ALL WALES PRESCRIBING ADVISORY GROUP (AWPAG) Minutes of meeting held on 13th March 2024 commencing at 9.30 am Held at the All Nations Centre, Cardiff and via Zoom

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

Voting members

Ms Helen Davies	Principal Pharmacist for Medicines Optimisation in Primary Care – Cwm Taf Morgannwg UHB
Ms Cassandra Edgar	Pharmacist, Betsi Cadwaladr UHB
Dr Jennifer Ellis	General Practitioner, Betsi Cadwaladr UHB
Mrs Siân Evans	Consultant in Public Health - Public Health Wales
Mrs Elizabeth Hallett	Prescribing Advisor, Aneurin Bevan UHB
Ms Hazel Hopkins	Prescribing Support Pharmacist, Hywel Dda UHB
Ms Rachel Jenkins	ABPI member
Mr Malcolm Latham	Lay member
Ms Hayley Saunders	Senior Nurse Profession Practice, Aneurin Bevan UHB
Mr Darren Smith	Primary Care Pharmacist – Swansea Bay UHB
Mr Jonathan Smith	Community Pharmacist
Mr Emyr Stephens	Pharmacist, Cardiff and Vale UHB
Mrs Fiona Woods	Lay member

In attendance (non-voting)

Dr Rick Greville	ABPI
Dr Rob Bracchi	AWTTC Medical Advisor
Mrs Claire Thomas	AWTTC Head of WAPSU and Medicines Optimisation
Mr Richard Boldero	AWTTC Senior Pharmacist
Dr Paul Deslandes	AWTTC WAPSU Pharmacist
Dr Thomas Curran	AWTTC Programme Manager
Mrs Ruth Lang	AWTTC Head of Liaison and Administration
Mrs Helen Adams	AWTTC Senior Pharmacist
Ms Shaila Ahmed	AWTTC Senior Pharmacist
Dr Bridget-Ann Kenny	AWTTC Scientist
Dr Katherine Chaplin	AWTTC Scientist
Mrs Siân Harbon	AWTTC Medical Writer
Dr Sara Pickett	AWTTC Principal Health Economist

Observing

Ms Bethan Thain	Pharmacist, Swansea Bay UHB
Mr Tom Winfield	AWTTC, Health Economist
Ms Alice Varnava	AWTTC, Medical Writer
Ms Rachel Jonas	AWTTC, Medical Writer
Ms Carolyn Hughes	AWTTC, Medical Writer
Ms Tanya Bateman	AWTTC, CMAT Team
Ms Rebecca Ham	AWTTC, CMAT Team
Mrs Jessica Morgan	AWTTC, Communications Manager

External presenters
Mrs Meryl Davies, Lead Antimicrobial Pharmacist, Primary and Community Care, Health Protection Team, Public Health Wales – 7.1 and 7.2

Key of abbreviations

ABPI	Association of the British Pharmaceutical Industry
ADQs	Average Daily Quantity
AWMSG	All Wales Medicines Strategy Group
AWTTC	All Wales Therapeutics and Toxicology Centre
BGMA	British Generic Manufacturers Association
BMA	British Medical Association
CAS	Common Ailments Service
CASPA	Comparative Analysis System for Prescribing Audit
CMAT	Commercial Medicines Access Team
CRP	C-reactive Protein
DDD	Defined Daily Dose
DHCW	Digital Health and Care Wales
eGFR	Estimated Glomerular Filtration Rate
GPhC	General Pharmaceutical Council
GWP	Global Warming Potential
HEIW	Health Education and Improvement Wales
HRT	Hormone Replacement Therapy
MARRS	Medicines Administration, Recording, Review, Storage and Disposal
MHRA	Medicines and Healthcare Products Regulatory Agency
NWSSP	NHS Wales Shared Services Partnership
NICE	National Institute for Health and Care Excellence
NPIs	National Prescribing Indicators
OME	Oral Morphine Equivalence
PGD	Patient Group Direction
PHW	Public Health Wales
SABA	Short-acting beta-agonists
SBAR	Situation, Background, Assessment and Recommendations
SGLT2	Sodium-glucose Co-transporter-2
SPIRA	Server for Prescribing Information Reporting and Analysis
TrAMS	Transforming Access to Medicines
WAPSU	Welsh Analytical Prescribing Support Unit
4C antimicrobials	Group of antibiotics: co-amoxiclav, cephalosporins, fluoroquinolones and clindamycin.

