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| Enclosure No: | **1/AWMSG/0726** |
| Agenda Item No: | **1** – Minutes of previous meeting |
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# All Wales Medicines Strategy Group (AWMSG)

## Minutes of the AWMSG meeting held at 09:30am on Wednesday, 17th June 2026 at the All Nations Centre, Sachville Avenue, Cardiff, CF14 3NY

| **Voting members present:** | | | **Did not participate in agenda item:** |
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| **1.** | **Prof Iolo Doull** | **Chair** | |
| **2.** | **Prof Stephen Monaghan** | **Consultant in Public Health Medicine** | |
| **3.** | **Ms Angharad Lawson** | **NHS Wales Joint Commissioning Committee** | |
| **4.** | **Prof Dyfrig Hughes** | **Health Economist** | |
| **5.** | **Ms Kate Parrish** | **ABPI (Wales)** | |
| **6.** | **Mrs Pam James** | **Lay Representative** | |
| **7.** | **Ms Julie Wilson-Thomas** | **Lay Representative** | |
| **8.** | **Mr Dylan Jones** | **Community Pharmacist** | |
| **9.** | **Dr Jim Mcguigan** | **Medical Director** | |
| **10.** | **Dr Richard Brown** | **General Practitioner with an interest in therapeutics** | |
| **11.** | **Miss Rafia Jamil** | **Managed Sector Pharmacist – Primary Care** | |
| **12.** | **Mr David Fox** | **Managed Sector Pharmacist – Hospital Pharmacist** | |
| **13.** | **Mrs Katherine White** | **Senior Nurse** | |
| **14.** | **Dr Alison Thomas** | **Clinical Pharmacologist** | |
| **15.** | **Mr Jonathan Simms** | **Director of Pharmacy** | |

**Welsh Government:**
Mr Andrew Evans, Chief Pharmaceutical Officer for Wales

**Medicines Values Unit:**
Mrs Rhiannon Walters-Davies, Assistant Director of Medicines Procurement and Optimisation Wales

**AWTTC staff:**
Ms Shaila Ahmed, Advanced Pharmacist
Mr Richard Boldero, Senior Pharmacist
Dr Andrew Champion, Programme Director
Mr Thomas Curran, Principal Scientist
Dr Clare Elliott, Senior Scientist
Dr Sophie Harding, All Wales Consultant Pharmacist for Pharmacogenomics
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 Pharmacist

**List of abbreviations:**

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| 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 |
| 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 |
| WMAS | Welsh Medicines Advice Service |
| WAPSU | Welsh Analytical Prescribing Support Unit |

## 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:

**Voting members:**

Mr Karl Jackson, Other healthcare professions eligible to prescribe not already represented
Mr Hywel Pullen, Director of Finance
Dr Richard Skone, Medical Director
Dr Owen Seddon, Hospital Consultant
Mrs Cathy Wynne, Other healthcare professions eligible to prescribe not already represented

**Non-voting members:**

Dr James Calvert, Deputy Chief Medical Officer for Wales

## 3. Declarations of interest:

The Chair invited declarations of interest. None were declared.

## 4. Approval of the minutes of the previous meeting

The draft minutes of the previous meeting held on 20 May were checked for accuracy and approved.

Angharad Lawson noted a minor correction to her designation, confirming it should be recorded as Ms rather than Dr.

A query was raised regarding the wording in the Chair's report relating to expense claims, where reference was made to both three weeks and three months. It was agreed that this wording will be checked for accuracy.

A further issue was identified in section 11 regarding gabapentinoid prescribing. It was noted that the minutes currently stated prescribing was rising, whereas data indicated it was falling. The Committee agreed that this statement should be checked for accuracy and amended if required.

**Action:**
**AWTTC to update the draft minutes**

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

The Chair reported that the recommendations relating to emicizumab, progesterone and budesonide, which were considered at the previous meeting, had been endorsed by Welsh Government. The advice had been published on the AWTTC website and health boards notified on 26 May 2026.

Members were informed that the constitution of the All Wales Prescribing Advisory Group had been reviewed and updated to include representation from Health Education and Improvement Wales as a non-voting member.

The AWMSG Steering Committee had also approved the appointment of Sian Evans as Vice Chair of the AWMSG Scrutiny Panel.

