

Enclosure No:	1/AWMSG/0426
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, 11th March 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. | Dr Rachel Gemine | NHS Wales Joint Commissioning Committee |
| 3. | Prof Dyfrig Hughes | Health Economist |
| 4. | Ms Kate Parrish | ABPI (Wales) |
| 5. | Mrs Pam James | Lay Representative |
| 6. | Ms Julie Wilson-Thomas | Lay Representative |
| 7. | Mr Dylan Jones | Community Pharmacist |
| 8. | Dr Richard Skone | Medical Director |
| 9. | Ms Lois Gwyn | Managed Sector Pharmacist – Primary Care |
| 10. | Mr David Fox | Managed Sector Pharmacist – Hospital Pharmacist |
| 11. | Mr Hywel Pullen | Director of Finance |
| 12. | Mrs Susan Newport | Senior Nurse |
| 13. | Mr Karl Jackson | Other healthcare professions eligible to prescribe not already represented |
| 14. | Dr Alison Thomas | Clinical Pharmacologist |
| 15. | Dr Owen Seddon | Hospital Consultant |
| 16. | Mr Jonathan Simms | Director of Pharmacy |

Welsh Government:

Mr Andrew Evans

Medicines Values Unit:

Mrs Rhiannon Walters-Davies

AWTTC staff:

Ms Shaila Ahmed, Advanced Pharmacist

Mr Richard Boldero, Senior Pharmacist

Ms Eleri Burd, Pharmacist

Dr Andrew Champion, Programme Director

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

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
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
NMG	New Medicines Group
NPGG	National Pharmacogenomics Group
NPIs	National Prescribing Indicators
OWMAG	One Wales Medicines Assessment Group
PAPIG	Patient & Public Involvement Group
PAMS	Patient Access to Medicines Service
SABA	Short Acting Beta Agonist
SPIRA	Server for Prescribing Information Reporting and Analysis
VPAG	Voluntary Scheme for Medicines Pricing, Access and Growth

1. Welcome and introduction

The Chairman opened the meeting, welcomed members and observers, and explained the meeting protocol. The Chairman confirmed that the quorum had been met.

2. Apologies:

Dr Richard Brown, General Practitioner with an interest in Therapeutics
Prof Stephen Monaghan, Consultant in Public Health Medicine
Bethan Tranter, Director of Pharmacy

3. Declarations of interest:

The Chairman asked for any declarations of interest; none were made.

4. Approval of the minutes of the previous meeting

The draft minutes from 11 February 2026 were reviewed. Tony Williams confirmed that AWTTTC had reviewed the meeting information provided to members with regards to One Wales medicines assessments and more detailed information had been provided for this meeting.

Members were informed that a communication had been sent to Alex Slade about the Primary Care Antimicrobial guidance.

The Chair confirmed that stakeholder engagement for the Medicines Optimisation Framework review has begun, and a survey has been distributed to AWMSG members.

The Chair informed the Group he had worked with AWTTTC to create a list of activity metrics. He shared the list with members and invited comment.

1. Number of AWMSG meetings held (in the last 12 months)
2. Number of licensed medicines assessments endorsed by AWMSG (full and limited)
3. Number of off-label medicines assessments endorsed by AWMSG
4. Website metrics for Medicines Optimisation resources
5. Number of Medicines Optimisation resources approved by AWMSG (endorsed or acknowledged)
6. Number of National Prescribing Indicators monitored

It was agreed that the word 'endorsed' would be removed from 2 and 3 and replaced with 'undertaken'. A suggestion was made to remove 1 and replace with 'number of health board NPI good practice examples' brought to AWMSG, or number of medicines added to the New Treatment Fund. Another suggestion focussed on quoracy or attendance. The Chair agreed to update the list to take account of the comments.

Action:

Chair to update the list of activity measures

The Chair confirmed AWMSG's approval of the minutes.

5. Chairmans report (verbal update)

The Chair confirmed that advice in relation to the off-label use of infliximab for the treatment of Immune Checkpoint Inhibitor (ICI) induced grade 3-4 pneumonitis that has not responded to first line immunosuppression with corticosteroids, had been ratified by Welsh Government and disseminated to the service. This advice will be reviewed in 12 months or earlier if new evidence becomes available. Clinicians will be obliged to collect and monitor patient outcomes and use the appropriate start stop criteria. Evidence of clinical outcomes will be taken into consideration when reviewing the One Wales Medicines Assessment Group decision.

