Enclosure No:	**1/AWMSG/0522**
Agenda Item No:	**1** – Minutes of previous meeting
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All Wales Medicines Strategy Group (AWMSG)

Minutes of the AWMSG meeting held at 10.00 am on Wednesday 27 April 2022 at The All Nations Centre, Sachville Avenue, Cardiff, CF14 3NY

	Voting members present:		**Did not participate in agenda item:**
1.	**Prof Iolo Doull**	**Chair**	
2.	**Ms Eleri Schiavone**	**Welsh Health Specialised Services Commission**	
3.	**Mr James Leaves**	**Director of Finance**	
4.	**Dr Pippa Anderson**	**Health Economist (virtual)**	
5.	**Mr Farhan Mughal**	**ABPI (Wales) (virtual)**	
6.	**Dr Alison Thomas**	**Clinical Pharmacologist**	
7.	**Mr Cliff Jones**	**Lay Member**	
8.	**Ms Claire James**	**Lay Member**	
9.	**Dr Jim McGuigan**	**Medical Director (virtual)**	
10.	**Dr Jeremy Black**	**General Practitioner (virtual)**	
11.	**Rafia Jamil**	**Senior Primary Care Pharmacist**	
12.	**Mr John Terry**	**Managed Sector Secondary Care Pharmacist**	
13.	**Dr Manjeet Singh**	**Hospital Consultant**	
14.	**Mrs Mandy James**	**Senior Nurse**	
15.	**Ms Cathy Wynne**	**Other healthcare professions (virtual)**	

Welsh Government:
Mr Andrew Evans, Chief Pharmaceutical Officer

AWTTC staff in attendance:
Ms Shaila Ahmed, Senior Pharmacist
Mr Richard Boldero, Senior Pharmacist
Mr Trevor Brooking, Office Manager
Dr Katherine Chaplin, Senior Scientist
Prof James Coulson, NMG Chairman
Ms Kath Haines, Head of WAPSU
Dr Carolyn Hughes, Medical Writer
Mrs Rachel Jonas, Medical Writer
Dr Stuart Keeping, Senior Scientist
Mrs Ruth Lang, Senior Liaison Manager
Mrs Karen Samuels, Programme Director
Mrs Claire Thomas, Senior Pharmacist
Mrs Kelly Wood, Senior Scientist

List of abbreviations:

ABPI	Association of the British Pharmaceutical Industry
ASAR	AWMSG Secretariat Assessment Report
ATMP	Advanced Therapy Medicinal Product
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
DHCW	Digital Health and Care 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
HB	Health Board
HEIW	Health Education and Improvement Wales
HST	Highly Specialised Technology
HTA	Health Technology Assessment
ILAP	Innovative Licensing and Access Pathway
IPCG	Interim Pathway Commissioning Group
IR	Independent Review
MHRA	Medicines and Healthcare products Regulatory Agency
M&TC	Medicines & Therapeutics Committee
NICE	National Institute for Health and Care Excellence
NMA	Network Meta-Analysis
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
RCGP	Royal College of General Practitioners
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 observers and explained the meeting protocol.

2. Apologies:

Dr Sam Cox – Hospital Consultant
Ms Alison Hughes - Senior Primary Care Pharmacist
Profs Dyfrig Hughes & Deb Fitzsimmons – Health Economist
Prof Stephen Monaghan – Consultant in Public Health Medicine
Mr Hywel Pullen - Director of Finance
Mr Dylan Jones – Community Pharmacist

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 8 March 2022 were checked for accuracy and approved as a true record of the meeting. There were no matters arising.

5. Chair's verbal report

The Chair confirmed that Welsh Government ratification had been received for the recommendation announced at the previous meeting in March 2022 for adalimumab (Humira®). The final appraisal recommendation has been disseminated to the service and published on the AWTTC website. The appraisal of Hydrocortisone MR (Efmody), which was postponed from the previous meeting, has not been rescheduled as AWTTC is awaiting further information from the manufacturer.

