ALL WALES MEDICINES STRATEGY GROUP
MINUTES OF THE AWMSG MEETING HELD ON WEDNESDAY, 15TH AUGUST 2007 COMMENCING 10.30 AM AT THE ANGEL HOTEL, ABERGAVENNY, NP7 5EN

MEMBERS PRESENT:

			Did not participate in agenda item
1.	Dr Paul Buss	Consultant Paediatrician Gwent Healthcare Trust	
2.	Dr Fraser Campbell	LHB Medical Director Gwynedd LHB	
3.	Mrs Debbie Davies	Other healthcare professionals eligible to prescribe	1-9
4.	Dr Bruce Ferguson	Trust Medical Director Bro-Morgannwg	1-5
5.	Dr Karen Fitzgerald	National Public Health Service Wales	
6.	Dr Brian Hawkins	LHB Pharmacist Rhondda Cynon Taf	
7.	Mr Peter Harsant	Industry Representative	
8.	Mr Robert Holcombe	LHB Finance Director	
9.	Cllr Meurig Hughes	Lay member	
10.	Dr Tom Lau	General Practitioner & Prescribing Lead	
11.	Mr Mike Pollard	Chief Pharmacist	
12.	Prof Ceri Phillips	Professor of Health Economics, School of Health Science, University of Wales Swansea	
13.	Prof Philip Routledge	Professor of Clinical Pharmacology, Cardiff University and Acting AWMSG Chairman	

IN ATTENDANCE:

14.	Dr Martin Duerden	Chairman, New Medicines Group
15.	Mrs Ruth Lang	Liaison Manager, Welsh Medicines Partnership
16.	Mrs Carolyn Poulter	Head of the Pharmaceutical Services Branch Welsh Assembly Government
17.	Mrs Karen Samuels	Programme Manager, Welsh Medicines Partnership
18.	Miss Carwen Wynne-Howells	Chief Pharmaceutical Adviser, Welsh Assembly Government

List of Abbreviations:

ABPI	Association of the British Pharmaceutical Industry
ASAR	AWMSG Secretariat Assessment Report
AWCDG	All Wales Cancer Drugs Group
AWMSG	All Wales Medicines Strategy Group
AWDAC	All Wales Dietetic Advisory Committee
AWPAG	All Wales Prescribing Advisory Group
BNF	British National Formulary
CR/ASAR	Company response to the AWMSG Secretariat assessment report
CR/FAR	Company response to the final appraisal report
CR/PAR	Company response to the preliminary appraisal report
CSCG	Cancer Services Co-ordinating Group
CHM	Commission on Human Medicines
DTB	Drug & Therapeutics Bulletin
FAR	Final appraisal report
HCW	Health Commission Wales
HoPMMs	Heads of Pharmacy and Medicines Management
HSW	Health Solutions Wales
LHB	Local Health Board
M&TCs	Medicines & Therapeutics Committees
MHRA	Medicines & Herbals Regulatory Authority
NHSIF	NHS Industry Forum
NICE	National Institute for Health and Clinical Excellence
NMG	New Medicines Group
NPHS	National Public Health Service
PAR	Preliminary appraisal report
PPRS	Prescription Price Regulation Scheme
SAFF	Service and Financial Framework
SMC	Scottish Medicines Consortium
SPC	Summary of Product Characteristics
TDA User Group	Therapeutic Development Appraisal User Group
T&FG	Task and Finish Group
WeMeReC	Welsh Medicines Resource Centre
WMIC	Welsh Medicines Information Centre
WMP	Welsh Medicines Partnership

1 Welcome, introductions and personalia

The Chairman opened the meeting and welcomed those present.

2 Apologies

Mr David Morgan, National Public Health Service Wales representative
Mr Dave Roberts, Chief Pharmacist representative
Mrs Wendy Warren, Nurse Director representative
Mr Jeff Evans, representing other professions eligible to prescribe representative

3 Declarations of interest

The Chairman asked members to declare any specific, non-specific, personal or non-personal interests.

