

Enclosure No:	1/AWMSG/0414
Agenda Item No:	4 – Minutes of previous meeting
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ALL WALES MEDICINES STRATEGY GROUP (AWMSG)

MINUTES OF THE AWMSG MEETING HELD ON WEDNESDAY, 19th FEBRUARY 2014 COMMENCING 10.30 AM AT THE ANGEL HOTEL, ABERGAVENNY, NP7 5EN

VOTING MEMBERS PRESENT:

**Did not
participate in**

- | | | | |
|-----|--------------------------|--|--------------|
| 1. | Professor Phil Routledge | Chairman | |
| 2. | Mrs Pippa Anderson | Health Economist | |
| 3. | Mrs Debbie Davies | Other professions eligible to prescribe | 13-14 |
| 4. | Mr Stefan Fec | Community Pharmacist | |
| 5. | Dr Karen Fitzgerald | Consultant in Pharmaceutical Public Health | |
| 6. | Dr Stuart Linton | Hospital Consultant | 13-14 |
| 7. | Dr Emma Mason | Clinical Pharmacologist | |
| 8. | Mrs Susan Murphy | Managed Sector Primary Care Pharmacist | |
| 9. | Mr Christopher Palmer | Lay Member | |
| 10. | Mr Rob Thomas | ABPI Cymru Wales | 5 |
| 11. | Prof John Watkins | Public Health Wales | |
| 12. | Dr William Whitehead | GP with Prescribing Lead role | |
| 13. | Mr Roger Williams | Managed Sector Secondary Care Pharmacist | |

IN ATTENDANCE:

14. Dr Robert Bracchi, NMG Chairman
15. Mrs Karen Samuels, Head of HTA, AWTTTC
16. Mrs Ruth Lang, Head of Liaison & Administration, AWTTTC

AWTTC APPRAISAL LEADS:

17. Dr Claire Davis, Senior Appraisal Scientist
18. Mrs Sabrina Rind, Senior Appraisal Pharmacist
19. Dr Caron Jones, Senior Appraisal Scientist

List of Abbreviations:

ABPI	Association of the British Pharmaceutical Industry
ASAR	AWMSG Secretariat Assessment Report
AWMSG	All Wales Medicines Strategy Group
AWPAG	All Wales Prescribing Advisory Group
AWTTC	All Wales Therapeutics & Toxicology Centre
BMA	British Medical Association
CEPP	Clinical Effectiveness Prescribing Programme
CHMP	Committee for Medicinal Products for Human Use
DoH	Department of Health
ECDF	English Cancer Drugs Fund
EMA	European Medicines Agency
FAR	Final Appraisal Recommendation
FDA	US Food and Drug Administration
GP	General Practitioner
HAC	High Acquisition Cost
HB	Health Boards
HST	Highly Specialised Technology
HTA	Health Technology Appraisal
IR	Independent Review
MHRA	Medicines and Healthcare products Regulatory Agency
MMPB	Medicines Management Programme Board
M&TCs	Medicines & Therapeutics Committees
NICE	National Institute for Health and Clinical Excellence
NMG	New Medicines Group
NSAIDs	Non-steroidal anti-inflammatory drugs
PAR	Preliminary Appraisal Recommendation
PAS	Patient Access Scheme
SMC	Scottish Medicines Consortium
TDAPG	Therapeutic Development Appraisal Partnership Group
T&FG	Task and Finish Group
WG	Welsh Government
WAPSU	Welsh Analytical Prescribing Support Unit
WPAS	Welsh Patient Access Scheme

1. Welcome and introduction

The Chairman opened the meeting and confirmed that the first appraisal would be undertaken in private as it had an associated Department of Health (DoH) Patient Access Scheme (PAS).

