

**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 AC  
Cadeirydd  
Pwyllgor Cyfrifon Cyhoeddus  
Cynulliad Cenedlaethol Cymru  
Bae Caerdydd  
Caerdydd  
CF99 1NA

10 Chwefror 2020

Annwyl Mr Ramsay

**Rheoli Meddyginiaethau**

Rwy'n ymateb i lythyr diweddar y Cadeirydd dros dro dyddiedig 14 Ionawr a ofynnodd am wybodaeth ynghylch cynnydd ar nifer o argymhellion a wnaed yn adroddiad y Pwyllgor Cyfrifon Cyhoeddus ar Reoli Meddyginiaethau.

Cyfeiriodd at lythyrau blaenorol a ofynnodd am ddiweddariadau at feysydd penodol. Er fy mod yn ystyried bod fy ymatebion cynharach wedi rhoi sylw i'r rhain, rwy'n rhoi diweddariad arall gan fod cynnydd pellach wedi bod mewn rhai meysydd ers hynny.

Gofynnodd y llythyr am fentrau ar gyfer gwella systemau presgripsiynau amlroddadwy a lleihau gwastraff. Rhoddwyd sylw i'r rhain yn ein hymatebion i Argymhellion 2 a 12 sydd bellach wedi cau fel y cynghorwyd y Pwyllgor. Cyfrifoldeb y byrddau iechyd ydyw nawr i roi'r camau ar waith mewn ymateb i'r canllawiau ar bresgripsiynau amlroddadwy a ddarperir gan Ganolfan Therapiwteg a Thocsicoleg Cymru Gyfan.

Serch hynny, efallai y bydd gan y Pwyllgor ddiddordeb mewn gweld gwaith a wnaed gan Gwelliant Cymru a gefnogodd tua 35 o bractisau ledled Cymru i nodi a gwneud gwelliannau i'w prosesau presgripsiynau amlroddadwy. (Atodiad)



Q exchange Repeat  
Prescribing Report v1a

Roedd **argymhelliad 10** yn canolbwyntio ar wella'r broses o storio meddyginiaethau. Yn eich llythyr, nodwyd "nad yw'r canllawiau newydd y gwnaed addewid yn eu cylch wedi'u cyhoeddi eto". Cynhaliwyd adolygiad o hysbysiad diogelwch cleifion [PSN030](#) yn 2018. Daeth yr adolygiad hwn i'r casgliad bod safonau ar gyfer storio meddyginiaethau a nodir yn yr hysbysiad yn parhau'n gyfredol. Ategir hyn gan y ffaith bod llawer ohono wedi'i gynnwys



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yn [nghanllawiau proffesiynol y Gymdeithas Fferyllol Frenhinol ar drin meddyginiaethau yn ddiogel](#), a gyhoeddwyd yn ddiweddarach yn 2018. Mae hysbysiad diogelwch cleifion PSN030 yn nodi safonau clir ar gyfer storio ym mhob adeilad newydd a mannau a adnewyddir lle caiff meddyginiaethau eu storio'n arferol. Serch hynny, pan nad oes gwaith adnewyddu sylweddol wedi'i drefnu ar gyfer mannau storio meddyginiaethau sydd eisoes yn bodoli, daeth yr adolygiad i'r casgliad y byddai cyngor ar sut y gellid rhoi'r hysbysiad ar waith yn cefnogi byrddau iechyd ac ymddiriedolaethau'r GIG i flaenoriaethu buddsoddiad mewn gwelliannau. Ers hynny, mae gwaith yn mynd rhagddo i ddatblygu a threialu asesiad risg safonol i gefnogi sefydliadau'r GIG i nodi'r gwelliannau i storio sydd â'r flaenoriaeth bennaf. Bydd camau olaf treialu'r asesiad risg yn cael eu cwblhau'n fuan ac unwaith y mae canfyddiadau'r adolygiad wedi'u rhoi at ei gilydd, bydd yn cael ei gyhoeddi nes ymlaen eleni ynghyd â hysbysiad diwygiedig.

