Llywodraeth Cymru
Welsh Government

GIG CYMRU NHS WALES

Chief Medical Officer for Wales

Update

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 content and format or suggestions for inclusion/topics then please feel free to e-mail me at: **HSSDHPMailbox@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

Inside this issue:

Current Concerns regarding GMC

We are all aware of deep professional concerns around the case of Dr Bawa-Garba and I continue to liaise with CMOs and the GMC over this issue. Public protection is an important aspect of our regulation as doctors and the case has raised important issues of the way in which the criminal justice system responds to clinical failures. I understand that reflective notes did not play a part in the court proceedings but note considerable anxiety around their potential use. I anticipate that further guidance will be issued in light of the current reviews but in the meantime the attached advice on reflective practice which has been circulated by the Welsh Deanery is timely and will be helpful to all medical practitioners.

COPMeD

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Joint Statement from Professor Sheona MacLeod and Professor Carrie MacEwen

Demonstrating a professional approach to learning is required of doctors in training in order to progress, and of all doctors to meet the requirements for Revalidation. The UK Conference of Postgraduate Medical Deans (COPMeD) and the Academy of Medical Royal Colleges (AoMRC) agree that Doctors need to reflect and learn from experiences, both positive and negative, as part of the essential ongoing development of medical professionals.

It is recognised that doctors work within complex healthcare systems and learning needs to occur in the context of this environment. Reflection and learning outcomes should result in feedback and improvement for organisations, as well as for individuals. Effective team and system-wide learning is essential for the NHS to provide patients with high quality, safe care.

For each professional, the focus should be on developing as a reflective practitioner who learns from experience, and can demonstrate this approach. Learning, including reflection, can be assisted by supportive educational discussions to increase insight and understanding, which result in affirmation of good practice and /or planned actions to make improvements for the future.

Doctors in training must feel able to have such honest and open discussions and should be confident that engaging with this process can provide them with the required evidence of a professional approach to learning. The focus should be on feedback about reflective practice, or descriptions of the increased understanding and resultant actions after discussion, rather than on documenting 'reflection'.

Engaging other stakeholders, COPMeD and the AoMRC will work to provide clear guidance for doctors in training, and those who support their education and training, on how to evidence their professional approach to learning. We will ensure that e-Portfolios are clear about what is required of doctors in training and of their supervisors. We will also work with the GMC, BMA and NHS bodies in the UK to promote a greater emphasis on system-wide learning in the interests of safe, high quality patient care.

Professor Sheona MacLeod
Chair of COPMeD

Professor Carrie MacEwen
Chair of AoMRC

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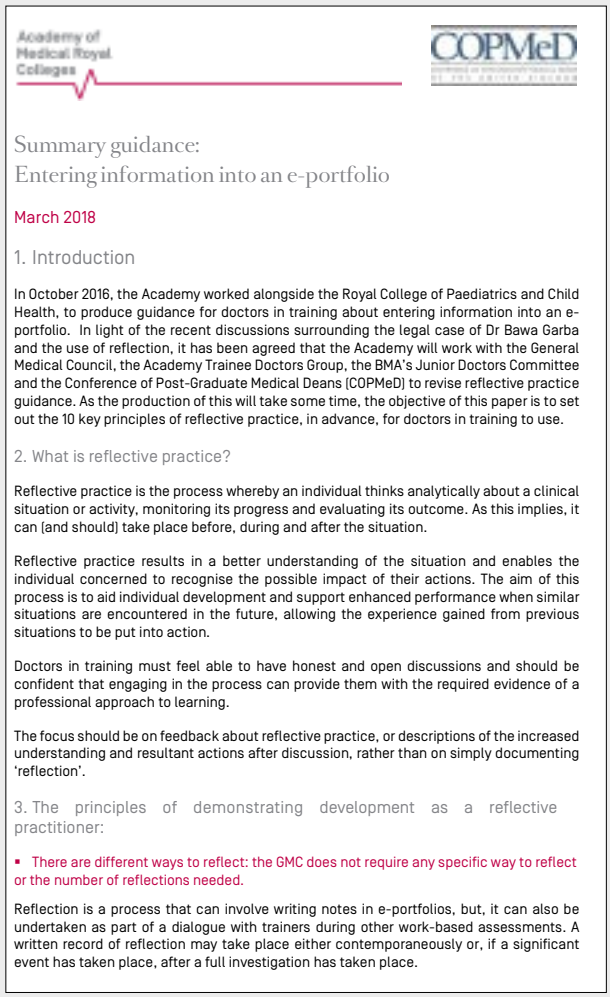