The Chair highlighted the following important dates to members:

- NICE has issued a Real-World Evidence framework and invited comment by 29th April.

- A Best Practice Day is scheduled on Tuesday, 19th July (virtual) / with the involvement of PAPIG

- The AWMSG Training Day will be held on Wednesday, 21st September at the All Nations Centre

- The AWMSG 20th Anniversary Conference will be held on Thursday, 17th November at the Cardiff City Stadium

The Chair invited Mrs Karen Samuels, AWTTC Programme Director, to announce the appraisals scheduled for the next AWMSG meeting on 17 May 2022:

Full submission:

- Delafloxacin (Quofenix®) for the treatment of the following infections in adults: acute bacterial skin and skin structure infections (ABSSSI); community-acquired pneumonia (CAP), when it is considered inappropriate to use other antibacterial agents that are commonly recommended for the initial treatment of these infections

Paediatric licence extensions:

- Dupilumab (Dupixent®) indicated in children 6 to 11 years old as add-on maintenance treatment for severe asthma with type 2 inflammation characterised by raised blood eosinophils and/or raised fraction of exhaled nitric oxide (FeNO) who are inadequately controlled with medium to high dose inhaled corticosteroids (ICS) plus another medicinal product for maintenance treatment

- Bedaquiline (Sirturo®) use as part of an appropriate combination regimen for pulmonary multidrug-resistant tuberculosis (MDR-TB) in paediatric patients (5 years to less than 12 years of age and weighing at least 15 kg) when an effective treatment regimen cannot otherwise be composed for reasons of resistance or tolerability

Mrs Samuels asked members to contact AWTTC ahead of the next meeting to register any personal or non-personal interests in these medicines. Patients, patient organisations and patient carers were invited to submit their views and refer to the AWTTC website, or contact Ruth Lang at AWTTC, for further information on the appraisal process and future work programme.

The Chair informed members that Dr Nicholas Reid, Clinical Antimicrobial Lead for Wales, had contacted him to highlight his concerns with regards to access to antimicrobial agents used to treat Multi-Drug Resistant infection. Dr Reid confirmed that access to antimicrobials is inconsistent across NHS Wales, particularly in circumstances where there is no positive health technology appraisal advice. The Chair acknowledged that this has the

potential to cause delay in treatment and asked AWTTC to confirm the status of AWMSG negative advice for antibiotics.

The Chair informed members that Dr Reid had been invited to attend AWMSG to observe the meeting and, if appropriate, input into the discussion. He then asked Mrs Samuels to clarify the status of AWMSG's HTA advice.

Mrs Samuels briefed members and explained that NICE is currently reviewing its processes and methodology for appraising antimicrobials. Whilst this review by NICE is ongoing, AWMSG has accepted submissions for antibiotics to ensure advice continues to be available in NHS Wales. Mrs Samuels stated that the current approach for all new medicines is to go through a health technology appraisal process involving an assessment of both clinical and cost-effectiveness evidence. She highlighted that medicines that have gone through a robust appraisal process and have been recommended for use must be made routinely available. Where a manufacturer has not engaged with AWMSG, a notice is published stating that the medicine cannot be endorsed for use and, in these circumstances, a medicine is not routinely available within NHS Wales. It is important to recognise that for medicines not recommended by AWMSG, or that have been issued with a Statement of Advice, a clinician retains the option to exercise their clinical judgement when providing care for an individual patient. Mrs Samuels proposed that statement of advice issued for antimicrobial medicines should be updated to allow a degree of pragmatism in emergency clinical situations where antibiotic resistance may be impacting on an individual patient's health outcomes. She read out the suggested wording and confirmed that it would be discussed and agreed at the AWTTC Industry Forum.

