

Enclosure No:	1/AWMSG/1225
Agenda Item No:	1 – Minutes of previous meeting
Author:	Chair, AWMSG
Contact:	Tel: 029 218 26900 E-Mail: awttc@wales.nhs.uk

All Wales Medicines Strategy Group (AWMSG)

Minutes of the AWMSG meeting held at 9:30 am on Wednesday, 5 November 2025 at the All Nations Centre, Sachville Avenue, Cardiff, CF14 3NY

Voting members present:

**Did not
participate
in agenda
item:**

- | | | |
|------------|-------------------------------|--|
| 1. | Prof Iolo Doull | Chair |
| 2. | Prof Stephen Monaghan | Consultant in Public Health Medicine |
| 3. | Ms Kate Parrish | ABPI (Wales) |
| 4. | Mrs Pam James | Lay Representative |
| 5. | Ms Julie Wilson-Thomas | Lay Representative |
| 6. | Dr Richard Skone | Medical Director |
| 7. | Dr Richard Brown | General Practitioner with an interest
in therapeutics |
| 8. | Mr David Fox | Managed Sector Pharmacist –
Hospital Pharmacist |
| 9. | Mrs Katherine White | Senior Nurse |
| 10. | Dr Alison Thomas | Clinical Pharmacologist |
| 11. | Dr Owen Seddon | Hospital Consultant |
| 12. | Ms Angharad Lawson | NHS Wales Joint Commissioning
Committee |

Welsh Government:

Mr Andrew Evans

Medicines Values Unit:

Rhiannon Walters-Davies

AWTTC staff:

Mrs Helen Adams, Senior Pharmacist
Mr Richard Boldero, Senior Pharmacist
Mr Lewis Carter, Administration Manager
Dr Andrew Champion, Programme Director
Dr Katherine Chaplin, Senior Scientist
Dr Thomas Curran, Principal Scientist
Dr Laurence Gray, Consultant Clinical Pharmacologist, Chair of AWPAG
Dr Carolyn Hughes, Medical Writer
Mrs Ruth Lang, Senior Liaison Manager
Miss Laura Phillips, Administration Manager
Mrs Claire Thomas, Head of WAPSU and Medicines Optimisation

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
CASWG	Commercial Arrangement Scheme Wales Group
CMAT	Commercial Medicines Access Team
DHCW	Digital Health and Care Wales
HTA	Health Technology Appraisal
ILAP	Innovative Licensing and Access Pathway
JCC	NHS Wales Joint Commissioning Committee
MHRA	Medicines and Healthcare Products Regulatory Agency
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NPIs	National Prescribing Indicators
NTF	New Treatment Fund
OWMAG	One Wales Medicines Assessment Group
PAMS	Patient Access to Medicines Service
4C	Group of antimicrobials
WGOS	Wales General Ophthalmic Services

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 Pippa Anderson, Health Economist
Dr Rachel Gemine, NHS Wales Joint Commissioning Committee
Ms Lois Gwyn, Managed Sector Pharmacist – Primary Care
Prof Dyfrig Hughes, Health Economist
Mr Karl Jackson, Other healthcare professionals
Mr Dylan Jones, Community Pharmacist
Mr James Leaves, Director of Finance
Mrs Susan Newport, Senior Nurse
Mr Hywel Pullen, Director of Finance
Mr Jonathan Simms, Director of Pharmacy
Mrs Bethan Tranter, Director of Pharmacy

3. Declarations of interest:

The Chair invited declarations of interest. Ms Kate Parrish declared a conflict of interest in agenda item 9 (All Wales COPD management and prescribing guideline). The Chair confirmed that she could remain in the meeting for this item.

4. Minutes of previous meeting

The draft minutes of the previous meeting held on 7 October were checked for accuracy. One question had been raised about whether AWMSG should be writing to inform relevant parties to help reinforce the 'Guidance to support integrated medicines management in community settings' – and Claire Thomas, Head of WAPSU, confirmed that this was correct and would be taken forward. There were no other matters arising. The Chair approved the minutes.

5. Chair's report (verbal update)

The Chair welcomed everyone to the meeting.