Academy of Medical Royal Colleges

COPMeD

Summary guidance:
Entering information into an e-portfolio

March 2018

1. Introduction

In October 2016, the Academy worked alongside the Royal College of Paediatrics and Child Health, to produce guidance for doctors in training about entering information into an e-portfolio. In light of the recent discussions surrounding the legal case of Dr Bawa Garba and the use of reflection, it has been agreed that the Academy will work with the General Medical Council, the Academy Trainee Doctors Group, the BMA's Junior Doctors Committee and the Conference of Post-Graduate Medical Deans (COPMeD) to revise reflective practice guidance. As the production of this will take some time, the objective of this paper is to set out the 10 key principles of reflective practice, in advance, for doctors in training to use.

2. What is reflective practice?

Reflective practice is the process whereby an individual thinks analytically about a clinical situation or activity, monitoring its progress and evaluating its outcome. As this implies, it can (and should) take place before, during and after the situation.

Reflective practice results in a better understanding of the situation and enables the individual concerned to recognise the possible impact of their actions. The aim of this process is to aid individual development and support enhanced performance when similar situations are encountered in the future, allowing the experience gained from previous situations to be put into action.

Doctors in training must feel able to have honest and open discussions and should be confident that engaging in the process can provide them with the required evidence of a professional approach to learning.

The focus should be on feedback about reflective practice, or descriptions of the increased understanding and resultant actions after discussion, rather than on simply documenting 'reflection'.

3. The principles of demonstrating development as a reflective practitioner:

- There are different ways to reflect: the GMC does not require any specific way to reflect or the number of reflections needed.

Reflection is a process that can involve writing notes in e-portfolios, but, it can also be undertaken as part of a dialogue with trainers during other work-based assessments. A written record of reflection may take place either contemporaneously or, if a significant event has taken place, after a full investigation has taken place.

National Clinical Lead for Value Based and Prudent Healthcare

I'm delighted to announce the appointment of Dr Sally Lewis as the new National Clinical Lead for Value Based and Prudent Healthcare. Sally previously held the role of Assistant Medical Director for value-based care in the Aneurin Bevan University Health Board.

Value based healthcare is emerging as an important area of work within prudent healthcare, as we strive to increase and measure the beneficial impact of our limited NHS resource on the people of Wales. Sally will bring strong leadership and I look forward to working with her to develop this important area.

New Law for Wales on Intimate Piercing

The Public Health (Wales) Act 2017, which came into force in July 2017 (http://www.legislation.gov.uk/anaw/2017/2/contents), includes provisions at Part 5 in relation to the intimate piercing of children. These provisions came into force on 1 February 2018 and make it an offence to intimately pierce children and young people under the age of 18 in Wales. It is also an offence to make arrangements to perform an intimate piercing on a person under the age of 18 in Wales. There are ten "intimate areas" specified within the Act and these apply to all genders (anus; breast [including the nipple and areola]; buttock; natal cleft; penis [including the foreskin]; perineum; pubic mound; scrotum; tongue; and vulva).

The aim of this new law is to protect children and young people from the potential health harms which can be caused by an intimate piercing, such as the incidence of body piercing-related complications (including infections and injuries) amongst young people whose bodies are still maturing, and who may be less adept at keeping up with aftercare requirements. Additionally the aim is to further protect children through the removal of circumstances where children and young people are placed in a potentially vulnerable situation.

A person under the age of 18 will not be able to give their consent to an intimate piercing, nor will a parent or guardian be able to give consent to an intimate piercing on behalf of a young person.

This new law is not retrospective and only applies to intimate piercings performed on children and young people under the age of 18 from 1 February 2018.

