

ALL WALES PRESCRIBING ADVISORY GROUP (AWPAG)
Minutes of meeting held on
10th December 2025 commencing at 9.30 am
Held at the All Nations Centre, Cardiff and via Teams

Chair – Dr Laurence Gray, Consultant Clinical Pharmacologist, Cardiff and Vale UHB

Voting members

Mrs Alana Adams	Welsh Medicines Advice Service – alternate
Mrs Clare Clement	Pharmacist, Cardiff and Value UHB
Ms Cassandra Edgar	Clinical Effectiveness Lead Pharmacist, Primary Care and Community Services, Betsi Cadwaladr UHB
Dr Jennifer Ellis	General Practitioner, Betsi Cadwaladr UHB
Mrs Sian Evans	Consultant in Public Health, Public Health Wales
Mrs Elizabeth Hallett	Pharmacist, Aneurin Bevan UHB
Ms Hazel Hopkins	Lead Pharmacist for Medicines Governance, Hywel Dda UHB
Dr Lynette James	Medicines Safety Lead Pharmacist for Wales (attended for items 7.1 and 7.2 only)
Ms Sue Knights	ABPI Wales Industry – alternate
Mr Malcolm Latham	Lay member
Mr Usman Malik	Prescribing Advisor, Velindre NHS Trust or Principal Pharmacist Clinical Services, Velindre NHS Trust
Mrs Louise Manousos	Prescribing Advisor, Cwm Taf Morgannwg UHB
Mrs Jacqueline Price	Nurse – alternate
Mr Jonathan Smith	Community Pharmacist
Dr Evan Sun	General Practitioner, Cwm Taf Morgannwg UHB
Ms Bethan Thain	Primary Care Pharmacist, Medicines Management, Swansea Bay UHB
Mr Owain Williams	Director of Pharmacy, Hywel Dda UHB
Mrs Fiona Woods	Lay member

In attendance (non-voting)

Ms Maggie Clark	ABPI (Wales) Director
Dr Andrew Champion	AWTTC Programme Director
Mrs Claire Thomas	AWTTC Head of WAPSU and Medicines Optimisation
Mr Richard Boldero	AWTTC WAPSU Pharmacist
Dr Paul Deslandes	AWTTC WAPSU Pharmacist
Mrs Karen Jones	AWTTC Senior Pharmacist
Ms Shaila Ahmed	AWTTC Senior Pharmacist
Dr Tom Curran	AWTTC Programme Manager
Dr Katherine Chaplin	AWTTC Senior Scientist
Dr Bridget-Ann Kenny	AWTTC Senior Scientist
Mrs Sian Harbon	AWTTC Medical Writer
Ms Christine Collier	AWTTC Medical Writer

Observing

Dr Sara Pickett	AWTTC Principal Health Economist
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External presenters

NAME	ITEM	TITLE
<p>Jane Hoidn Pharmacy Manager Grange University Hospital/Principal Pharmacist Patient Services, Aneurin Bevan UHB</p> <p>Rafia Jamil Deputy Head of Pharmacy Ysbyty Cwm Rhondda and Ysbyty Cwm Cynon and Principal Pharmacist, Cwm Taf Morgannwg UHB</p> <p>Emyr Jones Consultant Pharmacist, National lead for Wales Community Healthcare</p>	7.1	All Wales self-administration of medicines framework
<p>Emyr Jones Consultant Pharmacist, Cardiff & Vale UHB National lead for Wales: Community Healthcare</p>	7.2	All Wales guidelines for medicine training and competency assessment of support workers in health and social care
<p>Clara Tam Lead Antimicrobial Pharmacist (Central), Betsi Cadwaladr UHB</p> <p>Meryl Davies Lead Antimicrobial Pharmacist – Primary and Community Care, PHW</p>	7.5	History-based penicillin allergy de-labelling
<p>Meryl Davies Lead Antimicrobial Pharmacist – Primary and Community Care, PHW</p>	7.6	Primary care antimicrobial guidelines – Updates
<p>Alya Al-Affan Advanced Medicines Advice Pharmacist, Cardiff and Vale UHB</p> <p>Nia Sainsbury Advanced Medicines Advice Pharmacist, Cardiff & Vale UHB</p> <p>Amy David Primary Care Pharmacist, Swansea Bay UHB</p>	7.7	All Wales Common Ailments Service formulary – Minor updates
<p>Sophie Blackstone IBD Network Support Manager, NHS Wales Performance and Assurance</p> <p>Catherine Sutton Senior Clinical Pharmacist – Team leader, Betsi Cadwaladr UHB</p> <p>Clare Tibbatts Consultant – Endoscopy, Royal Gwent Hospital, Aneurin Bevan UHB and Clinical Lead – Inflammatory Bowel Disease</p>	7.8	Ulcerative colitis and Crohn’s disease – Preferred prescribing pathway