2. Apologies

Dr Geoffrey Carroll and Dr Khesh Sidhu representing Welsh Health Specialised Services Committee

Professor David Cohen (Mrs Pippa Anderson deputising)

Professor Roger Walker, Welsh Government

Mr Christian Smith (no deputy in attendance), Senior Nurse representative

Not in attendance

Dr Brendan Lloyd, Medical Director representative

Mr Stuart Davies, Finance Director representative

3. Declarations of interest

Mr Rob Thomas declared a non-personal specific interest in relation to tocilizumab (RoActemra[®]) in that his employer has a competitor product in their portfolio. The Chairman confirmed that Mr Thomas would not participate or vote in the appraisal of this medicine. There were no other declarations of interest.

4. Minutes of previous meeting

The minutes of the previous meeting were checked for accuracy and approved by the Chairman.

5. Appraisal 1 – Limited submission (with DoH PAS) (proceedings in private)

Tocilizumab (RoActemra®) in combination with methotrexate (MTX) for the treatment of juvenile idiopathic polyarthritis (rheumatoid factor positive or negative and extended oligoarthritis) in patients 2 years of age and older, who have responded inadequately to previous therapy with MTX. Tocilizumab can be given as monotherapy in case of intolerance to MTX or where continued treatment with MTX is inappropriate.

The Chairman welcomed a representative from the applicant company, Roche Products Ltd and confirmation was sought that the individuals remaining in the meeting room were acceptable to the Roche delegate.

The Chairman invited members to declare any interests in either the applicant company or the medicine if they had not already done so. Mr Rob Thomas left the meeting.

The Chairman announced a statement, and confirmed it was pertinent to all appraisals, that AWMSG advice has no impact on the licensed status of the technology and the inherent implications associated with this. A negative recommendation would not impact on the clinical freedom of the prescriber. It was noted that a positive recommendation by AWMSG, subsequently endorsed by Welsh Government, places an obligation on Health Boards to fund accordingly. It was confirmed that AWMSG advice is interim to final NICE guidance should this be subsequently published. The Chairman confirmed that the application had been considered eligible for a limited submission and, in line with this process, evidence of budgetary impact in comparison to the existing comparator product should be demonstrated.

The Chairman invited Dr Claire Davis, AWTTTC assessment lead, to set the context of the appraisal. Dr Davis highlighted relevant aspects of the submission as detailed in the ASAR and relayed the views of the clinical experts. Tocilizumab was highlighted by a clinical expert as the preferred option for polyarticular juvenile idiopathic arthritis in children who have failed anti-TNF treatments due to more experience and familiarity with the treatment. The expert was of the opinion that there was a higher response rate and a faster onset of action. Members were informed that a patient organisation submission had not been received in relation to this appraisal. It was noted that Arthritis Care Wales had recently provided two questionnaires in relation to AWMSG appraisals but workload prevented their input into this limited submission.

The Chairman invited Dr Bracchi, NMG Chairman, to address the group. Dr Bracchi briefly summarised the issues discussed at NMG and relayed the view of his group that tocilizumab (RoActemra®) should be recommended as an option for use within NHS Wales in combination with methotrexate (MTX) for the indication under consideration with the utilization of the DoH patient access scheme.

The Chairman opened discussion and invited comment on the case for clinical effectiveness. Clarification was sought in relation to the trial design and drop-out rates. The company delegate was unable to respond to the clinical issues raised by AWMSG as he had no medical experience. The Chairman referred members to the clinical expert summary and members considered the views expressed by the clinical experts from within NHS Wales. Members took account of the budget impact.

It was noted that a patient organisation submission had not been received. Mr Palmer informed members of the attempts made by AWTTTC to identify a patient organisation submission.

The Chairman referred to the applicant company response to the preliminary recommendation and offered opportunity to the delegate to highlight salient issues. There were no further comments. Prior to concluding the discussion, the Chairman sought confirmation from the company delegate that the process had been fair and transparent. He thanked Roche Products for engaging in the appraisal process and concluded appraisal proceedings. Members retired to vote in private and the meeting was opened to the public.

Appraisal decision subsequently announced:

The Chairman confirmed that having read the evidence and considered the various issues that arose during the discussion, the following recommendation would be forwarded to Welsh Government:

Tocilizumab (RoActemra®) is recommended as an option for use within NHS Wales in combination with methotrexate (MTX) for the treatment of juvenile idiopathic polyarthritis (rheumatoid factor positive or negative and extended oligoarthritis) in patients 2 years of age and older, who have responded inadequately to previous therapy with MTX. Tocilizumab can be given as monotherapy in case of intolerance to MTX or where continued treatment with MTX is inappropriate.

