

The NHS and pharmaceutical industry working together to transform patient care – Welsh NHS Confederation Conference 2019

Wales should aspire to nothing less than a health and care system that delivers the best patient outcomes. We believe that strong partnerships between NHS Wales, patient organisations, academia and the pharmaceutical industry is the best way to improve outcomes for patients now and in the future.

Together we can:

- ▶ Deliver ambitious, scalable projects that improve patient outcomes, create efficiencies within the NHS and reduce health inequalities for people across Wales
- ▶ Create an innovation-ready NHS that can embrace new approaches to prevention and treatment
- ▶ Make the best use of data to enhance NHS research capability, generate real world evidence and allow the value of innovation to be more fully understood

The current ABPI President, Erik Nordkamp (Pfizer UK), reiterated the importance of collaboration – making it the focus of his presidency; helping to transform patient care through improving access to new medicines and vaccines and ensuring that Britain holds on to its status as a world leader in global medicines discovery now and post-Brexit.



ABPI President Erik Nordkamp has made collaboration the focus of his presidency

During an interview setting the focus for his Presidency in 2018, Erik said: *“Today, we are able to prevent, manage and even cure diseases in ways we couldn’t have imagined in years past. Healthcare is transforming, and much of the transformation is being made possible by medicines.*

The pharmaceutical industry is proud to have been a partner to the NHS throughout its 70-year history. The industry’s collaboration with the UK Government in producing the Life Science Industrial Strategy has set the right tone of partnership and agenda setting. Now, as we look to the health challenges of the future, our industry must play an integral role in long-term planning for the NHS.

“Our dedicated scientists and academics can contribute solutions and demonstrate how new technologies and medicines can improve patient outcomes, transform

services and deliver the efficiency and productivity so urgently needed. By being involved at the earliest possible stage in strategic planning, we can work with the NHS and Governments to make sure that UK patients receive world-class care at the cutting edge of what is possible today and in the future. Recognition of the role of medicines and new technologies, as well as a commitment to encourage the discovery of innovative medicines and their use in the UK, would be transformational for patients, the NHS and our economy. This must be our goal.”

This special edition of the ABPI Cymru Wales Bulletin brings together some of the projects we’ve covered over the last few years; this is just the tip of the iceberg – and our members are working across Wales in many therapy areas.

Metastatic Breast Cancer (MBC) – Velindre NHS University Trust and Novartis Working Together

(first published Summer 2018)

The Velindre Cancer Centre provides services to over 1.5 million people across South East Wales and beyond. Each year the cancer centre treats over 5,000 new referrals and around 50,000 new outpatients.¹



Members of Velindre NHS University Trust and Novartis; Working Together

Metastatic Breast Cancer (MBC) patient numbers are increasing along with the number of treatment options.² To ensure treatment optimisation the MBC patients require holistic support. This can be provided through different models of care depending on their needs with a key patient support worker such as a Non Medical Prescriber (NMP) pharmacist.

The Velindre Cancer Centre MBC service did not have the level of resource required to support a service development that would ensure patients receive this holistic support and achieve treatment optimisation. This identified unmet need led to the development, and implementation, of the two-year joint working project (JWP) between Novartis and Velindre NHS University Trust to develop the Metastatic Breast Cancer (MBC) Service.

The JWP started in December 2016 with clear aims and objectives that sought to ensure treatment optimisation for MBC patients within the Trust by improving patient care through stratification of patients into different models of care dependent on their needs, increasing MBC patient concordance and adherence to therapy through additional support, establishing oral Systemic Anti-Cancer Treatment (SACT) dedicated clinics and improving treatment pathways for oral SACT MBC patients across South East Wales by adhering to local guidelines and links into the multi-disciplinary team meetings.

