# Non Medical Prescribing

**Dr Harald Braun**

**25th April 2017**

# OUR MISSION

**Provide a data based report on the economic effects**

**in Primary and Secondary Care of NMP.**

## Non-Medical Prescribing

### Settings


### Economic Impact



### Opportunity

NMP to support GPs will reduce A&E Attendance

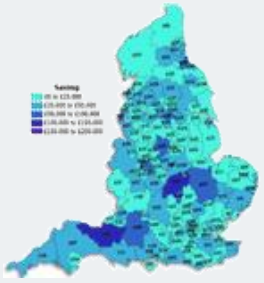

£271.5m

Annual reduction in Acute cost

### HEALTH ECONOMY

£1m

Changes in Service Provision per CCG in England



# CREDENTIALS

*"More and better research into NMP is needed…"*

*"Available literature is too scarce and too unreliable to make an impact within health services..."*

*"Evidence base for NMP needs to increase..."*

## The next step for independent nurse prescribers

From April 2012, up to 20 000 nurses and midwives who are qualified as independent prescribers will be able to prescribe controlled drugs where it is clinically appropriate and within their professional competence.

Changes to the Misuse of Drugs Regulations 2001 Act means that appropriately qualified nurses will be able to prescribe controlled drugs, such as morphine, diamorphine and prescription strength co-codamol.

This means that nurses will also be able to mix a controlled drug with another medicine for patients who need the drugs to be administered intravenously.

The Government has introduced these changes because it hopes that this will ensure faster treatment, especially for those who need urgent pain relief in A&E and palliative care settings.

Nurses will also be able to supply or administer morphine and diamorphine under patient group directions for urgent treatment of very sick or critically injured groups of patients.

These changes have been long awaited by nurses, who feel that since nurse prescribing was introduced, and despite objections from the medical profession, it has been demonstrated that nurse-led prescribing can be safe and cost effective.

Chief Nursing Officer, Professor Dame Chris Beasley said: 'These changes will help deliver faster and more effective care, making it easier for patients to get the medicines they need, without compromising safety.

'Enabling appropriately qualified nurses and pharmacists to prescribe and mix controlled drugs they are competent to use, for example, in palliative care, completes the changes made over recent years to ensure we make the best use of these highly trained professionals' skills, for the benefit of patients,' she added.

Only nurses, pharmacists and midwives who have the correct experience, and who have successfully completed additional post-registration training will be able to prescribe controlled drugs. This means that prescribing will only be carried out by appropriately trained health professionals working within their professional competence.

Most prescriptions for controlled drugs will be to reduce pain and suffering of emergency patients in A&E, or those nearing the end of their life. These patients

*Maria Angulta is a freelance healthcare writer*

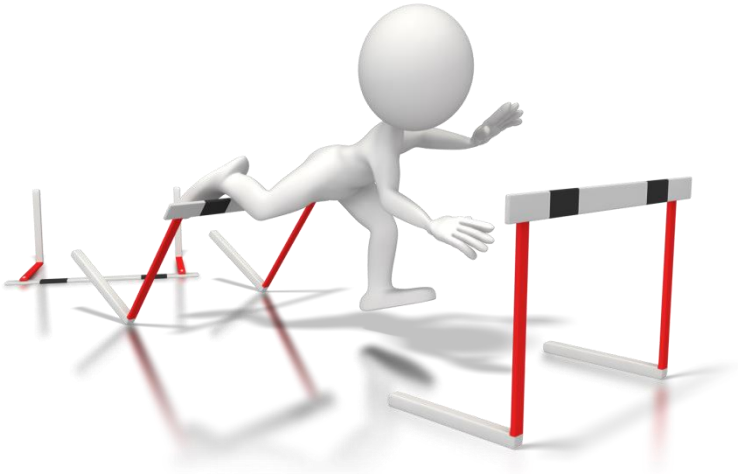
# ENABLERS

- ✓ FASTER ACCESS
- ✓ APPOINTMENT PREVENTION
- ✓ REDUCE NUMBER OF CLINICIANS INVOLVED
- ✓ REDUCE LENGTH OF STAY
- ✓ REDUCE EMERGENCY ADMISSIONS
- ✓ IMPROVE SERVICE EFFICIENCY

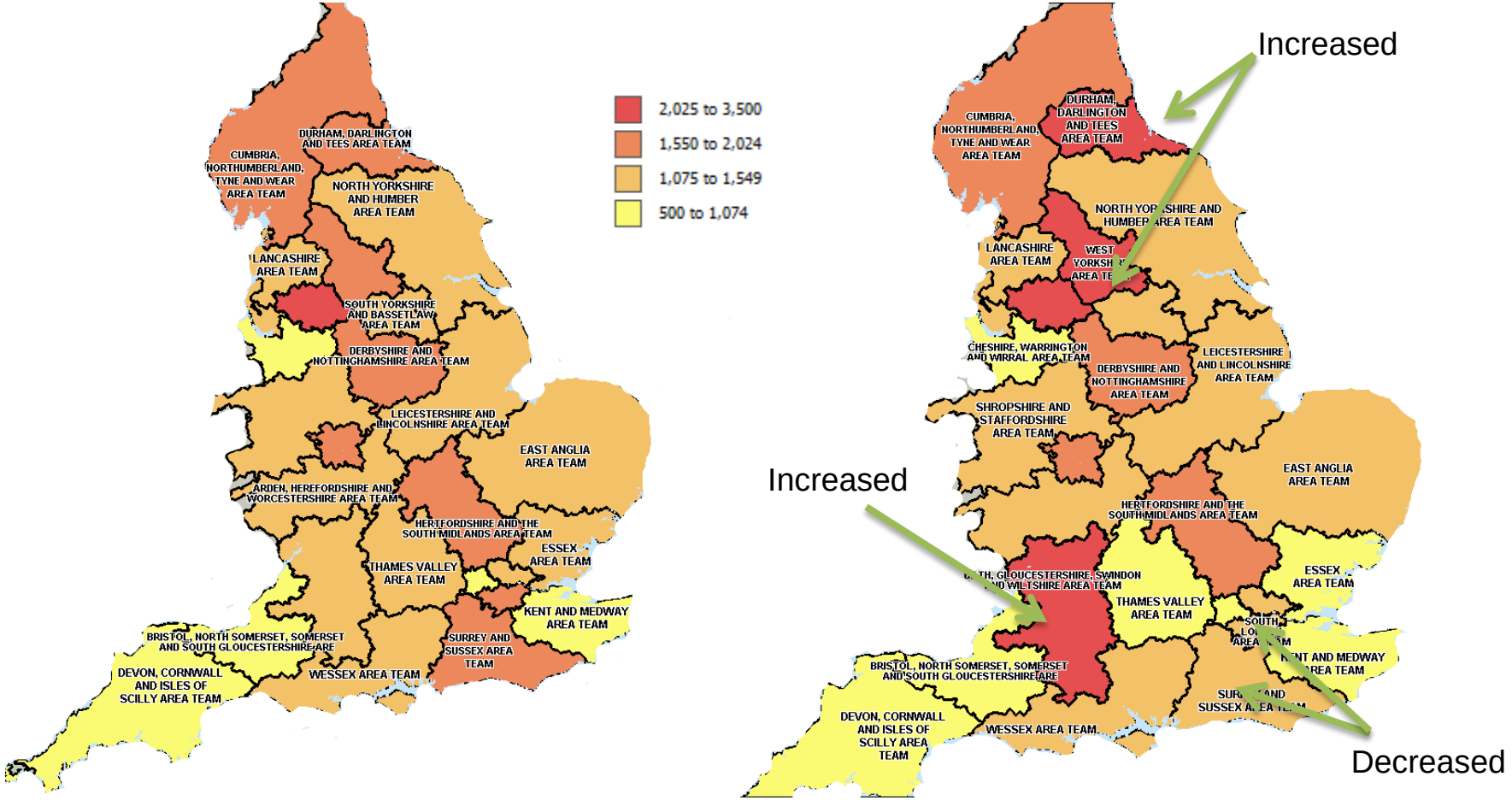
- ✓ IMPROVE PATIENT SAFETY
- ✓ AVOID COMPLICATIONS
- ✓ IMPROVE DRUG ADHERENCE
- ✓ REDUCE DRUG WASTAGE
- ✓ REDUCE SIDE EFFECTS
- ✓ REDUCE ABSENTEEISM