The Chair confirmed that Welsh Government had ratified the advice of the One Wales Medicines Assessment Group (OWMAG) on the use of dabrafenib (Tafinlar) and trametinib (Mekinist) to treat inoperable, BRAF V600E anaplastic thyroid cancer. Full details, including the start and stop criteria, were disseminated to the service and published on the AWTTTC website. Welsh Government has also ratified the OWMAG's advice about nivolumab monotherapy as first-line treatment of metastatic or locally advanced and unresectable, deficient mismatch repair/high microsatellite instability oesophageal and gastric cancer. Full details can also be found on the AWTTTC website. The benefits and risks of the off-label use of medicines must be clearly stated and discussed with the patient to allow informed consent. The Chair said that OWMAG advice is reviewed after 12 months, or earlier if new evidence becomes available.

The Chair said that the 'Self-administration of medicines framework' is out for consultation, with a closing date of 13 November. And another consultation starts this week on the 'All Wales HIV-1 antiretroviral prescribing guidelines', which will be live until the first week of December. The Chair said he would be grateful if members could respond to the consultations with any comments they might have.

The Chair asked in members had any comments; there were none. The Chair then announced that Welsh Government had ratified his appointment as the Chair of AWMSG for another four years, and that he was delighted and honoured to continue as Chair. He invited Dr Andrew Champion to give the AWTTTC Programme Director's report.

6. **AWTTC Programme Director's report**

Dr Andrew Champion thanked the Chair for accepting the Cabinet Secretary's offer to continue as AWMSG Chair for another four years. Dr Champion then gave a summary of the recent work of AWTTC that relates to AWMSG, and additional items of interest.

Dr Champion highlighted the work of the Commercial Medicines Access Team (CMAT), who are preparing a paper outlining key issues including access to data to inform the timely development of commercial access agreements for Wales, which will be brought to a future AWMSG for members to consider and input. And he commented on the progress of the newly formed Commercial Arrangement Scheme Wales Group (CASWG), which met on 8 October, which would be presented at today's meeting.

Dr Champion reported that the Blueteq Steering Committee met on 14 October 2025. AWTTC has now committed to drafting all necessary Blueteq forms, significantly reducing the workload for health boards. With approximately 500 forms required, this process is expected to continue throughout most of 2026, making prioritisation essential. The initial focus has been on completing forms for medicines linked to commercial access arrangements; these have now been finalised and will be submitted for All Wales approval in the coming weeks.

A meeting of the OWMAG took place on 3 November to consider venetoclax with azacitidine for the off-label treatment of relapsed or refractory acute myeloid leukaemia in adults. A decision was reached, and the outcome will be brought to next month's AWMSG meeting for endorsement.

Also on 3 November, AWMSG's Scrutiny Panel met to review four medicines to determine their eligibility for assessment. The panel's recommendations will be presented at the next AWMSG Steering Committee meeting, and eligible medicines will be incorporated into the AWMSG work programme as appropriate.

On 13 October Dr Champion and Mr Anthony Williams, head of Patient Access to Medicines at AWTTC, were invited to attend a Medicines and Healthcare products Regulatory Agency (MHRA) Welsh Government Bilateral Stakeholder meeting. They met with the new MHRA Chief Executive Lawrence Tallon, and presented an overview of AWMSG and AWTTC, including a summary of AWTTC's work to support AWMSG and people and services across Wales. The excellent work of the Yellow Card Centre Wales was also highlighted and discussed. Of note was the commitment from the MHRA and NICE to reduce the gap between product licensing and NICE HTA, which should result in faster patient access to newly approved medicines. This will be known as the Aligned Pathway, and it is estimated that 20% of medicines will be appraised through this route. The alignment could mean that some medicines will receive NICE final draft guidance before the medicine has its marketing authorisation. In Wales, this will have implications for medicines added to the New Treatment Fund. This will need to be considered with colleagues in Welsh Government.

AWTTC staff (Stephanie Francis, Claire Thomas, Tom Curran, and Dr Champion) attended the NHS Wales Performance & Improvement National Clinical Leads meeting on 16 October and gave two presentations. The 'National Pathway Mapping of Complex Therapies: a proposed national process and governance structure' received positive feedback that was incorporated into an updated version of the paper. The paper will now be shared with health board Medical Directors, Chief Executives and Directors of Pharmacy. The second presentation was 'Medicines optimisation guidelines - an overview and update of the medicines optimisation framework'. There was considerable interest from clinical leads in our work and further collaboration was discussed. AWMSG members will be kept updated as the Medicines Optimisation framework review progresses and their input will be sought.

On 20 October, representatives from NICE met with AWTTC to discuss the existing Memorandum of Understanding. The purpose of the agreement is to formally establish and describe a collaboration between NICE and AWMSG. This aims to align the strategic planning, development, and delivery of advice across England and Wales, minimise duplication or inconsistencies, and support the work of both organisations.