This recommendation applies only in circumstances where the approved Department of Health Patient Access Scheme is utilised.

6. Chairman's report

The Chairman thanked and acknowledged the contribution of Dr Fraser Campbell who had recently stepped down from AWMSG having completed his full term of office. Members were informed that Dr William Whitehead would step up from deputy to take on the role of member for the GP with Prescribing Lead sector, and a new deputy member would be appointed.

It was reported that on 22nd January 2014 Mrs Karen Samuels had given oral evidence to the National Assembly for Wales' Health and Social Care Committee enquiry into access to Medical Technologies on behalf of AWMSG.

The Chairman reported that following a meeting in 2013 with the Minister for Health & Social Services, and subsequently with Sir Mansel Aylward, AWTTTC had been tasked with contributing a "Prudent Prescribing" programme to support the Prudent Healthcare agenda. Members were informed that three initiatives, identifying areas in which the work programme of AWMSG could help to identify efficiencies in prescribing across NHS Wales, had been developed.

Initiative 1: All Wales Interactive "training the trainer" workshops in prudent prescribing

Initiative 2: Appraisal of biosimilar medicines

Initiative 3: The Wales Patient Access Scheme (WPAS)

The Chairman highlighted that organisers for this "Training the Trainer" programme have twenty years' experience of facilitating learning to GPs in Wales and have been involved in the delivery of Cardiff University Diploma/MSc in Therapeutics and WeMeReC learning resources. The topics covered will be targeted at therapeutic areas identified by the Welsh Analytical Prescribing Support Unit (WAPSU) within the All Wales Therapeutics and Toxicology Centre (AWTTTC) and the workshops will involve local opinion leaders. The workshops will consist of case-based learning and interactive discussion. The "Training the Trainers" approach will allow the delegates, supported by the pre-prepared teaching resources, to subsequently cascade these messages to colleagues in their workplace.

The Chairman confirmed the aims of the educational content will be to promote evidence-based clinically effective and efficient prescribing. The chief focus will be around inappropriate prescribing, unnecessary polypharmacy and prescribing in the elderly. They will also address

the issue of adherence, and thus help to tackle ineffective therapy and help reduce medicines waste. To achieve this, the case scenarios will be based on

1. Current NICE guidelines
2. The NICE “do not do” recommendations relating to medicines and prescribing
3. AWMSG National Prescribing Indicators
4. AWMSG Local comparators
5. AWMSG prescribing Guidelines
6. WeMeReC modules and other academic resources
7. STOPP and START validated tool for older persons
8. Relevant messages from other recent publications on polypharmacy and prescribing for the elderly.

The Chairman informed members that the first of these workshops will take place in North Wales in April 2014 and the others would follow over the subsequent 12 months. He thanked Mrs Sue Murphy for arranging the workshop in North Wales. It was noted that the impact would be measured using a comparator (“benchmark”) region in North East England as well as time-trend analysis. It was confirmed the appropriate national prescribing indicators would be used to assess trends in prescribing and appropriate patient outcomes (e.g. hospitalisation due to certain ADRs) would be measured when possible. The Chairman agreed to update members as the work progressed.

The Chairman informed members that the outcome of the review of AWMSG’s Policy for appraising orphan and ultra orphan medicines had not yet been published and that AWTTTC would inform AWMSG members as soon as it became publicly available.

It was reported that ratification of AWMSG’s advice, which was forwarded to Welsh Government following the meeting held in January 2014, had not been received. The Chairman confirmed that AWTTTC would inform the relevant companies and the service when confirmation of ratification is received.

The Chairman announced the appraisal schedule for the AWMSG next meeting to be held in Abergavenny on Wednesday, 2nd April 2014.

