Enclosure No:	**1/AWMSG/1026**
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 9:30 am on Wednesday, 9th September 2026 at the All Nations Cardiff, CF14 3NY

	Voting members present:		**Did not participate in agenda item:**
1.	**Prof Dyfrig Hughes**	**Chair**	
2.	**Prof Stephen Monaghan**	**Consultant in Public Health Medicine**	
3.	**Mrs Angharad Lawson**	**NHS Wales Joint Commissioning Committee**	
4.	**Mr Farhan Mughal**	**ABPI (Wales)**	
5.	**Mrs Pam James**	**Lay Representative**	
6.	**Mr Dylan Jones**	**Community Pharmacist**	
7.	**Dr Richard Skone**	**Medical Director**	
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 Susan Newport**	**Senior Nurse**	
13.	**Dr Alison Thomas**	**Clinical Pharmacologist**	
14.	**Dr Owen Seddon**	**Hospital Consultant**	
15.	**Mr Jonathan Simms**	**Director of Pharmacy**	

Welsh Government:
Mr Andrew Evans
Mr David McRae

Medicines Values Unit:
Rhiannon Walters-Davies

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
Mrs Ruth Lang, Senior Liaison Manager
Miss Laura Phillips, Administration Manager
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

Prof Dyfrig Hughes chaired the meeting on behalf of Prof Iolo Doull and welcomed members, attendees and observers. The Chair confirmed that the meeting was quorate.

It was noted that representatives from ALK-Abelló Ltd would join the meeting for Agenda Item 7 only.

2. Apologies:

Voting members:

Prof Iolo Doull, Chair
Mr Karl Jackson, Other healthcare professions eligible to prescribe not already represented
Mr Hywel Pullen, Director of Finance
Mrs Cathy Wynne, Other healthcare professions eligible to prescribe not already represented
Ms Julie Wilson-Thomas, Lay Representative

Non-voting members:

Mrs Claire Thomas, Head of WAPSU and Medicines Optimisation

3. Declarations of interest:

The Chair invited declarations of interest. A declaration of interest was made by Alison Thomas in relation to her membership of the All Wales Antimicrobial Guidance Group. It was agreed that this did not preclude participation in discussions relating to the antimicrobial agenda item (Enclosure 5).

4. Approval of the minutes of the previous meeting

The draft minutes of the previous meeting held on 15th July were checked for accuracy and approved. There were no matters arising.

Members reviewed the actions from the previous meeting. It was noted that, in relation to the NICE threshold changes, a paper will be presented to AWMSG at the October meeting.

Action
The briefing paper on NICE threshold changes to be presented to AWMSG at the October 2026 meeting

It was confirmed that the BMJ article on the potential implications of the threshold change, and ABPI's response, had been shared with members.

The Committee noted that the actions relating to the paper on medicines identified as low value for prescribing had been completed.

It was noted that the establishment of a short-life working group to identify metrics for reporting on environmentally sustainable medicines management remains in progress.

Action
AWTTC to continue with the establishment of a short-life working group

Members received feedback on the action relating to communication between pharmacies and GP practices following medicines supplied through the Common Ailments Service where use in pregnancy or breastfeeding may be a consideration. AWTTC had discussed the matter with WMAS, which confirmed that an electronic consultation summary was automatically sent to the patient's GP following each consultation. WMAS also advised that it would explore whether further guidance could be issued to GP practices, in

conjunction with Digital Health and Care Wales, to support access to and awareness of these notifications.

During discussion, it was noted that while the consultation summaries were sent automatically, they may not always be readily visible within GP systems unless the associated document is opened. It was suggested that further consideration be given to how such communications could be presented and coded within practice systems to improve visibility and accessibility.