The Chair advised that three health boards had responded to the invitation to attend AWMSG meetings to discuss prescribing practices and local priorities. Attendance was confirmed as follows:

- Hannah Wilton from Cwm Taf Morgannwg UHB to attend on 7 October 2026
- David Fluck and Tim Banner to attend on 2 December 2026
- Seema Srivastava and Jonathan Simms to attend on 10 February 2026

Members noted that the Chair would be unable to attend the meeting on 9 September 2026 and that Dyfrig Hughes had agreed to deputise.

The Chair encouraged members to consider how best to prepare for health board attendees to maximise the value of these sessions. Members were informed that AWTTC would facilitate the session and provide further detail on the information that will underpin discussions. Health boards that have not yet responded will be notified of the available dates. The Chair confirmed that where feasible, engagement may also include visits to health boards.

Members received an update on One Wales Medicines Assessment Group activity. In May 2026, advice on the off-label use of rituximab for fibrotic interstitial lung disease was reviewed. Patient outcome data indicated that seven of nine patients had benefited from treatment, one patient's treatment was on hold, and one patient was lost to follow-up. Clinicians confirmed an ongoing clinical need. OWMAG had decided to continue to support use of rituximab and to move the advice to the static list, meaning it would no longer undergo routine review, with AWTTC undertaking annual in-house monitoring.

The Chair reminded members to notify AWTTC as early as possible if they are unable to attend meetings to allow sufficient notice for deputies.

No questions or comments were raised.

**Actions:**
**Chair to contact non-responding health boards with remaining available dates for attendance at AWMSG**

**Members to consider preparation for upcoming health board engagement sessions**

**Members to notify AWTTC promptly of any attendance issues for the July meeting to allow deputy arrangements**

## 6. AWTTC Programme Director's report

Andrew Champion presented the AWTTC Programme Director's report, providing an overview of key activities and progress since the previous update.

He reminded members that the AWTTC Work Programme for 2025–2028 was available on the website and outlined strategic objectives focused on improving medicines access, optimisation and data utilisation across Wales. The programme incorporated priorities from partner organisations, the VPAG investment programme and the AWMSG strategy.

Members noted that the quarterly review meeting with Welsh Government had taken place on 4 June 2026. Feedback on the quality and outputs of AWTTC and AWMSG work was positive. AWTTC had led a discussion on reducing unwarranted variation in medicines adoption across Wales, which aligned with ministerial priorities. It was also confirmed that the service level agreement between Welsh Government and Cardiff and Vale UHB for AWTTC services had been finalised and signed.

An update was provided on the VPAG investment programme, which recently is marked its first anniversary. At a programme board meeting held on 14 May, members had reviewed progress, including updates from the horizon scanning, implementation, medicines ecosystem and data workstreams. Delivery metrics demonstrated strong progress against agreed targets, and the programme continues to perform well.

At the end of May, members of the medicines optimisation team attended the Persistent Pain in Primary Care networking and education session, hosted by Swansea Bay Primary and Community Care Academy. The event was an opportunity to highlight AWMSG's guidance and resources on pain, and showcase the joint approach taken with HEIW on the Pharmacological Management of Pain resources.

Members of AWTTC attended an online 'Vertical Studio' hosted by Cardiff Metropolitan University yesterday, where students from the school of illustration showcased their ideas for visual materials that could be developed in support of patient information for Your Medicines, Your Health. Cardiff Metropolitan University, in conjunction with Swansea University have recently completed a small research study to gather patient views on communication methods to support optimal medicines management, again with the aim of supporting Your Medicines, Your Health. The final report is expected in the coming months.

Stakeholder feedback to inform the Medicines Optimisation Framework review continues with a range of questionnaires now being available on the AWTTC website and directly linked to some of the resources. A dedicated webpage has been developed for the review where people can find out more information. Interviews are taking place to gather feedback from a variety of stakeholders. Members were invited to get in touch if they required any additional information.

The next session of Learning at Lunch was announced - on Tuesday 30th June. Topics include the recently updated NICE Type 2 diabetes guidelines presented by Dr Sarah Jarvis, primary care diabetes lead, and information on the AWMSG Self-administration of medicines policy, as well as the usual round up of therapeutic news from Dr Tessa Lewis. Members were invited to register via the link on the AWTTC website.

