Enclosure No:	**1/AWMSG/1226**
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 on Wednesday, 4th November 2026 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 Angharad Lawson**	**NHS Wales Joint Commissioning Committee**	
4.	**Prof Dyfrig Hughes**	**Health Economist and Vice Chair**	
5.	**Mr Farhan Mughal**	**ABPI (Wales)**	
6.	**Mrs Pam James**	**Lay Representative**	
7.	**Ms Julie Wilson-Thomas**	**Lay Representative**	
8.	**Dr Richard Brown**	**General Practitioner with an interest in therapeutics**	
9.	**Miss Rafia Jamil**	**Managed Sector Pharmacist – Primary Care**	
10.	**Mr David Fox**	**Managed Sector Pharmacist – Hospital Pharmacist**	
11.	**Mr James Leaves**	**Director of Finance**	
12.	**Mrs Katherine White**	**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:
Rhiannon Walters-Davies

AWTTC staff:
Ms Eleri Burd, Pharmacist
Dr Andrew Champion, Programme Director
Dr Thomas Curran, Principal Scientist
Dr Paul Deslandes, Senior Pharmacist
Dr Stephanie Francis, Principal Scientist
Miss Laura Phillips, Administration Manager
Ms Rosie Spears, Senior Scientist
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
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 Hywel Pullen, Director of Finance
Dr Richard Skone, Medical Director
Mr Dylan Jones, Community Pharmacist

3. Declarations of interest:

The Chair invited declarations of interest. No declarations of interest were raised.

4. Approval of the minutes of the previous meeting

The draft minutes of the previous meeting held on 7 October were checked for accuracy and approved. There were no matters arising.

5. Chair's report (verbal update)

The Chair informed members the next meeting on 2nd December will follow the same format as the meeting held today and will involve representatives from Cardiff and Vale University Health Board.

6. AWTTC Programme Director's report

Dr Andrew Champion reported on progress across AWTTC's work programme.

The Group noted that AWTTC's work on the antimicrobial course-duration National Prescribing Indicator had been presented at the Public Health Wales Antimicrobial Stewardship Forum and shortlisted for both the Welsh Healthcare Awards and NHS Wales Awards. The October Learning at Lunch session had attracted more than 350 registrations, with 150 people attending live. Planning had also commenced for the National Prescribing Indicators covering April 2028 to March 2032. Ireland's Health Service Executive Medicines Management Programme had requested permission to adapt material from AWMSG's educational resource on appropriate prescribing of hypnotics and anxiolytics.

The medicines assessment programme continues to progress. Welsh Government had ratified the recommendation for intranasal adrenaline (EURneffy). The Scrutiny Panel has reviewed three off-label proposals, relating to ustekinumab dose escalation, abatacept and ticagrelor. Further assessment work includes nivolumab plus ipilimumab and capsaicin. Consultations on the LOWMAG review and the proposed All Wales Early Access to Medicines Scheme process have closed, with the outcomes being taken forward.

The first non-cancer horizon-scanning report has been completed, covering medicines expected to become available in Wales up to the end of Quarter 1 2028, with quarterly updates planned. Preparations are under way for the first National Horizon Scanning Operational Delivery Group meeting on 11 November, and work has commenced to map existing horizon-scanning and financial-forecasting arrangements across NHS Wales.

The national Blueteq rollout continues to progress, although a risk to rebate recovery remains where Blueteq is not fully used for medicines with commercial access arrangements. Health boards and Velindre NHS Trust are expected to achieve full implementation, including the uploading of historic patient information required for rebates, by the end of March 2027.

Work is continuing on the Business Justification Case for a sustainable national high-cost medicines access, monitoring and implementation service, with engagement across pharmacy, finance, industry and the VPAG Programme Board.

The VPAG Investment Programme continues to progress across its four workstreams of horizon scanning and financial forecasting, medicines ecosystem, unlocking data and implementation. The draft 2025–26 Annual Report is being finalised, with publication expected ahead of the December AWMSG meeting.

Members noted continuing work on the national process for preparing NHS Wales for new, complex or disruptive medicines, which will be discussed in more detail under agenda item 11. The work has also been presented at the Advanced Therapies Wales Symposium and is due to be presented at the Festival of Genomics in January.

The AWTTC senior management team held its quarterly review meeting with Welsh Government, covering the AWTTC work programme, recent AWMSG activity and plans for AWMSG/health board engagement sessions. Feedback from Welsh Government on the quality and outputs of AWTTC and AWMSG work has been positive.

Dr Champion updated on the Innovative Licensing and Access Pathway (ILAP). ILAP 2.0 continues to meet delivery targets, although application volumes remained below expectations. Two Innovation Passports had been awarded in April 2026 and three in July 2026.