Action
AWTTC to discuss with the WMAS team whether additional guidance or system improvements should be considered to improve visibility of consultation summaries within GP systems

5. Chair's report (verbal update)

On behalf of the Committee, the Chair acknowledged the contributions of two members who are stepping down from AWMSG. Tommy Price, ABPI Cymru representative, has recently taken up a new role with Pfizer and had resigned from the Committee. Members thanked him for his contribution, particularly his support for partnership working and improving patient access to medicines in Wales. The Chair also recognised Susan Newport who will be stepping down after this meeting as the Alternate Senior Nurse Representative. Members thanked Susan for her valuable contribution and commitment to the work of AWMSG.

Members noted the publication of the AWTTC Annual Report 2025–2026, which highlights progress in medicines access, optimisation and safety across Wales. The report reflects the ongoing contribution of AWMSG members, AWTTC staff, health boards, patient representatives and partner organisations.

The Committee received an update from the One Wales Medicines Assessment Group (OWMAG). Following a virtual consultation in July 2026, OWMAG had reviewed the One Wales recommendation for the off-label use of ustekinumab for the treatment of inflammatory bowel disease in children and young people aged 6 to 17 years. Clinical outcome data had been received for 12 patients, demonstrating continued clinical benefit and clinicians confirmed an ongoing need for access to treatment. OWMAG had therefore agreed to continue to support use of the treatment. Members noted that, as ustekinumab for the treatment of children and young people aged less than 18 years with Crohn's disease is now licensed, this cohort had been removed from the One Wales recommendation. It is expected that health boards in Wales will continue to make ustekinumab available for this cohort in accordance with the AWMSG policy statement on paediatric licence extensions. Escalation beyond the licensed dose remains off-label and patients may continue to receive this treatment via the One Wales recommendation. OWMAG agreed to review the recommendation again in 12 months.

Members also noted the outcome of a virtual consultation held in August 2026 to review the One Wales recommendation for the off-label use of

trametinib to treat recurrent low-grade serous ovarian carcinoma that has progressed following at least one platinum-based regimen. Clinical outcome data demonstrated response rates consistent with those reported in the pivotal study. Clinicians confirmed an ongoing clinical need, and OWMAG agreed to continue to support use of the treatment. A further review would be undertaken in 12 months.

The Chair informed members that consultations on the All Wales Implementation Framework for Biological Medicines in COPD, the All Wales Wet Age-Related Macular Degeneration Prescribing Guidelines, and the All Wales Guidelines for Prescribing Foods and Borderline Substances had now closed.

Members noted the continued progress of the Medicines Optimisation Framework Review and other medicines optimisation projects, which will help to inform future guidance and support for healthcare professionals and patients across Wales.

The Chair congratulated colleagues at the Scottish Medicines Consortium on their forthcoming 25th anniversary. Members noted the longstanding collaborative relationship between the Scottish Medicines Consortium and AWTTC.

Finally, members were advised that, following the public meeting, AWMSG would move into a private session to discuss forthcoming Health Board Engagement Sessions. The discussion will focus on objectives, approaches and key themes for future engagement with health boards to strengthen relationships and support implementation of medicines guidance across Wales.

6. AWTTC Programme Director's report

Andrew Champion presented the AWTTC Programme Director's report. Members noted that the Welsh Analytical Prescribing Support Unit's work on antibiotic course duration for respiratory tract infections had been shortlisted in the NHS Wales Awards under the Information Award category. The project, entitled *The Five-Day Shift: Using Data to Optimise Antibiotic Course Duration Across NHS Wales*, highlights work undertaken in relation to the relevant National Prescribing Indicator. Members were encouraged to vote in support of Dr Katt Chaplin and Miss Shaila Ahmed's work.

The Committee noted positive external feedback on the recently endorsed *All Wales Gabapentinoid Resources for Chronic Pain*. Feedback from a clinical lead in Scotland described the resource as high quality and practical for clinical use. To support implementation, AWTTC is working with Health Education and Improvement Wales and specialist pain pharmacists to develop educational videos and case studies for healthcare professionals. Members were advised that an update on the resource will be presented at the next Learning at Lunch session scheduled for 15 October 2026.

Members were informed that a summary of the 2026 AWTTC Best Practice Day, including presentations from the main speakers, slides from the breakout sessions, and the winning posters from the poster competition are

now available on the AWTTC website. Planning for the 2027 event will begin shortly, and suggestions for future themes and topics will be welcomed.

