Enclosure No:	**1/AWMSG/1018**
Agenda Item No:	**1** – Minutes of previous meeting
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ALL WALES MEDICINES STRATEGY GROUP (AWMSG)

Minutes of the AWMSG meeting held Wednesday, 12th September 2018 commencing 9.30 am at the Copthorne Hotel, Copthorne Way Culverhouse Cross, Cardiff, CF5 6DH

VOTING MEMBERS PRESENT:

Did not participate in

1.	Professor John Watkins	Interim Chair
2.	Dr Jeremy Black	General Practitioner
3.	Dr Anwen Cope	Other professions eligible to prescribe
4.	Mr Stuart Davies	Finance Director
5.	Prof Dyfrig Hughes	Health Economist
6.	Dr Emma Mason	Clinical Pharmacologist
7.	Dr Cath Bale	Hospital Consultant
8.	Mr Chris Palmer	Lay Member
9.	Mrs Louise Williams	Senior Nurse
10.	Mrs Sue Murphy	Senior Primary Care Pharmacist
11.	Mr John Terry	Managed Sector Secondary Care Pharmacist
12.	Professor Iolo Doull	WHSSC

IN ATTENDANCE:
Mrs Karen Samuels, Head of PAMS, AWTTC
Mrs Ruth Lang, Senior Liaison Manager, AWTTC

AWTTC Leads:
Ms Claire Thomas, Senior Pharmacist
Mr Richard Boldero, Senior Pharmacist
Ms Kelly Wood, Senior Scientist
Dr Stuart Keeping, Senior 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
CAPIG	Clinical and Patient Involvement Group
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
EMIG	Ethical Medicines Industry Group
EOL	End of life
FAR	Final Appraisal Recommendation
FDA	US Food and Drug Administration
GP	General Practitioner
HAC	High Acquisition Cost
HB	Health Board
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 Care Excellence
NMG	New Medicines Group
NPI	National Prescribing Indicator
PAMS	Patient Access to Medicines Service
PAR	Preliminary Appraisal Recommendation
PAS	Patient Access Scheme
PPRS	Prescription Price Regulation Scheme
SMC	Scottish Medicines Consortium
SPC	Summary of Product Characteristics
TDAPG	Therapeutic Development Appraisal Partnership Group
T&FG	Task and Finish Group
UHB	University Health Board
WAPSU	Welsh Analytical Prescribing Support Unit
WCPPE	Welsh Centre for Pharmacy Postgraduate Education
WeMeReC	Welsh Medicines Resource Centre
WG	Welsh Government
WHO	World Health Organization
WHSSC	Welsh Health Specialised Services Committee
WPAS	Wales Patient Access Scheme

1. Welcome and introduction

The Chair opened the meeting and welcomed members.

2. Apologies

Mr Stefan Fec, Community Pharmacist
Dr James Coulson, NMG Chair
Mr Bill Malcolm, ABPI Cymru Wales
Dr Mark Walker, Medical Director

3. Declarations of interest

Members were reminded to declare any interests. There were none.

4. Minutes of previous meeting

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

Before opening up the appraisal session the Chair reminded members that all appraisal questioning should fall within the appropriate scope and parameters for AWMSG decision-making and should only relate to the licensed indication.

Chair's report (verbal update)

It was reported that Welsh Government had ratified AWMSG's advice announced in July:

Telotristat ethyl (Xermelo®) is recommended as an option for restricted use within NHS Wales.
Telotristat ethyl (Xermelo®) is licensed for the treatment of carcinoid syndrome diarrhoea in combination with somatostatin analogue (SSA) therapy in adults inadequately controlled by SSA therapy.
Telotristat ethyl (Xermelo®) is restricted for use for the treatment of carcinoid syndrome diarrhoea in adults who are inadequately controlled by SSA therapy and who experience an average of four or more bowel movements a day.
Telotristat ethyl (Xermelo®) is not recommended for use within NHS Wales outside of this subpopulation.
This recommendation applies only in circumstances where the approved Wales Patient Access Scheme (WPAS) is utilised or where the list/contract price is equivalent or lower than the WPAS price.

