

All Wales Medicines Strategy Group

**Annual Report
2015-2016**

www.awmsg.org



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

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AWTTC

All Wales Therapeutics & Toxicology Centre
Canolfan Therapiwteg a Thocsicoleg Cymru Gyfan

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Please note information in this document is correct at the time of print but may be subject to change.

For latest information, please visit www.awmsg.org.

Chairman's welcome

A review of April 2015 – March 2016 and a look to the year ahead

This year has been notable for the introduction of a new AWMSG policy for appraising orphan and ultra-orphan medicines, and medicines developed specifically for rare diseases. This policy was introduced by AWMSG in recognition of the specific clinical needs of patients with rare diseases, where the potentially high costs of any available treatments and a more limited evidence base can make traditional health technology assessments and economic modelling extremely challenging. In recognition of this, since September 2015 the appraisal committee has taken into account broader considerations beyond cost when appraising such medicines. The input from the newly convened AWMSG Clinician and Patient Involvement Group (CAPIG) has been an important component of this process, capturing the experience of patients, carers and clinical experts, and this process has had a specific impact in making medicines such as ivacaftor (Kalydeco®) and pasireotide (Signifor®) more widely available to patients in Wales.

AWMSG has also recently modified its end-of-life criteria, used for the appraisal of medicines that can offer a potential survival benefit, to allow for such decisions to potentially benefit a greater number of Welsh patients.

Although there is a recognition that the NHS in Wales continues to work within a challenging economic framework, which involves difficult prescribing decisions

being made to ensure that the prescribing budget is most effectively spent, AWMSG is now in its thirteenth year of providing the expertise required to make these difficult decisions.

AWMSG also continues to promote best practice via its prescribing guidelines so that Welsh patients benefit from the safe and optimal use of effective medicines.

As Chairman, I am confident that we will continue to work closely with patients, clinical networks and the pharmaceutical industry to achieve our goal of getting the best outcomes from medicines for the population of Wales.



Dr Stuart Linton
MB ChB, BSc, FRCP (UK)
Chairman, AWMSG
NHS Consultant
Rheumatologist,
Nevill Hall Hospital



Top stories...

An update on the delivery of **AWMSG Five-year Strategy 2013-2018** recommendations (Page 3)

An AWTTTC perspective of the **NICE Conference** held in October 2015 (Page 6)

Details of the **AWMSG Masterclass** held in November 2015 (Page 6)

The latest developments in **Medicines Appraisal**, including orphan and ultra-orphan medicines, highly specialised technologies and alternative commissioning routes (Page 17)

An overview of the **AWMSG and NMG Training Day** held in January 2016 (Page 18)

The year in numbers...



47 Medicines appraised 2015-2016



7 (increase from previous year)



45 Positive appraisals in 2015-2016



12 (increase from previous year)



10 Wales Patient Access Schemes processed in 2015-2016



3 (increase from previous year)



19 Medicines optimisation resources and reports endorsed in 2015-2016



3 (increase from previous year)

About AWMSG

Our vision for Wales – “A vision which focuses on patients”

The All Wales Medicines Strategy Group (AWMSG) was established in 2002 to provide advice on medicines optimisation and prescribing to Welsh Government in an effective, efficient and transparent manner.

AWMSG comprises doctors, nurses, pharmacists, academics, health economists, a pharmaceutical industry representative and a lay member. Together members reach a consensus on the introduction of newly licensed medicines into NHS Wales (including licence extensions and new formulations of existing medicines), and also discuss and endorse resources that promote the best use of medicines for patients in Wales.

The Group's main priorities are:

- ▶ Appraisals: To develop timely, independent and authoritative advice on newly licensed medicines (including licence extensions and new formulations of existing medicines).
- ▶ Medicines optimisation: To develop resources that support prescribers and thereby maximise health gain through the safe and cost-effective use of medicines.

All involved work together to ensure equity of access to the most clinically appropriate and cost-effective medicines.



View from the public gallery at the February 2016 AWMSG meeting in Abergavenny. In 2015–2016, AWMSG endorsed thirteen prescribing guidance documents and six prescribing reports, contributing to the optimisation of medicines use in Wales (see page 8).

Ten public meetings were held in 2015–2016. At these meetings, recommendations on the availability of newly licensed medicines were agreed (including licence extensions and new formulations of existing medicines), prescribing guidance was considered for endorsement and developments in prescribing practice were discussed and reported. Meeting papers and the minutes of meetings were made available at www.awmsg.org. Membership of AWMSG during 2015–2016 is listed on page 20.

AWMSG's strategic aims and objectives



The AWMSG Five-year Strategy 2013–2018, 'Improving the patient's experience of medicines in Wales', was published in January 2014. This document is based on the Welsh Government's report "Together for Health", which highlights the challenges that NHS Wales will face over the next five years and advises on solutions to "develop

services to world-class quality on a solid and sustainable long-term basis".

The AWMSG strategy aims to ensure safe and effective medicines are made available for patients in Wales. The strategy document highlights key recommendations related to the specific roles and requirements of AWMSG, and these are presented under eight headings

aligned with the priorities in "Together for Health":

- ▶ Improving health – Medicines appraisals
- ▶ Improving health – Prescribing guidance
- ▶ One system for health
- ▶ Fully integrated network of care
- ▶ Aiming at excellence
- ▶ Transparency of performance
- ▶ Partnership with the public
- ▶ Making every penny count

The full AWMSG strategy document can be accessed on the AWMSG website at: www.awmsg.org/docs/awmsg/awmsgdocs/AWMSG_Five-year_Strategy_2013-2018.pdf, and the Welsh Government's "Together for Health" report can be accessed at: www.wales.gov.uk/topics/health/publications/health/reports/together/?lang=en.

AWMSG Strategy Update 2015–2016

The AWMSG Five-year Strategy 2013–2018 makes eight recommendations and outlines twenty expected outcomes. During 2015–2016, AWMSG delivered on the recommendations as follows:

Improving health – Medicines appraisals – AWMSG undertook 47 appraisals in 2015–2016. Work on the submission of the AWTTTC appraisal process for re-accreditation by NICE has begun.

Improving health – Prescribing guidance – AWMSG is committed to a continued improvement in appropriate prescribing in Wales and has provided ongoing monitoring and development of National Prescribing Indicators (NPIs). AWMSG has prioritised improving antibiotic use in Wales and, in line with the strategy, has endorsed a National Audit: Focus on Antibiotics Prescribing and Antimicrobial Guidelines for Primary Care and Caesarean Section. AWMSG has also promoted a wide variety of prescribing resources, including Prescribing Dilemmas: A Guide for Prescribers, Guidance to Support the Safe Use of Long Term Oral Bisphosphonate Therapy, All Wales Policy for Medicines Administration, Recording, Review, Storage and Disposal and the All Wales Syringe Driver Chart. As part of its review process, AWMSG has updated the National Audit: Towards Appropriate NSAID Prescribing. AWMSG is committed to involving Health Board Medicines and Therapeutics Committees and members have been invited to AWMSG training days.

One system for health – AWMSG has supported the development of electronic discharge letters and e-prescribing. In September 2015, AWMSG received an update on the progress of the development of Medicines Transcribing and e-Discharge functionality and proposals for the development of Welsh hospital pharmacy computer systems that will support electronic prescribing and medicines administration.

Fully integrated network of care – Prudent Prescribing Educational Workshops were held in each health board and were delivered by AWTTTC. The workshops were well received and a poster was presented at the British Pharmacological Society's Pharmacology meeting held in London in December 2015.

Aiming at excellence – AWMSG promoted prudent prescribing through the ongoing development and monitoring of NPIs. Since the introduction of Yellow Card reporting of adverse drug reactions (ADRs) as an NPI, ADR reporting in Wales has increased and, in 2015, Wales was the highest reporting country/region in the UK. In 2015–2016, there was an overall improvement in Wales for each pre-existing NPI with a threshold, except low cost statins, which remained static.

Transparency of performance – Meeting documents, appraisal advice and prescribing guidance are published on the AWMSG website. The Chief Medical Officer (Wales) also provides monthly updates on the work of AWMSG.

Partnership with the public – The AWMSG Patient and Public Interest Group (PAPIG) met on a regular basis in 2015-2016. Meetings have been attended by representatives of eighteen patient organisations and Community Health Councils. During 2015-2016, preparations have been made for AWMSG's first Citizens' Jury, which is planned for July 2016.

Making every penny count – An audit of the Wales Patient Access Scheme process was undertaken in November 2015. An evaluation of healthcare packages at home was completed in 2015. AWTTTC has also developed an interactive financial forecasting dashboard for use by health boards to assist with local financial planning.

AWMSG's network

The work of AWMSG involves close collaboration with NHS committees and groups, healthcare professionals, patients and the public, and its work programme is planned by the AWMSG Steering Committee.

AWMSG Steering Committee

This committee prioritises AWMSG's work programme to ensure the efficient use of resources. Membership includes Welsh Government officials, the Chair of AWMSG, Chairs of the All Wales Prescribing Advisory Group (AWPAG) and New Medicines Group (NMG), representatives of the All Wales Chief Pharmacists Committee, the All Wales Drug Contracting Committee, the Welsh Health Specialised Services Committee, the Cancer Services Co-ordinating Group, ABPI Cymru Wales and the All Wales Therapeutics and Toxicology Centre (AWTTC).

Two advisory subgroups report to AWMSG and provide expert advice: the New Medicines Group (NMG) and the All Wales Prescribing Advisory Group (AWPAG). AWMSG and its subgroups are supported by the All Wales Therapeutics and Toxicology Centre (AWTTC) with input from hospital consultants and medical advisers, pharmacists, pharmacologists, scientific writers and administrators.