Darunavir (Prezista®) co-administered with low dose ritonavir in combination with other antiretroviral medicinal products for the treatment of HIV-1 infection in paediatric patients from the age of 12 years and at least 40 kg body weight who are: antiretroviral therapy (ART)-naive; or ART-experienced with no darunavir resistance associated mutations (DRV-RAMs) and who have plasma HIV-1 RNA < 100,000 copies/ml and CD4+ cell count ≥ 100 cells x 10⁶/l. In deciding to initiate treatment with darunavir in such ART-experienced patients, genotypic testing should guide the use of darunavir

Applicant Company: Janssen-Cilag Ltd

The Chairman reiterated that members should declare any interests in relation to this appraisal before the next meeting. The Chairman invited patients, patient organisations and patient carers to submit their views on medicines scheduled for appraisal via AWTTTC.

7. AWMSG Patient and public engagement strategy

The Chairman invited Dr Claire Davis to present the AWMSG Patient and public engagement strategy which had recently been updated by AWTTTC following consultation with key stakeholders. Dr Davis presented the background and explained that in line with the Five-Year Strategy 2013-2018, AWMSG’s objective is to ensure patients and service users are involved in all its work and decisions as equal partners. Members were informed that the Patient and Public Engagement Strategy aims to support the delivery of this objective. Dr Davis highlighted the strategic priorities:

1. To raise public awareness of the work of AWMSG in promoting effective use of medicines across NHS Wales
2. To develop a better understanding of the issues affecting patients/carers and members of the public, and to provide clear information in an appropriate way
3. To facilitate input and enable everyone to have a voice in optimising medicine use
4. To establish and strengthen effective relationships to maximise engagement

The Chairman opened the discussion. Clarification was sought that AWTTTC seek input from patient organisations outside of Wales and Dr Davis confirmed this is the case. It was noted that the BNF does not currently include AWMSG advice and it was confirmed that this issue is being addressed. A suggestion was made to produce plain text summaries for patients and Dr Davis explained that work is currently being undertaken to provide more patient-friendly information on the AWMSG website.

The Chairman concluded discussions by confirming AWMSG's endorsement of the Patient and Public Engagement Strategy.

8. AWMSG process for appraising medicines in light of negative NICE recommendation

The Chairman invited Mr Anthony Williams, Senior HTA Pharmacist within AWTTTC, to inform members of recent process developments in light of the discussions at AWMSG in November 2013. Mr Williams provided the background and reminded members of the proposal considered by AWMSG in November, whereby if a new anticancer medicine had not been recommended for use by NICE on the grounds of lack of cost-effectiveness, but is available via the Cancer Drug Fund in England, that the manufacturer be allowed to engage subsequently with AWMSG with additional evidence. It was noted that the application would always be accompanied by an approved Wales Patient Access scheme, and would enable the introduction of further evidence of wider societal benefit to NHS Wales, or sub-population evidence specific to Wales, in line with the AWMSG process. Mr Williams confirmed that AWMSG had supported this proposal and had agreed that the approach be extended to all treatment areas where alternative routes of commissioning exist in England. Mr Williams concluded his address by confirming that the paper, presented for information, sets out the process which will be initiated, piloted and subsequently reviewed.

Members supported the proposed approach.

9. AWMSG Process for considering the adoption / implementation of NICE Highly Specialised Technology (HST) advice

Mr Williams referred to AWMSG discussions in November 2013 where there had been support to retain alignment with NICE's policies and processes in relation to adopting NICE HST advice within Wales. Mr Williams explained that in order to address the concerns that had been expressed regarding the challenge of automatically adopting NICE HST advice, given the differences in accountability and availability of services within NHS Wales, a process had been developed which allowed for timely consideration of NICE commissioning advice, opportunity for early input by Welsh Health Specialised Services Committee (WHSSC), and closer alignment between WHSSC and AWMSG. Mr Williams confirmed that subject to AWMSG support, the process would be piloted with immediate effect and reviewed when the NICE methodology for consideration of HSTs is finalised and publicly available.