1.0 Welcome and introduction
The Chair opened the meeting and welcomed all, including new members Jonathan Smith, new Community Pharmacy member and Cassandra Edgar, new alternate pharmacist representative for Betsi Cadwaladr UHB. Observers Bethan Thain, Swansea UHB and AWTTC colleagues were also welcomed to their first AWPAG meeting.

The Chair informed members that Darren Smith had resigned due to a change in job, and this would be his last meeting. The Chair thanked Mr Smith for his valuable contributions during his time on AWPAG and wished him well in his new role.

2.0 Apologies

Apologies were received from:

Dr Gemma Rogers	General Practitioner, Aneurin Bevan UHB
Mrs Amy Williams	Physiotherapist, Other professions eligible to prescribe member
Mrs Jacqueline Seaton	Chief Pharmacist, Powys THB
Mrs Bethan Tranter	Chief Pharmacist, Velindre NHS Trust
Mrs Sarah Davies	Senior Lecturer Advanced Clinical Practice, Swansea University
Mrs Eryl Smeethe	Lead Prescribing Advisor – Aneurin Bevan UHB
Mrs Sue Knights	ABPI representative
Mrs Clare Clement	Lead Pharmacist for Primary, Community and Intermediate Care, Cardiff & Vale UHB
Dr Lynette James	All Wales Consultant Pharmacist – Acute Care & Medication Safety
Mrs Vicky Allum	Head of Pharmacy, Primary Care and Community Services, Betsi Cadwaladr UHB
Mr Paul Fleming	BGMA
Mr Michael Clarke	BGMA (alternate member)
Dr Richard Brown	General Practitioner, Hywel Dda UHB

3.0 Declarations of Interest and Confidentiality Agreement

The Chair asked members to declare any interests relevant to the meeting; no declarations of interest pertinent to the meeting were received.

4.0 Chair's report

Members were informed that Darren Smith had resigned from his role on the group and new appointments included Mr Jonathan Smith, Community Pharmacy representative, Mr Daniel Hallett, alternate Community Pharmacy representative and Ms Cassandra Edgar, Pharmacy representative, Betsi Cadwaladr UHB.

The Chair reminded members that there are currently vacancies for doctor members for Cwm Taf Morgannwg University Health Board, Swansea Bay University Health Board and Powys Teaching Health Board, along with a doctor member from Velindre NHS Trust. Members were asked to forward nominations to AWTTC.

5.0 Minutes of previous AWPAG meeting – 13th December 2023

The minutes of the previous meeting were checked for accuracy and agreed.

6.0 Feedback from AWMSG – 7th February 2024

Tom Curran provided feedback on documents that had been presented at recent AWMSG meetings:

- All Wales Adult Asthma Management and Prescribing Guidelines: Endorsed at AWMSG
- All Wales Medicines Strategy Group (AWMSG) Strategy for Wales: 2024–2029: Endorsed at AWMSG
- All Wales Protocol for the appropriate prescribing of antipsychotics for people living with dementia: Endorsed at AWMSG

- The All Wales Policy for Medicines Administration, Recording, Review, Storage and Disposal (MARRS): Endorsed at AWMSG
- All Wales Common Ailments Service (CAS) formulary – Monograph for urinary tract infection in women and transgender males who have not undergone sex reassignment surgery: Endorsed at AWMSG

7.0 Documents for discussion

7.1 Back-up antibiotic prescribing: Good practice guide
Meryl Davies provided an overview of the document's aim, which is to reduce exposure to antibiotics when they are not needed. Further information on patient counselling and a patient information leaflet has been added to the guide. There was some general discussion around the document with members giving positive feedback regarding the overview table.

Members particularly liked the advice to include a standardised statement on the prescription, so pharmacists are made aware when dispensing in order to reinforce advice. Requests were made for section 5 to clarify the recontact strategy, however it was agreed to leave this open, as it wouldn't necessarily be known how the initial contact with the health professional took place.

There was discussion around the acute bronchitis section receiving an update with regards to serious neurological disorder or stroke being a consideration for use of immediate antibiotics. Local guidance will need to be aligned to AWMSG advice, which will need to be aligned to NICE. It was confirmed that this work is underway.

There is also further research going on into the availability and roll out of CRP machines in community pharmacies that would aid part of the backup prescribing document.

