

Enclosure No:	<b>1/AWMSG/1121</b>
Agenda Item No:	<b>1 – Minutes of previous meeting</b>
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## **ALL WALES MEDICINES STRATEGY GROUP (AWMSG)**

**Draft minutes of the AWMSG meeting held 9.30 am on  
Wednesday, 13<sup>th</sup> October 2021 (via Zoom)**

### **VOTING MEMBERS PRESENT:**

**Did not  
participate  
in**

- |     |                              |   |
|-----|------------------------------|---|
| 1.  | <b>Prof Iolo Doull</b>       | <b>Chair</b>                                    |
| 2.  | <b>Prof Stephen Monaghan</b> | <b>Consultant in Public Health Medicine</b>     |
| 3.  | <b>Prof Dyfrig Hughes</b>    | <b>Health Economist</b>                         |
| 4.  | <b>Mr Tommy Price</b>        | <b>ABPI (Wales)</b>                             |
| 5.  | <b>Mr Cliff Jones</b>        | <b>Lay Member</b>                               |
| 6.  | <b>Ms Claire James</b>       | <b>Lay Member</b>                               |
| 7.  | <b>Dr Jeremy Black</b>       | <b>GP with Prescribing Lead role</b>            |
| 8.  | <b>Ms Rafia Jamil</b>        | <b>Senior Primary Care Pharmacist</b>           |
| 9.  | <b>Mr Hywel Pullen</b>       | <b>Finance Director</b>                         |
| 10. | <b>Mr John Terry</b>         | <b>Managed Sector Secondary Care Pharmacist</b> |
| 11. | <b>Mrs Louise Williams</b>   | <b>Senior Nurse representatives</b>             |
| 12. | <b>Ms Cathy Wynne</b>        | <b>Other healthcare professions</b>             |
| 13. | <b>Dr Balwinder Bajaj</b>    | <b>Clinical Pharmacologist</b>                  |

### **AWTTC staff:**

Mr Trevor Brooking, Administration Manager  
Mr Richard Boldero, Senior Pharmacist  
Dr Thomas Curran, Senior Scientist  
Dr Clare Elliott, Senior Scientist  
Dr Laurence Gray, AWPAG Chairman  
Ms Kath Haines, Head of WAPSU  
Mrs Ruth Lang, Senior Liaison Manager  
Mrs Karen Samuels, Programme Director  
Ms Laura Taylor, Administration Supervisor  
Mrs Claire Thomas, Senior Pharmacist  
Mr Anthony Williams, Head of PAMS  
Mrs Rachel Jonas, Medical Writer

## 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
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
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
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
WHSSC	Welsh Health Specialised Services Committee
WPAS	Wales Patient Access Scheme

### 1. Welcome and introduction

The Chair opened the meeting, welcomed members and outlined the meeting protocol.

**2. Apologies:**

Dr Helen Fardy, Welsh Health Specialised Services Commission  
Mr Stefan Fec, Community Pharmacist  
Mrs Mandy James – Senior Nurse representative  
Mr Andrew Evans, Welsh Government

**Did not attend:**

Dr Jim McGuigan, Medical Director  
Dr Satish Kumar, Hospital Consultant

**3. Declarations of interest**

The Chair invited declarations of interest - there were none.

**4. Minutes of previous meeting**

The draft minutes of the previous meeting held on 14<sup>th</sup> September 2021 were checked for accuracy and approved as a true record of the meeting. Kath Haines confirmed that the table in the SGLT2 guidance had been simplified and a one-page evidence summary chart had been produced to assist health practitioners choose an appropriate SGLT2 inhibitor. The tramadol guidance had been updated to take into account members' comments. Members were informed that both documents had subsequently been signed off by Chair's action.

**5. Chairman's verbal report**

The Chair announced the appointment of Cathy Wynne to the role of AWMSG member representing 'other professions eligible to prescribe' and confirmed that the appointment had been formally approved.