Mrs Samuels asked AWMSG members if they would be happy to support the proposal to update the wording on the statements of advice published for antimicrobial medicines. Mrs Samuels also proposed that AWMSG should suspend the appraisal of antibiotics from Friday, 29th April until such time that the new NICE methodology is in the public domain and considered by AWMSG.

The Chair opened discussion. A member asked how the antimicrobial medicines will be audited. Dr Reid stated there is a wider issue of access to antimicrobials which needs to be urgently addressed and suggested that use of antimicrobials could be controlled with the introduction of an antimicrobial policy for Wales which may allow quicker access to these medicines and provide clarification of which products are stocked and available to clinicians. Dr Reid suggested that AWMSG statements of advice are applied differently across health boards with some holding stock and some not. Dr Reid confirmed that setting up an audit would be possible and could be put in place until AWMSG has opportunity to consider the changes to the NICE methodology and assesses the implications of this for NHS Wales.

The Chair confirmed AWMSG's support of the proposals as set out by Mrs Samuels.

6. Appraisal 1 – Full Submission

Oritavancin (Tenkasi®) for the treatment of acute bacterial skin and skin structure infections (ABSSSI) in adults

Submission by Menarini UK. The Chair welcomed the company delegates and confirmed they would be invited to comment and respond to questions.

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 opened the appraisal session and confirmed that AWMSG advice has no impact on the licensed status of the technology and the inherent implications associated with this. A negative recommendation will not impact on the clinical freedom of the prescriber. A positive recommendation by AWMSG, subsequently endorsed by Welsh Government, places an obligation on Health Boards to fund accordingly. AWMSG advice is interim to NICE guidance, should this be subsequently published. The chair stated this statement will not be repeated for each medicine but is applicable for all appraisals being discussed today.

The Chair asked members not to repeat the detailed discussions held at NMG but to raise any outstanding issues relating to clinical effectiveness and cost-effectiveness. He confirmed the broader remit of AWMSG including consideration of wider societal issues, budget impact and issues relating to equity of access.

The Chair invited the appraisal lead, Kelly Wood, to give an overview of the submission. Mrs Wood presented the main points of the submission. Dr James Coulson briefly summarised the discussion at the NMG and confirmed the NMG recommendation to AWMSG that oritavancin (Tenkasi®) is not recommended for use within NHS Wales for the treatment of acute bacterial skin and skin structure infections (ABSSSI) in adults. Mrs Wood relayed the views of clinical experts. Dr Pippa Anderson outlined the cost-effectiveness evidence and the Chair opened discussion.

The company responded to the clinical and health economic overviews stating the cost minimisation approach has previously been accepted for other antibiotics and there is supportive evidence for clinical equivalence from the clinical trials to other comparators. Where there was no direct trial evidence the company conducted a Network Meta Analysis (NMA) which demonstrated non-significant differences between oritavancin, linezolid, daptomycin and dalbavancin as well as a published NMA. Cost minimisation analysis approach was conservative as not assuming in differences in efficacy but a simple cost utility analysis was performed to help minimise uncertainty. Non-inferior studies are common place for antimicrobials due to ethical challenges with placebos or other comparators due to resistance so best evidence available.

Members asked whether this is intended to be first- or second-line treatment setting – the company delegate confirmed second-line treatment after usual

first-line treatment and confirmation or suspected of methicillin-resistant *Staphylococcus aureus* (MSRA) infection. When patients are eligible for discharge oritavancin could be considered due to single IV dosing, this helps with quality of life and compliance. It was noted that cost minimisation analysis evidence is based on second-line treatment and efficacy results from trials is based on first-line use. The company delegate responded saying the NMA is intended to help compare the medicines in a second-line setting assuming they are equally efficacious. Members reiterated costs are driven by clinical effectiveness and if not the same, further costs may be incurred. The company delegate responded by specifying this is an MSRA treatment – standard treatment of care is to be given while sensitivity testing is pending, this is where the second-line position of this medicine comes in.

