

Enclosure No:	<b>1/AWMSG/0226</b>
Agenda Item No:	<b>1 – Minutes of previous meeting</b>
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## **All Wales Medicines Strategy Group (AWMSG)**

### **Minutes of the AWMSG meeting held at 09:30am on Tuesday, 2<sup>nd</sup> December 2025 at the All Nations Centre, Sachville Avenue, Cardiff, CF14 3NY**

<b>Voting members present:</b>		<b>Did not participate in agenda item:</b>
<b>1. Prof Iolo Doull</b>	<b>Chair</b>	
<b>2. Prof Stephen Monaghan</b>	<b>Consultant in Public Health Medicine</b>	
<b>3. Ms Angharad Lawson</b>	<b>NHS Wales Joint Commissioning Committee</b>	
<b>4. Prof Dyfrig Hughes</b>	<b>Health Economist</b>	
<b>5. Mr Tommy Price</b>	<b>ABPI (Wales)</b>	<b>7</b>
<b>6. Mrs Pam James</b>	<b>Lay Representative</b>	
<b>7. Ms Julie Wilson-Thomas</b>	<b>Lay Representative</b>	
<b>8. Mr Dylan Jones</b>	<b>Community Pharmacist</b>	
<b>9. Dr Richard Skone</b>	<b>Medical Director</b>	
<b>10. Dr Richard Brown</b>	<b>General Practitioner with an interest in therapeutics</b>	
<b>11. Ms Lois Gywn</b>	<b>Managed Sector Pharmacist – Primary Care</b>	
<b>12. Mr David Fox</b>	<b>Managed Sector Pharmacist – Hospital Pharmacist</b>	
<b>13. Mr James Leaves</b>	<b>Assistant Director of Finance</b>	
<b>14. Mrs Susan Newport</b>	<b>Senior Nurse</b>	
<b>15. Mrs Cathy Wynne</b>	<b>Other healthcare professions eligible to prescribe not already represented</b>	

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| <b>16. Dr Alison Thomas</b>  | <b>Clinical Pharmacologist</b> |
| <b>17. Dr Owen Seddon</b>    | <b>Hospital Consultant</b>     |
| <b>18. Mr Jonathan Simms</b> | <b>Director of Pharmacy</b>    |

**Welsh Government:**

Mr Andrew Evans

**Medicines Values Unit:**

Rhiannon Walters-Davies

**AWTTC staff:**

Ms Shaila Ahmed, Advanced Pharmacist  
 Mrs Gail Woodland, Senior Pharmacist  
 Mr Richard Boldero, Senior Pharmacist  
 Mr Thomas Curran, Principal Scientist  
 Mrs Ruth Lang, Senior Liaison Manager  
 Miss Laura Phillips, Administration Manager  
 Ms Rosie Spears, Senior Scientist  
 Miss Rachel Vickery, Medical Writer  
 Mr Tony Williams, Head of PAMS

**List of abbreviations:**

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
DLI	Donor lymphocyte infusion
HSCT	Allogeneic haematopoietic stem cell transplant
HTA	Health Technology Appraisal
ILAP	Innovative Licensing and Access Pathway
JCC	NHS Wales Joint Commissioning Committee
LOWMAG	Licensed One Wales Medicines Assessment Group
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NPIs	National Prescribing Indicators
OME	Oral Morphine Equivalence
OWMAG	One Wales Medicines Assessment Group
PAPIG	Patient & Public Involvement Group
PAMS	Patient Access to Medicines Service
SBAR	Situation, Background, Assessment, and Recommendation
SGLT-2 S	Sodium-glucose Cotransporter-2 Inhibitors
4C	Group of antimicrobials

**1. Welcome and introduction**

The Chair opened the meeting, welcomed members and observers, and explained the meeting protocol. The Chair confirmed that the meeting was quorate.

**2. Apologies:**

Dr Rachel Gemine, NHS Wales Joint Commissioning Committee  
Miss Rafia Jamil, Managed Sector Pharmacist – Primary Care  
Dr Andrew Champion – AWTTTC Programme Director  
Mrs Claire Thomas – Head of Medicines Optimisation AWTTTC

**3. Declarations of interest:**

The Chair invited declarations of interest. Tommy Price declared a personal specific interest in agenda item 7 with regards to his employer. The Chair confirmed that Mr Price would need to leave the meeting for this agenda item.

**4. Minutes of previous meeting**

The draft minutes of the previous meeting held on 5 November 2025 were checked for accuracy and approved. There were no matters arising.