On 22 October Dr Champion met with Dr Richard Torbett, CEO of the Association of the British Pharmaceutical Industry (ABPI), and gave him a comprehensive overview of the AWMSG strategy and AWTTC work programme, including an update on the VPAG Investment Programme for HTA.

Dr Champion also gave update on the Innovative Licensing and Access Pathway (ILAP), an end-to-end pathway that accelerates patient access to transformative new medicines. Last year the ILAP process was reviewed and updated. The result, ILAP version 2.0, was launched in March 2025 and applications for new products closed in June. Sixteen applications were received, and three investigational products with rare disease indications were awarded an Innovation Passport, the entry point into ILAP. These three products are in development for: neonatal onset ornithine transcarbamylase (OTC) deficiency; Duchenne muscular dystrophy; and a rare neurodegenerative condition affecting children. The results of the second round of applications are expected in January 2026.

Dr Champion also gave an update on the VPAG programme, and reported good progress across each of the four project workstreams. The next VPAG Programme Board meeting will take place on 13 November and will include a formal presentation of the project initiation document and the communications and engagement plan. Each project lead will present their own highlights, including individual project delivery and impact metrics, project milestones, and risk register.

Other news from AWTTC was that a research abstract 'Developing the 2025–2028 National Prescribing Indicators for NHS Wales: a stakeholder-led approach' had been accepted for poster presentation at the 2025 Royal Pharmaceutical Society Annual Conference in London on 7 November, and Shaila Ahmed, Senior Pharmacist, would present it on behalf of AWTTC. The

poster presents the collaborative process used to review and refine the National Prescribing Indicators, including stakeholder engagement, thematic analysis, and the introduction of new priorities for the 2025–2028 cycle. The abstract will also be published as a supplement in the International Journal of Pharmacy Practice.

On 15 October AWTTTC staff participated in a Staff Away Day, which saw the launch of the AWTTTC Values and Behaviours, which will soon be published on the AWTTTC website.

Dr Champion ended by thanking ABPI's Joe Castle who is standing down from several committees: the AWMSG Steering Committee, the OWMAG and the Industry Forum. He expressed AWTTTC's thanks and gratitude for all of Joe's hard work over the years. The Chair echoed Dr Champion's comments.

7. Wales General Ophthalmic Services – Signed orders formulary (for endorsement)

Richard Boldero, AWTTTC Pharmacist, introduced this document, authored by the Wales General Ophthalmic Services (WGOS), and welcomed Mike George, National WGOS Clinical Lead at the NHS Wales Shared Services Partnership. Mike George described how Welsh Government has changed the regulations concerning prescriptions issued by optometrists in April 2025, so that community pharmacies in Wales could supply NHS-funded medicines ordered by optometrists in Wales. As well as the change it was agreed to introduce an approved list of eye preparations (medicines and devices) that may be ordered by NHS Wales' optometrists providing WGOS on the NHS signed orders. The AWMSG was asked to approve the list of medicines and devices.

The Chair thanked Mike and Richard and invited questions and comments from AWMSG members. One member commented that it was a useful document and that the change will make it easier for patients to access quick and appropriate care. They asked if, when the document is revised, steroid drops for post-operative cataracts could be included. Mike George replied that the UK Government is currently consulting on the human medicines regulations 2012, and if, as a result of that, steroids might then be included then he would come back to AWMSG asking for an expanded formulary.

AWMSG members endorsed the document.

8. National Prescribing Indicators 2024–2025 – A focus on 4C prescribing (for information)

Dr Katherine Chaplin introduced this paper, which is a summary of prescribing trends in GP clusters and practices in Wales for 4C antimicrobials: co-amoxiclav, cephalosporins, fluoroquinolones and clindamycin. Dr Chaplin outlined how the data show that prescribing of the 4Cs has decreased over the past six years, but there is still variation between practices and health boards. Most health boards in Wales were doing quite well in 4C prescribing compared with England and north-east England.

The report included a deeper look at the prescribing data for each of the 4C

antimicrobials separately, with data reported as items and defined daily dose (DDD) per thousand patients to give a better picture of prescribing. Area graphs showed trends in prescribing for the past three years. Three fluoroquinolones account for 99% of prescriptions: ciprofloxacin (62%), then ofloxacin and levofloxacin. The same approach was applied to cephalosporins, which found that cefalexin accounted for 94% of prescribing. The report also includes the targets for the national prescribing indicator (NPI) and shows how health boards are doing in meeting that target, those that are below the threshold and those that are moving towards it.