It was reported that Claire Thomas, Head of Medicines Optimisation at AWTTC and Dianne Burnett, Director of WMAS are participating in the Pharmaceutical Information and Pharmacovigilance Association Conference in London, contributing to discussions on patient-centred risk communication. The session will explore how meaningful patient involvement, improved accessibility and greater collaboration can support the development of more effective, patient-centred materials. It will also provide an opportunity to highlight other patient and public activity and resources which aim to strengthen communication with patients.

The Committee noted that the next Patient and Public Involvement Group meeting will be held on 17 September 2026 as an interactive workshop, facilitated by the Public Health Wales Behavioural Science Unit, to support the development of the ‘Your Medicines, Your Health’ initiative.

An update was provided on medicines assessment activities. Members noted that five medicines had recently been approved for assessment following scrutiny panel review, comprising three licensed medicines and two off-label medicines. Further medicines are expected to be considered by LOWMAG and OWMAG over the coming months. AWTTC is also undertaking a mini review of the Licensed One Wales Medicines Assessment Process.

Members were informed that work on the Free of Charge Medicines Scheme policy and implementation of a national approach to the Early Access to Medicines Scheme continue and any proposed changes will be brought to AWMSG for consideration.

Members received an update on the national Blueteq programme. The Committee noted that all historic Blueteq forms relating to NICE and AWMSG-approved medicines have now been drafted. Processes are in place to support development, review and retirement of forms. Work is also underway to upload historic patient information to ensure all eligible rebates can be claimed. Work on an application programming interface linking Blueteq with the Welsh Clinical Portal has been completed, enabling demographic information to transfer automatically and reducing administrative burden.

The Committee was advised that preparatory work had been undertaken to assess the implications of NICE's revised cost-effectiveness threshold and forthcoming methodological changes. A discussion paper will be presented to AWMSG at its October meeting.

Members noted progress on development of a business case to support a sustainable national service for high-cost medicines access, monitoring and implementation. The proposal is intended to strengthen capacity within AWTTC and the Medicines Value Unit to manage increasingly complex commercial access arrangements and maximise rebate recovery for NHS Wales.

An update was provided on the VPAG Investment Programme. Positive feedback had been received following the UK midpoint review, which recognised the strength of governance arrangements, programme management and delivery in Wales. Progress continues across all four programme workstreams, and a further programme board meeting will be held in October.

Dr Champion updated on AWTTC's involvement with the development of a national process and governance structure for supporting and managing the introduction of new complex or disruptive medicines. The favoured approach is for AWMSG to act as the Oversight Panel. Work is continuing on establishing a National Horizon Scanning Operational Delivery Group, with an inaugural meeting planned for November 2026. Members were informed that a paper will be presented to AWMSG in October. Members noted the recent appointment of a scientist within AWTTC to support delivery of the programme.

Finally, members were advised that the AWTTC senior team will be meeting Welsh Government officials on 10 September 2026 as part of the regular quarterly review process. Progress against the work programme and other strategic priorities will be discussed.

The Chair thanked Dr Champion for his update report and invited questions. No questions were raised.

7. Adrenaline (EURneffy®) [AWTTC Ref: 6284]

For the emergency treatment of severe allergic reactions (anaphylaxis) due to insect stings or bites, foods, medicinal products, and other allergens as well as idiopathic or exercise-induced anaphylaxis. Treatment is indicated for adults and children with a body weight ≥ 30 kg.

Company: ALK-Abello Ltd

The Committee considered the LOWMAG recommendation for intranasal adrenaline (EURneffy®) as an option for the emergency treatment of severe allergic reactions, including anaphylaxis caused by insect bites or stings, foods, medicinal products and other allergens, as well as idiopathic or exercise-induced anaphylaxis, in adults and children weighing 30 kg or more.

The Chair welcomed Daniel McLean and Wyn Roberts, representatives from ALK-Abelló Ltd.