The first year of the project has seen the achievement of the following outcomes:

- ▶ Improvement of the clinical journey for oral SACT patients:
 - Trust-agreed Non Medical Prescriber (NMP) Oral SACT Guidelines have been implemented into the dedicated oral SACT clinics
 - A database has been created that will capture:
 - the number of oral SACT patients seen in clinic per week
 - the percentage of oral SACT patients accessed in the new pharmacy-led clinic
 - the number of patients who have received an education review
 - the number of patients who received a toxicity assessment
 - the number of patients where a prescriber has been contacted to clarify any issues.
- A reduction has been demonstrated in overall patient waiting times from arrival at hospital to departure with oral SACT medication. Data shows an average of 1hr 18 mins within the NMP-led clinic compared to 2hrs 19 mins within the consultant-led clinic.
- ▶ Improvement of MBC patient care:
 - Establishment and delivery of an oral SACT dedicated outpatient clinic for patients initiated onto an oral SACT and a dedicated telephone service for patients have been put in place.
 - All patients on oral SACT receive education on treatment and how to manage toxicities, and toxicity assessments as required.
 - Patient survey shows improvement in patient experience, adherence and concordance.

In addition to these successful outcomes, the MBC project team shared learnings with the Royal United Bath oral SACT clinic, the NHS Grampian Melanoma oral SACT clinic and the NMP forum with the British Oncology Pharmacy Association (BOPA). The MBC project team have also been successful in submitting a poster on the year 1 outcomes to the International Pharmaceutical Federation (FIP) World Congress in September 2018 in Glasgow and were recently shortlisted for the 2018 Welsh Pharmacy of the Year awards.

The first-year outcomes of this JWP have demonstrated the value of this service development and with the project moving into its second year, a key outcome will be to create the business case for sustainable

funding; utilising the evidence created throughout the project, and ensuring a sustainable service continues at the end of this JWP.

▪ **Velindre Team:** Ms Bethan Tranter, Chief Pharmacist; Dr Annabel Borley, Consultant Oncologist and Clinical Lead; Ms Sophie Harding, Lead Pharmacist; Ms Sarah Gorman, Senior Pharmacy Technician

▪ **Novartis Team:** Maggie Clark, Government Affairs & Access Manager; Sarah Rawcliffe, Disease Area Specialist; John Bowen, Disease Area Specialist; Vivek Basantani, Customer Relationships Team leader

¹ www.velindrecc.wales.nhs.uk/about-us

² www.velindrecc.wales.nhs.uk/sitesplus/documents/1087/Velindre%20Cancer%20Centre%20Annual%20Report%202014.pdf (page 9)



The role of medicines in a Prudent NHS

The conference also acknowledged that one of the challenges facing the NHS is to improve patient compliance with their medicines. One route to address this would be to work with patients and carers to improve their understanding of their medicines and the importance of adherence, thereby encouraging self-management and avoiding medicines wastage and unplanned hospital admissions.

Decision-making processes about the availability of medicines should look beyond the cost of acquisition and allow greater consideration of the value that medicines can bring to the wider health and social care system.

Going forward, translating the rhetoric of Prudent Healthcare into reality will require some clear actions, and suggestions for further actions include:

- ▶ Introducing educational programmes for young people to inform them of how best to make use of the health service and encourage them to make healthy choices;
- ▶ Reviewing the optimal time for intervention and access to treatment and care in chronic disease management;
- ▶ Designing services to support and promote patients' self-management;
- ▶ Improving patient engagement in decisions about their care;
- ▶ Introducing a commissioning system that can take into account the value of an intervention, including how improving patients' compliance with, and self-management of, their medicines can improve their quality of life and reduce reliance on and demand for health and social care.

How Wales is getting it right with Prudent Healthcare

(first published Spring 2017)

In autumn 2016, AbbVie worked with the Bevan Commission to bring together the public, patients, policymakers and healthcare professionals in Cardiff to discuss how the Prudent Healthcare Principles were being put into practice.

The day-long conference followed Bevan's maxim of "from cradle to grave" and looked at how Prudent Healthcare is being rolled out across age groups: older years, working age, teenagers and young people, and early years.

