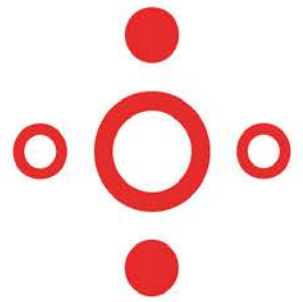


Grŵp Strategaeth Meddyginiaethau Cymru Gyfan
All Wales Medicines Strategy Group



Medicines Optimisation Framework

April 2021

(Updated December 2022 – See section ‘12.0 Record of updates to this framework’ for details)

This document has been prepared by the All Wales Therapeutics and Toxicology Centre (AWTTC) with support from the All Wales Prescribing Advisory Group (AWPAG), and has subsequently been endorsed by the All Wales Medicines Strategy Group (AWMSG).

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Introduction

The All Wales Medicines Strategy Group (AWMSG) was established in 2002 to provide advice on new medicines, medicines optimisation and prescribing to the Welsh Government in an effective, efficient, timely and transparent manner. Over time, the role and responsibilities of AWMSG have expanded and now encompass a broad range of activities such as the development and monitoring of national prescribing indicators, health technology assessment, and guideline development as well as supporting a range of medicines optimisation projects.

AWMSG's current goals that provide the foundation for its medicines optimisation work programme, and have been agreed with Welsh Government, include:

- delivering better outcomes for patients;
- supporting the NHS as it responds to and recovers from the COVID-19 pandemic;
- improving the value the NHS gets from its investment in medicines;
- promoting Wales' role in the UK life sciences sector;
- minimising medicines-related harm; and
- improving sustainability.

As part of its medicines optimisation work, AWMSG endorses a range of resources to support healthcare professionals in advising patients how to get the best outcomes from their medicines and how best to keep taking their medicines safely.

Crucially, AWMSG endorses resources to support the goals of medicines optimisation that are most relevant to the patient population of Wales and cognisant of the healthcare systems and structures in place within NHS Wales.

This programme of work is managed and coordinated with the help of the All Wales Therapeutics and Toxicology Centre (AWTTC) which provides clinical, scientific and administrative support to AWMSG and its subgroups (the New Medicines Group [NMG] and the All Wales Prescribing Advisory Group [AWPAG]).

What does “medicines optimisation” mean?

The Royal Pharmaceutical Society (RPS) definition of “medicines optimisation”¹:

“It is a patient-focused approach to getting the best from investment in and use of medicines that requires a holistic approach, an enhanced level of patient centred professionalism, and partnership between clinical professionals and a patient.”

¹ Royal Pharmaceutical Society. Medicines Optimisation: Helping patients to make the most of medicines. May 2013. Available here: <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Policy/helping-patients-make-the-most-of-their-medicines.pdf>. Accessed January 2021.

Medicines optimisation is about ensuring that the right patients get the right choice of medicine, at the right time. By focusing on patients and their experiences, the goal is to help patients to: improve their outcomes; take their medicines correctly; avoid taking unnecessary medicines; reduce wastage of medicines; and improve medicines safety. Ultimately medicines optimisation can help encourage patients to take ownership of their treatment.”

Delivering on this vision is built on the four guiding principles also defined by RPS¹:

Principle 1 – Aim to understand the patient's experience.

Principle 2 – Evidence based choice of medicines.

Principle 3 – Ensure medicines use is as safe as possible.

Principle 4 – Make medicines optimisation part of routine practice.

Unlike “medicines management”, which can be defined as a system of processes and behaviours that determines how medicines are used by healthcare professionals and patients, “medicines optimisation” shifts the focus away from systems and processes and towards focusing on how patients are actually using their medicines and their outcomes, and focuses on the actions taken by all health and social care practitioners.

What is the purpose of this framework?

This framework details the processes behind the development of medicines optimisation resources that are endorsed and published by AWMSG, describes how new projects can be proposed and explains how these proposals are considered.

It also defines the related processes of consultation, review of resources following publication and acknowledgement of resources which is distinct from the full endorsement process.

The framework has been compiled to encourage engagement from all stakeholders; including the proposal of new projects, responding to consultations, and providing feedback on our resources following publication.

