

Enclosure No:	1/AWMSG/0326
Agenda Item No:	1 – Minutes of previous meeting
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All Wales Medicines Strategy Group (AWMSG)

**Minutes of the AWMSG meeting held 09:30am on Wednesday, 11th
February 2026 at the
All Nations Centre, Sachville Avenue, Cardiff, CF14 3NY**

Voting members present:	Did not participate in agenda item:
1. Prof Iolo Doull	Chairman
2. Ms Angharad Lawson	NHS Wales Joint Commissioning Committee
3. Prof Dyfrig Hughes	Health Economist
4. Mr Farhan Mughal	ABPI (Wales)
5. Mrs Pam James	Lay Representative
6. Dr Jim McGuigan	Medical Director
7. Dr Richard Brown	General Practitioner
8. Ms Lois Gwyn	Managed Sector Pharmacist – Primary Care
9. Mr David Fox	Managed Sector Pharmacist – Hospital Pharmacist
10. Mr Hywel Pullen	Director of Finance
11. Mrs Katherine White	Senior Nurse
12. Mrs Cathy Wynne	Other healthcare professions eligible to prescribe not already represented
13. Dr Alison Thomas	Clinical Pharmacologist
14. Dr Owen Seddon	Hospital Consultant
15. Mr Jonathan Simms	Director of Pharmacy

Welsh Government:

Mr Andrew Evans, Chief Pharmaceutical Officer

Dr James Calvert, Deputy Chief Medical Officer

Medicines Value Unit:

Mrs Rhiannon Walters-Davies,

Assistant Director of Medicines Procurement and Optimisation Wales

AWTTC staff:

Dr Andrew Champion, Programme Director

Dr Thomas Curran, Principal Scientist

Dr Clare Elliott, Senior Scientist

Mr Emyr Jones, Consultant Pharmacist, Community Health

Mrs Ruth Lang, Senior Liaison Manager

Miss Laura Phillips, Administration Manager

Mrs Claire Thomas, Head of WAPSU and Medicines Optimisation

Mr Tony Williams, Head of PAMS

Mrs Gail Woodland, Senior Scientist

List of abbreviations:

ABPI	Association of the British Pharmaceutical Industry
AWMSG	All Wales Medicines Strategy Group
AWPAG	All Wales Prescribing Advisory Group
AWTTC	All Wales Therapeutics and Toxicology Centre
CAS	All Wales Common Ailments Service
DHCW	Digital Health and Care Wales
GPW	Genomic Partnership Wales
HTA	Health Technology Appraisal
ILAP	Innovative Licensing and Access Pathway
IPFR	Individual Patient Funding Request Process
IR	Independent Review
NWJCC	NHS Wales Joint Commissioning Committee
LOWMAG	Licensed One Wales Medicines Assessment Group
MHRA	Medicines and Healthcare Products Regulatory Agency
MVU	Medicines Value Unit
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NMG	New Medicines Group
NPGG	National Pharmacogenomics Group
NPIs	National Prescribing Indicators
OWMAG	One Wales Medicines Assessment Group
PAPIG	Patient & Public Involvement Group
PAMS	Patient Access to Medicines Service
SPIRA	Server for Prescribing Information Reporting and Analysis
VPAG	Voluntary Scheme for Medicines Pricing, Access and Growth

1. Welcome and introduction

The Chairman opened the meeting, welcomed members and observers, and explained the meeting protocol. The Chairman confirmed that the meeting was quorate. The Chairman introduced Dr James Calvert, Welsh Government's Deputy Chief Medical Officer, and thanked him for attending the meeting.

2. **Apologies:**
Dr Rachel Gemine, NHS Wales Joint Commissioning Committee
Prof Stephen Monaghan, Consultant in Public Health Medicine
Dr Richard Skone, Medical Director
Ms Julie Wilson-Thomas, Lay Representative
3. **Declarations of interest:**
The Chairman invited declarations of interest. Dr Alison Thomas informed the Chair that she is a member of the All Wales Antimicrobial Users Group.
4. **Approval of the minutes of the previous meeting**
The draft minutes of the previous meeting held on 2 December 2025 were checked for accuracy and approved. There were no matters arising.
5. **Chairmans report (verbal update)**
The Chair confirmed that AWMSG-endorsed advice relating to venetoclax (Venclyxto[®]) with azacitidine for the off-label treatment of relapsed/refractory acute myeloid leukaemia in adults following at least one line of intensive chemotherapy before or following allogenic haematopoietic stem cell transplant (HSCT) where it is not appropriate to offer intensive chemotherapy (OW32) had been published. The advice will be reviewed in 12 months or sooner if new evidence emerges. Clinicians are required to monitor outcomes and apply the appropriate start/stop criteria.

