

Enclosure No:	<b>1/AWMSG/0622</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 at 9:30 am on Tuesday, 17 May 2022 at The All Nations Centre, Sachville Avenue, Cardiff, CF14 3NY**

#### **Voting members present:**

**Did not  
participate in  
agenda item:**

- |                                 |   |
|---------------------------------|---|
| <b>1. Prof Iolo Doull</b>       | <b>Chair</b>  |
| <b>2. Prof Stephen Monaghan</b> | <b>Consultant in Public Health Medicine<br/>(virtual)</b>     |
| <b>3. Ms Eleri Schiavone</b>    | <b>Welsh Health Specialised Services<br/>Commission</b>       |
| <b>4. Prof Dyfrig Hughes</b>    | <b>Health Economist (virtual)</b>                             |
| <b>5. Mr Dylan Jones</b>        | <b>Community Pharmacist</b>                                   |
| <b>6. Mr Tommy Price</b>        | <b>ABPI (Wales)</b>   |
| <b>7. Dr Alison Thomas</b>      | <b>Clinical Pharmacologist</b>                                |
| <b>8. Mr Cliff Jones</b>        | <b>Lay Member</b>   |
| <b>9. Ms Claire James</b>       | <b>Lay Member</b>   |
| <b>10. Dr Jim McGuigan</b>      | <b>Medical Director (virtual)</b>                             |
| <b>11. Dr Jeremy Black</b>      | <b>General Practitioner</b>                                   |
| <b>12. Mrs Alison Hughes</b>    | <b>Senior Primary Care Pharmacist</b>                         |
| <b>13. Mr John Terry</b>        | <b>Managed Sector Secondary Care<br/>Pharmacist (virtual)</b> |
| <b>14. Ms Katherine White</b>   | <b>Senior Nurse (virtual)</b>                                 |
| <b>15. Ms Cathy Wynne</b>       | <b>Other healthcare professions (virtual)</b>                 |

**Welsh Government:**

Mr Andrew Evans

**AWTTC staff:**

Mr Richard Boldero, Senior Pharmacist  
Dr Paul Deslandes, Senior Pharmacist  
Ms Kath Haines, Head of WAPSU  
Dr Carolyn Hughes, Medical writer (minutes)  
Mrs Karen Samuels, Programme Director  
Mrs Claire Thomas, Senior Pharmacist  
Mr Anthony Williams, Head of PAMS

**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
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
SABA	Short-acting beta agonist

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  
 Mr James Leaves – Director of Finance  
 Mr Hywel Pullen – Director of Finance  
 Dr Manjeet Singh – 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 27 April 2022 were checked for accuracy. There were no matters arising. A suggestion was made to include a post-meeting note to confirm the appraisal process for oritavancin (Tenkasi®) has been suspended pending publication of the NICE methodology for antimicrobials which is expected to be published imminently. Members agreed and, with this addition, the Chair confirmed AWMSG's approval of the minutes.

## 5. **Chair's verbal report**

The Chair informed members that the appraisal of oritavancin (Tenkasi®) had been suspended at the submitting company's request, and the negative recommendation given at the previous meeting in April 2022 was not sent to Welsh Government. The company has also suspended its other antibiotic, delafloxacin (Quofenix®), pending the changes to NICE's appraisal process for antimicrobials. Therefore delafloxacin (Quofenix®) was no longer on today's agenda.

The Chair confirmed that Welsh Government has ratified the three other recommendations announced at the previous meeting in April, for: cariprazine (Reagila®), mercaptamine bitartrate (Procysbi®) and teriflunomide (AUBAGIO®). The final appraisal recommendations have been disseminated to the service and published on the AWMSG website.

The Chair reported that the AWTTTC Industry Forum was held on 5 May, at which antimicrobials and the review of NICE's appraisal process were discussed.

The Chair informed members that the two medicines with licence extensions for paediatric use that were scheduled for this meeting had not received marketing authorisation and would be rescheduled.

The Chair asked members to note the date of the Best Practice Day on 19 July and the AWMSG Training Day on 17 September. The Chair confirmed that AWTTTC will shortly be consulting on new work planned for 2022-2023 and said that the work will fall into five strategic objectives set by Welsh Government.

The Chair invited Mrs Karen Samuels, AWTTTC Programme Director, to announce the appraisal scheduled for the next AWMSG meeting on 15 June 2022:

**Full resubmission:**

- Bevacizumab (Avastin®) in combination with paclitaxel and cisplatin or, alternatively, paclitaxel and topotecan in patients who cannot receive platinum therapy, for the treatment of adult patients with persistent, recurrent, or metastatic carcinoma of the cervix.

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

**6. Value-based prescribing (for endorsement)**

The Chair invited Mr Richard Boldero to present the value-based prescribing paper. The Chair asked members to consider the paper for endorsement and opened the floor for questions.