Key of abbreviations

ABPI	Association of the British Pharmaceutical Industry
AWMSG	All Wales Medicines Strategy Group
AWTTC	All Wales Therapeutics and Toxicology Centre
BAD	British Association of Dermatologists
BNF	British National Formulary
BSG	British Society of Gastroenterology
CAS	Common Ailments Service
CKS	Clinical Knowledge Summaries
COPD	Chronic obstructive pulmonary disease
CPCAG	Community Pharmacy Clinical Advisory Group
DCS	Designated clinical supervisor
DHCW	Digital Health and Care Wales
DPP	Designated prescribing practitioner
ENT	Ear, nose and throat
ePMA	Electronic Prescribing and Medicines Administration
HEIW	Health Education and Improvement Wales
IBD	Inflammatory bowel disease
IPFR	Individual Patient Funding Request
MDT	Multidisciplinary team
NICE	National Institute for Health and Care Excellence
NTF	New Treatment Fund
PAPIG	Patient and Public Interest Group
PHW	Public Health Wales
QI	Quality improvement
RPS	Royal Pharmaceutical Society
SAM	Self-administration of medicines
SBAR	Situation, Background, Assessment, Recommendation
SDCEP	Scottish Dental Clinical Effectiveness Programme
SMS	Short Message Service
SOP	Standard operating procedure
SmPC	Summary of Product Characteristics
SPIRA	Server for Prescribing Information Reporting and Analysis
UHB	University Health Board
UKHSA	UK Health Security Agency
WAPSU	Welsh Analytical Prescribing Support Unit

1.0 Welcome and introduction

The Chair opened the meeting and welcomed members.

2.0 Apologies

The Chair informed members that apologies had been received from:

Dr Phil Cox	General Practitioner, Swansea Bay UHB
Mrs Eryl Smeethe	Prescribing Advisor, Aneurin Bevan UHB
Mrs Vicky Allum	Pharmacist, Betsi Cadwaladr UHB
Mrs Helen Davies	Prescribing Advisor, Cwm Taf Morgannwg UHB
Mrs Diane Burnett	National Lead for Medicines Advice
Dr Steve Short	DHCW
Mr Paul Fleming	Medicines UK Technical Director
Mr Michael Clarke	Medicines UK

3.0 Declarations of Interest and Confidentiality Agreement

The Chair asked members to declare any interests relevant to the agenda. No interests were declared.

4.0 Chair's report

Membership

Appointments

The Chair welcomed Mrs Louise Manousos and Mrs Jacqueline Price to their first meeting as members, and announced the appointments of Dr Phil Cox, General Practitioner, Swansea Bay UHB; Dr Steve Short, DHCW representative; and Mrs Alana Adams, Welsh Medicines Advice Service alternate member.

The Chair highlighted to members that there are currently vacancies for doctor members on the group for Aneurin Bevan UHB, Hywel Dda UHB, Powys Teaching Health Board and Velindre NHS Trust and requested anyone requiring further information regarding nominations to contact AWTTTC.

Action: Send suggestions for potential doctor members for Aneurin Bevan UHB, Hywel Dda UHB, Powys Teaching Health Board and Velindre NHS Trust to AWTTTC.