If you have any queries regarding anything contained in this document or regarding AWMSG's work related to medicines optimisation, please contact AWTTTC: awttc@wales.nhs.uk.

¹ Royal Pharmaceutical Society. Medicines Optimisation: Helping patients to make the most of medicines. May 2013. Available here: <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Policy/helping-patients-make-the-most-of-their-medicines.pdf>. Accessed January 2021.

1.0 Structure and remit of AWTTTC, AWMSG and AWPAG

1.1 All Wales Therapeutics and Toxicology Centre (AWTTTC)

AWTTTC is an NHS Wales organisation, hosted by Cardiff and Vale University Health Board, which provides a portfolio of prescribing services to NHS Wales. Each of the sections within AWTTTC has a unique function and purpose.

- **Pharmacovigilance:** The Yellow Card Centre Wales, a regional monitoring centre of the UK Medicines and Healthcare Products Regulatory Agency (MHRA), focuses on pharmacovigilance and medicines safety, and encourages patients, carers and all healthcare professionals to report suspected adverse reactions to medications and vaccines via the UK Yellow Card Scheme. YCC Wales is supported by local Yellow Card Champions based in each health board.
- **Analysis and reporting:** The Welsh Analytical Prescribing Support Unit coordinates the development and monitoring of the AWMSG National Prescribing Indicators; provides analysis and reporting of medicines usage data; forecasting of prescribing activity; and produces medicines usage dashboards to aid in national and local benchmarking.
- **Medicines optimisation resources:** AWTTTC project teams coordinate the development of medicines optimisation resources and work with partners in the Service to develop guidance for prescribers. Staff are involved in project scoping, evidence gathering, editing, proofing and consultation and support the audit and implementation of resources; often hosting events or setting up communication platforms to facilitate the sharing of best practice.
- **Pathways for access to medicines:** The Patient Access to Medicines Service provides central co-ordination of the NHS Wales Individual Patient Funding Request process and manages the One Wales process, the Health Technology Assessment process and the Free of Charge Medicine Supply process ensuring equity of access to medicines across NHS Wales.
- **Commercial arrangements:** AWTTTC's Commercial Medicines Access Team manages the Wales Patient Access Scheme and liaises with NHS England and the Patient Access Scheme Liaison Unit (PASLU) within the National Institute for Health and Care Excellence (NICE). Their work involves the processing of commercial arrangements agreed on behalf of NHS Wales with the pharmaceutical industry in collaboration with the National Procurement Lead Pharmacist for Wales and NHS Wales Shared Services Partnership. The co-ordination of commercial arrangements linked to the All Wales Free Medicines Policy and One Wales Medicines Policy also fall within the remit of this team.
- **Clinical toxicology services:** The National Poisons Information Service (NPIS) Cardiff supports healthcare professionals throughout the United Kingdom (and out of hours to the Republic of Ireland) in advising on the management of poisoning. NPIS Cardiff also publishes relevant research and supports guideline development nationally and internationally.

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- **Research and development:** AWTTC is located in the Routledge Academic Centre in the University Hospital Llandough and its work is underpinned by research and development. Research plays an important role in making sure that medicines are made available and used effectively and efficiently. Health outcomes research can provide a valuable resource to help clinicians make strategic treatment choices that will benefit.

The multidisciplinary team within AWTTC works across each of the sections pooling their skills and knowledge to support medicines optimisation and medicines safety. The team includes: pharmacists, clinical pharmacologists, pharmacy technicians, general practitioners, health economists, scientists, medical writers, administrators and IT consultant support. AWTTC has close links with Cardiff University and staff teach medical students, pharmacy students and non-medical prescribers; staff are involved in postgraduate education courses in therapeutics and medical toxicology, supervise research projects, conduct research activities and publish their findings. AWTTC is led by Consultant Pharmacologists who combine their clinical and university commitments with involvement in the delivery of the work programme to support the AWMSG.

One of AWTTC's main tasks is to provide clinical, scientific, technical, analytical, health economic and administrative support to AWMSG, and its subgroups (NMG and AWPAG) - both of which are currently chaired by AWTTC Clinical Pharmacologists.

