



Llywodraeth Cymru
Welsh Government



Chief Medical Officer for Wales

Update 94: December 2018



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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Leaving the European Union: Preparedness across the **Health and Social Care Sector** in Wales



The UK has reached a critical point in leaving the EU and what happens in the coming months will determine the future prosperity of Wales and the sustainability of its public services. I wanted to take this opportunity to share our understanding of the current situation in the health and social care sector in Wales and the steps we're putting in place to maintain the high quality services we deliver to the people of Wales in these uncertain times.

As we move into a more proactive phase in addressing operational readiness and contingency planning, including for a 'no deal' Brexit, it will be vital to ensure a coherent approach to EU transition through a national coordinated plan. We have established three high level groups to help lead and inform our collective preparedness for EU withdrawal:

- An EU Transition leadership Group focusing on ensuring operational readiness arrangements are in place for both health and social services in Wales.
- A Brexit Stakeholder Advisory group made up of senior leaders from across the sector, and led by the Cabinet Secretary for Health and Social Services and the Minister for Children, Older People and Social Care, and
- A 4 Nations public health group addressing public health associated risks and health security concerns, and a joint Welsh Government – Public Health Wales working group considering specific Welsh issues.

Supply Chains – Medicines, Devices and Equipment

One of our top priorities has been ensuring the consistent and uninterrupted supply of lifesaving medicines, devices and equipment to patients and service users in Wales from the moment we leave the EU.

We have been working closely with the UK Government and agreed their plans to ensure a sufficient and seamless supply of medicines and medical devices in the UK in the event of a 'no deal' Brexit.

Suppliers of medicines have been asked to ensure they are holding 6 weeks worth of additional stock in the UK on EU exit. The UK Government will pay the full costs of the scheme and no additional costs should fall on the NHS in Wales. We have already written to Chief Executives across NHS Wales in August setting out the detail of these contingency plans and advising that hospitals, GPs and community pharmacies in Wales do not need to take any steps to stockpile additional medicines beyond their business as usual stock levels. There is also no need for clinicians to prescribe additional supplies or for patients to stockpile prescribed medicines at home.

All other items (devices, consumables, equipment etc.) will need to be accommodated as increased stock within the existing NHS supplies infrastructure. NHS Wales Shared Services are working with UK counterparts to assess and model the impact of increasing stocks. We will issue further guidance on this as the need arises. While this won't be without its challenges, we have a very professional supply structure in Wales that already manages nearly £0.5bn worth of goods and services a year and holds over 33 million items.

Workforce

Non-UK EU and other international staff continue to be very important and valued members of our workforce.

Latest figures indicate over 1,400 EU nationals are directly employed by the NHS in Wales with around 7% of doctors coming from the EU (22% from other countries outside of the EU). This represents a significant number of trained, qualified and dedicated staff who could not be replaced in the short term. We are working with Welsh NHS Confederation and NHS Employers to break this figure down further by key roles.

We are putting a lot of effort into highlighting Wales as an excellent place to train, work and live in. This may go some way to explain why we have not seen the reduction in the numbers of staff leaving the sector that other parts of the UK have experienced. However we cannot be complacent.

Settled status

The Welsh Government is currently working towards giving EU staff working in health and social services in Wales the option of being part of an 'early introduction' of the Home Office Settled Status Scheme from November this year. By taking part in the trial of the registration system, those staff can be among the first to be given settled status ahead of the UK leaving the EU on 30 March 2019. We have made clear to UK Government, however, that we find it unacceptable that the pilot scheme is only open to the individuals themselves and not to their families. Whether those who are eligible to apply under this scheme choose to do so, or choose to wait until the full roll-out from April next year when they should be able to do so together with their families and with the protection of a full appeals process, we hope that they will choose to stay here in the knowledge of our deep appreciation of the contribution they make to health and social care services in Wales.

Mutual Recognition of Professional Qualifications (MRPQ)

The Mutual Recognition of Professional Qualifications (MRPQ) is very important to enabling free and easy movement of health and care professionals in Europe. In the UK, the MRPQ arrangements significantly speed up the registration process and allows for the seamless movement of staff between countries. The Welsh Government is working closely with the Department of Health and Social Services in England and colleagues in the other Devolved Administrations to ensure that Welsh needs are met in future arrangements and we are not anticipating major problems in this area in the short term. Longer term continuity will depend on the outcome of the negotiations between the UK Government and the EU27.

Reciprocal healthcare arrangements

We are expecting that EU nationals currently living in the UK and UK nationals currently living in the EU will be able to continue to reside abroad and will have the same access to healthcare during the transitional period as they do now. This is what was agreed in phase 1 of the UK-EU negotiations.

However, future arrangements are subject to further negotiations. We are actively engaged with the UK Government on the future arrangements to follow withdrawal, and will ensure appropriate communications strategies are put in place to inform impacted communities, individuals and providers across Wales.

