

Enclosure No:	1/AWMSG/0224
Agenda Item No:	1 – Minutes of previous meeting
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All Wales Medicines Strategy Group (AWMSG)

**Draft minutes of the AWMSG meeting held
09:30 am on Tuesday, 5 December 2023 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. Dr Saja Muwaffak	Welsh Health Specialised Services Commission	
4. Prof Dyfrig Hughes	Health Economist	
5. Mr Farhan Mughal	ABPI (Wales)	
6. Mrs Claire James	Lay Representative	
7. Mrs Pam James	Lay Representative	
8. Dr Richard Skone	Medical Director	
9. Dr Jeremy Black	GP with prescribing lead role	
10. Ms Alison Hughes	Senior Primary Care Pharmacist	
11. Mr James Leaves	Director of Finance	
13 Ms Cathy Wynne	Other healthcare professions eligible to prescribe	
14. Dr Alison Thomas	Clinical Pharmacologist	
15. Dr Sam Cox	Hospital Consultant	

Non-voting members present:

Welsh Government: Mr Andrew Evans

AWTTC staff:

Mr Richard Boldero, Senior Pharmacist
Mr Trevor Brooking, Administration Manager
Dr Andy Champion, Programme Director
Dr Thomas Curran, Principal Scientist
Mrs Rachel Jonas, Medical Writer
Dr Stephanie Francis, Principal Scientist
Mrs Claire Thomas, Head of WAPSU

List of abbreviations:

ABPI	Association of the British Pharmaceutical Industry
ATMP	Advanced therapy medicinal products
AWMSG	All Wales Medicines Strategy Group
AWPAG	All Wales Prescribing Advisory Group
AWTTC	All Wales Therapeutics and Toxicology Centre
IR	Independent review
WHSSC	Welsh Health Specialised Services Committee
OWMAG	One Wales Medicines Access Group
NPIs	National Prescribing Indicators

1. Welcome and introduction

The Chair opened the meeting, welcomed members and observers, and explained the meeting protocol.

2. Apologies:

Mr Chris Brown, Chief Pharmacist
Mr Mark Francis, Medicines Values Unit
Mr Dylan Jones, Community Pharmacist
Mr Stuart Rees, Senior Hospital Pharmacist
Mr David Fox, Senior Hospital Pharmacist
Mr Jonathan Simms, Chief 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 November 2023 were checked for accuracy and approved. There were no matters arising.

5. Chairman's report (verbal update)

The Chair informed members that the AWMSG Industry Open Day held at the All Nations Centre on Thursday, 30th November was well attended and the feedback received had been extremely positive.

The Chair relayed the outcome of the One Wales Medicines Assessment Group review of One Wales advice for:

- Vonicog alfa (Veyvondi®▼) for the on-demand treatment of non-surgical and surgical (elective and emergency) bleeding episodes in children aged up to 17 years with von Willebrand disease and

- Adalimumab for the treatment of paediatric patients with severe refractory non-infectious intermediate, posterior and pan-uveitis.

Members were asked to note the decision of OWMAG is to continue to support use of both medicines for these indications. Vonicog alfa (Veyvondi®▼) will be reviewed after 1 year, or sooner should new evidence become available; adalimumab will be reviewed in three years or sooner.

The Chair informed members that the AWMSG Training Day in January has been postponed until spring 2024, the date is to be confirmed.

The Chair confirmed that Welsh Government has not yet ratified AWMSG's advice on emtricitabine/tenofovir alafenamide (Descovy®) for pre-exposure prophylaxis of human immunodeficiency virus-1 (HIV-1) infection.

The Chair informed members that All Wales Guidance for penicillin-allergy de-labelling is expected to go out for consultation in January and will be presented to AWMSG next spring for endorsement.

6. **AWMSG Medicines Strategy – consultation update**

Dr Stephanie Francis and Dr Tom Curran presented the latest draft of the AWMSG Strategy for Wales: 2024–2029, alongside a summary of comments received and suggested responses.

