

# All Wales Medicines Strategy Group

**Annual Report  
2011-2012**



*"Getting the best outcomes  
from medicines for Wales"*

# Contents

	Page
Chairman's welcome	1
About AWMSG	2
Strategic aims and objectives	3
The AWMSG network	4
The Welsh Medicines Partnership (WMP)	4
The New Medicines Group (NMG)	5
The All Wales Prescribing Advisory Group (AWPAG)	5
Links to other organisations	6
The work programme	7
Advising on new medicines	7
Appraisals 2011–2012	7
Influencing prescribing and medicines management	9
Delivering a medicines strategy	11
Membership	12

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On behalf of the All Wales Medicines Strategy Group

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# Chairman's welcome

2011 was marked by the All Wales Medicines Strategy Group (AWMSG) conducting the 100th medicine appraisal. By the end of 2011–2012, AWMSG had conducted 124 appraisals, several of them using the newly introduced pilot Patient Access Scheme (PAS) process for Wales (see page 8). In addition, I am delighted to report that AWMSG's health technology appraisal process obtained the NHS Evidence accreditation mark from the National Institute for Health and Clinical Excellence (NICE) (see page 8). I thank all of those involved in achieving this important marker of quality. A limited submission process to encourage timely engagement of pharmaceutical manufacturers with the AWMSG process was also evaluated and adopted. You can read more about this initiative on page 7.

It was encouraging to see that the "Invest-to-Save" initiative for 2011–2012 achieved even greater savings for the medicines budget than had been predicted, whilst still promoting safe, effective and cost-effective prescribing in several important therapeutic areas (see page 11). I am grateful to prescribers and all those involved in medicines management in Wales for making this possible. Finally, I am pleased that the majority of our chosen prescribing indicators in Wales (see page 10) continued to move in the appropriate direction, again confirming that our health professionals in NHS Wales continue to work hard to optimise the use of medicines.



In the coming year, AWMSG will review the outcomes associated with existing medicines strategy and begin to develop a Wales Medicines Strategy for the next five years. I am also keen to ensure that AWMSG engages closely with the appropriate groups in Wales to promote safe and effective antimicrobial prescribing in the coming year, and we will continue to work with colleagues to offer support and collaboration for the development and implementation of the value-based pricing (VBP) process (see page 6).

## **Professor Phil Routledge**

OBE MD FRCP FRCPE FBPharmacolS FBTS FRCGP

Head of Department of Pharmacology,  
Therapeutics and Toxicology, Institute of Molecular  
and Experimental Medicine, Cardiff University  
School of Medicine

Chairman, All Wales Medicines Strategy Group  
(AWMSG)

# About AWMSG

AWMSG was established in 2002 to provide advice on medicines management and prescribing to the Welsh Government's Minister for Health and Social Services in an effective, efficient, and transparent manner. AWMSG brings together an expert panel of NHS clinicians, pharmacists, academics, health economists, industry representatives, patient advocates and lay representatives to reach a consensus on the use of new medicines and on policies that promote the best use of medicines in both primary and secondary care.

AWMSG holds up to ten meetings a year, at which recommendations on the use of new medicines are agreed, prescribing advice is considered for endorsement and developments in prescribing practice are discussed and reported. These meetings are held in public and all relevant information is available on the AWMSG website: [www.awmsg.org](http://www.awmsg.org). The members of AWMSG during 2011-2012 are listed on page 12.



View from the public gallery at the September 2011 AWMSG meeting in Abergavenny – AWMSG brings together an expert panel of NHS clinicians, pharmacists, academics, health economists, industry representatives, patient advocates and lay representatives.

## Highlight 2011-2012

### Launch of "Together for Health"

November 2011 saw the launch of the Welsh Government's "Together for Health", a five-year vision for the NHS in Wales, which sets out the significant challenges that lie ahead and the action needed to meet these challenges and deliver excellence in healthcare for the future. The document outlines the key areas where concerted action and commitment will be required to improve healthcare services across Wales. The vision is for a healthier Wales, where healthcare is more equal, more accessible and more effective by the year 2016.

As AWMSG enters its tenth year of providing advice on strategic medicines management and prescribing, it will have a significant role to play in making this vision a reality.

# Strategic aims and objectives

The AWMSG report "A Medicines Strategy for Wales: Getting the best outcomes from medicines for Wales", published in 2008, supports the "Designed for Life" health and social care strategy for Wales and sets out the following objectives for the medicines sector:

## Quality, safety, and effectiveness

- ▶ Medicines used in Wales are acceptably safe, clinically effective, and cost effective.
- ▶ Systems are in place to support evidence-based prescribing.

