



Llywodraeth Cymru
Welsh Government



Chief Medical Officer for Wales

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Welcome to this CMO Update. My aim with this update will be to provide health professionals in Wales with concise summaries of current news, guidance, and developments on a broad range of issues relevant to health service quality and population health improvement. I hope that you will find them useful. If you have any comments on the content or suggestions for inclusion/topics then please feel free to e-mail me at: DS.ChiefMedicalOfficer@gov.wales

Thank you for your continued work in supporting the health and wellbeing of everyone in Wales.

Frank Atherton
Chief Medical Officer for Wales

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General Medical Services (GMS) Contract Reform for 2018/2019

Vaughan Gething, Cabinet Secretary for Health and Social Services has issued a written statement to announce that the negotiations for the 2018/2019 General Medical Services (GMS) contract were concluded by the end of February 2018. The following agreements have been reached for the 2018/2019 contracting year:

- An uplift of 1% for pay and a 1.4% increase for general expenses (excluding indemnity, which is being treated separately). The increase

will be applied to global sum and the enhanced service for vaccinations and immunisations.

- An uplift for professional indemnity, recognising the specific rises being seen in the indemnity market as a result of the change in discount rates announced by the Lord Chancellor.

You can read the written statement here:

<http://gov.wales/about/cabinet/cabinetstatements/2018/gmscontractreform/>

Joint work programme developing a system that fully supports **cross border working**



Researchers and sponsors of commercial and non-commercial research should find it easier to set up studies and carry out health research in more than one UK country as a result of a Four Nations Compatibility Programme.

A joint work programme between the Health Research Authority (HRA), Health and Social Care in Northern Ireland (HSC), the Chief Scientists Office in Scotland (CSO) and Health and Care Research Wales, has resulted in developing a system that fully supports cross border working, reducing duplication

and establishing a consistent approach to sharing information across sponsor and sites no matter where they are in the UK.

In response to the positive endorsement from the research community, Wales is the first of the devolved nations to move towards the first stage of this process and, from 16 April 2018, has aligned its process and paperwork to ensure consistency across England and Wales ahead of full implementation later in the year.

For further information please contact HealthandCareResearch@wales.nhs.uk

Health Secretary announces state-backed professional indemnity for GPs in Wales

The Welsh Government will introduce a state-backed scheme to provide clinical negligence indemnity for GPs in Wales, Health Secretary, Vaughan Gething, announced on 14th May 2018.

The scheme, which is planned to come into force from April 2019, will cover all contracted GPs and other health professionals working in NHS general practice.

The move comes following concerns about increasing indemnity costs, which could potentially drive GPs away from the profession, resulting in an impact on services.

The scheme, which will be aligned as far as possible to the state-backed scheme announced in England, will ensure that GPs in Wales are not at a disadvantage relative to GPs in England and that GP recruitment and cross border activity will not be adversely affected by different schemes operating in England and Wales.

Vaughan Gething said:

"We have listened to GPs' concerns. We understand the impact rising professional indemnity costs is having on the workforce and the potential for future pressure if different indemnity practices were in place in England and Wales.

"We've contributed towards the increasing indemnity costs through the annual uplift in GP pay and expenses since 2017, but today we are going further

by responding to GP's concerns with a long-term and sustainable solution.

"This further demonstrates our commitment to invest in primary care in Wales and attract more GPs to work in Wales, helping us to make sure our health service is sustainable in the long-term.

"I hope today's announcement gives reassurance to our hard working GP workforce."

Dr Charlotte Jones, Chair of BMA Cymru Wales' GP Committee (GPC Wales) and Deputy Chair, Dr Peter Horvath-Howard said:

"GPC Wales is very positive that the move towards a state-backed indemnity system for all GPs in Wales represents a very important step towards increasing the sustainability of general practice in Wales by addressing this significant cost pressure on GPs.

"It is reassuring to hear that the scheme will cover the wider practice clinical team, and will ensure that any vicarious liabilities GP partners have with the wider multi-disciplinary teams working across clusters is covered.

