ALL WALES PRESCRIBING ADVISORY GROUP (AWPAG)
Minutes of meeting held on
18th March 2026 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 Dianne Burnett	National Lead for Medicines Advice
Mrs Clare Clement	Pharmacist, Cardiff and Value UHB
Dr Phil Cox	General Practitioner, Swansea Bay UHB
Mrs Helen Davies	Prescribing Advisor, Cwm Taf Morgannwg 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 Siân 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)
Mrs Claire Jones	Principal Pharmacist Formulary Management and High-Cost Drugs (HCD), Powys THB
Ms Sue Knights	ABPI Wales Industry
Mr Malcolm Latham	Lay member
Mr Samuel MacDonald	Oncology Pharmacist, Velindre NHS Trust
Mrs Sarah Davies	Swansea University as a Senior lecturer in Advanced Practice for Healthcare, Swansea University
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)

Dr Steve Short	Associate Medical Director for Primary Care - DHCW
Ms Maggie Clark	ABPI (Wales) Director
Mr Paul Fleming	BGMA Partnership 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
Mrs Sabrina Rind	AWTTC Senior Pharmacist
Dr Tom Curran	AWTTC Programme Manager
Dr Katherine Chaplin	AWTTC Senior Scientist
Dr Bridget-Ann Kenny	AWTTC Senior Scientist
Mrs Siân Harbon	AWTTC Medical Writer
Ms Christine Collier	AWTTC Medical Writer

Observing
Mrs Jessica Morgan AWTTC Senior Communications Officer

External presenters

NAME	ITEM	TITLE
Emyr Jones Consultant Pharmacist, AWTTC National lead for Wales: Community Healthcare	6.1	All Wales guidelines for medicine training and competency assessment of support workers in health and social care
Emyr Jones Consultant Pharmacist, AWTTC National lead for Wales: Community Healthcare **Harriet Price** Lead Pharmacist for Older People Swansea Bay UHB **Kaleigh Williams** Community Pharmacy Wales	6.2	All Wales guidance on adherence aids
Nia Sainsbury Advanced Medicines Advice Pharmacist, Cardiff & Vale UHB	6.4	Wales Common Ailments Service formulary – Updates
Mared Owen Specialist HIV Pharmacist, Betsi Cadwaladr UHB	6.7	All Wales HIV-1 antiretroviral therapy prescribing guidelines
Clara Tam Lead Antimicrobial Pharmacist (Central), Betsi Cadwaladr UHB **Meryl Davies** Lead Antimicrobial Pharmacist – Primary and Community Care, PHW	6.8	History-based penicillin allergy de-labelling in adults
Meryl Davies Lead Antimicrobial Pharmacist – Primary and Community Care, PHW	6.9	Primary care antimicrobial guidelines – Updates

Key of abbreviations

ABPI	Association of the British Pharmaceutical Industry
AWMSG	All Wales Medicines Strategy Group
AWTTC	All Wales Therapeutics and Toxicology Centre
DHCW	Digital Health and Care Wales
MDS	Monitored dosage system
NICE	National Institute for Health and Care Excellence
PHW	Public Health Wales
QIP	Quality Improvement Project
SPIRA	Server for Prescribing Information Reporting and Analysis
THB	Teaching Health Board
UHB	University Health Board
WAPSU	Welsh Analytical Prescribing Support Unit

1.0 Welcome and introduction

The Chair opened the meeting and welcomed everyone. Also welcomed were new members Claire Jones, Pharmacy representative for Powys THB and Dr Steve Short, Clinical representative from DHCW and also returning member Dr Phil Cox, General Practitioner representative for Swansea Bay UHB.

2.0 Apologies

The Chair informed members that a number of apologies had been received, however deputy members were in attendance for Aneurin Bevan UHB, Betsi Cadwaladr UHB and Velindre NHS Trust.

Apologies:

Mrs Eryl Smeethe	Prescribing Advisor, Aneurin Bevan UHB
Mrs Vicky Allum	Pharmacist, Betsi Cadwaladr UHB
Mr Usman Malik	Principal Pharmacist, Clinical Services, Velindre NHS Trust
Dr Andrew Champion	AWTTC

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

Ms Claire Jones – Pharmacy representative, Powys THB.