## Access and timeliness

- ▶ The people of Wales have access to clinically effective and cost-effective medicines at the time they need them.

## Optimal use (patient focus and efficiency)

- ▶ Medicines are used in Wales in a way that will lead to good health outcomes.
- ▶ Wastage of medicines is minimised.
- ▶ NHS Wales adopts a whole systems and integrated approach to medicines across all health and social care sectors, designed to meet the needs of patients.

The following principles guide delivery of these objectives:

## Excellent systems

- ▶ The systems that support the use of medicines are people-centred, reflect best practice, are appropriately funded, and ensure safety and efficacy.
- ▶ Prescribing and medicines management is integrated and seamless across all agencies and healthcare sectors.

## Equity

- ▶ Medicines and other resources are allocated in a manner that reduces inequity of outcome between population groups.

## Effectiveness

- ▶ The systems for provision of medicines, including the roles and functions of the individuals and organisations involved, are effective in contributing to the objectives of the strategy.

## Trust and confidence

- ▶ The systems ensure the provision of medicines is timely, robust, and transparent.
- ▶ Stakeholders (including the public and consumers) understand and have the opportunity to participate in the decision-making processes used for appraising new medicines.

## Value for money

- ▶ The systems in the medicines sector operate efficiently, minimise medicines waste, and maximise health outcomes from medicines, given the context of a constrained budget.

## Affordability

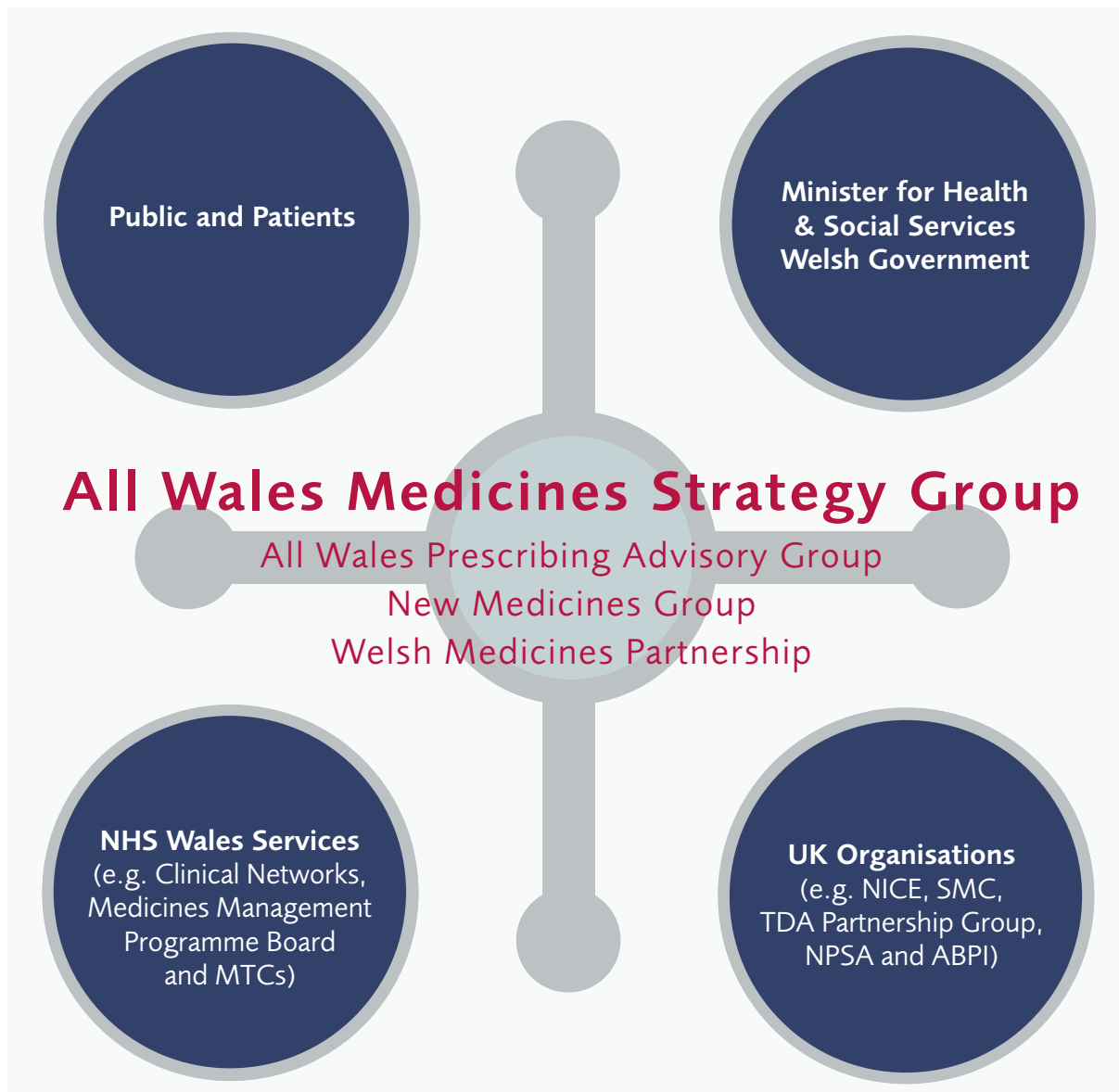
- ▶ The medicines used within NHS Wales and the structures and processes that support their use are appropriately funded and affordable for individuals and the community.