Dr Hawkins declared advice provided in relation to products manufactured by Solvay although not in relation to Parkinson's disease. The Chairman confirmed that this declaration did not fall within the AWMSG criteria for declaration of interests. Dr Gama, Medical Director of Solvay confirmed acceptance of this decision.

4 Chairman's report

Appraisal issues:

The Chairman reported that Ministerial ratification of AWMSG recommendations in relation to the following appraisals held at the June AWMSG meeting had been received.

Dexrazoxane (Savene™)

Emtricitabine (Emtriva®)

Emtricitabine/tenofovir (Truvada®)

Clofarabine (Evoltra™)

Parathyroid hormone (Preotact®)

The Chairman confirmed that the final appraisal reports (FARs) of the above products had been posted on the AWMSG website, the manufacturers had been informed and the Service notified electronically.

The Chairman announced that the following appraisals will be considered by the NMG on 12th September 2007 and AWMSG on18th October 2007:

Medicine - agalsidase alfa (Replagal®)
Company - Shire Pharmaceuticals
Indication - Replagal is indicated for long-term enzyme replacement therapy in patients with a confirmed diagnosis of Fabry Disease (α -galactosidase A deficiency).

Medicine - idursulfase (Elaprase®)
Company - Shire Pharmaceuticals
Indication - Elaprase is indicated for the long term treatment of patients with Hunter Syndrome (Mucopolysacharidosis II, MPS II)

Medicines - vinorelbine oral (Navelbine Oral®)
Company - Pierre Fabre Ltd
Indication - Advanced breast cancer stage III and IV relapsing after or refractory to an anthracycline-containing regimen.

General issues:

Prescribing strategy
The Chairman confirmed that the prescribing strategy is being progressed within WMP. He confirmed the intention is for NHSIF and AWPAG to consider the appendices at their next meeting in October.

Report on a meeting with the Minister for Health and Social Services
The Chairman informed members that he met with Mrs Edwina Hart, the recently appointed Minister for Health and Social Services. Two papers were requested as a result of the meeting, one setting out a proposal for AWMSG to consider all new medicines and a second defining how AWMSG could link effectively with commissioning groups and clinical networks around Wales.

Ibuprofen prescribing in children
The Chairman confirmed that a response had been received from MHRA confirming:-

that "CHM concluded that although there was a biologically plausible mechanism for acute renal failure to be causally related to ibuprofen, and that causal or contributory role could not be completely excluded in some case reports, the published clinical studies provide adequate reassurance that the risk is extremely low".

The Chairman confirmed that this issue would not be pursued by AWPAG.

All Wales Anticoagulant Chart
The Chairman informed members of a proposal to develop an All-Wales Anticoagulation Chart. He confirmed that Mr Dave Roberts, Chief Pharmacist representative, had offered to develop this proposal through his professional group and report back to AWMSG at a future meeting.

All Wales Cancer Drugs Group
Mrs Samuels confirmed that Mrs Fiona Woods had agreed to represent the WMP on the All Wales Cancer Drugs Group (AWCDG). This Group has recently been established by the Cancer Services Co-ordinating Group to consider unlicensed medicines and unlicensed indications for licensed drugs and possibly new licensed drugs or indications only as an interim measure before the decision of AWMSG or NICE. It will also have input into the prioritisation of the AWMSG work programme. The AWCDG held its inaugural meeting on 1st August, its Chairman is Dr Saad Al-Ismael. It was confirmed that Dr Martin Duerden, as Chairman of the NMG, had also been invited to sit on the Group.

Consultation on update to the Code of Practice for Scientific Advisory Committees
The Chairman informed the Group of the Consultation on update to the Code of Practice for Scientific Advisory Committees. The Chairman referred members to the website address and invited comment by 31st August. The Chairman confirmed the intention to submit a response on behalf of AWMSG by the deadline of 16 September 2007.
www.dti.gov.uk/files/file39981.pdf

Shared care Amiodarone – meeting with Cardiac Networks
The Chairman confirmed that he had recently met with Dr Tessa Lewis and Dr Peter O'Callaghan to seek the support of the Cardiac Network in relation to the proposed Amiodarone shared care template. Confirmation of the support of the cardiologists was announced later in the meeting.