# BARRIERS

- ✓ CONFIDENCE
- ✓ CONCERN OVER SAFETY
- ✓ EDUCATION
- ✓ COLLABORATION
- ✓ DOCTORS AND MANAGERS



# DISTRIBUTION BY GEOGRAPHY



# 3 ROUTES TO THE REPORT

**ROUTE 1:**
**WORK OF OTHERS**

**ROUTE 2:**
**PERSONAL AND GROUP INTERVIEWS**

**ROUTE 3:**
**DATA ANALYSIS MODELLING**

# ROUTE 1- WORK OF OTHERS

Evaluation of nurse and pha independent p

Department of Health Policy Research Pr

## 1.1 Summary of Key Points

- Between 2% and 3% of both the nursing and pharmacist wo independently
- 93% of nurse prescribers and 80% of pharmacist prescriber qualification. 86% of the nurses and 71% of the pharmacists
- Nurses and pharmacists are prescribing predominantly in p secondary care settings
- Study results indicate that overall, nurse and pharmacist pr appropriate
- The study findings indicate that current educational progra prescribing are operating largely satisfactorily, and provide
- Evidence suggests that non-medical prescribing has been i and has been used to increase the quality of existing service
- Only about half of Trusts reported a strategy or written pla prescribing
- Key clinical governance and risk management strategies fo majority of Trusts
- Acceptability of independent prescribing to patients is high reporting that they were very satisfied with their visit to the
- When comparing care provided by their nurse or pharmaci their GP, most patients in this study did not report a strong medical prescriber
- Results indicate that non-medical prescribing was generall professionals
- Nurse and pharmacist independent prescribing in England means of managing a patient's condition and giving him/he
- Key issues for further expansion of non-medical prescribin to prescribe across conditions for patients with co-morbidi

# Breaking down the barriers to nurse prescribi

James Blanchflower, Leah Greene, and Christine

**Abstract**

There are many obstacles to implementing nurse prescribing after nurses have undergone the initial training required in order to prescribe. This article examines some of these obstacles and makes suggestions about how they may be overcome.

Non-medical prescribing (NMP) refers to prescribing of medicinal products for patients by members of the health care professions who are not 'medically' qualified. This concept has developed greatly since 1994, when district nurses, midwives and health visitors were first allowed to prescribe from a limited formulary. Since then, further developments, following the Crown report, led to amendments to the legislation allowing nurses and pharmacists to train to become supplementary prescribers from April 2003 (Department of Health (DH), 1999). This was closely followed in 2006 by legislative changes that extended supplementary prescribing to the podiatry, physiotherapy, and radiography professions, and allowed nurses and pharmacists to train to become independent prescribers. More recently, in 2012, an amendment came into force allowing independent nurse prescribers to prescribe controlled drugs listed in schedules 2 to 5 of the 2001 regulations. As a result of these changes, the number of independent nurse prescribers in England has continued to rise.

Despite this progress, there are still concerns about the success of nurse prescribing, particularly in the implementation of prescribing after training has taken place (Stenner et al, 2010). It is the aim of this article to examine the barriers to prescribing, and to suggest potential ways to overcome them.

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## Method

Ovid Medline was searched between 1994 and 2012; relevant journals were also hand searched. Keywords such as 'non-medical prescrib*', 'supplementary prescrib*', and 'patient group directions' were used to identify relevant articles. Articles which related to prescribing in the UK, barriers to prescribing, and which focused on patient benefits were selected.

## Discussion

### Barriers to nurse prescribing

The impediments to undertaking training to become a nurse prescriber can be examined under two general headings: those that are internal to the potential prescriber and those that are external.

### Internal factors

These are the factors arising from the individual themselves, including issues such as confidence and motivation.

#### *Confidence*

Confidence in the ability of the nurse to prescribe safely is an important issue for all stakeholders involved in the process. It is important that nurses should feel that they have had sufficient training and achieved sufficient understanding to manage medicines and prescribe safely and effectively. Other healthcare workers also need to be satisfied that this is t is equally important that patien prescribed for should be cor nurse is able to select the be for them and to successfully continuing treatment.

According to the study b al (2009), patients were she confidence in nurse prescri with pharmacists, nurses g more patient confidence th non-medical prescribers. T in nurse prescribers may re confidence in their clinical Confidence in the abilities reflects their reputation for knowledgeable about drug

Although some patients concerns about nurse prescr concerns were generally fou nurse specific (Cooper et al, would be likely to be experi situation where medicines v prescribed. Moreover confic prescribing does not appear to patients that have already hand experience of the proc prescribers have been found an equal quality of care as d actually generate a higher sa rating from patients. (Jones

Nurse prescribers consid in their ability to prescribe a an important factor (Green However, Courtenay and Ca found that most nurse presc feel confident in their ability medicines. This confidence a belief that extra training sl in order to make such presc and safe (Elsom et al, 2008).