**5. Chair's report (verbal update)**

The Chair informed members that the One Wales Medicines Assessment Group met in November to review advice on the off-label use of rituximab for the treatment of generalised myasthenia gravis in adults. The decision was to continue supporting use, with the next review scheduled in one year.

Members were reminded the consultation on the All Wales HIV-1 Antiretroviral Prescribing Guidelines remains open until 5 December and were encouraged to submit comments before the closing date.

The Chair reported that following discussions at the AWMSG Steering Committee meeting on 18 November regarding the increasing complexities of commercial arrangements and the absence of requisite data, he had asked representatives from the Medicines Value Unit and AWTTTC to further consider the data access challenges and develop recommendations for consideration by AWMSG. It was noted that minor amendments to the constitutions of the Commercial Arrangement Scheme Wales Group and the All Wales Prescribing Advisory Group have been approved. The Chair informed members that he is awaiting feedback from the Blueteq Steering Committee following their recent meeting.

The Chair highlighted the recent press release confirming the UK Government changes to NICE's cost-effectiveness thresholds for evaluating new medicines in the NHS. From April 2026, the standard threshold will increase from £20,000–£30,000 to £25,000–£35,000 per quality-adjusted life year (QALY). NICE will also adopt a new value set for assessing health-related quality of life, following peer review and publication.

## 6. AWTTTC Programme Director's report

Tony Williams presented an update on AWTTTC workstreams. Members were informed that the AWTTTC work programme for 2026–2029 has been prepared and will be presented to Welsh Government on 8 December. It includes 33 headline objectives across all therapeutics teams, outlining expected outcomes, responsibilities, timelines, and resource requirements.

It was noted that AWTTTC Values and Behaviours have been approved and published, reflecting organisational principles and stakeholder engagement. These are displayed in offices and incorporated into email signatures and Teams backgrounds.

The next AWMSG Scrutiny Panel meeting will be held on 18 December. Two medicines will be considered for assessment via the Licensed One Wales Medicines Assessment Group (LOWMAG).

The AWTTTC website will shortly be updated with a number of updated policies to better reflect new processes. This will include the medicines for rare diseases policy, the AWMSG severity modifier policy and the Clinician and Patient Involvement Group terms of reference. Additionally, the medicines assessment team have commenced working with the Blueteq Steering group for discussion of off label medicines, and their inclusion on Blueteq.

It was highlighted that challenges remain in accessing time-critical data for commercial arrangements, which impacts potential financial benefits for NHS Wales. AWTTTC, alongside the Medicines Value Unit are working to resolve these issues and progress will be reported to AWMSG in the coming months. An industry engagement event is scheduled for 30 April to encourage early dialogue.

The 2024–2025 IPFR Annual Report has been published and is available on the AWTTTC website in English and Welsh. The report can be found using the following weblinks <https://awttc.nhs.wales/ipfr-annual-reports> (English) <https://cttcg.gig.cymru/adroddiadau-blynyddol-IPFR> (Cymraeg). The next IPFR workshop will be held on Tuesday 27<sup>th</sup> January next year. This will be an online event via TEAMS.

The next AWTTTC Learning at lunch will be held on the 4 February 2026. It will include an update on the All Wales Adult Asthma Management and Prescribing Guidelines, and the findings of research carried out by the National Poisons Information Service and AWTTTC, in relation to monitored dosage systems and calls to the National Poisons Information Service.

It was announced that AWTTTC had been awarded First Place for Best Poster Presentation at this year's UK Royal Pharmaceutical Society conference. The poster "*Developing the 2025–2028 National Prescribing Indicators for NHS Wales: A Stakeholder-Led Approach*", was presented by Shaila Ahmed, Senior Pharmacist at AWTTTC.

Engagement continues on the proposed national process and governance structure for complex therapies. Positive feedback has been received, and a National Oversight Panel with three supporting working groups will be established in early 2026. Terms of Reference are in development.

Members were informed that the second round of applications for the Innovative Licensing and Access Pathway closed in September, with decisions expected in January.

Progress continues across all four VPAG workstreams. The second Programme Board met on 13 November, welcoming new members and approving key documents, including the Programme Initiation Document, Communication Plan, and Programme Schedule. Draft impact metrics and highlight reports were presented.

- 7. 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 allogeneic haematopoietic stem cell transplant (HSCT) where it is not appropriate to offer intensive chemotherapy (OW32) – for endorsement

*Due to a declared interest, Tommy Price was asked to observe this agenda item from the public viewing gallery*

The Chair explained to members the AWMSG Scrutiny Panel agreed that venetoclax with azacitidine was suitable for consideration under the One Wales process for off-label medicines. It was subsequently assessed by OWMAG on 3 November 2025. Members received the recommendation and decision rationale in advance of the meeting and were invited to submit queries; none were received.