Clare Elliott explained that the medicine had been assessed through the limited assessment process. The Scrutiny Panel had determined that clinical equivalence of intranasal adrenaline and adrenaline auto-injectors had been sufficiently established and that the assessment should therefore focus on budgetary impact, equity of access and wider societal considerations.

James Coulson presented the LOWMAG recommendation and rationale. Members heard that LOWMAG had considered the evidence summary report prepared by AWTTC, alongside clinical expert input from specialists in allergy and immunology, and views from the manufacturer and patient organisation representatives.

LOWMAG concluded that the smaller size and easier administration of the intranasal product could reduce barriers to carrying and using emergency adrenaline and may therefore improve timely treatment of anaphylaxis. Members noted advice from the British Society for Allergy and Clinical Immunology that some patient groups, particularly those who had experienced anaphylaxis associated with hypotension following insect venom reactions, may still require access to adrenaline auto-injectors in addition to the intranasal product.

The Committee noted that there was uncertainty regarding future uptake and budget impact. LOWMAG considered estimates suggesting that approximately two-thirds of eligible patients may choose to switch to the intranasal formulation, although some patients may prefer to remain on established injectable treatments.

Discussion focused on the assumptions underpinning the budget impact analysis, including differences between labelled shelf life and functional shelf life. Members noted that community pharmacy data suggested that adrenaline auto-injectors often reached patients with substantially reduced remaining shelf life due to manufacturing and supply chain factors. Company representatives explained that the intranasal product benefited from a less complex manufacturing process, which allowed a greater proportion of its labelled shelf life to be available to patients.

Members also noted potential environmental benefits associated with the intranasal product, including reduced plastic use, disposal through household waste and the absence of sharps disposal requirements.

Questions were raised regarding use in specific patient groups identified by professional society guidance. It was clarified that these were not contraindications or exclusions from the licence but reflected areas where clinicians should exercise caution and follow British Society for Allergy and Clinical Immunology advice. Members also sought reassurance regarding supply chain resilience and post-marketing safety data. Company representatives advised that the manufacturing process was less vulnerable to supply disruption than traditional adrenaline auto-injectors and reported that available real-world evidence demonstrated treatment success rates consistent with those reported for adrenaline auto-injectors.

Members emphasised the importance of clear communication to clinicians regarding patient groups for whom specialist guidance recommended additional consideration.

Following discussion, AWMSG agreed that the LOWMAG assessment had been undertaken robustly and consistently and endorsed the recommendation.

8. National Prescribing Indicators 2025–2026 Analysis of Prescribing Data to March 2026

Shaila Ahmed and Richard Boldero presented the National Prescribing Indicators report for the final quarter of 2025–2026.

Members noted that all three analgesic indicators showed reductions across Wales compared with the equivalent quarter of the previous year, in line with the aims of the indicators. A good practice spotlight from a GP practice in Cwm Taf Morgannwg University Health Board highlighted the use of harm reduction clinics to support reductions in long-term prescribing of opioids, gabapentinoids and hypnotics.

The Committee heard that all health boards achieved the target of a 6% or greater reduction in the total volume of antibacterial prescribing compared with the baseline quarter ending March 2020. Prescribing of the 4C antimicrobials continued to decrease across Wales. Members also noted that the proportion of amoxicillin, doxycycline and clarithromycin prescriptions issued as five-day courses for uncomplicated respiratory tract infections increased across Wales, with all health boards exceeding the 75% target for amoxicillin.

It was reported that data for the three new SGLT-2 inhibitor indicators had not been available at the time of publication but had since become available and would be incorporated into an updated report. In the interim, overall SGLT-2 inhibitor prescribing increased by 18.8% across Wales compared with the equivalent quarter of the previous year, with increases seen in all health boards.

Members noted an increase in the proportion of dry powder inhalers and soft mist inhalers prescribed across Wales, while short-acting beta-2 agonist inhalers as a percentage of all inhalers prescribed decreased by 9.42%. Both changes were in line with the aims of the indicators. The Committee also noted that hypnotic and anxiolytic prescribing continued to fall across Wales, while Yellow Card reporting had decreased across all settings compared with the equivalent quarter of the previous year.