Health Security & public health

Health threats do not respect national borders. Continued close links with European and international health protection systems are vital to the safety and well-being of the people of Wales.

Welsh Government and Public Health Wales are working closely together with colleagues across the UK to ensure systems are put in place to continue this safety and security.

Research and Innovation

Continued access to, and promotion of, European and international collaboration on research and innovation will be vital. Organisations in Wales are being encouraged to continue to access opportunities open to us under the current schemes, such as Horizon 2020.

These schemes are important not just for NHS and academia in Wales. They help fuel our key life sciences sector and related economic growth. Health-themed projects in Wales have attracted over £15m from Horizon 2020.

International relationships

We have a good and growing international reputation, particularly in relation to our Future generations work, Prudent Healthcare and Value Based approached. Public Health Wales were recently recognised as a new World Health Organisation Collaborating Centre on Investment for Health and Well-being – the first in the world.

We need to maintain and extend our international relationships and collaborations whatever the outcome of Brexit. It is important to remember that we are leaving the EU, and not leaving Europe.

Other preparatory measures

We are working with the UK Government putting in place measures to manage other potential implications of Brexit for the NHS including future immigration rules; continuity of research funding and pan-European clinical and research collaborations; and future reciprocal healthcare arrangements.

The Chief Executive of the NHS in Wales has asked our health boards and NHS Trusts to ensure their business continuity plans take full, appropriate and proportionate account of the impact of leaving the EU, including a 'no deal' exit from the EU. Similarly, Local Resilience Forums in Wales have been asked by the Director of the Local Government and Public Services Department to specifically consider the implications of a possible no deal Brexit in their contingency plans.

Healthy and Active Fund – an update

In my last CMO update I was delighted to announce the launch of our Healthy and Active Fund (HAF). The Fund, delivered through a strategic partnership with Sport Wales and Public Health Wales, aims to improve mental and physical health by enabling healthy and active lifestyles, with a strong focus on community-led approaches.

The Fund is now open to Expressions of Interest (Eoi) and further information and guidance regarding whether you and your project will be eligible, and the process for applying can be found at Sport Wales' Healthy and Active webpage.

www.sport.wales/funding--support/our-grants/healthy-and-active-fund.aspx

Lymphoedema Network Wales

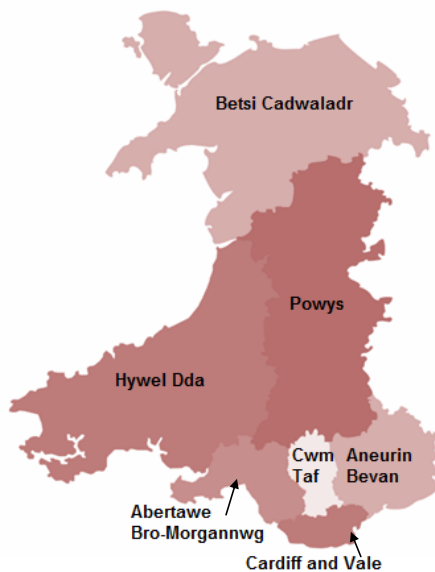
The aim of the Lymphoedema Network Wales (LNW) is to promote equitable value based lymphoedema services for all people with lymphoedema and chronic oedema throughout Wales. LNW has developed an e-learning module that aims to raise awareness of lymphoedema and chronic oedema, promote early identification and prompt referral. Health care professionals are encouraged to complete this e-learning, which can

be accessed via electronic staff records or via Learning@Wales. (www.learning.wales.nhs.uk/course/view.php?id=937)

LNW also have 16 video films created collaboratively with pocket medic and people with lymphoedema or chronic oedema. If you require further information regarding these please contact LNW at: Lymphoedema.network.wales@wales.nhs.uk



Lymphoedema Services Within NHS Wales



Aneurin Bevan University Health Board
Lymphoedema Clinic
Springfield Day Unit
St Woolos Hospital
131 Stow Hill
Newport
NP20 4SZ
01633 238464

Abertawe Bro Morgannwg University Health Board
Lymphoedema Clinic
Singleton Hospital
Swansea
SA2 8QA
01792 285252

Betsi Cadwaladr University Health Board
Lymphoedema Clinic
Dept 20 Wrexham Maelor Hospital
Croesnewydd Road
Wrexham
LL13 7TD
01978 726257

Cardiff and Vale University Health Board
Lymphoedema Clinic
Whitchurch Hospital
Park Road
Whitchurch
CF14 7XB
02920 336176

Cwm Taf University Health Board
Lymphoedema Clinic
Dewi Sant Hospital
Albert Road
Pontypridd
CF37 1LB
01443 443499