Members were informed that OWMAG held a virtual consultation in February 2026 to review One Wales advice for the off-label use of infliximab and of vedolizumab for the treatment of grades 2-4 ICI induced enterocolitis that has not responded to first line immunosuppression with corticosteroids. Clinical outcomes for 31 patients were received; 89% of patients who received infliximab and 92% of those who received vedolizumab reported either a full or partial resolution of symptoms with 3 patients in the infliximab group able to restart their ICI cancer treatment. The budget impact of making these treatments available is within that estimated in the original assessment. Clinicians confirmed there remains a clinical need for continued access to this treatment in Wales. The Chair asked AWMSG members to note the decision of OWMAG to continue to support use and review the assessments in 2 years.

The Chair informed members he had received correspondence from Carolyn Thomas, Chair of the Senedd Petitions Committee, regarding Xonvea for managing nausea and vomiting in pregnancy. AWMSG did not recommend the medicine in 2019 due to insufficient evidence and has subsequently re-engaged with the manufacturer. The Chair informed members he is optimistic that updated real world evidence will be provided, and AWMSG will be guided by the Scrutiny Panel with regards to the reassessment Xonvea. It was confirmed that IPFR could be used to access the medicine in the interim. It was reiterated that patient factors and the views of clinical experts will form part of the LOWMAG assessment.

The Chair informed members that at AWMSG's Patient and Public Interest Group (PAPIG) meeting held on 6 March 2026 there had been lively discussions on polypharmacy, antibiotic prescribing information, and a proposed national process for decision-making on complex therapies for Wales. The Chair reiterated that AWMSG values patient and public input, and this forum is vital for raising awareness and engaging stakeholders about medicines.

The Chair reminded members that the Information Mastery Course is being run by PresQIPP today and will be repeated tomorrow. He informed members that places are still available and, if they wished to attend, to contact AWTTTC.

The Chair reported that the registration deadline for Industry Engagement Day has ended, with 47 participants signed up. This event offers an excellent opportunity for AWTTTC staff and the pharmaceutical industry to connect in person and encourage early engagement.

6. AWTTTC Programme Director's report

Andy Champion informed members that AWTTTC will provide a full update every two months from the Therapeutics sections. He will share any urgent or important updates at each meeting.

7. Nivolumab plus ipilimumab (OPDIVO® plus YERVOY®) for the neoadjuvant treatment of patients with resectable macroscopic stage III melanoma with ≥1 pathologically proven lymph node metastasis and up to 3 in-transit metastases

The Chair invited Andy Champion, Chair of OWMAG, to present the recommendation for endorsement.

Members were informed that the discussions at OWMAG had been thorough. He provided an overview of the assessment and highlighted the uncertainties. Whilst understanding its limitations, OWMAG were of the view that the budget impact demonstrated a reasonable use of NHS resources. The unmet need for a neoadjuvant treatment option for this indication was recognised, particularly as

there are no UK-licensed neoadjuvant treatment options available. Based on the evidence OWMAG had concluded that whilst providing a clinically effective option, the treatment is likely to reduce the treatment burden for patients and also benefit the NHS due to low medicines acquisition costs, medicines administration costs and other healthcare resource costs.

The Chair thanked Dr Champion for his presentation. He asked members if they were happy with the information provided, or whether they would prefer more. He expressed his view that he would like to see more granularity of information before being asked to endorse OWMAG's recommendation and other members agreed. It was noted the rationale for OWMAG's decision had been provided to AWMSG members ahead of the meeting and the Chair confirmed AWMSG's endorsement of the recommendation. The discussion moved on to process issues.

Dr Champion suggested that the evidence status report and an abridged slide set from the meeting could be shared in confidence with members. Gail Woodland reiterated that the current process currently provides opportunity for AWMSG members to request the evidence status report and seek clarification of any outstanding issues prior to the meeting. She explained that clinical experts who are present at OWMAG meetings are not at AWMSG to respond to questions and, for this reason, any points of clarification are requested prior to the AWMSG meeting. Rhiannon Walters-Davies asked whether the manufacturer will be applying for a licence, and Mrs Woodland replied that companies are routinely asked this question when AWTTTC compile the information pack for OWMAG. It was confirmed that the AWTTTC assessment team engage with the manufacturer(s) of any medicine going through the One Wales assessment processes.