Implementing a robust and sustainable approach to the prescribing of medicines based on these principles requires:

- ▶ cross-sector involvement
- ▶ system capability – financial and other resource inputs
- ▶ structures and systems that work well
- ▶ knowledge and information.

# The AWMSG network

The work of AWMSG is planned via the AWMSG Steering Committee. This committee prioritises the work programme of the parent committee to ensure the efficient use of AWMSG resources.



## The Welsh Medicines Partnership (WMP)

WMP is the secretariat of AWMSG and provides the administrative, technical, professional, and academic resources to support AWMSG's work programme.

WMP is based on a strategic partnership of four member organisations: the Cardiff University School of Medicine's All Wales Therapeutics and Toxicology Centre, the Welsh Medicines Information Centre, the Welsh Medicines Resource Centre (WeMeReC), and Yellow Card Centre Wales. These organisations work with core WMP staff, and operate within the Therapeutics and Toxicology Directorate of the Cardiff and Vale University Health Board.

WMP draws on the skills of senior medical, pharmaceutical, and health economic specialists, and partner organisations across Wales and the UK. WMP also contributes to those partnerships by providing input, training, and representation at various forums.



**Welsh Medicines Partnership**  
Partneriaeth Meddyginiaethau Cymru

Two advisory subgroups report to AWMSG and provide expert advice:

### **The New Medicines Group (NMG)**

NMG makes preliminary recommendations to AWMSG about the introduction of new medicines in NHS Wales. NMG meets up to ten times a year to consider the clinical effectiveness and cost effectiveness of new medicines. The group reviews independent information prepared by the Welsh Medicines Partnership (see opposite), along with evidence from pharmaceutical companies, clinical experts, and patient organisations. This skilled group consists of experienced medical, pharmaceutical, and pharmacoeconomic experts, as well as lay members. The members of NMG during 2011-2012 are listed on page 13.

### **The All Wales Prescribing Advisory Group (AWPAG)**

AWPAG advises AWMSG on therapeutics and medicines management issues within NHS Wales. AWPAG meets quarterly to assess the impact of developments in new medicines and prescribing strategy on clinical services, to support the AWMSG network in monitoring prescribing patterns, to identify and share examples of "best practice", and to advise on training programmes for prescribers. Membership is multidisciplinary and draws from various regions and roles related to prescribing. General practitioners and pharmacists from each of the seven Welsh health boards attend, in addition to representatives from Public Health Wales, the Association of the British Pharmaceutical Industry (ABPI), and the British Generic Manufacturers Association, and lay members. AWPAG members during 2011-2012 are listed on page 14.

# Links to other organisations

## Health Technology Assessment bodies

WMP has fostered links, on behalf of AWMSG, with the other Health Technology Assessment (HTA) bodies in the UK, namely the National Institute for Health and Clinical Excellence (NICE) and the Scottish Medicines Consortium (SMC).

Engagement with NICE is ongoing through regular visits, information sharing and collaboration on projects such as the patient access schemes, which AWMSG contributes to via its representation on the Patient Access Scheme Interim Expert Panel. Representatives of AWMSG also attend the NICE Annual Conference, which was held this year in Birmingham on 10-11 May 2011.

## Association of the British Pharmaceutical Industry (ABPI)

Within Wales, WMP works with the ABPI on the AWMSG appraisal process via the Therapeutic Development Assessment (TDA) Partnership Group. In April 2011, representatives from AWMSG and WMP attended the launch of the updated ABPI Code of Practice for the Pharmaceutical Industry. Representatives from ABPI are included on AWMSG and its sub-groups.