Members discussed the comments received on the developing role of independent prescribers, and whether there was an opportunity to address this within the Strategy. Members felt this was more of an operational matter not appropriate for addressing directly within the Strategy and specific guidance can be developed in future. A comment was made that while there will be an imminent increase in independent prescribers, these will be from a variety of healthcare backgrounds and will continue to increase during the lifetime of the strategy.

A number of responders had made comment that some of the measures read more like objectives as opposed to specific measures that can be quantified. It was agreed that use of the phrase 'indicators of success' would be more suitable throughout and allow for a wider scope between qualitative and quantitative methods of evaluating progress. It was acknowledged that limitations in the availability of data impacts the inability to quantifiably measure some of the outcomes.

A number of consultation comments received suggested that Goal 8 should be broadened to encapsulate ATMPs. It was agreed that the wording of Goal 8 needed to be revised to better cover the full breadth of precision medicines (e.g. targeted cancer therapies, gene therapies and pharmacogenomics) and that specific reference to "ATMPs where they are precision medicines" should be incorporated. It was also agreed that a definition of what AWMSG means by 'precision medicines' would be a useful addition. Members also highlighted that biomarker testing for precision medicines is broader than genomic testing carried out in the lab and that the wording of Goal 8 should reflect this.

There was discussion around how the strategy also needs to appeal to life sciences and the industry. It was noted that the details of the Voluntary Scheme for Branded Medicines Pricing, Access and Growth (VPAG) were due to be published imminently and AWMSG needed to ensure that their Strategy aligned with this where appropriate.

Comments suggesting that Goal 5 on “medicines adherence” could be changed to a broader goal on “supporting self-management” were discussed. Members agreed that the two areas are quite different and, given the significant improvements to be made with improving medicines adherence, the scope of Goal 5 should remain as it is. Members agreed that there was a need to strengthen the messaging around the importance of ‘shared decision making’ within Goal 5 and patient groups should be listed as ‘partners’ within this goal.

Members discussed whether Principle 1 (People-centred) and Principle 5 (Collaboration) should be merged. It was agreed these should be kept separate.

AWMSG members discussed some of the more negative comments received as part of the consultation. Discussion focused on a comment around AWMSG priorities not matching the needs for NHS Wales. Dr Andy Champion confirmed that discussions had been had with the participant who made the statement which was based on historic concerns. Dr Champion had provided reassurance that there is opportunity for future partnerships to align more with the needs of NHS Wales.

It was highlighted that medicines shortages and the supply of medicines was a common issue raised in the consultation comments. Discussion highlighted that this is primarily a Welsh Government responsibility but there may be opportunity for AWTTTC and AWMSG to work together to produce specific guidance and advice for healthcare professionals and the public on the management of medicine shortage issues.

To conclude the discussion, AWMSG members were notified that an updated draft of the strategy with any changes highlighted, and a final summary of consultation comments and responses, will be brought to the February 2024 meeting of AWMSG for final sign-off prior to publication.

7. NHS Wales inhaler carbon footprint report - August 2023

Mr Richard Boldero presented an overview of the report. He explained that although there is an overall continuous downward trend in total carbon footprint of inhalers, the current data suggests that the target to a carbon dioxide equivalence per year by 2025 of 20,000 tonnes, would not be achieved. It was suggested that some projections may be a useful visual tool to ensure the wider picture is being seen.

A member queried if some datasets from cohorts that are unable to switch inhalers could be excluded to give a more realistic baseline. Members were informed the dataset format does not allow for exclusion of patients by certain characteristics such as age. Another member was keen for all data to be reported rather than making exclusions. It was agreed that a narrative of

the key points of each graph at the start of the document would be useful and possibly the use of a visual aid, such as a waterfall diagram, to show the impact of areas on carbon footprint and what can be done to influence these areas.

8. Any other business

There was no other business.

The Chair confirmed the date of the next meeting on Wednesday 7 February 2024 at Cardiff Metropolitan University, Cyncoed campus.