Dr Coulson stated NMG members were asked to consider a range of comparators and patient subgroup, which were not all included in the company NMA. The company delegate highlighted that not all comparators and patient subgroup were able to be included in the company NMA due to a lack of available data – however, there were comparisons of oritavancin versus linezolid including full population and MSRA specific, with no differences found between treatments and was supplemented with a published NMA. The company delegate reiterated this medicine would be used in the most appropriate population under the advice of microbiologists, placing this medicine where there are resistance encouraging good stewardship.

Prior to concluding the Chair asked the company delegates if they wished to make any further comments; the company delegates made a closing statement asking members to consider that oritavancin is a budget saving choice for patients with ABSSSI confirmed to be caused by MRSA who are eligible for discharge and would offer a solution for a new antibiotic treatment option, supporting government and NHS Wales' antimicrobial resistance delivery plan. It was reiterated that having a single IV infusion can reduce time spent in hospital without the need for outpatient services, improve compliance and help improve patients' wellbeing and quality of life.

The company delegates were asked if they considered the appraisal process had been fair and transparent. They agreed and made no further comments. The Chair closed the appraisal and confirmed members would vote in private later in the meeting.

The Chair informed the company representatives that AWMSG's recommendation would be forwarded by email after the meeting and, for transparency, a notice uploaded to the website. He confirmed that the recommendation would be forwarded to Welsh Government for ratification unless the company requests a review within ten working days.

7. Appraisal 2 – Full Submission (re-submission)

Cariprazine (Reagila®) for the treatment of schizophrenia in adult patients

Submission by Recordati Pharmaceuticals Ltd. The Chair welcomed the

company delegates and confirmed they would be invited to comment and respond to questions.

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 asked members not to repeat the detailed discussions held at NMG but to raise any outstanding issues relating to clinical effectiveness and cost-effectiveness. He confirmed the broader remit of AWMSG including consideration of wider societal issues, budget impact and issues relating to equity of access.

The Chair invited the appraisal lead, Dr Katherine Chaplin, to give an overview of the submission. Dr Chaplin presented the main points of the submission and explained that the focus of the appraisal be restricted for use in the following subpopulation within its licensed indication for the treatment of schizophrenia in adults: for use as second-line therapy in people with schizophrenia where predominantly negative symptoms have been identified. Dr James Coulson briefly summarised the discussion at the NMG and confirmed that NMG recommended to AWMSG that Cariprazine (Reagila®) is not recommended for use within NHS Wales for the treatment of schizophrenia in adults. Dr Chaplin relayed the views of clinical experts. Dr Pippa Anderson outlined the cost-effectiveness evidence and the Chair opened discussion.

Dr Pillinger, a clinical expert invited by the company, explained that real world evidence supports the clinical trial data, and reinforced that predominant negative symptoms present in a large number of patients and remain a gross unmet need. Current medicines are generally effective at treating positive symptoms but less effective for negative symptoms which are associated with broader societal costs. The pre-defined scales used in the trial for secondary endpoints is a well-accepted scale of functional outcomes and not just statically. Dr Pillinger confirmed that the large numerical improvements seen translate to some patients moving from needing a career to living independently.

The company thanked Dr Anderson for recognising the complexity of the situation and having used the best available evidence for both cost-effectiveness and budget impact.

Members noted that acquisition costs are offset by resource savings and sought clarity around the evidence base. The company replied that a study recently showed the impact of predominant negative symptoms on resource costs. The study reported that these patients are 24% more likely to receive care in an inpatient setting, spend 3 weeks longer in that setting and are 58% more likely to be readmitted within 12 months. This highlights the unmet need. Dr Pillinger also highlighted the safety profile of cariprazine and the other available treatments

The company delegate's closing statement stated that there is no gold standard treatment for predominant negative symptoms of schizophrenia, which cause high levels of morbidity and greatly affect professional and social functioning. Currently patients in Wales do not have the same access to cariprazine as England and Scotland.