#### *Dangers*

It would be reasonable to ex concerns over safety could b factor in NMP. These concer



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# ROUTE 2- PERSONAL AND GROUP INTERVIEWS


## KEY QUESTIONS (1)

- What is the cost of NMP?
- How many GP visits did NMP prevent?
- How many hospital bed days did NMP save?
- How many consultant visits did NMP save?
- Does NMP show faster access to care?
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## KEY QUESTIONS (2)

- What level of NMPs are prescribing after qualification?
- Do NMP medication reviews improve medication regimes?
- Do NMP medication reviews improve concordance/adherence?
- Do NMP medication reviews identify side effects?
- Do NMPs follow recommended prescribing patterns?
- Do NMPs follow recommended consultation procedures?
- Does
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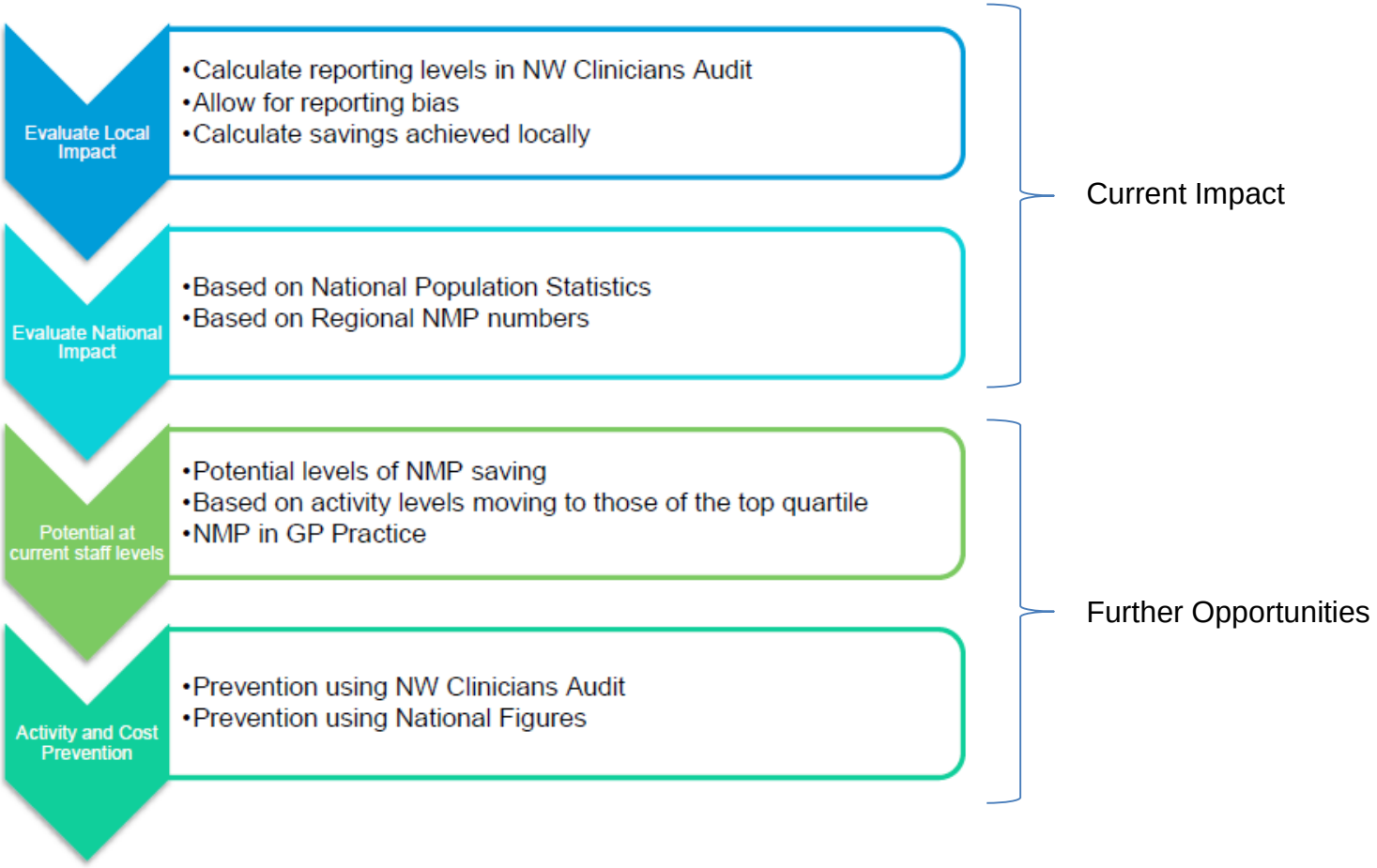
## KEY QUESTIONS (3)

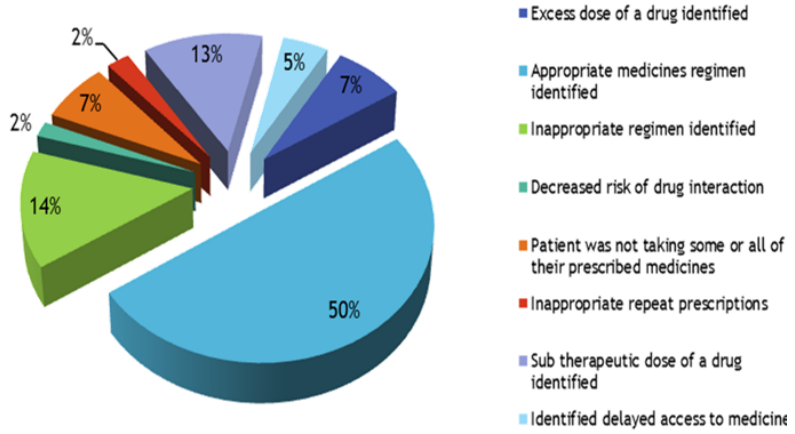
- Where NMP is in use could it be extended, eg increasing referrals, and what results would that achieve (cost, time, satisfaction)?
- How many NMPs currently active and localities?
- Level of NMP activity for NMPs?
- Do GPs report an improvement in their practice from use of NMPs?
- Do NMPs improve access to care for groups that have trouble/are not accessing healthcare?
- Does access to NMP training improve skill levels of health professionals?
- NMPs reduce the number of GP home visits required?
- Can efficiency of NMP be increased?