While the issues discussed as part of the four panel discussions varied, depending on life stage, three clear themes emerged:

- ▶ **Early intervention**, particularly the role of education, and how this can help to inform young people about making healthy choices and support them to navigate the healthcare system so they can get the right care at the right time in the right place. There is also a role for early intervention in chronic disease management where access to treatment and care at the optimal time can improve outcomes, thereby reducing long-term costs to the NHS.
- ▶ **Supporting self-management**, in order to give the individual a sense of control over their condition but also to reduce pressure on the NHS and avoid

unnecessary and unplanned hospital care episodes. Services and care pathways need to be designed to provide support around the patient as close to home as possible.

- ▶ **Patient engagement**, in decisions around their own care and also involvement in decisions about how services are shaped and delivered, is a sentiment expressed at all life stages. Patients need to feel empowered to challenge and question decisions about their care and become genuine partners in the decisions made about their treatment.





Janssen, Welsh Government and NHS Wales Joint Working Initiative (first published Spring 2018)

Welsh Government and NHS Wales wish to support increased joint working with industry, focused on delivering better outcomes for people in Wales, by improving the efficiency and effectiveness of services, in line with the principles of ‘Prudent Healthcare’.

There has been rapid therapeutic advancement in the treatment of myeloma in recent years, which has improved patient outcomes. However, novel agent therapy comes at a high cost and long-term treatment of myeloma, which remains a chronic incurable malignancy, remains highly challenging. The aim should be to maximise patient longevity and quality of life through minimisation of the short- and long-term damage incurred by both the disease and the medicines used to treat it. This requires scrutiny of patient disease burden and fitness at diagnosis, together with response to treatment and its impact in terms of quality of life. This can only be achieved through systematic data capture throughout the patient journey.

Motivated by a desire to move from a transactional approach to a partnership between Janssen and the NHS, this project can be thought of as ‘commissioning for outcomes’. This is where investment by pharmaceutical companies in the health sector can take the form of both the means to access novel therapies early in their development, alongside support for resources, which will make these agents more cost effective and feasible to deliver. It was identified that haematology services in Wales require an innovative and personalised

database which can critically analyse the outcome data for patients with myeloma and eventually all other haematological malignancies. As such, units should have access to a database registering all patients at diagnosis with data regarding their demographic features, disease presentation/staging, diagnostic features, treatment plan, response to treatment and overall survival. Quality of life data may also be collected, both to justify the cost and burden of treatment and to demonstrate the impact of treatment over non-treatment from a patient perspective.

Historically data capture for cancer patients in Wales has been through the Cancer Network Information System Cymru (CaNISC) system. Designed for solid tumours, it is ill equipped to capture the nuances of haematological diseases. It also is not suitable for the requirements of quality of life data capture or treatment response. This unscrutinised treatment with high-cost, potentially toxic drugs has inevitably led to wasted resource and ineffective treatment for some patients. Investment in data capture is urgently required to reverse this trend.

The key benefit of implementing a Welsh haematology database is

being able to measure the impact of treatment on patient outcome and quality of life, and to justify costs. For the first time, it will accurately record detailed information on incidence, treatment and survival rates from myeloma and subsequently all haematological cancers across Wales. This will enable NHS Wales and the Welsh Government to consider the outcomes for approved medicines, making informed decisions about which treatments to invest in – or stop funding. In addition, patients can be provided with a more honest assessment of what to expect from treatment pathways based on real-world evidence data.

The database will also potentially give the Welsh Government the opportunity to gain access to medicines ahead of other UK countries, as pharmaceutical companies will be drawn by the incentive of efficient data capture. By having a robust system in place that will allow pharmaceutical companies to propose patient access schemes, NHS Wales and the Welsh Government will have the data available to make an informed decision on what is best for patients in Wales and ensure they are getting access to the best medicines, at the best price, as early as possible.

