

Enclosure No:	1/AWMSG/0725
Agenda Item No:	1 – Minutes of previous meeting
Author:	Chair, AWMSG
Contact:	Tel: 029 218 26900 E-Mail: awttc@wales.nhs.uk

**Minutes of the All Wales Medicines Strategy Group meeting
held Wednesday, 18th June 2025 at 9.30 am
in 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 Angharad Lawson | NHS Wales Joint Commissioning Committee |
| 3. | Prof Dyfrig Hughes | Health Economist |
| 4. | Ms Kate Parrish | ABPI (Wales) |
| 5. | Ms Julie Wilson-Thomas | Lay Representative |
| 6. | Mrs Pam James | Lay Representative |
| 7. | Ms Lois Gwyn | Managed Sector Pharmacist – Primary Care |
| 8. | Mr David Fox | Managed Sector Pharmacist – Hospital Pharmacist |
| 9. | Mr Hywel Pullen | Director of Finance |
| 10. | Mrs Susan Newport | Senior Nurse |
| 11. | Mr Karl Jackson | Other healthcare professions eligible to prescribe not already represented |
| 12. | Dr Alison Thomas | Clinical Pharmacologist |
| 13. | Dr Owen Seddon | Hospital Consultant |
| 14. | Mr Jonathan Simms | Director of Pharmacy |

Non-voting members:

**Ms Emma Willians, Deputy Chief Pharmaceutical Officer, Welsh Government
Ms Rhiannon Walters-Davies, Medicines Values Unit**

AWTTC staff:

Mr Richard Boldero, Senior Pharmacist
Dr Andrew Champion, Programme Director
Dr Katherine Chaplin, Senior Scientist
Dr Clare Elliott, Senior Scientist
Mr Steven Griffiths, Senior Data Analyst
Dr Stuart Keeping, Senior Scientist
Mrs Ruth Lang, Senior Liaison Manager
Miss Laura Phillips, Administration Manager
Ms Rosie Spears, Senior Scientist
Mr Anthony Williams, Head of PAMS
Mrs Claire Thomas, Head of WAPSU and Medicines Optimisation

List of abbreviations:

AWMSG	All Wales Medicines Strategy Group
AWPAG	All Wales Prescribing Advisory Group
AWTTC	All Wales Therapeutics and Toxicology Centre
LOWMAG	Licensed One Wales Medicines Assessment Group
NICE	National Institute for Health and Care Excellence
OWMAG	One Wales Medicines Assessment Group
PAPIG	Patient & Public Involvement Group
SPIRA	Server for Prescribing Information Reporting and Analysis

1. Welcome and introduction

The Chair opened the meeting, welcomed members and observers, and explained the meeting protocol. The Chair confirmed the quoracy had been met.

2. Apologies:

Mr Andrew Evans, Welsh Government
Dr Rachel Gemine, NHS Wales Joint Commissioning Committee
Mr Dylan Jones, Community Pharmacist
Prof Stephen Monaghan, Consultant in Public Health Medicine
Dr Richard Brown, General Practitioner

3. Declarations of interest:

There were no declarations of interest.

4. Minutes of previous meeting

The draft minutes of the previous meeting held on 20th May were checked for accuracy and approved. There were no matters arising.

5. Chair's report (verbal update)

The Chair confirmed that the advice forwarded to Welsh Government following the previous meeting had been ratified, disseminated to the Service and published on the AWTTC website. He referred members to the minutes of the previous meeting for the full list of advice.

The Chair thanked members for their input into the workshop held last month to discuss the Cabinet Secretary's remit letter. He confirmed the comments are being collated and a draft response would be shared with members.

The Chair reminded members about the Best Practice Day to be held on 2 July at the All Nations Centre. Registration is now closed and 22 posters have been submitted to the competition. Professor Philip Routledge, former AWTTTC Clinical Director and AWMSG Chair, will be opening the meeting and judging the poster competition.

The Chair informed members that AWMSG's Patient and Public Involvement Group had met on 11 June and heard presentations from the ICF Centre for Behavioural Change on extending prescribing intervals and from colleagues in Public Health Wales on raising awareness of antimicrobial resistance. PAPIG members were shown various videos that had been developed for social media and asked for their ideas for improvement. AWTTTC gave a brief round-up of work currently on-going and ran through their Values and Behaviours that had recently been developed. The Chair was pleased to report that all the topics had received a lot of interest and discussion.

The Chair informed members that he has asked Dr Andrew Champion, AWTTTC Programme Director, to provide regular verbal reports at future meetings to raise awareness of the significant amount of work going on within AWTTTC that is underway, or in development, which does not routinely come through AWMSG. Members were informed that AWTTTC will be submitting their work plan to AWMSG for agreement to ensure that it is aligned to AWMSG's purpose, vision and aims as outlined by the Cabinet Secretary.

