

Our ref: IG/FOI/24.R.072

16 February 2024

Sent via email to: [REDACTED]

Dear [REDACTED]

Request under the Freedom of Information Act 2000

I write further to your request for information, which was received on 6 February 2024, to confirm, in accordance with S.1(1)(a) of the Freedom of Information Act 2000, that Powys Teaching Health Board (PTHB) partly holds the information that you require.

For ease of reference your request is set out below and our response follows each question individually:

Your Freedom of Information (FOI) Request and Powys response (Bold):
Under Freedom of Information, I would like to request the following information.

In her 'Forward in the NHS Wales Planning Framework 2022 – 2025 document' (attached), Health Minister, Eluned Morgan says "My priorities recognise that as a country we must continue to respond to the immediate challenges of Covid, whilst also turning our attention to longer-term sustainability and improving population health We must invest in recovery, tackle health inequalities, improve mental health provision by giving parity between physical and mental health conditions, and focus on prevention. I am deeply committed to supporting our health and care workers who have been and remain at the forefront of our efforts".

I have looked at three recent NICE Technology Appraisal Guidance to see how their implementation across Wales has been enacted. Whilst much is made of social deprivation as a cause of health inequalities, I thought it might be interesting to see if the actions of health boards in providing funding and resource for the technology appraised within two months of publication as per guidance.

In each case regarding implementation, section 4.2 states:

The Welsh ministers have issued directions to the NHS in Wales on implementing NICE technology appraisal guidance. When a NICE technology appraisal guidance recommends the use of a drug or treatment, or other technology, the NHS in Wales must usually provide funding and resources for it within 2 months of the first publication of the final draft guidance.

The three I have looked at are:

- Rimegepant for treating migraine (TA919) published 18 October 2023
- Daridorexant for treating long-term insomnia (TA922) published 18 October 2023
- Tirzepatide for treating Type 2 diabetes (TA924) published 25 October 2023

All three of these were published more than 2 months ago, and so should all be readily available for patients to access. All three conditions are routinely managed in primary care with little or no involvement from secondary care, except in exceptional or difficult circumstances.

Note that Rimegepant is indicated for treatment of both acute migraine and prophylaxis of migraine. As prophylaxis of migraine may be more routinely managed in secondary care, and treatment of acute migraine more routinely managed in primary care, I have focused these questions on the treatment of acute migraine only.

Rimegepant for treating migraine

Technology appraisal guidance [TA919] Published 18 October 2023

Powys THB Inform <https://powformulary.wales.nhs.uk/> section 04.07.04.01 - Treatment of acute migraine has Rimegepant listed as blue, ie, Blue - Second line medicines, all prescribers.

Question 1.1 – How many prescriptions for Rimegepant were written in Powys THB in 2023?

I can confirm this data is not held by PTHB. Prescription data is processed and held by NHS Wales Shared Services Partnership and readily available in the public domain, published here - <https://nwssp.nhs.wales/ourservices/primary-care-services/general-information/data-and-publications/prescribing-data-extracts/>

Please note that prescription data is 2-3 months behind prescribing in practice, therefore data for December 2023 has not yet been published.

Question 1.2 – How do you intend to ensure that all primary care HCPs are aware of Rimegepant, which patients are suitable (as per NICE TA919) and how to confidently prescribe to ensure pressure is taken off secondary care services?

Formulary decisions are discussed at PTHB's Area Prescribing Group which has Primary Care representation. Primary Care clinicians have a responsibility to keep up to date and ensure that they are aware of

NICE publications. The formulary has been updated and provides a link to the relevant guidance; clinicians are required to work in line with the formulary.

Question 1.3 – For the last 12-month period for which you have data, how many patients presented to A&E with migraine, how many patients presented to SDEC with migraine and how many presented to out of hours with migraine?

PTHB does not have A&E and SDEC services. These are commissioned from neighbouring Welsh Health Boards and English Trusts for the Powys population.

Question 1.4 – Will you please provide me with a copy of the minutes of the meeting at which it was decided to list Rimegepant as blue, ie, Blue - Second line medicines, all prescribers?

PTHB 'BLUE' second-line status is consistent with the recommendations of NICE i.e. "Rimegepant is recommended as an option for the acute treatment of migraine with or without aura in adults, only if for previous migraines: at least 2 triptans were tried and they did not work well enough or triptans were contraindicated or not tolerated, and nonsteroidal anti-inflammatory drugs (NSAIDs) and paracetamol were tried but did not work well enough."