Gofynnodd y llythyr hefyd am dystiolaeth bod gwaith cadarnhaol at ddibenion nodi dangosyddion mewn perthynas â gwella costau ac ansawdd yn arwain at welliannau gwirioneddol ar lawr gwlad. Fe gofiwch y gwnaeth ein hymateb i **argymhelliad 1** yn adroddiad y Pwyllgor nodi nad oeddem yn ystyried mai adroddiad blynyddol ychwanegol a gyhoeddir gan Lywodraeth Cymru oedd y ffordd fwyaf priodol o gyflawni amcanion y Pwyllgor. Yn hytrach, gwnaethom nodi y "*byddwn yn gofyn i Grŵp Strategaeth Meddyginiaethau Cymru Gyfan (AWMSG) gynnal gwaith i lywio a datblygu ei adroddiad blynyddol cyfredol ac adrodd chwarterol ar gynnydd yn erbyn dangosyddion rhagnodi cenedlaethol i sicrhau bod y cynnwys a'r fformat yn fwy perthnasol a hygyrch i aelodau Bwrdd cyrff y GIG.*"

Yn fy niweddariad ym mis Rhagfyr 2019, nodais fod yr [adroddiadau](#) wedi'u cyhoeddi ar wefan Uned Cymorth Presgripsiynu Dadansoddol Cymru. Fel y nodwyd, yn eu llythyr at Brif Weithredwyr, dywedodd y Prif Swyddog Fferyllol a'r Dirprwy Brif Swyddog Meddygol mai cyfrifoldeb y byrddau iechyd ydoedd nawr i adolygu a chymryd unrhyw gamau angenrheidiol mewn ymateb i'r data hwn.

Wrth ymateb i'r llythyr, fodd bynnag, gofynnais i Uned Cymorth Presgripsiynu Dadansoddol Cymru lunio adroddiad byr sy'n amlinellu ystod o welliannau clir i ddangosyddion dethol ar draws GIG Cymru. Darperir yr adroddiad hwn yn Atodiad A.

Yn olaf, cyfeiriodd yr ohebiaeth at ragnodi electronig. Fel yr wyf wedi'i ddweud o'r blaen, mae disgwyl i'r costau cyfalaf sy'n gysylltiedig ag e-ragnodi fod yn sylweddol, ac y byddai angen eu blaenoriaethu dros fuddsoddiadau eraill. Hyd yma, y flaenoriaeth oedd bwrw ymlaen â'r achos busnes ar gyfer System Fferylliaeth a Rheolaeth Meddyginiaethau, a oedd yn fwy datblygedig, ac mae'n dda gennyf roi gwybod ichi y cafodd ychydig dros £3.1m o gyllid cyfalaf ei gymeradwyo gan y Gweinidog cyn y Nadolig. Mae hyn nawr yn paratoi'r ffordd i adnoddau Gwasanaeth Gwybodeg GIG Cymru gael eu cyfeirio at ddatblygu'r achos busnes ymhellach ar gyfer rhagnodi electronig mewn gofal eilaidd ac edrychwn ymlaen at gael hwnnw'n fuan.

Cadarnhaf hefyd bod opsiynau ar gyfer system ragnodi electronig mewn gofal sylfaenol yn cael eu llunio ac rwyf wedi'i gwneud yn glir fy mod yn disgwyl i hon fod yn flaenoriaeth i'r awdurdod iechyd arbenigol newydd yr ydym yn ei sefydlu i arwain camau gweithredu cenedlaethol ar drawsnewid digidol.

Yn gywir



**Dr Andrew Goodall**

cc: Andrew Evans, Prif Swyddog Fferyllol, Llywodraeth Cymru  
Blwch Postio CGU  
Blwch Postio'r Cabinet