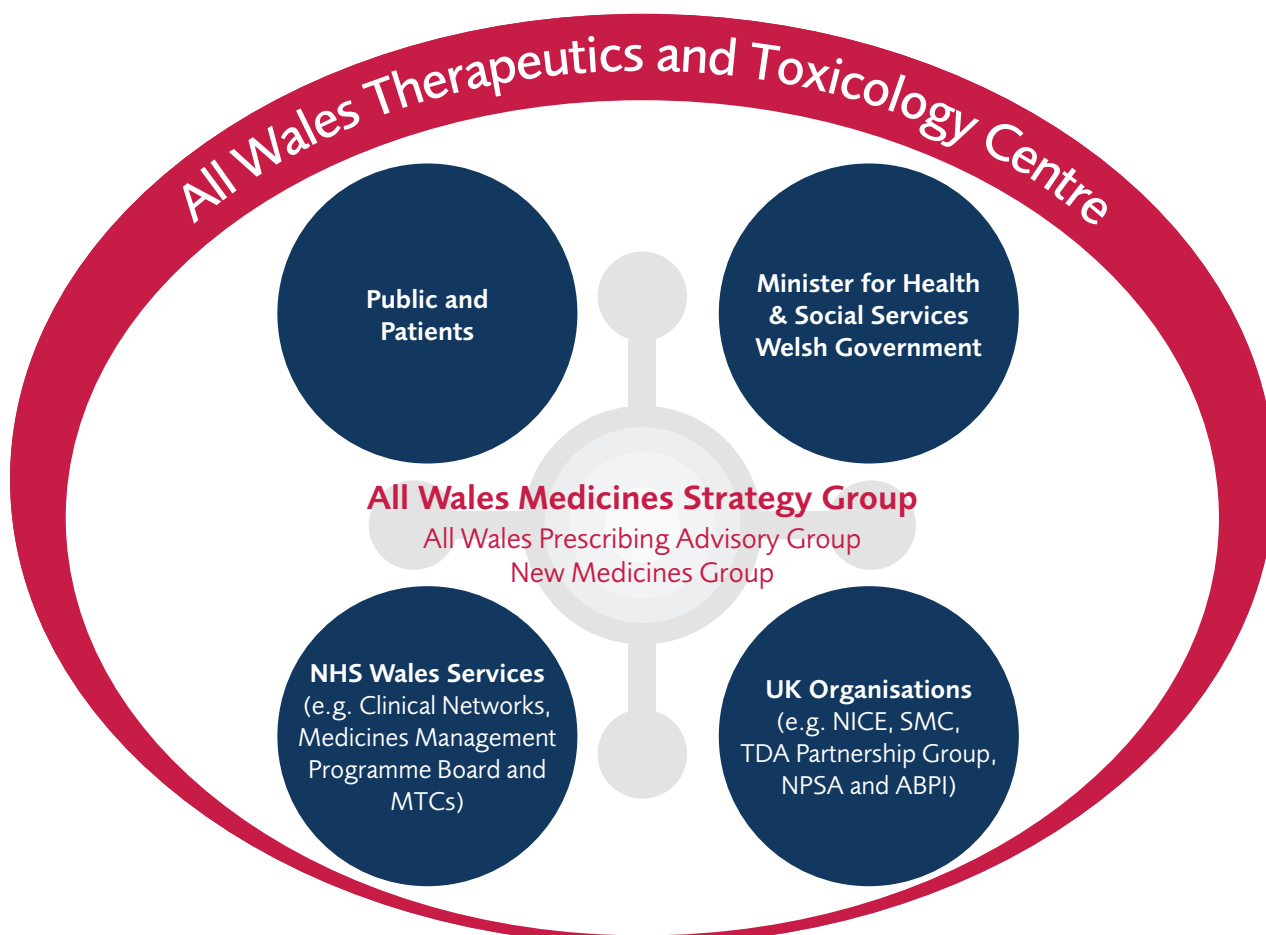
New Medicines Group (NMG)

The role of NMG is to appraise medicines and make a preliminary recommendation ahead of AWMSG. NMG's remit is not as broad as that of AWMSG and

does not include consideration of societal and budget impact issues. NMG considers the clinical effectiveness and cost-effectiveness of a medicine using a variety of sources, including evidence provided by the marketing authorisation holder, clinical experts and patient organisations/support groups/patients/carers/family members. NMG makes a preliminary recommendation to AWMSG in relation to each medicine undergoing appraisal. Up to ten meetings are held per year in private and membership during 2015–2016 is listed on page 21.

All Wales Prescribing Advisory Group (AWPAG)

AWPAG advises AWMSG on strategic developments in prescribing and medicines optimisation to promote the safe and effective use of medicines in Wales. Membership includes doctors, pharmacists, nurses, a lay member and a healthcare professional allied to medicine. There is a cross-section of senior healthcare workers from a broad geographical area across NHS Wales, including representation from Welsh Government, ABPI Cymru Wales and Public Health Wales. Meetings are held quarterly in private. The membership of AWPAG during 2015–2016 is listed on page 22.



All Wales Therapeutics and Toxicology Centre (AWTTC)

AWTTC comprises five organisations: Patient Access to Medicines Service (PAMS), Welsh Analytical Prescribing Support Unit (WAPSU), Welsh Medicines Resource Centre (WeMeReC), Welsh National Poisons Unit (WNPU) and Yellow Card Centre (YCC) Wales. These organisations provide professional secretariat, pharmaceutical, clinical and health economics support to AWMSG and its subgroups.

The work of AWTTC focuses on health technology appraisal; medicines optimisation; medicines safety, including the reporting of serious adverse reactions; education; toxicology services; and prescribing analysis.

Patients

Patients, carers, patient organisations and the public are pivotal to AWMSG's work. AWMSG is committed to ensuring that patients, carers and the public have the opportunity to help shape decision-making and policies in all areas, from the appraisal of new medicines to the production of prescribing resources.

The Patient and Public Engagement (PPE) Strategy, produced in 2014, underpins all of AWMSG's work. It aims to facilitate communication with patients and the public, and ensures that their expertise and time is used efficiently. The PPE Strategy can be accessed at: www.awmsg.org/patient_strategy.html.

During 2015–2016, the Patient and Public Interest Group (PAPIG) has been key to ensuring that the patient and public perspective is heard throughout AWMSG's work and has provided valuable input in relation to the appraisal process and medicines optimisation. PAPIG provided input into the implementation of a new process for appraising orphan and ultra-orphan medicines and medicines specifically designed to treat rare diseases and were consulted on the development of the Clinician and Patient Involvement Group (CAPIG) which itself includes representatives from PAPIG.

Representatives from PAPIG have been involved in arranging a Citizens' Jury, which will tackle the important issue of antimicrobial stewardship and explore how patients can help reduce the prescribing of antibiotics. PAPIG produced a document outlining the roles and responsibilities of a Lay Member and have helped with the development of a survey on the reporting of adverse drug reactions developed by the Yellow Card Centre (YCC) Wales. PAPIG has also contributed to a variety of consultations on Medicines Optimisation projects.

Throughout 2015–2016, AWTTC has continued to develop engagement directly with patient organisations and the public, establishing new links and strengthening

existing ones. AWTTC presented at patient organisation events, including the Rare Disease Network Launch in October 2015, which enabled AWMSG to reach out to individual patients that may not otherwise have had a voice. In addition, AWTTC understands the importance of partnership working. In 2015–2016, AWTTC created valuable strategic alliances with public involvement teams in external organisations such as Health and Care Research Wales and have strengthened links with the patient and public involvement teams in organisations such as the Scottish Medicines Consortium (SMC).

Healthcare professionals

The contribution of healthcare professionals is vital to the work of AWMSG.

Clinical experts play an important role in the appraisal process, offering a specialist perspective to committee members and providing valuable insight into the disease area. More information on how healthcare professionals can support the appraisals process can be found at: www.awmsg.org/healthcare_about.html.

Clinical specialists and other healthcare professionals make an essential contribution to the production of medicines optimisation documents via the consultation process. Documents under development are circulated for comment among stakeholders throughout Wales. The AWMSG consultation page can be accessed at: www.awmsg.org/medman_consultations.html.

Therapeutic Development Assessment Partnership Group

Effective communication and information exchange is crucial to the success of the appraisal process in Wales and to encourage industry engagement. Meetings of the Therapeutic Development Assessment (TDA) Partnership Group provide a forum for representatives from the pharmaceutical industry (ABPI Cymru Wales, the Ethical Medicines Industry Group and Wales Industry Group) to have direct face-to-face dialogue with staff from the All Wales Therapeutics & Toxicology Centre on issues relating to the appraisal process. The Group has been actively involved in developing the new process for appraising orphan and ultra-orphan medicines and medicines developed specifically for rare diseases. Other topics for discussion include confidentiality, monitoring and implementation of AWMSG recommendations, industry engagement and other more general appraisal issues. In addition, the TDA Partnership Group has input into the agenda for the AWMSG Masterclass, an annual event which is hosted by AWTTC. TDA Partnership Group meetings are relatively informal yet constructive; this two-way communication helps build and maintain good working relationships.

