and implement a clear national plan of action aimed at reducing medicines wastage, building on the findings from the ongoing evaluation of the Your Medicines, Your Health campaign. Reducing waste leads to cost savings whilst at the same time helping patients to take their medicines as prescribed, thereby helping to secure maximum benefit from the medicine; and

Linked to the above points, the Welsh Government should ensure that there is a clear and time-bound plan in place to roll out improved repeat prescribing systems that are being tested by the Prudent Prescribing Implementation Group.

6. The Welsh Government should develop a plan, in partnership with All Wales Medicines Strategy Group (AWMSG), health bodies and GPs, to evolve the National Prescribing Indicators so that they begin to consider measures of whether the right patients are receiving the right medicines and whether medicines are making a difference to people's outcomes.

- *National Prescribing Indicators (NPIs) are developed annually to promote rational prescribing, balancing both quality and cost. The indicators are evidence-based and are designed to be clear and applicable at practice level. NPIs for 2017–2018 comprise fourteen primary care measures focusing on seven therapeutic areas and the reporting of adverse events. Three of these primary care measures are new for 2017–2018 and two of these new NPIs will be monitored via Audit+ data. There are also three secondary care measures, as in 2016–2017.*
- *An NPI Task and Finish Group of the All Wales Prescribing Advisory Group (AWPAG) was established to review the 2016–2017 NPIs and discuss potential additional NPIs for 2017–2018.*
- *Prior to the NPI Task and Finish Group meeting, Health Board Medicines and Therapeutics Committees and the Primary Care Pharmacists Delivery Group were invited to comment on the continued relevance of the 2016–2017 NPIs and identify other priority areas that may be appropriate to monitor as an NPI. This information then fed into the discussions of the NPI Task and Finish Group.*
- *Key changes:*
  - *Introduction of two new NPIs to be monitored via Audit+:*
    - *Anticholinergic Effect on Cognition*
    - *NSAIDs in Chronic Kidney Disease*
  - *Introduction of a new NPI to be monitored via CASPA*
  - *Opioid patches*

- *Change of inhaled corticosteroid (ICS) NPI measure from low-strength to high-strength ICS items as a percentage of all ICS prescribing.*

*The introduction of an NPI to measure the impact of anticholinergic effects on cognition is an example of work to ensure that patients benefit from and are not harmed by the medications they receive. The risk of adverse clinical outcomes in older people prescribed anticholinergic medications increases with increasing anticholinergic exposure.*

7. The All Wales Chief Pharmacists' Committee should lead a national audit of compliance with the measures set out in the all-Wales handbook on the safe and effective delivery of homecare services.

- *The All Wales Procurement lead has been tasked by the Chief Pharmacists Group (CPG) to lead a group to review current practice across Wales in Homecare services.*

8. The Welsh Government, supported by 1000 Lives Improvement, should work with pharmacy teams, clinical coding staff and clinicians across Wales to develop a programme aimed at identifying and preventing medicines related admissions (MRAs).

- *National action.*
- *The Chief Pharmacists have set in place a working group to develop an implementation plan drawing from existing best practice and development of new initiative for a consistent approach across NHS Wales. This will allow learning from each other and reduce the potential for harm.*
- *Initiatives include:*
  - *Communication to GPs of patient admitted with medicine related issues*
  - *Clinical review of medication for patients*
  - *Targeting high risk medicines*

9. The Welsh Government and NWIS should continue to work with GP representatives to ensure their concerns about information governance are addressed;

- *Facilitate wider access to the GP Record so that all pharmacists and pharmacy technicians that deliver clinical services on the wards can access the system for patients who are admitted for an elective procedure, as well as those admitted as emergencies; and*
- *Facilitate wider access to, and use of, the GP Record in community pharmacies so that whenever it is clinically appropriate, patients can have their medicines managed in the community without accessing a GP or other NHS services.*



*On going work on the GP summary care record is continuing. Access has increased and governance concerns have been addressed by close collaborative working and carefully managed extension of access.*

10. Where the Welsh Government makes a decision to make a new medicine available outside the current national appraisal process, it should clearly explain the rationale underpinning its decision and ensure that health bodies are given sufficient time to plan for the financial implications and service changes associated with introducing those new medicines.

- *New Treatment Fund now in place - collaborative work undertaken by Chief Pharmacists to develop intelligence and local systems.*
- *In Powys a Group has being established being led by the Medical Director. There is strong engagement with the national work.*

**Any other comments you would like to provide around the issues highlighted within the Auditor General for Wales Report?**

- Collaboration across Wales through CPG (Chief Pharmacists Group, MDs (Medical Directors Group), DoFs (Directors of Finance Peer Group) and CEOs will be essential for ongoing efficiencies, particularly, but not solely, through secondary care settings.
- The NHS Efficiency Group has highlighted a number of potential areas for focus on potential savings, (although some, for example, the work on biosimilars, has excluded Powys in the presentation of data) – the commissioning of biosimilars by Powys will need to follow the All Wales planning, and requires clinical input into the commissioning process.