# ROUTE 3- DATA ANALYSIS AND MODELLING

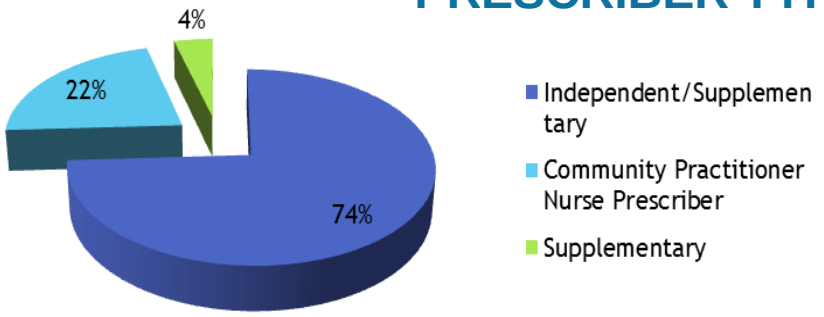


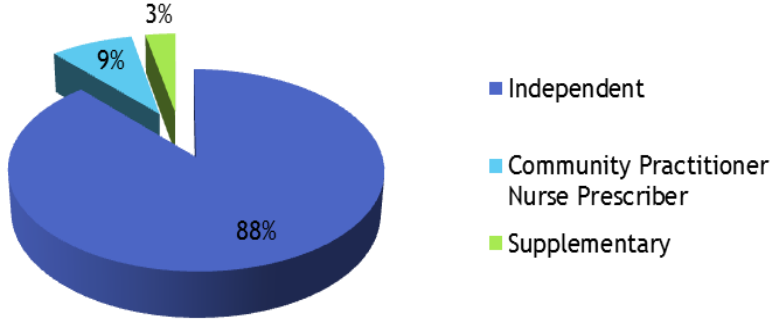
# CLINICIANS AUDIT


## MEDICATION REVIEWS

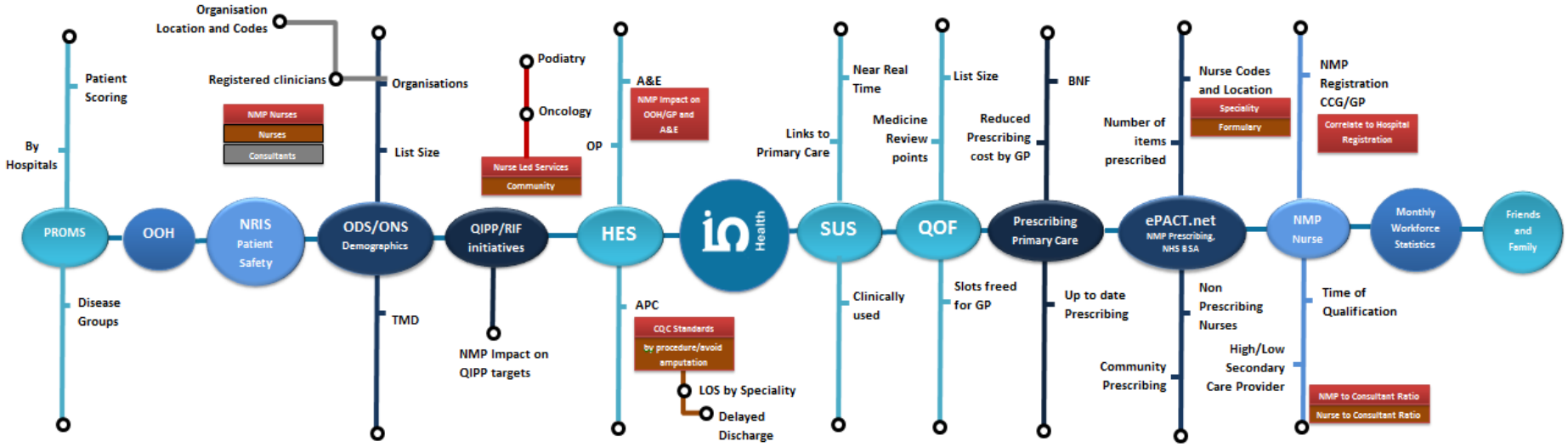



## PRESCRIBER TYPE



# NHS DATABASES



# Economic Impact Results

1,566 NMPs in secondary care the NW delivered over £32.8m of efficiencies in a year

Assuming the same activity profile, 44,629 NMPs in England deliver £777m in a year

| NMP Type | Count* | Month's Value | Average |
|---|---|---|---|
| Pharmacists | 58 | £ 63,713 | £ 1,099 |
| Nursing | 1,491 | £ 2,531,725 | £ 1,698 |
| Health Visitor/ School Nurse | 196 | £ 40,072 | £ 204 |
| Physiotherapy | 34 | £ 35,964 | £ 1,058 |
| Podiatry | 41 | £ 34,899 | £ 851 |
| Midwifery | 7 | £ 8,289 | £ 1,184 |
| Radiography | 3 | £ 18,258 | £ 6,086 |
| **1 Month Cost Prevention** | **1,830** | **£ 2,732,920** | **£ 1,493** |
| **12 Month Cost Prevention** | **1,830** | **£ 32,795,044** | **£ 17,921** |

* 1,830 includes double counting where participants hold multiple roles; 1,566 unique participants

| NMP Setting | Count | Month's Value | Monthly Average |
|---|---|---|---|
| Acute | 9,674 | £29,288,818 | £3,028 |
| GP Practice | 7,184 | £6,812,286 | £948 |
| Community | 25,394 | £27,348,272 | £1,077 |
| Mental Health | 1,347 | £1,077,637 | £800 |
| Social Care | 449 | £103,280 | £230 |
| Hospice Care | 380 | £118,251 | £311 |
| Voluntary Sector | 201 | £19,787 | £98 |
| **1 Month Cost Prevention** | **44,629** | **£64,768,331** | **£1,451** |
| **12 Month Cost Prevention** | **44,629** | **£777,219,972** | **£17,415** |