Prescribing Reviews
The Chairman confirmed that WMP are finalising the remit of the editorial process and liaising with the Welsh Assembly with regard to the availability of additional resources. He stated he is grateful for the support of Welsh Assembly Government to support a robust process for editing the prescribing reviews of the BNF chapters.

Meeting with patient interest group - Myeloma UK
The Chairman informed members he had met with Mr Eric Low, Chief Executive of Myeloma UK to discuss broad issues with regard to equity of access to medicines for rare diseases.

Feedback on AWMSG appraisal process
The Chairman confirmed that WMP will be meeting with the TDA Users Group and representatives of companies who had recently engaged with the AWMSG appraisal process to discuss issues and feedback. He confirmed that AWMSG members will be sent a questionnaire so that their comments can also be considered by WMP.

5 Minutes of previous meeting
There were no issues of accuracy.

Matters arising:
There were no matters arising that had not been included in the Chairman's report or covered within the substantive agenda.

6 Professor Routledge outlined the appraisal proceedings and asked members to declare any interests pertinent to the appraisals being held. There were no declarations of interest from any members of the Group eligible to vote. The Chairman confirmed that the WMP independent review team were not present at the meeting.

Appraisal 1: darunavir (Prezista®) – start time 10.45 am

Manufacturer: Tibotec (a division of Janssen-Cilag Ltd
Indication: darunavir (Prezista®) co-administered with 100 mg ritonavir, is indicated in combination with other antiretroviral treatment of human immunodeficiency virus (HIV-1) infection in highly pre-treated adult patients who failed more than one regimen containing a protease inhibitor (PI)

The Chairman invited the representatives of the manufacturers to introduced themselves:
Dr Perry Mohammed, HIV Medical Advisor
Miss Lindsay Hemmett, Outcomes Research Manager

The Chairman confirmed that AWMSG advice has no impact on the licensed status of the technology and the inherent implications associated with this, and that a negative recommendation would not impact on the clinical freedom of the prescriber. He explained that a positive recommendation by AWMSG, subsequently endorsed by the Minister for Health & Social Services, places an obligation on Trusts and LHBs in Wales to fund accordingly. He reiterated that AWMSG advice is interim to NICE should it be subsequently published.

The Chairman confirmed that no members of WMP who might be involved in any subsequent independent review were in attendance.

Dr Martin Duerden, Chairman of the New Medicines Group, provided a synopsis of the discussion held at the NMG meeting and outlined the rationale behind NMG's preliminary recommendation to AWMSG contained in the PAR - Enclosure 2/AWMSG/0807.

Dr Duerden put the appraisal in context and confirmed that the discussion at the New Medicines Group had been robust and productive. Dr Duerden highlighted the relevant issues contained within the PAR - Enclosure 2/AWMSG/0807. Dr Duerden confirmed that NMG had considered that the evidence for clinical effectiveness had been proven, the submission from the Terence Higgins Trust had been very supportive of the treatment and the medical expert opinion supported the use of the technology in the treatment of HIV where resistance to other treatments had been problematic. Dr Duerden confirmed that the health economic evidence submitted by the manufacturers had been analysed by NMG, and the Group considered it to be robust. The difficulty in including more up to date information within the health economic model was recognised. Dr Duerden confirmed the preliminary recommendation and rationale for that decision as stated in the PAR. It was noted that BHIVA guidelines may change in the future and NMG would need to assess whether the advice should be reconsidered at a later stage.

The Chairman asked members to consider the evidence in relation to the clinical and cost-effectiveness of the treatment.