The Chair informed members that concerns had been raised with regards to access to mavacamten for people with symptomatic (New York Heart Association, NYHA, class II III) obstructive hypertrophic cardiomyopathy for which final NICE Technology guidance had been published on 6 September 2023. The Chair informed members that he had written to Health Board Chief Executives asking whether patients in their areas had the required access to mavacamten. The Chair confirmed that their responses had been positive. Health boards acknowledged that the genotype testing had caused a delay initially, but this issue has subsequently been resolved. The intensive echocardiogram monitoring had been the main reason for the delay in implementing the guidance. The Chair reassured members that people in Powys and Betsi Cadwaladr are receiving treatment in England; Swansea Bay has established a regional service which has been extended to Hywel Dda. Patients in Cwm Taf and Aneurin Bevan have access to treatment and no issues have been reported. Cardiff and Vale UHB has also set up a service and people are accessing treatment.

The Chair expressed his gratitude to the Chief Executives for their prompt response and confirmed he has asked AWTTTC to establish a process for identifying, monitoring and escalating these types of issues in the future so that AWMSG can continue to avoid unwarranted variation in medicines access. The Chair invited comment. Members were reassured that the issue had been resolved.

6. **National Prescribing Indicators 2024–2025: Analysis of Prescribing Data to December 2024** (for information)

Miss Shaila Ahmed and Mr Richard Boldero presented an analysis of prescribing data to December 2024 for information and highlighted key aspects of the report as outlined in Enclosure 2/AWMSG/0625.

7. **National Prescribing Indicators 2024–2025: A focus on hypnotics and anxiolytics** (for information)

Dr Katherine Chaplin presented the National Prescribing Indicator (NPI) 2024-2025 in focus report on hypnotics and anxiolytics to members for information and highlighted the key aspects outlined in Enclosure 3/AWMSG/0625. It was noted the information is available on SPIRA. Members commented on the higher levels of prescribing seen in Wales compared to England, specifically North East England. The section relating to the prescribing of propranolol was discussed. This had been included due to concerns regarding increasing use for anxiety and the rise in number of deaths due to overdose. It was highlighted that propranolol is significantly more toxic in overdose than benzodiazepines. Members were informed that AWTTTC is liaising with ScriptSwitch and OptimiseRx with regards to the development of prescribing support decision messages in primary care. Members welcomed the report, and it was confirmed that it will be published on the AWTTTC website.

8. **One Wales - panitumumab for treatment of stage IV metastatic colorectal cancer with RAS wildtype confirmed by ctDNA following successful first line treatment with an EGFRi and at least one other treatment (OW 29)**

The Chair provided the background and informed members that the AWMSG Scrutiny Panel had decided that panitumumab was suitable for assessment through the One Wales Assessment process for off-label medicines and was considered by OWMAG at their meeting on 12 May 2025. He clarified that AWMSG members had been sent the OWMAG recommendation and decision rationale with an invite to submit any questions regarding these to the assessment lead, Rosie Spears, prior to this meeting. The Chair confirmed that no queries had been received.

The Chair asked AWMSG Members to consider the decision rationale and decide whether to endorse OWMAG's recommendation.

Dr Andrew Champion, OWMAG Chair, provided a summary of the decision rationale as outlined in Enclosure 4/AWMSG/0625 and confirmed the OWMAG recommendation:

Using the agreed starting and stopping criteria panitumumab (Vectibix®) can be made available within NHS Wales for the treatment of stage IV metastatic left-sided colorectal cancer with RAS wildtype confirmed by circulating tumour DNA following successful first line treatment with an epidermal growth factor inhibitor and at least one other treatment.

There is a simple discount patient access scheme (PAS) for panitumumab.

This advice will be reviewed after 12 months or earlier if new evidence becomes available.

Clinician responsibility

Clinicians will be obliged to collect and monitor patient outcomes. Evidence of clinical outcomes will be taken into consideration when reviewing the One Wales Medicines Assessment decision.

Health board responsibility

Health boards will take responsibility for implementing One Wales Medicines Assessment Group decisions and ensuring that a process is in place for monitoring clinical outcomes.

One Wales advice assists consistency of access across NHS Wales and will be disseminated to the service following ratification by Welsh Government.

The Chair invited comments. It was confirmed that the diagnostic companion test is not routinely commissioned for this indication; however, it is available within the All Wales Medical Genomics Service and the funding would be the responsibility of health boards. Dr Champion shared a statement that will be included in the advice issued to the service to this effect. Concern was expressed regarding potential inequity in uptake across Wales. It was confirmed that prescribing is a joint decision between the patient and clinician and there will be an expectation that outcome data are collected. It was agreed that AWTTTC will review the advice and outcome data in twelve months and report back to AWMSG.