Members were invited to provide feedback on the redesigned AWTTC newsletter, which aims to improve accessibility and engagement with AWMSG and AWTTC activities and publications.

7. Infliximab for moderate to severe hidradenitis suppurativa (HS) (OW 37)

The Committee considered the One Wales assessment of infliximab for moderate to severe hidradenitis suppurativa where licensed and health technology appraisal-approved treatments were unsuitable.

OWMAG had considered evidence including a UK placebo-controlled study, a systematic review and network meta-analysis, and cohort studies. The placebo-controlled evidence demonstrated improvements in disease severity and secondary outcomes including dermatology-related quality of life.

The Committee noted that infliximab would provide an additional option for patients who had not responded to, had relapsed following, or could not tolerate currently available treatments.

OWMAG had concluded that, despite heterogeneity in the evidence base, infliximab was likely to be clinically effective in the proposed position in the pathway. Increasing treatment frequency to every four weeks was also considered a reasonable option for patients with a suboptimal response.

Members discussed reported cases of polyarthritis. It was noted that patients with hidradenitis suppurativa could already be susceptible to polyarthritic conditions, making causality difficult to establish. Members therefore questioned describing polyarthritis as a "rare" adverse reaction and requested appropriate wording.

No formal cost-effectiveness analysis had been undertaken because the evidence was unsuitable for this purpose and infliximab was expected to be low cost or cost saving. Potential savings associated with reduced surgery, drainage procedures, emergency attendances, and other healthcare use had not all been incorporated into the analysis.

AWMSG endorsed the recommendation for infliximab, including the option to increase dosing frequency to every four weeks in patients with a suboptimal response, subject to development of appropriate starting and stopping criteria.

Action: AWTTC medicines assessment team to review the wording concerning polyarthritis and finalise the starting and stopping criteria before publication.

8. Gilteritinib for use as a maintenance treatment of acute myeloid leukaemia (AML) in patients with FLT3 mutation and evidence of minimum residual disease, before or after haematopoietic stem cell transplant (OW 36)

The Committee considered gilteritinib for maintenance therapy following haematopoietic stem cell transplantation in adults with FLT3-ITD-mutated acute myeloid leukaemia and evidence of measurable residual disease.

Clinical evidence included the pre-planned subgroup analysis of the MORPHO trial and two retrospective cohort studies. The MORPHO analysis showed benefit from gilteritinib compared with placebo in the measurable residual disease-positive subgroup but not in patients without measurable residual disease.

The Committee discussed sorafenib as the current comparator. Real-world experience suggested that sorafenib was poorly tolerated for some patients,

with approximately half discontinuing treatment because of toxicity in the evidence discussed at the meeting. Members also noted that dose adjustment was used in practice to manage adverse effects.

The cost-effectiveness analysis contained significant uncertainty, including the absence of direct comparative evidence with sorafenib and immature overall survival data for gilteritinib. The clinical benefit relative to sorafenib was therefore uncertain.

OWMAG had concluded that the quality-adjusted life-year gains required for gilteritinib to be considered cost effective were implausible on the available evidence. The acquisition cost of gilteritinib was also identified as the principal driver of budget impact.

AWMSG endorsed the recommendation not to recommend gilteritinib for this indication.

9. All Wales guidance on workplace prescribing skills development

The group considered the All Wales guidance on workplace prescribing skills development. The guidance had been substantially revised following consultation because of information-governance concerns about trainees entering prescriptions through a supervisor's electronic account.

The revised approach uses a "think aloud" protocol. This allows trainees to explain their clinical reasoning and prescribing decisions while being directly observed, without using another person's account. The document defines supervision arrangements and other governance considerations. It also includes learning agreements and other documentation, which can be used where these are not available from educational institutions or other providers.

Members supported the guidance but raised concerns about implementation, and supervisor capacity.

Supervisors of medical students were expected to be at registrar level or above, in line with the relevant GMC definition. Training materials were being prepared to support implementation.

AWMSG endorsed the guidance.

10. Free of Charge Policy

Eleri Burd presented an update on the revised All Wales free of charge process.

Members were informed that AWTTC and the Medicines Value Unit had reviewed the process over the preceding year. Feedback from NHS Wales and pharmaceutical industry stakeholders informed changes to the eligibility criteria, the application process, governance, communication and monitoring aspects of the process.

The revised arrangements will give the Commercial Arrangement Scheme Wales Group (CASWG) responsibility for considering free of charge schemes offered to NHS Wales by pharmaceutical companies. The CASWG constitution has been amended accordingly.

The revised process, including CASWG's involvement, will be reviewed after 12 months and 24 months to determine the effect of the changes.

The Committee noted the revised process.

Professor Dyfrig Hughes, Vice-Chair took over as Chair.

11. National Process for the mapping of complex therapies: an update

The Committee received an update on development of a national approach for medicines and therapies that required significant service preparation, infrastructure or changes to care pathways.

