

Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/  
Prif Weithredwr GIG Cymru  
Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/  
NHS Wales Chief Executive  
Health and Social Services Group



Llywodraeth Cymru  
Welsh Government

Nick Ramsay AM  
Chair  
Public Accounts Committee  
National Assembly for Wales  
Cardiff Bay  
Cardiff  
CF99 1NA

10 February 2020

Dear Mr Ramsay

## Medicines Management

I am responding to the recent temporary Chair's letter of 14 January seeking information on progress on a number of recommendations made by the Public Account Committee's report on Medicines Management.

This referred to previous letters asking for updates on specific areas. Whilst I consider these had been addressed in my earlier responses, I am providing another update as there has been further progress in some areas since then.

The letter asked about initiatives to improve repeat prescribing and reducing waste. These were addressed in our responses to Recommendations and 2 and 12 which are now closed as the Committee has been advised. It is now for health boards to progress the actions in response to the guidance on repeat prescribing provided by the All Wales Therapeutics and Toxicology Centre (AWTTC).

The Committee may however be interested to see work carried out by Improvement Cymru that supported around 35 practices across Wales to identify and make improvements to their repeat prescribing processes. (Annex)



Q exchange Repeat  
Prescribing Report v1a

**Recommendation 10** focussed on improving medicines storage, in your letter you noted "the updated guidance that was promised has not yet been issued". A review was undertaken of patient safety notice [PSN030](#) in 2018. This review concluded the standards for medicine storage set out in the notice remain extant and this has been reaffirmed by the

inclusion of much of its content in the Royal Pharmaceutical Society's [Professional guidance on the safe and secure handling of medicines](#), which was published later in 2018. Patient safety notice PSN030 sets clear standards for storage in all new builds and refurbishments where medicines are routinely stored. However, the review concluded that for existing medicines' storage areas not scheduled for significant refurbishment, advice on how the notice could be implemented would support health boards and NHS trusts in prioritising investment in improvements. Since that time, work has been progressing to develop and trial a standardised risk assessment to support NHS organisations identifying the highest priority improvements to storage. Final testing of the risk assessment will be completed shortly and once the findings of the review have been collated, it will be issued later this year alongside a revised notice.

The letter also asked for evidence that positive work to identify indicators of cost and quality improvements is driving actual improvements on the ground. You will recall our response to **recommendation 1** of the Committee's report stated we did not consider an additional annual report published by the Welsh Government was the most appropriate means to achieve the Committee's objectives. Instead we noted *"the All Wales Strategy Group was undertaking work to inform and develop their existing annual report and quarterly reporting of progress against the national prescribing indicators to ensure the content and format was more relevant and accessible to Board members of NHS bodies."*

My update in December 2019 noted that the [reports](#) had been published on the Welsh Analytical Prescribing Support Unit (WAPSU) website. As noted, in their letter to Chief Executives, the Chief Pharmaceutical Officer and the Deputy Chief Medical Officer advised it was now for health boards to review and take any necessary action in response to this data.

In response to the letter, however, I asked WAPSU to provide a short report which outlines a range of clear improvements in selected indicators across NHS Wales. This report is provided at Annex A.

Finally, the correspondence referred to electronic prescribing. As I have previously advised, the capital costs associated with implementing e-prescribing are expected to be substantial and require prioritisation over other investments. The priority to date has been taking forward the business case for the Welsh Pharmacy and Medicines Management System, which was more advanced, and I am pleased to inform you that capital funding of just over £3.1m for this system was approved by the Minister shortly before Christmas. This now paves the way for NWIS resource to be directed toward further developing the business case for electronic prescribing in secondary care and we look forward to receiving this soon.

I also confirm that options for an electronic prescribing system in primary care are being worked up and I have made it clear I expect this to be a priority for the new special health authority that we are establishing to lead national action on digital transformation.

Yours sincerely



**Dr Andrew Goodall**

cc: Andrew Evans, Chief Pharmaceutical Officer, Welsh Government  
CGU Mailbox  
Cabinet Mailbox

## Improvements in selected indicators within NHS Wales

### Low Priority for Funding

The aim of the **Low Priority for Funding in NHS Wales** initiative is to minimise the prescribing of medicines that offer a limited clinical benefit to patients and where more cost-effective treatments *may be* available. Five medicines were identified for the purposes of the first phase of this initiative (October 2017), with an additional four medicines included in the second phase (December 2018). When comparing 2018-2019 to 2017-2018, all health boards are showing an actual saving for the nine low priority for funding medicines. This equates to a total decreased expenditure across health boards in Wales of £1,119,856, a 19% difference in spend when compared to 2017-2018.