The Chair informed members that advice for the off-label use of azacitidine for the treatment of progressive angioimmunoblastic T-cell lymphoma had been reviewed by OWMAG. Patient outcomes for five patients were reported in the review; all had either complete or partial response to treatment. Given the ongoing clinical need, the advice will remain in place and will be transferred to the static list, with AWTTTC undertaking an annual in-house review

Members were reminded of the Information Mastery Training Course scheduled at the Clayton Hotel on 11 and 12 March, being delivered by PrescQIPP. Attendance on 12 March was encouraged due to the meeting clash on the first day. Unallocated places will be offered to other PrescQIPP members.

The Chair reported that AWTTTC will host an Engagement Day for the pharmaceutical industry on Thursday 30 April at the All Nations Centre, Cardiff. The programme will include sessions on Horizon Scanning, Commercial Engagement, Medicines Access processes, and the VPAG Investment Programme. Members noted that the event provides an opportunity for industry partners to engage directly with AWTTTC and understand how and when to participate in medicines assessment processes. Delegates were encouraged to register early due to limited capacity.

Members were reminded that an email had been circulated requesting completion of the annual Declaration of Interest Form and the meeting Confidentiality Statement. The Chair noted that declarations relevant to the agenda will continue to be invited at the start of each meeting. Members who

have not yet returned their forms were asked to do so at the earliest opportunity. The Chair also highlighted the importance of notifying AWTTTC in advance if unable to attend a meeting to allow sufficient time to arrange an alternate. It was noted that AWTTTC has maintained meeting quorum throughout its 24-year history, and members were encouraged to continue supporting this standard.

The Chair invited Dr Andy Champion to present the AWTTTC Programme Director's report.

6. AWTTTC Programme Director's report

Dr Champion informed members that the AWTTTC Work Programme for 2025-2028 will shortly be published on the website. This programme establishes a series of strategic objectives designed to improve medicine access, optimisation, and the utilisation of data across Wales. Developed in collaboration with partner organisations, the work programme is aligned with the Voluntary Scheme for Medicines Pricing, Access, and Growth (VPAG) Investment Programme, as well as many of the aims set out in the AWMSG Strategy for Wales: 2024-2029. While implementation began last year, the work programme is now available to the public for the first time. Objectives highlighted include improved medicine horizon scanning and enhanced financial forecasting, ongoing development of the medicines access ecosystem and assessment processes, the introduction of new and refined procedures to support the implementation of new medicines, greater sharing and utilisation of medicines-related data, continued development of high-quality medicines optimisation resources, and strengthened health economic assessment to underpin all AWTTTC outputs. These objectives were formulated collaboratively with AWTTTC staff, cataloguing the breadth and scale of work planned for the coming years, and have been formally reviewed and approved by Welsh Government.

Dr Champion confirmed that the VPAG Investment Programme is proceeding well. The second VPAG Programme Board meeting took place in November, attended by new members from the MVU (Rhiannon Walters-Davies) and NWJCC (Professor Iolo Doull), with Maggie Clark (representing ABPI Wales) confirmed as Vice Chair. During the meeting, the Project Initiation Document (PID), communications and engagement plan, and the 12-month programme work schedule were formally approved. Project leads delivered highlight reports that included draft impact and success metrics. Actions taken included the formal sign-off of the PID, communications and engagement plan, and the programme work schedule, while project leads presented their draft impact and success metrics.

Members were informed that the next Programme Board meeting is scheduled on 5 March and will include the presentation of progress against impact metrics for Q1–Q3 of 2025/26, agreement on priority areas for the final quarter of 2025/26, and discussion of next steps for system preparedness with respect to high impact and disruptive medicines. Additionally, a dedicated VPAG section was added to the AWTTTC website last week to outline the scope of the programme.