Area Prescribing Group minutes are awaiting ratification, however, below is the relevant extract from the draft minutes:

"II. Rimegepant

For treating migraine NICE TA919

- Appears to be suitable for primary care initiation, following 2 triptans**
- However, reserved as red or amber in other health boards at present.**

EP, CP, JS and AW discussed the status of Rimegepant as above and it was agreed that it would have a mixed position within the formulary:

BLUE (second line): commenced by GP following 2 triptans.

AMBER: No shared care – 3 treatments refer to specialist."

Daridorexant for treating long-term insomnia

Technology appraisal guidance [TA922] Published: 18 October 2023

Powys THB Inform <https://powformulary.wales.nhs.uk/> section 04.99 – Other Central Nervous System has Daridorexant listed as red, ie, RED - Medicines for Hospital or specialist use only.

Cwm Taf & Vale UHB Inform <https://cttformulary.wales.nhs.uk/> section 04.99 – Other Central Nervous System has Daridorexant listed as green, ie G = General Use – all prescribers.

Question 2.1 – Given that a patient in Cwm Taf & Vale UHB who is sat in front of their primary care GP, nurse or pharmacist suffering long-term insomnia (provided they meet NICE criteria) can be prescribed Daridorexant by their primary care HCP, but the same patient from Powys THB sat in front of their primary care GP, nurse or pharmacist suffering long-term insomnia (provided they meet NICE criteria) must be referred and put on a waiting list (6-12 months) to see a hospital physician to be prescribed Daridorexant, how do you justify and intend to rectify this health inequality?

Daridorexant is the first drug in a new class for the treatment of insomnia. It has MHRA 'black triangle' status -

<https://www.gov.uk/drug-safety-update/the-black-triangle-scheme-or>

Most 'black triangle' drugs are initially listed as hospital-only prescribing until sufficient specialist experience with the drug has been built up to allow for the safe and effective transfer of prescribing to primary care clinicians. PTHB's approach is consistent with most Welsh Health Boards, including Cwm Taf Morgannwg University Health Board (CTMHB formulary accessed 6/2/24).

The 'RED' hospital only designation for daridorexant in PTHB is a temporary status pending further review and advice from specialists.

- **Cwm Taf Morgannwg University Health Board formulary lists daridorexant as 'hospital prescribing only' - accessed 6/2/24.**
- **Hospital only status also in Aneurin Bevan University Health Board and Cardiff and Vale University Health Board.**
- **Hywel Dda University Health Board - 'specialist Initiated while formulary implications considered'.**
- **Swansea Bay University Health Board - '2nd-line inc. GP use'.**
- **Betsi Cadwaladr University Health Board - 'pending pathway'.**

Question 2.2 – What are the job titles of the people in Powys THB responsible for deciding that Daridorexant should be listed as red for long-term insomnia in Powys THB and in which departments do they work?

PTHB Area Prescribing Group terms of reference attached – FOI 24.R.072 Attachment 1.

Question 2.3 – What is the job title of the person responsible for waiting lists for long-term insomnia in Powys THB and what involvement did they have in the decision to list Daridorexant as red?

PTHB does not provide an insomnia service, Powys residents would access these services via commissioned service providers.

Question 2.4 – What is the current waiting time in Powys THB for a patient referred by their GP with long-term insomnia to be seen in secondary care and not just reviewed, but for the patient to receive a prescription for long-term insomnia?

PTHB does not provide an insomnia service - Powys residents would access this service via commissioned service providers.

Question 2.5 – How many patients in Powys THB meet the criteria for Daridorexant, and if they were all referred to secondary care, (rather than

treated by the GP/Practice Nurse/Pharmacist they were in front of suffering there and then with long-term insomnia), what effect would this have on waiting lists, and how long would a patient have to wait to receive a prescription for Daridorexant?

This data is not directly available to, or held, by Health Boards. The resource impact template tool published by NICE estimates approximately 49 patients being eligible for daridorexant treatment in Powys in the first year following approval.

Question 2.6 – How could you engage primary care providers in Powys THB to ensure that they can manage appropriate long-term insomnia patients in primary care with Daridorexant at the point when the patient presents in need of intervention? Would you expect primary care HCPs to just prescribe a new medication, or would there be training interventions from consultants in secondary care?

Daridorexant is not currently approved for primary care prescribing in PTHB. The pathway to treatment, and any need for specialist guidance for primary care prescribers, would be discussed at PTHB's Area Prescribing Group before any change in the formulary status.

Question 2.7 – How many prescriptions for Daridorexant were written in Powys THB in 2023?

This data is not held by PTHB. Prescription data is processed and held by NHS Wales Shared Services Partnership and is already in the public domain, published here -

<https://nwssp.nhs.wales/ourservices/primary-care-services/general-information/data-and-publications/prescribing-data-extracts/> Please note prescription data is 2-3 months behind prescribing in practice. Therefore, data for December 2023 has not yet been published.