On June 30th, AWTTC will be hosting a multidisciplinary workshop to help inform implementation of the All Wales guidance for prescribing intervals. This work has been requested by the Welsh Pharmaceutical Committee and looks to build on the Welsh Government commissioned behavioural insights

study into the barriers, facilitators, and interventions for extending periods of treatment.

The AWTTC Best Practice Day will be held on Thursday July 9th at the All Nations Centre. The theme is Medicines Optimisation for a Sustainable Future, and we have a jam-packed day with talks from subject matter experts in the morning, a poster competition, and a variety of breakout sessions in the afternoon. AWTTC are currently operating a waiting list as the event is now at capacity.

An update was provided on work relating to free-of-charge medicines. AWTTC had presented recommendations to Directors of Pharmacy and are progressing next steps. Work is also underway to review implementation of medicines included in the Early Access to Medicines Scheme (EAMS), with further updates to be brought to AWMSG at a future meeting.

The Committee was informed of increasing pressures on the Commercial Medicines Access Team (CMAT) due to the growing number and complexity of commercial access schemes. AWTTC is considering options to support the service.

At a recent Directors of Pharmacy meeting, AWTTC presented a summary of the review of the free of charge medicines scheme in Wales, which included recommendations for changes to how free of charge medicines are considered and processed. This has been shaped in collaboration with the Medicines Value Unit and after consultation with key stakeholders from within NHS Wales and the pharmaceutical industry. AWTTC are currently assessing next steps, and members will be kept informed on progress as this work develops.

AWTTC have also commenced work reviewing NHS Wales implementation of medicines included in the MHRA Early Access to Medicines Scheme. An options appraisal has been developed and will be discussed with key stakeholders before bringing back to a future AWMSG meeting.

The increasing number and complexity of commercial access schemes that are being considered and approved within Wales is causing significant pressure on the work of the Commercial Medicines Access Team. As a result of this, AWTTC are in the early stages of considering how best this service can be supported, as it is vital that any rebates associated with approved medicines are identified and claimed to ensure value for money for Wales. As this impacts on one of the key responsibilities of AWMSG, namely, to provide advice on the managed introduction of new medicines in Wales, members will be informed of any developments.

A small contingent from AWTTC attended the HTA International conference in Istanbul earlier this month. The conference is a key international event for health technology assessment (HTA), bringing together global experts to share research, discuss policy developments, and strengthen collaborative networks. Dr Steph Francis gave a poster presentation on HB compliance to making medicines available within the 60-day target. There were also many directly relevant sessions and presentations including system readiness or

preparedness, incorporating implementation costs with HE analyses, new methodological approaches and the growing use of generative AI in evidence identification, evidence synthesis and HE analyses.

Members were updated on AWTTC's work relating to system preparedness for new, complex, or disruptive medicines. The work describes a national process and governance structure for supporting and managing the introduction of complex therapies or disruptive therapies into practice. AWTTC has completed a programme of engagement with relevant groups and have received strong support and a mandate to proceed with developing and setting up the governance and infrastructure to support this work. A National Oversight Panel will be used to manage and process this work. The favoured approach is to use AWMSG as this Oversight Panel. AWTTC will also be setting a number of operational delivery groups to underpin and support this work. The first of these is the National HS operational delivery group. Terms of reference and proposed membership have been agreed and the first meeting is planned for September, where there will be evidence briefings for a number of disruptive medicines to test the process. The plan is to bring a full update to AWMSG in July or September as well as an updated paper.

It was reported that the AWTTC Industry Engagement Day held on 30 April 2026 was very positively received. Feedback showed that attendees found the event very useful, with an average usefulness rating of 4.88 out of 5. Of the 17 respondents, 15 rated the day 5 out of 5 and the remaining two rated it 4 out of 5. Respondents felt the event improved their understanding of AWTTC, the Wales medicines ecosystem, and how industry can engage more effectively with AWTTC and NHS Wales. All 17 respondents said they felt clearer about how and when to engage with AWTTC following the event. The meeting organisation was also rated very highly, with all respondents giving a 5 out of 5 rating. Positive feedback highlighted the collaborative and open nature of the day. Comments included that the event "went beyond my expectations," was "very collaborative and very useful," and provided a "great opportunity to engage and collaborate." Attendees also praised the friendliness and openness of the AWTTC team, noting that everyone was "approachable and open to discussion". The rotating networking and Q&A sessions were particularly valued. Attendees described them as "very useful," "excellent," and "most useful, more of that please." Overall, the feedback suggests the event successfully strengthened relationships, encouraged constructive dialogue, and should continue as a regular forum for engagement between AWTTC and industry.