The Chairman opened the discussion. It was noted that there was no representation from WHSSC at the meeting. The Chairman sought confirmation that there had been support for this approach from the WHSSC representative at the recent AWMSG Steering Committee. This was confirmed. Members endorsed the pragmatic approach for considering the adoption and implementation of NICE HST advice within NHS Wales.

10. Appraisal 2 – Full submission

Bromfenac (Yellox[®]) for treatment of postoperative ocular inflammation following cataract extraction in adults

The Chairman welcomed a representative from the applicant company, Bausch & Lomb UK Ltd. The Chairman explained that the representative was not medically qualified, neither did he have a health economic background so would address only those issues in which he had the appropriate expertise. Members were informed that the company had undergone a global restructuring and the team who had developed the submission were no longer in post.

The Chairman invited members to declare any interests in either the applicant company or the medicine if they had not already done so. There were no further declarations.

The Chairman announced the statement regarding the impact of AWMSG advice and confirmed it remained pertinent to all appraisals.

The Chairman invited Mrs Sabrina Rind, AWTTTC assessment lead, to set the context of the appraisal. Mrs Rind highlighted pertinent aspects of the submission as detailed in the ASAR and relayed the views of the clinicians. Clinical experts highlighted that topical NSAIDs may be used for high risk or complicated cases, and had suggested that routine use of topical NSAIDs after cataract surgery is unnecessary. Mrs Rind confirmed that no patient organisation submission had been received.

The Chairman invited Dr Bracchi, NMG Chairman, to provide a brief overview of the relevant issues identified in the preliminary appraisal. Dr Bracchi briefly summarised the issues and confirmed that NMG had not supported use of bromfenac (Yellox[®]) within NHS Wales for the treatment of postoperative ocular inflammation following cataract extraction in adults. NMG considered the applicant company had not presented a sufficiently robust comparative clinical analysis or economic analysis to gain approval by NMG. It was noted that no economic analysis had been submitted by the holder of the marketing authorisation.

The Chairman invited comment. The paucity of evidence was generally acknowledged. The comparative clinical evidence provided was not considered robust. No cost-effectiveness information had been included in the submission. Clinical expert comments gave members cause for concern and there were no areas of unmet need highlighted. No patient organisation submissions had been received.

The company delegate explained that post marketing data was available from the USA. It was suggested that the submission was speculative and Dr Anderson, the AWMSG Health Economist, offered advice on what information could have been provided to AWMSG. Other members suggested quality of life evidence to support the case would have been useful, and evidence demonstrating improved compliance and reduced home visits.

It was noted that the applicant company had not submitted a response to the preliminary recommendation and the Chairman offered the delegate opportunity to comment. The company delegate acknowledged that the AWMSG appraisal process had been fair and transparent and enquired what the scope was for resubmission if necessary. The Chairman explained that members would retire to vote and, depending on the outcome of the vote, AWTTTC would explain the process for resubmission. He thanked Bausch & Lomb UK Ltd for engaging in the appraisal process.

Appraisal decision subsequently announced:

The Chairman confirmed that having read the evidence and considered the various issues that arose during the discussion, the following recommendation would be forwarded to Welsh Government:

Bromfenac (Yellox[®]) is not recommended for use within NHS Wales for the treatment of postoperative ocular inflammation following cataract extraction in adults.

The applicant company did not present a sufficiently robust comparative clinical analysis or economic analysis to gain approval by AWMMSG. No economic analysis was submitted.

11. Appraisal 3 – Limited submission

Tenofovir disoproxil (as fumarate) (Viread[®]) for the treatment of chronic hepatitis B in adults with evidence of lamivudine-resistant hepatitis B virus

The Chairman confirmed that the applicant company, Gilead Sciences Ltd, had declined the invitation to attend the appraisal. The Chairman invited members to declare any interests in either the applicant company or the medicine if they had not already done so. There were none.

The Chairman alluded to the statement previously announced and confirmed it was pertinent to all appraisals. He explained that as the application had been considered eligible for a limited submission, no evidence of cost-effectiveness was required. However, evidence of budgetary impact in comparison to the existing comparator product should be demonstrated.