Hywel Dda Health Board
Lymphoedema Clinic
Withybush General Hospital
Fishguard Road
Haverfordwest
SA61 2PZ
01437 773053

Powys Teaching Health Board
Lymphoedema Clinic
Bracken Trust
Cefnlllys Lane
Llandridnod Wells
LD1 5LJ
01597 825152

Lymphoedema Network Wales, Cimla Health & Social Care Centre, Cimla, Neath SA11 3SU
Lymphoedema.network.wales@wales.nhs.uk Tel: 01639 862767 Fax: 01639 862802

Consultation – Setting the minimum price of alcohol

The Public Health (Minimum Price for Alcohol) (Wales) Act 2018 is targeted at protecting the health of hazardous and harmful drinkers who tend to consume greater amounts of low-cost and high-strength alcohol. It provides a formula for calculating the applicable minimum price for alcohol by multiplying the percentage strength of the alcohol, its volume and the minimum unit price. This allows us to target the sale and supply of low-cost and high-strength alcohol.

The Act provides that the minimum unit price will be specified in regulations. Ahead of laying these regulations before the National Assembly for Wales, we are launching a consultation about the preferred level for the minimum unit price.

Taking into account a range of factors, we believe a 50p minimum unit price is a proportionate response to tackling the health risks of excessive alcohol consumption.

We consider that a 50p minimum unit price will strike a reasonable balance between the anticipated public health and social benefits and intervention in the market.

This consultation is not about the principle of minimum pricing. We have twice consulted about the principle of introducing a minimum price for alcohol in Wales – in 2014 as part of the Public Health White Paper and in 2015 on a draft Public Health (Minimum Price for Alcohol) (Wales) Bill.

This consultation is about the preferred minimum unit price – it will run for 12 weeks. We will then carefully consider and publish a summary of any consultation responses we receive. Having taken account of the responses to its questions, draft regulations specifying the minimum unit price for the purposes of the Act will then be laid before the National Assembly for its consideration.

The consultation document – which includes the draft regulations specifying the preferred level of the minimum unit price and an accompanying draft Explanatory Memorandum and Regulatory Impact Assessment – is available here: www.beta.gov.wales/setting-minimum-unit-price-alcohol

If you have any queries, please contact us by email at DeddfIaA.MUPAct@gov.wales

Welsh Government Consultation: Minimum Unit Price for Alcohol

The Public Health (Minimum Price for Alcohol) (Wales) Act 2018 aims to reduce the excessive consumption of alcohol and reduce alcohol-related harms.

It is targeted at protecting the health of hazardous and harmful drinkers who tend to consume greater quantities of low-cost, high-alcohol products.

We think a 50p minimum unit price would be a proportionate response to tackling the health risks of excessive alcohol consumption, striking a balance between health benefits and intervention in the market.



We want your views on the Welsh Government's preferred level of a minimum unit price for alcohol.



If you agree, or if you believe a different level of a minimum unit price should be set, let us know why. Please include any evidence and research that supports your view.

Consultation open: 28 September – 21 December 2018
 Online form: <https://beta.gov.wales/consultations>
 More information: DeddfIA.MUPAct@gov.wales



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

Contact: DeddfIA.MUPAct@gov.wales



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Background

Likelihood of harm is proportionate to the amount of alcohol consumed



alcohol related deaths in Wales 2017

Nearly **55,000** alcohol attributable hospital admissions in Wales in 2017-18

Increasing price leads to decrease in consumption



A minimum unit price of 50p

50p

would affect drinks sold at cheap prices relative to their alcohol content.



Small impact on 'moderate drinkers'

Most substantial effects for harmful drinkers



Worth **£783m** to Wales in reducing illness, crime and workplace absence (over 20 years)

66 fewer deaths and just under **1,300** fewer hospital admissions in Wales per year



The new law will mean

Welsh Ministers will have powers to specify a minimum unit price for alcohol

People can be fined



or go to court and face more penalties if they break the law

Retailers selling or supplying alcohol below the minimum price will be breaking the law

How to calculate minimum price if the minimum unit price is 50p:

	Spirit	Wine	Lager/Beer/Cider		Double shot Spirit	Single shot Spirit
Minimum unit price	0.5	0.5	0.5	0.5	0.5	0.5
X Strength	40.0%	12.5%	5.2%	3.6%	5.2%	40%
X Volume	1 Litre	0.75L	0.568L	0.44L	0.05L	0.025L
= Minimum price	£20.00	£4.69	£1.48	£1.02	£1	50p

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All Wales Medicines Strategy Group (AWMSG)



National Prescribing Indicators 2017–2018 – Analysis of Prescribing Data to March 2018

www.awmsg.org/docs/awmsg/medman/National%20Prescribing%20Indicators%202017-2018%20Analysis%20of%20Prescribing%20Data%20to%20March%202018.pdf

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 March 2018. Nine out of eleven 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 biosimilars there was an overall improvement in line with the aim of the indicator. Prescribing of long-acting insulin analogues increased in secondary care; however, there was a decrease in primary care usage, in line with the aim of the NPI. The percentage of patients receiving colorectal surgical antibiotic prophylaxis for greater than 24 hours increased, at odds with the aim of the indicator. This document was presented to AWMSG for information in September 2018.