There were no questions.

**Actions:**
**AWTTC to continue development of proposals to support the Commercial Medicines Access Team and report back to AWMSG**

**AWTTC to bring a further update on the complex therapies governance framework to AWMSG**

**Members to engage with the Medicines Optimisation Framework review**

## 7. National Prescribing Indicators 2025–2026 Analysis of Prescribing Data to December 2025

Shaila Ahmed and Richard Boldero presented the National Prescribing Indicators report for quarter 3 of 2025–2026. Members noted that, across Wales, all three analgesics indicators had improved compared with the equivalent quarter of the previous year, although gabapentinoid prescribing had increased in some health boards. Members also noted the good practice spotlight from Cwm Taf Morgannwg University Health Board on review of patients prescribed gabapentinoids, particularly those also taking opioids or benzodiazepines.

The Committee heard that prescribing of 4C antimicrobials has reduced across Wales, and prescribing of 5-day courses for amoxicillin, doxycycline and clarithromycin for uncomplicated respiratory tract infections has increased in line with the aim of the indicators. All health boards have exceeded the 75% target for amoxicillin 5-day prescribing. Members noted the good practice spotlight from Powys Teaching Health Board on work to support the switch from 7-day to 5-day prescribing.

Members were informed that data for the new SGLT-2 inhibitor indicators were still unavailable while development work is ongoing within Digital Health and Care Wales. A good practice spotlight from Aneurin Bevan University Health Board described a pharmacy-led cardio-renal optimisation project, which has reviewed more than 2,200 patients and optimised over 1,400 patients on SGLT-2 inhibitors.

The Committee noted that the proportion of dry powder inhaler and soft mist inhaler prescribing has increased by 9.41% across Wales, while short-acting beta-2 agonist inhaler prescribing as a proportion of all inhalers has decreased by 9.76%, both in line with the aims of the indicators. Members also noted that hypnotic and anxiolytic prescribing has reduced by 7.58% across Wales. Yellow Card reporting has decreased across all settings compared with the equivalent quarter of the previous year.

Richard Boldero presented the efficiency indicators. Members noted that use of the biosimilar versions of the monitored basket of biological medicines has increased from 94% to 96% across Wales, in line with the aim of the indicator. Spend on the low value prescribing basket has decreased by 0.07% per 1,000 patients, also in line with the aim.

The Chair opened discussion. Members welcomed the overall trends and asked how good practice could be accelerated across Wales. It was noted that best practice is shared through health board peer groups, good practice spotlights, Learning at Lunch sessions and the Best Practice Day.

Members highlighted the significant impact of the antibiotic course duration indicator and the strong antimicrobial stewardship culture across Wales. It was also noted that some health boards were achieving biosimilar prescribing rates above 99%, which challenged assumptions about the need

to retain a substantial proportion of patients on originator products. A broader discussion took place on opportunities for Wales to make better use of real-world evidence to support wider adoption of biosimilars and potentially broader access to originator medicines where appropriate. Welsh Government and AWTTC engagement with the British Biosimilars Association and related stakeholders was noted. It was noted that the current NPI biosimilar basket doesn't align with the biosimilars monitored as part of the medicines value and sustainability measures. It was highlighted that there is provision to update the NPI biosimilar basket when appropriate and it was agreed that this would be investigated.

Jim McGuigan welcomed the antimicrobial stewardship work and emphasised the value of the forthcoming SGLT-2 indicators for primary care. He asked when Digital Health and Care Wales would make the data available. In response, members heard that several requests had already been made and that no confirmed delivery date had been provided. Discussion also covered the possibility of developing secondary care inpatient prescribing indicators, but members noted that only three health boards had started to introduce electronic prescribing and medicines administration systems, so Wales is not yet in a position to do so comprehensively.

The Chair agreed to write to Digital Health and Care Wales to request an update on delivery of the SGLT-2 indicator data set. Jim McGuigan also agreed to raise Yellow Card reporting and health board approaches to the indicators at the Primary Care Medical Directors Group to help identify and share good practice.