Prior to concluding the Chair asked the company delegates if they wished to make any further comments and asked if they considered the appraisal process had been fair and transparent. The company delegates agreed and made no further comments. The Chair closed the appraisal.

The Chair informed the company representatives that AWMSG's recommendation would be forwarded by email after the meeting and, for transparency, a notice uploaded to the website. He confirmed that the recommendation would be forwarded to Welsh Government for ratification unless the company requests a review within ten working days.

The meeting closed to observers and AWMSG members voted in private. The following recommendations were subsequently confirmed:

Oritavancin (Tenkasi®) is not recommended for routine use within NHS Wales for the treatment of acute bacterial skin and skin structure infections (ABSSSI) in adults. The clinical and cost-effectiveness data presented in the submission were insufficient for AWMSG to recommend its use.

Additional note(s):
Whilst recognising the importance of antimicrobial stewardship, it may be necessary for a clinician to exercise clinical judgement when providing care for an individual patient. This should be in consultation with a microbiologist and the patient and/or guardian or carer and based on the best available evidence. In such circumstances, access to this medicine will not be denied.

Cariprazine (Reagila®) is recommended as an option for restricted use within NHS Wales. Cariprazine (Reagila®) should be restricted for use in the following subpopulation within its licensed indication for the treatment of schizophrenia in adults:

- **for use as a second-line therapy in people with schizophrenia where predominantly negative symptoms have been identified.**

The appraisal session was closed to the public and observers left the meeting.

8. Appraisal 3 – Full Submission (WPAS)
Mercaptamine bitartrate (Procysbi®) for the treatment of proven nephropathic cystinosis. Mercaptamine reduces cystine accumulation in some cells (e.g. leukocytes, muscle and liver cells) of nephropathic cystinosis patients and, when treatment is started early, it delays the development of renal failure

Submission by Chiesi Limited. The Chair welcomed the company delegates and confirmed they would be invited to comment and respond to questions.

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 asked members not to repeat the detailed discussions held at NMG but to raise any outstanding issues relating to clinical effectiveness and cost-effectiveness. He confirmed the broader remit of AWMSG including consideration of wider societal issues, budget impact and issues relating to equity of access.

The Chair invited the appraisal lead, Dr Stuart Keeping, to give an overview of the submission. Dr Keeping presented the main points of the submission. Dr James Coulson briefly summarised the discussion at the NMG and confirmed that NMG recommended to AWMSG that mercaptamine bitartrate (Procysbi®) is recommended as an option within NHS Wales for the treatment of proven nephropathic cystinosis. Mercaptamine reduces cystine accumulation in some cells (e.g. leukocytes, muscle and liver cells) of nephropathic cystinosis patients and, when treatment is started early, it delays the development of renal failure. Dr Keeping relayed the views of clinical experts. Dr Pippa Anderson outlined the cost-effectiveness evidence and the Chair opened discussion.

The company confirmed the comparator Cystagon® is made by a different company. Members sought clarification around the monitoring requirements for treatment. The company stated monitoring is still required due to cystine accumulation for all patients (including naïve and switching), naïve patients require more monitoring for dose adjustments. New biomarkers are currently being investigated.

It was brought to members attention that the cost-effectiveness estimates are within usual ultra-orphan thresholds.

It was agreed that having the modified release being administered with food/liquid is easier for patients who may experience difficulty with swallowing capsules.

Prior to concluding the Chair asked the company delegates if they wished to make any further comments

The company’s statement reiterated the benefits of varied administration routes. The company discussed 4 real world evidence studies across Europe. Two studies highlighted the improvement to quality of life, especially for paediatrics including the social, school and total functioning. WBC cystine level accumulations were stable with no unexpected adverse events. Another point raised was the reduction in hospital stay after switching to the modified-release (reduced from a median of 29 days to 13 days).

The company delegates were asked if they considered the appraisal process had been fair and transparent. The company delegates agreed and thanked AWMSG for the process and the opportunity to comment on the discussions. The Chair closed the appraisal.