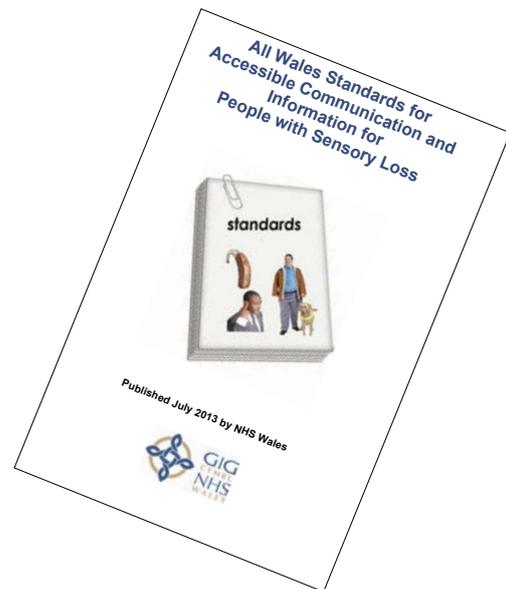
"We look forward to working through the details with Welsh Government who have clearly recognised the need for action on this complex issue."

Supporting people with **sensory loss** in Wales

To ensure that the needs of people with a sensory loss are met when accessing our healthcare services, remember the All Wales Standards for Accessible Communication and Information for People with Sensory Loss, launched in 2013. The document sets out the standards of service delivery that people with sensory loss should expect when they access healthcare. These standards apply to adults, young people and children.

There is also supporting best-practice guidance from Action on Hearing Loss within the attached link. Please see guidance, which you can download on 'Understanding your patient's needs – Best Practice for GP surgeries'.

<https://www.actiononhearingloss.org.uk/about-us/our-work-across-the-uk/wales/how-we-support-you-in-wales/supporting-people-with-sensory-loss-in-wales/>



Establishing a **Cerebral Palsy Register** for Wales

Cerebral Palsy is the commonest cause of severe physical disability in children with an overall prevalence of 2 per 1000 live births based on data from other Northern European countries. Prevalence of Cerebral Palsy is an important public health indicator. Management of this complex condition is hugely variable

with evidence of improved outcomes following national surveillance and intervention programmes. The Rationale for establishing a Cerebral Palsy Register for Wales is multifaceted and is driven by a desire to improve services throughout Wales through co-production with people with Cerebral Palsy and their families.

The two clinicians leading the project are Dr Rachel Lindoewood of Powys teaching health board, who has an interest in Neurodisability, Jenny Carroll, Consultant Physiotherapist and Director of Bobath Childrens' Therapy Centre Wales based in Cardiff. Rachel began a Two year Bevan Commission Fellowship in July 2017 with a Mentor who is vice chair of the network of population based registries for the Surveillance of Cerebral Palsy in Europe (SCPE) who are supporting her in the project. Jenny has obtained long term charitable funding for a project worker who commenced her role, based with her in Cardiff, in November 2017.

A National steering group has been established with representatives from relevant professional disciplines, spanning almost all the health boards, parents and a young adult with Cerebral Palsy. Membership also included the lead

from Cerebral Palsy Integrated pathway (CPIP) national group (already established and looking specifically at hip surveillance) NHS Wales Informatics Service (NWIS), Public Health Wales, Welsh Government, the Congenital Anomaly Register and Information Service for Wales (CARIS), the SCPE vice chair and the Bevan Academy.

The first meeting for the steering group took place on 1st December and will develop a work plan including stakeholder events for young people and adults with cerebral palsy, their families and for professionals early in 2018. The nature, scope and purpose of the register will be agreed- with plans to pilot the register in one or two health boards, using electronic database linkage and standardised SNOMED terms and other descriptors to feed into the SCPE common dataset alongside a patient platform with support from NWIS.



Consultation on 'Living with Persistent Pain' Guidance

Welsh Government officials have been working with health professionals, academics and service users to develop a framework for living with persistent pain. The framework will replace the Service Development and Commissioning Directive for Chronic Non-Malignant Pain, which was first published in 2008. A draft framework has now been produced for consultation using co-production principles.

The consultation can be accessed here: <https://beta.gov.wales/consultations>

I would encourage you and your stakeholders to contribute your views to the consultation.