Dalbavancin (Xydalba®) is recommended as an option for restricted use within NHS Wales. Dalbavancin (Xydalba®) should be restricted for use in the following circumstances within its licensed indication for the treatment of acute bacterial skin and skin structure infections (ABSSSI) in adults:

- as a second-line treatment of ABSSSI; or
- when methicillin-resistant Staphylococcus aureus (MRSA) infection is suspected; or
- on the advice of local microbiologists or infectious disease specialists; and
- the patient is at first hospitalised due to ABSSSI and needs intravenous antibiotics but is allowed early discharge as they don't need further inpatient treatment.

Dalbavancin (Xydalba®) is not recommended for use within NHS Wales outside of these circumstances.

Ciprofloxacin (Cetraxal®) is recommended as an option for use within NHS Wales for the treatment of acute otitis externa in adults and children older than 1 year with an intact tympanic membrane, caused by ciprofloxacin susceptible

It was reported that in the absence of a submission from the holders of the marketing authorisation, a number of statements of advice had been ratified by Welsh Government and published on the AWMSG website. The following medicines cannot be endorsed for use in Wales:

Anakinra (Kineret®) [AWTTC ref: 3734] for the treatment of cryopyrin-associated periodic syndromes in adults, adolescents, children and infants aged 8 months and older with a body weight of 10 kg or above, including: neonatal-onset multisystem inflammatory disease/chronic infantile neurological, cutaneous, articular syndrome; Muckle-Wells syndrome; and familial cold autoinflammatory syndrome

Bosutinib (Bosulif®) [AWTTC ref: 2507] for the treatment of newly-diagnosed chronic phase Philadelphia chromosome-positive chronic myelogenous leukaemia

Denosumab (Xgeva®) [AWTTC ref: 1351] for the prevention of skeletal related events (pathological fracture, radiation to bone, spinal cord compression or surgery to bone) in adults with multiple myeloma

Ertugliflozin/metformin (Segluromet®) [AWTTC ref: 3492] for use as an adjunct to diet and exercise to improve glycaemic control in adults aged 18 years and older with type 2 diabetes mellitus: not adequately controlled on their maximally tolerated dose of metformin alone; on their maximally tolerated doses of metformin in addition to other medicinal products; already being treated with the combination of ertugliflozin and metformin as separate tablets

Ertugliflozin/sitagliptin (Steglujan®) [AWTTC ref: 1104] for use as an adjunct to diet and exercise to improve glycaemic control in adults aged 18 years and older with type 2 diabetes mellitus: when metformin and/or a sulphonylurea and one of the monocomponents of Steglujan® do not provide adequate glycaemic control; in patients already being treated with the combination of ertugliflozin and sitagliptin as separate tablets

Ferric maltol (Feraccru®) [AWTTC ref: 3710] for the treatment of adults with iron deficiency, excluding adults with iron deficiency anaemia with inflammatory bowel disease

Ganciclovir sodium (Cymevene®) [AWTTC ref: 3861] from birth until 12 years for the prevention of cytomegalovirus disease using universal prophylaxis in patients with drug-induced immunosuppression (for example following organ transplantation or cancer chemotherapy)

Human normal immunoglobulin (SCIg) (Hizentra®) [AWTTC ref: 3711] for the treatment of patients with chronic inflammatory demyelinating polyneuropathy as maintenance therapy after stabilization with IVIg

The Chair announced that the Department of Health and Social Care had launched a consultation on proposals to amend Regulations to allow NICE to:
(i) charge companies for making technology appraisal and highly specialised technologies recommendations relating to their products and,
(ii) recruit Appeal Panel members from across the health services in the UK. The consultation can be accessed via a website link and will run until midnight on 14th September 2018. Members were informed that AWTTC were in the process of preparing a response and the Chair invited members to submit any comments by email to Mrs Karen Samuels.

The Chair confirmed that the Steering Committee had met on 14th August and reviewed the AWMSG Constitution. A couple of minor changes had been made to role titles. It was confirmed that the updated version would be forwarded to Welsh Government for approval before being published on the website.

The Chair reported the following membership issues:

Dr Emma Mason would be stepping down from the group in October having served a full term of office. It was confirmed that Dr Balwinder Bajaj would move into the main Clinical Pharmacologist member role. The Chair thanked Dr Mason for her commitment and stated that her enthusiasm and support would be greatly missed.