# Economic Impact Results

NMP in Primary Care

Impact on Secondary Care £298m

Impact on Primary Care £114m

Secondary Care

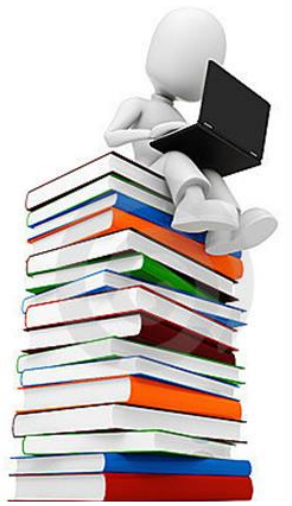
NMP in Secondary Care

Impact on Primary Care £59m

Impact on Secondary Care £306m

Primary Care

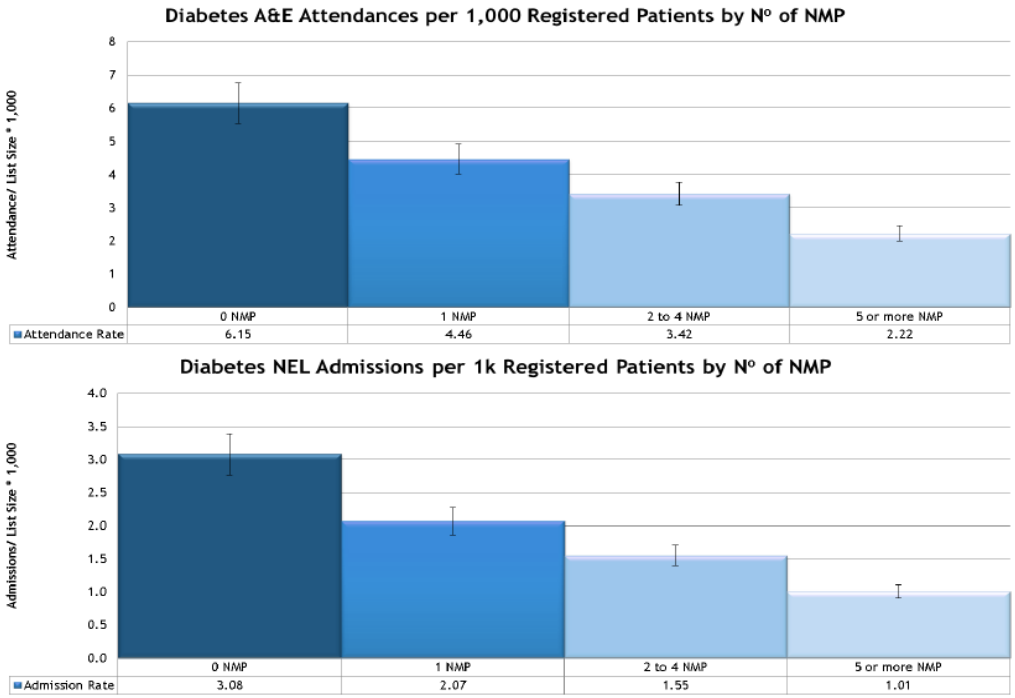
# Further Opportunities



Research into successful QIPP/CIP → Identification of suitable patient cohorts → Impact modelling of NMP related initiatives

- Opportunities in Primary Care – Changes in Workforce
- Opportunities in the Health Economy e.g. further utilisation of NMP

# Reduction of Secondary Care Use - Diabetes




- The worst performing practices with no NMP have higher A&E, NEL and readmission rates than practices with NMPs.
- If practices in the upper quartile (25%) with no NMP could achieve activity rates of well performing practices with 1 NMP, efficiencies of over £15m could be achieved.

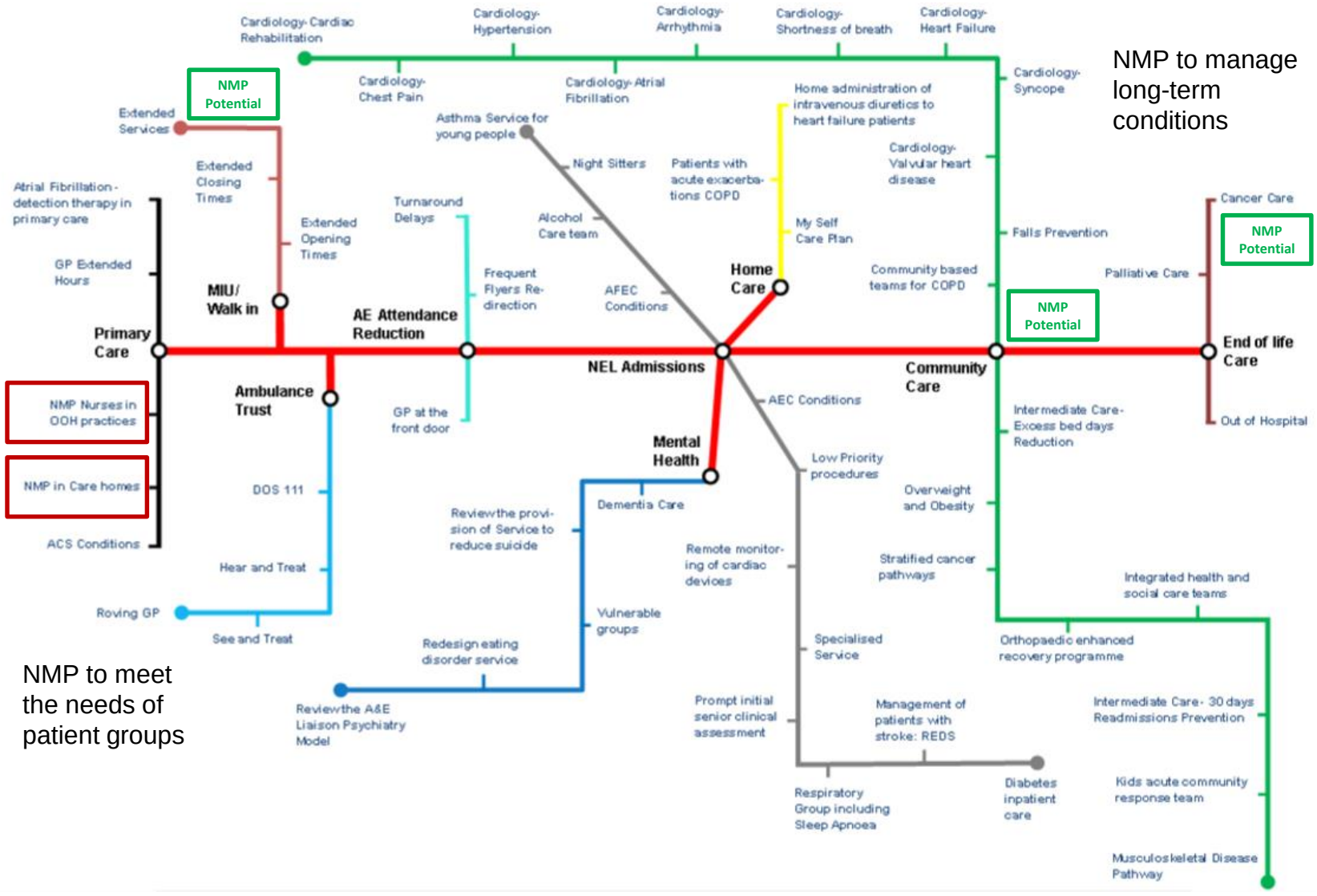
| Diabetes LTC | A&E | NEL | Readmissions |
|---|---|---|---|
| Activity avoidance per 1,000 patients (2.15 - 1.13), (0.92 - 0.48), (0.51 - 0.32) | 1.69 | 1.01 | 0.4 |
| Patients in Upper quartile (25% of 0 NMP 1,026 practices) | 8,655,375 | 5,284,389 | 5,284,389 |
| Annualised number of patients activities avoided | 14,628 | 5,337 | 2,114 |
| Average cost of activity | £118.23 | £1,710.26 | £2,060.72 |
| Annualised reduction in Cost | £1,729,395 | £9,128,038 | £4,355,865 |