Main Image: Launching the new initiative (l-r): Vaughan Gething, AM (Cabinet Secretary for Health and Social Services), Nicky Lilllott (Senior Director, Government Affairs & Policy, UK and Ireland, Johnson & Johnson), Lee-Ann Farrell (Government Affairs Manager – Wales & Northern Ireland, Janssen-Cilag Ltd), Mark Hicken (Managing Director, UK & Ireland, Janssen-Cilag Ltd) and Ken Skates, AM (Cabinet Secretary for Economy and Transport)



Velindre Cancer Centre and Bristol Myers Squibb Pharmaceuticals Limited Immuno-Oncology Joint Working Project (first published Autumn 2018)

An example of the increased joint working opportunities with industry in delivering better outcomes for people in Wales and improving services for patients.

It is widely accepted that cancer centre environments and the experience of treatment can affect patients' anxiety levels – which directly impacts on their experiences and outcomes. Patient feedback has led the Velindre Cancer Centre (VCC) to consider how to better utilise available data to redesign services to improve its patient experience.

Recognising that the physical environment in which patients are cared for is becoming increasingly busy, and with the incidence of cancer rising in the Welsh population, VCC teamed up with Bristol-Myers Squibb (BMS) to find a solution for how to maintain patient experience and quality in the face of growing service delivery. A project was developed alongside BMS to undertake a service redesign specifically looking at patient flow through the Systemic Anti-Cancer Treatment (SACT) service. By entering a Joint Working Agreement there was an opportunity to pool resources, skills and expertise from both parties to examine the issues. This included access to data, service modelling and project management (provided by

IQVIA on behalf of BMS) which would help support the drive for continuous improvement and deliver the best possible care for patients.

Project design supported by an IQVIA project manager included mapping the patient pathway. This delivered a powerful visual tool that identified the management, routine investigation and process of administration of treatment. By process mapping with key stakeholders it was possible to highlight inefficiencies within the pathway. A key area uncovered was the duplication of effort by healthcare professionals, thus creating a discussion point for the clinical team to see the case for change and engage HCP stakeholders.

Through stakeholder workshops, the project team could analyse information and make key recommendations for improvement. This innovative approach was shared with the SACT service and the wider organisation.

The project delivered excellent outcomes, including a piloted service model aimed at reducing the burden on treatment assessment clinics and benefiting patients by reducing both the time spent in outpatient clinics

and the frequency of hospital visits. In parallel an assessment of potential future patient demand was provided by BMS's Demand Assessment Model, informing the modelling of revised pathways and resources.

As a result, next steps have been to pilot an interim pathway that is more streamlined, creating a single point of contact throughout the pre-treatment process to provide continuity of care and test the concept. The project closed in February 2018 and VCC and Bristol-Myers Squibb have reflected that working together and delivering the project yielded great experience for both parties.

The project exemplifies how NHS and industry collaboration can impact on patient outcomes as well as providing significant insight and learning for both VCC and BMS, plus the opportunity to share what has jointly been achieved both at national and international conferences. In addition, the project has recently come runner-up in a Pharmaceutical Field Award.

Main Image: Sam Otorepec, Project Manager – Pathways Effectiveness UK, Integrated Engagement Services, IQVIA; and Phil Webb, Associate Director of Planning, Performance and Innovation – Velindre NHS Trust at the Pharmaceutical Field Award Ceremony

Local campaign targets unused medicines and incorrectly recycled inhalers

(first published Winter 2018)

2018 saw 'Complete the Cycle' (a GSK-funded inhaler recovery and recycling scheme) being offered at both local hospital and community pharmacies in Cwm Taf University Health Board area – making it easier for patients to drop off their used inhalers to help reduce plastic waste and protect the environment.

Both Complete the Cycle and the Health Board's 'Your Medicine, Your Health' campaign give patients the opportunity to seek advice from their pharmacist on how to take control of their own health. This can be through learning good inhaler technique or participating in a medicine's review to get the most out of their medicine. Research commissioned for GSK revealed that 33%^[i] of patients nationally use their kerbside recycling service to dispose of their asthma inhaler, wrongly thinking that the inhaler will be recycled.

