

Welsh Medicine Partnership Report - The Nature and Scope of Benzodiazepine and “z” Drug Prescribing in Wales. Summary of Recommendations.

Recommendation	Response
<p>1. Health Boards in Wales should address the possible over prescribing of hypnotics and anxiolytics.</p>	<p>Agreed. The report is welcomed as a helpful tool to support Health Boards and partners at the Substance Misuse Area Planning Board level to review prescribing patterns and reduce inappropriate prescribing. The Minister for Health and Social Services has asked Health Boards to review prescribing practice and where appropriate, take action to reduce inappropriate prescribing.</p> <p>The Medicines Management Group will monitor prescribing levels and report progress to the Minister.</p> <p>This work will be underpinned by existing initiatives that the Welsh Assembly Government already supports to reduce inappropriate prescribing, including, routine prescribing visits to practices, meetings with prescribing leads which review Benzodiazepine use facilitated by prescribing advisors and Royal College GP (RCGP) training modules.</p>
<p>2. Health Boards should include hypnotic and anxiolytic prescribing targets within the Quality and Outcomes Framework (QOF) of the GP contract.</p>	<p>Not agreed. The QOF is a UK tool and any proposals for change would need to be negotiated through the National Institute of Health and Clinical Excellence (NICE). However, robust prescribing targets are already contained within the QOF that apply to the prescribing of hypnotics and anxiolytics. <u>The existing All-Wales prescribing indicator for hypnotics and anxiolytics should be sufficient to reduce inappropriate prescribing if it is supported by effective monitoring activity at Health Board level.</u> (The indicator is measured as the Defined Daily Dose per 1000 patients with a target of prescribing levels to be maintained within the lower quartile of the best performing Health Boards). The All-Wales Medicines Strategy</p>

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	Group will review the Prescribing Indicator and in particular advise on whether it is fit for purpose and encourages responsible prescribing. (Recommendation 16 refers).
3. Health Boards should support the development of hypnotic and anxiolytic withdrawal clinics for high prescribing practices.	Agreed. The Welsh Assembly Government's substance misuse strategy "Working Together to Reduce Harm" includes the misuse of prescription drugs and contains a commitment to reduce the inappropriate prescribing of Benzodiazepines and similar drugs. The responsibility for the planning of substance misuse services rests with the 22 Community Safety Partnerships and the new Substance Misuse Area Planning Boards (SMAPBs). The Minister for Health and Social Services is asking Health Boards to take the lead responsibility at the SMAPB level to consider the need to develop services to support individuals to reduce their use of Benzodiazepines and "Z" drugs. Funding to support the development of substance misuse services, including the misuse of prescribed drugs, is provided by the Welsh Assembly Government to the 22 Community Safety Partnerships and currently stands at just over £22 million. In addition, the 7 Health Boards in Wales receive £17 million, ring fenced specifically for substance misuse services.
4. Health Boards should consider the development of Local Enhanced Services for the management of hypnotic and anxiolytic prescribing.	Agreed. The specification of any Local Enhanced Services (LES) must provide for a service beyond the scope of the core essential services – for example, through creating patient registers, protective care planning and working with a range of other agencies.
5. Procedures / guidelines should be in place within Secondary Care and/ or Community Mental Health Teams (CMHTs) for communication of necessary information to the GP.	Agreed. However, guidance is already in place to inform standard practice including Drug Misuse and Dependence – UK guidelines on clinical management and NICE guidance. We will ensure that the Deanery Resource Locator (the Post graduate medical and dental web-site) is updated to ensure it signposts health professionals to extant clinical guidance.