The Chair confirmed that Mr Dylan Jones has been nominated by the Royal Pharmaceutical Society Wales as deputy Community Pharmacist on AWMSG and Member of AWPAG.

It was confirmed that Mr John Terry would be taking over the role as Managed Sector Hospital Pharmacist and Mr Stuart Rees had been appointed as his deputy.

The Chair confirmed that nominations are invited for the following deputy members:
Finance Director, Medical Director or Assistant Medical Director, Other Professions Eligible to Prescribe and a Clinical Pharmacologist.

The Chair announced the date of the training day for new and existing AWMSG and NMG members on 16th January 2019 in Cardiff.

It was confirmed that the annual masterclass for the pharmaceutical industry would be held in Cardiff on Wednesday, 21st November 2018.

Appraisal 1: Limited Submission
Levonorgestrel (Kyleena®) 19.5 mg intrauterine delivery system for contraception for up to 5 years

The Chair welcomed delegates from Bayer plc.

The Chair invited members to declare any interests in either the applicant company or the medicine if they had not already done so. No interests were declared.

The Chair announced 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 Chair set the context of the limited submission and confirmed that only evidence of budgetary impact in comparison to the comparator product(s) should be demonstrated. It was confirmed that monitoring of budget impact would be essential and AWMSG reserved the right to request a full submission if the budget impact exceeded that estimated in the submission.

Ms Kelly Wood, the AWTTC Appraisal Lead, set the context of the appraisal and relayed the key aspects of the submission as outlined in the ASAR. A limited submission had been considered appropriate as the medicine is a significant new formulation with a pro-rata or lower cost per treatment and by the estimated small difference in cost compared to the comparator(s). With regard to the choice of comparator(s), Ms Wood highlighted that the comparators listed in the company submission included a mixed contraceptive comparator consisting of all Welsh reversible contraceptive options. The rational for this approach was that intrauterine devices (IUDs) alone does not fulfil the criteria because of the guidelines issued by NICE and by the Faculty of Sexual and Reproductive Healthcare recommending that women requiring contraception should be given access to a full range of all contraceptive methods available. Ms Wood provided a summary of the evidence of clinical-effectiveness and confirmed that the adverse event profile is in line with other levonorgestrel releasing IUS/IUDs. In the absence of the NMG Chair, Ms Wood relayed NMG's recommendation to AWMSG that levonorgestrel (Kyleena®) should be recommended as an option for use in NHS Wales and prescribed by brand name to avoid medication errors.

The Chair opened discussion and members sought clarification from the applicant company that the medicine is licensed for use by all health professionals trained to fit intrauterine systems. The company delegates confirmed that there is no intention to withdraw Mirena® and it would continue to be available to patients and clinicians. Ms Wood relayed the views of clinical experts that a smaller insertion tube diameter would be an advantage for some women. The Chair referred members to the evidence of budget impact and asked if there were any outstanding issues. It was noted that the budget impact estimates ranged from £112,410 in Year 1, increasing to £371,339 in Year 5 and it was felt that this was an over-estimate. The point was made that the budget impact

is likely to be significantly less than the estimates in the ASAR, as the model assumes that Kyleena® will displace all reversible forms of contraception. Mr Palmer confirmed that four patient organisations had been approached by AWTTC and invited to submit comments; however, no response had been received.

Prior to concluding discussions, the Chair offered the company delegates opportunity to address the group. Having received confirmation that the appraisal process had been fair and transparent and that all relevant issues had been discussed, the Chair closed the appraisal.

Appraisal decision subsequently announced in public:
The Chair 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:

Levonorgestrel (Kyleena®) is recommended as an option for use within NHS Wales for contraception for up to five years.

The Chair announced that confirmation of AWMSG's recommendations would be forwarded within five working days to the applicant company, who 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 process.

Appraisal 2: Limited Submission
Lanreotide (Somatuline Autogel) for the treatment of grade 1 and a subset of grade 2 (Ki67 index up to 10%) gastroenteropancreatic neuroendocrine tumours of midgut, pancreatic or unknown origin where hindgut sites of origin have been excluded, in adult patients with unresectable locally advanced or metastatic disease

The Chair welcomed delegates from Ipsen Limited.

The Chair invited members to declare any interests in either the applicant company or the medicine if they had not already done so. No interests were declared.