The Chair informed the company representatives that AWMSG's recommendation would be forwarded by email after the meeting and, for transparency, a notice uploaded to the website. He confirmed that the recommendation would be forwarded to Welsh Government for ratification unless the company requests a review within ten working days.

9. Appraisal 4 - Paediatric Licence Extension (PAS)
Teriflunomide (Aubagio®) for the treatment of relapsing-remitting multiple sclerosis in children aged 10-17 years

Submission by Aventis Pharma Ltd for a licence extension for paediatric use where there is existing NICE appraisal advice for adults. There were no company delegates in attendance.

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 stated that this appraisal is being considered via the new streamlined process for paediatric licence extensions and, based on the summary of information provided to members prior to the meeting, a draft recommendation is being presented to AWMSG for consideration and approval. The Chair said he was not aware that any issues have been highlighted by members ahead of the meeting, and the assessment lead, Shaila Ahmed, confirmed this. The Chair said that, as is the case with limited submissions, monitoring of budget impact will be essential and AWMSG reserves to right to request a full submission if the budget impact exceeds that estimated in this paediatric licence extension submission. The Chair asked the assessment lead if there were any significant issues that need to be considered by AWMSG - there were none.

The Chair asked the members if there were any outstanding issues or questions about the appraisal. There were none.

The Chair stated that AWMSG's recommendation will be emailed to the company later today and, for transparency, a notice will be uploaded to the AWMSG website. The company will be asked to confirm acceptance of the final appraisal recommendation within ten working days from this meeting before it is forwarded to Welsh Government for ratification.

The meeting closed to remaining observers and AWMSG members voted in private. The following recommendations were subsequently confirmed:

Mercaptamine bitartrate (Procysbi®) is recommended as an option for use within NHS Wales for the treatment of proven nephropathic

cystinosis. Mercaptamine bitartrate (also known as cysteamine) reduces cystine accumulation in some cells (e.g. leukocytes, muscle and liver cells) of nephropathic cystinosis patients and, when treatment is started early, it delays the development of renal failure.

This recommendation applies only in circumstances where the approved Welsh Patient Access Scheme (WPAS) is utilised or where the list/contract price is equivalent or lower than the WPAS price.

Teriflunomide (AUBAGIO®) is recommended as an option for restricted use within NHS Wales.

Teriflunomide (AUBAGIO®) is licensed for the treatment of paediatric patients aged 10 years and older with relapsing remitting multiple sclerosis.

Teriflunomide (AUBAGIO®) is restricted for use for the treatment of active relapsing–remitting multiple sclerosis (normally defined as 2 clinically significant relapses in the previous 2 years) in paediatric patients aged 10 years and older, who do not have highly active or rapidly evolving severe relapsing–remitting multiple sclerosis. This recommendation applies only in circumstances where the approved Patient Access Scheme (PAS) is utilised or where the list/contract price is equivalent or lower than the PAS price.

10. Care Homes Medicines Optimisation Toolkit

Mr Emyr Jones and Mr John Dicomidis presented the Care Homes Medicines Optimisation Toolkit which brings together a suite of resources for care homes. Care homes have a legal responsibility to ensure that all aspects of medicines management are covered within written policies and procedures. The aim of the toolkit is to bring together a suite of guidance documents, tools and useful resources, in one place, as an easy-access resource library that can be used by staff working in care homes. The resources within the toolkit are based on those developed by the ABUHB Care Homes Pharmacy Governance Team. The toolkit will be available as a whole document, but also as individual sections for easy navigation, and to enable care homes to download only those elements that they require. Members were requested to consider the enclosed *Care Home Medicines Optimisation Toolkit* for endorsement. It was reiterated this is intended to be a live document which can be updated and added to over time.