5.0 Minutes of previous AWPAG meeting – 17th September 2025

The minutes of the previous meeting were checked and agreed.

6.0 Feedback from AWMSG – 7th October, 5th November and 2nd December 2025

Members were provided with feedback from the most recent meetings of AWMSG:

For endorsement

- [Guidance to support integrated medicines management in community settings](#)
- Wales General Ophthalmic Services – Signed Orders Formulary (to be published online before the end of January 2026)

For information

- [All Wales adult asthma management and prescribing guidelines – Minor update](#)
- National Prescribing Indicators 2024–2025 – A focus on 4C prescribing
- [All Wales COPD management and prescribing guideline – Minor update](#)

- [Prescribing dilemmas – A guide for prescribers – Minor updates](#)
- [All Wales Common Ailments Service formulary – Minor updates](#)
- [Endocrine management of gender incongruence in adults – Minor update](#)
- [National Prescribing Indicators 2025–2026: Analysis of Prescribing Data to June 2025](#)
- [NHS Wales inhaler carbon footprint report – Data to August 2025](#)
- Retirement of AWMSG-endorsed medicines optimisation resources – update for members

7.0 Documents for discussion

7.1 Self-administration of medicines framework

Jane Hoidn, Rafia Jamil, Emyr Jones and Karen Jones provided an update on the progress of the *Self-administration of medicines framework* document including consultation feedback, discussion of the document at PAPIG, and feedback from Llais. The importance of implementation and educational components was highlighted, as well as the key roles that SAM champions and HEIW will play in these areas.

There was discussion regarding the potential perception of this as a reduction in care and an efficiency measure. The importance of communicating that this approach aims to address deconditioning for the patient's benefit, with support provided by nursing staff throughout, was emphasised.

There was a query on whether SAM would be mentioned on a patient's discharge summary and current uncertainty regarding the way ePMA systems will translate into discharge notifications was noted. The project group will investigate.

Risk and responsibility were discussed from the perspective of the patient administering their own medicines. The importance of regular communication between the MDT and patient was highlighted to ensure robust understanding of roles and responsibilities, and it was noted that the pilot will likely identify issues with this.

Consultation with groups outside Wales who have already implemented this approach was confirmed and it was suggested that their resources could be provided to support implementation.

Minor changes were requested in the patient information sections to reflect that, while parents or carers may take responsibility, in many cases patients will retain some autonomy. It was agreed that use of the words 'should' and 'must' would be checked to align with guidance and legislation.

Action: Document to progress to AWMSG.

7.2 All Wales guidelines for medicine training and competency assessment of support workers in health and social care

Karen Jones and Emyr Jones provided members with an overview and background to the development of the guidelines. The work followed on from the *All Wales guidance to support integrated medicines management in community settings*, with a need for training and education in this area identified. The guidelines aim to provide a

framework for training and planning to support health and care support workers to help individuals to take their medicines safely and effectively.

The draft guidance document and supporting information document have been produced collaboratively between AWTTTC and HEIW via a Medicines Management Steering committee, including colleagues in Social Care Wales. The work aims to address a lack of clarity around responsibility and expectation in medicines management for training and amalgamates and builds on existing documents to develop a single piece of guidance for health and social care sectors. Challenges include the different expectations for training in the two sectors and the different terminology used.

Members were asked to consider whether the detailed information in the training standards appendix would sit better with HEIW as education providers and there was agreement from members for this. The need for Social Care Wales involvement was highlighted, and it was confirmed that this would continue to be the case.

Members discussed the way that this work could fit with self-administration, and it was confirmed that the self-administration framework would be a key part of the training.

Action: Proceed to consultation and bring back to AWPAG in March.

7.3 All Wales gabapentinoid resources

Shaila Ahmed provided members with an overview and background to the development of the resources produced by the gabapentinoids taskforce. Members welcomed the resources and noted that they were useful.

Members made comments on presentation and usability including suggestions to make some sections easier to navigate and to streamline the document overall. Feedback was also given on the design of the patient waiting room poster, with suggestions for improvement, and the idea of developing a shorter, quick-read version of around two to three pages was raised.