AWMSG's network continued

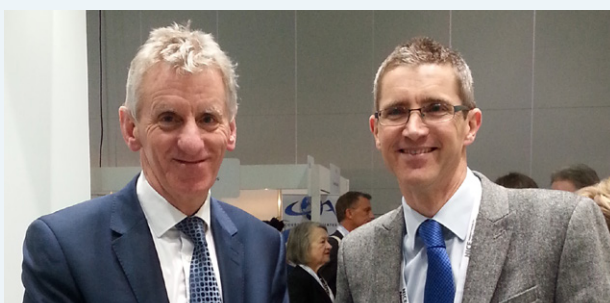


NICE Conference 13–14 October 2015 Liverpool ACC

"As Head of the Patient Access to Medicines Service (PAMS) I was pleased to attend the Annual Conference of the National Institute for Health and Care Excellence (NICE) held in Liverpool on October 2015 along with my colleagues Kath Haines, Head of the Welsh Analytical Prescribing Support Unit (WAPSU) in the All Wales Therapeutics & Toxicology Centre (AWTTC) and Stuart Linton, Chair of the All Wales Medicines Strategy Group (AWMSG). I participated in a number of stimulating plenaries where opinion-leaders discussed a wide range of issues. Areas of particular interest to me focused on delivering a fair system, consideration of whether evidence-based practice has gone too far, assessing the value of new medicines and the challenges facing the NHS, best practice for supporting the uptake of innovative new technologies by the NHS, supporting vulnerable people and enabling patient-led decisions.

I was very pleased to be present and I must say how proud I felt to be Welsh when Mark Drakeford AM, Minister for Health and Social Services for Wales, delivered a very informative and extremely well received Ministerial address. Dr Stuart Linton and Sir Andrew Dillon (pictured below) signed an updated version of the Memorandum of Understanding between AWMSG and NICE which defines circumstances in which, and the processes through which, NICE and AWMSG (together with the All Wales Therapeutics & Toxicology Centre) will work together where work is complementary, and describes how this relationship will be managed."

Karen Samuels,
Head of Patient Access to Medicines Service,
All Wales Therapeutics and Toxicology Centre



AWMSG Masterclass

An AWMSG Masterclass was held in the Cardiff City Stadium on Wednesday, 25th November 2015. This is an annual event which aims to inform the pharmaceutical industry on areas such as:

- ▶ How to make a successful submission/useful hints and tips.
- ▶ When is appraisal by AWMSG required?
- ▶ What are the timescales for making a submission?
- ▶ How is the AWMSG appraisal process aligned to that of the National Institute for Health & Care Excellence and the Scottish Medicines Consortium?

Professor Phil Routledge, AWTTTC Clinical Director, opened the event with his presentation 'The public diary of AWMSG, aged 13 and a quarter years'. He took delegates from the birth of AWMSG through to the present day and highlighted that 90% of AWMSG appraisals have resulted in a positive recommendation (i.e. recommended or recommended with a restriction).

Ruth Lang, Head of Liaison & Administration, provided an 'Introduction to AWTTTC', which included video insight into the organisation and outlined the roles and responsibilities of the scientific and administrative staff.

Karen Samuels, Head of the Patient Access to Medicines Service, highlighted some updates to the appraisal process, particularly the appraisal of orphan and ultra-orphan medicines, and medicines developed specifically for rare diseases.

Anthony Williams, Appraisal Pharmacists Team Leader, offered hints and tips for making a good submission and highlighted some aspects of the process that might be particularly pertinent to industry colleagues when completing the submission forms. The whole AWTTTC team were on hand to answer questions and mingle with delegates.



Other links

AWMSG would like to extend its thanks to all organisations that have supported its work over the last year.

These include:

- ▶ All Wales Therapeutics and Toxicology Centre
www.awttc.org
- ▶ Association of the British Pharmaceutical Industry Wales
www.abpi.org.uk
- ▶ Bangor University
www.bangor.ac.uk
- ▶ British Pharmacological Society
www.bps.ac.uk
- ▶ Cardiff University
www.cardiff.ac.uk
- ▶ National Institute for Health and Care Excellence
www.nice.org.uk
- ▶ National Poisons Information Service
www.npis.org
- ▶ NHS Wales
www.wales.nhs.uk
- ▶ NHS Wales Informatics Service
www.wales.nhs.uk/nwis
- ▶ Patient Access Scheme Liaison Unit
www.nice.org.uk/about/what-we-do
- ▶ Royal College of Physicians
www.rcplondon.ac.uk
- ▶ Royal Pharmaceutical Society
www.rpharms.com
- ▶ Scottish Medicines Consortium
www.scottishmedicines.org.uk
- ▶ Swansea University
www.swan.ac.uk
- ▶ UK PharmaScan
www.ukpharmascan.org.uk
- ▶ University of South Wales
www.southwales.ac.uk
- ▶ Welsh Government
www.wales.gov.uk
- ▶ Welsh Medicines Information Centre
www.wmic.wales.nhs.uk
- ▶ Welsh Medicines Resource Centre
www.wemerec.org
- ▶ Yellow Card Centre Wales
www.yellowcardwales.org
- ▶ 1000 Lives Plus
www.1000livesplus.wales.nhs.uk

It is vital that patients, prescribers, managers and policy makers contribute to the debate on the best use of medicines, and help shape AWMSG's future priorities and ways of working. AWMSG is always looking for opportunities to work with interested parties. Please contact awttc@wales.nhs.uk or visit www.awmsg.org if you would like to get involved.

Medicines optimisation

"Making the best use of medicines"

How does medicines optimisation work?

Medicines optimisation is the process of maximising health gain through the safe and cost-effective use of medicines.

AWMSG brings together healthcare professionals and key organisations to form expert panels to consider a variety of issues relating to medicines optimisation in NHS Wales. AWMSG is committed to ensuring equity of access to the most appropriate and cost-effective medicines for the people of Wales.

AWPAG advises AWMSG on clinical developments relating to medicines use in Wales. The medicines optimisation work programme is further supported by AWTTTC, which includes the Welsh Analytical Prescribing Support Unit (WAPSU), the Patient Access to Medicines Service (PAMS), the Yellow Card Centre Wales (YCC Wales), the Welsh Medicines Resource Centre (WeMeReC) and the Welsh National Poisons Unit (WNPU).

Through multidisciplinary collaboration, monitoring prescribing patterns, reviewing the literature and identifying examples of best practice, AWMSG aims to produce useful resources to help healthcare professionals and patients make the best use of medicines in NHS Wales.

Medicines optimisation update 2015–2016

Below are just some of the medicines optimisation projects that received AWMSG endorsement during 2015–2016. Many of these projects were undertaken in collaboration with specialist groups from AWMSG's wide network of partners. As part of its normal process, the majority of medicines optimisation projects underwent a period of consultation prior to final consideration by AWMSG.

WeMeReC

Educational modules



AWMSG liaises with the Welsh Medicines Resource Centre (WeMeReC) to develop educational modules for healthcare professionals. In the year 2015–2016 the following WeMeReC distance learning modules have been distributed for use in workshops across Wales.

- ▶ Stopping medicines
- ▶ Prescribing in the older person
- ▶ Medication review
- ▶ Medicines related admissions
- ▶ Pharmacovigilance

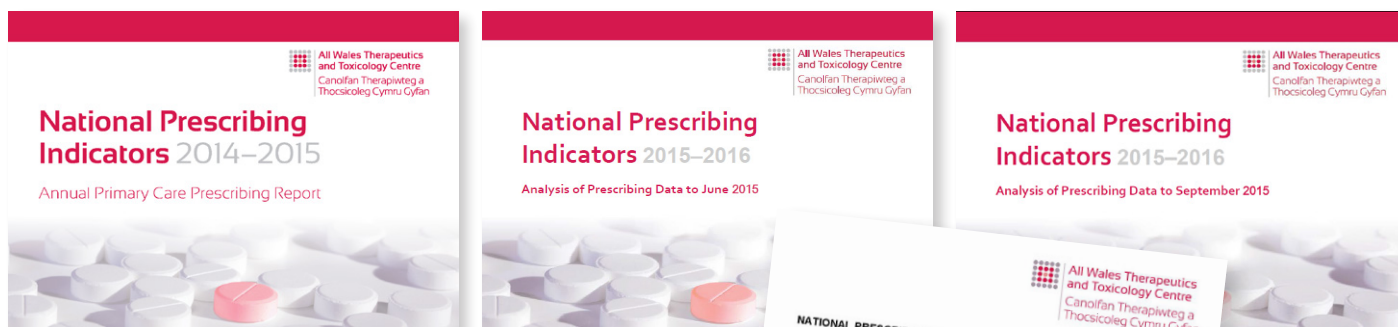
A module on Proton Pump Inhibitors was published in November 2015, with 360 healthcare professionals participating, including 314 GPs. This bulletin discusses the prudent use of PPIs, concerns over long-term use, and considerations for prescribing or reviewing PPI therapy.

In March 2016, a module on Depression in Young People was published and has so far been completed by 407 healthcare professionals, including 364 GPs. This bulletin discusses the various tiers of mental health provision for young people, some appropriate non-pharmacological management strategies, and the appropriate use of medication in this population.

Workshops, Seminars and Lectures

Alongside its publication programme, WeMeReC also provides training seminars and workshops. The WeMeReC seminars deliver education and training for healthcare professionals and senior managers involved with medicines optimisation and prescribing. The seminars are multi-professional and aim to engage prescribers and non-medical prescribers throughout NHS Wales, including specialist consultants to junior doctors, pharmacists, nurses, general practitioners and general dental practitioners.