Question 2.8 – Will you please provide me with a copy of the minutes of the meeting at which it was decided to list Daridorexant as red, ie, RED - Medicines for Hospital or specialist use only?

Area Prescribing Group minutes are awaiting ratification at the next meeting in March. However, the relevant extract from the draft minutes is provided below:

"III. Daridorexant

For treating long-term insomnia NICE TA922

Mental Health service emailed for details of services available with Powys; sleep service, CBTi.

- Concern raised at Formulary Working Group: absence of stop criteria.

It was agreed that a clear pathway needs to be put into place before deciding on this. Keep as RED hospital only for now.

EP and JP will continue to look into this and feedback at the next meeting."

Question 2.9 – Do you consider primary care prescribers in Powys too stupid to prescribe a simple and straightforward insomnia treatment, or is there some other reason you prevent them from prescribing medicine to patients in need, when primary care prescribers in other health boards can? If so, what is this other reason? It can't be money, as NICE TA shows that the intervention is cost effective and must be made available. What is the real reason to keep your patients at increased risk of hypertension, diabetes, obesity, depression, heart attack and stroke? Are you deliberately putting pressure on secondary care services in the hope that they will fail? Is this political?

The aim of the Health Board's medicines formulary is to promote safe, rational, and cost-effective prescribing. Formulary decisions are based solely on available clinical and cost-effectiveness evidence. The formulary status of any given medicine is periodically reviewed and can be subsequently revised to make it more available to prescribe to a wider range of clinicians. There is no political input into formulary decisions.

Tirzepatide for treating type 2 diabetes

Technology appraisal guidance [TA924] Published: 25 October 2023

Powys THB Inform <https://powformulary.wales.nhs.uk/> section 06.01.02.03 GLP1 Receptor Agonists has Tirzepatide listed as AMBER - Medicines which should only be initiated/recommended by specialists, but which may then be passed to primary care prescribers for prescribing.

Question 3.1 – How long is the waiting time for appropriate patients to be seen by a specialist for their Tirzepatide prescription?

Although the drug has a product licence and has received NICE approval, the manufacturer has not yet launched the drug in the UK and made supplies available. No prescriptions have been issued for tizepatide in Wales.

Question 3.2 – How many prescriptions for Tirzepatide were written in Powys tHB in 2023?

As question 3.1.

Question 3.3 – Will you please provide me with a copy of the minutes of the meeting at which it was decided to list Tirzepatide as AMBER - Medicines which should only be initiated/recommended by specialists, but which may then be passed to primary care prescribers for prescribing on the formulary?

The Area Prescribing Group minutes are awaiting ratification at next meeting in March. However, the relevant extract from draft minutes is below:

"IV. Tirzepatide

For treating type 2 diabetes NICE TA924

Defer awaiting UK launch of medication."

Question 3.4 – Do you consider primary care prescribers in Powys too stupid to prescribe a simple and straightforward diabetes treatment, or is there some other reason you prevent them from prescribing medicine to patients in need,

when primary care prescribers in other health boards can? If so, what is this other reason? It can't be money, as NICE TA shows that the intervention is cost effective and must be made available. What is the real reason to keep your patients at increased risk of a heart attack, stroke, amputation, blindness etc? Are you deliberately putting pressure on secondary care services in the hope that they will fail? Is this political?

The aim of the Health Board's medicines formulary is to promote safe, rational, and cost-effective prescribing. Formulary decisions are based solely on available clinical and cost-effectiveness evidence. The formulary status of any given medicine is periodically reviewed and can be subsequently revised to make it more available to prescribe to a wider range of clinicians. There is no political input into formulary decisions.

Under the terms of the Health Board's Freedom of Information procedure, individuals seeking access to recorded information held by the Health Board are entitled to request an internal review of the handling of their requests. If you would like to complain about the Health Board's handling of your request, please contact us directly at the address below or register your complaint via powysfoi.foi@wales.nhs.uk

If after Internal Review you remain dissatisfied you are also entitled to refer the matter to the information commissioner at the Information Commissioner's Office (Wales), 2nd Floor, Churchill House, Churchill Way, Cardiff, CF10 2HH. Telephone Number: 0330 414 6421.

Yours sincerely



Kate Wright
Medical Director

Rydym yn croesawu derbyn gohebiaeth yng Nghymraeg. Byddwn yn ateb y fath ohebiaeth yng Nghymraeg ac ni fydd hyn yn arwain at oedi.

We welcome receiving correspondence in Welsh. We will reply to such correspondence in Welsh and this will not lead to a delay