Members accepted that the clinical effectiveness had been proven. The Chairman asked members to consider the response provided by Tibotec, dated 23rd July, in relation to the safety issue in which there is confirmation that three phase iii studies are currently on-going which will further inform the overall safety profile of Presizta®.

The need for robust yellow card reporting was highlighted. The Chairman confirmed that he would seek the views of YCC Wales with regard to highlighting the importance of pharmacovigilance and the reporting of adverse reactions to HIV medicines.

The Chairman invited comment on the health economic evidence presented. Professor Phillips considered there were a number of assumptions contained in the model. There was discussion over the endpoints used. Professor Phillips reiterated the need for more up-to-date estimates of healthcare utilisation and costs. Members confirmed that the health economic data was clear and explicit.

The Chairman reiterated that all appraisals are single technology appraisals, and should be considered in isolation within their licensed indications.

The Chairman referred members to the company response to the PAR and invited the representatives of Tibotec to raise any general or specific issues. It was confirmed that pharmacovigilance will be monitored and members were reassured that data on safety would increase. The representatives of the company confirmed that all issues had been adequately discussed and taken into account.

In the light of the discussions the Chairman asked members to make note of their initial recommendation on their aide-memoire for reference at a later stage.

The Chairman closed proceedings at 11.10 am

7 Appraisal 2: sunitinib (Sutent®) – 11.11 am

Manufacturer: Pfizer Ltd
Indication: sunitinib (Sutent®) is indicated for the treatment of advanced and / or metastatic renal cell carcinoma (mRCC)

The Chairman asked members to declare any interest in the manufacturer or the technology. None were declared.

The Chairman invited representatives from Pfizer Limited to introduce themselves:
Mr Nick Marchant, Head of Outcomes
Dr Jayeta Chakabarti, Medical Officer

The Chairman confirmed that no members of WMP who may be involved in any subsequent independent review were in attendance.

The Chairman confirmed that AWMSG advice has no impact on the licensed status of the technology and the inherent implications associated with this, and that a negative recommendation would not impact on the clinical freedom of the prescriber. He explained that a positive recommendation by AWMSG, subsequently endorsed by the Minister for Health & Social Services, places an obligation on Trusts and LHBs in Wales to fund accordingly. He reiterated that AWMSG advice is interim to NICE should it be subsequently published.

Dr Duerden provided a synopsis of the discussion held at the NMG meeting and outlined the rationale behind NMG's preliminary recommendation to AWMSG contained in the preliminary appraisal report - Enclosure 3/AWMSG/0807. Dr Duerden confirmed that NMG concentrated their advice in relation to first line therapy.

Dr Duerden informed members that based on assessment of survival, NMG considered there was not yet evidence to indicate the treatment was superior to interferon alfa. NMG considered that longer term data should be provided by the applicant company. Dr Duerden informed members that as assumptions had been placed in the model because of immaturity of the data, NMG's view was that this treatment could not currently be supported. Dr Duerden also expressed NMG's concern in relation to cardiotoxity. Dr Duerden informed members of the enthusiastic responses received from the medical experts and asked members to note that the responses received estimated a larger number of potential patients in Wales. The Chairman re-emphasised that the medicine is being appraised within its licensed indication.

Dr Duerden confirmed that two patient interest group submissions had been received and both were supportive of this treatment being recommended for use. Dr Duerden confirmed the NMG's preliminary recommendation not to support the use of sunitinib at this time and and referred to the key factors behind the recommendation contained within Enclosure 3/AWMSG/0807.

The Chairman invited comment from AWMSG members. The issue of progression of disease, survival advantage and efficiency markers was discussed. There was a suggestion to consider re-evaluation in the event of the availability of new data. The issue of adoption of cancer treatments within the UK compared to other countries was raised.

The Chairman asked members to consider the evidence in relation to the clinical and cost-effectiveness of the treatment.

Professor Phillips stated he was unclear of the actual acquisition cost and commented that the sensitivity analysis did not demonstrate the potential differences in cost. Professor Phillips expressed concern in relation to the uncertainty over patient population. The Chairman confirmed that AWMSG has no fixed threshold for cost-effectiveness.