The Centre also delivers regular lectures and workshops in collaboration with the Wales Deanery and a number of educational institutions in Wales including the School of Medicine, Cardiff University; the School of Pharmacy and Pharmaceutical Sciences, Cardiff University; the School of Healthcare Sciences, Bangor University; and the Cardiff School of Health Sciences, Cardiff Metropolitan University. WeMeReC workshops are delivered by experienced medical educationalists and incorporate the core themes of evidence based practice, prudent prescribing, decision making, pharmacovigilance, medicines optimisation in NHS Wales and implementation and behavioural change.



WAPSU

National Prescribing Indicator monitoring

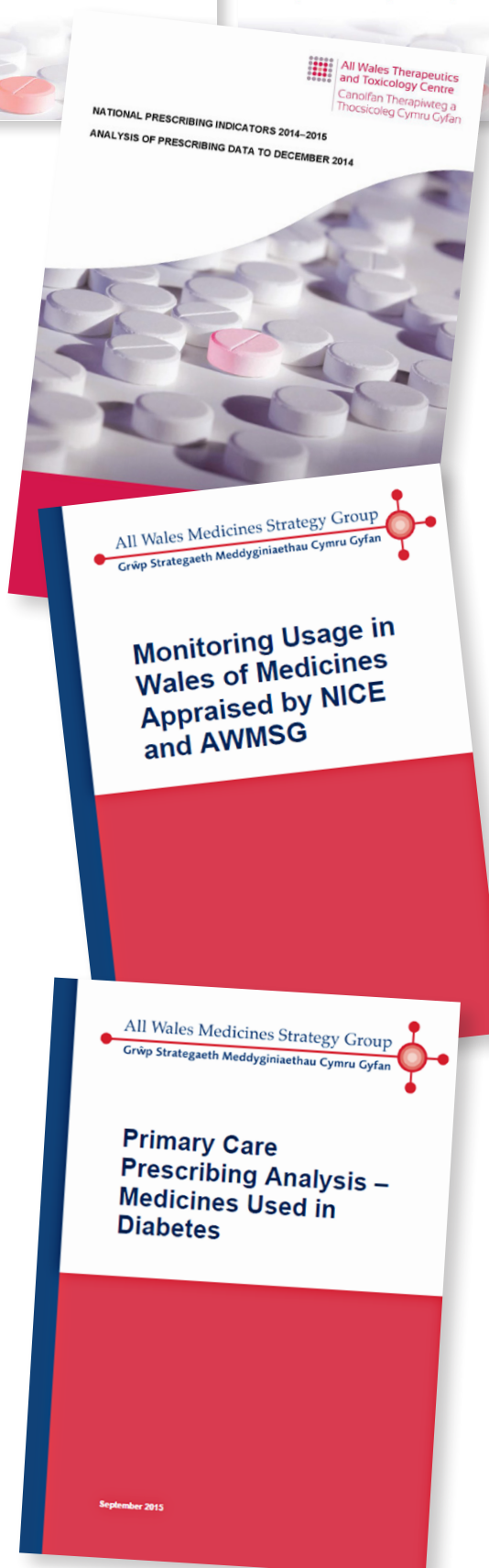
National Prescribing Indicators (see page 12) are monitored on a quarterly basis by WAPSU and prescribing data are presented to AWMSG for information and published on the AWMSG website.

Monitoring Usage in Wales of Medicines Appraised by NICE and AWMSG

Medicines are funded by NHS Wales following advice from NICE and AWMSG. Health boards are expected to follow the advice from these bodies and provide the recommended treatment where appropriate. This report monitors medicines appraised between April 2003 and March 2015, and also those where an AWMSG Statement of Advice due to non-submission has been issued. Medicines usage data are reported for the period April 2011 to March 2015.

Primary Care Prescribing Analysis – Medicines Used in Diabetes

This document has been prepared by the Welsh Analytical Prescribing Support Unit (WAPSU) to provide a detailed analysis of diabetes therapeutic area prescribing at national, health board and GP cluster level. The report also incorporates GP cluster level comparators, a novel way of presenting prescribing data, which allows prescribing leads in GP clusters and health boards to benchmark prescribing data against the most similar GP clusters in terms of specific disease prevalence and socio-economic factors.



Medicines optimisation *continued*

AWPAG

Prescribing Dilemmas

This document provides guidance for health professionals regarding prescribing situations not covered by the NHS, including private care and private prescriptions, unlicensed medicines, prescribing outside national guidance, prescribing duration, foodstuffs, complementary medicines and alternative therapies, common ailments, fertility treatment, erectile dysfunction, prescribing for self and family, visitors from overseas, travel and occupational health vaccines.

Choose Pharmacy Formulary

The All Wales Choose Pharmacy Formulary was initially developed to support the implementation of the Welsh Government 'Choose Pharmacy' service in pharmacies in two pathfinder sites in Wales. Choose Pharmacy aims to improve patient access to consistent, evidence-based advice for the management of common ailments. The formulary was developed using recognised resources and involved multi-professional consultation to ensure the provision of consistent advice by pharmacists and GPs; the advice contained in the formulary regarding the appropriate management and selection of medicines for a range of common minor ailments will therefore be relevant to all professionals involved in the management of such conditions.

Towards Appropriate NSAID Prescribing - Audit

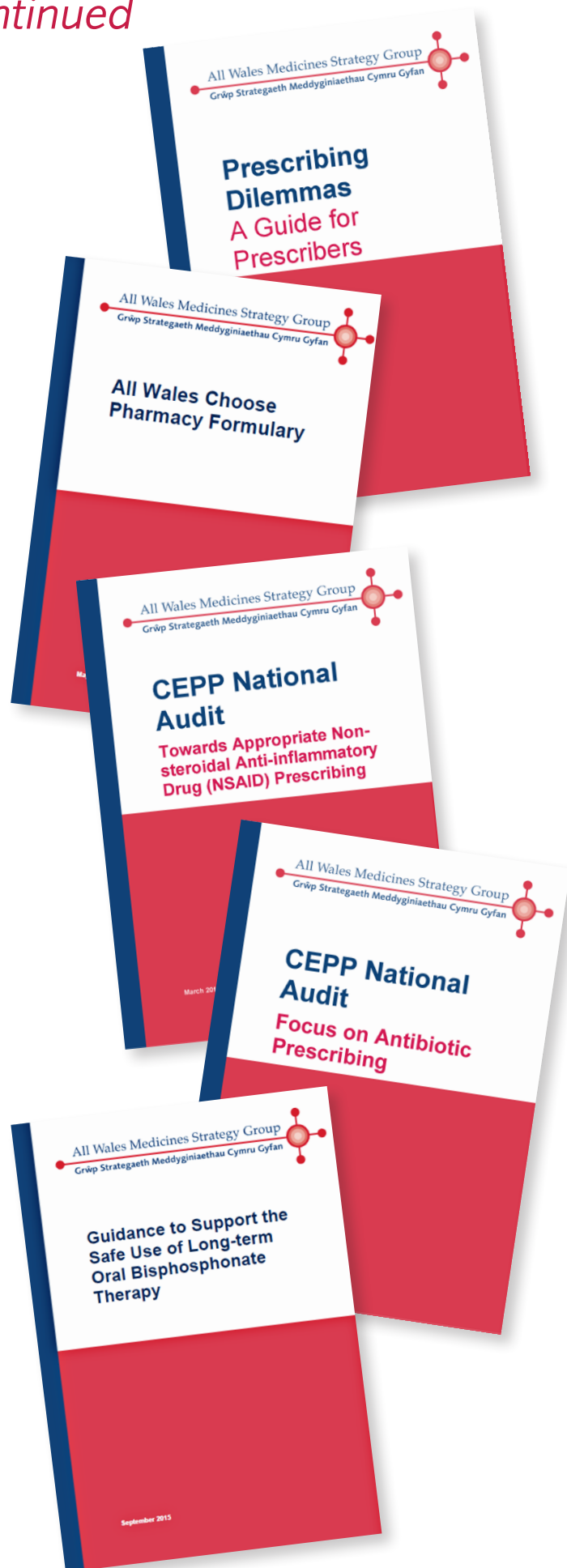
This audit was originally published in March 2010 for use by general practitioners to highlight safety issues associated with NSAID prescribing, particularly in patients with a higher risk of side effects. The audit has been reviewed and updated to reflect the latest guidance.

Focus on Antibiotic Prescribing - Audit

This audit was originally published in March 2013 to promote prescribing in line with existing guidelines and to support clinicians in making quality improvements. The audit has been reviewed with reference to the Public Health England document 'Management of Infection Guidance for Primary Care for Consultation and Local Adaptation'.

Guidance to Support the Safe Use of Long-term Oral Bisphosphonate Therapy

Recent data have suggested that the longer-term use of bisphosphonate treatment (particularly > five years) may be associated with increased risk of drug-related side effects, particularly atypical femur fracture. This document outlines an All Wales strategy to modify this risk via reassessment of patients and consideration of 'drug holidays'. Information provided for prescribers includes a review process for patients prescribed bisphosphonate therapy for five or more years.



Primary Care Antimicrobial Guidelines

The following guidelines have been developed by the All Wales Antimicrobial Guidance Group, based on the Public Health England 'Management of Infection Guidance for Primary Care for Consultation and Local Adaptation', and aim to provide comprehensive standardised guidance for the use of antimicrobials/ treatment of infections in primary care across Wales.

Guidance on Antimicrobial Prophylaxis Related to Caesarean Section

This document, also produced by the All Wales Antimicrobial Guidance Group, aims to provide guidance regarding the timing and type of antimicrobial prophylaxis that should be offered to women undergoing caesarean section in Wales.