The scope covered advanced therapies and other treatments requiring substantial preparedness, including development or reconfiguration of care pathways. Potential capacity implications included pharmacy, diagnostics, genomics, workforce and infrastructure.

The initial work was coordinated by AWTTC and Advanced Therapies Wales through the national pathway-mapping group. The model proposes three operational and delivery groups feeding into a national oversight panel, with AWMSG identified as the most suitable strategic body to perform the national oversight function.

The first Horizon Scanning Operational Delivery Group meeting is due to take place on 11 November 2026. Its proposed functions include identifying high-impact medicines from AWTTC horizon-scanning intelligence, prioritising medicines for more detailed evidence summaries and providing advice to the national oversight panel (AWMSG) on the implementation support required.

It was noted that additional discussion is required to define the potential role and membership of a national implementation and a national commissioning group.

Members discussed the relationship with NWJCC. It was noted that some therapies clearly fell within specialised commissioning, whereas responsibilities for others were less clear. Difficulties could be particularly pronounced where commissioning arrangements differed between paediatric and adult services.

Members considered that the process should identify commissioning responsibility early and should be able to escalate unresolved issues through appropriate routes, including chief executives, medical directors or chief pharmacists.

There was strong support for taking an all-Wales approach rather than seven health boards conducting similar horizon-scanning and implementation work independently. Members considered that this could reduce duplication and unwarranted variation.

Members also stressed that recommendations needed to result in action when service changes fell outside AWMSG's traditional remit. Genomics capacity was given as an example. The process would therefore need appropriate routes through which recommendations on infrastructure or service investment could be implemented.

Early access to sufficiently detailed product information was discussed. Draft summaries of product characteristics from pharmaceutical companies and information from other UK nations were identified as potentially useful sources for recognising implementation issues before licensing.

The group also discussed affordability. Financial consequences could themselves create significant implementation challenges and members considered that affordability should form part of the assessment and prioritisation discussion.

The horizon-scanning work is operating 12 to 18 months before anticipated availability, and members requested that the stages of the proposed process should be mapped against an indicative timeline.

Members supported continued development of the national process and the principle of AWMSG performing the strategic oversight function, subject to consideration of its constitution and membership

Action: The Horizon Scanning Operational Delivery Group to refine its reporting mechanism and processes at its November meeting.

Action: The outcome to be brought back to AWMSG in December.

Action: The AWMSG constitution and membership to be brought back to a future meeting.

12. SBAR – Proposed minor change to CAS formulary review process

The Committee considered a proposal concerning future reviews of the Common Ailments Service Formulary.

The formulary contains 27 condition-specific monographs and exceeds 100 pages. Each monograph has undergone a review or update during the previous three years. A conventional review and consultation of the complete document was considered impractical because of its size, the associated patient group directions and the resource required.

Simply continuing incremental updates without wider consultation also presented a risk because the document could progressively move away from the version on which stakeholders had originally been consulted.

The proposed compromise, already supported by AWPAG, is to consult stakeholders on the three-year programme of planned monograph reviews, rather than consult on all individual monographs simultaneously.

Stakeholders would be able to comment on whether individual monographs required earlier review and provide other feedback for consideration when the relevant monograph is subsequently updated.

Members considered the proposal pragmatic and supported the proposed review approach.

13. AWMSG metrics – April 2026 – September 2026

The Committee reviewed the agreed set of ten AWMSG performance metrics covering the first six months of 2026/27.

The first metric concerned health board good practice examples brought to AWMSG. No meaningful figure was available yet because the health board engagement process was expected to become the principal mechanism through which such examples would be identified.

Four NPI related good practice examples had been reported in the relevant reporting period.

Four licensed medicines recommendations have been endorsed during April to September. All four had been limited assessments and all had resulted in recommendations. There had been no off-label recommendations considered during that six month period.

Website activity data showed considerable use of AWMSG medicines optimisation resources. The medicines optimisation section of the website had recorded approximately 171,000 page views across 230 pages. There had also been more than 500,000 file downloads across approximately 360 files.

Four medicines optimisation resources had been endorsed by AWMSG during the reporting period.

The Committee is monitoring 44 National Prescribing Indicators, comprising 13 priority indicators, 28 safety indicators and three efficiency indicators.

Members discussed the distinction between process measures and measures demonstrating outcomes and impact. This was recognised as an area for further consideration.

AWTTC is to consider refining the metric relating to non-NPI health board good-practice examples, potentially adopting a more qualitative approach.

14. Any other business

No other business was raised.

The Chair thanked AWMSG members and confirmed the date of the next meeting on**, Wednesday, 2nd December 2026 at the All Nations Centre, Sachville Avenue, Cardiff, CF14 3NY**