For all of the medicines within phase 1 of the initiative, a statistically significant decrease in overall prescribing was reported in the Journal of the Royal Society of Medicine. This decrease was in contrast to the prescribing pattern observed within England (albeit based on a slightly different group of medicines).

**Co-proxamol** was withdrawn in 2005 due to significant concerns around its safety. Death from co-proxamol overdose occurs rapidly; the risk of dying after co-proxamol overdose is nearly 30 times that for paracetamol. Despite this significant safety issue and its unlicensed status, co-proxamol prescribing has continued to occur. However following a joint health professional letter by the Chief Medical Officer and Chief Pharmaceutical Officer in 2017; and the endorsement by the All Wales Medicines Strategy Group to include co-proxamol in the first phase of the Low Priority for Funding initiative, in 2018-2019 prescribing across Wales decreased by over 60% in comparison to 2017-2018.

### National Prescribing Indicators

#### Biosimilars

The purpose of the biosimilar National Prescribing Indicator (NPI) is to ensure the prescribing of biological medicines supports cost-effective prescribing in Wales. All health boards/trust are showing an actual year to date saving on spend for five selected biological medicines combined, when compared with the equivalent period of the previous year. For 2018-2019 this equates to an actual decreased expenditure across health boards/trust in Wales of £6,538,586, a 15% difference in spend when compared to 2017-2018.

#### Hypnotics and anxiolytics

There has been concern with regard to the high level of hypnotic and anxiolytic prescribing in NHS Wales, with the substance misuse strategy of the Welsh Government, *Working together to reduce harm*, calling for the reduction of inappropriately prescribed benzodiazepines. In quarter 4 2018-2019 hypnotic and anxiolytic prescribing across Wales decreased by 7.61% for the quarter ending March 2019 compared with the equivalent quarter of the previous year. This continues the downward trend in line with the aim of this NPI.

#### Tramadol

The unique dual-action pharmacological profile of tramadol increases the risk of adverse effects seen in overdose. Recent data for Wales reports that the number of deaths related to tramadol has more than doubled, from six deaths in 2017 to 14 deaths in 2018. This concerning increase highlights the need for appropriate use and review of tramadol. Across

Wales, prescribing of tramadol was 9.42% lower in the quarter ending March 2019, than in the equivalent quarter of the previous year. This also continues a downward trend in line with the aim of this NPI.

### **Welsh Analytical Prescribing Support Unit (WAPSU)**

**January 2020**

**Opportunity Costing:  
Repeat prescribing – redesign through  
co-design**

***Progress Report***

**December 2019**

**By**

**Paul Gimson & Andy Ware**

**#Qexchange**

**Paul Gimson @pgimmo**

**Andy Ware @Acrware**

**Brian Makusha @BrianMakusha**

# Acknowledgements

The opportunity costing methodology developed by

- Matt Wyatt, Improvement Advisor
- Sion Charles, Bevan Commission
- Professor Nick Rich, Swansea University