Richard Boldero presented the efficiency indicators. Members noted that biosimilar use within the monitored basket of biological medicines increased from 95% to 96% compared with the equivalent quarter of the previous year. Spend on the low-value prescribing basket decreased by 5.2%, in line with the aim of the indicator.

The Committee welcomed the positive trends across the indicators. Members noted that improvements in biosimilar uptake were becoming increasingly marginal as prescribing approached saturation levels but recognised that the current level of uptake remained extremely high and continued to deliver significant value.

9. NHS Wales Inhaler Carbon Footprint Report - May 2026

Richard Boldero presented the NHS Wales inhaler carbon footprint report for data to May 2026.

Members were asked to note that the comparison of the current three-month period with both the previous three-month period and the equivalent period in the previous year demonstrated positive movement across all four reported metrics. The Committee heard that, when comparing May 2026 with May

2025, the total inhaler carbon footprint had reduced by just over 16.5%. Over the same period, the proportion of dry powder inhalers and soft mist inhalers increased by almost 8.5%, while the proportion of short-acting beta-2 agonist inhalers as a percentage of all inhalers decreased by just over 11%. Members also noted an increase of more than 20% in AIR/MART prescribing as a proportion of inhaled corticosteroid (ICS) and ICS/long-acting beta-2 agonist (LABA) inhalers. Members were informed that the rolling 12-month analysis continued to show a reduction in the overall carbon footprint of inhalers used in Wales, with progress continuing towards the target of 20,000 tonnes of carbon dioxide equivalent.

During discussion, members emphasised the importance of ensuring that inhaler choice remained clinically appropriate for individual patients. It was noted that reducing carbon emissions should not override patient-centred considerations, particularly for older patients, frail patients and those with dexterity or inhaler technique difficulties. Members highlighted the importance of ongoing assessment to ensure that patients remained confident and competent in the use of any inhaler device.

Richard Boldero advised that the principles underpinning the respiratory guidelines remained focused on selecting the most appropriate inhaler for each patient, with environmental benefits forming a secondary consideration. He noted that transitions from metered dose inhalers to dry powder inhalers should be undertaken only where clinically appropriate and acceptable to the patient. Members also noted that wider respiratory outcome measures, including admission data, continued to be monitored through national respiratory networks.

The Committee welcomed the continued reduction in the overall carbon footprint and acknowledged the significant contribution being made through prescribing changes across Wales.

10. Primary care antimicrobials (Minor updates)

Tom Curran presented a summary of minor updates to the *Primary Care Antimicrobial Guidelines* published in August 2026. Updates had been made to the three monographs of ‘Lower urinary tract infection (UTI) in adults’, ‘Lower UTI in pregnancy’ and ‘Scabies’.

During discussion, concerns were highlighted regarding recurrent scabies infections and treatment failures, particularly in care homes. It was suggested that the guidance should emphasise the importance of washing clothing and bedding and isolating non-washable items to reduce reinfestation and improve treatment outcomes. It was agreed that AWTTC will raise the matter with the All Wales Antimicrobial Guidelines Group to see if further information and guidance could be included.

The Committee noted the updates for information.

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improve treatment outcomes. It was agreed that AWTTC will raise the matter with the All Wales Antimicrobial Guidelines Group to see if further information and guidance could be included.

The Committee noted the updates for information.

Actions

1. **AWTTC to review the scabies monograph and, if necessary, raise the inclusion of clearer advice on environmental decontamination measures with the All Wales Antimicrobial Guidance Group.**

2. **AWTTC to explore, with Public Health Wales, the potential development of supporting information on prevention of scabies reinfestation and management of treatment failure.**

11. Any other business

There was no other business.

The Chair announced the date of the next meeting on **Wednesday, 7th October 2026 at the All Nations Centre, Sachville Avenue, Cardiff, CF14 3NY**