All Wales Policy for Medicines Administration, Recording, Review, Storage and Disposal

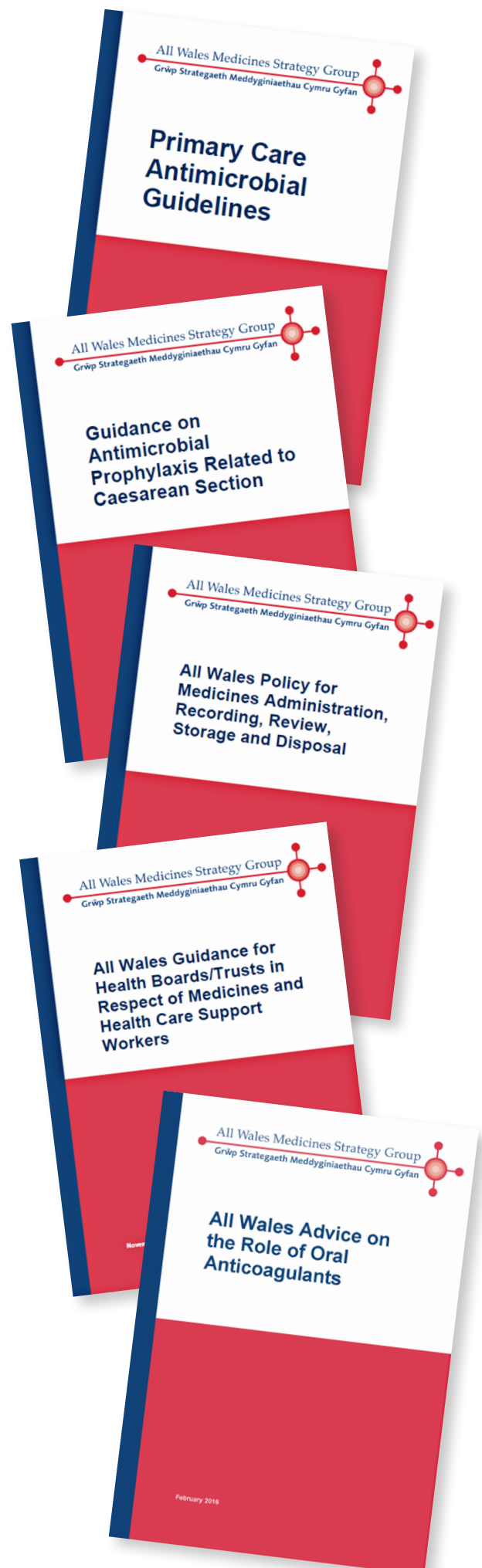
This document has been developed in response to medicines practice issues identified in the Trusted to Care report (2014). Its purpose is to set out the minimum standards of practice that must be adopted by all those involved in the administration, recording, review, storage and disposal of medicines in Welsh hospitals. Implementation will ensure that practices are of a consistently high standard and that patients, staff and visitors to Welsh hospitals are protected from the harmful effects of medicines through robust medicines storage practices.

Guidance for Health Boards and Trusts in Respect of Medicines and Healthcare Support Workers

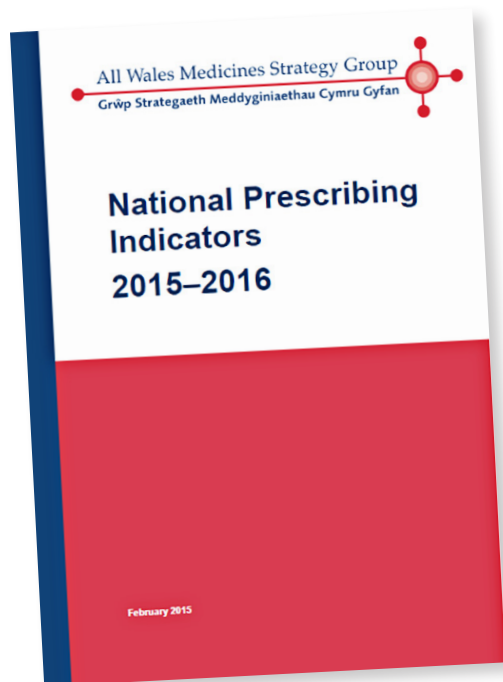
The purpose of the guidance is to set out a framework to standardise the involvement of the health care support worker (HCSW) in the processes involved in medicines management and to ensure that only appropriately trained HCSWs, with the right knowledge and skills, can provide support with medication and its related tasks.

All Wales Advice on the Role of Oral Anticoagulants

This document, originally produced in 2014, makes recommendations for the safe and effective use of oral anticoagulants for the prevention of stroke and systemic embolism in people with non-valvular atrial fibrillation, and warfarin for all indications. The document has been reviewed and updated in 2016 in light of the latest evidence.



Medicines optimisation *continued*



National Prescribing Indicators

Since 2003, AWMSG has been using prescribing indicators to promote safe, rational, cost-effective, quality prescribing within the primary care sector.

AWPAG is responsible for reviewing and developing the National Prescribing Indicators. These indicators are evidence-based and are designed to be clear and applicable at practice level, addressing both efficiency and quality.

For 2015–2016, National Prescribing Indicators were retained or developed in eight key areas:

- ▶ Proton pump inhibitors
- ▶ Lipid-modifying drugs
- ▶ Inhaled corticosteroids
- ▶ Hypnotics and anxiolytics
- ▶ Opioid analgesics
- ▶ Antibiotics
- ▶ Non-steroidal anti-inflammatory drugs [NSAIDs]
- ▶ Yellow Cards

Within these indicator areas, thirteen specific measures guide prescribers towards appropriate and cost-effective use of medicines (e.g. reducing the rate of antibiotic prescribing, or increasing the proportion of low-risk NSAIDs).

For most National Prescribing Indicators, a threshold is set at the 75th percentile, i.e. marking out the best performing 25% of practices. Prescribers should aim to reduce or increase prescribing rates in order to reach or move towards these thresholds.

National Prescribing Indicators are monitored quarterly by WAPSU, thus providing a tool with which to benchmark prescribing performance of NHS Wales and individual health boards in key prescribing areas. WAPSU also undertakes more detailed monitoring of specific prescribing areas. Quarterly reports and indicator-specific reports are available on the AWMSG website.

The National Prescribing Indicator figures for 2015–2016 are shown in Table 1 (opposite). From the table, it can be seen that all current, pre-existing indicators have moved towards the threshold in 2015–2016, apart from low cost statins, which have remained at 95% from the previous year.

In 2015-2016, AWMSG endorsed NPIs for 2016-2017, along with the associated Supporting Information for Prescribers. Secondary Care NPIs for 2016-2017 were also endorsed for the first time, with the following measures:

- ▶ **Insulin** – Long-acting insulin analogues expressed as a percentage of total insulin prescribed within primary and secondary care.
- ▶ **Biosimilars** – Quantity of biosimilar medicines prescribed as a percentage of total 'reference' product plus biosimilar.
- ▶ **Antibiotics** – Proportion of elective colorectal patients receiving surgical prophylaxis for more than 24 hours.

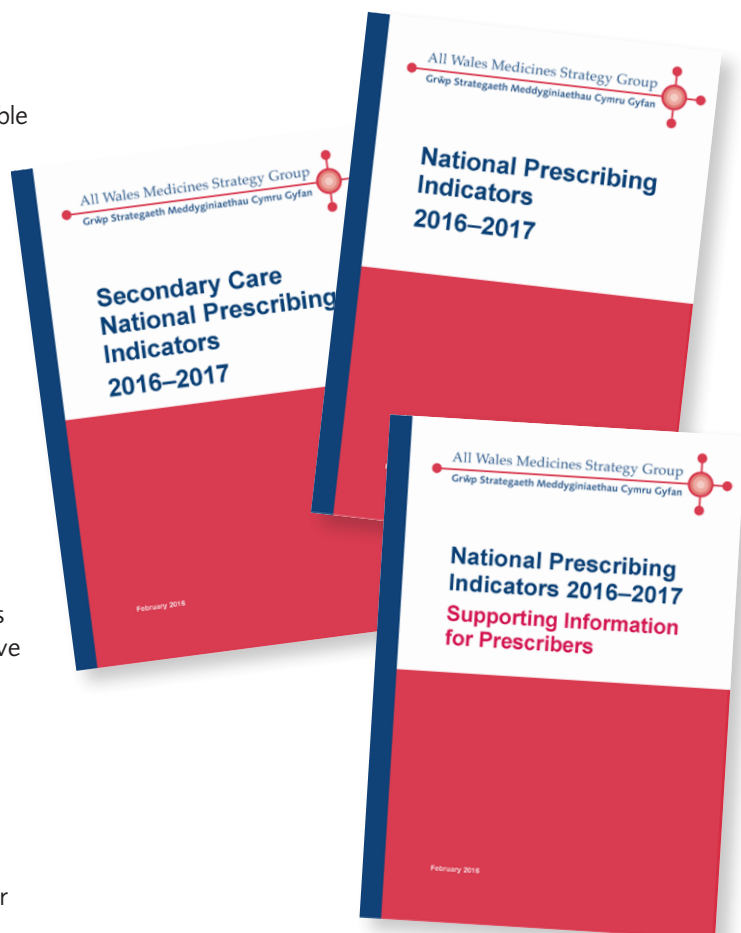





Table 1. National Prescribing Indicators 2002–2016

Figures in the table are taken from the quarter ending March of each financial year, except Yellow Card figures, which show data for the financial year. Underlined numbering indicates years in which the measure was an NPI.