## NHS service providers

Engagement with NHS service providers in Wales is essential to the work of AWMSG. To this end, WMP has fostered links with the Medicines and Therapeutics Committees (MTCs), the New Cardiovascular Drugs Group and the Cancer National Specialist Advisory Group (replacing the Cancer Services Co-ordinating Group), amongst others. There is also representation from the Welsh Health Specialised Services Committee, All Wales Drug Contracting Committee and Medicines Management Programme Board on the AWMSG Steering Committee. Close links with the All Wales Chief Pharmacists Committee ensure initiatives within Wales are aligned to support and deliver the AWMSG Medicines Strategy for Wales.

## National organisations

Links with other national organisations include professional bodies, the National Patient Safety Agency (NPSA), the National Prescribing Centre (NPC), UK Medicines Information (UKMi), UK PharmaScan and other education and training providers.

As part of the appraisal process, AWMSG seeks to engage with patient organisations for their experiences of currently available treatments. Patients, patient carers and patient support groups provide an invaluable insight when considering whether a new medicine should be available in NHS Wales. Improving patient input into the appraisal process is an ongoing priority for AWMSG.

This partnership approach is continually developing and AWMSG is always looking for opportunities to work with interested parties.

## Highlight 2011-2012

### Response to Department of Health consultation on value-based pricing

At the April 2011 meeting, AWMSG presented its response to a consultation by the Department of Health on "value-based pricing". AWMSG endorsed the principle of value-based pricing as a means of ensuring that clinically effective and cost-effective medicines could be made available to patients, and that the price of those medicines reflected their clinical and therapeutic value to patients and the wider NHS. AWMSG also noted the statement in the Office of Fair Trading report that NICE, SMC and AWMSG were natural candidates for the assessment of cost-effectiveness appraisals required to implement value-based pricing, since they "represent a combined resource and expertise that is certainly unmatched in any other country".

# The work programme

The various streams of AWMMSG activity involve the delivery of both operational and strategic aims.

## Advising on new medicines

AWMSG has a remit to appraise all new licensed medicines not on the NICE work programme. New indications and formulations of licensed medicines can also be considered through the limited appraisal process, which was implemented in 2011 with the aim of increasing company engagement and streamlining the process (see Highlight below).

### Highlight 2011-2012

#### Limited submission process piloted and approved

As part of the broadening of AWMMSG's appraisal remit in October 2010 to include all new medicines and licence extensions/formulations, a pilot of a limited submission process was undertaken. In conjunction with the Therapeutic Development Assessment (TDA) Partnership Group, WMP developed a process aligned to that of the Scottish Medicines Consortium's (SMC) abbreviated process. A limited submission may be appropriate for new formulations or minor licence extensions of existing products, where anticipated usage in NHS Wales is considered to be of minimal budgetary impact or where estimated difference in cost compared with the appropriate comparator(s) is small. It was hoped that the limited submission process would encourage companies to submit for the appraisal of medicines for which they may not otherwise engage. Five pharmaceutical companies participated in the pilot. Following completion of six appraisals using the limited submission process, feedback was sought from the applicant companies, members of NMG, AWMMSG members and WMP appraisal teams.

In AWMMSG's April 2011 meeting, the limited submission process was approved and launched in Wales.

## Appraisals 2011-2012

AWMSG appraised 21 medicines in the financial year 2011-2012; of these, 17 were recommended for use within NHS Wales and 4 were not recommended. In addition, 28 statements of advice were issued for medicines that could not be endorsed for use. Table 1 summarises the outcomes of the appraisals carried out in 2011-2012.

Table 1. Summary of advice issued in 2011-2012

<b>Appraised medicines</b>	<b>21</b>
Recommended as an option	11
Recommended for 'optimised' use*	6
Not recommended	4
<b>Statements of advice issued on non-appraised medicines to NHS Wales</b>	<b>28</b>
<b>Total number of medicines on which advice provided to NHS Wales</b>	<b>49</b>

\* Medicine recommended for use in a smaller subset of patients than originally stated by the marketing authorisation. These medicines are also referred to in Wales as being recommended for 'restricted use'.

