Enclosure No:	**1/AWMSG/1126**
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 at 09:30am on Wednesday, 7th October 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**	
5.	**Mr Farhan Mughal**	**ABPI (Wales)**	
6.	**Mrs Pam James**	**Lay Representative**	
7.	**Ms Julie Wilson-Thomas**	**Lay Representative**	
8.	**Mr Dylan Jones**	**Community Pharmacist**	
9.	**Dr Richard Brown**	**General Practitioner with an interest in therapeutics**	
10.	**Miss Rafia Jamil**	**Managed Sector Pharmacist – Primary Care**	
11.	**Mr David Fox**	**Managed Sector Pharmacist – Hospital Pharmacist**	
12.	**Mrs Katherine White**	**Senior Nurse**	
13.	**Mrs Cathy Wynne**	**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:
Mr Richard Boldero, Senior Pharmacist
Mrs Karen Jones, Senior Pharmacist
Mr Emyr Jones, Consultant Pharmacist
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
HEIW	Health Education and Improvement 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:

Ms Kate Parrish, ABPI (Wales)
Mr Hywel Pullen, Director of Finance
James Leaves, Director of Finance
Dr Jim McGuigan, Medical Director
Dr Richard Skone, Medical Director
Mrs Bethan Tranter, Director of Pharmacy

Non-voting members:

Dr Andrew Champion, Programme Director

3. Declarations of interest:

The Chair invited declarations of interest. There were none.

4. Approval of the minutes of the previous meeting

The draft minutes of the previous meeting held on 9th September were checked for accuracy and approved. There were no matters arising.

5. Chair's report (verbal update)

The Chair thanked Professor Dyfrig Hughes for chairing the previous meeting and thanked members for their contributions at the post-meeting discussion on Health Board Engagement Sessions. Members were informed that AWTTC had updated the information template, which would be tailored and circulated to individual health boards to support future engagement discussions. The Chair asked members to remain briefly after the public meeting for a private discussion to finalise preparations ahead of the attendance of Cwm Taf Morgannwg University Health Board at the next meeting.

Members were advised that AWTTC would also provide an update during the private session on plans to submit a business case to expand the work of the Commercial Medicines Access Team. The Chair noted the increasing number and complexity of commercial arrangements associated with NICE technology appraisals and highlighted the importance of establishing a robust national process with appropriate governance, oversight and stakeholder engagement to maximise value for NHS Wales.

The Chair informed members that the agenda for the current meeting was relatively short. However, the agenda for the November meeting is expected to be substantially larger and might continue beyond the lunch period. Members were encouraged, where possible, to attend in person to support effective participation in discussions.

No questions were raised.

6. All Wales guidance for medicine training and education: for support workers in health and social care

Karen Jones introduced the guidance and welcomed Emyr Jones, Patricia Mathias-Lloyd from HEIW and Kim Edwards from Social Care Wales to the meeting.

Members were informed that the guidance had been developed following feedback received during consultation on the All Wales Guidance to Support Integrated Medicines Management in Community Settings, which identified a need for national guidance on medicines training and education for support workers in health and social care. The work had been overseen by the Medicines Management Steering Group and developed collaboratively with representatives from a wide range of areas including HEIW and Social Care Wales. The guidance aimed to provide a framework for planning and delivering medicines training, supporting consistent, high-quality medicines support across health and social care settings in Wales.

Emyr Jones explained that the guidance brought together and updated existing medicines training frameworks from both health and social care sectors. Its purpose was to establish consistent governance, competency assessment and training expectations while recognising the differing structures and responsibilities across sectors. Members noted that the guidance introduced three training groups based on the level of medicines support provided and set out expectations relating to governance, assessment, quality assurance and ongoing professional development.

The Committee heard that the guidance was intended to sit alongside a separate programme of work being led by HEIW and partners to develop a national curriculum and supporting training resources. It was clarified that the curriculum consultation would inform the content and delivery of training, while the guidance focused on governance, standards and processes.

During discussion, members sought reassurance regarding implementation arrangements and the practical implications for health boards and social care organisations. Questions were raised regarding responsibility for delivery of Level 3 training and competency assessment. It was confirmed that enhanced medicines support tasks remained subject to delegation arrangements and would require support, training and governance from health boards. Members noted that implementation planning was already underway and would be coordinated through the existing multi-agency programme structure.

Further discussion focused on the role of support workers in undertaking enhanced medicines-related tasks. It was clarified that the guidance did not seek to promote routine delegation of complex medicines administration but instead established a framework to support such activity where clinically appropriate, risk assessed and adequately governed. Members recognised that improved training and competency assessment could support both service delivery and patient-centred care while maintaining safety. Members also discussed the importance of workforce development, transferability of training and progression opportunities for support workers. The guidance was seen as providing an important foundation for building

capability and consistency across Wales.
The Committee welcomed the collaborative approach taken to the development of the guidance and recognised the significant amount of work undertaken by partner organisations and were happy to endorse.