The Chair informed members that following the agreement of Welsh Ministers, an announcement had been published by MHRA on 5<sup>th</sup> October confirming AWTTTC's formal acceptance as an established partner, with the MHRA, NICE and SMC, involved with the Innovative Licensing and Access Pathway (ILAP). The Chair confirmed he will be attending a UK collaboration meeting tomorrow and informed members that the meeting has been convened by NICE with representation from all parts of the UK to explore future opportunities for joint working.

Members were informed that a public consultation on the NICE process for health technology evaluation, topic selection and the case for change to the methods of health technology evaluation is due to end today. AWTTTC has worked with professor Dyfrig Hughes to prepare a response on behalf of AWMSG and this will be signed off by the Chair and shared with members.

**Action: AWTTTC to circulate the NICE consultation response to members**

The Chair informed members that AWTTTC had hosted another Best Practice Event on the 12<sup>th</sup> October. Presentations covered the topics of 'safe prescribing of sodium valproate' and 'chronic disease patient reviews'. The aim of these Best Practice Events is to share initiatives that have worked well in one particular health board with representatives from other health boards. The event was well attended and there was lots of discussion and ideas for a national approach. The Chair acknowledged this to be a good opportunity to get everyone who is interested in these important areas together to learn from each other's experiences. The Chair confirmed that AWTTTC will share feedback with members at a future meeting and announced the next Best Practice Event will be scheduled in the New Year.

It was confirmed that AWMSG's advice in relation to Nitisinone (Orfadin<sup>®</sup>), Everolimus (Votubia<sup>®</sup>), Amikacin liposomal (Arikayce<sup>®</sup>), Dolutegravir (Tivicay<sup>®</sup>) and Etravirine (Intelence<sup>®</sup>) appraised at the AWMSG meeting held on 14<sup>th</sup> September, had been ratified by Welsh Government, disseminated to service and published on the AWMSG website.

The Chair drew members' attention to the consultations ongoing or due to be published in October:

- All Wales advice on oral anticoagulation for non-valvular atrial fibrillation
- Primary care antimicrobial guidelines
- CEPP National Audit - Focus on Antibiotic Prescribing
- Recurrent (Symptomatic) Urinary Tract Infections (Adults)
- Management of Clostridioides difficile Infection in Wales

Members were encouraged to input into the consultations within the deadline.

Mrs Samuels confirmed the two paediatric licence extension appraisals scheduled for the next AWMSG meeting on Tuesday 9<sup>th</sup> November 2021:

Ustekinumab (Stelara®)

Janssen-Cilag Ltd

Treatment of moderate to severe plaque psoriasis in children and adolescent patients from the age of 6 to 11 years, who are inadequately controlled by, or are intolerant to, other systemic therapies or phototherapies

Glecaprevir/pibrentasvir (Maviret®) for the treatment of chronic hepatitis C virus (HCV) infection in children aged 3 years to <12 years

AbbVie Ltd

Members were reminded to declare any personal or non-personal interests ahead of the next meeting. Patients, patient organisations and patient carers were invited to submit their views or contact Ruth Lang at AWTTTC for further information on the appraisal process and future work programme.

Prior to concluding his report, Professor Doull announced his appointment as substantive AWMSG Chair subject to appropriate checks.

**6. European Antibiotic Awareness Day and the World Antibiotic Awareness Week. – Ms Meryl Davies, Public Health Wales**

Meryl Davies outlined this year's Antibiotic Awareness campaign and confirmed the aim is to improve adherence, increase the reporting of side effects and promote the safe use of antibiotics. Members were informed that the campaign will be evaluated in conjunction with Cardiff University and Public Health students via patient surveys and analysis of completed checklists. The Chair opened discussion. Members sought clarification of the numerators, denominators and anticipated uptake. It was confirmed that 700 community pharmacists will be involved and each will receive 50 checklists. Ms Davies confirmed that the checklist is available in different languages and has been developed in accordance with easy read guidance. There was general discussion with regards to the use of the checklist and prescriber follow up telephone checks. The lay member sought reassurance with regards to potential conflict and patient challenge and sought assurance that support is available to pharmacists in such circumstances. The Chair thanked Ms Davies for her presentation and confirmed AWMSG's support.

