

Enclosure No:	1/AWMSG/0921
Agenda Item No:	1 – Minutes of previous meeting
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ALL WALES MEDICINES STRATEGY GROUP (AWMSG)

Draft minutes of the AWMSG meeting held 9.30 am Tuesday, 15th June 2021 (via Zoom)

VOTING MEMBERS PRESENT:

Did not
participate in

- | | | |
|-----|------------------------------|---|
| 1. | Prof Iolo Doull | Chair |
| 2. | Prof Stephen Monaghan | Consultant in Public Health Medicine |
| 3. | Prof Dyfrig Hughes | Health Economist |
| 4. | Mr Farhan Mughal | ABPI (Wales) |
| 5. | Mr Cliff Jones | Lay Member |
| 6. | Ms Claire James | Lay Member |
| 7. | Mr Stefan Fec | Community Pharmacist |
| 8. | Mr James Leaves | Finance Director |
| 9. | Dr Jeremy Black | GP with Prescribing Lead role |
| 10. | Miss Alison Hughes | Senior Primary Care Pharmacist |
| 11. | Mr John Terry | Managed Sector Secondary Care Pharmacist |
| 12. | Ms Cathy Wynne | Other healthcare professions eligible to prescribe not already represented |
| 13. | Dr Alison Thomas | Clinical Pharmacologist |

Welsh Government: No representation from Welsh Government

AWTTC staff:

Dr Robert Bracchi, Medical Advisor
Mr Richard Boldero, Senior Pharmacist
Mr Trevor Brooking, Administration Manager
Dr Thomas Curran, Senior Scientist
Ms Kath Haines, Head of WAPSU
Dr Carolyn Hughes, Scientist/Medical Writer
Mrs Ruth Lang, Senior Liaison Manager
Mrs Karen Samuels, Programme Director
Mrs Gail Woodland, Senior Pharmacist

Ms Laura Taylor, Administration Supervisor
Mrs Claire Thomas, Senior Pharmacist

In attendance:

Ms Kimberley Cann, NICE Implementation Officer
Professor Adrian Edwards, Director, Division of Population Medicine, Cardiff University

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
ATMPs	Advanced Therapy Medicinal Products
BMA	British Medical Association
CAPIG	Clinical and Patient Involvement Group
CEPP	Clinical Effectiveness Prescribing Programme
CHMP	Committee for Medicinal Products for Human Use
DHW	Digital Health Wales
DoH	Department of Health
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
HCD	High Cost Drugs
HB	Health Board
HEIW	Health Education and Improvement Wales
HST	Highly Specialised Technology
HTA	Health Technology Appraisal
ILAP	Innovative Licensing and Access Pathway
IPCG	Interim Pathway Commissioning Group
IR	Independent Review
MHRA	Medicines and Healthcare products Regulatory Agency
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
PASAS	Patient Access Scheme Administration System
PPRS	Prescription Price Regulation Scheme
QAIF	Quality Assurance and Improvement Framework
SMC	Scottish Medicines Consortium
SPC	Summary of Product Characteristics
SPIRA	Server for Prescribing Information Reporting and Analysis
TDAPG	Therapeutic Development Appraisal Partnership Group
T&FG	Task and Finish Group
UHB	University Health Board
WAPSU	Welsh Analytical Prescribing Support Unit
WeMeReC	Welsh Medicines Resource Centre
WG	Welsh Government
WHO	World Health Organization

1. Welcome and introduction

The Chair welcomed members and observers to the meeting. He briefly outlined the protocol for conducting the meeting virtually and confirmed the quorum had been met.

2. Apologies:

Dr Balwinder Bajaj – Clinical Pharmacologist
Mr Aled Falvey – representing other healthcare professions eligible to prescribe
Dr Helen Fardy – Welsh Health Specialised Services Commission representative
Mrs Louise Williams / Mrs Mandy James – Senoir Nurse representative
Dr Jim McGuigan – Medical Director representative
Mr Hywel Pullen – Director of Finance representative

Did not attend:

Dr Satish Kumar, hospital consultant representataive

3. Declarations of interest

No conflicts of interest were declared.

4. Minutes of previous meeting

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

5. Chairman's verbal report

The Chair confirmed that AWMSG's work programme and other broader medicines-related matters had been discussed at the Steering Committee held on 25th May. The next Steering Committee meeting has been cancelled as AWTTTC staff will be involved in co-hosting the Health Technology International Conference which is being held over three days, 21st to 23rd June. The AWMSG public meeting scheduled on 14th July may be cancelled – the Chair asked members to keep the date in their diary until further notice.