Implementation was discussed, and members were informed that there are plans to integrate the medication review and initiation templates into EMIS. Members also noted that Community Health Pathways could be used to support wider dissemination.

Members also suggested that the Equality and Health Impact Assessment should include a reference to the disproportionately positive impact the document is expected to have on older people and people with disabilities.

Action: To proceed to consultation and bring back to AWPAG in March.

7.4 All Wales guidance on pre-prescribing

Paul Deslandes, on behalf of Lynette James, provided members with an overview and background to the development of the guidance, which aims to give authentic prescribing experience to trainees and standardise current practice.

There was discussion on the level of experience that DPPs and DCSs require. It was highlighted that standards for DPPs are set by RPS. Wording on this will be taken back to the lead and clarified.

The potential for complications arising from terminology and job roles was highlighted and the need for clarity and consistency was stressed.

It was highlighted that the responsibility for a medicine pre-prescribed by a non-registered prescriber lies with the DCS, and the DCS should be clear whether their indemnity covers them for that role. It is hoped that further views on this will come out in consultation.

There was concern raised regarding electronic prescribing and the governance and liability issues around DCS sign in, where the pre-prescriber does not have their own sign in. The importance of this functionality being in the ePMA system was emphasised. It was highlighted that all activity should be under direct supervision from start to finish and that accountability lies with the licensed prescriber. It was agreed to add wording to emphasise that the supervisor must be present throughout.

Action: Proceed to consultation and bring back to AWPAG in March.

7.5 History-based penicillin allergy de-labelling

Clara Tam and Meryl Davies provided members with an overview and background to the development of the *History-based penicillin allergy de-labelling* document. Publication of the secondary care document identified a significant population in the community not covered by the guidance but who could potentially be de-labelled. This document addresses those with very low risk of a true allergy who could be de-labelled based on history alone. Scoping work in Betsi Cadwaladr UHB in 2023 identified only 35% of penicillin allergy records had the nature of the allergy noted and only 23% of these represented a true allergy.

Members made suggestions to improve readability, and these were agreed., There was a suggestion to have one bilingual alert card, and this was agreed.

There was discussion of the distinction between true allergies and significant adverse reactions, emphasising the need to document non-allergic but clinically relevant reactions. The importance of counselling the patient to understand the risk of not having a penicillin when the reaction is mild was also noted.

There was discussion of the future aim to amalgamate this and the secondary care guidance documents and current discrepancies between the two documents. However, until the history-based approach is consulted on and endorsed there will remain two documents.

Action: Proceed to consultation and bring back to AWPAG in March.

7.6 Primary care antimicrobial guidelines – Updates

Meryl Davies provided members with an overview of the updates to sections of the *Primary care antimicrobial guidelines*.

Dental abscesses: MD outlined the shift to phenoxymethylpenicillin as first-line treatment for dental abscesses, aligning with SDCEP guidance, while retaining amoxicillin for compliance issues. Metronidazole replaces clarithromycin as the first-line option for penicillin-allergic patients.

Dermatophyte infections: Updates were made in line with NICE CKS and to include oral agents for body, groin, and foot infections, and to clarify dermatologist referral pathways for scalp infections, particularly in children.

Influenza management: The influenza section was updated to reflect UKHSA and NICE guidance, including criteria for antiviral use, information on at-risk populations, advice in breastfeeding, hyperlinks to pregnancy-specific information, and dosing for renal impairment or low weight.

Candidiasis treatment: Guidance on oral candidiasis was updated to reflect changes in fluconazole dosing and duration, in line with SmPC, BNF, and NICE CKS updates.

Scabies management: The addition of oral ivermectin was discussed, with concerns about cost, resistance, and when to use oral versus topical treatments. The group discussed the criteria for clinical confirmation and there was a suggestion to link to BAD guidance. It was also suggested to change wording to say ivermectin 'should only be used where there is clinical confirmation' rather than 'if clinically confirmed use ivermectin'. There was also discussion around management of close contacts, and outbreak scenarios; UKHSA guidance was flagged as useful in an outbreak scenario. It was agreed that the document would be amended and shared with the guideline group and then AWPAG for e-sign-off before an update is published.