# Reduction of Secondary Care Use – All Major LTCs

| LTC | AE Potential Saving | NEL Potential Saving | Readmission Potential Saving | Total Potential Saving |
|---|---|---|---|---|
| Atrial Fibrillation | £2,760,723 | £19,692,569 | £9,435,724 | £31,889,016 |
| Cancer | £2,993,974 | £21,493,133 | £5,161,619 | £29,648,726 |
| Coronary Heart Disease | £2,988,553 | £14,752,637 | £7,605,387 | £25,346,577 |
| Hypertension | £4,076,113 | £14,151,351 | £5,470,538 | £23,698,002 |
| Asthma | £4,762,567 | £12,237,207 | £4,043,122 | £21,042,896 |
| Chronic Kidney Disease | £2,366,762 | £13,728,745 | £4,771,906 | £20,867,413 |
| Stroke | £2,838,558 | £11,952,897 | £3,794,615 | £18,586,070 |
| Diabetes | £1,729,395 | £9,128,038 | £4,355,865 | £15,213,298 |
| Back Pain | £1,453,877 | £7,373,126 | £4,880,646 | £13,707,649 |
| Parkinson | £483,029 | £10,644,046 | £2,448,371 | £13,575,446 |
| Heart Failure | £1,248,018 | £7,399,085 | £4,250,785 | £12,897,888 |
| Dementia | £979,028 | £7,668,429 | £3,165,244 | £11,812,701 |
| Epilepsy | £1,468,083 | £6,214,055 | £2,441,180 | £10,123,318 |
| COPD | £1,546,221 | £4,672,278 | £2,348,616 | £8,567,115 |
| Rheumatoid Arthritis | £931,633 | £6,022,665 | £1,331,591 | £8,285,889 |
| Osteoarthritis | £425,557 | £3,767,697 | £2,103,178 | £6,296,432 |
| **Total** | **£33,052,091** | **£170,897,958** | **£67,608,387** | **£271,558,436** |

- The model assumes that all practices with the highest attendance and admission rates with no NMP are moved into the upper quartile (25%) of the best preforming practices.
- If this “best case scenario” can be achieved, primary care could see a saving of over £270m by upskilling approx. 3,000 nurses out of the 23,066 GP practice nurses (13%)
- More senior nurses may move from band 7 to band 8A at an extra monthly cost of £10k, totalling to £10m extra cost + £7m training
- The maximum annual net saving is approximately £233m per year not taking into account additional prescribing costs

# Opportunities in the Health Economy




NMP to manage long-term conditions

NMP to manage co-morbidities / complex medication regimes

NMP to meet the needs of patient groups

## Reduction of Secondary Care Use – Locally Delivered Initiatives

### Commissioning Opportunity

**For: NHS HALTON CCG - Unplanned Care**

**April 2012 to July 2014**

| Commissioning Opportunity | Initiative | Outcomes | Assumption | Reference | Fin Year | Age | Current Spend | | Avg Cost | Opportunity | | Avg Saving |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Activity | Cost | | Reduction | Saving | |
| NEL Admission Reduction | AEC-Stroke | NEL Admission Reduction | Patients with LOS 0 and 1 can avoid being admitted | http://tinyurl.com/nfduevu | 2012/13 | | 2 | £3,155 | £1,578 | 0 | £0 | 0 |
| | | | | | Total | | 2 | £3,155 | £1,578 | 0 | £0 | 0 |
| Primary Care Capacity | NMP Nurses in Out-of-Hour practices | Having 1 NMP will avoid 3 to 4 A&E attendance per day. Strengthening GP out-of-hours services. | Redirecting Non-Emergency patients with low acuity patients to OOH. Ability to book patient GP appointment. | http://tinyurl.com/o4tn525 | 2012/13 | | 22,460 | £700,427 | £31 | 3,518 | £315,694 | £90 |
| | | | | | 2013/14 | | 21,759 | £1,159,708 | £53 | 3,495 | £309,039 | £88 |
| | | | | | 2014/15 | | 8,037 | £635,249 | £79 | 1,065 | £96,291 | £90 |
| | | | | | Total | | 52,256 | £2,495,384 | £48 | 8,078 | £721,024 | £89 |
| | GP Extended Hours | Opening a surgery till 8pm will avoid 3 to 4 A&E attendance per day. | Reduction in of out-of-hours A&E non-admitted patients with low acuity. Ability to book patient GP appointment. | http://tinyurl.com/m5cg7ff | 2012/13 | | 18,169 | £637,025 | £35 | 2,986 | £273,226 | £92 |
| | | | | | 2013/14 | | 18,281 | £1,043,097 | £57 | 3,021 | £272,071 | £90 |
| | | | | | 2014/15 | | 6,501 | £511,441 | £79 | 919 | £84,500 | £92 |
| | | | | | Total | | 42,951 | £2,191,563 | £51 | 6,926 | £629,797 | £91 |
| | Use of NMP in Carehomes | 1 MNP Nurse can avoid 3 to 4 A&E attendance per day. Support to care homes to avoid emergency referrals. | NMP visiting carehomes reduces A&E Attendance of patients with Low Acuity rate. Non-Emergency patients without GP followup | http://tinyurl.com/kyf5cy6 | 2012/13 | | 2,632 | £296,480 | £113 | 557 | £39,383 | £71 |
| | | | | | 2013/14 | | 2,630 | £297,406 | £113 | 431 | £39,019 | £91 |
| | | | | | 2014/15 | | 803 | £99,028 | £123 | 48 | £5,325 | £111 |
| | | | | | Total | | 6,065 | £692,914 | £114 | 1,036 | £83,728 | £81 |
| | ACS-Ear, nose and throat infections | NEL Admission Reduction | Patients with 0 LOS can avoid being admitted | http://tinyurl.com/n26xqy2 http://tinyurl.com/pmhcbf | 2012/13 | | 390 | £215,188 | £552 | 224 | £109,433 | £489 |
| | | | | | 2013/14 | | 400 | £213,665 | £534 | 229 | £103,688 | £453 |
| | | | | | 2014/15 | | 129 | £68,489 | £531 | 58 | £25,886 | £446 |
| | | | | | Total | | 919 | £497,342 | £541 | 511 | £239,008 | £468 |
| | ACS-Asthma | NEL Admission Reduction | Patients with 0 LOS can avoid being admitted | http://tinyurl.com/n26xqy2 http://tinyurl.com/pmhcbf | 2012/13 | | 504 | £424,411 | £842 | 146 | £107,630 | £739 |
| | | | | | 2013/14 | | 425 | £351,689 | £828 | 120 | £84,774 | £706 |
| | | | | | 2014/15 | | 153 | £132,055 | £863 | 45 | £38,002 | £844 |
| | | | | | Total | | 1,082 | £908,156 | £839 | 311 | £230,606 | £741 |
| | ACS-Convulsions and epilepsy | NEL Admission Reduction | Patients with 0 LOS can avoid being admitted | http://tinyurl.com/n26xqy2 http://tinyurl.com/pmhcbf | 2012/13 | | 308 | £265,267 | £861 | 82 | £71,804 | £876 |
| | | | | | 2013/14 | | 281 | £240,185 | £855 | 74 | £65,711 | £888 |
| | | | | | 2014/15 | | 80 | £65,521 | £819 | 16 | £14,189 | £887 |
| | | | | | Total | | 669 | £570,972 | £853 | 172 | £151,704 | £882 |
| | ACS-Hypertension | NEL Admission Reduction | Patients with 0 LOS can avoid being admitted | http://tinyurl.com/n26xqy2 http://tinyurl.com/pmhcbf | 2012/13 | | 580 | £517,023 | £891 | 63 | £43,038 | £683 |
| | | | | | 2013/14 | | 507 | £454,159 | £896 | 65 | £54,739 | £842 |
| | | | | | 2014/15 | | 167 | £153,144 | £917 | 18 | £13,328 | £740 |
| | | | | | Total | | 1,254 | £1,124,326 | £897 | 146 | £111,106 | £761 |