The Chair confirmed AWMSG's endorsement.

9. One Wales - trametinib (Mekinist[®]) for recurrent low grade serous ovarian carcinoma (LGSOC) which has progressed following at least 1 previous platinum-based regimen (OW30)

The Chair provided the background and informed members that the AWMSG Scrutiny Panel had decided that trametinib was suitable for assessment through the One Wales Assessment process for off-label medicines and was considered by OWMAG at their meeting on 12 May 2025. He clarified that AWMSG members had been sent the OWMAG recommendation and decision rationale with an invite to submit any questions regarding these to the assessment lead, Dr Clare Elliott, prior to this meeting. The Chair confirmed that no queries had been received.

The Chair asked AWMSG Members to consider the decision rationale and decide whether to endorse OWMAG's recommendation.

Dr Andrew Champion, OWMAG Chair, provided a summary of the decision rationale as outlined in Enclosure 5/AWMSG/0625 and confirmed the OWMAG recommendation:

Using the agreed starting and stopping criteria trametinib (Mekinist[®]) can be made available within NHS Wales for the treatment of recurrent low grade

serous ovarian carcinoma (LGSOC) which has progressed following at least one previous platinum-based regimen.

This advice will be reviewed after 12 months or earlier if new evidence becomes available.

Clinician responsibility

Clinicians will be obliged to collect and monitor patient outcomes. Evidence of clinical outcomes will be taken into consideration when reviewing the One Wales Medicines Assessment Group decision.

Health board responsibility

Health boards will take responsibility for implementing One Wales Medicines Assessment Group decisions and ensuring that a process is in place for monitoring clinical outcomes.

One Wales advice assists consistency of access across NHS Wales and will be disseminated to the service following ratification by Welsh Government.

The Chair invited comments. Clarification was sought with regards to the budget impact and patient numbers. It was noted this treatment was available during the Covid pandemic and the increase in cost compared to standard treatment is low. It was confirmed that AWTTTC will work with clinicians to agree how outcome data will be collected.

The Chair confirmed AWMSG's endorsement.

10. Appraisal - teriparatide limited assessment for the treatment of osteoporosis in men at increased risk of fracture

The Chair provided the background and informed members that the AWMSG Scrutiny Panel decided that teriparatide was suitable for a limited assessment through the revised AWMSG licensed medicines assessment process and was considered by LOWMAG at their meeting on 7 May 2025. He clarified that AWMSG members had been sent the LOWMAG recommendation and decision rationale with an invite to submit any questions regarding these to the assessment lead, Dr Stuart Keeping, prior to this meeting. The Chair confirmed that no queries had been received. The Chair asked AWMSG Members to consider the decision rationale and decide whether to endorse LOWMAG's recommendation.

Dr James Coulson, LOWMAG Chair, provided a summary of the decision rationale as outlined in Enclosure 6/AWMSG/ 0625 and confirmed the LOWMAG recommendation:

Teriparatide can be made available within NHS Wales as an alternative treatment option for the secondary prevention of osteoporotic fragility fractures in men at increased risk of fracture. Inclusion, exclusion, starting and stopping criteria are the same as those in the NHS England clinical commissioning policy for osteoporosis in men.

Clarification was sought with regards to the budget impact. It was noted that a commercial arrangement has been offered to NHS Wales and the budget impact was considered by LOWMAG to be low.

The Chair confirmed AWMSG's endorsement.

11. NHS Wales inhaler carbon footprint report - February 2025
(for information)

Mr Richard Boldero presented the inhaler carbon footprint report to members for information and highlighted the key aspects of Enclosure 7/AWMSG/0625. Members welcomed the report and noted the positive changes.

12. Variation in prescribing (for information)

Mr Richard Boldero and Mr Steven Griffiths asked members to consider the paper highlighting prescribing by level of deprivation in Wales. Members were informed that AWTTTC had been requested to investigate variation in prescribing, with the aim of identifying possible explanatory factors. It was noted that this work corresponds to Goal 3 of the AWMSG Strategy for Wales 2024-2029 and builds on a paper previously discussed in February 2025. Mr Boldero highlighted the key aspects of the report as outlined in Enclosure 8/AWMSG/0625. The Chair invited comments. Members welcomed the report and commented that it allows wider appreciation of the data. Mr Boldero confirmed that a champion from each health board had been nominated to work with AWTTTC to investigate unwarranted variation in prescribing in their area. The dashboard developed by AWTTTC will enable visualisation of the data and association between deprivation and prescribing. The Chair congratulated Mr Boldero and Mr Griffiths on their excellent work.

13. Any other business

There was no other business.

The Chair confirmed the date of the next meeting on, Wednesday, 15th July 2025 at the All Nations Centre, Sachville Avenue, Cardiff, CF14 3NY