



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: PS.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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Recommendations for the management of systemic lupus erythematosus

Systemic lupus erythematosus (SLE or lupus) is a multisystem, autoimmune disease that may develop at any age. It affects about 1 in 1000 of the UK population and is most common in women. Diagnosing lupus can be challenging as lupus causes a large variety of clinical features affecting any system in the body and expert advice is required to confirm the diagnosis. About 30% of lupus patients develop kidney disease, especially those of African descent. The commonest causes of death are infection and cardiovascular disease and death may occur prematurely, as mean age of death was 54 years in a recent UK study.

The British Society of Rheumatology (BSR) published a NICE-accredited guideline for the management of systemic

lupus erythematosus in adults in 2018 to optimise management and to improve the outcome of this variable and potentially life-threatening disease. The guideline covers the diagnosis, assessment, monitoring and the treatment of active lupus disease, please use the links below for further information:

Full length article:

www.lupusuk.org.uk/recommendations-for-the-management-of-sle

Full BSR guideline:

www.academic.oup.com/rheumatology/article/57/1/e1/4318863

Executive Summary:

www.academic.oup.com/rheumatology/article/57/1/14/4318864

Public Health (Minimum Price for Alcohol) (Wales) Act 2018

On the 12 November 2019 the regulations to introduce a minimum unit price (MUP) for alcohol of 50p were approved by the National Assembly for Wales. An MUP of 50p will therefore be introduced from 2 March 2020.

Alcohol is a major cause of death and illness in Wales and the introduction of an MUP will make an important

contribution in tackling the health risks associated with excessive alcohol consumption. The intended effect of this legislation is to tackle alcohol-related harm, including alcohol-attributable hospital admissions and alcohol-related deaths in Wales, by reducing alcohol consumption in hazardous and harmful drinkers. Our new Substance Misuse Delivery Plan 2019-22, published on the

23 October 2019, contains a number of actions to tackle alcohol-related harm, including ensuring appropriate and responsive alcohol misuse services are in place before an MUP is implemented. The plan can be accessed via the following link www.gov.wales/substance-misuse-delivery-plan-2019-2022-0

We have worked closely with retailers, the alcohol industry, public health

and substance misuse stakeholders to develop guidance and additional supporting materials about minimum pricing for alcohol. We will introduce communications campaigns for retailers and the general public in the run-up to implementation, which will continue to promote the public health aims of the legislation.

Establishing the Medical Examiner System Workforce in Wales

The introduction of a medical examiner (ME) service is progressing well in Wales.

The introduction of medical examiners is designed to:

- Improve the quality and accuracy of medical certificates of cause of death;
- Ensure appropriate referrals to Coroners;
- Provide the bereaved with greater transparency and opportunities to raise concerns;
- Support local patient safety, learning and improvement by reporting of clinical governance issues;
- Align with the universal mortality review process.

Medical examiners will be supported by medical examiner officers (MEOs) who will gather information for scrutiny and where competent may undertake an initial scrutiny of the medical notes and speak to the bereaved under the delegation of the medical examiner.

Implementation of the service will commence in acute hospitals in Wales, building on our current mortality review processes and will extend to cover all deaths.

NHS Wales Shared Services Partnership (NWSSP) have been commissioned to lead on the implementation on behalf of health boards in Wales and have progressed some key appointments who are now working to develop the service in Wales.

- Andrew Evans, formerly Programme Director of Primary Care at Powys THB, was appointed as the National Programme Manager in August.
- Dr Jason Shannon is appointed as the Lead Medical Examiner for Wales accountable to the National Medical Examiner for England and Wales. Dr Shannon is a Consultant Histopathologist at Cwm Taf Morgannwg UHB.

- Daisy Shale has been appointed as the Lead Medical Examiner Officer for Wales and took up her post on 1 December 2019. Daisy has been the Senior Medical Examiner Officer for the medical examiner service pilot in Sheffield for a number of years, working alongside Dr Alan Fletcher, who is now the National Medical Examiner. She has contributed significantly to the development of both the medical examiner service generally and the development of the medical examiner officer role in particular. In her role as Lead Medical Examiner Officer for Wales she will contribute to both the strategic development and operational delivery of the service and will have direct management responsibility for all medical examiner officers deployed in Wales.

It is now time to identify and recruit those who are interested in taking up ME and MEO roles to ensure they are given adequate information on the requirements of the post and provided with time and financial support for online and monthly face-to-face training sessions available via the Royal College of Pathologists.

Medical examiner training has been ongoing for some time and specific training sessions for MEOs commenced in November and will alternate monthly with ME training. Further details are available on the RCPATH website:

www.rcpath.org/profession/medical-examiners/medical-examiner-training.html

I would encourage anyone who has an interest in these posts or any who have undertaken some elements of the training to contact Gareth Hardacre at NWSSP for advice by emailing to:

gareth.hardacre2@wales.nhs.uk.