 Prescribing performance moving towards threshold
  No change
  Prescribing performance moving away from threshold

National Prescribing Indicators	2002–2003	2003–2004	2004–2005	2005–2006	2006–2007	2007–2008	2008–2009	2009–2010	2010–2011	2011–2012	2012–2013	2013–2014	2014–2015	2015–2016	
Generic medicines (% of items)	74	77	<u>79</u>	<u>81</u>	<u>83</u>	<u>84</u>	85	84	84	84	84	83	84	83	
Proton pump inhibitors (PPIs) (DDDs/1,000 PUs)					3,625	4,104	4,547	5,059	5,538	<u>6,085</u>	6224	6568	6907	<u>7007</u>	
Low cost statins i.e. simvastatin, pravastatin and atorvastatin (% of statin items including simvastatin and ezetimibe combination products)				New indicator in 2012–2013					N/A*	N/A*	<u>94</u>	<u>94</u>	<u>95</u>	<u>95</u>	
Low strength inhaled corticosteroids (ICS) (% of all ICS prescribing)				New indicator in 2015–2016					40	39	<u>39</u>	38	38	<u>38</u>	
Hypnotics & anxiolytics (ADQs/1,000 STAR-PUs)**				New indicator in 2012–2013					2606	2452	<u>2227</u>	<u>2106</u> 3905	N/A <u>3642</u>	N/A <u>3358</u>	
Morphine (% of strong opioid items)				New indicator in 2012–2013					40	41	<u>46</u>	<u>53</u>	<u>57</u>	<u>59</u>	
Tramadol (DDDs/1,000 patients)				New indicator in 2014–2015					741	786	797	788	<u>708</u>	<u>665</u>	
Antibiotics (items/1,000 STAR-PUs)**				New indicator in 2012–2013					395	415	<u>397</u>	<u>384</u> 374	N/A <u>377</u>	N/A <u>362</u>	
Quinolones (% of antibacterial items)				New indicator in 2012–2013					2.49	2.03	<u>1.98</u>	<u>2.04</u>	<u>1.85</u>	<u>1.75</u>	
Cephalosporins (% of antibacterial items)				New indicator in 2012–2013					7.12	5.35	<u>4.95</u>	<u>4.42</u>	<u>3.56</u>	<u>3.17</u>	
Co-amoxiclav (% of antibacterial items)				New indicator in 2012–2013					5.88	4.86	<u>4.63</u>	<u>4.55</u>	<u>3.97</u>	<u>3.45</u>	
NSAIDs (ADQs/1,000 STAR-PUs)**				New indicator in 2012–2013					1384	1283	<u>1175</u>	<u>1121</u> 1854	N/A <u>1775</u>	N/A <u>1659</u>	
Ibuprofen & naproxen (% of NSAID items)	27	25	29	31	32	36	41	<u>48</u>	<u>56</u>	<u>69</u>	<u>73</u>	78	81	<u>82</u>	
Yellow Cards*** (number submitted by GPs) (number submitted by all reporters)				New indicator in 2014–2015								116 649	271 1177	<u>662</u> <u>1462</u>	<u>851</u> <u>2091</u>

PU = prescribing unit DDD = defined daily dose ADQ = average daily quantity STAR-PU = specific therapeutic group age–sex related prescribing unit

* Measures changed in 2011–2012 and 2012–2013 to reflect a change in the status of specific lipid-modifying agents; therefore, figures that are no longer appropriate have not been included in the table.

** STAR-PUs were updated in 2013; indicator monitoring using the updated measure started in 2014–2015 (upper figure pre-2013 STAR-PUs; lower figure STAR-PUs [13]).

*** The measure for the Yellow Card indicator is number of reports submitted per practice and per health board. However, for consistency, the data shown here are for all Wales.

Medicines appraisals

"Ensuring the best medicines are made available for patients in Wales"

The All Wales Medicines Strategy Group (AWMSG) and the National Institute for Health and Care Excellence (NICE) provide health technology assessment (HTA) guidance on the introduction of new licensed medicines within NHS Wales. To avoid unnecessary duplication, AWMSG does not normally appraise medicines on the NICE work programme if final NICE technology appraisal (TA) guidance is expected within 12 months of marketing authorisation.

In 2014, the AWMSG Steering Committee took a pragmatic view of their original terms of reference to avoid duplication with the NICE work programme. On a case-by-case basis, and in collaboration with the marketing authorisation holder and informed by clear clinical need, it was decided that an HTA may be conducted by AWMSG in advance of NICE if it was considered by the Committee that there was sufficient time ahead of the publication of NICE advice. The recommendation of AWMSG, subsequently ratified by Welsh Government, continues to be interim to any subsequent NICE TA guidance and is superseded by the latter. This pragmatism was designed to reduce any delay in the availability of HTA guidance.

Whilst recognising that early HTA is always the preferred option, in the absence of AWMSG/NICE advice, the Individual Patient Funding Request (IPFR) process may be used by clinicians to access a treatment in circumstances where a medicine is not routinely funded on the NHS in Wales. This may be particularly pertinent when a clinician is of the view that the medicine is likely to have significant benefits to a patient and where there is likely to be a delay of over 12 months for HTA guidance. However, in circumstances where several patients who may benefit from the medicine are identified, the IPFR process, with its emphasis on "exceptionality", may not be considered appropriate. To this end, in March 2015 Welsh Government requested that AWMSG address the issue.

How does the appraisal process work?

AWMSG advises Welsh Government, which takes account of AWMSG advice when making the final decision as to whether a medicine should be routinely funded in NHS Wales.

The appraisal process takes around five to six months and aims to provide advice as soon as possible after the product is licensed in the UK. Pharmaceutical companies are encouraged to submit an application as soon as the licence is granted. Positive AWMSG advice (subsequently ratified by Welsh Government) is mandatory within NHS Wales, and health boards have a legal obligation to make funding available within three months of publication of ratified AWMSG advice.

AWMSG's remit includes the appraisal of newly licensed medicines, including licence extensions and/or new formulations of existing medicines. Decisions are based on evidence of clinical effectiveness and cost-effectiveness, as well as the anticipated budgetary impact and broader societal and equity issues. The introduction of the Wales Patient Access Scheme in 2012 enabled the marketing authorisation holder to offer a price reduction to NHS Wales, thereby improving the case for cost-effectiveness. When appraising a medicine used at the end of life, additional criteria may also be considered.

In 2014–2015, AWMSG's process for appraising orphan and ultra-orphan medicines, and medicines developed specifically for rare diseases, was reviewed and, following public consultation, Welsh Government requested that a new process be developed to provide patients with an opportunity to discuss and highlight any additional benefits the new medicine might offer from a patient, family member or carer perspective, for example any improvements in quality of life.

Working together

AWMSG strongly encourages active engagement with patient groups as part of the appraisal process, as patients/carers/patient groups are often able to provide additional insight, which is invaluable in considering whether a medicine should be available to patients within NHS Wales (see page 5).

AWMSG also values the important role that clinical experts play in medicines appraisals through the provision of specialist advice and opinion, and in 2014–2015 AWMSG has sought to maximise the valuable input of clinical experts into the appraisals process (see page 5).

AWMSG maintains valuable links with Medicines and Therapeutics Committees (MTCs) in Wales, NHS budget holders, and those involved in prescribing planning and medicines optimisation across Wales. Through these links, AWMSG is able to provide NHS Wales with updates regarding AWMSG recommendations and advance notice of when advice will be issued for medicines of interest.

In recent years, AWMSG has been working with other organisations to increase availability of AWMSG advice

and information on forthcoming appraisals. As a result, AWMSG advice is now also accessible as part of NICE Evidence, Guidelines and eGuidelines.co.uk.

Further information on AWMSG's recommendations and the AWMSG work programme is available on the AWMSG website (www.awmsg.org). Information produced specifically for patient organisations, pharmaceutical companies and clinical experts regarding the appraisal process is also available on the AWMSG website.

Appraisal update 2015–2016

AWMSG undertook 47 medicines appraisals in the financial year 2015–2016. Of these, 45 were recommended and two were not recommended.

In addition, 56 Statements of Advice were issued for medicines that could not be endorsed for use, as the holder of the marketing authorisation did not submit an application for appraisal. Table 2 summarises the outcomes of the appraisals carried out in 2015–2016.