Queries were raised around section 6.3 and the 'no red flags are present' statement, with members asking who the responsibility would lie with for looking out for red flags. It was discussed that as health professionals there is a duty of care for community pharmacists to refer back to GP or A&E if you have an acutely unwell patient in front of you. Concerns were raised about the ability of community pharmacists to assess whether a patient had deteriorated, where family members were collecting back up prescriptions or the patient was having a delivery service. It was agreed to add that an assessment of the patient should be made 'where possible'.

Queries were raised by members whether delayed prescriptions can be picked up in prescribing data. Meryl confirmed this is not currently possible but it may be in the future, and a discussion was planned with NHSWSSP. More consistent GP practice coding will be required to enable auditing and review.
Action: Proceed to consultation

7.2 Primary Care Antimicrobial Guidelines – Minor update to address MHRA drug safety update on fluoroquinolone antibiotics; threadworm update; and conjunctivitis update
Meryl Davies gave an overview of the quinolone drug safety update published by the MHRA, and the amendments that are therefore required within the antimicrobial guidelines document.

There were additional updates to the threadworm in pregnancy and children under 6 months section. Members requested that if hygiene measures were not successful, it should be added that the patient should recontact a healthcare professional.

Additional amendments to the conjunctivitis section were also suggested following a change in NICE advice. Members requested a change to the conjunctivitis wording, to clarify that treatment should continue 48 hours after symptoms were resolved and that, if there is no improvement to symptoms within 7 days of onset, then the patient should be reviewed.

Members requested that the quinolones update statement was also added to the pyelonephritis section, and the MHRA link regarding nitrofurantoin was also added to the document.

Action: Updates to be made and uploaded to AWTTC website. Document updates to be presented to AWMSG for information.

7.3 All Wales Medicine Management Guidelines for Integrated Community Based Services

Helen Adams presented the document on behalf of Emyr Jones, All Wales Consultant Pharmacist for Community Care, who was unable to attend the meeting. These guidelines have been developed separately to the recently endorsed MARRS guidelines as a result of consultation feedback, to ensure they are practical and relevant to the social care setting. A working group representing the sector has already provided initial input to the development of the document.

The guideline outlines standards governing the safe handling of medicines, aiming to establish a consistent and reliable approach to medication management across community care. Recognising the dynamic nature of care provision, this guideline should be read with the assumption that responsibilities for providing medicines support have been agreed upon between relevant NHS and local authority commissioners.

The guidelines were well received by the committee and they were particularly pleased to see promotion of an individual's independence as a key theme. There was a request to make the links to additional resources more prominent and to consider including an example of medicines management assessments. In addition, there was a note of caution to ensure it is made clear the differences between care homes and domiciliary care (possibly highlighting information relevant to domiciliary care).

Members discussed section 4.1; Jonathan Smith highlighted that the provision of compliance aids is rapidly diminishing, availability is often poor and if they are available there is often a charge.

Members asked if there was going to be a simple guide developed for patients to use. Helen Adams welcomed the suggestion and asked that it be considered with Emyr Jones outside of this meeting.

Members discussed section 6.2, the temporary absence from the care setting section, and whether more guidance should be provided on resources and roles and responsibilities. Members agreed that care home staff should provide clear direction when facilitating a period of absence. Helen Adams highlighted that discussions around commissioning of services was outside the scope of this guideline but further work is required and progress is ongoing.

There was discussion around section 10.2, disposal of pharmacological waste. Jonathan Smith advised that community pharmacies are not able to accept waste from nursing homes as they should have their own waste licenses. Community pharmacists are able to accept waste from care homes however.

There was a discussion around controlled drugs and members felt further information could be provided including reference to the accountable officer. There was also a request to include a section relating to drugs liable to misuse.

A request was made from members to standardise terminology used across the whole document and to include a glossary. In addition to removing the word 'mild' from the statement 'mild pain killers' on page 8.

Action: Amendments to be made to document and to return to June AWPAG

7.4 All Wales guidance for penicillin allergy de-labelling in adults in secondary care

Shaila Ahmed informed members that the document had been out for consultation and some common themes had emerged. This included providing further documentation to support implementation and communication of penicillin allergy de-labelling test results.

The guidance had been updated to include a section on drug allergy history taking and test result template letters for GPs and patients. The document had also been updated to advise the healthcare team to provide patients with an allergy card for them to carry. Sample allergy cards have been included in the updated guidance. Members received the post-consultation changes positively. Members queried if the template letter and allergy card would be translated into Welsh, it was confirmed this would be done prior to AWMSG endorsement. There was a request from members to put the medicines on the allergy card into alphabetical order. Members queried why a patient's gender category was required in the penicillin challenge outcome and delayed penicillin reaction reporting forms. It was agreed that gender was not required, therefore this will be removed.