## The Work Programme *continued*

### Highlight 2011-2012

#### NHS Evidence Accreditation awarded for appraisal process

In November 2011, WMP received official notification that the NHS Evidence Advisory Committee had awarded NHS Evidence Accreditation to the process used by AWMSG to produce Final Appraisal Recommendations. The NHS

Evidence Accreditation Scheme recognises organisations that demonstrate high standards in producing health or social care guidance and recommendations. Users of the accredited guidance can therefore have high confidence in the quality of the information. Accreditation is valid for five years from October 2011, and is retrospectively applicable to guidance produced using the processes described by WMP; all guidance produced following the accredited process from January 2011 is eligible to bear the NHS Evidence Accreditation Mark.



### The appraisal programme

Details of the planned AWMSG appraisal programme are regularly shared with Medicines and Therapeutics Committees (MTCs), NHS budget holders, and those involved in prescribing planning and medicines management across Wales. This provides NHS Wales with notice of when/whether guidance will be issued for medicines of interest and provides the opportunity for input and contribution to the AWMSG appraisal process. AWMSG benefits from this communication as links with clinical experts enable comparator advice to be sought; clinical experts are also asked for their opinion on a new medicine and where it fits in relation to current therapy in Wales. As part of the appraisal process, clinical networks or specialist groups are invited to nominate a representative who has specialist knowledge of a medicine or therapeutic area to attend NMG.

Further information on AWMSG's recommendations is available on the AWMSG website. Information produced specifically for patient organisations, pharmaceutical companies and clinical experts regarding the appraisal process is also available on the AWMSG website. In addition, there is a useful "Frequently Asked Questions" resource.

### Highlight 2011-2012

#### Patient Access Scheme Wales Group established

In May 2011, the Welsh Government instructed WMP to pilot a Patient Access Scheme for NHS Wales. These schemes are intended as a means to improve the cost effectiveness of a medicine within the NHS and therefore allow AWMSG to recommend treatments that might otherwise have been found not to be cost effective. In addition to facilitating patient access to new medicines in Wales, a Welsh Patient Access Scheme (WPAS) would also allow the engagement of those pharmaceutical companies who felt unable to engage with AWMSG without such a scheme, thereby improving engagement with the appraisal process.

At the July 2011 meeting, AWMSG supported a proposal to establish a Patient Access Scheme Wales Group (PASWG), which would consider the feasibility, workability and acceptability of a WPAS within NHS Wales. Based on PASWG recommendations, Welsh Government would decide whether or not the WPAS could be considered by AWMSG as part of the Health Technology Appraisal process in Wales.

On 15 December 2011, WMP received confirmation that the Minister for Health and Social Services accepted the proposal to establish PASWG with the remit of considering patient access schemes specific to Wales.

## Influencing prescribing and medicines management

The AWMSG network encompasses partnerships with numerous specialist groups. Working either independently or collaboratively, AWMSG has undertaken a number of activities, some of which are ongoing.

### Clinical Effectiveness Prescribing Programme

- AWMSG sets National Prescribing Indicators as part of the Clinical Effectiveness Prescribing Programme (CEPP) (see Table 2).
- AWMSG endorses CEPP National Audits; in 2011-2012, audits for "Lithium Prescribing" and "Towards More Appropriate Management of Depression in a Primary Care Setting" were developed and endorsed.

### Educational resources

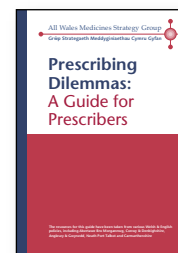
- AWMSG has liaised with WeMeReC, part of the WMP partnership, to develop educational modules on "Prescribing for Older People", "Alcohol - Interventions and Interactions", and "ACE Inhibitors and ARBs". Uptake of these training modules has been high, with 491 GPs and non-medical prescribers completing the Prescribing for Older People module, 516 completing the Alcohol - Interventions and Interactions module and 685 completing the module on ACE Inhibitors and ARBs.
- In April 2011, AWMSG endorsed the "Hypnotics and anxiolytics educational pack" which provides key health professionals with a practical approach for the initiation and review of hypnotic and anxiolytic prescribing and includes examples of support material which can be used or adapted for

this purpose. It is anticipated that adoption of the "best practice" examples presented within this pack will help to reduce the long-term prescribing of these drugs.

- In October 2011, an All Wales Student Drug Chart designed to assist the teaching of prescribers in training was endorsed by AWMSG. WMP supported the printing of paper copies for distribution to educational providers, and an electronic version was made available on the AWMSG website.

### Advice for prescribers

- AWMSG developed the document "Prescribing Dilemmas: A Guide for Prescribers" to provide advice on situations not covered by the NHS, including private care and private prescriptions, travel, foodstuffs, infertility treatment, minor ailments, homoeopathy, erectile dysfunction, prescribing for self and family, visitors from overseas, unlicensed medicines, and prescribing outside national guidance.