Many respiratory inhalers contain plastics and gases that are not readily recycled through existing arrangements, so are typically incinerated or end up in landfill. The inhaler aerosol canister can then leak harmful greenhouse gases into the air. The House of Commons Environmental Audit Committee has also published a report into the UK's progress on reducing F-gas emissions – these are the greenhouse gases which have a high global warming potential. It said that inhalers contribute to 3.5% of the NHS' greenhouse gas emissions.^[ii]

The Committee called for more people to use a pharmacy-based inhaler recycling scheme.

Robyn Miles, GSK's Head of External Affairs in Wales said: *"By taking all types of inhalers to a participating hospital pharmacy such as Ysbyty Cwm Rhondda, or to a local participating community pharmacy, the aerosol canister will be separated from the plastic components of an inhaler and any*



Amy Matthews and Gareth Hughes at Sheppards Pharmacy – part of the Complete the Cycle project

greenhouse gases will be safely collected and reused, for example in car air conditioners. The plastic and aluminium parts of inhalers are also recycled and used to make non-medical products such as garden furniture."

The Complete the Cycle scheme has so far potentially saved the amount of carbon dioxide emissions equivalent to taking 5,199 cars off UK roads.^[iii]

Emma Williams, Community Pharmacist Lead for the health board said: *"It's really important to regularly check the medicines you have at home and return any medicines that you no longer need or have gone out of date to our local pharmacy for safe disposal. Returning used and unused inhalers to the pharmacy will mean that these can be recycled, helping the environment and giving you the chance to speak to the pharmacist who can help with questions you may have about your medicines."*

Gareth Hughes, Professional Services Manager, Sheppards Pharmacy, Rhydyfelin (pictured) said: *"This scheme allows the pharmacy to play a role in protecting our environment by encouraging inhaler recycling, whilst also providing*

a unique opportunity for patient interventions, ensuring that they are making the most of their medicines.

"We will definitely be looking to roll out the scheme across more of our 33 branches."

Amy Matthews, Pre-registration Pharmacist at Sheppards Pharmacy (pictured), said: *"Identifying patients that may be over-using or under-using their inhaler therapy, which could be due to poor inhaler technique, can lead to important consultations to improve the management of their condition and enhance patient care, all within a pharmacy setting and without needing to make an appointment."*

Emma Williams continued: *"Aligning the two schemes is a great example of how patient safety and environmental sustainability can help drive quality improvements in our own health and make economic sense."*

For more information, visit:
www.completethecycle.eu
www.cwmtaf.wales

[i] GSK data on file, August 2017, ref: UK/OTH/0025/17

[ii] UK Progress on reducing F-gas emissions (UK Parliament). 18 April 2018. Available at: <https://publications.parliament.uk/pa/cm201719/cmselect/cmenvaud/469/46902.htm>. Accessed 25 April 2018

[iii] GSK data on file, February 2018, ref UK/RET/0010/18

A new era of partnership to deliver the best for patients

(first published Winter 2018)

The joint working agreement between Pfizer and Swansea University is focused on supporting the development of a system that better aligns industry, the NHS and academia in the pursuit of improved patient and public outcomes.

The agreement, which aligns with the Wales Government National Strategy, sees Pfizer and Swansea University working in partnership to drive forward ambitious local health, wealth and wellbeing agendas. Representing an optimal environment for life sciences research and development, the South West Wales region has been selected, given its potential to be at the forefront of excellence in healthcare service delivery, research, education and innovation. The alignment between the Welsh NHS, academia and industry in South West Wales has created the right environment that provides the potential for these ambitious collaborative plans to discover, develop and improve healthcare delivery.

Erik Nordkamp, Managing Director, Pfizer UK, describes the backdrop to the Pfizer and Swansea University joint working agreement: *“Demands from an ageing population and continued medical advances require not only investment and*

efficiency, but a fundamental shift towards greater partnership between the health service and other stakeholders, including industry.”