Dr Steve Short - Clinical representative, DHCW

The Chair highlighted that there are currently vacancies for doctor members on the group for Aneurin Bevan UHB, Hywel Dda UHB, Powys THB and Velindre NHS

Trust, and requested anyone requiring further information regarding nominations to contact AWTTC.
Action: Send suggestions for potential doctor members to AWTTC.

5.0 Minutes of previous AWPAG meeting – 10th December 2025
The minutes of the previous meeting were checked and agreed. The Chair provided an update on the actions.

6.0 Documents for discussion – AWMSG endorsement process

6.1 All Wales guidance for medicine training and education for support workers in health and social care
Emyr Jones presented the updated guidance, explaining that its purpose was to establish a consistent national approach to medicines education and training for support workers across both health and social care settings. He noted that previous guidance documents had been fragmented, with separate documents for health support workers and social care staff, which had created confusion, particularly in relation to third-party delegation. The new guidance sought to clarify training expectations, define levels of medicines related responsibility, and strengthen quality assurance processes.

Emyr Jones summarised the main themes of the consultation feedback and changes made in response. Feedback included a need for clarification of the training group structure and that further alignment with Social Care Wales standards had been considered. Feedback from consultation also included ensuring there was a proportional and practical approach to assessor qualifications, and the guidance had been amended to ensure proportionality between sectors. Additional feedback had highlighted the need for clearer escalation pathways, safeguarding considerations, and improved recognition of prior learning. A section had also been added about unregulated care providers such as personal assistants and direct payment workers to address consultation comments. Further meetings to engage with Social Care Wales and local authority training managers are planned, Emyr Jones advised that he did not expect the document to change significantly but that any significant changes arising from these discussions would be highlighted as required via AWPAG. AWPAG members recognised the good work that had taken place.

Action: Document to proceed to AWMSG for endorsement. Any significant amends arising from further planned discussions will be highlighted to members.

6.2 All Wales guidance on adherence aids

Harriet Price and Kayleigh Williams introduced the draft guidance, explaining that it aimed to support a person-centred approach to identifying appropriate adherence interventions and to raise awareness of the range of options available when considering reasonable adjustments, to help patients manage their medicines safely and effectively. The guidance also sought to clarify responsibilities under the Equality Act and to support community pharmacy teams in assessing the suitability of adherence support for individuals.

Kayleigh Williams explained that monitored dosage systems (MDS) had historically been used as the default solution for adherence issues, despite evidence showing that they were not always the most appropriate choice and could introduce additional risks. She highlighted that MDS require significantly more preparation time than dispensing original packs and discussed issues associated with some pharmacies charging for MDS, which has the potential to lead to tension between patients, pharmacies, and prescribers. Kayleigh Williams explained that the draft guidance aims to support a holistic, integrated approach to ensure that any intervention represents a reasonable adjustment and is sustainable within the capacity of community pharmacy services. A collaborative approach and effective communication between sectors will enable patients to receive the support they need, optimise their medicines, and reduce the risk of avoidable medicines-related harm and admissions and ensure that MDS are reserved for patients who genuinely require one and who would benefit from using one.

Members discussed terminology, the Equality Act section, and whether hospital discharge and communication should be included, noting that secondary care colleagues had expressed concern about variability in practice and resource limitations. Harriet Price informed the group that processes differ across hospitals and may be down to local policy, but that a section could be considered to highlight this consideration. Members also discussed issues relating to assessment form filing and storage, GDPR compliance, patient expectations, contractual obligations and the need to distinguish between adherence issues and operational pressures within pharmacy services.

Members expressed their support for guidance in this area and noted that patient information would be useful to consider.

Action: Document to proceed to consultation after agreement amends have been made.

6.3 All Wales gabapentinoid resources for chronic pain

Shaila Ahmed outlined the updates made to the resource prior to consultation, as well as the changes made in response to consultation feedback. She took members through the pre-consultation updates, including the addition of a one-page prescriber quick reference guide, a two-page clinical pathway to support decision-making across initiation, review and discontinuation, and improved signposting with colour-coded sections to aid navigation.