## 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

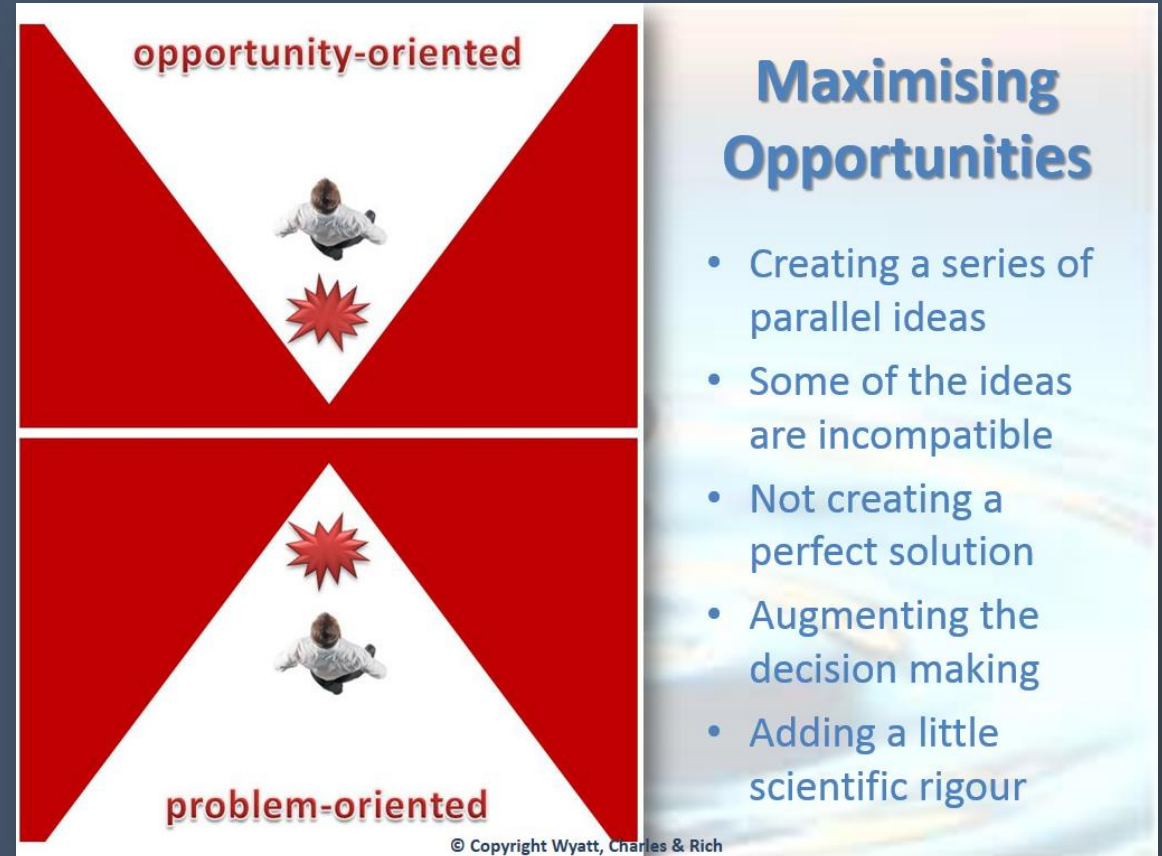
- Repeat prescriptions account for 80% of all prescriptions in primary care. In 2015/16 over 79 million prescriptions issued from GP practices in Wales at a cost of £593Million.
- Repeat Prescribing was identified by our Community of Practice for GP Practice Pharmacists as the No. 1 issue they would 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