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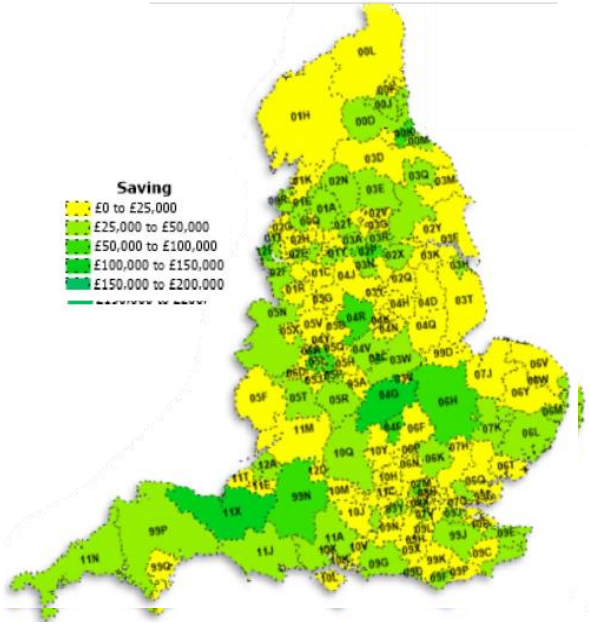
Overall, six service areas were evaluated for the economic impact of introducing additional NMP practitioners:

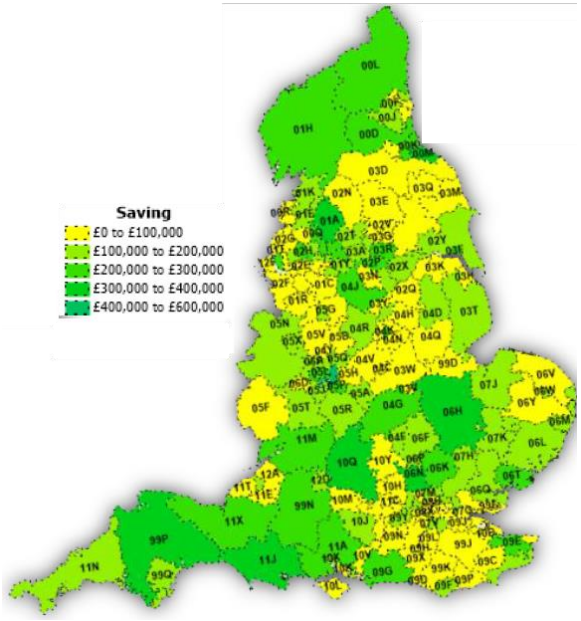
1) NMP in Care Homes
2) NMP Pharmacist
3) NMP in OOH Practices
4) NMP Palliative care
5) NMP Physiotherapist services
6) NMP Podiatry services

## NMP in Care Homes



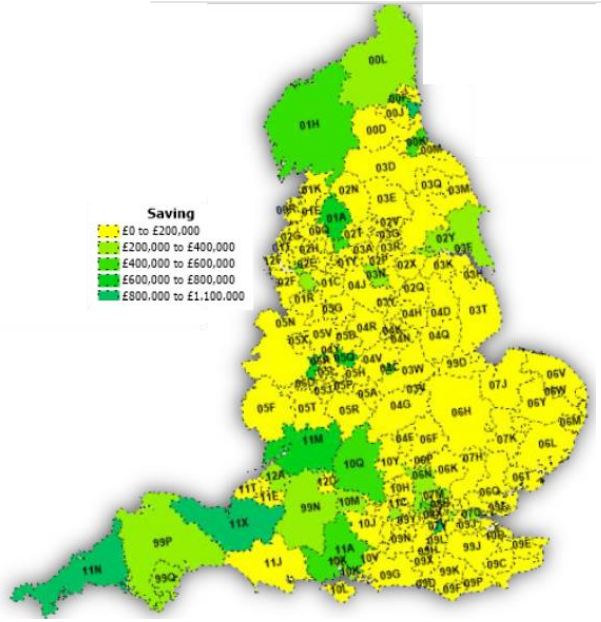

| Clinical Commissioning Group | Potential Reduction | Potential Saving |
|---|---|---|
| NHS Birmingham Cross City CCG | 757 | £557,417 |
| NHS East Lancashire CCG | 460 | £386,793 |
| NHS South Tees CCG | 442 | £364,051 |
| NHS Dorset CCG | 422 | £346,609 |
| NHS Herts Valleys CCG | 374 | £346,449 |
| NHS Cambridgeshire and Peterborough CCG | 410 | £339,712 |
| NHS North, East, West Devon CCG | 416 | £338,226 |
| NHS Oxfordshire CCG | 341 | £302,058 |
| NHS Wiltshire CCG | 243 | £298,954 |
| NHS Hull CCG | 408 | £298,140 |

## NMP Pharmacist




| Clinical Commissioning Group | Potential Reduction | Potential Saving |
|---|---|---|
| NHS Birmingham Cross City CCG | 757 | £557,417 |
| NHS East Lancashire CCG | 460 | £386,793 |
| NHS South Tees CCG | 442 | £364,051 |
| NHS Dorset CCG | 422 | £346,609 |
| NHS Herts Valleys CCG | 374 | £346,449 |
| NHS Cambridgeshire and Peterborough CCG | 410 | £339,712 |
| NHS North, East, West Devon CCG | 416 | £338,226 |
| NHS Oxfordshire CCG | 341 | £302,058 |
| NHS Wiltshire CCG | 243 | £298,954 |
| NHS Hull CCG | 408 | £298,140 |