Shaila Ahmed summarised the key themes arising from the consultation feedback and the changes made in response. Feedback highlighted the need for clearer

guidance on the use of the resources for patients receiving palliative care. In response, a specific subsection was developed, and a new glossary definition was added to clarify the intended approach for this group. Respondents also asked for stronger emphasis on the risk of reduced respiratory drive. As a result, the updated guidance now more clearly highlights this risk, particularly when gabapentinoids are prescribed alongside other sedating medicines. Consultation comments further identified the need for additional support for patients who may be reluctant to reduce their treatment. In response, a patient information leaflet had been developed to explain the rationale for planned dose reduction of gabapentin or pregabalin, and a treatment agreement template was introduced to support shared decision-making. A template letter was also created to invite patients for a medication review, especially where gabapentinoids are prescribed in combination with opioids, benzodiazepines or Z-drugs. Shaila also outlined plans to publish the resources in a web-based format, with improved navigation, enhanced accessibility and downloadable PDF versions.

Members welcomed the improvements made to the resource. The proposed web-based format, including collapsible and expandable sections, was recognised as a positive feature that would support usability and navigation, particularly given the length of the document. The use of colour-coded sections and summary content was also well received. Further discussion highlighted the potential for applying colour coding across other resources. It was suggested that a summary version could be incorporated into Community Health Pathways to improve accessibility and uptake. There was also discussion around patient communication methods. While the inclusion of template letters for medication review was supported, members suggested exploring additional approaches such as text messaging or other digital methods to improve engagement with patients. The group agreed that the resources are timely, comprehensive and address an important clinical area.

Action: Resource pack to proceed to AWMSG for endorsement.

6.4 All Wales Common Ailments Service formulary – Updates

Shaila Ahmed gave an overview of the updates to each of the monographs.

Chickenpox

Shaila Ahmed presented the updates to the chickenpox monograph. Members queried the wording relating to infants under two months, noting that the scope section states, “immediate referral,” while the referral table differentiates between immediate referral for those under one month and same-day referral for those aged one to two months. It was agreed that the wording would be amended to align with the referral table, and that the wording regarding paracetamol tablets being swallowed whole would also be reviewed.

Head lice

Members reviewed the updates to the head lice monograph. They discussed the different types of combs referenced and when each should be used. It was clarified that the detection and nit comb can be used for both detection and removal of lice through wet combing, while other combs are primarily used for removal. However, this was not considered clear within the monograph. Members suggested that the detection and nit comb should be the default

supply, with alternatives used only if unavailable, and that the wording should be clarified and aligned with the service specification.

Concerns were also raised regarding references to lice in areas other than the head, particularly pubic lice, and the potential safeguarding implications associated with such presentations. It was agreed that this should be addressed by updating the scope to clearly specify head lice only. Additional discussion included reviewing flammability warnings for treatments. Cost-effectiveness of treatment options was noted for future consideration but was outside the scope of the current minor updates.

Ingrown toenails
Members reviewed the updates to the ingrowing toenail monograph. They discussed the amber referral criteria, particularly whether "signs of infection" requiring same-day assessment was appropriate for all patients or should be limited to higher-risk groups, such as those with diabetes or immunosuppression. Members considered the current categorisation appropriate but suggested that "systemically unwell" should be prioritised above "signs of infection" within the criteria. It was agreed that the order of the referral criteria would be amended accordingly.

The Chair confirmed that all three monographs - chickenpox, head lice, and ingrown toenail constituted minor updates.

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

6.5 All Wales guide to prescribing gluten-free products

Tom Curran and Sabrina Rind introduced the draft update of the 'All Wales guide to prescribing of gluten-free products', explaining that the update was required to reflect the new Welsh Government gluten-free prepaid card scheme. They outlined that the document had been restructured to improve logical flow and clarity and would be shared initially with the All Wales Dietetics Leadership Group and the All Wales Gastroenterology Network prior to wider consultation. A proposal was made to rename the document to 'All Wales guide to the provision of gluten-free products' to reflect its broader scope beyond prescribing alone.

Discussion focused on whether to retain sections on dietary education, the role of dietitians in assessing unit requirements, and whether the document risked being published before local pathways were fully agreed across health boards. Concerns were raised about variation in implementation timelines, the need for clearer eligibility criteria, and whether patients should be required to choose either the card scheme or prescription supply rather than mixing routes. Members emphasised the practical value of unit tables for patients and clinicians, while also highlighting operational issues such as supply shortages and safeguarding considerations.