**Actions:**
**The Chair to write to Digital Health and Care Wales to request an update on delivery of the SGLT-2 inhibitor indicator data set**

**Jim McGuigan to raise Yellow Card reporting and local approaches to National Prescribing Indicators at the Primary Care Medical Directors Group**

**AWTTC to consider reviewing the best value biological medicine NPI basket to align with the Value and Sustainability measures**

## 8. NHS Wales Inhaler Carbon Footprint Report - February 2026

Richard Boldero presented the NHS Wales inhaler carbon footprint report for data to March 2026. He explained that the volume measure used in the report had been changed from inhaler items to inhaler quantity, as this was considered a more appropriate measure of inhaler volume issued in Wales. He also noted that some content changes have been made to the report.

Members heard that the current three-month period of January to March 2026 had been compared with the previous three-month period of October to December 2025 and with the equivalent period of the previous year, January to March 2025. Across the four measures reported on the first page, the current three-month period showed positive changes with reductions in both

indicative carbon footprint and MDI usage (items and $CO_2$), and an increase in dry powder and soft mist inhalers as a percentage of all inhalers.

It was reported that the revised second page now included additional measures to support key messages from the AWMSG-endorsed clinical guidelines. In particular, the proportion of dry powder inhalers and soft mist inhalers as a percentage of all inhalers had increased by approximately 9% between March 2025 and March 2026. The proportion of AIR and MART regimen inhalers, measured as a percentage of all inhaled corticosteroid and inhaled corticosteroid/long-acting beta agonist inhalers, had increased by approximately 21% over the same period. Members also noted that short-acting beta agonist inhalers as a percentage of all inhalers had decreased by just over 11%.

The Committee noted that the graph on page 3 had been updated to align with the revised baseline value using inhaler quantity, increasing the baseline to 66,000 tonnes of carbon dioxide equivalent. The previously stated target of 20,000 tonnes of carbon dioxide equivalent had been retained for consistency. Members heard that progress towards the target is continuing, although the rate of change was slowing, as highlighted at previous meetings.

Richard Boldero also drew attention to the final page of the report, which provided the quarterly update on inhalers issued in secondary care settings. He advised that the secondary care data set was smaller than that for primary care and therefore required a more cautious interpretation. However, the trend analysis suggested that, in the more recent data points, there was now a consistent increase in the use of dry powder inhalers and soft mist inhalers in secondary care, although the proportion remained lower than in primary care.

In discussion, members noted that secondary care performance remained behind primary care in percentage terms. It was explained that this reflected the nature of secondary care prescribing, including use of metered dose inhalers in paediatric and acute care settings and included data relating to stock issues, which made the comparison less direct. No further questions were raised.

The report was noted for information.

**9. Pharmacogenomic developments in Wales: Plans and updates**

Sophie Harding provided an update on pharmacogenomic developments in Wales. She outlined progress on the pharmacogenomic delivery plan, the establishment of a national pharmacogenomics programme, and implementation work relating to two priority single gene tests.

Members heard that the pharmacogenomic delivery plan had been developed at the request of Welsh Government and aimed to establish a strategic framework for embedding pharmacogenomic testing into routine clinical practice across NHS Wales. The plan included nine objectives and 44 associated actions covering governance, infrastructure, clinical implementation and future innovation, including pre-emptive testing and

clinical decision support. The plan had been approved by the NHS Wales Strategic Planning Care Board in March 2026 and is expected to be formally launched in autumn 2026, alongside updates to the wider Genomics Delivery Plan.

Sophie Harding described the development of a national pharmacogenomics programme to deliver the plan, supported by Genomics Partnership Wales. A National Pharmacogenomics Oversight Committee will be established to provide leadership, governance and oversight of delivery. The Programme Director of AWTTC will act as Senior Responsible Officer, with Sophie Harding as Programme Lead. The first meeting of the oversight committee is planned for early July 2026.

Members noted that the programme would utilise existing Genomics Partnership Wales groups to deliver workstreams rather than create new structures and would include a clinical implementation function to support the introduction of testing into practice across specialties.

An update was provided on *CYP2C19* testing for clopidogrel use in stroke. A pilot in Cardiff and Vale University Health Board had tested approximately 370 patients over the previous 12 months. Work is ongoing with national stakeholders, including the Stroke Network and laboratory services, to determine how testing could be scaled across Wales, given the anticipated demand of 8,000 to 10,000 patients per year.