The definition of "body piercing" within the Act is "the perforation of an individual's skin or mucous membrane (including breaching the integrity of the skin) with a view to enabling jewellery or an object to be attached to, implanted in, or removed from an individual's body". The Act includes an exemption for the intimate body piercing of children under the age of 18 where performed in the course of a medical procedure by a registered medical practitioner, a registered nurse or registered midwife. Such instances would include the removal of an intimate body piercing to prevent, treat or alleviate disease or ill health etc, including to enable effective birth control.

Local authorities in Wales have a duty to undertake enforcement action in relation to the intimate piercing provisions, including bringing forward prosecutions, investigating complaints and taking other steps. The Police in Wales also have a duty to assist local authorities, where necessary, in undertaking enforcement actions.

The Welsh Government has produced a guidance document in Welsh and English to assist local authorities and the police in their enforcement of this new law, and a separate Welsh and English Q&A guidance document for body piercing practitioners and businesses to assist their understanding of the new law. These are all available on the Welsh Government website at: **www.gov.wales/publichealthact**.

NICE Guideline Glaucoma: diagnosis and management (update for optometrists in primary care)

The revised NICE Guideline Glaucoma: diagnosis and management (NG81) (www.nice.org.uk/guidance/ng81) came into effect on 1 November 2017. The College of Optometrists have recently provided updated guidelines 'NICE Guideline Glaucoma: diagnosis and management (update) A briefing for members of the College of Optometrists' (www.college-optometrists.org/resourceLibrary/nice-guidelines-glaucoma-member-briefing.html) in response to the NICE guidelines.

In Wales, the Eye Health Examination Wales (EHEW) accredited optometrists follow the management and referral criteria provided by EHEW Manuals and protocol (January 2016) **(www.eyecare.wales.nhs.uk/ehew)** regarding the assessment and management of patients with glaucoma, suspect glaucoma or ocular hypertension (OHT). A new EHEW manual will discuss the new guidelines later in 2018.

The New Treatment Fund – 1 year on

new high res pics to come

The Cabinet Secretary reported progress last month to the National Assembly on how the Welsh Government's £80 million New Treatment Fund is impacting on access to new, recommended medicines. The £80 million has been invested over the life of this government to enable patients in Wales to have faster access to new recommended medicines. This equates to an additional £16 million per year to health boards to speed up access consistently across Wales and support health boards in the first year of implementing a new medicine, giving them time to make longer-term sustainable plans.

The fund provides health boards with additional resources to deliver on three key areas:

- Shortening the timescale for introducing new medicines recommended by the National Institute for Health and Care Excellence (NICE) and the All-Wales Medicines Strategy Group (AWMSG) from three months to two months.
- Introducing new medicines recommended by NICE within two months of the publication of the Final Appraisal Document rather than, as previously happened, from the date the Technology Appraisal Guideline was published – providing access up to eight weeks earlier.
- Introducing all new cancer medicines within these same timeframes where NICE have given an interim recommendation (for funding through the English Cancer Drugs Fund).

A positive recommendation by NICE or AWMSG is a confirmation that the medicine has passed the rigorous test of clinical and cost-effectiveness. The clinical benefits are in balance with the cost the manufacturer will charge to the NHS, ensuring good value for money for the public and our NHS.

This fund has been designed to treat all conditions equally. We recognise that each person affected by a condition that affects their life will want to be assured Welsh Government is just as interested in their situation by making sure all new, recommended medicines are introduced as quickly as possible and consistently – no matter where an individual lives in Wales.

This fund has not been for any specific medical condition and does not prioritise the funding of one disease over another.

Introducing a new medicine can have implications for service delivery and time may be required to ensure a medicine can be introduced safely without impacting on other parts of the service. Where introducing a new medicine requires little adjustment for existing services, health boards are expected to make them available as soon as is reasonably practicable, and certainly no later than two months after the recommendation.

Since introducing the Fund in January last year, 82 medicines have been made available to patients in Wales much more quickly than they would have been before. Just over 40% of these medicines were recommended for treatment of various cancers. The average time for recommended medicines to be made available is now 10 days, way ahead of the 60-day timescale.

To mark the one-year anniversary of the New Treatment Fund, the First Minister and the Minister for Health and Social Services visited Llandough Hospital to meet patients who have benefitted from migalastat, a new medicine used to treat a rare condition called Fabry disease. Fabry disease is a serious and progressive condition that causes pain and can greatly affect the quality of people's lives. Migalastat allows people with Fabry disease freedom from frequent hospital visits and intravenous infusion, allowing them to lead more normal lives.