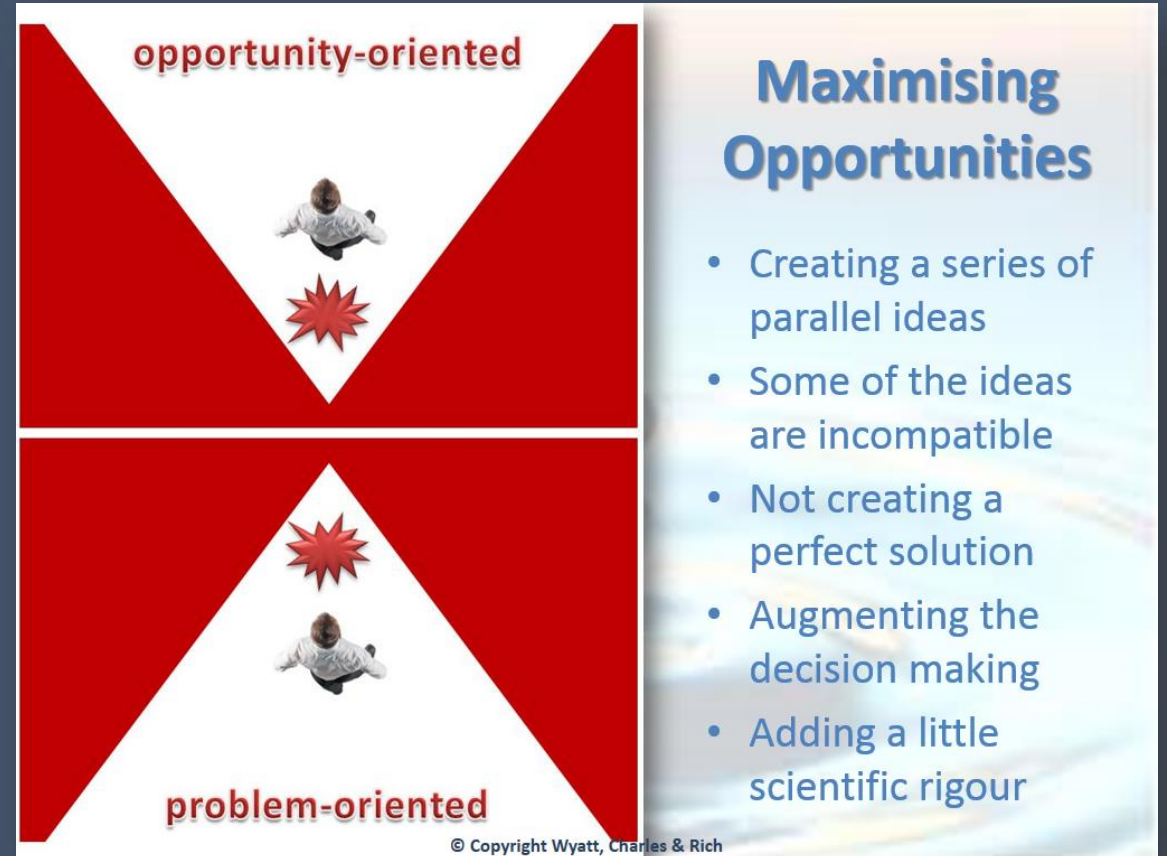
# Background

- Repeat prescriptions account for 80% of all prescriptions in primary care. In 2015/16 over 79 million prescriptions issued from GP practices in Wales at a cost of £593Million.
- Repeat Prescribing was identified by our Community of Practice for GP Practice Pharmacists as the No. 1 issue they would like help with.
- The system is inherent with failure demand and is a system struggling to cope with increased demand (39% over the last 10 years) due to a growing population using medication for chronic medical conditions
- Previous work by the project lead and by 1000Lives has shown huge variation in repeat prescribing processes. One-size-fits-all approaches haven't worked in the complex adaptive system of primary care.
- Our experience of working in primary care has shown helping being to understand and redesign their own systems can be effective.
- Use of a method known as 'Opportunity Costing' (developed by Professor Nick Rich of Swansea University, Matt Wyatt of 1000Lives and Sion Charles, Deputy Director of the Bevan Commission) was showing promise in primary care
