**Freedom of Information Request: Our Reference CTMUHB_99_24**

**You asked:**

Under Freedom of Information, I would like to request the following information;

*In her forward in the NHS Wales Planning Framework 2022 – 2025 document, 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 depravation 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NHS in Wales must usually provide funding and resources for it within 2 months of the first publication of the final draft guidance.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

Cwm Taf Morgannwg UHB Inform https://cttformulary.wales.nhs.uk/ section 04.07.04.01 - Treatment of acute migraine has Rimegepant listed as S = Specialist Initiated.

Cardiff & Vale UHB inform https://cavformulary.wales.nhs.uk/ section 04.07.04.01 - Treatment of acute migraine has Rimegepant listed as green, ie, G = General Use – all prescribers

Powys tHB Inform https://powformulary.wales.nhs.uk/ section 04.07.04.01 - Treatment of acute migraine has Rimegepant listed as blue, ie, Second line medicines, all prescribers (second line to triptans, as per NICE TA919)

**Question 1.1 – Given that patients in Cardiff & Vale UHB and Powys tHB who are sat in front of their primary care GP, nurse or pharmacist suffering an acute migraine (provided they meet NICE criteria) can be prescribed Rimegepant by their primary care HCP, but a patient in Cwm Taf Morgannwg UHB sat in front of their primary care GP, nurse or pharmacist suffering an acute migraine (provided they meet NICE criteria) must be referred and put on a waiting list to see a specialist to be prescribed Rimegepant, how do you intend to rectify this health inequality?**

Rimegepant is available on the Cwm Taf Morgannwg University health Board (CTMUHB) formulary.

Formulary is advisory.

The All Wales Management pathway (link) lists this treatment as a 'specialist' treatment.

**Question 1.2 – Or, does the term "specialist" mean that any GP, or nurse or pharmacist in primary care who has completed the required training and regarded as an independent prescriber can prescribe Rimegepant to appropriate patients presenting in primary care with acute migraine?**

The term is not defined as part of the formulary. All prescribers are required within their registration to act within their sphere of expertise.

**Question 1.3 – what exactly is meant by "specialist" and how do they differ from "independent prescribers" and what or who dictates whether someone is authorised?**

The level of detail on individual prescribers practice is not captured. Ref 1.2 on prescribers having the responsibility to prescribe within their sphere of expertise.

**Question 1.4 – how many specialists can genuinely prescribe Rimegepant in Cwm Taf Morgannwg UHB, assuming it is those that manage migraine patients, eg, neurology, and not those who don't, eg, dermatology?**

Data not held.

**Question 1.5 – how many prescriptions for Rimegepant were written in Cwm Taf Morgannwg UHB in 2023?**

January 23 to December 23 = 17
TA919 published October 2023 so will include data on prophylaxis also.

**Question 1.6 – would you say you have genuinely made Rimegepant available for patients suffering acute migraine as Cwm Taf Morgannwg UHB have, or have you simply done the bare minimum by listing it on**

**your formulary, but with such restrictions as to make it de facto unavailable for those appropriate patients?**

Rimegepant has been made available within CTMUHB.

Formulary is advisory and prescribers are free to prescribe if they choose to do so within their own scope of practice.

**Question 1.7 – What are the job titles of the people in Cwm Taf Morgannwg UHB responsible for deciding that Rimegepant should be listed as "Specialist Initiated" for acute migraine in Cwm Taf Morgannwg UHB and in which departments do they work?**

Decision made as the Access to Medicines Group (not as individuals). The departments represented were:

Medical
Medicines Management
Nursing
GP
Quality and Safety
Management

**Question 1.8 – What is the job title of the person responsible for outpatient waiting lists for Acute Migraine in Cwm Taf Morgannwg UHB and what involvement did they have in the decision to list Rimegepant as Specialist Initiated?**

The consultant clinicians treating patients with migraine were consulted on the place in therapy.

**Question 1.9 – What is the current waiting time in Cwm Taf Morgannwg UHB for a patient referred by their GP with acute migraine to be seen by a specialist and not just reviewed, but for the patient to receive a prescription for acute migraine?**

This is a commissioned service: by Cardiff and Value University Heath Board (C&V) for Rhondda Taf Ely (RTE) & Merthyr and Cynon (M&C) localities and Swansea Bay University Health Board (SBU) for Bridgend locality. However, the local "unreported waiting list" for neurology (for RTE & MC) does not have an acute migraine clinical condition so we are unable to provide this information

However, to note, there are clinicians within Cwm Taf Morgannwg (CTM) who have a specialist interest in migraine who are not neurologists.

**Question 1.10 – How many patients in Cwm Taf Morgannwg UHB meet the criteria for Rimegepant, and if they were all referred to a specialist, (rather than treated by the GP/Practice Nurse/Pharmacist they were in front of suffering there and then with an acute migraine), what effect would this have on waiting lists, and how long would a patient have to wait to receive a prescription for Rimegepant?**

CTMUHB does not hold this data.