Professor Hamish Laing, recently appointed Professor of Enhanced Innovation, Engagement and Outcomes at Swansea University, commented: *“Through partnerships with industry we will design new approaches that focus on the value medicines and interventions deliver for patients and healthcare systems, using real-world outcomes that matter to inform a new sustainable paradigm that meets the needs of citizens and payers for the future.”*

The foundation to the partnership focuses on real-world research and innovative projects in the health and life science sector, as well as support of the proposed Llanelli Wellness and Life Science Village. The central purpose of this work is to deliver the improved vision of health and

wellbeing for the region's population of over one million people.

Erik Nordkamp concluded: *“Our strategic partnership with Swansea University and the opportunity it represents for present and ongoing collaboration between industry, the Government and the health system, is part of our ongoing commitment to enhancing long-term health and social care. We're incredibly excited about the future of these partnerships and the opportunities they represent. We're thinking big and look forward to ongoing collaboration between industry, Government and the NHS to improve UK health and put patients first.”*

For more information visit www.pfizer.co.uk/joint-working-project-between-swansea-university-and-pfizer-ltd

PP-PFE-GBR-1530 – November 2018

Promoting Hepatitis C Awareness in the Welsh Assembly

(first published Summer 2018)

Raising awareness about the risk factors of Hepatitis C and encouraging those at high risk to get tested should form the basis of a strategy to eliminate the virus as a public health concern in Wales.

To get this message across to AMs in the National Assembly, AbbVie hosted an exhibit in the Senedd, sponsored by Dawn Bowden AM, where AMs were invited to play an interactive game to learn more about the risk factors for Hepatitis C, from tattooing and piercing to the use of unsterilised surgical equipment. Alongside AbbVie's exhibit, local clinical specialists and the Hepatitis C Trust were on hand to talk to politicians about the innovative work they are leading across Wales to support patient access to testing and treatment in local communities.

Among the political visitors to the exhibit was Vaughan Gething AM, Cabinet Secretary for Health and Social Services (pictured).

He acknowledged the importance of raising public awareness of Hepatitis C as a means to help identify the 50% of people who are undiagnosed, and also as a means to reduce the stigma that still exists with the condition. Mr Gething was particularly interested to speak to the Hepatitis C Trust about the

peer-to-peer services they offer and to find out more from the clinicians about the ease of testing in local communities.

The meeting coincided with the launch of an online animation which was promoted via the Welsh media and on social media platforms.

▶ You can watch the video at: www.youtube.com/watch?v=b7v4-43hBo0



Cabinet Secretary for Health and Social Services, Vaughan Gething AM, visits Assembly exhibit on Hepatitis C

Tales from the Archive – Articles taken from the ABPI Cymru Wales Conferences on Collaboration held in 2015 & 2016



Claire Davies from Leo Pharma outlining work undertaken with the South West Wales Cancer Centre

Working Together to Raise Awareness around Cancer Associated Thrombosis (South West Wales Cancer Centre, Abertawe Bro Morgannwg University Health Board (ABMU HB) and LEO Pharma) (first published Summer 2016)

This project was instigated by the South West Wales Cancer Centre, ABMU HB, due to a lack of awareness of Cancer Associated Thrombosis (CAT) among patients and healthcare professionals.

There was no single patient pathway for CAT patients, which resulted in an increased demand on DVT clinics. Members of the oncology nurse group were not being used in the venous thromboembolism (VTE) management of cancer patients and there was an absence of specialised CAT guidance.

The aim was to understand opportunities for providing an improved service within the existing resource capabilities that would increase CAT awareness among patients and bring patient issues to the forefront by looking at the service from the patient perspective.

► What is a venous thromboembolism?

Venous thromboembolism (VTE) is the formation of blood clots in the vein. When a clot forms in a deep vein, usually in the leg, it is called a deep vein thrombosis or DVT. If that clot breaks loose and travels to the lungs, it is called a pulmonary embolism or PE.