Members were informed that the advertisement for the position of AWMSG Chair has been published on the AWMSG website: He reported that no expressions of interest in the position of Interim Vice Chair have been received.

The Chair informed members that on 27th May he attended a meeting with representatives from AWTTTC, convened by Gillian Leng, Chief Executive of NICE, to discuss mutual aspects of work and to explore future collaborative working. Representatives from Health Technology Wales, and HTA bodies from Scotland and Ireland were also involved. It was confirmed the Memorandum of Understanding between AWMSG and NICE is in the process of being reviewed and AWTTTC is awaiting comments from NICE on the updated version.

Members were informed of a meeting held with BMA GPC Wales to explore ways to increase the engagement of GPs in the work of AWMSG, particularly with regard to the development and sharing of best practice guidance. It was noted that similar discussions will be held with the RCGP and the cluster co-ordinating group over the next few weeks to take forward the proposal to establish a forum for sharing views and to improve the communication via established links within health boards.

The Chair confirmed that the reporting structures and terms of reference of some of the committees supported by AWTTTC are being reviewed to ensure that information is channelled appropriately and that work is streamlined.

The Chair informed members that the consultation on Tramadol educational resources was completed on 7 June and responses will be reviewed by AWPAG before being brought to AWMSG for discussion. Guidance on the Initial clinical management of adult smokers in secondary care, endorsed by AWMSG at the previous meeting, has been published on the AWMSG website. Material to support the appropriate prescribing of hypnotics and anxiolytics will be published shortly.

The Chair concluded his report by confirming that AWMSG's advice in relation to Indacaterol acetate/glycopyrronium bromide/mometasone furoate (Enerzair® Breezhaler®), Perampanel (Fycompa®) and Conestat alfa (Ruconest®), which were appraised at the meeting held on 19th May, has been ratified by Welsh Government, disseminated to service and published on the AWMSG website.

6. AW TTC verbal updates on work on-going:

- Medication review standards pilot

Claire Thomas updated members on developments in relation to the pilot of the Welsh National Standards for Medication Review endorsed by AWMSG in December 2020. AW TTC has worked with the providers of Vision to produce a template to assist the reviewer by autopopulating information. The intention is to gather feedback and update the template to enable deployment across NHS Wales. The point was made that there are currently no plans for this to be available on the EMIS platform as it is uncertain whether the EMIS will continue in Wales. Mrs Thomas confirmed that opportunity remains for practices to be involved in the pilot of AWMSG's medication review standards.

- Implementation of electronic national prescribing messages

Claire Thomas updated on work ongoing with GP software suppliers ScriptSwitch and OptimiseRx to include national key prescribing messages and support the implementation of AWMSG resources via these systems. Medicines identified as low priority for funding have already been added to ScriptSwitch. Mrs Thomas confirmed that Health Boards retain the 'gatekeeper' role in selecting the national messages to be included on the system along with local messages.

7. National Prescribing Indicator Quarterly Report to December 2020

Claire Thomas presented the NPI report containing data to the end of December 2020. She highlighted the three priority areas as identified in the report. It was noted that Yellow Card reporting has decreased. Richard Boldero explained that the efficiencies indicator section is incomplete, as secondary care data held within the Medusa data warehouse was not available at the time of the report writing. Digital Health and Care Wales have been addressing this issue. Mr Boldero drew members attention to other key aspects of the report and confirmed that the Quarter 4 report is due online on 23rd July which will contain data to March 2021.

The Chair opened discussion and one member drew attention to the low level of anticoagulation reviews which was attributed to the absence of an appropriate read-code. The point was made that all health boards should be promoting and encouraging the use of the appropriate read code to more accurately record the level of reviews being undertaken.

The reduction in the prescribing of tramadol was noted and the lay member sought clarification of the aim of the report. Mrs Thomas provided the background and explained that the SPIRA dashboard is available to NHS staff to interrogate prescribing data. Mrs Thomas highlighted that AW TTC and AWMSG produce resources to further support prescribers and it is the role of the Medicines Management Teams within Health Boards to use the reports to drive improvements in prescribing performance.

There was discussion over the use of medication in the management of chronic pain; the point was made that there are limited alternatives for patients, particularly non-pharmacological treatment.