Perichondritis and ear infections: A new section on perichondritis was introduced, advising that pseudomonal infection is more likely with abscess and necrosis, and this should be discussed with a consultant microbiologist.

It was suggested that wording should be tweaked to state 'assess for presence of abscess or necrosis and, if present, surgical intervention may be required'. It was also suggested to move pseudomonas infection to follow abscess.

There was a suggestion to include malignant otitis externa where half the pinna is infected as this usually requires admission. It was agreed that JE and MD will correspond on these suggestions and the document would be amended and shared with the guideline group and then AWPAG for e-sign-off before an update is published.

It was highlighted that the whole document will be reviewed in the new year. Members were requested to flag any indications missing from the guidance.

Action: Changes to the 'Scabies' and 'Perichondritis' sections to be drafted and shared with AWPAG members for e-sign-off prior to publication. All other sections to be updated based on comments where required, and published prior to being presented to AWMSG for information.

7.7 All Wales Common Ailments Service formulary – Athlete's foot, Dry eye, Dry skin, Fungal skin infections (body and groin), Nappy rash – Updates

Shaila Ahmed, Alya Al-Affan and Nia Sainsbury provided members with an overview and background to the updates. AWPAG members were asked to consider the updates to existing monographs and consider whether these changes are 'minor updates', which will enable publication followed by presentation to AWMSG for

information, or whether members feel that this is a 'major update' requiring consultation.

For athlete's foot and fungal skin infections (body and groin) monographs, members had no comments.

For the dry eye monograph, members discussed the removal of Hylo-Night. This was removed because its use for severe morning symptoms was felt to fall outside the CAS remit. It was agreed that further discussion would take place with CPCAG. It was suggested that wording could be added stating patients who appear to be suffering from severe morning dry eye should be referred.

For the dry skin monograph, members discussed not supplying emollients to individuals using medical oxygen due to the risk of flammability. It was agreed that the low-risk (green) referral box would be amended to state that individuals on medical oxygen should be referred if there are concerns about increased fire risk.

For the nappy rash monograph, members queried why the guidance applies only up to six years of age and it was clarified that this reflects NICE CKS advice.

Action: Minor updates to be published in April 2026, followed by a presentation to AWMSG for information.

7.8 Ulcerative colitis and Crohn's disease – Preferred prescribing pathways

Richard Boldero, Sophie Blackstone, Catherine Sutton and Clare Tibbatts provided members with an overview and background to the development of the document, which has been produced by the IBD Implementation Network. The aim is to standardise care and address variation in practice across Wales, particularly as the numbers of available medicines for IBD has expanded substantially in recent years.

The basis for sequencing of treatment choices was queried, and it was confirmed that within each class the sequencing is based on efficacy, cost, and patient factors, but allows flexibility for individual circumstances.

There was a query on the extent to which this guidance aligns with current practice and BSG guidelines. Alignment with BSG was confirmed, although BSG do not provide a treatment sequence or make recommendations based on value. It was also clarified that the guidance broadly reflects current practice in the main centres, but practice is not consistent in smaller hospitals, and the biggest effect will be in these smaller centres and should increase equity of access.

There was discussion of whether the recommendations will be reflected in Blueteq. It was noted that these are all NICE-approved indications and would be on the Blueteq pathway. It was confirmed that Blueteq forms are in development in AWTTTC for these medicines. A link with the NTF was highlighted, offering the potential to collect data.

There was a point raised on use of colour, with red/green potentially not being distinguishable in colour blindness and on black and white printing.

Action: Proceed to consultation and bring back to AWPAG in March.

Post-meeting note: Following the AWPAG meeting it has been highlighted that some of the dose escalations recommended in this pathway are not supported by current NICE or AWMSG medicine recommendations, therefore while access is explored via the One Wales process, consultation has been postponed.