The Chairman referred members to the issues raised in the company response to the preliminary assessment report and invited comment from the manufacturers.

The company considered that the sunitinib submission demonstrated statistically significant improvement in progression-free survival (PFS), time to tumour progression

and objective response rate when compared to interferon alfa. The submission in relation to first-line treatment was reiterated. Members were informed of the good performance status and population representative of treatment naive patients. The CR/PAR challenged the approach by HTA bodies, including AWMSG, to assess cancer medicines. It was noted that the immaturity of data was a common theme.

The Chairman invited final comment from the company representatives and asked whether they were satisfied with the discussion of the issues in relation to their submission. Mr Marchant and Dr Chakabarti confirmed this.

The Chairman concluded the appraisal and confirmed that the Committee would retire at the end of the appraisal session to vote in private.

The appraisal was concluded at 11.50 am

8 Appraisal 3: Co-careldopa (Duodopa®) – start time 11.51 am

Manufacturer: Solvay Healthcare Ltd
Indication: Treatment of advanced levodopa-responsive Parkinson's disease with severe motor fluctuations and hyper-/dyskinesia when available combinations of Parkinson medicinal products have not given satisfactory results.

The Chairman asked members to declare any interest in the manufacturer or the technology.

The Chairman confirmed that AWMSG advice has no impact on the licensed status of the technology and the inherent implications associated with this, and that a negative recommendation would not impact on the clinical freedom of the prescriber. He explained that a positive recommendation by AWMSG, subsequently endorsed by the Minister for Health & Social Services, places an obligation on Trusts and LHBs in Wales to fund accordingly. He reiterated that AWMSG advice is interim to NICE should it be subsequently published.

The Chairman confirmed that no members of WMP who may be involved in any subsequent independent review were in attendance.

The Chairman invited representatives of Solvay to introduce themselves:
Dr Joubert Gamma, Medical Director
Mr David Davies, Sales and Marketing Director

Ms Pippa Anderson, Health Economic Consultant addressed the health economic aspects of the appraisal

Mrs Lang addressed some of the process issues contained within the CR/PAR and confirmed that new additional data provided to the Welsh Medicines Partnership with the CR/PAR could not be circulated to AWMSG members at this late stage in the process.

The Chairman confirmed that a patient interest group submission had been received by WMP two days prior to the appraisal and had been circulated electronically to members. Members were asked to confirm that they had received and read the submission from the Cure Parkinson's Trust.

Dr Martin Duerden, Chairman of the New Medicines Group, provided a synopsis of the discussion held at the NMG meeting and outlined the rationale behind NMG's preliminary recommendation to AWMSG contained in the preliminary appraisal report - Enclosure

4/AWMSG/0807.

The Chairman invited representatives of Solvay to highlight the salient points of their response to the preliminary appraisal report. Dr Gama confirmed the Company view that the submission met the AWMSG criteria for appraising ultra-orphan drugs. Members were asked to note the difficulties in recruiting patients and Ms Anderson informed the Group that economic evidence is restricted through lack of clinical evidence. It was noted that no quality of life data was available.

The Chairman invited comment from members in relation to the issues raised by the NMG, the company response and patient interest group submission. It was noted that data, not included in the submission, had become available at a late stage. The Chairman confirmed that AWMSG has to make a decision based on the information provided with the submission of Form B. There was discussion over the inconsistencies in relation to the comparators and proxity utility values.

Dr Gama asked AWMSG to exercise its discretion to meet the unmet need of very small group of patients at the end of line care. The Chairman reassured Dr Gama that the evidence submitted to AWMSG would be considered in relation to its scientific strength together with other relevant factors.

Solvay confirmed their agreement to the Chairman that the salient issues had been fully addressed.

In the light of the discussions the Chairman asked members to make note of their initial recommendation.