**Question 1.11 – How could you engage primary care providers in Cwm Taf Morgannwg UHB to ensure that they can manage appropriate acute migraine patients in primary care with Rimegepant 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?**

The All Wales Migraine pathway (linked above) currently has rimegepant listed as a specialist medication. If this changes then this pathway will also be available to primary care clinicians.

The reason that the medication is listed as 'specialist initiated' (i.e. to be initiated by specialist before treatment continued by GP) is to allow the Health Board to gain greater experience of the treatment to advise primary care clinicians on the use.

There are also guidelines, tutorials and training resources as part of the All Wales Headache Toolkit

**Question 1.12 – 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 Same Day Emergency Care (SDEC) with migraine and how many presented to out of hours with migraine?**

Please see data provided in the table below for the date range 01/02/2023 to 31/01/2024

| **Dept.** | **Patients** |
|---|---|
| Emergency Department | 70 |
| SDEC | 126 |
| Out of Hours | 655 |

Please note the following:

**Emergency Department (ED) Data**
ED data is based on the presenting complaint field which is free text. We have searched this field for any patient who has a presenting complaint that contains the word 'migraine'. We have not searched for spelling variations of the word migraine. If a migraine has been booked in as headache this will not be included. Please note a patient can present at ED more than once with a migraine, all attendances have been included.

**SDEC Data**
SDEC activity is carried out in various locations throughout the Health Board, even though the activity is classed as same day emergency care some of the activity is recorded as inpatient activity and some as outpatient activity. Outpatient activity is not coded so we are unable to provide activity for any patient's who's activity was recorded in an outpatient clinic. However, the activity for patients recorded as ward activity has been coded so is included. We have provided a list of all patients will a clinical diagnosis of 'migraine'. Please be aware there could be a back log in the coding process and some activity is still awaiting coding so the data will be incomplete. Some of the SDEC activity is recorded in AESU which will include a presenting complaint. We have searched this field for any patient who has a presenting complaint that contains the word 'migraine'. Please be aware this is a free text field, we have not searched for spelling variations of

the word migraine. If a migraine has been booked in as headache this will not be included. Please note a patient can present at ED more than once with a migraine, all attendances have been included. A presenting complaint is not a clinical diagnosis.

**Out of Hours Data**
GP Out of Hours (GPOOH) data is based on Event summary which is free text containing presenting complaint as well as past medical history. We have searched this field for any occurrence of words like 'migraine' which will pull in all variations of the word 'Migraine'.
The data includes all patients seen in GPOOH via phone or in person with present or past history of migraine.

**Question 1.13 – Will you please provide me with a copy of the minutes of the meeting at which it was decided to list Rimegepant as S = Specialist Initiated?**

The minutes you require are not yet available. The Access to Medicines Group is due to take place on the 15/3/24, where the minutes will be ratified. Following the meeting, we will forward you a copy of the minutes.

**Question 1.14 – Do you consider primary care prescribers in Cwm Taf Morgannwg too stupid to prescribe a simple and straightforward migraine treatment, or is there some other reason you prevent them from prescribing medicine to patients in pain, 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 suffering the pain of migraine? Are you deliberately putting pressure on secondary care services in the hope that they will fail? Is this political?**

The Freedom of Information Act 2000 (FoIA) covers any recorded information that is held by a public authority; recorded information includes printed documents, computer files, letters, emails, photographs, and sound or video recordings. The FoIA does not cover information on estimates, opinions or recommendations. Your request can be in the form of a question, rather than a request for specific documents, but the Health Board does not have to answer your question if this would mean creating new information or giving an opinion or judgment that is not already recorded.

However, we can confirm that Prescribers in primary care are not prevented from doing so. CTMUHB has established a process to ensure safe and effective implementation of this medicine. The status of all medication on the formulary can be and is reviewed regularly

**Daridorexant for treating long-term insomnia**

Technology appraisal guidance [TA922] Published: 18 October 2023

Cwm Taf Morgannwg 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 – How many prescriptions for Daridorexant were written in** Cwm Taf Morgannwg UHB **in 2023?**

January 23 to December 23 = 0

TA922 published October 23

**Question 2.2 – Will you please provide me with a copy of the minutes of the meeting at which it was decided to list Daridorexant as green, ie, G = General Use – all prescribers?**

Please see response to question 1.13.

**Tirzepatide for treating type 2 diabetes**

Technology appraisal guidance [TA924]Published: 25 October 2023

**Question 3.1 – Section 06.01.02.03 GLP-1 agonists. I can't see Tirzepatide listed. More than two months has passed since TA924 was published, so why has this not been made available?**

Tirzepatide has been listed since 18/9/23.

**Question 3.2 – How many prescriptions for Tirzepatide were written in Cwm Taf Morgannwg UHB in 2023?**

January 23 to December 23 = 0
TA924 published October 23

**Question 3.3 – Will you please provide me with a copy of the minutes of the meeting at which it was decided not to list Tirzepatide on the formulary?**

Ref 3.1, Tirzepatide has been listed since 18/9/23.

**Question 3.4 – Do you consider primary care prescribers in Cwm Taf Morgannwg 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?**

Please see response to question 1.14.