Action: Document to be updated and proceed to AWMSG for endorsement

7.5 Prescribing Dilemmas: Sharing responsibility for prescribing between a private clinician and an NHS healthcare professional

Paul Deslandes gave an overview of the document following its limited consultation. A useful statement from the BMA website, regarding a primary care physician referring to a secondary care physician, will be added to the document. There was discussion around whether to reorder the questions into a 'yes/no' checklist, however members agreed the document should stay as is.

There was also a request from members to change the wording asking ‘is the drug on the formulary?’ to ‘is the drug on the formulary for the requested indication?’.

Members requested that the first sentence in section 4.1.1 be narrowed to reference specifically where a shared care agreement is being requested.

Members agreed for this document to proceed to AWMSG.

Action: Document to be updated and proceed to AWMSG for endorsement

7.6 AWMSG-endorsed medicines optimisation documents – Process for consideration of resources for review

Bridget-Ann Kenny gave an overview of the updated document following its discussion at September’s AWMSG and subsequent AWPAG, adding that if members find that the proposed process (or some element of the process) is not working, it can be amended.

Members agreed to the use of the term ‘retirement’ for the documents that will no longer be reviewed (rather than ‘archive’). All items would be considered by AWPAG before they are five years old. Members will be asked whether a resource should remain as is, be reviewed or be retired. To aid members’ decision making, AWTTC will partially populate a decision framework for each resource under consideration, for circulation with members’ papers. The lead author will be contacted as part of that exercise.

During the meeting, members will be asked whether anything further needs to be taken into consideration and captured within the decision framework; to agree to an outcome for each resource; to agree decision rationale (for publication on the resource webpage and documentation) and, where applicable, to agree the timeframe for the next review.

For retired resources, a different cover page was proposed and assurance that clear direction will be provided to visitors that, if they think the retired resource needs to be reviewed and reconsidered for endorsement, they would be welcome to get in touch via email or webform (to be developed). Members suggested exploring additional ways to enhance the display of the decision and rationale throughout the document, for example in headers and footers and also by way of pop-ups when webpages load.

Members agreed that the process as described in the provided SBAR document should be implemented, with it being piloted at the next meeting of AWPAG.

Action: SBAR to proceed to AWMSG. First document(s) considered for review to proceed to June AWPAG meeting.

7.7 AWPAG Constitution

Ruth Lang advised that changes were being made to several constitutions of committees who AWTTC provide secretariat support to. There has been a request to add the National Lead for Medicines Advice to the group’s voting membership. The term of office would be changed from ‘3-4 years’ to ‘up to 4 years’ and members would be able to serve up to two terms.

Members were asked to discuss if they would like to keep both a pharmacist and clinician from each heath board, or if one of the positions would be sufficient. Members agreed that they would like to keep a pharmacist and clinician as they feel they bring different viewpoints to the group. The Chair requested that members' role in considering documents for retirement and review was put into the constitution. There were queries about whether links with both NICE and the NHS Executive were being explored and it was noted that they were. It was highlighted that further minor amendments will be made to the document to ensure consistency with other AWMSG sub-groups, and that the final version would be circulated to AWPAG members.

Action: Share updated constitution with AWPAG members.

7.8 Opioid burden NPI SBAR
Shaila Ahmed reminded members that at the last AWPAG meeting in December, AWTTC reported the current issues and inaccuracies in relation to missing DDDs and ADQs values for the opioid burden NPI. It was highlighted that missing DDD values of some low-strength codeine products resulted in a misleading picture of opioid prescribing. Members discussed the proposal to replace DDDs with an Oral Morphine Equivalence (OME) measure for the opioid burden NPI. Members were informed the oral morphine relative potency conversion factors that have been assigned to the different preparations have been discussed at the Welsh Pharmacy Pain Group. Members were shown graphs to illustrate changes in ranked health board positions when changing unit measure from DDDs to OME for the opioid burden NPI. Switching to OME would continue to allow comparison between Wales and England.

Members agreed with the recommendations in the SBAR. AWTTC will work with NWSSP to ensure that data is available for reporting from Q1 2024/25.

Action: Implement change from DDD to OME for the opioid burden NPI

8.0 National Prescribing Indicators (NPIs) 2025-2028
Shaila Ahmed presented an update on the development of NPIs for 2025-28. It was agreed indicators for retirement included the three NPIs monitoring anticoagulants in atrial fibrillation and the prescribing safety indicator related to oestrogen-only HRT without a hysterectomy.