The Chairman concluded the appraisal at 12.30 pm

9 Appraisal 4: tipranavir (Aptivus®) – start time 12.31 pm

Manufacturer: Boehringer Ingelheim
Indication: tipranavir (Aptivus®), co-administered with low dose ritonavir, is indicated for combination antiretroviral treatment of HIV-1 infection in highly pre-treated adult patients with virus resistant to multiple protease inhibitors

The Chairman asked members to declare any interest in the manufacturer or the technology.

The Chairman invited representatives from Boehringer Ingelheim Limited to introduce themselves:
Dr Sara Jones, Medical Adviser
Mr Paul Robinson, Health Economist

The Chairman confirmed that AWMSG advice has no impact on the licensed status of the technology and the inherent implications associated with this, and that a negative recommendation would not impact on the clinical freedom of the prescriber. He explained that a positive recommendation by AWMSG, subsequently endorsed by the Minister for Health & Social Services, places an obligation on Trusts and LHBs in Wales to fund accordingly. He reiterated that AWMSG advice is interim to NICE should it be subsequently published.

The Chairman confirmed that no members of WMP who may be involved in any subsequent independent review were in attendance.

Dr Duerden provided a synopsis of the discussion held at the NMG meeting and outlined the rationale behind NMG's preliminary recommendation to AWMSG contained in the preliminary appraisal report - Enclosure 5/AWMSG/0807. Dr Duerden referred to the caveats in the preliminary recommendation setting out where this treatment should be placed. Dr Duerden expressed a view that the submission from the Terence Higgins Trust had been relatively guarded in their views on the place of this technology, because of concern over the potential adverse effect profile. Dr Duerden confirmed that the cost effectiveness analysis had been relatively robust. It was agreed that the wording in relation to the term "salvage therapy" would be amended.

The Chairman invited comment. There were no issues in relation to clinical effectiveness. The Chairman then invited comments in relation to cost-effectiveness. It was noted that certain costs had not been included in the model. Clarification of the costs not included was provided by the company representatives. The Chairman asked members to note the patient interest group submission from the Terence Higgins Trust and invited comment.

The Chairman referred members to the CR/PAR. Dr Sarah Jones outlined the issues contained in the company response. There was discussion over the adaptation of the US health economic model.

The company representatives confirmed their agreement that all the issues had been addressed.

The Chairman concluded the appraisal at 1.30 pm and confirmed that members would retire to vote in private.

Appraisal conclusions:

At 2.10 pm the meeting resumed and the Chairman announced the decision of AWMSG in relation to the appraisals undertaken.

Darunavir (Prezista®) - Endorse NMG recommendation

Darunavir (Prezista®) should be recommended within NHS Wales for the treatment of human immunodeficiency virus (HIV-1) infection in highly pre-treated adults who have failed more than one regimen containing a protease inhibitor (PI), where resistance profiling suggests it is appropriate. Use should be in accordance with the British HIV Association (BHIVA) guidance. Darunavir (Prezista®) is not presently recommended for shared care.

Sunitinib (Sutent®) – Endorse NMG recommendation

Sunitinib (Sutent®) should not be recommended for use within NHS Wales for the treatment of advanced and/or metastatic renal cell carcinoma (MRCC). The clinical and cost effectiveness data presented was not sufficient for AWMSG to recommend its use.

Co-careldopa intestinal gel (Duodopa®) - Endorse NMG recommendation

Co-careldopa intestinal gel (Duodopa®) should not be recommended for use within NHS Wales for the treatment of advanced levodopa-responsive Parkinson's disease. The clinical and cost effectiveness data presented was not sufficient for AWMSG to recommend its use.

Tipranavir (Aptivus®) – Endorse NMG recommendation

Tipranavir (Aptivus®) should be recommended for use within NHS Wales for the treatment of human immunodeficiency (HIV-1) infection, only for the treatment of highly pre-treated adult patients who have failed multiple protease inhibitors (PI), and where resistance profiling suggests it is appropriate.