## NMP in OOH Practices




| Clinical Commissioning Group | Potential Reduction | Potential Saving |
|---|---|---|
| NHS Somerset CCG | 17,714 | £1,052,742 |
| NHS Sunderland CCG | 14,477 | £868,503 |
| NHS Kernow CCG | 14,833 | £860,104 |
| NHS Croydon CCG | 13,024 | £800,671 |
| NHS Gloucestershire CCG | 13,308 | £770,701 |
| NHS East Lancashire CCG | 12,432 | £746,221 |
| NHS South East Staffs and Seisdon Peninsular CCG | 13,108 | £743,113 |
| NHS Leicester City CCG | 12,266 | £577,324 |
| NHS Gateshead CCG | 9,489 | £569,319 |
| NHS Ealing CCG | 8,060 | £563,388 |

# Three Areas of Impact

## NATIONAL

**£777 Million**

Currently achieved by 44k NMP Practitioners in various settings

## PRIMARY CARE

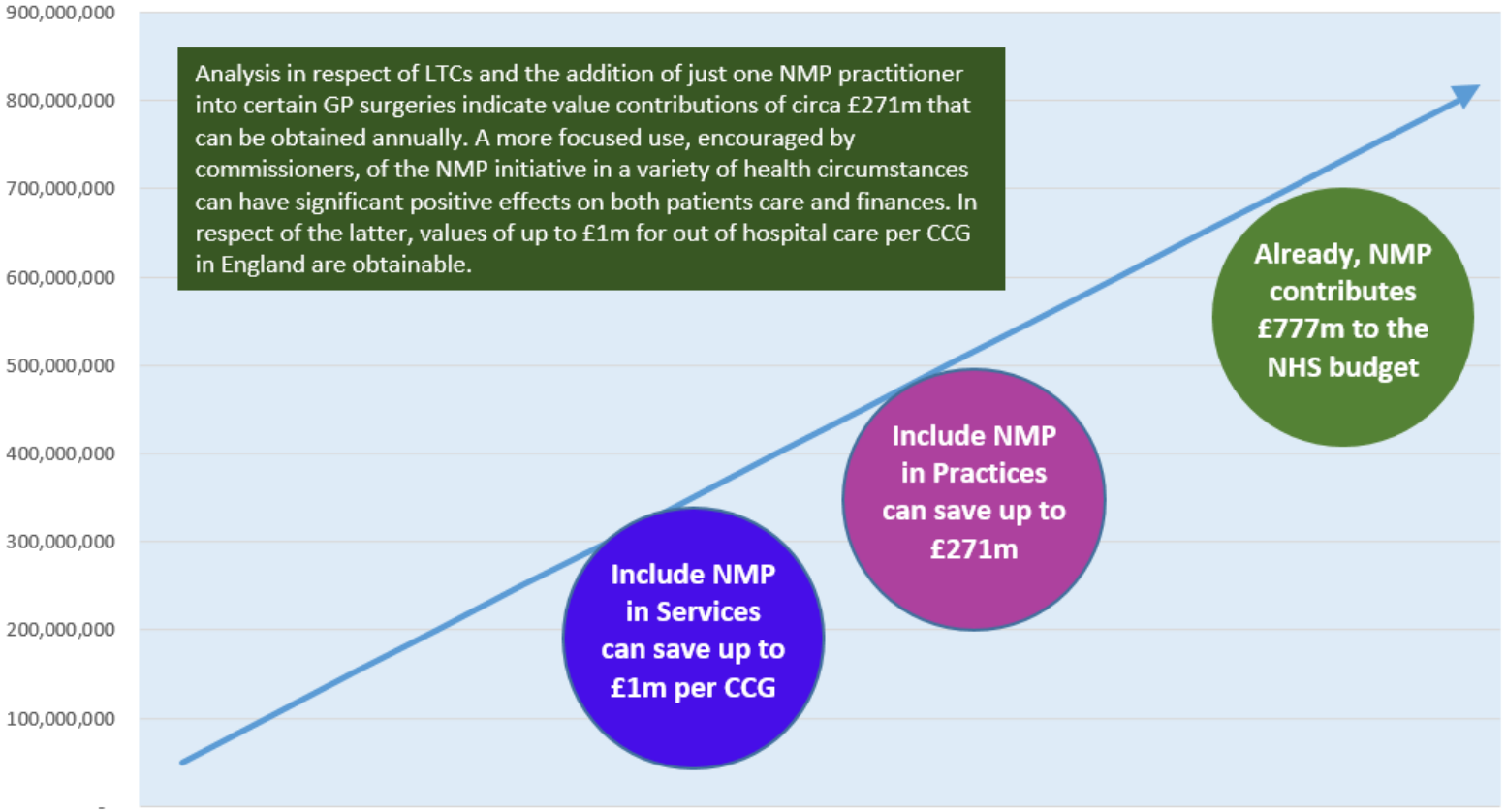
**£271 Million**

By adding one NMP Practitioner to key GP Practices

## HEALTH ECONOMY

**Up to £1m**

Changes in Service Provision per CCG in England




## The Challenge

Excellent material, results and forecasts **BUT** limited absorption by decision makers

## The Answer

National campaign to embed NMP within multiple pathways and across wider areas of England

## Scope of Promotion

The ultimate targets of the campaign are the decision makers/decision formers within and outside the NHS ranging from those in government, through pathway designers or managers in the NHS to practice managers

## Targets

- National Government
- Parliament
- NHS England
- CCGs, CSUs, Acute
- Public Health England
- Interest Groups

## Media Routes

- Journals e.g. HSJ, BMJ, SAGE
- National Press (Health Correspondents)
- Local Press
- Broadcast Media

## Conferences Route

Core group of speakers created and each allocated to specific conferences


THANK
YOU
GRACIAS
Dankeschön
Xièxiè
BÏYAN
SHUKRIA
DANKSCHEEN
TASHAKKUR ATU
YAQHANYELAY
SUKSAMA
ARIGATO
SHUKURIA
MEHRBANI
GRAZIE
MAAKE
EKHMET
JUSPAXAR
GOZAIMASHITA
EFCHARISTO
KOMAPSUMNIDA
PALDIES
BOLZÏN
MERCI
TINGKI
SPASSIBO
SNACHALHUYA
NUHUN
CHALTU
WABEEJA
MAITEKA
YUSPAGABATAM
HUI
DHANYABAAD
AMMA
ATTO
SPASIBO
DENKUJA
MEHACHALHYA
UNALCHEESH
HATUR
GU
EKOJU
SIKOMO
MAKETAU
MINMONCHAR
SAINCO
MERASTAWHY
GAEJTHO
LAH
TAVTAPUCH
MEDAWAGSE
AGUYJE
FAKAAUE
BAUNA