The reduction in the reporting of adverse drug reactions was highlighted. Dr Alison Thomas confirmed that the MHRA has set up a different reporting system for adverse reactions to the Covid vaccines and this does not include identification of the specific GP practice - a requirement for the NPI.

There was discussion over the antimicrobial indicator and a suggestion made that it is out of date. One member considered the indicator inappropriate because of the assumption that use is evidence of poor prescribing. Mrs Samuels reminded members that there is opportunity for committee members and stakeholders to provide comment and feedback on the national prescribing indicators as part of the annual review process undertaken by AWPAG. AWTTC representatives encouraged all members to input into the consultation. Professor Hughes made the observation that the quality of the data is important and absence of the medicines indication is problematic when analysing the available information.

8. National Prescribing Indicator Educational Module demo

Claire Thomas demonstrated the National Prescribing Indicator (NPI) educational module produced in collaboration with Health Education and Improvement Wales (HEIW). It describes the aim of the indicators – to highlight therapeutic priorities for NHS Wales and compare the ways in which different prescribers and organisations use particular medicines or groups of medicines. It explains how the NPIs have evolved since 2003 to encompass quality, safe and efficient prescribing. Mrs Thomas demonstrated this by accessing the module via the HEIW website. Members were encouraged to promote and share this resource with colleagues.

<https://gpcpd.heiw.wales/clinical/all-wales-national-prescribing-indicators-20-21/>

9. Supporting the implementation of the Blueteq within NHS Wales:

Enclosure 1 – strategic discussion document

Enclosure 2 – status report

Kath Haines presented two papers, a strategic paper and a status report, providing information on the Blueteq High Cost Drugs (HCD) system and the Blueteq Patient Access Scheme Administration System (PASAS). Members were informed that the PASAS system has been used over the last four years by the Commercial Medicines Access Team within the Welsh Analytical Prescribing Support Unit to assist with ensuring the correct commercial arrangement terms are applied to purchase of medicines. The HCD system, recently introduced by WHSSC, enables the authorisation and procurement of medicines in line with local policy. The implementation of the HCD system in NHS Wales enables alignment and equity with NHS England and facilitates cross-border sharing of information. The PASAS and HCD systems interface with each other, allowing identification of treatment by indication and provides opportunity to collect health outcome data. The system also has the capacity to interface with other IT systems used in NHS Wales e.g. Chemocare. Ms Haines informed members that strategic discussions currently ongoing indicate there is support and an intent by Welsh Government to implement the Blueteq system more widely within NHS Wales. The importance of having an infrastructure in place to support the implementation and monitoring of the system was reiterated.

The Chair opened discussion. The ABPI member sought clarification of the scope and definition of high cost medicines. The Chair confirmed that the scope and process is yet to be defined but would include medicines approved by NICE. The ABPI member asked for the individual product forms to be made publicly available. Members were informed that Blueteq hold the individual forms and these were originally developed within NHS England and made available to NHS Wales for appropriate adaptation. The Chair confirmed that patient eligibility criteria for access to medicines will be in line with NICE and AWMSG guidance. The member alluded to the potential administration burden in relation to the completion of the forms.

Members were reassured by the Chair that, based on feedback received from clinicians, it is unlikely to be a barrier. The CMAT team within WAPSU work in collaboration with clinicians to develop each specific medicine approval form and it is acknowledged that the clinicians involved appreciate the benefits of engaging with this system.

The lay member drew members attention to the typographical error with regards to the maintenance cost of the PASAS system, which should read £30,000 (inclusive of VAT). Miss Haines agreed to correct the paper.

The Chair confirmed the primary aim of the implementation of Blueteq by WHSSC was to monitor the implementation of new ATMPs. Professor Hughes made the point that the system also monitors value as it provides opportunity for repeat reviews and for clinicians to report outcome measures. The Chair agreed that there is an opportunity in the context of value based healthcare which may need to be explored further. Members agreed that analysis of the information collected needs to be factored into considerations.

The lay member sought confirmation that information relating to the implementation of ATMPs had been shared with the ATMP Programme Board and Advanced Therapies Wales and reassurance was provided. She also asked for clarification of how the system will improve the care of patients. It was explained that implementation of the system maximises the potential for effectiveness of medicines and enables early access to new innovative medicines. The Chair provided assurances that use of the system will positively impact on the care of patients that fit the eligibility criteria for treatment and will improve the care of the population of patients as a whole by making sure that only the appropriate patients receive the medicine.