**7. AWTTTC Communication Strategy – Ms Lia McKenzie**

Ms McKenzie provided the background and confirmed that the communication strategy will be updated to reflect the announcement of the appointment of Professor Doull as the AWMSG Chair. It was confirmed that the Communication and Engagement Strategy consultation response rate had been low. Ms McKenzie confirmed that AWTTTC has taken into account the responses received and action taken to extend the consultation period and increase pharmaceutical company engagement. It was confirmed that AWTTTC received comments from

patients via PAPIG, and comments from ABPI Cymru Wales and EMIG via the AWTTTC Industry Forum, before the document went out for consultation and it was suggested that this may explain the low response rate. Members were informed that the priority is improving clinician engagement and Ms McKenzie highlighted two projects currently ongoing which aim to increase two way communication with clinicians. The ABPI representative welcomed the document and increase in pharmaceutical company engagement. He asked whether there is opportunity for an individual pharmaceutical company to discuss a complex medicines issue with AWTTTC. Mrs Lang reiterated that the AWMSG appraisal process is iterative and pharmaceutical companies have always been encouraged to contact AWTTTC if they wished to discuss an individual complex issue with regards to a medicine. The Chair confirmed AWMSG's endorsement of the Communication and Engagement Strategy.

#### **8. New AWTTTC/AWMSG Website**

Dr Clare Elliott set the scene and explained the background as to why there are currently two separate websites for AWMSG and AWTTTC. Dr Elliott informed members that the external review of AWMSG and AWTTTC undertaken by the University of South Wales a couple of years ago had shown that there appeared to be confusion amongst stakeholders with regard to the different role and remit of AWMSG and AWTTTC. Since that time a new more user-friendly AWMSG website had been launched, which is hosted by NHS Wales Digital Health and Care Wales (DHCW) and meets both Welsh language and accessibility statutory requirements. Members were informed that the intention was to move the AWTTTC website onto the same platform and, when seeking authorisation for this work to proceed, AWTTTC had been advised to merge the two websites. Dr Elliott confirmed the new merged website has been constructed and is to be shared more widely for initial comment. A soft launch of the English version of the new merged website is anticipated imminently with a final bilingual website launch expected in January 2022. Dr Elliott logged onto the new website to show members the look and feel of it, and confirmed that a link would be sent to members outside the meeting so that they could provide further comment. The Chair opened discussion.

Dr Elliott confirmed that the landing page for information relating to AWMSG would be via the AWTTTC URL and this decision had been taken in conjunction with external advisers and the previous AWMSG Chair. Members agreed that combining the two websites made sense. The lay member sought reassurance that patients and members of the public would be given opportunity to comment. Dr Elliott confirmed that input from PAPIG had been sought and this included the lay members on the main and sub-committees. The nurse member stated that the AWMSG website is a valuable resource containing a wealth of useful information which she uses regularly for teaching purposes. She expressed a view that the AWMSG website is currently under-utilised. Dr Elliott reassured members that the new website will be promoted and shared widely with stakeholders. Dr Elliott confirmed she would be happy to provide more information outside of the meeting with regard to using and navigating the new website should members feel this would be beneficial.