- The aim of this project was to apply the methodology specifically to repeat prescribing in primary care



# Opportunity Costing

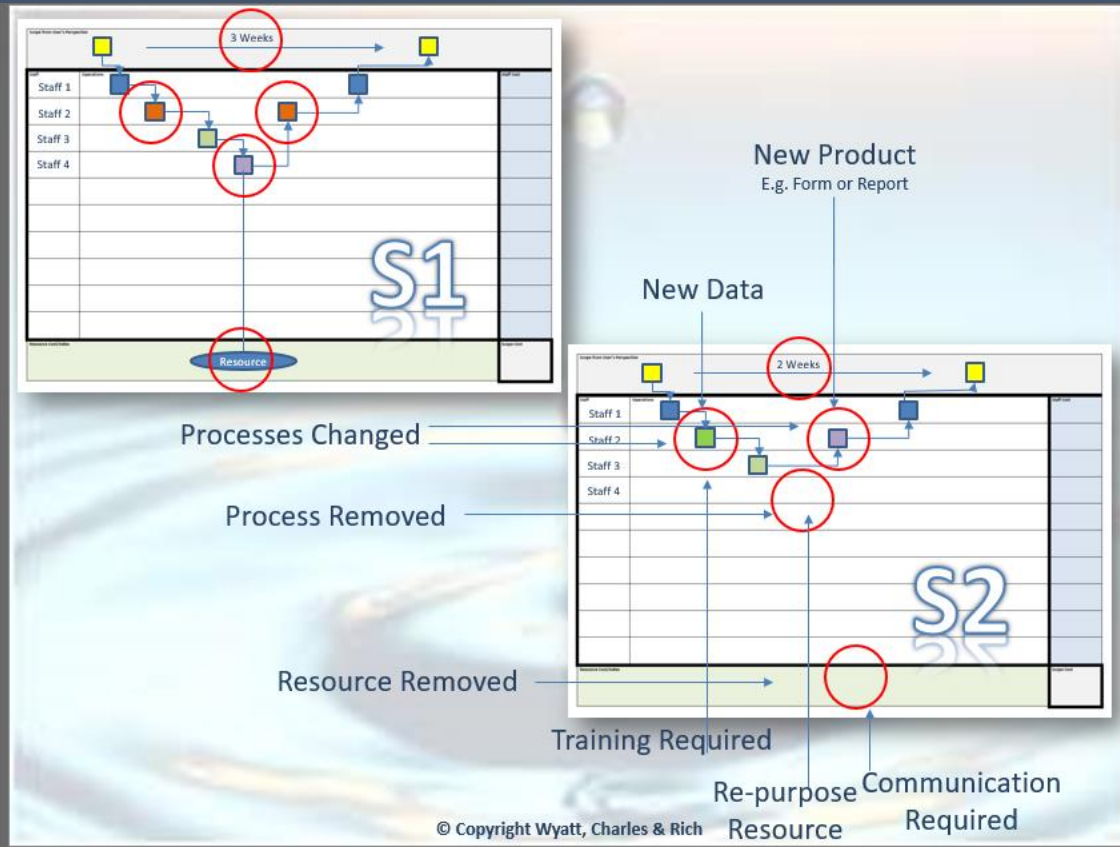
- An 'Opportunity Oriented' method designed to help participants understand their own context and change it
- Opportunity costs are those costs that fall around the margin of work and resource usage where more effective, efficient or less wasteful processes can be developed to streamline services or process flow
- The costs identified may not be hard cash savings but they represent real opportunities to make better use of resources to achieve more
- A team base approach is advocated to understanding and changing your own system – always viewed from the 'customers' (usually the patients) perspective
- It is important that the workshops are undertaken by staff who 'touch' the work so that delegates are mapping 'work as done' rather than 'work as imagined'
- A practice based project supported by a one-day workshop for practice staff