Dr Champion updated members on the Innovative Licensing and Access Pathway (ILAP) and explained that ILAP is an end-to-end pathway designed to expedite patient access to transformative new medicines, established as a collaborative partnership between the UK health technology assessment agencies, including AWTTTC, the MHRA, and the NHS. It was noted that the ILAP process, which had been in operation since 2021, underwent a review and subsequent update last year. Consequently, ILAP version 2.0 launched in March 2025, with the application process for new products opening on 31 March. The initial application window, which remained open for three months, closed at the end of June. During this period, sixteen applications were received, and three investigational products with rare disease indications were awarded an Innovation Passport, marking their entry into the ILAP pathway. The second application window concluded at the end of September, resulting in three eligible applications progressing to assessment by the ILAP Application Review Panel. Although all three applications satisfied the eligibility requirements, none provided sufficiently robust evidence across all selection criteria to merit the award of an Innovation Passport in this round. ILAP partners plan to offer more detailed feedback and clarification regarding eligibility guidance to industry to better support future applications. Additionally, a suite of key success metrics has been developed and approved by ILAP partners and the ILAP Industry Access Forum. The metrics will be used to evaluate the performance and outcomes of the ILAP process.

It was also reported that AWTTTC has recently signed a revised ILAP collaboration agreement, joining other UK partners in committing to a further 12 months of participation. This decision followed an internal review to confirm that sufficient resources are available to meet the programme's obligations.

Dr Champion provided an update on work that AWTTTC is leading on to improve system readiness for new and complex medicines. This involves creating a national process and governance structure for introducing such therapies. AWTTTC's proposals have been presented to key peer review groups and there has been strong support to move forward. A meeting was held with the Deputy Chief Medical Officer to discuss forming a National Oversight Panel and the possible involvement of AWMSG. Dr Champion confirmed he has consulted with Suzanne Rankin and Andrew Evans and a paper is being prepared outlining the governance infrastructure which will be presented at a future AWMSG meeting.

Members were informed that during last year, a proposal was submitted to transition the Welsh Medicines Advice Service (WMAS) into a national operational and governance framework. As part of this process, it was agreed that WMAS would join AWTTTC. The formal organisational change process (OCP) is currently underway, facilitating the transition of WMAS from Cardiff and Vale Pharmacy to AWTTTC to create a unified, national service. This transition will affect up to fifteen staff members. Senior staff will join AWTTTC to oversee the national service, while the remaining staff will continue with Cardiff and Vale to manage the Health Board medicines information service. The OCP is scheduled for completion by the end of February, with the intention for WMAS to officially become part of AWTTTC from 1 April.

Dr Champion announced that Dr Sophie Harding, Consultant Pharmacist for Genomics and Pharmacogenomics, will join AWTTTC as a staff member on 1 April. Dr Harding has played a leading role in developing the Pharmacogenomics Delivery Plan for Wales for the period 2026-2029. This plan provides a strategic framework for the integration of pharmacogenomics (PGx) testing into routine clinical practice across NHS Wales, aiming to enhance treatment efficiency, minimise adverse drug reactions, and improve patient outcomes. Work is currently progressing on defining the governance arrangements required to support the delivery plan, with a paper in development by AWTTTC, Genomics Partnership Wales, and the National Pharmacogenomics Governance Group (NPGG). This paper is expected to be shared in March or April. It was noted that AWMSG will have a role in its implementation.

Dr Champion asked Mr Tony Williams to update members on the work of the PAMS section of AWTTTC.

Mr Williams informed members that the One Wales Medicines Assessment Group had convened on Monday, 9 February, to evaluate the use of nivolumab plus ipilimumab as a neoadjuvant treatment for patients with melanoma. The outcome of this assessment will be presented to AWMSG in March.

An IPFR training day was delivered virtually via TEAMS on 27 January. AWTTTC is currently reviewing formal feedback from attendees, with initial indications suggesting the event was very well received. The considerable effort invested by the AWTTTC team and presenters in organising and delivering the day was acknowledged and appreciated.

A review of access pathways for medicines within health and social care was conducted in Northern Ireland last year. During this process, AWTTTC was approached to provide insight into Welsh access pathways. The final report has now been published, featuring several recommendations that highlight examples of best practice from Wales. This outcome reflects positively on the robustness of the medicine ecosystem processes developed to support patient access in Wales. The AWTTTC team continue to engage with Northern Ireland colleagues to share experiences and inform the implementation of these recommendations.

Significant progress has been made with Blueteq, particularly in form production. Updates regarding the activation of Blueteq forms are now disseminated across Wales and are available on the AWTTTC website. The next implementation priority will be cancer medicines. The AWTTTC implementation team is collaborating with DHCW to explore the integration of patient demographic data into Blueteq, aiming to reduce the clinical workload associated with form completion. The Blueteq project manager post has been extended for a further six months, with the role set to conclude in April 2027, to support ongoing work in this area.