- In April 2011, AWMSG endorsed specific guidance on safe prescribing of denosumab for the prevention of osteoporotic fractures in postmenopausal women and, in November 2011, they also endorsed advice on safely prescribing dronedarone for maintenance of sinus rhythm.

### Advice for patients

- AWMSG developed and supported the use of an analgesics patient information leaflet as part of the Invest-to-Save initiative on non-steroidal anti-inflammatory drugs (NSAIDs).

## Highlight 2011–2012

### Recommendation made to issue Medicines Reminder Charts at discharge

In December 2011, the patient advocate on AWPAG highlighted the need for improved medicines advice and support at the point of discharge, in order to improve patient experiences and reduce the risks associated with poor concordance. AWMSG responded by recommending that Medicines and Therapeutics Committees, or similar multi-professional groups within health boards, should review or implement processes to promote the provision of patient-held Medicines Reminder Charts and a contact telephone number for the hospital pharmacy helpline. These should be readily available to patients when they are transferred between care settings, particularly upon discharge from hospital.

AWMSG also recommended that the Welsh Government give consideration to the availability of the necessary information technology software, so that patient-held, plain English medicines reminder charts may be printed, both at discharge and in the community.

Table 2. National Prescribing Indicators 2002-2012

<b>Prescribing Measures</b>	<b>2002/3</b>	<b>2003/4</b>	<b>2004/5</b>	<b>2005/6</b>	<b>2006/7</b>	<b>2007/8</b>	<b>2008/9</b>	<b>2009/10</b>	<b>2010/11</b>	<b>2011/12</b>
Generic medicines (% of items)	74	77	79	81	83	84	85	84	84	84
"Inappropriate generic" medicines (% of items); drug basket (08/09)	15	11	10	7	4	2	2	2	2	3
Low cost statins (% of statins) (excludes simvastatin and ezetimibe combination products)	60	57	57	59	65	69	71	72	72	N/A
Low cost statins (% of statins) (includes simvastatin and ezetimibe combination products)	New measure for national indicator in 2011-2012									74
Antibiotics (items/1000 PUs)	150	146	156	155	163	148	146	146	160	167
Top 9 antibiotics (% of antibiotic items)	76	76	78	78	78	77	76	76	78	81
Quinolones (items/1000 PUs)	5	5	5	5	5	5	4	4	4	3
Trimethoprim 200mg 3 day courses (% of trimethoprim items)	13	14	15	20	23	26	27	28	45	53
Hypnotics & anxiolytics (DDDs/1000 patients)	3,178	3,095	2,917	2,801	2,639	2,479	2,288	2,181	2,075	1,977
NSAIDs (DDDs/1000 PUs)	2,896	2,933	2,889	2,800	2,592	2,565	2,456	2,380	2,389	N/A
NSAIDs (ADQs/1000 PUs)	New measure for national indicator in 2011-2012									2,030
Ibuprofen & naproxen (items % of NSAIDs)	27	25	29	31	32	36	41	48	56	69
ACE inhibitors (% of renin angiotensin system agents)	81	79	78	77	76	76	76	75	75	76
Dosulepin (DDDs/1000 PUs)	New indicator in 2011-2012				175	164	150	140	124	93
Proton pump inhibitors (PPIs) (DDDs/1000 PUs)	New indicator in 2011-2012				3,625	4,104	4,547	5,059	5,538	6,085
Low acquisition cost PPIs (% of all PPIs)	New indicator in 2011-2012				80	85	87	89	91	94

Figures are taken from the quarter ending March of each financial year.

Shading indicates when measures were used as National Prescribing Indicators.

PU = prescribing unit

DDD = defined daily dose

ADQ = average daily quantity

## Delivering a medicines strategy

The AWMSG report "A Medicines Strategy for Wales: Getting the Best Outcomes from Medicines for Wales", originally published in January 2008, set out 48 recommendations regarding medicines use, which are continuously reviewed and prioritised by AWMSG to inform the strategic planning and work programme of the group. AWPAG reviewed and updated this document in March 2011 to ensure that recommendations remained relevant, that any progress in delivering the recommendations is noted and that any future action is prioritised appropriately and agreed.