The Chairman invited Dr Caron Jones, AWTTTC assessment lead, to set the context of the appraisal. Dr Jones highlighted relevant aspects of the limited submission as detailed in the ASAR and relayed the views of the clinical experts. The clinical experts had confirmed that tenofovir disoproxil (as fumarate) (Viread[®]) is the treatment of choice for hepatitis B patients requiring treatment, whether or not they are lamivudine resistant.

The Chairman invited Dr Bracchi, NMG Chairman, to provide a brief overview of the relevant issues identified in the preliminary appraisal. Dr Bracchi briefly summarised the issues discussed at NMG and relayed the support of his group that tenofovir disoproxil (as fumarate) (Viread[®]) 245 mg film-coated tablets should be recommended as an option for use within NHS Wales for the treatment of chronic hepatitis B in adults with evidence of lamivudine-resistant hepatitis B virus. NMG supported use of tenofovir disoproxil (as fumarate) (Viread[®]) 33 mg/g granules as an option within NHS Wales for the treatment of chronic hepatitis B in adults for whom a solid dosage form is not appropriate with evidence of lamivudine-resistant hepatitis B virus.

The Chairman asked members whether there were any outstanding issues in relation to clinical effectiveness. The reduction of bone mineral density and potential for monitoring was highlighted. The Chairman asked members to consider the budget impact. It was noted that the company had stated in their submission that tenofovir disoproxil (as fumarate) (Viread[®]) may be supplied by a home healthcare provider. There were no other comments of note. Mr Palmer relayed brief comments received from the Hepatitis B Positive Trust and Cardiff Hepcats Support Group.

The Chairman asked members to note the applicant company response to the preliminary recommendation and the appraisal was concluded.

Appraisal decision subsequently announced:

The Chairman confirmed that having read the evidence and considered the various issues that arose during the discussion, the following recommendation would be forwarded to Welsh Government:

Tenofovir disoproxil (as fumarate) (Viread[®]) 245 mg film-coated tablets are recommended as an option for use within NHS Wales for the treatment of chronic hepatitis B in adults

with evidence of lamivudine-resistant hepatitis B virus.

Tenofovir disoproxil (as fumarate) (Viread®) 33 mg/g granules are recommended as an option for use within NHS Wales for the treatment of chronic hepatitis B in adults for whom a solid dosage form is not appropriate with evidence of lamivudine-resistant hepatitis B virus.

12. Appraisal 4 – Limited submission

Indacaterol/glycopyrronium (Ultibro® Breezhaler®) indicated as a maintenance bronchodilator treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease

The Chairman confirmed that the applicant company, Novartis Pharmaceuticals Ltd, had declined the invitation to attend and input into the appraisal.

The Chairman invited members to declare any interests in either the applicant company or the medicine if they had not already done so. There were none.

The Chairman referred to his comments regarding the impact of AWMSG advice and requirements of a limited appraisal.

The Chairman invited Mrs Sabrina Rind, AWTTTC assessment lead, to set the context of the appraisal. Mrs Sabrina Rind highlighted relevant aspects of the submission as detailed in the ASAR. She confirmed that no clinical experts or patient organisations had provided comment.

The Chairman invited Dr Bracchi, NMG Chairman, to provide a brief overview of the relevant issues identified in the preliminary appraisal. Dr Bracchi briefly summarised the issues discussed at NMG and relayed the view of NMG that indacaterol/glycopyrronium (Ultibro® Breezhaler®) should be available as an option for use within NHS Wales as a maintenance bronchodilator treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease.

The Chairman reminded members that the product had not been launched and the price should not be disclosed at the public meeting. He opened the discussion and invited comment. There were comments in relation to impending changes in the market and lack of clarity in relevant patient populations. The comparative data demonstrating non-inferiority was welcomed. The issue of compliance and patient choice was highlighted. The Chairman reminded members of the criteria for limited submissions.

Mr Palmer informed members of the attempts made by AWTTTC to identify a patient organisation submission.

The Chairman asked members to note the applicant company response to the preliminary recommendation and concluded the appraisal.