Consultation on the Smoke-free Premises and Vehicles (Wales) Regulations 2018

<https://beta.gov.wales/smoke-free-premises-and-vehicles-wales-regulations-2018>

On 25 May, the Welsh Government launched a consultation on draft Smoke-free Premises and Vehicles (Wales) Regulations 2018.

The 2018 Regulations will implement Chapter 1 of Part 3 of the Public Health (Wales) Act 2017 in relation to smoking and will replace the Smoke-free Premises etc. (Wales) Regulations 2007.

They will aim to:

- further de-normalise smoking behaviours especially to children and young people;
- protect people from the harms associated with exposure to second-hand smoke;

- reduce health inequalities; and
- support smoking cessation attempts.

Using powers in the 2017 Act, the draft Regulations will make the additional provisions required to prohibit smoking in hospital grounds, school grounds and public playgrounds that were made smoke-free by the 2017 Act. The draft Regulations also propose changes to the existing smoking ban, including removing the exemption that permits the designation of smoking rooms in mental health units and serviced accommodation over a transition period and relaxing the requirements for no-smoking signs.

The consultation will close on 16 August 2018.

All Wales Medicines Strategy Group (AWMSG)



All Wales Guide: Pharmacotherapy for Smoking Cessation

This guide supports the appropriate prescribing and supply of smoking cessation pharmacotherapy in NHS Wales for smokers who are motivated to quit. Phased prescribing and supply is promoted to more closely target the individual's needs during their quit attempt and reduce the potential for wastage. This guide was endorsed by AWMSG in February 2018.

All Wales Common Ailments Formulary

The All Wales Common Ailments Formulary has been developed to support the implementation of the Welsh Government Common Ailments Service in pharmacies in Wales. It provides evidence-based guidance for the management of common ailments, which supports a consistent approach from pharmacists and GPs. This guide was endorsed by AWMSG in February 2018.

Safe Use of Proton Pump Inhibitors

This document aims to highlight and help address the patient safety issues associated with the long-term use of proton pump inhibitors (PPIs) in adults. It includes examples of support material which can be used or adapted for this purpose. The document was endorsed by AWMSG in February 2018.

National Prescribing Indicators (NPI) 2018–2019

This paper details the NPIs that will be monitored for the 2018–2019 financial year. The NPIs for 2018–2019 have a focus on safety, stewardship and efficiency and have therefore been categorised as such. Two new NPIs have been developed; these are the Prescribing Safety Indicators for primary care, and Yellow Card reporting in secondary care and by the public.

A concise summary of the NPIs has also been published, entitled **National Prescribing Indicators 2018–2019: Supporting Information for Prescribers** <http://www.awmsg.org/docs/awmsg/medman/National%20Prescribing%20Indicators%202018-2019%20Supporting%20Information%20for%20Prescribers.pdf>. The document contains a brief overview of each NPI, including: purpose, unit of measure, brief rationale and prescribing points, with links to useful resources. These documents were endorsed by AWMSG in February 2018.

National Prescribing Indicators 2017–2018: Analysis of Prescribing Data to September 2017

This paper reports on the progress of health boards against each of the primary and secondary care National Prescribing Indicators (NPIs) 2017–2018, for the quarter ending September 2017. Eleven out of twelve primary care NPIs with a threshold showed an improvement in line with the aim of the indicator. There are also three secondary care NPIs, focusing on three areas of prescribing. For the long-acting insulin analogue and biosimilar NPIs there was an overall improvement in line with the aim of the indicator. Data for duration of colorectal surgical antibiotic prophylaxis did not show a change. This document was presented to AWMSG for information in February 2018.

Therapeutic Priorities and Clinical Effectiveness Prescribing Programme Summary 2018–2019

This document was developed in order to assist health boards in the development of their Clinical Effectiveness Prescribing Programmes (CEPPs) and also signposts to useful resources and audits. This document was endorsed by AWMSG in March 2018.

AWMSG Five Year Strategy 2018–2023: Supporting prudent prescribing to obtain the best outcomes from medicines for patients in Wales

This document sets out a five-year strategy for AWMSG, aligned with Welsh Government's *Prudent Healthcare* initiative, and the principles outlined in *Taking Wales Forward and Prosperity for All: the national strategy*. The principles of Prudent Healthcare will only be achieved by working in partnership with many organisations to deliver a medicines strategy in Wales that promotes safe and effective prescribing practice. The recommendations made in this strategy are aligned to these principles to ensure healthcare fits the needs and circumstances of patients and avoids wasteful care. This document was endorsed by AWMSG in March 2018.