The Chair announced 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 Chair set the context of the limited submission and confirmed that only evidence of budgetary impact in comparison to the comparator product(s) should be demonstrated. It was confirmed that monitoring of budget impact would be essential and AWMSG reserved the right to request a full submission if the budget impact exceeded that estimated in the submission.

Dr Stuart Keeping, the AWTTC Appraisal Lead, set the context of the appraisal and relayed the key aspects of the submission as outlined in the ASAR. Dr Keeping confirmed that a limited submission had been considered appropriate. Dr Keeping confirmed the view of AWTTC and NMG that lanreotide (Somatuline Autogel) is considered to be an orphan equivalent medicine based on the estimated maximum total number of people eligible for treatment across all the licensed indications. Dr Keeping clarified that lanreotide does not have EMA orphan status for the indication being appraised. Dr Keeping summarised the evidence of clinical-effectiveness and confirmed the choice of comparator, Octreotide LAR. Dr Keeping highlighted that despite the differences in the licensed indication for lanreotide autogel and octreotide LAR, the guidelines make no distinction between these medicines in the treatment pathway and clinicians use either in clinical practice. Dr Keeping informed members that lanreotide had received its license in 2015. At that time the marketing authorisation holder had not engaged in the appraisal process in Wales and a statement of advice was issued to inform the service that the medicine could not be endorsed for use within

NHS Wales. It was noted that a similar situation applied to Octreotide which received its license in 2011. The marketing authorisation holder had also not engaged in the appraisal process. The point was made that due to non-engagement neither of the medicines had been endorsed for use within NHS Wales whereas patients in the rest of the UK had routine access. Dr Keeping explained that AWTTC had accepted a limited submission for both of these medicines to address this anomaly as neither company were in a position to provide a full submission. There was general acknowledgement that this was an unusual scenario undertaken for the benefit of patients living in Wales. In order to ensure consistency in approach, the AWMSG Steering Committee had asked AWMSG to provide advice to Welsh Government. In the absence of the NMG Chair, Dr Keeping relayed the view of NMG that lanreotide should be available as an option for use for the treatment of grade 1 and a subset of grade 2 (Ki67 index up to 10%) gastroenteropancreatic neuroendocrine tumours of midgut, pancreatic or unknown origin where hindgut sites of origin have been excluded, in adult patients with unresectable locally advanced or metastatic disease.

The Chairman opened discussion in relation to clinical effectiveness. It was noted that lanreotide autogel can be self-administered, or administered by carers, with appropriate training. The point was made that it would be appropriate for shared care and home healthcare. Clarification was sought in relation to the initiation of treatment and it was confirmed that it would require specialist prescribing. Members enquired whether there was any cost-effectiveness evidence or studies on-going. The company delegates confirmed that no evidence in relation to cost-effectiveness was available. Members considered the safety profile. Members made the point that evidence to support use within NHS Wales was extremely limited and no advice had been published by NICE or SMC. Mrs Samuels explained that despite the statement of non-endorsement, both medicines were already available to patients in Wales. Mrs Samuels highlighted that access had been inconsistent. HTA advice had been pursued following a request by the commissioner to include both treatments in a shared care protocol. Mrs Samuels urged members to make a decision on the evidence provided, the feedback from clinicians and patients, and based on the discussion. Mrs Samuels highlighted that the NMG committee had noted that there was published evidence of a statistical correlation between progression free survival and overall survival for the use of somatostatin analogues in this setting. Mrs Samuels acknowledged the difficulties this scenario presented to AWMSG.

The Chair invited Mr Chris Palmer to relay the views of patients. It was confirmed that a submission had been received from the NET Patient Foundation and three from individual patients. Mr Palmer highlighted the advantages of the treatment and also made the point that any side-effects would require monitoring. The patient submissions highlighted some practical difficulties and disadvantages. One patient made the point that somatostatin analogues are not new medicines and have been considered standard practice for many years. Overall it was considered by patients that the benefits outweighed the disadvantages. The clinical expert had made the point that guidelines are currently available and the main unmet clinical need was in relation to facilitation of equitable access for patients living in Wales.

The company highlighted that guidelines advise that although both lanreotide and octreotide can be considered for pancreatic NETs there was a preference for lanreotide due to greater evidence of its use in this type of tumour.