The Chair concluded discussions by confirming AWMSG's support for the wider implementation of the HCD system and continuation of the management of the PASAS system by the CMAT within AWTTTC.

10. NICE Strategy 2021-2026

Implementation Facilitator for Wales.

Kimberley Cann gave a short presentation on the new NICE Strategy. This presentation is available upon request.

11. Report on the AWMSG/AWTTTC response to the challenges presented by the coronavirus pandemic

Karen Samuels explained that the paper details the work undertaken by AWTTTC during the pandemic and the purpose of bringing the paper to the meeting is to discuss the potential role that AWMSG can play in supporting the recovery phase. It was noted that the recent work programme consultation did not specifically seek comments in this respect and AWTTTC considered that AWMSG members should have a further opportunity to provide comments and put forward suggestions before AWTTTC discuss and agree the future operational plan with Welsh Government officials. The Chair opened the discussion. There were no comments and Mrs Samuels encouraged members to email AWTTTC with suggestions outside of the meeting.

12. AWMSG – supporting the Future Generations

Carolyn Hughes presented a report outlining how AWMSG's work and current objectives or recommendations relate to each one of the 7 well-being goals set out in Welsh Government's Well-Being of Future Generations in Wales Act of 2015. The report highlights examples of work delivered, work that is currently under way and planned new work. A number of actions are proposed to achieve the well-being goals and to meet the ways of working recommended for all public bodies. Dr C Hughes reiterated that the document is in draft and is being presented to stimulate discussion and input by AWMSG members. The document contains a checklist to ensure that factors such as equality, diversity and sustainability are considered before commencing a project. Dr C Hughes invited ideas on how to develop and shape the document.

The Chair invited discussion. There was general agreement and support for the document. A suggestion was made that all patient information leaflets should be available in English and Welsh, and in an easy read format. Miss Haines confirmed that this is work currently in progress and only the Tramadol patient information leaflet is outstanding. There was discussion in relation to socioeconomics linked to prescribing behaviour and variability based on demographics. A proposal was made to invite Welsh Government's Future Generations Minister, Sophie Howe, to comment and input into this work and this proposal was agreed.

13. Wales COVID-19 Evidence Research Centre - introduction

Professor Adrian Edwards, Director of the Wales COVID-19 Evidence Centre, provided information on the role and remit of the new Centre and confirmed it had been established in March 2021 with Welsh Government funding of £3M. The aim is to inform policy and practice on the basis of evidence and to better understand the impact of the pandemic in the community and to assist with the recovery and regeneration within Wales. Prof Edwards confirmed that he is consulting widely and reaching out to expert groups to seek assistance in identifying priority areas for the work programme. The Centre is working with collaborating partners and key stakeholders to establish potential solutions for improving the delivery of care. Professor Edwards asked for a list of AWMSG members so that he could better understand the representation of the committee. Mrs Samuels confirmed that AWTTTC would act as the communication conduit. Professor Edwards invited further discussions and contributions to the list of priorities to be addressed. There were no questions and the Chair thanked Professor Edwards for attending the meeting and for his presentation.

14. One Wales Policy update for information

Gail Woodland presented the updated One Wales Policy and confirmed that it had recently been endorsed by the Chief Executive Management Team. Members were informed that the the Interim Pathways Commissioning Group has been change to the One Wales Medicines Assessment Group and the One Wales process will now be known as the One Wales Medicines process. Reviews may be extended by the group to up to three years, with an internal review undertaken annually. More information has been included on commercial arrangements and what medicines may be suitable for the process. An Equality Health Impact Assessment has also been undertaken. Mrs Woodland informed members that the process is driven by clinical need and potential reviews are assessed against a number of criteria. One of the criteria for licensed medicines is the commitment to engage with health technology appraisal by NICE or AWMSG within an 18 month period from the publication of endorsed One Wales advice. Mrs Woodland confirmed that a number of medicines used off label have been assessed but no unlicensed medicines have been considered by the group. A suggestion was made to include the definition of 'off label' and 'unlicensed' within the document and this was agreed. The Chair thanked Mrs Woodland for her summary.

15. Any other business

There was no other business.

The Chair confirmed the date of the next meeting on **Wednesday 14th July 2021, commencing 9.30 am** (via Zoom) and closed the meeting.