Further comments addressed differences between Wales and England in the prescribing of gluten-free products, the need to involve paediatricians in consultation

where appropriate, and whether the document duplicated information that would already be communicated through scheme launch materials. The group agreed that further clarification from Welsh Government was required before progressing to full consultation and that timing should be aligned to avoid premature publication.

Action: AWTTC team to seek clarification from Welsh Government on timelines, eligibility, and pathway implementation before progressing. Draft to be shared with dietetic, gastroenterology, and paediatric stakeholders for targeted feedback. Revised draft to return to AWPAG in June prior to wider consultation.

6.6 Medicines identified as low value for prescribing in NHS Wales (2026 review)

Richard Boldero provided members with an overview and background to the current review and amalgamation of the three guidance papers in the *Low Value for Prescribing* series, endorsed by AWMSG in October 2017, December 2018 and February 2020. Bridget-Ann Kenny outlined the processes followed to update each medicine/medicine group's recommendation rationale.

There was a query regarding prominence given to the indications for which omega-3 fatty acid compounds are licensed (e.g. those relating to triglyceride levels), as prescriptions for non-licensed use is reduced and is now mainly for those very specific indications and reflect tiny numbers. There was a request for the guidance to reflect, or to be applicable to NHS Wales as a whole where possible, and not to apply solely to primary care.

Members discussed lidocaine plasters and the realistic implementation of the recommendation, that it should be prescribed for its licensed indication only (with some notes pertaining to off-label use). A need for more nuanced guidance to reflect clinical practice was proposed and the value in avoiding riskier drugs (e.g. opioids) in key populations, such as the elderly/frail, was voiced by multiple members. At the same time, it was noted that lidocaine plaster expenditure is the largest of all the included medicine/medicine groups.

Members were in agreement regarding the medicines to be discontinued from the active recommendations. There was a request for these discontinued medicines to be named in the published document, as some users may find this useful.

Action: Document to proceed to consultation.

6.7 All Wales HIV-1 antiretroviral therapy prescribing guidelines

Mared Owen presented post-consultation updates to the All Wales HIV-1 antiretroviral therapy prescribing guidelines, explaining that feedback had been reviewed with the All Wales Antiretroviral Prescribing Group and incorporated. She confirmed that the scope of the document extends to therapy alone and excludes pre-exposure prophylaxis.

Mared Owen highlighted that definitions had been added, terminology standardised, and laboratory reporting aligned across Wales using international units per millilitre.

She described consensus decisions to retain three-drug regimens as first-line therapy, with stepdown to two-drug regimens where appropriate, and outlined updates relating to long-acting injectables and hepatitis B reactivation risk.

Karen Jones provided additional context regarding alignment with AWMSG medicines advice in Wales and ongoing work with AWTTC regarding prescribing data.

Members queried comparability with England for cross-border patients, and Mared Owen confirmed alignment with national and international guidance despite structural differences. No significant concerns were raised, and the group expressed support for the guidance progressing.

Action: Document to proceed to AWMSG for endorsement.

6.8 History-based penicillin allergy de-labelling in adults

The Chair advised that, as he had been involved in drafting the guidance, the discussion would be chaired by vice chair of AWPAG, Clare Clement. This document had previously been considered by members and had been out for consultation. Clare Clement outlined that the main consultation response themes were in relation to whether the guidance was contractual or advisory, clarification of risk stratification, and the approach to coding.

Clara Tam provided an overview of the amendments made in response to consultation feedback. She explained that concerns had been raised by general practitioners about the absence of additional funding and the risk that the work could not be undertaken safely without appropriate resources. In response, the guidance had been amended to make clear that history-based penicillin allergy de-labelling guidance represents best practice for those who choose to undertake it, and that it is suitable for local adaptation rather than mandatory implementation.

Clara Tam further explained that clarification had been added to the PEN-FAST scoring system to reflect that this is a modified version tailored for history-based de-labelling, rather than for oral challenge as in secondary care guidance. She noted that this modification was intended to make the guidance clearer and safer for clinicians working in the community.

In relation to coding, Clara Tam explained that advice had been sought from Dr Steve Short at DHCW, and that the agreed approach was to remove the penicillin allergy code in order to prevent future prescribing alerts, while retaining a comprehensive free text record of the clinical history and decision. She emphasised that this approach sought to balance good clinical documentation with practical usability.