The Free of Charge Medicines Policy is currently undergoing review, with stakeholders invited to contribute to the process. Updates on the progress of this review will be communicated to members as they become available.

The AWTTTC Scrutiny Panel has now been operational for 12 months. A review of the panel is underway to determine whether its original objectives are being met. Findings from this review will be reported at a future meeting.

Dr Champion asked Mrs Claire Thomas to update members on the medicines optimisation and data work undertaken within AWTTTC.

Mrs Thomas informed the committee that two medicines optimisation resources are presently open for consultation. These include the All Wales gabapentinoid resources for chronic pain, with the consultation period closing on Tuesday, 24 February, and the All Wales Pre-Prescribing Policy for Final Year Medical Students, Foundation Trainee Pharmacists, and Non-Medical Prescribing Trainees, which will close on Monday, 2 March. Members were encouraged to provide their comments and feedback, and to share details of these consultations with colleagues who have a relevant interest. Further information is available in the consultation section of the AWTTTC website.

It was noted that AWTTTC recently hosted the first Learning at Lunch session of 2026, which provided a one-hour rapid update for healthcare professionals. The session featured a presentation by Dr Katie Pink on the updated All Wales Adult Asthma Management and Prescribing Guidelines, an overview of research conducted by the National Poisons Information Service and AWTTTC regarding calls to the UK poisons information service related to the use of Monitored Dosage Systems, a roundup of news from AWTTTC, and a short therapeutic update from Dr Tessa Lewis. The event attracted over 400 registrants, and session recordings are accessible via the AWTTTC website. The next Learning at Lunch session is scheduled for 21 April, with the agenda to be confirmed and details to be published online.

The committee was also updated on the anticipated release of a new version of the SPIRA inhaler decarbonisation dashboard in the coming weeks. The revised dashboard will introduce several new metrics to provide additional insights for health boards and prescribers regarding inhaler prescribing. These improvements include a new volume measure for more accurate reporting of inhalers dispensed in primary care, an enhanced dataset for carbon dioxide equivalents associated with inhaler use, and an additional measure for MART/AIR inhalers to support monitoring progress against the recommendations in the updated All Wales Adult Asthma Management and Prescribing Guideline. These new features will be integrated into the monthly NHS Wales inhaler carbon footprint reports over the next few months.

In conclusion, Mrs Thomas informed members that a joint letter from Andrew Evans (Chief Pharmaceutical Officer), Albert Heaney (Chief Social Care Officer, Welsh Government), and Professor Iolo Doull (AWMSG Chair) was sent to Health Board Chief Executives, Directors of Social Services, and Chairs and Leads of Regional Partnership Boards. The correspondence emphasised the AWMSG-endorsed All Wales Guidance to Support Integrated Medicines Management in Community Settings. The letter outlined several required actions, such as promoting awareness of the guidance within organisations and ensuring implementation is monitored through regular audit and feedback. It is expected that effective implementation of this guidance will result in enhanced medicines management, improved safety,

and more person-centred care in community settings.

Dr Champion informed members that the AWTTTC Industry Forum convened on 22 January, attended by representatives from both AWTTTC and the pharmaceutical industry. The purpose of the forum was to facilitate informal discussion around potential improvements to processes and methodologies related to medicine access, as well as to explore initiatives in medicines optimisation aimed at enhancing patient safety and prescribing practices. During the meeting, members discussed the forthcoming Industry Engagement Event, which is scheduled to take place on Thursday, 30th April at the All Nations Centre.

Dr Champion concluded the AWTTTC report by informing members that an invitation has been circulated for the next meeting of the AWMSG's Patient and Public Interest Group (PAPIG), which is set to be hosted by AWTTTC via TEAMS on Friday, 6 March 2026, from 10:00 to 12:00. The agenda will include presentations on patient information regarding polypharmacy, a national process for supporting the introduction of complex therapies in Wales, and the provision of antibiotic posters and information leaflets for patients. The open invitation extends to patients, carers, patient organisations, and members of the public, encouraging their participation to learn more about the work of AWMSG and AWTTTC, and to share their views or experiences. The event is being promoted through the AWTTTC website, social media channels, and other NHS Wales communication platforms. Interested parties can register online or contact AWTTTC via email. Members were asked to share details of the event with colleagues, patients, or friends who may wish to attend.

