

Yr Adran Iechyd a Gwasanaethau Cymdeithasol  
Cyfarwyddwr Cyffredinol a Prif Weithredwr, GIG Cymru

Department for Health and Social Services  
Director General and Chief Executive, NHS Wales



Llywodraeth Cymru  
Welsh Government

Darren Millar AM  
Chair  
Public Accounts Committee  
Cardiff Bay  
Cardiff  
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Our Ref: AG/KH

18 December 2014

Dear Darren

In response to your letter of 4<sup>th</sup> December I provide the following clarification for Committee members.

**a) whether prescribing in both hospital and GP settings is always "as per" the guidance;**

The role of clinical guidance is to inform individual clinical decisions, ensuring that the available evidence is considered. We would therefore not expect prescribing guidance to be applied in all situations.

Good Medical Practice (The General Medical Council document that describes the duties of doctors) expects that doctors:

- prescribe drugs or treatment, including repeat prescriptions, only when they have adequate knowledge of the patient's health, and are satisfied that the drugs or treatment serve the patient's needs
- provide effective treatments based on the best available evidence (which will include clinical guidance)
- check that the care or treatment they provide for each patient is compatible with any other treatments the patient is receiving, including (where possible) self-prescribed over-the-counter medications.

Guidance may therefore not be appropriate for an individual because of other conditions, medications or personal preference. We expect these issues to be considered and discussed in the development of a personal management plan.

**b) whether the "handover" of patients from hospital to GP prescribing is always well managed - given that the costs of prescribing in GP settings are different ( for the same regime) than in hospital settings;**

Health boards as integrated secondary and primary care organisations are able to take a health community view of prescribing costs rather than make decisions based solely on the acquisition cost in one or another sector.

Health boards have joint primary and secondary care formularies which promote the most appropriate choice of medicines in particular clinical scenarios. The decision as to which medicines are recommended in such formularies are made through multidisciplinary committees which engage secondary care clinicians, GPs, pharmacists, nurses and finance professionals in decision making.

Prescribing advisors have an important role in supporting prescribing that is clinically and cost effective. They are routinely involved in reviewing general practice prescribing against guidelines and conducting audit. This supports identification of prescribing that is out of line with other GPs and national guidance. Their work is supported by national prescribing indicators and educational materials developed by the All Wales Medicines Strategy Group.

The Quality and Outcomes Framework incentivises GP practices to meet their health board prescribing advisor at least annually to agree up to three actions related to prescribing and subsequently to provide evidence of change. This work is supported by detailed prescribing data.

The importance of good communication at transfers of care is well recognised. The roll out of the Medicines Transcribing and electronic Discharge system to hospitals in Wales is supporting better transfer of information between hospitals and GPs by allowing discharge advice letters to be sent electronically.

We have invested £280,000 through the Welsh Government's Health Technologies and Telehealth Fund, to develop a proof of concept e-solution which allows information about a patient's medicines at discharge to be shared with a patient's nominated community pharmacy. Pharmacists can then use the information to support the reconciliation of a patient's medicines after discharge through the Discharge Medicines Review service which has been shown to provide a 3 to 1 return on investment.

**c) how well "co-morbidities" are managed for patients on a combination of drugs;**

The complexity of multiple co-morbidity is well recognised. All medications should be reviewed as advised in Good Medical Practice but in addition the Quality and Outcomes Framework rewards practices that evidence that a medication review is recorded in the notes in the preceding 15 months for at least 80% of patients being prescribed four or more repeat medicines.

In addition we have identified action to 'Minimise the harms of poly-pharmacy' as a priority area for General Practice . For 2015/16 practices are reviewing prescribing in patients aged

85 and over to identify actions to improve prescribing practice. [Guidance](#) has been developed by the All Wales Medicines Strategy Group to support this work.

**d) how well patient non-compliance is recognised and factored into doctors' adjustments to medication (for example, thinking the patient has deteriorated when they have simply opted to stop taking one key drug in their cocktail because they don't like the taste or think they can take any four from five).**

Good Medical Practice includes detailed duties for prescribing management. These include that at each review the prescriber should:

- confirm that the patient is taking their medicines as directed, and check that the medicines are still needed, effective and tolerated. This may be particularly important following a hospital stay, or changes to medicines following a hospital or home visit. Prescribers are also directed to:
- consider whether requests for repeat prescriptions received earlier or later than expected may indicate poor adherence, leading to inadequate therapy or adverse effects.

Pharmacists play an important role in identifying and rectifying non-compliance. Community pharmacists undertake Medicines Use Reviews and Discharge Medication Reviews which give patients the opportunity to discuss their medication with the pharmacist, to raise any concerns/issues around compliance or adverse effects and to identify solutions to improve compliance.

We are supporting work to further develop systems of medicines management in practice as part of the recent £3.5m investment in primary care. This includes projects in Powys Teaching Health Board and Betsi Cadwaladr University Health Board to develop the role of a practice based pharmacist to support medicines management, and an extended pharmacist role within the primary and community setting to encourage adherence to medication, to ensure appropriate and prudent prescribing and to strengthen the existing Discharge Medication Review service.

I hope the information provided is of assistance.

Yours sincerely



**Dr Andrew Goodall**