The recruitment of medical examiners will commence shortly. To be medical examiners, doctors will need to have at least five years full registration with the GMC and a licence to practice, and be specially trained in the role. They must be experienced, registered medical practitioners capable of ensuring the cause of death stated by the certifying doctor is accurate and corresponds with the medical records.

In view of the breadth of knowledge and experience required by the post, doctors from 'broad' specialities such as intensivists, emergency medics and GPs as well as those with experience of undertaking mortality reviews or scrutinising cremation forms will be well suited for the posts. Recruitment and employment will be on a part-time, sessional basis to allow for ongoing clinical practice via NWSSP for deployment at local health boards.

It is expected that legislation will be in place, to establish the medical examiner service on a statutory basis in England and Wales in 2021.

Welsh language in primary care

To coincide with the introduction of the Welsh Language Standards for the health sector, Welsh language duties were placed on independent primary care contractors. The six duties came into force on 30 May 2019.

The importance of the duties and how they will promote further awareness and support development of Welsh language services are further explained via the following link:

www.gov.wales/welsh-language-primary-care.

The Welsh Government is in the early stages of developing a Welsh Language Toolkit for the Primary Care Sector. The toolkit is aimed at supporting the sector and promoting use of the Welsh language.

The GoodSAM app

Health boards have been asked by the Welsh Government to support the roll out of the 'GoodSAM' app, this application alerts Basic Life Support (BLS)-trained volunteers to a cardiac arrest happening nearby. When the Welsh Ambulance Services NHS Trust (WAST) receives a 999 call for a cardiac arrest the app alerts BLS-trained individuals and shows

the responders where the nearest defibrillator is available. The service went live within WAST on 1 November 2018 to staff and volunteers; it is steadily being rolled out across Wales to suitable partners. There have already been several incidents where GoodSAM responders have attended a cardiac arrest and commenced BLS.

Save A Life Cymru



On Restart a Heart Day (16 October), the Welsh Government funded Save A Life Cymru partnership was formally launched at Cardiff City Stadium.

The Welsh Government announced the establishment of the Save a Life Cymru Partnership in 2018, following the publication of Welsh Government's Out of Hospital Cardiac Arrest (OHCA) plan in the previous year. The plan set out a vision for improving the care for people experiencing an OHCA in Wales. It describes the action needed across Wales in the NHS, wider public services and communities, to deliver improved survival from an OHCA.

Save a Life Cymru Partnership's remit is to lay the foundations of a programme of activities which includes raising awareness of the availability and accessibility of CPR/defibrillator training in communities, developing local networks to encourage cross-service collaboration to address gaps in training provision, availability of defibrillators and to coordinate an all Wales communication campaign.

The Minister for Health and Social Services, Vaughan Gething, Cardiff City Football Club, and Save a Life Cymru's partners helped launch the event; along with 60 pupils from Fitzalan School being taught CPR all at once.

To coincide with the launch and to help understand and shape the development of Save a Life Cymru, an Omnibus survey was undertaken on exploring public knowledge, attitudes and behaviours towards bystander CPR and defibrillation in circumstances of Out-of-Hospital Cardiac Arrest, further information can be found via the following link:

www.gov.wales/public-attitudes-towards-bystander-cpr-and-defibrillation-preliminary-findings

The preliminary findings shows that:

- 56% of respondents reported being trained in CPR;
- Half of respondents who had not been CPR trained would like to receive training;
- 23% of respondents reported they had undergone defibrillator training;

- More than half of respondents who had not been defibrillator trained were keen to have the opportunity;
- 48% stating they would be confident to give someone CPR;
- 38% stating they would be confident to use a defibrillator;
- 55% did not know the location of their nearest defibrillator.

When provided with a list of potential reasons why they might not intervene:

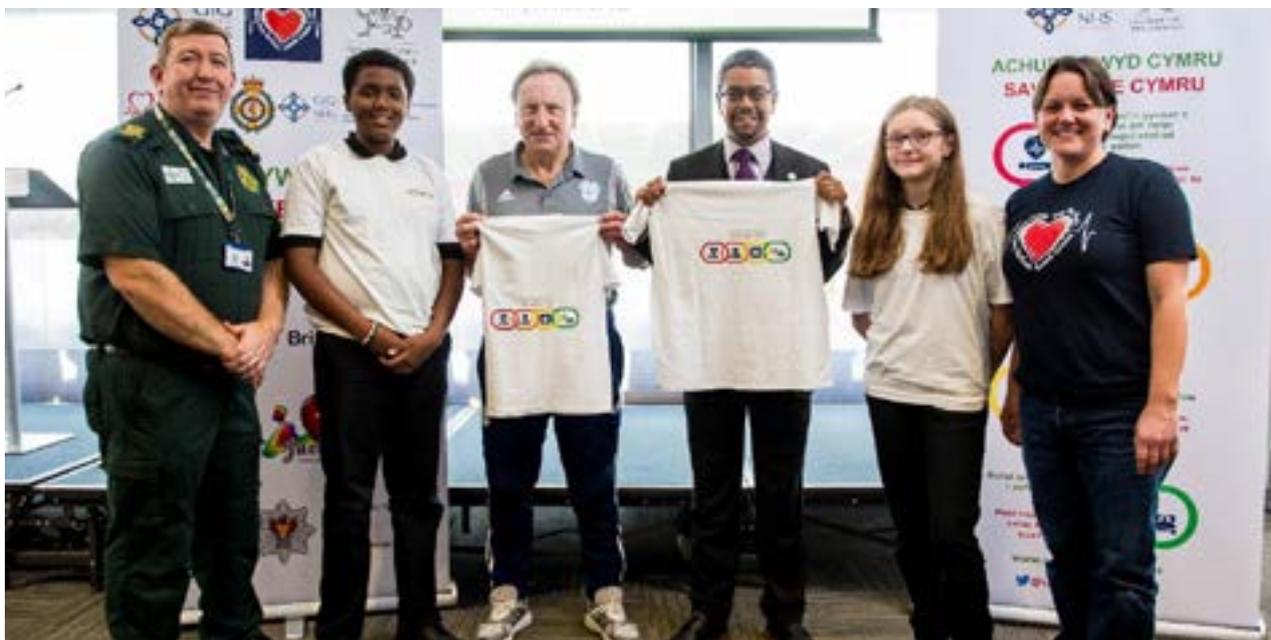
- 25% reported that they lacked confidence to give CPR;
- 24% did not have the skills to give CPR;
- 22% of respondents expressed some concerns about making matters worse.

When presented with statements and asked about the extent to which they agreed (or disagreed):

- 47% agreed they would be worried that they might make matters worse by giving CPR;
- 34% of those who were trained in CPR saying this would be a concern.

The findings highlight there is a lot of work to be done, but the Save a Life Cymru partnership will work together to help address these issues.

The Welsh Government have recently purchased 250 Automated External Defibrillators (AEDs). These are mainly allocated to primary and secondary schools across Wales and to North Wales Police.



Healthy Weight: Healthy Wales

On 17 October the Minister for Health & Social Services, Vaughan Gething AM launched Healthy Weight: Healthy Wales at the National Public Health Conference. Healthy Weight: Healthy Wales sets out our long term plan to reduce and prevent obesity in Wales across four themes: Healthy Environments, Healthy Settings, Healthy People and Leadership and Enabling Change. The strategy is a high level vision for change across our nation, and provides Wales with the opportunity to be world leading in the reduction of obesity levels in our population.

This 10 year plan adopts a cross government and cross sector approach to tackling obesity. We know that obesity is complex and cannot be solved by the government or NHS working in isolation; the evidence available suggests a partnership and whole-systems approach is the only way to achieve positive change.

The strategy can be found via the following link:
www.gov.wales/healthy-weight-strategy.

Accompanying the strategy will be 5 two-yearly delivery plans which will span the lifetime of the strategy. The first delivery plan 2020-22 will provide detail of the exact action proposed to see changes in population behaviour and habits, encouraged and promoted through our settings and environments, and through local and nationwide leadership.

The delivery plans allow evaluation to be built into the strategy and to test appropriate ways of working and share best practice. The first delivery plan will be launched in early 2020, and with the support of a National Implementation Board it will drive delivery of the actions we need to improve the health of our families and future generations.

Find out more about the strategy in our video below:

www.youtube.com/watch?v=5jeAzwxDY54.

All Wales Medicines Strategy Group – Public Appointment of Chair – Professor Ceri Phillips

The All Wales Medicines Strategy Group (AWMSG) was established in 2002 and provides advice about the use of new treatments in the Welsh NHS, medicines management and prescribing to the Welsh Government.

Health Minister Vaughan Gething announced the appointment of Professor Ceri Phillips as the new chair of the AWMSG on Thursday 25 July.

On his appointment, Professor Phillips said: *"I am delighted to have been appointed to chair AWMSG. It is an honour to return to the organisation, which was such an important part of my working life during its initial eight years. I look forward to working with colleagues and stakeholders as AWMSG embarks on a new chapter."*

Professor Ceri Phillips is head of the College of Human and Health Sciences at Swansea University and Professor of Health Economics at Swansea Centre for Health Economics. He is an independent member of the Health Education and Improvement Wales board; a member of the Welsh Wound Innovation Centre board and the chair of Council of Deans of Health Wales.