Sophie Harding also reported on *MTRNR1* testing to identify risk of aminoglycoside-induced hearing loss in neonates. Following completion of a UK-wide study, Welsh Government had agreed to support an extended testing period until 2027 to enable further data collection and service scoping. This will inform future commissioning arrangements. It is likely that health boards would need to consider funding the test if NICE issued a positive recommendation.

Members were informed that each health board had been asked to nominate a senior pharmacogenomics lead to support local implementation and engagement, and that work will continue to ensure pharmacogenomics is reflected within Integrated Medium-Term Plans.

In discussion, members sought clarification on commissioning arrangements for pharmacogenomic testing. It was confirmed that tests included in the national test directory would be commissioned through NHS Wales Joint Commissioning Committee with Welsh Government funding, but point-of-care testing solutions may require future funding decisions at health board level following evaluation.

Andrew Champion formally acknowledged the significant contribution of the National Pharmacogenomics Group, led by Dyfrig Hughes, in developing the delivery plan.

Members welcomed the update and noted the progress made.

## 10. Licensed Medicines Policy

Gail Woodland presented the updated AWMSG Licensed One Wales Medicines Assessment Process. She explained that the document built on existing guidance already published on the AWTTC website, providing greater detail and clarity. The policy had undergone consultation with industry stakeholders and incorporated feedback received. It was presented to AWMSG for endorsement.

Members discussed the limited assessment criteria. Dyfrig Hughes sought clarification on the criterion relating to medicines offering significant service delivery benefits, querying how such benefits would be captured and assessed. Gail Woodland explained that this would be considered alongside other criteria, including cost and budget impact, and would involve scrutiny by the Scrutiny Panel and Steering Committee. She acknowledged that this element could be more subjective but confirmed that it would be reviewed as part of the ongoing evaluation of the limited assessment process.

Dyfrig Hughes also highlighted the use of the terms “assessment” and “appraisal” within the document, suggesting that clearer differentiation may be required to avoid ambiguity. Gail Woodland agreed to review the wording and invited further specific feedback.

Jim McGuigan asked whether the revised process is expected to increase the number of applications or introduce additional cost pressures. Gail Woodland advised that the intent was to streamline processes and support all-Wales decision-making, particularly where NICE or other routes did not provide guidance. She noted that the process could also support opportunities to realise efficiencies, for example when prices of medicines changed following patent expiry.

Jim McGuigan identified minor typographical errors and agreed to share these separately.

No further comments were raised and the AWMSG Licensed One Wales Medicines Assessment Process was endorsed, subject to minor editorial revisions.

**Actions:**
**Gail Woodland to review and clarify wording relating to limited assessment criteria and terminology within the document**

**Jim McGuigan to provide typographical corrections to AWTTC**

## 11. Independent Review Policy

Gail Woodland presented the updated Policy for the Independent Review (IR) Process. She explained that this was not a new policy but an update to reflect recent changes to the AWMSG processes, including updated terminology and clarification that requests for independent review may be submitted by a broader range of applicants, rather than solely pharmaceutical companies.

Members were informed that the revised policy replaced references to “company” with “applicant” to reflect the wider routes through which assessments may now be initiated. No substantive changes had been made to the process itself.

During discussion, Jim McGuigan queried whether the role of the AWMSG Chair as the sole gatekeeper for requests for independent review was appropriate, given the two-week submission timeframe and potential implications for availability. Members agreed that the policy should be amended to allow the Vice Chair to act in this role where necessary. Jim McGuigan also suggested that stronger reference to declarations of interest should be included within the policy. This was supported by the Chair, and it was agreed that this would be incorporated.

A member sought clarification regarding eligibility for independent review requests in relation to off-label medicines. It was confirmed that, in line with existing policy, requests for independent review for off-label medicines could only be initiated by clinicians and not by pharmaceutical companies.

No further comments were raised and the Policy for the Independent Review (IR) Process was approved, subject to minor amendments.

**Actions:**
**Gail Woodland to amend the policy to allow the Vice Chair to act as gatekeeper for independent review requests where required. Deadline: prior to publication of the final policy**

**Gail Woodland to strengthen wording in the policy regarding declarations of interest**

## 12. Any other business

The Chair invited members to raise any other business. No items were raised.

The Chairman thanked AWMSG members and confirmed the date of the next meeting on, Wednesday, 15th July 2026

Venue: All Nations Centre, Sachville Avenue, Cardiff, CF14 3NY