Members discussed the current opioid burden basket and agreed to add co-dydramol. It was highlighted that, when the switch to OME occurs, OME values may be included on CASPA within the ADQ column. If this happens, clear labelling on the front page will be required. Member were asked to consider future developments such as the availability of 2DRx barcoded data that could allow for more specific indicators to be introduced.

For the total antibacterial and 4C indicators members agreed the units of measure should be amended to report on both items and DDDs to demonstrate reductions in course length. Members were informed the next 5-year UK National Action Plan for antimicrobial resistance 2024-2029 is due to be published shortly, and agreed the NPI target for total antibiotics should be aligned with this. Members discussed the proposed new indicator for course

duration for antibiotics used to treat respiratory tract infections. The proposed target of 80% will be returned to the working group of antimicrobial pharmacists for further consideration. Members noted the purpose of this indicator is to increase the proportion of antibiotics prescribed for an appropriate duration and agreed this indicator should be added.

Members discussed the decarbonisation of inhalers indicator and noted that although the proportion of dry powder and soft mist inhalers is increasing, it’s still below the NHS Wales Decarbonisation Strategic Delivery Plan target which aims for 80% of inhalers prescribed to be of low global warming potential (GWP) by 2025. Members agreed the target for this NPI should be changed to 80% to reflect the decarbonisation delivery plan. Members discussed the proposed new indicator for SABA inhalers and agreed this indicator should be further developed with a suggested target of maintenance of performance within lower quartile or reduction towards the quartile below. Members noted the potential future availability of 2DRx barcoded data could allow for a more specific SABA indicator being introduced.

Members agreed that the name of the hypnotics and anxiolytics indicator should be maintained despite not including daridorexant and melatonin.

Members discussed potential modifications to the prescribing safety indicators and agreed amending the indicator related to number of patients with asthma who have been prescribed a beta-blocker to include only non-cardio-selective beta-blockers. Members were informed this change would be introduced as soon as DHCW are able to make the required amendments. In light of the recent valproate drug safety updates, members agreed to modify the valproate prescribing safety indicator to include male patients. Members discussed the proposed new safety indicators related to antimicrobial prescribing. This included number of patients with an active repeat for nitrofurantoin with an eGFR of < 45 ml/min and also the number of trimethoprim items prescribed to patients aged ≥ 65 years. Members agreed the latter should be introduced but asked for further clarification regarding the nitrofurantoin indicator, suggesting it be split to focus on repeat prescribing separately to eGFR, and revising the eGFR value down from 45 ml/min to 30 ml/min. Members were informed the new indicators would require approval via the Audit+ governance process.

Members discussed the low value for prescribing indicator and agreed to remove tadalafil 5 mg from the basket as it no longer fits with the purpose of the basket. Members also considered the addition of some of the items from the low value for prescribing paper 3 to the basket, and agreed to include chloral hydrate, rubefacients, alimemazine, and ascorbic acid.

Members discussed the proposed new indicators related to SGLT2 inhibitor usage in patients with diabetes and chronic heart failure and in patients with chronic kidney disease (with or without diabetes). Members agreed to add if feasible. There was also a suggestion that data held on Informatica may be helpful in progressing this.

Members agreed to not proceed with the proposed new indicator relating to low and medium intensity statins.

Members were informed that the feasibility of including prescribing by independent prescribers (e.g. community pharmacists) as a subset of the main NPI indicators is being explored and further information will be provided at the June AWPAG meeting.

Action: Return to June AWPAG for further discussion

9.0 Acknowledgements

9.1 National Strategic Clinical Network for Cancer – Prevention and management of tumour lysis syndrome

Tom Curran asked members to consider the document 'Prevention and management of tumour lysis syndrome' produced by the Cancer Network in Wales for acknowledgement, and whether it could proceed to AWMSG. Members were in agreement.

Action: Proceed to AWMSG

10.0 Verbal Updates

10.1 Prescribing decision support software update

Shaila Ahmed informed members that AWTTC is working with ScriptSwitch and the antimicrobial primary care pharmacists group to develop key prescribing messages regarding appropriate duration of antimicrobial treatment. The option for health boards to import these messages will soon be available soon.

10.2 SPIRA Steering Committee

Richard Boldero updated members on the latest SPIRA meeting held on the 31st January where there was a demonstration of new dashboards relating to the efficiencies work. There was a focus on the variation of prescribing of treatments for dry eye and emollients. If there any requests for SPIRA training please contact Anne Coles.