A member asked Mr Boldero to clarify if the pilot study recommendation for biological medicines in patients with severe asthma was for adults only. Mr Boldero replied that the pilot study recommendation was specifically for adults in keeping with the previously AWMSG endorsed asthma guidelines. However he also confirmed that the programme strategy had no set age limitations, and some of the previously endorsed low value for prescribing items had a more predominant use outside of an adult population.

Members asked about the availability of data by health board for the use of the biological medicines in asthma and whether there were any variations observed. Mr Boldero explained that AWTTTC had been able to access some of the data that has been collected by the severe asthma multidisciplinary team (MDT) which spans four health boards in the South Wales region. Members discussed the capacity of the required MDT teams to review eligible patients, and agreed this was an area to be considered were the recommendations to be implemented. The use of homecare data was also

discussed. Mr Boldero informed members that the data provided through the secondary care medusa data warehouse was quite limited to mainly providing quantities of issued medicines. He also stated there was the potential for more patients to be obtaining these medicines via homecare in the future and therefore this would provide a useful data source. It was requested that AWTTTC share any available data with members to inform future discussions.

Members discussed how 'high-value' should be defined. Mr Boldero said that the included biological medicines within the proposed "Optimal prescribing for higher health gain" domain of the programme had already been considered cost-effective via the HTA process. Therefore there was no intention of the programme to make any re-evaluation of this, but to instead provide a focus on optimising the prescribing of these medicines.

A member commented that the paper suggested considering value domains other than the traditional set of HTA values, and balancing the value of one domain against the value of another would need to be considered. Members talked about optimal prescribing for higher health gain, and asked about the rationale for choosing medicines for severe asthma for the pilot programme. They also commented that when identifying priority medicines to include, factors to be considered should encompass a measure of benefit. The same member suggested rewording a sentence in the document that referred to 'optimal prescribing', and asked about defining selection criteria and methods of evaluation. Mr Boldero thanked the member for their comments, and agreed that more structure would be provided about how future medicines will be selected and prioritised for inclusion in the value-based prescribing programme.

One member commented on the aim of the paper and suggested more clarity is required on what actions are expected of health boards in implementing the recommendations. Mr Boldero said that part of the project is to support the use of the included medicines by raising awareness. With the biologic medicines for treating severe asthma, there is a lot of work being done in England as part of the accelerated access collaborative. One of the key areas within this has been to focus on how patients are identified to start the process of them being able to receive these medicines. It was noted by members that severe asthma services in England are currently more comprehensive than those in Wales. Mr Boldero said that identifying patients for these medicines had been considered a key area and AWTTTC had been in initial discussions with the Respiratory Health Implementation Group to help assist in this.

A member suggested some amendments to the wording of the paper, particularly in providing further clarity for what is expected of health boards in implementing the recommendations. The member also queried whether the reason the usage of these medicines is currently low is due to the appropriate physicians failing to see the appropriate patients; something that may not necessarily be remedied by the recommendations in this paper. Again, it was discussed how improved data would help create a clearer picture.

The Chair commented that increases in prescribing alone won't necessarily show an improvement for patients. Mr Boldero agreed and said that the project is still in its early stages, and they are starting to look at data and the capturing of appropriate outcomes so more patient level benefits as an outcome of these recommendations can be monitored.

It was discussed in further detail how, where possible, it would be ideal to make decisions on any recommendations falling within the 'Value-based prescribing' initiative with a measure of how many QALYs may be gained should a movement towards more favourable prescribing be realised. This could further aid with the prioritisation of any future recommendations.

One member said they would like to see how the project would deliver better outcomes for patients, from a patient's perspective. Another member said that clinical trials may prove a good source of data on patient outcomes in the absence of sufficient 'real world' data. It was suggested that determining what is best value to implement is similar to selecting the National Prescribing Indicators (NPIs), and expertise is needed to guide that work. One member said that engaging with industry as early as possible would also be helpful, to plan for medicines coming in the future.

One member raised the issue of capacity for health boards to implement any recommendations made as part of the 'Value-based prescribing' initiative. The member also queried when previous recommendations (that fell under the 'Low value for prescribing' papers) would be considered for review. Mr Boldero said that these previously included medicines would be considered by AWPAG at the June meeting.

Ms Haines said that AWMSG's discussion had been helpful, and asked for further assurance from AWMSG about the strategy, despite the problems with lack of data. The Chair said that the papers should be kept as separate documents: the strategy being one and the pilot recommendations on biological medicines for patients with severe asthma being the other; and that some amendments needed to be made to the strategy in line with what had been discussed. Members agreed to send their comments to Mr Boldero and the Chair confirmed that he would check the changes in a next version of the strategy document. The Chair asked if members were happy to endorse the strategy document, and once these changes had been made he would take Chair's action. Members agreed and endorsed the strategy document.

The Chair said that the recommendations for the biologic medicines in severe asthma is a good example, and shows what data are needed. He confirmed that members would like to see some changes to the document and for the revised document to be presented to AWMSG at a future meeting. Ms Haines said AWTTTC would look at including more background with regards to methodology, explore ways to monitor outcomes, and consider the inclusion of Blueteq data.