During 2011-2012, progress in the delivery of the medicines strategy was made by AWMSG through the development of educational resources, production of advisory guidelines for patients and prescribers and the monitoring of medicines prescribing across Wales via Clinical Effectiveness Prescribing Programme national indicators and audits (see Influencing prescribing and medicines management), with the fundamental objectives of quality, safety, and effectiveness; access and timeliness; and optimal use guiding the work programme.

In support of its medicines strategy, AWMSG continues to strive towards improving communication. This is achieved through open meetings, press coverage, and contact with patient groups and healthcare professionals across Wales. Regular updates to the Welsh Government's Chief Medical Officer are published on the Welsh Government website, providing health professionals with details of the latest developments in AWMSG's medicines strategy.

Dissemination strategies for AWMSG outputs are also under continuing review, and considerable resource has been focused on IT development and website support. In 2011-2012, a major overhaul of AWMSG systems and databases began in preparation for a new website, designed to facilitate easier access to meeting papers, educational resources and appraisal information. This work supports the expanding remit of AWMSG and provides an appropriate platform to enable future developments to be undertaken nationally.

## Highlight 2011-2012

### Successful completion of the Welsh Government Invest-to-Save initiatives

In 2009-2010, WMP made a successful bid to the Welsh Government's Invest-to-Save Fund for £352,000 to establish and develop the Welsh Analytical Prescribing Support Unit (WAPSU) within WMP. WAPSU's remit was to undertake the analysis of prescribing data and to use the information to promote safe, clinically effective and cost-effective prescribing across Wales. Four key prescribing initiatives were developed and these were projected to lead to £4.8 million of savings in the NHS prescribing budget by 2011-2012, whilst still improving safety and effectiveness of care:

- ▶ To monitor the uptake of medicines approved or not approved by AWMSG
- ▶ To encourage the safe and effective prescribing of non-steroidal anti-inflammatory drugs (NSAIDs)
- ▶ To encourage the safe and effective prescribing of proton pump inhibitors (PPIs)
- ▶ To encourage the safe and effective prescribing of hypnotics and anxiolytics

Between 2009-10 and 2011-12, £5.8 million of cost savings were achieved for the three therapeutic initiatives, surpassing the projected savings of £4.8 million by £970,000. The total saved by each initiative between 2009-10 and 2011-12 was as follows:

- ▶ NSAIDs - £1,078,000 (15.69%)
- ▶ PPIs - £3,490,000 (26.14%)
- ▶ hypnotics and anxiolytics - £1,261,000 (23.08%)

# Membership

## AWMSG Members

Post	Member	Deputy member
Chair	Prof Phil Routledge	
Consultant in Public Health Medicine	Dr John Watkins	
Consultant in Pharmaceutical Public Health	Dr Karen Fitzgerald	Miss Anne Hinchliffe
Welsh Health Specialised Services Committee	Dr Geoffrey Carroll	Dr Hugo van Woerden
Health Economist	Prof David Cohen	Ms Pippa Anderson
ABPI (Wales)	Mr Guy Thompson Mr Rob Thomas	Ms Jane Griffin Mr Jeremy Felvus Mr Paul Robinson
Lay representative	Mr Christopher Palmer	
Community Pharmacist	Ms Ellen Lanham	Mr Stefan Fec
Medical Director	Dr Bruce Ferguson	Dr Brendan Lloyd
GP with prescribing lead role	Dr Fraser Campbell	Dr William Whitehead
Senior Primary Care Pharmacist	Dr Brian Hawkins	Mrs Susan Murphy
Director of Finance	Ms Rebecca Richards	Mr Robert Holcombe
Senior Hospital Pharmacist	Mr Roger Williams	Mr John Terry
Senior Nurse	Mrs Wendy Warren	Mr Christian Smith
Other healthcare professions eligible to prescribe not already represented	Mrs Debbie Davies	
Clinical Pharmacologist	Dr Emma Mason	Dr Balwinder Bajaj
Hospital Consultant	Dr Phil Banfield	Dr Richard Moore Dr Stuart Linton

Welsh Government officials and WMP members attend AWMSG meetings as non-voting members.