He was an original member of the AWMSG and formerly a member of the Bevan Commission and co-authored the initial publication that initiated prudent healthcare in Wales.

Announcing Professor Phillips' four-year tenure as chair, the Minister said: *"Professor Phillips brings a wide range of experience from within the health sector and was a founding member of the AWMSG".*

"I look forward to working with him in the future to ensure we continue to deliver A Healthier Wales – our vision to ensure we support people to stay well, lead healthier lifestyles and live independently for as long as possible."

All Wales Medicines Strategy Group – Review

The Welsh Institute for Health & Social Care (WIHSC) and the University of South Wales have published a report reviewing the All Wales Medicines Strategy Group (AWMSG).

The report raises a number of areas for consideration around the governance and function of AWMSG and the All Wales Therapeutics and Toxicology Centre (AWTTC) including:

- the future role and strategic direction;
- working with the NHS in Wales to help drive quality improvement;
- accountability and governance arrangements;
- organisational arrangements and resourcing; and
- leadership and change management.

The Welsh Government will work closely with the senior management team of AWMSG and AWTTTC and Cardiff and Vale University Health Board in responding to the report and agreeing a way forward.

The review can be found at the following link: www.wihsc.southwales.ac.uk/news/2019-news/report-future-all-wales-medicines-strategy-group/.

All Wales medicines strategy group (AWMSG)

National Prescribing Indicators 2018-2019: Analysis of Prescribing Data to March 2019

www.awttc.org/national-prescribing-indicators-2018-2019-analysis-prescribing-data-march-2019

This paper reports on the progress of health boards against each of the National Prescribing Indicators (NPIs) 2018-2019, for the quarter ending March 2019. The majority of NPIs with a threshold showed improvement in line with the aim of each indicator, compared with the equivalent quarter of the previous year (quarter ending March 2018). The NPI for prescribing of gabapentin and pregabalin did not show an improvement (4.89% increase). This document was presented to AWMSG for information in September 2019.

AWMSG advice

The All Wales Medicine Strategy Group (AWMSG) has recently provided advice on a number of medicines, which Welsh Government 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		
3977	Buprenorphine (Buvidal) 8 mg, 16 mg, 24 mg, 32 mg, 64 mg, 96 mg, 128 mg solution for injection	Treatment of opioid dependence within a framework of medical, social and psychological treatment. Treatment is intended for use in adults and adolescents aged 16 years or over www.awmsg.org/awmsgonline/app/appraisalinfo/3977

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
2232	Abatacept (Orencia) 50 mg, 87.5 mg, 125 mg solution for injection www.awmsg.org/awmsgonline/app/appraisalinfo/2232	Bristol-Myers Squibb Pharmaceuticals Ltd
4171	Lenalidomide (Revlimid) 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg and 25 mg capsule www.awmsg.org/awmsgonline/app/appraisalinfo/4171	Celgene Ltd
4323	Melatonin 1 mg/ml oral solution and 3 mg film coated tablet www.awmsg.org/awmsgonline/app/appraisalinfo/4323	Colonis Pharma Ltd
2622	Olaparib (Lynparza) 50 mg capsule and 100 mg and 150 mg film coated tablet www.awmsg.org/awmsgonline/app/appraisalinfo/2622	AstraZeneca UK Ltd
3097	Pegvaliase (Palyngiq) 2.5 mg, 10 mg and 20 mg solution for injection www.awmsg.org/awmsgonline/app/appraisalinfo/3097	BioMarin International Ltd
3515	Pomalidomide (Imnovid) 1 mg, 2 mg, 3 mg and 4 mg capsule www.awmsg.org/awmsgonline/app/appraisalinfo/3515	Celgene Ltd
3192	Rituximab (MabThera) 100 mg and 500 mg concentrate for solution for infusion www.awmsg.org/awmsgonline/app/appraisalinfo/3192	Roche Products Ltd

AWTTC reference number	Statements of Advice	Company
3563	Tenofovir disoproxil fumarate (Viread) 123 mg, 163 mg and 204 mg film coated tablet and 33 mg/g granules for oral suspension www.awmsg.org/awmsgonline/app/appraisalinfo/3563	Gilead Sciences Ltd

The next AWMSG meeting will be on 11 December 2019. All meeting documentation is available on the AWMSG website www.awmsg.org/meetings_awmsg_2019.html prior to the meeting.

Contact details

Frank Atherton

Chief Medical Officer for Wales

Welsh Government

Cathays Park

Cardiff

CF10 3NQ

Phone: **03000 257028**

E-mail: pschiefmedicalofficer@gov.wales



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