10.3 Inhaler decarbonisation report

Richard Boldero advised that the latest three months of data has shown a slowing down in progress, but positive change is still being seen.

10.4 Common Ailments Service – Sore throat test and treat (minor update)

Tom Curran advised that the document is back with the Welsh Medicines Advice Service awaiting confirmation of associated resources (e.g. PGDs and Patient Information Leaflets) before the agreed updates can be published on the AWTTC website.

10.5 Initial clinical management of nicotine withdrawal in adults in secondary care *and* Pharmacotherapy for smoking cessation

Claire Thomas advised they are still waiting on a position statement on vaping from PHW. Sian Evans agreed to raise this with colleagues in PHW.

11.0 Feedback from the All Wales Chief Pharmacists Group

Both Chief Pharmacists had given apologies, however Chair shared an update received from Bethan Tranter:

Credentialing for Consultant Pharmacists Community of Practice
The first community of practice cohort of pharmacists has presented to the Chief Pharmacists Group, seeking endorsement for the continued use of the community of practice concept to support future aspiring consultant pharmacists. The first cohort will lead on supporting the next cohort. The Chief Pharmacists had acknowledged the success of the first cohort, thanking both HEIW for its leadership and the pharmacists themselves for their drive and determination.

Primary Care
In April there will be a workshop and planning session to share knowledge on the approach taken by pharmacy primary care leads for the provision of primary care services. It will look at, for example, how forecasting is undertaken and cost improvement measures are identified. It is expected that this will be the first of a series of sessions to support teams, reduce duplication and ensure transparency across all health boards.

Consultations
In Feb 2024, the GPhC consultation on amending the Pharmacy Supervision guidance closed.

In January 2024, draft GPhC standards for Chief Pharmacists were published for consultation. Closing date 16 April 2024.

Medicines Value
In January 2024, NWSSP IP5/TrAMS hosted a meeting where the work of the recently established Medicines Value Unit was shared; it's aim being to maximise cost effectiveness, minimise system waste and reduce duplication across health boards and Trusts. Topics discussed included contract coverage and compliance, homecare medicines and outcome-based agreements. AWTTC presented on Free of Charge medicines and its Commercial Medicines Access Team.

Joint work continues between the Chief Pharmacists and the Directors of Finance to identify and deliver on drug savings across NHS Wales. The focus is now including wider aspects of secondary care drug expenditure.

TrAMS
Work continues on developing the business case for TrAMS. The team, led by Colin Powell, Director of Technical Services as part of NWSSP are focussing on the element of the business case to support the build of the radiopharmacy service, given the recent closure of the Cardiff and Vale UHB unit. In the interim, Swansea Bay UHB has increased its capacity to support work previously delivered by Cardiff and Vale UHB. Clinical leaders that provide and use radiopharmacy services are currently working through options to streamline services to ensure maximum efficacy of service delivery across South Wales.

12.0 Feedback from Health Boards and Velindre NHS Trust

Health board members did not have any feedback to share.

13.0 Feedback from Public Health Wales

Siân Evans provided members with an overview of ongoing work at PHW, including the next five-year plan covering the following topics:

- Wider determinants of health
- Mental and social wellbeing
- Promoting healthy behaviors
- Tackling the public health effects of climate change
- Supporting a sustainable health and care system
- Delivering excellent public health service.

14.0 Primary Care Clinical Engagement

Tessa Lewis joined the meeting and sought clarification on how best to link locally with GPs and medicine management teams to further publicise AWTTC's Learning at Lunch sessions.

Various health boards acknowledged that they have meetings with their clusters, prescribing leads and annual reviews with GP surgeries. In addition, many have a newsletter where they would be willing to highlight the sessions.

15.0 Any other business

- Tom Curran – AWTTC are aware that there are some minor updates that may be required for the Common Ailments Service monograph for 'Allergic rhinitis'. When the changes are confirmed by the Welsh Medicines Advice Service, we will be asking AWPAG members to confirm, via email, whether the changes can proceed to publication.

- Claire Thomas informed members that the provisional date for the AWTTC Best Practice Day is Tuesday 2nd July 2024. As soon as the date is confirmed, this will be circulated. Members were asked to consider any best practice initiatives in their health boards which could be shared. Members were asked to contact AWTTC should they have any topics that they wished to present.

The Chair closed the meeting and thanked all for attending.

14.0 Date of next meeting: Wednesday 26th June 2024