The Chair thanked Dr Champion, Mr Williams and Mrs Thomas for the comprehensive update on AWTTTC's work.

7. **Infliximab** for the off-label treatment of Immune Checkpoint Inhibitor (ICI) induced grade 3-4 pneumonitis that has not responded to first line immunosuppression with corticosteroids

The Chair invited Dr Clare Elliott to present OWMAG's recommendation for endorsement by AWMSG.

Dr Elliot informed members that the NHS Wales National Immunotherapy Toxicity Sub-Group had asked AWTTTC to consider infliximab for assessment as a treatment option for grade 3–4 steroid refractory pneumonitis induced by immune checkpoint inhibitors. They believed there to be an unmet need and identified a cohort of patients who could benefit from this treatment. In September 2025 the AWMSG Scrutiny Panel agreed that infliximab was suitable for assessment through the One Wales medicines process for off-label medicines.

At their meeting in December OWMAG considered the evidence presented in the Evidence Summary Report, the views of the clinical experts who attended the meeting and the views of a patient organization representative who was also in attendance.

Currently, there's no established practice in Wales for second-line treatment of these patients. The National Immunotherapy Toxicity Sub-Group state that infliximab is the preferred second line treatment option for patients who are not at significant risk of infections as there is some published evidence of clinical effectiveness for this patient population, and it is recommended in international guidelines as a second line option. There are no licensed alternative treatment options routinely available.

Dr Elliot went through the decision rationale (Enclosure 2) and asked AWMSG to endorse OWMAG's recommendation as follows:

Using the agreed starting and stopping criteria infliximab can be made available within NHS Wales for the treatment of grade 3–4 steroid refractory pneumonitis induced by immune checkpoint inhibitor (ICI) therapy.

The choice of infliximab product prescribed should be based on the acquisition cost and in accordance with the One Wales advice on use of biosimilars. The risks and benefits of the off-label use of infliximab for this indication should be clearly stated and discussed with the patient to allow informed consent. Providers should consult the relevant guidelines on prescribing unlicensed medicines before any off-label medicines are prescribed. This advice will be reviewed after 12 months or earlier if new evidence becomes available.

The Chair initiated discussion by requesting further information prior to the meeting regarding the budget impact and patient numbers. Dr Elliott confirmed that these details were documented in the evidence status report that had been provided to OWMAG and could be made available to AWMSG members upon request. Dr Elliot provided these verbally to AWMSG members for their information. Members generally agreed that to support the endorsement of OWMAG recommendations, more comprehensive information, particularly relating to the commercial section of the evidence status report, should be shared ahead of the meeting. This would allow members to better understand the potential financial implications. AWTTTC acknowledged the points raised and committed to reviewing and amending the process. Discussion moved to other issues. It was confirmed that the Blueteq system would be used for this medicine and it would include the start/stop criteria which accompany the recommendation. The potential for publication opportunities of clinical outcomes from use in NHS Wales were noted to support the available evidence base.

The Chair confirmed AWMSG's endorsement of OWMAG's recommendation and asked that the consistent requests for information be noted.

Action: AWTTTC to review the process for sharing meeting information

8. Self-administration of medicines framework

Ms Jane Hoidn, Ms Rafia Jamil and Mr Emyr Jones (online) presented Enclosure 3 Self-administration of Medicines Framework. They explained the purpose of this framework is to develop a single policy framework for self-administration of medicines in hospitals across Wales. This framework will provide clear, standardised guidance to inform local policy to ensure that patients who self-administer their medicines at home can do so safely during hospital admissions. It will also align with efforts to reduce hospital-acquired deconditioning and enhance patient autonomy as part of the Safe Care Collaborative. The Chair opened discussion.

Clarification was sought as to whether the guidance relates to children. It was confirmed that the guidance relates to all ages including paediatrics. It was noted that operational guidance is still required for health boards to adapt locally. The potential for reviewing the use of Monitored Dosage Systems was discussed. In response to a query, it was confirmed that the Directors of Nursing had contributed to the development of the guidance. Members suggested that displaying posters to promote and raise awareness of supported self-administration could be beneficial. Clarification was provided that the guidance is intended for implementation within hospital settings initially, with the possibility of future adoption by care homes. The guidance received widespread support from members, who welcomed the initiative and expressed encouragement for the promotion of self-administration in their respective areas.