7. Decarbonisation - Inhaler use and disposal Task and Finish Group 2022-2026 Final report

Sian Evans presented the final report of the Decarbonisation – Inhaler Use and Disposal Task and Finish Group, noting that although the Task and Finish Group had concluded, the associated inhaler decarbonisation strategy remained in place until 2030. The report was presented to provide a summary of progress achieved, the rationale for concluding the group, and recommendations for future work.

Members heard that the Task and Finish Group had been established in 2022 to support delivery of the national strategy and had brought together a wide range of partners from across Wales and the UK. The report highlighted substantial progress in reducing the carbon footprint associated with inhaler prescribing. Although the target of achieving 80% prescribing of lower global warming potential inhalers had not yet been reached, considerable progress had still been made.

The Committee noted a sustained reduction in the use of pressurised metered dose inhalers and short-acting beta-2 agonist inhalers, alongside increased prescribing of dry powder inhalers, soft mist inhalers and AIR/MART regimen inhalers. Members acknowledged that these changes aligned with All Wales respiratory prescribing guidelines and had contributed to the reduction in the overall carbon footprint associated with inhaler use.

Members discussed safe and responsible inhaler disposal and recycling. It was noted that work continued through Public Health Wales and NHS Wales Shared Services Partnership to inform future clinical waste contracts and explore recycling opportunities. Behavioural insights research had demonstrated that members of the public were generally willing to return inhalers for recycling, although practical challenges remained within existing systems.

Discussion also focused on the need to balance environmental considerations with patient-centred care. Members emphasised that inhaler choice must continue to be driven by clinical appropriateness and patient ability to use devices effectively, particularly for older adults, frail patients and those with dexterity difficulties. It was noted that the respiratory guidelines remained clear that lower carbon options should only be selected where appropriate for the patient.

Members highlighted the importance of monitoring patient outcomes alongside environmental metrics. It was recognised that while inhaler prescribing patterns and carbon footprint data were readily available, further work would be beneficial to better understand and report clinical outcomes associated with changes in prescribing practice.

The Committee welcomed the report and the progress achieved through the

Task and Finish Group. Members noted that the recommendations would support continuation of the work through existing organisations and governance structures, including AWTTC, the National Strategic Clinical Network for Respiratory Conditions and NHS Wales Shared Services Partnership.

8. AWMSG alignment with NICE methods for HTA

Tony Williams presented a paper outlining proposed updates to AWMSG appraisal methods to maintain alignment with the National Institute for Health and Care Excellence (NICE). Members were informed that the proposed changes related to NICE's revised cost-effectiveness threshold and the planned adoption of the EQ-5D-5L value set for health-related quality of life assessments.

The Committee noted that NICE had increased its standard cost-effectiveness threshold range from £20,000–£30,000 per quality-adjusted life year (QALY) to £25,000–£35,000 per QALY and had also announced implementation of the EQ-5D-5L value set for health technology assessments.

Members heard that AWMSG had historically aligned its medicines appraisal methodology with NICE and that maintaining this alignment would support consistency between the two principal medicines access routes operating within Wales. Tony Williams advised that divergence from the changes to NICE methodology could introduce additional complexity and inconsistency for applicants, committee members and stakeholders.

During discussion, members reflected on AWMSG's established approach of considering wider societal and uncaptured benefits alongside cost-effectiveness evidence when reaching decisions. It was noted that some of the factors previously considered outside the incremental cost-effectiveness ratio may now be captured more explicitly within NICE's revised methodology. Members acknowledged that the changes were likely to affect only a small number of medicines assessed through AWMSG's full health technology assessment route.

It was queried whether there was the intention of AWMSG to universally adopt NICE's methodology by reference to the NICE methods guide to future proof the process when further methodological changes occurred. However, members expressed the view that significant changes to appraisal methods should continue to be brought back to AWMSG for consideration rather than being adopted automatically, as this allowed appropriate scrutiny and discussion.

The Committee supported continued alignment with NICE methods while retaining the opportunity for AWMSG to consider and discuss future methodological changes on a case-by-case basis.

AWMSG approved the proposed updates for the adoption of the revised NICE cost-effectiveness threshold and implementation of the EQ-5D-5L methodology.

Action
AWTTC to implement the agreed methodological updates and amend relevant methods documents, guidance and templates in line with the recommendations set out in the paper.

9. 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, 4th November 2026**

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

The formal part of the meeting then closed.