Use should be in accordance with the British HIV Association (BHIVA) guidance.

Tipranavir (Aptivus®) is not presently recommended for shared care.

The Chairman confirmed that the AWMSG Secretariat (WMP) would forward the Final Appraisal Reports (FARs) setting out the advice to the Minister for Health and Social Services, and outlining the rationale behind the decision, to the manufacturers within five working days from this meeting.

The Chairman informed the manufacturers that they have up to ten days following this meeting to accept the AWMSG recommendation or lodge an application for independent review which should be submitted in writing to the Chairman via WMP.

The Chairman confirmed that full opportunity would be provided to the company to discuss any outstanding issues with WMP.

The Chairman confirmed that at the end of this ten day period the AWMSG recommendations will be forwarded to the Minister for Health and Social Services for ratification unless an application for independent review had been received.

The Chairman thanked the manufacturer's representatives for engaging with the AWMSG process and closed the appraisal proceedings.

10 Report on NHS Industry Forum

The Chairman invited Dr Richard Greville, Vice Chairman of the NHSIF, to present an update on NHSIF (Enclosure 6/AWMSG/0807 – update on NHS Industry Forum). Dr Greville referred members to the minutes of the NHSIF meeting held on Wednesday, 4th July. He confirmed that agreement to the proposal to post examples of partnership working on the AWMSG website had been received and confirmed that this would be developed by NHSIF in the near future. Dr Greville also confirmed that the summary responses received in relation to the questionnaire on partnership working would be discussed with the AWMSG Chairman on 21st August. Dr Greville confirmed that NHSIF supports the work of the MHRA in relation to counterfeit medicines and reinforced the need to keep stakeholders within Wales informed.

The Chairman invited comments. No issues were raised.

11 Report on Independent Prescribing

The Chairman invited Miss Carwen Wynne-Howells to comment on Enclosure 7/AWMSG/0807 – Update on independent prescribing. Miss Wynne-Howells confirmed that the first cohort is near completion and the project is on track for producing a range of independent prescribers. She confirmed the remit of WeMeReC is to support effective prescribing and suggested that the remit of the organisation may need to be extended to cover all newly qualified prescribers. Miss Wynne-Howells confirmed that the final report is currently being prepared and will be presented to the Minister for Health & Social Services.

12 Report on AWPAG

The Chairman invited Mrs Nicola John, Chair of AWPAG, to present an update of the

Group's activities (Enclosure 8/AWMSG/0807 – Update on AWPAG). Mrs John confirmed the intention to work with other professional groups in relation to the AWPAG work programme. She confirmed that suggestions put forward by AWMSG in July 2007 in relation to the prescribing indicators by would be taken forward in the next set of recommendations to be presented by AWPAG for 2009/2010. Mrs John confirmed that the working group had looked for a balance between cost and efficiency. Mrs John confirmed that a questionnaire in relation to the prescribing incentive scheme would be circulated to the HoPMMs to get feedback. The Chairman asked that the evidence-base be considered by the indicator working group in the preparation of the next document. Mrs John confirmed that AWPAG recognise the problem of inhaled steroid audit and confirmed that work needs to be undertaken to look at improving cost effectiveness. She also confirmed that AWPAG wish to work with the Directors of Finance in relation to developing updates to the incentive scheme recognising there may be external influences that may moderate it in future. Mrs John informed members that representatives of AWPAG had attended a meeting of the Consensus Group in relation to the Prescribing of medicines for diabetes. She confirmed that AWPAG is keen to maintain dialogue with specialist groups to ensure that any advice given is congruent with AWMSG advice. The Chairman reiterated that the Minister had requested that AWMSG work closely with all clinical networks.

The Chairman thanked NHSIF and AWPAG for the work undertaken and advice provided to AWMSG.

AWMSG endorsed the paper presented by AWPAG on National Prescribing Indicators for 2008/2009.

Date of next AWMSG meeting: Wednesday, 18th October 2007 at the Angel Hotel, Abergavenny.