Appraisal decision subsequently announced:

The Chairman confirmed that having read the evidence and considered the various issues that arose during the discussion, the following recommendation would be forwarded to Welsh Government:

Indacaterol/glycopyrronium (Ultibro® Breezhaler®▼) is recommended as an option for use within NHS Wales as a maintenance bronchodilator treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease.

The Chairman announced that confirmation of AWMSG's recommendations would be forwarded to each of the applicant companies within five working days; and applicant companies have up to ten working days to accept the recommendation or lodge a request for

an independent review. It was noted that failure to respond within the deadline would not delay the ratification process.

The Chairman thanked the companies for engaging in the process and appraisal proceedings were concluded.

13. National Prescribing Indicators Quarterly report – September 2013

The Chairman invited Mrs Kath Haines, Head of WAPSU, to present Enc 9/AWMSG/0214. Mrs Haines explained the paper reports on the position of each health board against each national prescribing indicator as at September 2013. It was noted the threshold for each prescribing indicator is set at the 75th percentile (i.e. reducing or increasing prescribing rates in line with the best performing 25% of practices). For the 2013–2014 National Prescribing Indicator (NPI) thresholds, the prescribing data for all general practices in Wales for the quarter ending 31 December 2012 have been utilised. Mrs Haines clarified that all practices within health boards are encouraged to achieve or move towards these thresholds. Mrs Haines concluded her presentation by asking AWMSG to note the position of health boards within NHS Wales with respect to the NPI data to September 2013, which is the most recent quarterly prescribing information available. The Chairman invited comments. Members welcomed the document and a suggestion was made to show trends in future reports. The Chairman thanked WAPSU for preparing a useful tool for local discussion.

14. Antidotes in Wales

The Chairman introduced Dr John Thompson, Director of the National Poisons Information Service in Cardiff and Vale University Health Board. Dr Thompson provided the background to Enc 10/AWMSG/0214 and asked member to consider an approach to antidote stocking within NHS Wales. He explained that the management of most patients who are poisoned is normally supportive, with management of symptoms and sequelae of the episode. For a small number of toxic substances, effective antidotes are available.

A guideline on antidotes for centres managing patients with acute poisoning has recently been published by the College of Emergency Medicine and the National Poisons Information Service (NPIS) (December 2013). Dr Thompson explained that the first part of the guideline outlines a list of antidotes that should be immediately available in the Emergency Department or any other area where poisoned patients are initially treated. It recommends that these medicines should be held in a designated storage facility and that the stock held there should be sufficient to initiate treatment. The guideline appendix outlines stock levels and storage recommendations for these antidotes. The second part of the document outlines a list of antidotes that should be available within one hour, i.e. should be available within the hospital setting. Finally, the document lists antidotes that can positively influence outcomes in certain types of poisoning, but are rarely used and can be held supra-regionally.

It was proposed that centres in Wales can be identified from which this last group of antidotes can be provided on the rare occasions that they are required. This will ensure that sometimes highly expensive antidotes are not held in greater quantities than required, thereby providing efficiencies for the NHS in Wales, whilst ensuring that such antidotes are always available when required. Dr Thompson proposed that a small “task and finish” group consisting of members of the Toxicology section of AWTTTC, emergency medicine representatives and representatives of the Chief Pharmacists Committee would meet to make recommendations on the rarer antidote holding centres, and report back to a subsequent meeting.

Dr Thompson asked AWSG to consider and endorse the guidelines as an evidence-based approach to antidote stocking, and to approve a proposal and process to ensure the effective and efficient stocking of such antidotes across those centres in Wales involved in the management of individuals with acute poisoning.

The Chairman opened the discussion. Members suggested that the infrastructure for transport should be included and the re-designation of Accident & Emergency Departments considered as part of the work. There was support for a consistent approach ensuring that poisoned patients have access to the antidotes they need within an appropriate timescale. The Chairman concluded the discussion by confirming AWMSG's endorsement of the proposal.

Date of next meeting:

Wednesday 2nd April 2014 in Abergavenny