Members commented that the guidance would align well with recent national alerts encouraging review of penicillin allergy labels and suggested that it would support clinicians becoming more familiar with de-labelling. Clara Tam confirmed that the

guidance would complement existing alerts by providing a structured approach to documentation and decision making.

Members discussed whether the work could be progressed as a Quality Improvement Project (QIP) or as part of the General Medical Services (GMS) contract. Meryl Davies explained that early discussions had already begun regarding inclusion in QIP and that it may be preferable to pursue this route in a future contract year, following publication, to allow time for familiarity, education and acceptance among general practitioners. Members highlighted the challenges of securing funding within the GMS contract and emphasised that lack of funding would remain a significant barrier.

The vice Chair summarised that members were supportive of the guidance and noted the importance of patient education, audit, and demonstrating meaningful benefit, particularly given the high prevalence of incorrect penicillin allergy labels and their long-term impact on patient care.

Action: Document to proceed to AWMSG for endorsement.

6.9 Primary care antimicrobial guidelines – Updates

Meryl Davies presented updates to the community acquired pneumonia guidance, explaining that changes had been made to align with updated NICE guidance. She outlined that wording had been amended to reflect a more pragmatic approach combining CURB65 scoring with clinical judgement, recognising that patient presentation does not always correlate neatly with numerical scores.

She explained that additional clarification had been included regarding referral to hospital, prompt initiation of antibiotics, pregnancy considerations, and revised terminology describing disease severity. Meryl Davies highlighted that the most significant change related to treatment duration in children, with new evidence supporting shorter courses in clinically stable patients.

Discussion followed regarding consent for HIV testing, with contributors noting that best practice is to inform patients that testing is being undertaken, while avoiding unnecessary barriers or stigma. Members agreed that no further wording changes were required.

Minor formatting issues within the guidance were noted, including table layout, and Meryl Davies confirmed these would be corrected. The group discussed evolving models of care, including hospital at home services, and agreed that the wording “consider hospital assessment” appropriately allowed clinical discretion.

Members agreed that the amendments constituted minor changes and were content for the guidance to be published and AWMSG to be notified for information.

Action: The amended guidance will be published, subject to minor formatting corrections, as a minor update and taken to AWMSG for information.

7.0 Documents for discussion – Other

7.1 SPIRA usage and training needs questionnaire

Katherine Chaplin gave a summary of the SPIRA dashboard user survey, outlining responses from across health boards, Welsh Government, and Public Health Wales. The results demonstrated high use of the National Prescribing Indicator dashboards, with variability in use of other dashboards depending on role and relevance.

Respondents reported using dashboards for both routine reporting and ad hoc queries, with most users relying on existing visualisations rather than raw data downloads. Barriers to wider use included lack of awareness, time constraints, and navigation challenges.

Interest was expressed in targeted training, particularly focusing on the National Prescribing Indicator dashboards. A focus group approach was proposed to support development of training resources, including worked examples and short demonstration materials.

The discussion highlighted the value of learning at lunch sessions and small group engagement in increasing awareness and confidence in using SPIRA dashboards.

Action: A focus group will be convened to inform development of targeted SPIRA training resources, with initial emphasis on national prescribing indicator dashboards.

7.2 High strength opioid National Prescribing Indicator (NPI) measure

Katherine Chaplin asked members to consider proposed changes to the high strength opioid prescribing indicator threshold following updated Faculty of Pain Medicine guidance. The implications of setting the threshold as “greater than 90 milligrams morphine equivalent daily dose”, versus “greater than or equal to 90 milligrams”, were discussed.

Members highlighted limitations in prescribing data granularity, noting that tablet strengths restrict the practical distinction between certain thresholds. Despite this, the group agreed that alignment with national guidance was appropriate.

Consensus was reached to adopt a threshold of greater than or equal to 90 milligrams of morphine equivalent daily dose.

Action: High strength opioid NPI measure to be updated.

7.3 National Prescribing Indicators (NPI) 2026–2027 – Specifications

Katherine Chaplin gave an overview of the 2026-2027 NPI specifications document. She confirmed that the high strength opioid section will be amended following the previous discussion (7.2). Katherine informed members that the respiratory baskets had been updated to include the latest inhalers and that NHSWSSP had been notified.