AWMSG advice

The All Wales Medicine Strategy Group (AWMSG) has recently provided advice on a number of medicines, which the Cabinet Secretary for Health and Social Services, Well-being and Sport has ratified. If a medicine is recommended by AWMSG and approved by Welsh Government, funding must be made available by health boards within two months of notification of ratification. If a medicine is not recommended it should not be prescribed routinely within NHS Wales for the indication stated. The following AWMSG recommendations are available in full on the AWMSG website: www.awmsg.org.

AWTTC reference number	Medicine	Indication
Recommended medicines		
2418	darunavir/ cobicistat/ emtricitabine/ tenofovir alafenamide (Symtuza) 800 mg/150 mg/200 mg/10 mg film- coated tablet	Treatment of human immunodeficiency virus type 1 (HIV-1) infection in adults and adolescents (aged 12 years and older with body weight at least 40 kg) http://www.awmsg.org/awmsgonline/app/appraisalinfo/2418
3343	lacosamide (Vimpat) 50 mg, 100 mg, 150 mg and 200 mg film- coated tablets	Adjunctive therapy in the treatment of partial-onset seizures with or without secondary generalisation in children from ≥ 4 years of age to ≤ 15 years of age with epilepsy http://www.awmsg.org/awmsgonline/app/appraisalinfo/3343
3557	lopinavir/ ritonavir (Kaletra) 80 mg/20 mg oral solution	In combination with other antiretroviral medicinal products for the treatment of human immunodeficiency virus (HIV-1) infected children aged from 14 days to less than 2 years old http://www.awmsg.org/awmsgonline/app/appraisalinfo/3557

AWTTC reference number	Medicine	Indication
3627	misoprostol (Mysodelle) 200 microgram vaginal delivery system	<p>Induction of labour in women with an unfavourable cervix, from 36 weeks gestation, in whom induction is clinically indicated</p> <p>http://www.awmsg.org/awmsgonline/app/appraisalinfo/3627</p>
Recommended with restrictions		
3397	levodopa-carbidopa (Duodopa) 20 mg/ml + 5 mg/ml intestinal gel	<p>Treatment of advanced levodopa-responsive Parkinson's disease with severe motor fluctuations and hyper-/dyskinesia when available combinations of Parkinson medicinal products have not given satisfactory results</p> <p>http://www.awmsg.org/awmsgonline/app/appraisalinfo/3397</p>
Not recommended		
634	Afamelanotide (Scenesse) 16 mg subcutaneous implant	<p>Prevention of phototoxicity in adult patients with erythropoietic protoporphyria (EPP)</p> <p>http://www.awmsg.org/awmsgonline/app/appraisalinfo/634</p>
1303	Rolapitant (Varuby) 90 mg film-coated tablet	<p>Prevention of delayed nausea and vomiting associated with highly and moderately emetogenic cancer chemotherapy in adults. Varuby is given as part of combination therapy</p> <p>http://www.awmsg.org/awmsgonline/app/appraisalinfo/1303</p>

In the absence of a submission from the holder of the marketing authorisation, the following medicines cannot be endorsed for use within NHS Wales.

AWTTC reference number	Statements of Advice	Company
3628	elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide (Genvoya) 150 mg/150 mg/200 mg/10 mg film-coated tablet http://www.awmsg.org/awmsgonline/app/appraisalinfo/3628	Gilead Sciences Ltd
3616	elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil (Stribild) 150 mg/150 mg/200 mg/245 mg film-coated tablet http://www.awmsg.org/awmsgonline/app/appraisalinfo/3616	Gilead Sciences Ltd
2028	peginterferon alfa-2a (Pegasys) 90 micrograms, 135 micrograms, 180 micrograms solution for injection http://www.awmsg.org/awmsgonline/app/appraisalinfo/2028	Roche Products Ltd

The next AWMSG meeting is scheduled for 18 July. All meeting documentation is available on the AWMSG website prior to the meeting.

www.awmsg.org/meetings_awmsg_2018.html

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