In concluding, the Chair thanked the company delegates and, having received confirmation that the appraisal process had been fair and transparent and that all relevant issues had been discussed, the Chair closed the appraisal.

Appraisal decision subsequently announced in public:
The Chair 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:

Lanreotide (Somatuline® Autogel®) is recommended as an option for use within NHS Wales for the treatment of grade 1 and a subset of grade 2 (Ki67 index up to 10%) gastroenteropancreatic neuroendocrine tumours (GEP-NETs) of midgut, pancreatic or unknown origin where hindgut sites of origin have been excluded, in adult patients with unresectable locally advanced or metastatic disease.

The Chair announced that confirmation of AWMSG's recommendations would be forwarded within five working days to the applicant company, who 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 process.

8. Appraisal 3: Limited Submission

Octreotide (Sandostatin® LAR®) for the treatment of patients with advanced neuroendocrine tumours of the midgut or of unknown primary origin where non-midgut sites of origin have been excluded

The Chair welcomed delegates from Novartis Pharmaceuticals.

The Chair invited members to declare any interests in either the applicant company or the medicine if they had not already done so. No interests were declared.

The Chair announced 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 Chair set the context of the limited submission and confirmed that only evidence of budgetary impact in comparison to the comparator product(s) should be demonstrated. It was confirmed that monitoring of budget impact would be essential and AWMSG reserved the right to request a full submission if the budget impact exceeded that estimated in the submission.

Dr Stuart Keeping, the AWTTC Appraisal Lead, set the context of the appraisal and relayed the key aspects of the submission as outlined in the ASAR. Dr Keeping confirmed that a limited submission had been considered appropriate. Dr Keeping confirmed the view of AWTTC and NMG that octreotide (Sandostatin® LAR®) is considered to be an orphan equivalent medicine based on the estimated maximum total number of people eligible for treatment across all the licensed indications. Dr Keeping clarified that octreotide does not have EMA orphan status for the indication being appraised. Dr Keeping summarised the evidence of clinical-effectiveness and confirmed the choice of comparator, lanreotide (Somatuline® Autogel®). In the absence of the NMG Chair, Dr Keeping relayed the view of NMG that Octreotide (Sandostatin® LAR®) should be available as an option for use for the treatment of patients with advanced neuroendocrine tumours of the midgut or of unknown primary origin where non-midgut sites of origin have been excluded.

The discussion focussed on the same issues noted in the previous appraisal. Members sought clarification in relation to quality of life data. The company delegates confirmed that there is no additional clinical evidence or quality of life data available or patient cohort analyses. It was noted that some small studies are being conducted outside the UK. Mr Palmer highlighted the patient's perspective and made the point that the issues highlighted in the three submissions were broadly the same as the previous appraisal.

The Chair reminded members of AWMSG's criteria for appraising orphan and ultra-orphan medicines and medicines developed specifically for rare diseases. Clarification was sought in relation to the zero budget impact estimates and a comment was made that it would have been helpful to members to include more financial detail in the ASAR.

In concluding the discussion, the Chair thanked the company delegates and, having received confirmation that the appraisal process had been fair and transparent and that all relevant issues had been discussed, the Chair closed the appraisal.

Appraisal decision subsequently announced in public:
The Chair 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:

Octreotide (Sandostatin® LAR®) is recommended as an option for use within NHS Wales for the treatment of patients with advanced neuroendocrine tumours of the midgut or of unknown primary origin where non-midgut sites of origin have been excluded.

The Chair announced that confirmation of AWMSG's recommendations would be forwarded within five working days to the applicant company, who 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 process.

9. National Prescribing Indicators 2017-2018 Analysis of Prescribing Data to March 2018

The Chair invited Mrs Claire Thomas and Mr Richard Boldero to present the National Prescribing Indicator Report to March 2018. Mrs Thomas confirmed that the prescribing data in the report relates to the final quarter of 2017/2018. Graphs demonstrating performance of NHS Wales health boards compared with English Clinical Commissioning Groups are included in the report. It was noted that that for primary care fourteen indicators focus on seven areas of prescribing and Yellow Card reporting.