Katherine also highlighted the change of measure for the respiratory indicators. As

agreed at the December meeting of AWPAG, number of inhalers will now be based on quantity prescribed, as opposed to items prescribed, as 'items' refers to the number of prescriptions and does not capture when multiple inhalers are issued on one prescription. Data for both measures will continue to be reported in SPIRA for now. Members asked whether historical data would be available for the new measure, and Katherine confirmed that historical data would be available.

Action: NPI specification document for 2026–2027 to be updated and published on the AWTTC website.

7.4 National Prescribing Indicators (NPI) 2025–2026: A focus on antibiotic course duration for upper respiratory tract infection

Katherine Chaplin presented the NPI In Focus report on antibiotic course duration for respiratory tract infection. The report showed changes in course duration for three antibiotic preparations, amoxicillin 100mg capsules, doxycycline 100mg capsules and clarithromycin 500mg tablets. Data was included at a practice, cluster and health board level. It was noted that the percentage of five-day course duration has been increasing for all three of the antibiotics but there continues to be variation across clusters and GP practices. Health board prescribing patterns for 5-day, 7-day and other course durations for each antibiotic are reported in the document, in addition to performance against the target of 75% issued as a five-day course as a percentage of five- and seven-day course duration.

Members discussed possible reasons why doxycycline seems more variable across health boards. This included prescribing of rescue packs and re-prescribing following initiation in secondary care.

Members highlighted that as practices move to using EMIS, existing messaging / alerts will no longer work. Claire Thomas and Katherine Chaplin confirmed that ScriptSwitch and OptimiseRx messages are available for these antibiotics. Members asked about the associated cost benefits and likely carbon savings associated with the change in course durations. It was agreed that cost saving information would be included within the report, however there are difficulties in reporting carbon savings.

Action: Report to be updated with cost saving data before presentation to AWMSG.

8.0 Document review process

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

Tom Curran opened discussion on two documents under consideration for review or retirement.

The first of these documents was 'All Wales advice on oral anticoagulation for non-valvular atrial fibrillation'. Members were told that AWTTC had received enquiries to review advice within the guidance to address dose adjustment following calculation of creatinine clearance in obese patients, as there may be variation across Wales in how prescribers are approaching these scenarios.

Members agreed that an appropriate group should be convened to develop some consensus advice for this issue, and the wider document should be reviewed for any other areas that could be updated at the same time.

Action: AWTTC to schedule development of updates to 'All Wales advice on oral anticoagulation for non-valvular atrial fibrillation'.

The second document discussed was 'All Wales advice on sodium-glucose cotransporter-2 (SGLT-2) inhibitors in type 2 diabetes and cardiovascular disease'. It was proposed that this resource should be retired considering the recent NICE guidance on 'Type 2 diabetes in adults: management' (NG28) being published in February 2026. It was agreed that the NICE guidance was more recent, covered a broader range of issues and advice, and covered all issues that justified the original AWMSG publication. Members therefore agreed that the AWMSG-endorsed resource could now be retired.

Action: AWTTC to retire 'All Wales advice on sodium-glucose cotransporter-2 (SGLT-2) inhibitors in type 2 diabetes and cardiovascular disease' on the AWTTC website.

9.0 Updates

9.1 Implementation of All Wales guidance for prescribing intervals

Karen Jones informed members that the Welsh Government commissioned behavioural insights report into barriers, facilitators and interventions for extending periods of treatment was published on 17 March 2026. Karen Jones explained that AWTTC had been asked by the Welsh Pharmaceutical Committee (WPhC) and Welsh Government to coordinate the establishment of a multiprofessional working group to consider how best to support implementation of the updated AWMSG endorsed document, *All Wales guidance on prescribing intervals*. The work of the group will now be informed by this report.

Next steps will be for the group to agree the scope, updated terms of reference and membership in late March/April. Development of resources to support implementation as informed by the behavioural insights report will then begin. This will be taken through the AWPAG/AWMSG process and members will be kept informed as work progresses.

9.2 All Wales pre-prescribing policy for final year medical students, foundation trainee pharmacists and non-medical prescribing trainees

Paul Deslandes informed members that the pre-prescribing policy consultation had closed at the beginning of March, and that a number of responses had been received. Lynette James reported that she is currently working through the comments and that some health boards had raised concerns regarding implementation. The intention is to bring the document back to AWPAG in June.