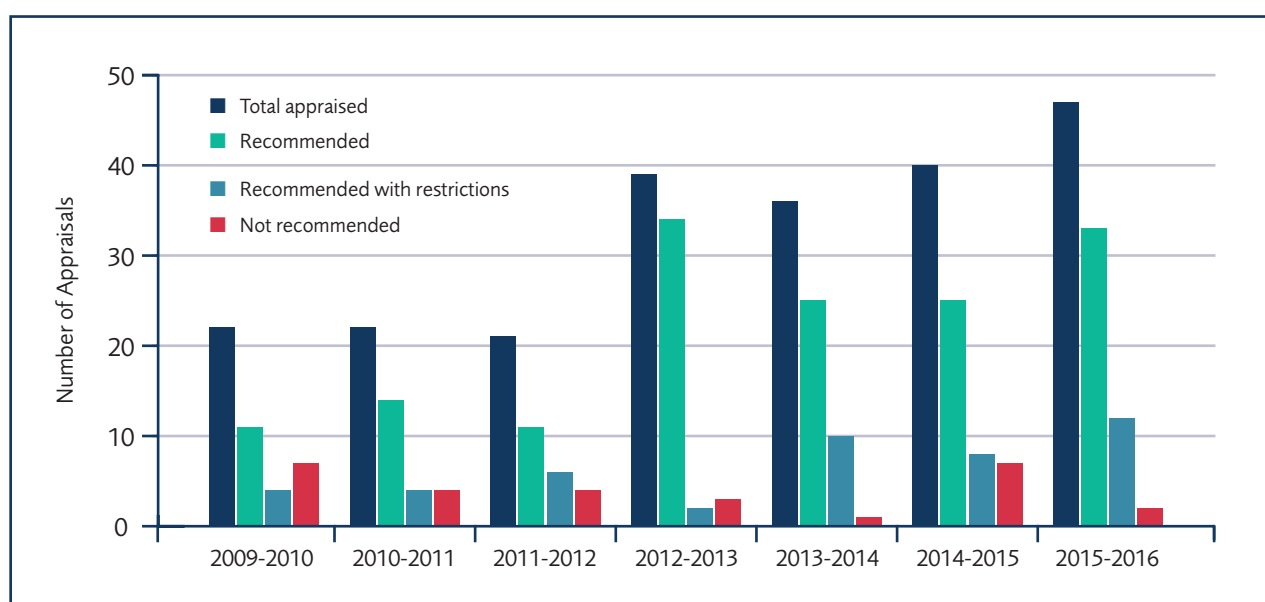
Between 2002, when AWMSG was established, and 31 March 2016, 84% of Final Appraisal Recommendations made by AWMSG (240 of 286) were either 'recommended' or 'recommended for optimised use'.

Over the last four years, the number of appraisals carried out by AWMSG has risen substantially. This increase coincides with AWMSG working with the TDA Partnership Group to improve engagement with the pharmaceutical industry, in particular through the limited submission process and the Wales Patient Access Scheme (see overleaf).

Table 2. Summary of advice issued in 2015–2016

Medicines appraisals	47
– Recommended	33
– Recommended for 'optimised' use*	12
– Not recommended	2
Statements of Advice issued on non-appraised medicines to NHS Wales	56
Total number of medicines on which advice provided to NHS Wales	103

* 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'.



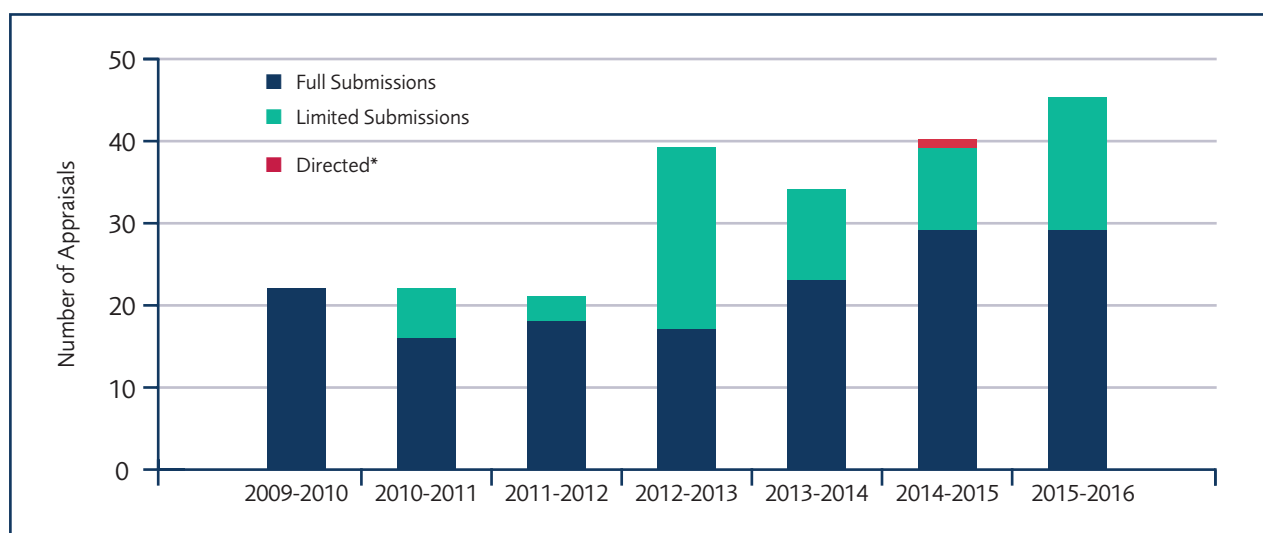
Medicines appraisals *continued*

Limited submissions

A limited submission may be appropriate for new formulations or minor licence extensions of existing products, where the anticipated usage in NHS Wales is considered to be of minor budget impact, or where estimated difference in cost compared with the appropriate comparator(s) is small. The limited submission

process has been associated with a significant increase in the number of appraisals since it was introduced in 2010–2011 (16 limited submissions were appraised in 2015–2016, in addition to 29 full submissions).

* Directed to appraise by Welsh Government, no submission from company.



Wales Patient Access Schemes

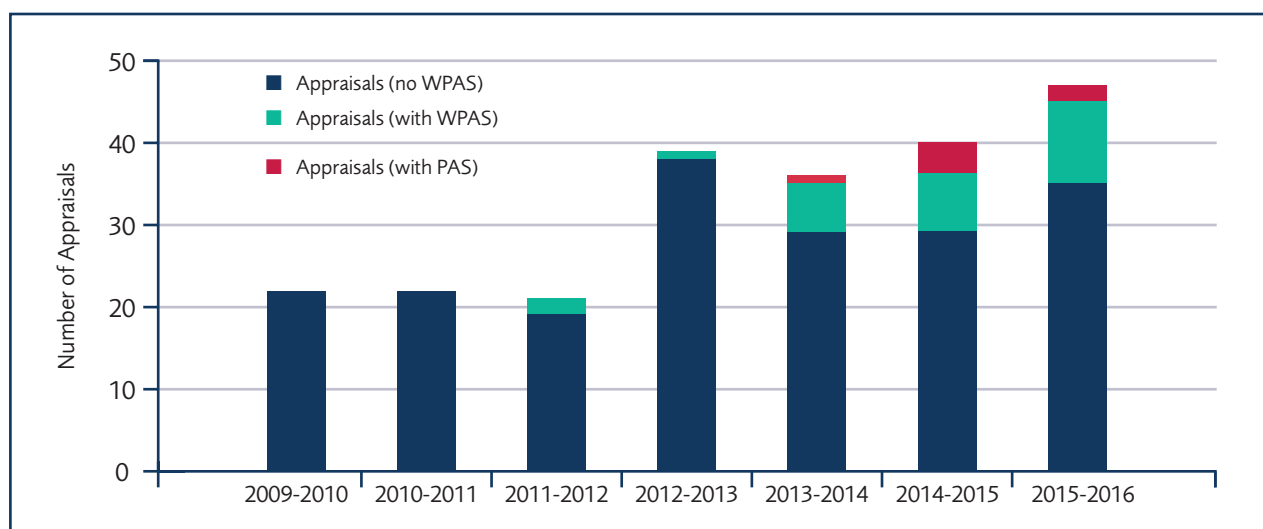
A Wales Patient Access Scheme (WPAS), when associated with a positive recommendation, provides patients with access to a medicine that would otherwise be unlikely to be deemed cost-effective in NHS Wales. These schemes provide opportunities for companies to improve the cost-effectiveness of their medicines in line with the Pharmaceutical Price Regulation Scheme in a number of different ways, such as offering a discount, rebate or other variation from the list price of a medicine.

The development of WPAS has been associated with improved pharmaceutical company engagement and enabled AWMSG to recommend treatments that it might otherwise have found not to be cost-effective.

As well as supporting the WPAS process in Wales, AWTTTC has input into similar schemes considered by NICE via representation on the NICE Patient Access Scheme Liaison Unit expert panel.

The availability of WPAS has increased the number of medicines appraised by AWMSG (10 medicines with a WPAS were appraised in 2015–2016).

The combined contribution of these two initiatives illustrates the positive impact of steps taken to improve engagement and thereby increase access to clinically effective and cost-effective medicines.



Appraisal highlights

Implementation of a new process for the appraisal of orphan and ultra-orphan medicines and medicines developed specifically for rare diseases

Following a review of the process and parameters used by AWMSG for appraising orphan and ultra-orphan medicines, a new process has been implemented to enable additional criteria to be considered and to allow greater involvement of patients and clinicians in Wales for this group of medicines. Three medicines have been appraised using the new process, all with positive outcomes. Only one of these three triggered a meeting of the Clinician and Patient Involvement Group (CAPIG) which considered in detail the additional benefits of the medicine from a clinician, societal and patient perspective.

Consideration of NICE Highly Specialised Technologies

In February 2014, AWMSG endorsed a process for considering the applicability of NICE commissioning advice in relation to highly specialised technologies (HST) within NHS Wales. This process has been developed in order to ensure timely implementation of NICE HST advice whilst providing the opportunity for early consideration of any outstanding issues with regard to implementation of advice within NHS Wales.

Using this process, two medicines – eculizumab for the treatment of atypical haemolytic uraemic syndrome, and elosulfase alfa for the treatment of mucopolysaccharidosis type IVa – have been recommended for use within NHS Wales, thereby ensuring equity of access for patients who have these rare conditions.

Consideration of medicines funded in England via alternative national commissioning routes to NICE

In order to promote equity, AWMSG now offers applicant companies the opportunity for the consideration of medicines that have previously received a negative recommendation from NICE on the grounds of a lack of cost-effectiveness, but are funded via an alternative national commissioning route in England. As of end of March 2016, three medicines have been appraised by AWMSG via this route. AWTTTC are continuing to encourage and liaise with the pharmaceutical industry and are in the process of progressing several new submissions via this route.