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6. Health boards should explore and consider implementing successful initiatives based on in-house, other HB and/ or English/ North East England SHA experiences.	Agreed. The report will be disseminated to share the good practice identified in Wales and in the benchmark location.
7. Health Boards should consider locality-wide campaigns for targeted Medicine Usage Reviews within community Pharmacies on hypnotics and anxiolytics.	Agreed. The report will be disseminated to share good practice identified in Wales and in the benchmark location.
8. Health Boards with high hypnotic and anxiolytic prescribing should consider inclusion of targets for lowering prescribing within local prescribing incentive schemes.	Agreed. Consistency of approach and improved communication between primary and secondary care and mental health professionals could help reduce over-prescribing of hypnotics and anxiolytics. This will be considered by Health Boards during their review of prescribing rates.
9. All patients should be reviewed on admission to a care home (Nursing or Personal Care). Training for care home workers with regard to hypnotic and anxiolytic treatment should be promoted.	Agreed. This is an important part of medicines management and already identified in the older persons NSF and intelligent targets for dementia, plus the 1000 lives campaign.
10. Health Boards should explore initiatives / funding streams to address appropriate hypnotic and anxiolytic prescribing.	Refer to 1, 3, 6, 7 & 8 above.
11. National policy and guidelines should be in place in every GP practice to ensure that patients are given a consistent message with regard to initiation and review of hypnotic and	Agreed. National guidance is in existence – see the response to recommendation 5 above.

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anxiolytic prescribing.	
12. Health Boards should identify and meet the training needs of health professionals involved in addressing the inappropriate prescribing of hypnotics and anxiolytics.	Agreed. The report contains examples of good practice which will be disseminated to all Health Boards.
13. Health Boards should collate a list of voluntary organisations which is available for GPs and other health professionals to direct patients for help, according to their needs.	Agreed. Community Safety Partnerships (CSPs) are required to have clear care pathways and referral protocols in respect of substance misuse services within their locality. The report also advises that there is a range of support material already being used by Health Boards across Wales and this good practice will be disseminated.
14. The All Wales Medicines Strategy Group (AWMSG) should approve an All Wales resource / educational package to encourage appropriate hypnotic and anxiolytic prescribing. This should include a GP practice guide, patient information leaflets, audit pack, secondary care hypnotic and anxiolytic prescribing policy and policy / guidelines for initiating and withdrawing patients on hypo patients on hypnotics / anxiolytics.	Not agreed. The report does not evidence a lack of guidance on hypnotic and anxiolytic prescribing. In addition to clinical guidance from NICE, the Welsh Medicines Partnership has previously worked with AWMSG to facilitate the dissemination and implementation of guidance on benzodiazepines and the Z drugs produced by NICE. Materials are therefore already available, for example, the distance learning module prepared for doctors and pharmacists. (The report 'Working Together to Promote Safe and Effective Prescribing in Wales' 2002-2005 refers). We will also ensure that the Deanery Resource Locator (the Post graduate medical and dental web-site) is updated to ensure it signposts health professionals to extant guidance and details of available training.
15. The Welsh Assembly Government (WAG) should provide Health Boards with guidance on cognitive behavioural support (CBT) and patient education / media campaigns.	Agreed. There are currently varying levels of psychological interventions, including CBT and counselling, within primary care services across Wales for patients with mild to moderate mental health problems (including anxiety). The Welsh Assembly Government has recognised the need to improve access and to ensure that there is parity of access and service across Wales. Part 1 of the

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	<p>Mental Health (Wales) Measure, which has recently been passed by the National Assembly for Wales, makes provision for Health Boards and Local Authorities to establish and deliver joint schemes for local primary mental health support services. These services are aimed at patients with mild to moderate mental health problems, and it is expected that psychological interventions (including CBT) will be the main form of interventions provided by practitioners in those services.</p> <p>To support the implementation of Part 1 of the Measure, due to commence in 2012 - 13, work has begun to develop a National Service Model which will provide guidance to Health Boards and Local Authorities on the nature and type of services which are to be provided. Additional funding (up to £3.5m) has been earmarked to support delivery and augment existing provision.</p>
<p>16. The All Wales prescribing indicator for hypnotics and anxiolytics should be reviewed in the light of the findings of this report.</p>	<p>Agreed. The All-Wales Medicines Strategy Group will review the All-Wales prescribing Indicator and advise on it's fitness for purpose in encouraging responsible prescribing. (Recommendation 2 also refers).</p>