Rosie Spears presented a summary of the decision rationale from the OWMAG meeting. Members were informed the AWMSG Scrutiny Panel supported assessment because published evidence of this off label indication exists, and multiple IPFR requests have been submitted. OWMAG reviewed clinical and economic evidence, noting that this regimen offers a less toxic alternative with potential curative intent as a bridge to HSCT or donor lymphocyte infusion (DLI). Real-world UK data reported a 52% response rate, median overall survival of 8.9 months (15.9 months in responders), and 38% proceeding to HSCT or DLI. Cost-effectiveness analysis indicated treatment is likely cost-saving, with reasonable budget impact and resource use compared to intensive chemotherapy. Delivery in a hospital day-care setting reduces inpatient stays and travel to tertiary centres, offering additional benefit for older, frailer patients. OWMAG concluded the treatment provides meaningful benefit and represents a reasonable use of NHS resources for this targeted cohort.

It was queried how outcome data for venetoclax with azacitidine will be collected. Members were informed that the intention is for One Wales medicines to be added to Blueteq to support systematic data capture. In tandem, AWTTTC will continue developing data collection tools and encourage clinical engagement, although success in obtaining consistent input from

clinicians has varied.

AWMSG members confirmed endorsement of the OWMAG recommendation, which will now be submitted to Welsh Government for ratification.

**8. All Wales Common Ailments Scheme formulary – Minor updates – for information**

Thomas Curran presented an update on the minor updates to the All Wales Common Ailments Service Formulary document (originally published in August 2023, latest update published in November 2025). The revised monographs on constipation, diarrhoea, dyspepsia, and threadworm were updated to align with NICE Clinical Knowledge Summaries.

Members queried whether the monographs make it sufficiently clear that some patients, such as oncology patients with diarrhoea, should seek specialist care. It was explained that while every monograph may not state it explicitly, there is an expectation that clinical judgement would always apply and mitigate such risks.

**9. National Prescribing Indicators 2025–2026 Analysis of Prescribing Data to June – for information**

Shaila Ahmed introduced the report and noted that it is the first report of the 2025–2028 NPI cycle, containing data for the first quarter of 2025–2026. She summarised the changes in prescribing, highlighted examples of good practice, and described other prescribing trends. Members were informed that the report does not currently include data for the new SGLT-2 inhibitor indicators, as this dataset is still being developed by DHCW. The report will be updated as soon as the data becomes available.

Richard Boldero presented the best-value biologics and low value for prescribing data. Overall, use of the biosimilar medicines has increased compared to the equivalent period of the previous year.

Members requested additional data visualisations in future reports, including graphs with clear trend lines for the whole of Wales. For antimicrobial indicators, members suggested presenting annual totals to account for seasonal fluctuations and show overall progress more clearly.

Members noted that recently introduced biosimilars have achieved high uptake rates, whereas older biosimilars show lower adoption. It was suggested this may reflect greater focus and support for newer products rather than differences in tolerability, and members questioned whether opportunities remain to increase use of established biosimilars.

**10. NHS Wales inhaler carbon footprint report – August 2025 – for information**

Richard Boldero presented the latest update of the report to members, noting that all four reported metrics show positive change for the current three-

month period compared with both the previous three months and the same period last year. Members were also informed that an SBAR will be presented to the All Wales Prescribing Advisory Group next week proposing changes to the carbon footprint data analyses. These proposals aim to improve accuracy and support the monitoring of prescribing trends.

#### **11. Retirement of AWMSG endorsed medicines optimisation resources - update for members – for information**

Thomas Curran gave members an update on the review and retirement of AWMSG-endorsed medicines optimisation resources. It was noted that resources reaching five years since endorsement are assessed by AWPAG, with possible outcomes including retirement, retention without changes, or retention pending revision. Following AWPAG's September 2025 meeting, several decisions have been implemented on the AWTTTC website: the Shared Care Protocol for denosumab (2013), shared care template for amiodarone (2008), and shared care template for subcutaneous methotrexate (2009) have been retired. A further three resources have been identified for review: Medicines identified as low priority for funding in NHS Wales (2017), medicines identified as low priority for funding in NHS Wales (2018), and items identified as low value for prescribing in NHS Wales (2020). The outcome of these reviews will be brought to AWMSG when completed.

#### **12. Any other business**

None

The Chair thanked AWMSG members and confirmed the date of the next meeting on, Wednesday, 11<sup>th</sup> February 2025 at the All Nations Centre, Sachville Avenue, Cardiff, CF14 3NY