The Chair thanked the presenters and confirmed AWMSG's endorsement.

9. Policy for Appraising Medicines for Severe Conditions

Members noted minor changes to this policy which had been updated to reflect the new process.

10. Policy for Appraising Medicines for a very Rare Disease

Members noted minor changes to this policy which had been updated to reflect the new process.

11. Clinician and Patient Involvement Group (CAPIG) Terms of Reference

Members noted changes to the terms of reference of this group.

12. Primary care antimicrobial guidelines

Members noted minor updates to the guidelines. It was highlighted that inclusion of advice and guidance within guidelines may be seen as conflicting due to ongoing contract negotiations between GPC Wales and Welsh Government. The Chair agreed to contact Welsh Government colleagues to highlight the issue. It was confirmed that the updated guidelines have been published on the AWTTTC website as per the usual procedure for minor document updates.

Action: Chair to write to Alex Slade, WG

13. Medicines Optimisation Framework review

The Chair invited Dr Tom Curran to update members on the Medicines Optimisation Framework review. Dr Curran explained that the Medicines Optimisation Framework details the processes behind the development, endorsement and publication of AWMSG's medicines optimisation resources,

and sets out how new projects can be proposed and how proposals are considered. The framework defines the related processes of consultation, review of resources following publication and acknowledgement of resources. The framework was developed to encourage engagement from stakeholders across Wales. As AWTTTC is faced with increasing numbers of requests to develop medicines optimisation resources and guidelines, working in partnership with a broadening variety of partners and stakeholders, it is becoming clear that the current processes for accepting new work and development of resources may no longer be fit for purpose. As a result, a review of the Medicines Optimisation Framework will be undertaken. A review and update of the framework will ensure that resources developed are of value and real impact to support medicines optimisation across Wales.

Dr Curran explained that to inform the Medicines Optimisation Framework review, stakeholder engagement would be undertaken to identify the ways in which AWTTTC can add to, improve and develop its existing processes for prioritisation of work and resource development. The stakeholder engagement process will begin in the last quarter of 2025–26, with the feedback used to develop a clear timeline of developments to be delivered in 2026–27 and 2027–28. As part of the review, AWTTTC will also review the AWMSG Acknowledgement process – a process that currently allows AWMSG to promote resources, initiatives or campaigns that are already recognised or endorsed by a national body or institute and have been implemented or accepted as good practice within NHS Wales. There is a need to look at the Acknowledgement process and make sure it is robust and continues to be fit for purpose. Dr Curran took members through a presentation and provided details regarding the deliverables and scope of the project.

The Chair invited discussion. The pharmaceutical industry representative expressed support and offered more structured involvement from ABPI, particularly in terms of prioritisation, implementation and adoption of resources. Members discussed ways to enhance the AWTTTC website and ensure that AWMSG guidance is readily accessible to clinicians. Consideration was also given to methods for evaluating the impact of guidance. One member proposed inviting an individual who has utilised one of the resources to an AWMSG meeting, so they could share their experience of implementing the guidance. Another suggestion was to involve the NICE Associates in supporting implementation, as well as encouraging AWMSG and AWPAG members to promote AWMSG's work within their own professional groups locally.

Dr Champion noted that an additional aim is to improve guideline methodology and focus efforts on implementing existing guidance.

The Chair thanked Dr Curran for his presentation and members for their suggestions.

14. AWMSG remit and the development of output metrics

The Chair explained that the Cabinet Secretary had written to him outlining his priorities for AWMSG and he had responded accordingly (Enclosure 9). Subsequently, AWMSG had been asked to produce a list of activity metrics to demonstrate the impact of AWMSG's resources. The Chair confirmed that an active plan to improve engagement with health boards is currently being

prepared and he will shortly be writing to health board Chief Executives. The following suggestions were noted:

- Number of medicines assessments undertaken
- Number of website hits
- Number of downloads of medicines optimisation resources

It was suggested that the some of the metrics used for the VPAG Investment Programme could also be used. There was discussion regarding stakeholder feedback.

It was agreed that a list would be brought to the next meeting for discussion and agreement.

Action: Chair to work with AWTTTC to develop a list of activity metrics

15. Any other business

There was no other business.

The Chairman confirmed the date of the next meeting on, Wednesday, 11th March 2026 at the All Nations Centre, Sachville Avenue, Cardiff, CF14 3NY