## Members of the AWMSG advisory sub-groups New Medicines Group (NMG)

Post	Member	Deputy member
Chair	Dr Robert Bracchi (WMP)	
Vice Chairman / AWMSG link	Prof Ceri Phillips	
Pharmacist 1	Mr Scott Pegler	Ms Kate Walker Mrs Nicola Denham Mr Trevor Batt Mrs Sue Beach
Pharmacist 2	Mr Steve Gage	
Pharmacist 3	Mr Brian Eadon	
Doctor 1 - Clinical Pharmacologist	Dr John Thompson Dr Alison Thomas Dr C V Krishna	Only one in attendance at each meeting
Doctor 2 - Hospital Consultant	Dr Saad Al-Ismael	Dr Chris James Dr Andrew Owen Dr Satish Kumar Dr Yasmeen Ahmed
Doctor 3 - General Practitioner	Dr David Robyns-Owen	Dr David Whyler
Professions allied to medicine or eligible to prescribe	Mr Stuart Evans	Ms Karen Snelling
Public Health / Epidemiologist	Miss Anne Hinchliffe	Mrs Mary Webb Prof Stephen Monaghan
Health Economist	Prof Ceri Phillips Dr Fasihul Alam	Ms Pippa Anderson
ABPI member	Ms Fleur Chandler Mr Toby Gosden Mr David Tyas	Only one in attendance at each meeting
Lay member	Mr John Guy	Mr Cliff Jones
Nurse	Mrs Alison Kedward	Ms Karen Snelling

Representatives from specialist networks and MTCs may attend to observe.

## All Wales Prescribing Advisory Group (AWPAG)

Post	Member	Deputy member
Chair	Dr Tessa Lewis	
<b>Doctor from each health board reflecting different roles</b>		
Hospital Consultant/Medical Director	Dr Mark Smithies (CAV)	
Secondary Care Consultant	Dr David Leopold (ABMU)	Dr Sue Jeffs (AB)
General Practitioner	Dr Tessa Lewis (AB)	
General Practitioner and link with BMA/GPC Wales	Dr Ashok Rayani (BC/AW) Dr Jonathan Jones (BC)	Dr Mark Walker (BC)
General Practitioner	Dr Mark Walker (BC)	
General Practitioner	Dr Sean Young (CT)	Dr Jay Nankani (CT)
Secondary Care Consultant	Dr Hamsaraj Shetty (CAV)	Dr Rod Williamson (CAV)
Secondary Care Consultant	Dr Sue Jeffs (AB) Dr David Webb (ABMU)	
General Practitioner	Dr Susanna Jacks (AB)	
Clinician (doctor or pharmacist)	Ms Sophie Harding (V)	Mr Usman Malik (V)
<b>Pharmacist from each health board reflecting different roles</b>		
Formulary and Interface Pharmacist	Mr Alan Clatworthy (ABMU)	
Clinical Director for Pharmacy	Mrs Judith Vincent (ABMU)	Ms Sue Beach (HDd)
Clinical Director for Pharmacy	Mr Jonathan Simms (AB)	Mr Mike Curson (AB)
Hospital Head of Pharmacy	Mrs Louise Howard-Baker (BC)	Mr Trevor Andrew Hintridge (BC)
Prescribing Advisor	Ms Fiona Walker (CAV)	Mr Steve Simmonds
Hospital Head of Pharmacy	Mr John Terry (ABMU)	Ms Jenny Pugh-Jones (HDd)
Prescribing Advisor	Ms Bev Woods (CT)	Ms Katie Spittle (CT)
Prescribing Advisor	Mrs Sarah Isaac (HDd)	
Head of Pharmacy and Medicines Management	Mr William Duffield (BC)	
Community Pharmacist	Mr Stefan Fec (PT)	
<b>Lay member</b>		
	Ms Jane Barnard	
<b>Healthcare professional eligible to prescribe</b>		
	Mrs Marnel Owen	
	Mr Stuart Evans	
<b>Public Health Wales</b>		
	Mrs Nuala Brennan	Ms Sian Evans
		Dr John Watkins
<b>Welsh Informatics Service</b>		
	Mr Dave Hopkins	Mr Neil Jenkins
<b>ABPI Wales Industry Group</b>		
	Ms Robyn Miles	Mrs Janette Wilkins
	Ms Rebecca Hogarth	Ms Katie Panton
<b>Non-voting members</b>		
Director ABPI Wales	Dr Rick Greville	
Director BGMA	Mr Paul Fleming	Mr Warwick Smith
	Mr Warwick Smith	

Representatives from the Welsh Government, WMP and AWMSG attend meetings as non-voting members.

**ABMU** Abertawe Bro Morgannwg University Health Board  
**AW** All Wales  
**CAV** Cardiff & Vale University Health Board  
**HDd** Hywel Dda Health Board

**AB** Aneurin Bevan Health Board  
**BC** Betsi Cadwaladr University Health Board  
**CT** Cwm Taf Health Board  
**PT** Powys Teaching Health Board  
**V** Velindre NHS Trust