The Chair commented that the granularity of the data was good. He invited comments from members. One member suggested it would be useful to ask the health boards why they are using so much of one antibiotic, and if these were the levels of prescribing that we would expect to see. Dr Chaplin said that a change to the antimicrobial prescribing guidelines might have caused prescribing changes seen in DDDs because some health boards are following the guidelines.

Members commented on penicillin de-labelling and explored potential reasons for differences in prescribing between health boards. One member asked if AWTTTC could now move the focus to the appropriateness of prescribing. Mrs Claire Thomas said the NPIs are going to be updated next year, and that audit packs are available for health boards to look at whether prescribing is appropriate and suggested asking AWPAG or Public Health Wales to see if any health boards have done that.

Members asked if health boards could run the data themselves to see the individual practice prescribing levels, and about e-prescribing to monitor antibiotic prescribing and indications. One member commented that it would be hard to say if the antibiotic prescribing was appropriate because outcomes were not measured.

The Chair said the report was a good piece of work, and thanked members for their comments.

9. All Wales COPD management and prescribing guideline (for information)

Richard Boldero introduced the guideline, in which minor changes to the document (highlighted green) were made to reflect the recent availability of Trixeo Aerosphere as a metered dose inhaler with a low global warming potential. He also suggested this approach to updating the guidelines as new versions of the metered dose inhalers become available in the future.

The Chair invited comments from members. One member asked about supply of inhalers and when would we know that the older versions are no longer available for supply. Richard Boldero suggested that wholesalers could possibly give an idea of how much stock, or residual stock, they have remaining.

There were no other questions or comments.

10. Prescribing dilemmas: A guide for prescribers (for information)

Thomas Curran outlined minor changes made to Sections 13.1 (on visitors from overseas) and 13.2 (on temporary patients) in the guide for prescribers, which were highlighted in the document. The changes were mainly to the source references. He also noted that the section on treatment of erectile dysfunction had been removed as this was no longer considered a prescribing dilemma.

The Chair invited questions and comments from members. One member asked about requests from patients for extended prescriptions if they are planning to leave the country for an extended period, and if that was covered in Section 13. It was agreed that this is covered in Section 14, and prescriptions could be issued to cover up to three months.

There were no other questions or comments.

11. All Wales Common Ailments Service formulary (for information)

Thomas Curran outlined two minor changes to the Common Ailments Service Formulary – for urinary tract infections (minor changes made to improve wording), and for the sore throat (change to the decision pathway diagram to aid clarity).

The Chair invited questions or comments; there were none.

12. Endocrine management of gender incongruence in adults: Prescribing guidance for non-specialist practitioners (for information)

Thomas Curran outlined a change made to one paragraph in Section 9 – Long-term health screening, which was removed to reflect that a biennial endometrial ultrasound screen, is no longer recommended.

The Chair invited questions or comments; there were none.

13. AWPAG minutes – September meeting (for information)

Dr Laurence Gray, the Chair of AWPAG, gave a brief update of the September meeting of AWPAG. He said that a new doctor member had joined AWPAG and discussions were ongoing to recruit more doctor members, and get more representation from all of Wales. He invited questions or comments on the minutes; there were none.

14. Commercial Arrangement Scheme Wales Group update (for information)

Mrs Helen Adams introduced a report giving an update on the work of the Commercial Arrangement Scheme Wales Group (CASWG), which met for the first time in April 2025. The Group aims to scrutinise, review and agree commercial arrangements associated with the medicines access processes of AWMSG, and to scrutinise, review and agree commercial arrangements for NHS Wales that are offered as part of a NICE submission. She said that most medicines added to the NTF have commercial arrangements, and outlined

the challenges involved in tracking commercial arrangements. These included sourcing information on the timing of NICE final draft guidance, dispensing systems, indication-specific information from Blueteq, clinical outcomes and rebates. Key performance indicators will be on the AWTTTC website by the end of the year. CASWG has escalated its first issue in a paper that will be presented at the next AWMSG meeting.

The Chair invited comments and questions from AWMSG members. Members considered and discussed the challenges mentioned, including: problems with accessing the data the CASWG need, problems with data sharing and information governance, and how information governance might be interpreted differently by different organisations in Wales.

15. Any other business

There was no other business.

The Chair thanked AWMSG members and confirmed the date of the next meeting on, Tuesday, 2 December 2025 at the All Nations Centre, Sachville Avenue, Cardiff, CF14 3NY.