Medicines appraisals *continued*

AWMSG and NMG Training Day

A Training Day for all members and deputies of the All Wales Medicines Strategy Group (AWMSG) and its appraisal subgroup, the New Medicines Group (NMG), was held on 27th January 2016. Representatives from health board Medicines and Therapeutics Committees (MTCs) and Individual Patient Funding Request (IPFR) Panels were also invited. The aim of the day was to improve critical analysis skills and to address some of the challenges of medicines appraisal. The guest speaker, Mr Jeremy Nicholas, BBC sports broadcaster and writer, gave an entertaining presentation on how to inspire audiences and create impact when speaking in public. There was opportunity for discussion and questions. Presentations from the day are available on the AWMSG website.



AWMSG website

The AWMSG website provides healthcare professionals, pharmaceutical industry representatives, patients and public with access to a substantial body of national guidance, including appraisal recommendations, medicines optimisation resources and prescribing data analysis.

There is guidance for pharmaceutical companies wishing to engage in the appraisal process and open-access pages enabling readers to take part in medicines optimisation consultations.

The website also provides dates and locations for AWMSG meetings, which are open to the public, as well as copies of the papers tabled for discussion by AWMSG.

Have your say

We are always looking for ways to improve our website, and suggestions and feedback are welcomed. Please email the AWTTTC Administrative Team at awttc@wales.nhs.uk if you would like to provide any feedback on the site.

The screenshot shows the AWMSG website homepage. At the top left is the logo for the All Wales Medicines Strategy Group (Grŵp Strategaeth Meddygiaethau Cymru Gyfan). To the right is a search bar and navigation links for Home, About us, and Contact us. Below this is a red navigation bar with links for About AWMSG, Appraisals, and Medicines management. The main content area features a section for 'Patient, Carers & Patient Organisations' with a call to action: 'Would you like to have a voice? Would you like to make a difference? Find out more in our patient section'. To the right is an illustration of three stylized people. Below this is a horizontal menu with links for Masterclass, AWMSG meeting dates, Related resources, and Training Day. The main content is divided into three columns: 'Latest AWMSG advice' (listing pasireotide and dulaglutide), 'Latest medicines management resources', and 'News' (featuring 'All Wales Subcutaneous Infusion Medication Administration Record'). At the bottom, there are three columns for 'Patients/carers/patient organisations', 'Healthcare professionals', and 'Pharmaceutical industry', each with a brief description of the resources available.

Membership

AWMSG members

The group consists of the following voting members:

Dr Stuart Linton – AWMSG Chairman

Professor John Watkins – Consultant in Public Health Medicine, Public Health Wales, Cardiff

Dr Karen Fitzgerald – Consultant in Pharmaceutical Public Health, Public Health Wales, Cardiff

Dr Sian Lewis – Welsh Health Specialised Services Committee

Professor Dyfrig Hughes – Health Economist, University of Bangor

Mr Rob Thomas – ABPI Wales representative

Mr Christopher Palmer – Lay member

Ms Ellen Lanham – Community Pharmacist, Prestatyn, Denbighshire

Dr Mark Walker – Assistant Medical Director, Betsi Cadwaladr University Health Board

Dr Jeremy Black – GP with prescribing lead role, Cardiff and Vale University Health Board

Mrs Susan Murphy – Senior Primary Care Pharmacist, Betsi Cadwaladr University Health Board

Mr Stuart Davies – Finance Director, Welsh Health Specialised Services Committee

Mr Roger Williams – Senior Hospital Pharmacist Representative, Morriston Hospital, Swansea

Mrs Louise Williams – Senior Nurse Representative, Cardiff and Vale University Health Board

Mr Scott Cawley – Representing other healthcare professionals eligible to prescribe, Cardiff and Vale University Health Board

Dr Emma Mason – Clinical Pharmacologist, University Hospital of Wales, Cardiff

Dr Catherine Bale – Hospital Consultant Representative, Betsi Cadwaladr University Health Board

And the following deputy members:

Ms Anne Hinchliffe – Consultant in Pharmaceutical Public Health, Public Health Wales, Cardiff

Dr Pippa Anderson – Health Economist, Swansea University

Mr Bill Malcolm – ABPI Wales representative

Mr Farhan Mughal – APBI Wales representative

Mr Keith Cass – Lay member

Mr Stefan Fec – Community Pharmacist, Aneurin Bevan University Health Board

Professor Stephen Monaghan – Consultant in Public Health Medicine, Public Health Wales, Cardiff

Mrs Alison Hughes – Senior Primary Care Pharmacist, Betsi Cadwaladr University Health Board

Mr Rob Holcombe – Finance Director Representative, Aneurin Bevan University Health Board

Mr John Terry – Senior Hospital Chief Pharmacist Representative, Neath Port Talbot Hospital

Dr Balwinder Bajaj – Clinical Pharmacologist, Singleton Hospital, Swansea

Dr Brendan Boylan – Assistant Medical Director, Cardiff and Vale University Health Board

Dr David Robyns-Owen – GP with prescribing lead role, Betsi Cadwaladr University Health Board

Mrs Mandy James – Senior Nurse Representative, Hywel Dda University Health Board

Dr Sue Jeffs – Hospital Consultant Representative, Aneurin Bevan University Health Board

Representatives from the Welsh Government, the New Medicines Group and the All Wales Therapeutics and Toxicology Centre attend as non-voting members.

NMG members

Post	Member	Deputy
Chair	Dr Saad Al-Ismaïl	
Vice Chair	Mr Scott Pegler	
Pharmacist 1	Mr Brian Eadon	Mr Usman Ali Malik Ms Suzanne Davies
Pharmacist 2	Mrs Sue Beach	
Pharmacist 3	Mr Trevor Batt	
Doctor 1 Clinical Pharmacologist	Dr James Coulson Dr John Thompson Dr C V Krishna Dr Alison Thomas	Attendance is rotated between the four named individuals
Doctor 2 Hospital Consultant	Dr Satish Kumar	Dr Ian Campbell
Doctor 3 General Practitioner	Dr David Whyler	Dr Avkash Das Jain Dr David Robyns-Owen
Professions allied to medicine or eligible to prescribe	Awaiting nomination	Awaiting nomination
Public Health/Epidemiologist	Miss Anne Hinchliffe	Professor Stephen Monaghan
Health Economist	Ms Philippa Anderson	Dr Fasihul Alam
ABPI Member	Ms Romita Das Mr Steven Lister Mr Tom Sunderland	Attendance is rotated between the three named individuals
Lay Member	Mr Cliff Jones	Mr Robert Henley
Nurse	Awaiting nomination	Awaiting nomination
Welsh Health Specialised Services Committee	Awaiting nomination	Awaiting nomination

AWPAG members

Post	Member	Deputy
Chair/Clinical Director of Pharmacy	Mrs Louise Howard-Baker (BC)	Dr Sue Jeffs (AB)
Doctor from each health board reflecting different roles		
Hospital Consultant	Dr Sue Jeffs (AB)	
Hospital Consultant/Medical Director	Dr Sally Lewis (AB)	Dr Brendan Boylan (CAV)
General Practitioner	Awaiting nomination (BC)	
General Practitioner	Dr Lisa Adams (ABM)	
General Practitioner	Awaiting nomination (CT)	
General Practitioner	Awaiting nomination (CAV)	
General Practitioner	Awaiting nomination (PT)	
Hospital Consultant	Dr Atir Khan (HDd)	
General Practitioner	Dr Susanna Jacks (AB)	
General Practitioner representing BMA/GPC Wales	Dr Peter Horvath-Howard (AW)	Dr Phil White/Dr David Bailey
Doctor or Pharmacist	Mrs Sophie Harding (V)	Mr Usman Malik (V)
Pharmacist from each health board reflecting different roles		
Formulary and Interface Pharmacist	Mr Alan Clatworthy (ABM)	Mrs Sue Beach (HDd) Mr Mike Curson (AB) Ms Jenny Pugh-Jones (HDd) Mr Steve Simmonds (Community) Ms Katie Spittle (CT) Ms Katie Morris (CAV)
Clinical Director for Pharmacy	Mr Jonathan Simms (AB)	
Hospital Head of Pharmacy	Mrs Louise Howard-Baker (BC)	
Prescribing Advisor	Ms Fiona Walker (CAV)	
Prescribing Advisor	Ms Bev Woods (CT)	
Prescribing Advisor	Mrs Sarah Isaac (HDd)	
Community Pharmacist	Mr Stefan Fec (PT)	
Lay member		
	Ms Jane Barnard	Mr David Barnard
Medicines Safety Officer		
	Lynette James (CAV)	
Healthcare professional eligible to prescribe		
	Mr Gary Morris	
Public Health Wales		
	Ms Sian Evans	Awaiting nomination
ABPI Wales Industry Group		
	Ms Robyn Miles	Mr Phil Groom/Miss Lee-Ann Farrell
Non-voting members		
Director ABPI Wales	Dr Rick Greville	
Director BGMA	Mr Paul Fleming	Mr Warwick Smith

Representatives from the Welsh Government, AW TTC and supporting committees may attend as non-voting members.

ABM – Abertawe Bro Morgannwg University Health Board

AB – Aneurin Bevan University Health Board

AW – All Wales

BC – Betsi Cadwaladr University Health Board

CAV – Cardiff & Vale University Health Board

CT – Cwm Taf University Health Board

HDd – Hywel Dda University Health Board

PT – Powys Teaching Health Board

V – Velindre NHS Trust