**Action: AWTTTC to circulate a link to the new merged website and invite comment from members**

#### **9. Feedback from the AWPAG meeting held 22<sup>nd</sup> September 2021**

The Chair invited Dr Laurence Gray to provide feedback from AWPAG as outlined in the draft minutes of the meeting held on 22<sup>nd</sup> September. Dr Gray confirmed that three new members had been welcomed to the group and stated that a further call had been made for additional doctor representation to ensure wide representation from all health boards. There had been presentations from Professor Colin Dayan and Dr Peter Taylor on the cost of prescribing of drugs for diabetes in Wales and relationship to metabolic control and this work will be presented to AWMSG at a future meeting. Dr Simon Barry and Rhys Jeffries gave a presentation on the update to Asthma Management and Prescribing Guideline (2021 update) which had been reviewed in light of the decarbonisation agenda. Dr Barry had explained that the high/low 'Global Warning Potential (GWP) logos had been developed to show the carbon

footprint of the inhalers. Dr Nik Reid had presented an update to the Primary Care Antimicrobial Guidelines (2021 update) and had explained the rationale for the document Recurrent (Symptomatic) Urinary Tract Infections document, confirming it had been adapted from a document already in use in Swansea Bay UHB. He had also highlighted the amendments made to guidance on Management of Clostridioides difficile infection in Wales. Other presentations from AWTTTC staff included an update of the NPIs for 2022 – 2023, All Wales Advice on Oral Anticoagulation for Non-valvular Atrial Fibrillation which are both due to proceed to AWMSG in November. Dr Gray informed AWMSG that 93 people had attended the virtual Best Practice event on the 12<sup>th</sup> October, which had facilitated all Wales discussions around important issues relating to medicines.

#### **10. Proposal to adopt a high-value prescribing strategy**

Mr Richard Boldero provided an overview of the proposal which aims to support the improvement of health outcomes from medicines by implementing best practice. Mr Boldero informed members that the AWMSG endorsed “Low Value for Prescribing” initiative, which has been running over the last few years, has shown that when there is a nationally agreed criteria for targeting usage of medicines, significant change can be attained. This initiative seeks to replicate that common goal approach by optimising the use of medicines that have been identified as being high value to the people of Wales. Mr Boldero explained that if supported by AWMSG the first two priority areas could be the treatment pathway for heart failure patients with a reduced ejection fraction as this has recently been developed by the Wales Cardiac Network and in addition, three biological medicines specifically indicated for the treatment of severe eosinophilic asthma in uncontrolled patients, which are included within the New Treatment Fund and available in every health board within Wales. Mr Boldero asked members to support this initiative for inclusion within the work programme and invited comments on the proposed medicine choices. The Chair opened discussion.

Members discussed what success of this strategy might look like and it was agreed that health outcome data will be required. Members expressed concerns with regards to the limitations in access and variability of the data. Members agreed with the benefits of the proposal of high value prescribing, but stated that reliance on pathways with no robust evidence needs to be approached with caution. The issue of defining high value was discussed and it was considered that agreement of a definition would be required in order to measure success.

The ABPI representative suggested that this project would benefit from pharmaceutical company engagement. It was noted that ABPI has representation on AWPAG and there is opportunity for pharmaceutical industry input into the medicines optimisation work programme via the AWTTTC Industry Forum. It was suggested that this work should be aligned to the quality clinical framework.

The finance director representative supported the proposal. He confirmed there are a number of initiatives in the NHS Wales finance community with many being supportive of changing the way that medicines are used and looking at the patient treatment pathway. Mr Boldero reiterated the strategy is in the developmental phase and feedback received will help to define it further. Members discussed the term ‘high value’ and agreed it might be misleading. The Chair confirmed AWMSG’s support of the proposal and encouraged members to submit alternative titles to AWTTTC outside of the meeting.

#### **11. Medicines optimisation programme summary**

Dr Tom Curran presented the medicines optimisation work programme and highlighted the projects currently on-going and future work. Members were invited to input into the work programme and prioritisation going forward. Members were reminded that the operational plan that has been agreed with Welsh Government will deliver the three key strategic objectives set out by the Health Minister to the previous AWMSG Chair. The point was made that the strategic objectives may change with the appointment of a new Health Minister and new AWMSG Chair.

**12. Any other business**

There was no other business.

The Chair confirmed the date of the next meeting on Tuesday, 9<sup>th</sup> November 2021 and closed the meeting.