Pharmaceutical Needs Assessment **Update**

The Public Health Act allows the Welsh Government to introduce a system of Pharmaceutical Needs Assessment (PNA). We have now begun work to develop and introduce PNA.

Under PNA, health boards will be required to periodically assess and publish a statement of need for pharmaceutical services within their area. This will allow the health board to identify gaps in the provision of community pharmacy services and in light of that, determine whether new additional providers of services should be admitted to the pharmaceutical list.

A PNA will cover the full range of essential, advanced and enhanced services under the Community Pharmacy Contract Framework. This will enable health boards to consider the level and extent of pharmaceutical services required to meet the needs of their population; and to do that in the context of their plans and priorities for primary care services.

This is a significant change in emphasis of how the need for pharmaceutical services in a particular area is determined. It will ensure the health board has greater input in deciding where pharmacies are located and what services are provided.

A working group, comprising health board representation, has been meeting regularly to develop the detailed regulations and associated guidance.

A formal consultation on the new draft regulations will be undertaken during 2018. The provisional timescale for the new regulations to come into force is March 2019. This will place a statutory requirement upon health boards to have published a PNA by April 2020.

All Wales Medicines Strategy Group **(AWMSG)**

National Prescribing Indicators 2017-18 – Analysis of Prescribing Data to June 2017 **(www.awmsg.org/docs/awmsg/medman/National Prescribing Indicators 2017-2018 Analysis of Prescribing Data to June 2017.pdf)**.

This paper reports on the progress of health boards against each of the primary and secondary care National Prescribing Indicators (NPIs) 2017-18, for the quarter ending June 2017. Health boards are encouraged to improve prescribing in line with the aim of the indicator. Ten out of eleven primary care NPIs with a threshold showed an improvement compared with the same quarter of the previous year. The three secondary care NPIs all showed trends in line with the aim of the indicator when compared with the equivalent quarter of the previous year. This document was presented to AWMSG for information in December 2017.

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 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		
3035	Adalimumab (Humira) 40 mg solution for injection	**Treatment of paediatric chronic non-infectious anterior uveitis in patients from 2 years of age who have had an inadequate response to or are intolerant to conventional therapy, or in whom conventional therapy is inappropriate.**
3545	Pegvisomant (Somavert) 10 mg, 15 mg, 20 mg, 25 mg, 30 mg powder and solvent for solution for injection	**Treatment of adult patients with acromegaly who have had an inadequate response to surgery and/or radiation therapy and in whom an appropriate medical treatment with somatostatin analogues did not normalize IGF-I concentrations or was not tolerated.**
3468	Stiripentol (Diacomit) 250 mg, 500 mg hard capsules and powder for oral suspension	**In conjunction with clobazam and valproate as adjunctive therapy of refractory generalized tonic-clonic seizures in patients with severe myoclonic epilepsy in infancy (SMEI; Dravet syndrome) whose seizures are not adequately controlled with clobazam and valproate.**

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
3614	**Budesonide (Entocort CR) 3 mg capsule**	Tillotts Pharma UK Ltd
731	**Cariprazine (Reagila) 1.5 mg , 3 mg, 4.5 mg and 6 mg hard capsules**	Gideon Richter
3294	**Cinacalcet (Mimpara) 30 mg, 60 mg, 90 mg film-coated tablets, and 1 mg, 2.5 mg, 5 mg granules**	Amgen Ltd
3584	**Midostaurin (Rydapt) 25 mg capsule**	Novartis Pharmaceuticals UK Ltd
1726	**Pasireotide pamoate (Signifor) 10 mg, 20 mg, 30 mg, 40 mg and 60 mg powder and solvent for suspension for injection**	Novartis Pharmaceuticals UK Ltd
3568	**Sofosbuvir (Sovaldi) 400 mg film-coated tablet**	Gilead Sciences Ltd
2037	**Telotristat ethyl (Xermelo) 250 mg film-coated tablet**	Ipsen Ltd

The next AWMSG meeting will be on 26th April. All meeting documentation is available on the AWMSG website (www.awmsg.org/awmsgonline/meetings_awmsg_2018.html) prior to the meeting.

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