7.9 SBAR – Carbon footprint reporting

Richard Boldero provided members with an overview of developments which have necessitated a review of the inhaler carbon footprint data analysis report and changes to inhaler carbon footprint metrics, including updated reference values and a shift to a more accurate volume measure, which will affect reported carbon footprint figures.

There was a query around date of introduction of the changes due to the impact this may have on incentive scheme targets, and it was agreed to aim for 1st April 2026. It was requested that this change is communicated to health boards due to the link to incentive schemes and the NHS Wales Performance Framework.

Members supported the proposed changes.

Action: AW TTC to communicate changes to health boards and other relevant parties

8.0 Document review process

8.1 AWMSG-endorsed medicines optimisation documents – Consideration of older resources for review

Bridget-Ann Kenny provided members with an outline of the decision framework for the *All Wales guide to prescribing gluten-free products* and requested that members consider whether the resource should be retired, kept online as it is, or reviewed given the plans for roll out of the gluten-free subsidy card scheme.

Members agreed to a review and update of the guidance.

Action: AW TTC to include document review and update into workplan

9.0 Medicines Optimisation Framework review

Tom Curran gave an overview of the *Medicines Optimisation Framework review* and the plans for the review in the coming year. Discussion ensued with members providing feedback and suggestions.

Action: AW TTC to circulate a survey to enable further feedback.

10.0 Verbal updates

10.1 SBAR: High strength opioid National Prescribing Indicator measure: Proposal to reduce threshold

Katt Chaplin provided members with an overview of the proposal to reduce the high strength opioid NPI threshold from ≥ 120 mg to ≥ 90 mg oral morphine equivalence, in line with updated Faculty of Pain Medicine guidance.

Feedback from discussions with pain teams indicated that making this change will be a long-term process. Members noted that some health boards are using this measure

within their incentive schemes. It was confirmed that any change would take effect from April 2026. Members highlighted that if the threshold is reduced to ≥ 90 mg this will mean that in order to achieve the target, patients will have to be prescribed 60 mg of morphine, due available strengths. It was suggested that instead of ≥ 90 mg oral morphine equivalence, the target could be > 90 mg. It was agreed that a comparison of baskets would be required in order to make a decision.

Action: Katt Chaplin to put together > 90 mg and ≥ 90 mg baskets for comparison and bring back for discussion in March.

10.2 HIV-1 antiretroviral prescribing guidelines

Karen Jones provided members with an update on the progress of the guidelines following consultation.

10.3 Prescribing intervals

Karen Jones provided members with an update on the progress of the project.

10.4 Items identified as low value for prescribing in NHS Wales

Richard Boldero provided members with an update on the progress of the document.

10.5 SPIRA Steering Committee feedback

Richard Boldero fed back on the most recent SPIRA Steering Committee meeting.

10.6 Learning at Lunch

Sian Harbon informed members that the next Learning at Lunch will be held at 2pm on the 4th February 2026 and will include sessions on adult asthma guidelines and monitored dosage system related enquiries to the National Poisons Information Service and implications for practice.

10.7 Your Medicines Your Health

Katt Chaplin updated members on the first Your Medicines Your Health initiative – the *Only order what you need* campaign which will be launched at the Best Practice Day.

10.8 AWPAG constitution

Claire Thomas noted two changes: addition of DHCW representative and revision of the title of the ABPI representative role.

11.0 Feedback from the All Wales Directors of Pharmacy

Owain Williams informed members that the delivery assurance groups are now in operation and task and finish groups had been established.

12.0 Feedback from health boards and Velindre NHS Trust

Members were invited to feed back any updates of note. No feedback was reported.

13.0 Feedback from Public Health Wales

Sian Evans informed members that there is a current focus in PHW on prevention, particularly in health improvement where use of medicines is not involved.

14.0 Any other business

It was noted that an audit pack on acute bronchitis was had been one of the most downloaded resources on the AWTTC website. Members were asked if they knew why this may be the case and to feed back if they had any insights into this.

15.0 Date of next meeting: Wednesday 18th March 2026