9.3 Welsh General Ophthalmic Services – Signed Orders Formulary

Katherine Chaplin updated members on the Welsh General Ophthalmic Services (WGOS) signed orders formulary. This had been endorsed by AWMSG in November 2025 and Katherine confirmed that the formulary had now been published on the AWTTC website, to align with the launch of the service. To support implementation, there will be a presentation during the April session of Learning at Lunch.

9.4 Learning at Lunch
Siân Harbon gave an overview of the last Learning at Lunch session which was held in February and included presentations on All Wales Adult Asthma Management and Prescribing Guidelines and Monitored Dosage Systems (MDS) related enquiries to the National Poisons Information Service (NPIS) and implications for practice. A new record of 202 attendees on the day, with a further 148 views online since the event. The next session will be held on the April 21 and will include presentations on the WGOS Signed Orders Formulary by Mike George – Wales General Ophthalmic Services National Clinical Lead, and Community Pharmacy: Common Ailments Service and Pharmacist Independent Prescribing Service, by Kayleigh Williams, Community Pharmacy Wales.

9.5 Medicines Optimisation Framework Review
Tom Curran confirmed that a survey had gone out far and wide to gather feedback from a wide range of stakeholders on how they interacted with AWMSG medicines optimisation resources and the types of changes they would like to see. He also thanked members for their input into the survey shared with AWPAG members for their more specific feedback and confirmed that since the last meeting, plans for the review had been presented to both AWMSG and the Directors of Pharmacy with good engagement. Tom confirmed that over the next couple of months AWTTC would also be carrying out a number of interviews with stakeholders, and feedback from the range of engagement activities would be summarised at the June AWPAG meeting.

9.6 Best Practice Day 2026 - Medicines Optimisation for a Sustainable Future
Claire Thomas advised that the next AWTTC Best Practice Day would be held on Thursday July 9, with over 70 delegates having registered to attend. The agenda will be finalised shortly and circulated.

9.7 SPIRA steering committee
Richard Boldero gave a brief overview of the meeting held on February 26. He also made a request for any potential new members for the committee, from health boards or DHCW, to contact AWTTC for further information.

9.8 <u>Feedback from AWMSG (February 11 and March 11 2026)</u>
Tom Curran provided a summary of the most recent meetings of AWMSG:

The following document was endorsed by AWMSG
- Self-administration of medicines framework

The following documents were presented to AWMSG for information
- Primary care antimicrobial guidelines (minor updates)
- National Prescribing Indicators 2025–2026: Analysis of Prescribing Data to September 2025
- NHS Wales inhaler carbon footprint report – Data to November 2025

The following item was discussed at AWMSG
- Medicines Optimisation Framework Review

10.0 Feedback from the All Wales Directors of Pharmacy
Owain Williams informed members that the work of the Delivery Assurance Groups (DAG) is ongoing. Standardisation of job descriptions is being undertaken as part of the workforce DAG. There is also a focus on strategy going forward.

11.0 Feedback from health boards and Velindre NHS Trust
None to report.

12.0 Feedback from Public Health Wales
Sian Evans informed members there is a focus on Senedd elections and what Public Health Wales can do to support. Work continues Community By Design with one of the areas related to prevention. There have been discussions and subsequent agreement regarding standing down the inhaler decarbonisation task and finish group, to a business-as-usual model, with AWTTC involvement. There is ongoing work with NHSWSSP for a new clinical contract for Wales regarding inhaler recycling.

13.0 Any other business
Hazel Hopkins asked other members if anyone had a policy on how to deal with a situation where a patient is privately prescribed a medicine (for example medicinal cannabis) and is admitted to hospital and wishes to continue treatment while they are an inpatient, but their hospital doctor doesn't think it's appropriate. It was noted that patient autonomy should be respected, while also ensuring safe storage of the medicines and the safety of other patients.

Members discussed that this may be covered under the All Wales self-administration of medicines framework. Members discussed whether guidance from other organisations may exist, or whether further exploration could be conducted to garner opinion. It was suggested that a discussion at a future session of Learning at Lunch may raise awareness and debate.

Action: AWTTC to consider using Learning at Lunch as a way of awareness raising and discussion. Hazel Hopkins to provide a summary to AWTTC to support.

14.0 Date of next meeting: Wednesday June 24, 2026