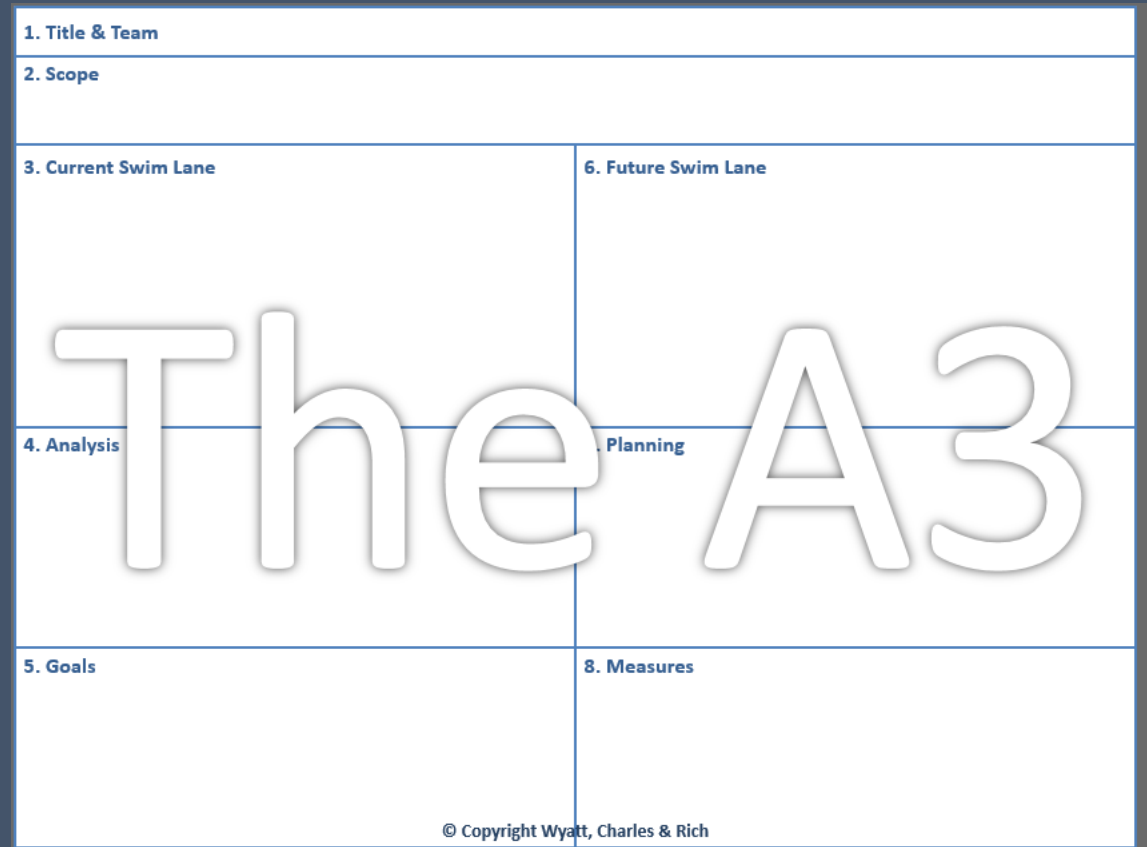


# Opportunity Costing – examples of tools used

## Swim Lane Mapping



## A3 used to manage project



# Overview

- Bespoke workshop designed, organised and promoted through primary care across Wales
- 6 workshops held across Wales (include a bespoke workshop for 'managed GP practices') with over 100 attendees
- 6 bespoke workshops at individual practices
- Approximately 35 practices supported
- Average workshop evaluation score – 4.2 (out of 5)
- Our journey described in a number of blogs for the Q Network and through the twitter hashtags #opportunitycosting & #repeatprescribing #qexchange

<https://q.health.org.uk/blog-post/repeat-prescribing-through-co-design-a-q-exchange-project-update/>

<https://q.health.org.uk/blog-post/repeat-prescribing-through-co-design-update-2/>





**TOTAL OPPORTUNITY COSTS IDENTIFIED;**  
**£1,832,505.93**

# Improvements

*Delegates were asked 'What is the first change you plan to make?'*

“Redevelop the role of the pharmacy technician”

“Promote the use of ‘My Health Online’ (online prescription ordering)”

“Alter timings of prescription deliveries from the pharmacy”

“Train administration staff and develop a protocol to allow decisions regarding patients that need medicines review and bloods”

“Train administration staff to deal with simple prescription queries in order to release pharmacist's time for medication reviews”

“Give prescribing clerk more responsibility to free up receptionist and phone lines”

“Discuss plan for potential savings with other GP partners”

“Start the process of medication review at 11 out of 12 issues rather than 12/12”

“Set up clinical recalls for birth months and recalls for 10 months”

“Use the swim lane map in team meetings to map current processes”

“Identify patients who are on repeat prescribing systems but not on chronic disease registers”



# Learning

- Opportunity costing / swim-lane mapping is an effective improvement tool in the complex and distributed system that is primary care
- Changes made through this process are not necessarily transferrable to other practices – but the methodology is
- Some practices struggled to implement changes outside of the workshop as insufficient coaching support was available – if this were to be repeated we would build in resource for more follow up support
- The workshops were most effective when a spread of the team attended (at least 1 practice pharmacist, 1 GP and 1 prescribing clerk). This was not always possible and the benefits to lone attendees was lessened
- The in-practice method supported by follow up coaching is probably a more effective method but requires more resource in terms of training time and facilitated support
- The programme helped us to develop the role of ‘Practice Facilitators’ – described here in a blog for the Q network; <https://q.health.org.uk/blog-post/i-am-not-an-expert-but/>



# Next Steps

- Working with Swansea University and creators of the opportunity costing methodology to write up & evaluate the programme
- Programme and lessons learnt shared at the Improvement Cymru national conference
- The OC method and lessons learnt will form part of the new 'Improvement Cymru Medicines Safety Programme'
- Specific learning relating to repeat prescribing will be shared through the PIPCOP – our Community of Practice for Practice Pharmacists (initially supported through a separate bid from The Health Foundation)
- The role of the practice facilitator has been accepted as a model by a number of Directors of Primary Care in Wales, and is the subject of three 'pacesetter' bids to test out the role in practice. If the bids are successful this role will form part of the recommendations from the Welsh Strategic Programme for Primary Care. We anticipate supporting those in the role to improve repeat prescribing (and more besides) using the lessons learnt from this programme
- Our learning will continue to be shared with the Q Network and be fed into the soon to be developed 'Q Lab Cymru' (<https://q.health.org.uk/blog-post/a-new-improvement-lab-in-wales/>)



## The Q Improvement Lab

The Q Improvement Lab brings people and organisations together to explore, develop and test ideas to make progress on health and care challenges.

# Final Thoughts...

- The Q Exchange funding helped us to devote time and to fund workshops that would otherwise have not been possible
- It allowed us to try out a methodology that was outside of the usual improvement orthodoxy
- The programme has not only supported improvement in repeat prescribing but has helped us to develop a new role that if successful could have massive benefits for improvement in primary care
- Primary Care is so large and complex that traditional methods of improvement developed in industry and hospital may not be effective. It is important therefore that methods such as this are tested in order to be able to offer support that works
- The programme has been successful in supporting a large number of GP practices to improve their repeat prescribing and therefore medicines safety. Future efforts will focus on providing the learning '*in situ*' supported by practice facilitation and communities of practice to share learning.