It was asked how care home residents will benefit from this toolkit – the intention is to ensure procedures are legal and complete. It is not mandatory but has been developed in conjunction with care homes to prevent governance issues, the uptake in Aneurin Bevan has been high so far. It is likely to be more beneficial in smaller care homes who do not have resources to develop such documentation.

Mrs Claire Thomas confirmed that the toolkit will be available as separate links on the AWMSG website so it is easily accessible rather than searching through whole document.

The Chair confirmed AWMSG's endorsement of the guidance.

11. AWMSG: Supporting the decarbonisation agenda and working to improve the health and well-being of future generations

Dr Carolyn Hughes presented AWTTC's report on 'AWMSG and the Well-Being of Future Generations (Wales) Act'. The report outlines how AWMSG's work and current objectives and recommendations relate to each one of the 7 well-being goals set out in Welsh Government's Well-Being of Future Generations (Wales) Act. The report highlights past and ongoing work, as well as planned new work and proposed actions.

Dr Hughes said that the report was first sent to AWMSG in June 2021 and members were invited to comment and input into its development. The report had also been updated and reshaped based on feedback received from the Office of the Future Generations Commissioner.

Dr Hughes asked AWMSG to endorse the report so that it can be published it on the AWTTC website to promote AWMSG's important work to support the well-being goals of Welsh Government.

The Chair confirmed AWMSG's endorsement of the report.

AWTTC and AWMSG Sustainability Pledge

Dr Carolyn Hughes said that AWTTC has recently established a forum for discussing and agreeing ways in which AWTTC will work towards addressing the climate change emergency by reducing the carbon footprint and supporting AWMSG in developing best practice guidance for NHS Wales that takes sustainability, inequality and environmental issues into account.

This pledge was drafted by AWTTC's Sustainability Group, with the aim of publishing it on the website to show AWTTC's and AWMSG's commitment to sustainability. Dr Hughes asked members for their thoughts and ideas about the pledge. One member requested a small change to the wording.

The Chair confirmed AWMSG's endorsement of the pledge.

Equality & Health Impact Assessment (EqHIA) form and guidance notes

Dr Carolyn Hughes presented the current template of AWTTC's Equality and Health Impact Assessment form and guidance notes for completing it. AWTTC plans to complete the form for all Medicines Optimisation projects, and other projects and policies.

Dr Hughes said these are presented for AWMSG's information. The aim is that the EqHIA form is filled in at the start of a project, and would then

accompany the project document through its development and sign-off by AWMSG. At the point of consultation a completed EqHIA form would be available on the AWTTC website alongside the project documents, and all stakeholders will be invited to comment on the assessment as well as on the project documents.

12. Feedback from AWPAG Meeting held 16 March 2022

The Chair invited Ms Kath Haines, to feedback on the last AWPAG meeting, held in March 2022. Ms Haines referred members to the minutes of the meeting which has been circulated to members prior to the meeting, and drew attention to the key issues of note.

AWMSG were reminded that there are currently vacancies for doctor members for Betsi Cadwaladr and Cwm Taf Morgannwg University Health Boards and Powys Teaching Health Board, along with a doctor member from Velindre NHS Trust. Members were asked to forward nominations to AWTTC.

Ms Haines confirmed the next AWPAG meeting will be 29 June 2022 and that it may be a hybrid setting.

13. Items Identified as Low Value for Prescribing in NHS Wales - Paper 3

Richard Boldero presented the Low Value for Prescribing paper 3 updates**.** Members were asked to consider and comment on changes to the wording for chloral hydrate to reflect the updated MHRA guidance issued in October 2021.

The Chair confirmed AWMSG's agreement for the wording to be updated.

14. Any other business

There was no other business.

The Chair confirmed the date of the next meeting on Tuesday, 17 May 2022 in Cardiff and closed the meeting.

Post-meeting note: the appraisal process for oritavancin (Tenkasi®) has been suspended pending publication of the NICE methodology for antimicrobials which is expected to be published imminently. As requested by Menarini, this recommendation has not been forwarded to Welsh Government for ratification.