## **7. Tramadol patient information leaflets (for endorsement)**

The Chair invited Dr Paul Deslandes to present the patient information

leaflets that would accompany the Tramadol Resources endorsed by AWMSG in 2021 and published on the AWTTTC website. Dr Deslandes presented two sets of leaflets in English and in Welsh: one set contained some infographics and the other set was text only. He explained that the leaflets would replace the patient information leaflet currently on the website. The Chair thanked Dr Deslandes and opened the floor for members' questions and comments.

A member asked for the contact telephone numbers on the leaflets to be corrected and consistent. Dr Deslandes agreed to amend. Other members commented favourably on the use of plain language in English and also in the Welsh versions. One member suggested some minor changes to medical terminology, to use medicine names as examples of benzodiazepines, and to better explain 'dependency'. One member asked if the colours would still be clear in the infographics leaflets if grey-scale printing was used. Dr Deslandes said this would be checked.

Members commented that the leaflets were quite long (4 pages) and this might discourage printing them out. One member suggested adding a QR code to the leaflet so that people could scan and read it on their phone or tablet. Another member suggested using the leaflets to develop an Easy Read version for people with learning difficulties.

The Chair asked if AWMSG were happy to endorse the leaflets for publication on the AWTTTC website, once the requested changes had been made. The leaflets were endorsed.

## **8. NHS Wales inhaler carbon footprint report – January 2022 (for information)**

Mr Richard Boldero introduced this report about measuring the carbon footprint of inhaler use within primary care in Wales, for members information. The report summarises some key metrics from the SPIRA inhaler decarbonisation dashboard developed by WAPSU (part of AWTTTC).

The Chair asked about the peak in the prescribing of inhalers around the Spring of 2020 and members said that this peak was due to the COVID-19 pandemic. Members asked if they could see the data on the inhalers with a low carbon footprint to see how prescribing of those might be increasing. The Chair asked if the trends in prescribing changed much every month. Mr Boldero said that there was some progress seen in changing prescribing but it was a slow process and the overall carbon footprint measurement was not really moving away from the baseline as yet.

A member commented that it might be difficult to change prescribing habits, and GPs had only just started seeing patients face-to-face again. A member asked about plans for local implementation and monitoring. The Chair said that he would like to see the data separated by health board, to see progress in changing prescribing culture. A member asked whether SABA prescribing was increasing or decreasing, and if it was possible to see data for secondary care. It was also requested that we present the data in Figure 4 of the report as the total number of items rather than as a percentage of all

inhalers. A member asked if there was a plan of action if, in 12 months, progress was not meeting the target. Members commented on promoting the change of inhaler prescribing in health boards and whether the potential budget impact of the change had been calculated.

Ms Kath Haines said that there were several initiatives under way to promote change; for example, information on the appropriate use of SABAs and for inhaler recycling, including conferences and events, such as AWTTTC's Best Practice Day being held in July. The Chair asked if AWTTTC could try to work out the budget impact of changing inhaler prescribing for the whole of Wales. Mr Boldero replied that the data could be analysed to give a broad indication of potential budget impact, plus details on salbutamol inhaler prescribing in Wales to help inform discussion.

The Chair agreed for reports to be provided quarterly. He also requested that the additional data suggested by members should come to AWMSG for the September 2022 meeting to aid further discussion.

#### **9. National Prescribing Indicators Quarterly report – data to December 2021 (for information)**

Mrs Claire Thomas presented the National Prescribing Indicator (NPI) data for the quarter up to December 2021; Mr Richard Boldero presented the available data for the efficiency prescribing indicators.

A member asked if it was possible to have individual practice level data for the prescribing safety indicators. Mrs Thomas said that the data were not available nationally for reporting at that level, but GP practices would be able to see their individual data.

The Chair asked about ScriptSwitch and OptimiseRx. Mrs Thomas said AWTTTC is working on a paper about these services and it will be presented to AWMSG in a future meeting. Members commented that in Wales, 60–70% of practices may have ScriptSwitch, and the other practices use EMIS and therefore may have access to OptimiseRx. Mrs Thomas clarified that AWTTTC can add national messages to ScriptSwitch but the health boards in Wales can choose which messages to import for their GP practices. She said AWTTTC is also going to add messages about inhaler decarbonisation. AWTTTC has worked with OptimiseRx to develop prescribing messages relating to AWMSG's prescribing safety indicators.

The Chair asked if opioid use could be related to social deprivation more than the use of the 4Cs, and whether any correction could be applied to that data. Mr Boldero said that AWTTTC is working on a project trying to link prescribing data with the Welsh Multiple Index of Multiple Deprivation, but added this work is very much in its infancy.

A member asked if the data contained in the heat map could be explained more clearly. The Chair asked if the data in the NPI report could be explained in more detail at the AWMSG Training Day.

One member commented that it might be interesting to compare data for

waiting times for orthopaedic operations in health boards, in relation to the data for opioid prescribing.

**10. Any other business**

There was no other business.

The Chair confirmed the date of the next meeting on Wednesday 15 June 2022 in Cardiff and closed the meeting.