Cwm Taf COPD Project – a joint working collaboration between GSK and Cwm Taf University Health Board

(first published Autumn 2015)

A joint working Chronic Obstructive Pulmonary Disease (COPD) project between Cwm Taf University Health Board (CTUHB) and GSK Ltd, where both organisations pool skills, experience and resources with an equal commitment to the successful delivery of patient-centred outcomes. This project focused on four key areas:

- An educational programme for Healthcare Professionals (HCPs)
- An audit tool offered to participating practices across CTUHB for COPD
- A lead COPD GP and/or practice nurse from each participating practice, who currently run a COPD clinic in their respective practices were responsible for reviewing their COPD population based on NICE COPD Guideline 2010 standards of care
- Smoking cessation support offered during all HCP interactions with COPD patients that were current smokers.

This project aimed to assess whether improvements in HCPs' knowledge and confidence of COPD and smoking cessation service provision would result in enhanced patients' understanding of their condition.

NB: GSK were not directly involved in patient review and had no access to patient identifiable data.



Chrisie Bryant (GSK) outlines the work being undertaken with CTUHB to improve patient outcomes in COPD

Clinical Inertia or Prudent Care? (first published Autumn 2016)

University of Swansea, Janssen-Cilag Ltd and Bevan Commission working in partnership

Diabetes is the fastest-growing health threat of our times and an urgent public health issue.

Diabetes UK recently reported that in the last 20 years, the number of people living with diabetes in Wales has more than doubled, to over 180,000, with a further 70,000 people estimated to have Type 2 diabetes without realising it.

As part of ongoing research, a recent joint-working initiative involving the University of Swansea, Janssen-Cilag Ltd and the Bevan Commission investigated the relationship between poor glycaemic control (HbA1c) and treatment intensification in primary care across Wales. This research was undertaken in the light of NICE treatment guidance, using routinely collected data in the Secure Anonymised Information Linkage (SAIL) Databank.

What is the SAIL Databank?

The SAIL Databank at Swansea University holds multiple health datasets, which cover the entire Welsh population. Billions of anonymised records, linked by patient identifiers, relating to about 5 million individuals, are available and currently used in research. At the time of this research, primary care data for 55% of the Welsh population were available and served as the main data source for analysis.

In Wales, researchers found that long delays between high HbA1c levels and increases in medication to address poor disease control occurred, despite existing evidence strongly linking high HbA1c levels with complications. Researchers working on previous studies linked to diabetes have concluded that there is a direct relationship between glycaemic control and complications, and "even a modest reduction in glycaemia has the potential to prevent deaths from complications related to diabetes".¹

'Tight' control of HbA1c may be inappropriate or unrealistic for some, due to factors like age, frailty and patient preferences and there may be opportunities to instigate other methods of control, such as lifestyle interventions. However, given current evidence, the findings suggest an opportunity to improve outcomes in Wales by providing more timely treatment.

¹ Stratton, I.M., Adler, A.I., Neil, H.A., Matthews, D.R., Manley, S.E., Cull, C.A. et al. 'Association of glycaemia with macrovascular and microvascular complications of type 2 diabetes (UKPDS 35): prospective observational study.' *BMJ*, 2000 Aug 12;321(7258):405-12. PubMed PMID: 10938048.

Who we are

The Association of the British Pharmaceutical Industry (ABPI) represents innovative research-based biopharmaceutical companies, large, medium and small, leading an exciting new era of biosciences in the UK.

Our industry, a major contributor to the economy of the UK, brings life-saving and life-enhancing medicines to patients. We represent companies who supply more than 80 per cent of all branded medicines used by the NHS and who are researching and developing the majority of the current

medicines pipeline, ensuring that the UK remains at the forefront of helping patients prevent and overcome diseases.

Globally our industry is researching and developing more than 7,000 new medicines.

The ABPI is recognised by government as the industry body negotiating on behalf of the branded pharmaceutical industry for statutory consultation requirements including the pricing scheme for medicines in the UK.

For further information about any of the issues in this Bulletin or about ABPI Cymru Wales, please contact:

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