Mrs Thomas confirmed that where a threshold had been set, there was an improvement in all national prescribing indicators with the exception of total antibacterial items which had increased by 0.92% and gabapentin / pregabalin which showed a 7.08% increase – it was noted that the rate of increase is beginning to slow. The two NPIs monitored by Audit+, anticholinergic burden and NSAID use in CKD, did not have a threshold set, however both demonstrated an improvement compared with the previous quarter.

Mrs Thomas drew attention to the heat map on page 5 highlighting the number and percentages of practices in each health board which achieved the threshold or target. Mrs Thomas stated that the threshold is based on the best performing 25% of practices for the quarter ending 31st December 2016. Members were informed that the yellow card reporting target is 1 report or more per 2000 GP practice population. In three health boards 50% of practices achieved the target which is an improvement on previous years. Data for discontinued indicators will be available two years post retirement via SPIRA.

Mr Boldero presented the secondary care prescribing indicator data. It was noted that the antibiotic indicator, the number of patients receiving colorectal surgical prophylaxis for more than 24 hours, increased from 7% to 18% compared with the equivalent quarter of the previous year. Mr Boldero highlighted that for the insulin prescribing indicator, which measures the quantity of long-acting insulin analogues as a percentage of the total long-acting and intermediate-acting insulin prescribed, across secondary care there was an increase of 3.27%. It was noted that in primary care there was a decrease of 1.23% which is in keeping with the aim of the indicator.

Mr Boldero provided clarification that for biosimilar medicines, the unit of measure is the quantity of biosimilar medicines prescribed as a percentage of the total reference biologic product plus biosimilar product. Members were informed that for the three main biosimilars – etanercept, infliximab and rituximab, when compared to the equivalent quarter of the previous year, there were increases to 74%, 88% and 84% respectively. Overall, the use of the five reported biosimilar medicines compared to the equivalent quarter the previous year, increased from 10% to 17%, which is in keeping with the aim of the indicator.

Mr Boldero concluded the report by confirming that the national prescribing indicators proposed for 2019-2020 will go out for consultation following discussion at the AWPAG meeting on 19th September. The next quarterly report for 2018/2019 (Q1) will be available from 22nd October and will be presented to AWMSG on 14th November.

Members welcomed the report and thanked WAPSU for producing the information. The value of benchmarking information was acknowledged. It was suggested by one member that the inclusion of financial values might be helpful and, in response to this comment, the focus of the NPIs on quality, safety and value was reiterated. It was suggested that further discussion on the national prescribing indicators could be facilitated via the SHARE communication platform and Mrs Thomas invited all health professionals to register with AWTTC for access to this important communication tool. The Chair thanked WAPSU and members for the excellent report and useful discussion.

10. Feedback from the All Wales Prescribing Advisory Group meeting held 27th June 2018

Mrs Claire Thomas summarised the minutes of the AWPAG meeting held on 27th June and highlighted key aspects. Mrs Thomas drew attention to the novel approach in proposing an All Wales Chronic Obstructive Pulmonary Disease (COPD) Management and Prescribing Guide in the form of an App. It was noted that the Urinary Tract Infection (UTI) Guidance developed by AWPAG was endorsed by AWMSG in July 2018 and is available on the website. Draft shared care prescribing and monitoring guidance is in development and will update the previous version published in 2008. A proposal which builds on previous work in relation to Medicines Identified as Low Priority for Funding is currently in development and will be discussed at the next AWPAG meeting on 19th September. Mrs Thomas confirmed that in light of the publication of updated NICE guidelines for the treatment of patients with dementia, AWPAG is developing an Antipsychotics in Dementia Audit which will form part of the Clinical Effectiveness Prescribing Programme for 2019-2020. Members were informed that the Indicator Sub-Group had met in May to develop national prescribing indicators for 2019-2020. Mrs Thomas confirmed the draft consultation document will be considered by AWPAG prior to dissemination. Mrs Thomas alluded to the Best Practice Day held in July and invited all healthcare professionals to continue to share their work and use AWTTC's on-line SHARE communication platform to promote local initiatives and discuss ideas to optimise the use of medicines for patients in Wales. Mrs Thomas confirmed that all NHS staff are eligible to join the SHARE forum. The Chair thanked AWPAG for their commitment in delivering AWMSG's work programme.

The Chair confirmed the date of the next meeting on Wednesday, 17th October 2018 in Cardiff and closed the meeting.