There was general agreement that having access to more detailed information would give AWMSG members greater confidence when endorsing OWMAG assessments. Further clarification was sought with regards to the OWMAG review process and the collection of outcome data to inform future updates. AWTTTC was asked for more granularity around this. When a review of a OWMAG medicine assessment is carried out the Chair asked that a summary report is prepared for AWMSG (that includes any outcome data), instead of it being part of the Chair's report.

Action: AWTTTC to review the process for provision of information to AWMSG

8. National Prescribing Indicators 2025-2026: Analysis of Prescribing Data to September 2025

Shaila Ahmed introduced the report and highlighted the key points. Reductions were reported in the analgesic indicators across Wales, including opioids, tramadol, gabapentin and pregabalin. All health boards achieved the target reduction in antimicrobial prescribing compared with the baseline quarter, with a decrease also noted in the prescribing of broad-spectrum antibiotics. Prescribing of recommended 5-day courses of amoxicillin, doxycycline and clarithromycin has increased. A Good Practice Spotlight from Aneurin Bevan University Health Board highlighted actions undertaken to support the switch from 7-day to 5-day doxycycline prescribing.

Improvements were also noted in inhaler prescribing, with an increase in the proportion of dry powder and soft mist inhalers and a reduction in the proportion of short-acting beta-2 agonist inhalers. A Good Practice Spotlight from Hywel Dda University Health Board outlined actions taken to reduce SABA prescribing. It

was noted that data for the new SGLT-2 inhibitor indicators has not yet been included, as the dataset is still being developed by DHCW. Yellow Card reporting has increased across most settings in Wales, except for GP practices.

Richard Boldero updated members on the efficiency indicators and stated that the supporting domain of efficiency for the best value biological medicines, the selected biological medicines basket as a total biosimilar, had increased from 93% to 96% compared to the equivalent quarter the previous year. The overall spend on the low value prescribing basket per 1000 patients has decreased by 2.87% which is in line with the aim of the indicator.

The Chair opened the discussion. It was noted that Yellow Card reporting in BCUHB is significantly higher than in other areas. Members were informed that a prescribing incentive scheme may have contributed to this increase. Claire Thomas also noted that work undertaken by AWTTTC with MPharm students at Cardiff University found that incentive schemes had an impact on Yellow Card reporting.

Dyfrig Hughes queried why Yellow Card reporting in BCUHB is higher in both General Practice and Community Pharmacy. Alison Thomas agreed to ask the YCC team to review the data and report back to the Group.

Action: AT to explore why BCUHB has higher Yellow Card reporting rates in General Practice and Community Pharmacy and report back to the group

Andrew Evans asked whether a report could be brought to a future meeting on the course duration of antibiotics NPIs, outlining the impact of shorter antibiotic course durations on total antibacterial prescribing and any associated cost savings. It was noted that AWTTTC is currently preparing a focused report on this area, which will be presented at a future AWMSG meeting.

Action: AWTTTC to bring a report on the course duration indicators to a future AWMSG meeting

In the absence of SGLT-2 inhibitor NPI data from DHCW, it was suggested that analysis of overall prescribing of SGLT-2 inhibitors be included in the quarterly report, particularly as prescribing is expected to increase in light of the new NICE diabetes guidance. This was agreed.

The Chair thanked members for the discussion.

9. NHS Wales inhaler carbon footprint report – Data to November 2025

Richard Boldero presented the NHS Wales inhaler carbon footprint report for data up to November 2025, and highlighted progress across key metrics compared to the equivalent period of the previous year. He also announced the launch of an additional inhaler decarbonisation dashboard on SPIRA.

10. Commercial Arrangement Scheme Wales Group (CASWG)

Members were asked to note revisions to the CASWG Constitution reflecting the new governance structure.

11. Any other business

There was no other business.

The Chairman confirmed the date of the next meeting:

Wednesday, 22nd April 2026 via Teams