Primary Care Empirical Urinary Tract Infection Treatment Guidelines

www.awmsg.org/docs/awmsg/medman/Primary%20Care%20Empirical%20UTI%20Treatment%20Guidelines.pdf

This guideline, originally developed by the All Wales Antimicrobial Guideline Group based on Public Health England's antimicrobial guidance, presents up-to-date advice for primary care on the empirical antimicrobial treatment of patients in Wales presenting with a urinary tract infection (UTI). These guidelines should contribute to limiting the incidence of antimicrobial resistance, treatment failure, and hence progression to urosepsis. The document was endorsed by AWMSG in July 2018.

All Wales Medicines Strategy Group 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 as soon as is reasonably practicable and 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		
1343	ciprofloxacin (Cetraxal) 2 mg/ml ear drops	Treatment of acute otitis externa in adults and children older than 1 year with an intact tympanic membrane, caused by ciprofloxacin susceptible microorganisms www.awmsg.org/awmsgonline/app/appraisalinfo/1343
1988	lanreotide (Somatuline Autogel) 120 mg solution for injection	Treatment of grade 1 and a subset of grade 2 (Ki67 index up to 10%) gastroenteropancreatic neuroendocrine tumours (GEP-NETs) of midgut, pancreatic or unknown origin where hindgut sites of origin have been excluded, in adult patients with unresectable locally advanced or metastatic disease www.awmsg.org/awmsgonline/app/appraisalinfo/1988
3582	levonorgestrel (Kyleena) 19.5 mg intrauterine delivery system	Contraception for up to 5 years www.awmsg.org/awmsgonline/app/appraisalinfo/3582

AWTTC reference number	Medicine	Indication
3732	octreotide (Sandostatin LAR) 10 mg, 20 mg and 30 mg powder and solvent for suspension for injection	Treatment of patients with advanced neuroendocrine tumours of the midgut or of unknown primary origin where non-midgut sites of origin have been excluded www.awmsg.org/awmsgonline/app/appraisalinfo/3732
Recommended with restrictions		
2001	dalbavancin (Xydalba) 500 mg powder for concentrate for solution for infusion	Treatment of acute bacterial skin and skin structure infections (ABSSSI) in adults www.awmsg.org/awmsgonline/app/appraisalinfo/2001
2037	telotristat ethyl (Xermelo) 250 mg film-coated tablet	Treatment of carcinoid syndrome diarrhoea in combination with somatostatin analogue (SSA) therapy in adults inadequately controlled by SSA therapy www.awmsg.org/awmsgonline/app/appraisalinfo/2037

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
3734	anakinra (Kineret) 100 mg/0.67 ml solution for injection www.awmsg.org/awmsgonline/app/appraisalinfo/3734	Swedish Orphan Biovitrum Ltd
2507	bosutinib (Bosulif) 100 mg and 500 mg tablet www.awmsg.org/awmsgonline/app/appraisalinfo/2507	Pfizer Ltd
1351	denosumab (Xgeva) 120 mg solution for injection www.awmsg.org/awmsgonline/app/appraisalinfo/1351	Amgen Ltd
3492	ertugliflozin/metformin (Segluromet) 2.5 mg/850 mg, 2.5 mg/1,000 mg, 7.5 mg/850 mg and 7.5 mg/1,000 mg film-coated tablet www.awmsg.org/awmsgonline/app/appraisalinfo/3492	Merck Sharp & Dohme Ltd
1104	ertugliflozin/sitagliptin (Steglujan) 5 mg/100 mg and 15 mg/100 mg film-coated tablet www.awmsg.org/awmsgonline/app/appraisalinfo/1104	Merck Sharp & Dohme Ltd
3710	ferric maltol (Feraccru) 30 mg capsule www.awmsg.org/awmsgonline/app/appraisalinfo/3710	Shield Therapeutics

AWTTC reference number	Statements of Advice	Company
3861	ganciclovir sodium (Cymevene) 500 mg powder for concentrate for solution for infusion www.awmsg.org/awmsgonline/app/appraisalinfo/3861	Roche Products Ltd
3711	human normal immunoglobulin (SClg) (Hizentra) 200 mg/ml solution for injection www.awmsg.org/awmsgonline/app/appraisalinfo/3711	CSL Behring UK Ltd

The next AWMSG meeting will be on 12 December 2018. All meeting documentation is available on the AWMSG website prior to the meeting.

www.awmsg.org/meetings_awmsg_2018.html

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