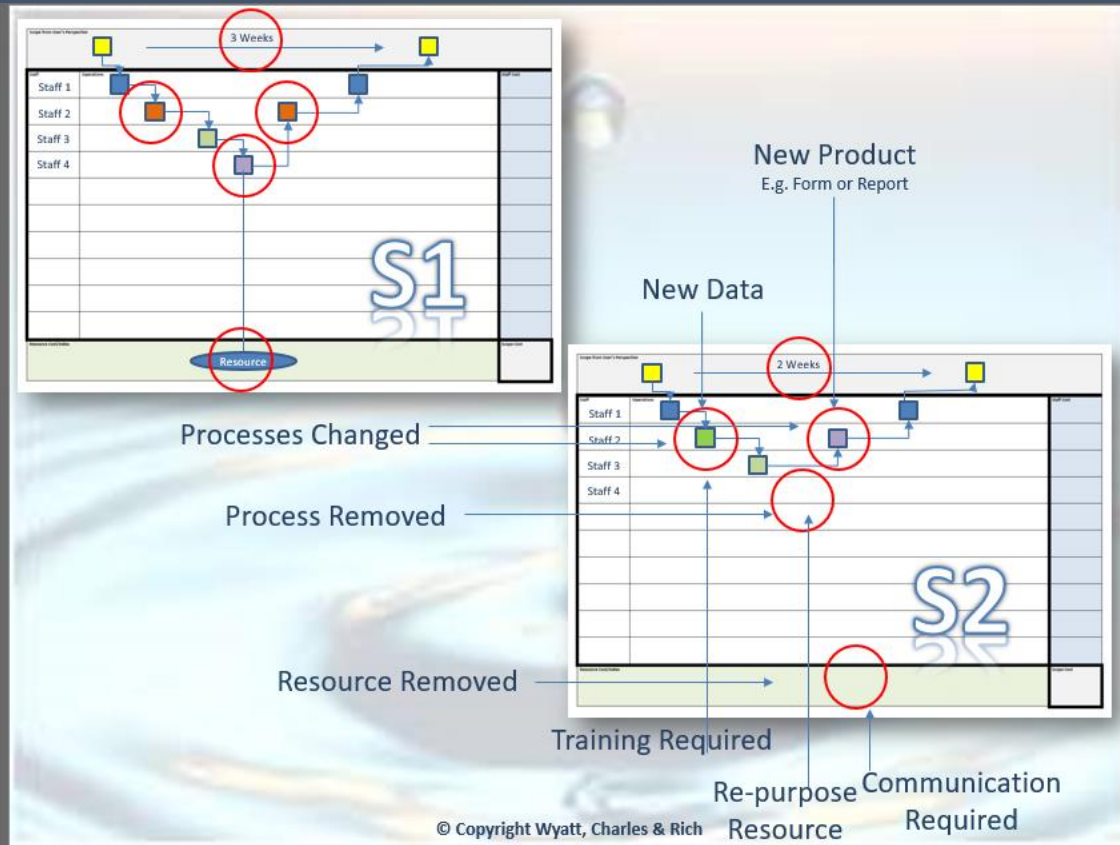
# Opportunity Costing

- 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

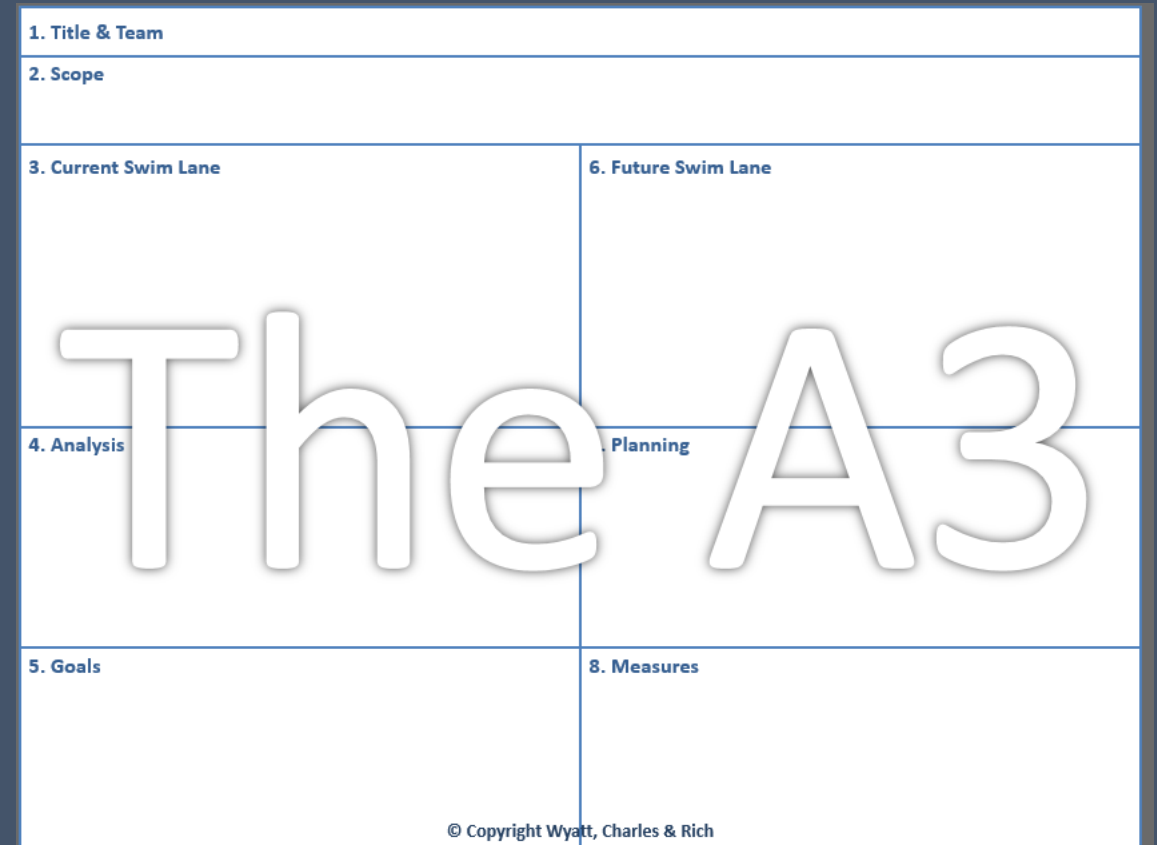


# Opportunity Costing – examples of tools used

## 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-butt/>



# 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.