1.2 AWTTC Management Board

The AWTTC Management Board meets monthly to:

- discuss and agree the strategic direction and priorities of AWTTC;
- support the development of an annual work programme for AWTTC and ensure it aligns to the priorities of Welsh Government and takes account of the needs of the NHS in Wales;
- oversee delivery against the annual work programme and ensure the workplan is delivered on time and within available resources;
- ensure any emerging priorities are given appropriate consideration against those that have already been agreed, and advise on changes to the work programme where necessary;
- consider New Project Proposal Form submissions received for the development of new medicines optimisation resources, and decide whether the project will proceed and how it will be prioritised in relation to work already agreed.

Membership of the AWTTC Management Board is detailed in Appendix 1.

1.2.1 Meetings of the AWTTC Management Board

The AWTTC Management Board meets privately every month, with additional meetings arranged as necessary.

1.3 All Wales Medicines Strategy Group (AWMSG)

AWMSG advises Welsh Government about the use, management and prescribing of medicines in Wales. AWMSG's current goals that provide the foundation for its medicines optimisation work programme, and have been agreed with Welsh Government, include:

- delivering better outcomes for patients;
- supporting the NHS as it responds to and recovers from the COVID-19 pandemic;
- improving the value the NHS gets from its investment in medicines;
- promoting Wales' role in the UK life sciences sector;
- minimising medicines-related harm; and
- improving sustainability.

Members work together to reach a consensus on the introduction of newly licensed medicines into NHS Wales (including licence extensions and new formulations of existing medicines), and also promote best practice through endorsement of medicines optimisation resources and the development of national prescribing indicators. This is all done so that patients in Wales benefit from the safe and optimal use of effective medicines.

Throughout their processes, AWMSG works with patients, carers and patient organisations; healthcare professionals; the pharmaceutical industry; Welsh Government and UK-wide organisations.

Membership of AWMSG is detailed in [Appendix 2](#).

1.3.1 Meetings of AWMSG

Up to ten AWMSG meetings are held each year (no meetings are held in January or August), all of which are open to the public (except when commercially sensitive information is being considered).

You can find out more about previous and upcoming meetings on the [AWTTC website](#).

1.4 AWMSG Steering Committee

The AWMSG Steering Committee meets on a regular basis to:

- discuss and guide the health technology assessment and medicines optimisation work programmes of AWMSG;
- monitor and progress the work of AWMSG;
- receive and discuss reports on the work of the Therapeutic Development Assessment Partnership Group, AWPAG, NMG and working groups of AWMSG;
- receive and discuss reports on relevant meetings attended by members of AWMSG, AWTTC and Welsh Government representatives;
- provide advice, guidance and support to AWMSG.

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With regard to the medicines optimisation work programme specifically, the AWMSG Steering Committee reviews papers that are due to go to upcoming AWMSG meetings, in order to highlight any minor issues with the document that may be addressed prior to it being shared with AWMSG members and also highlight any queries and issues that they anticipate may be raised as part of the AWMSG meeting.

Membership of AWMSG Steering Committee is detailed in [Appendix 3](#).

1.4.1 Meetings of the AWMSG Steering Committee

The AWMSG Steering Committee meets privately up to 10 times per year, approximately one month in advance of each AWMSG meeting, with no meeting scheduled in July or December.

1.5 All Wales Prescribing Advisory Group (AWPAG)

AWPAG is an advisory subgroup of AWMSG, whose priorities are aligned with the parent committee. AWPAG advises AWMSG on strategic developments in prescribing and medicines optimisation including:

- contributing to development of a prescribing and medicines strategy for Wales;
- assessing documents and issues referred to it by AWMSG, Welsh Government or other NHS organisations;
- monitoring prescribing patterns and developing appropriate national prescribing indicators;
- developing strategies for implementation that promote safe, rational, cost-effective prescribing;
- advising on appropriate training, education and professional development for those persons employed in providing prescribing advice;
- advising on the impact of developments that involve the use of medicines;
- collaborating with other groups and organisations to promote the best use of medicines for patients in Wales.

Membership of AWPAG is detailed in [Appendix 4](#).

1.5.1 Meetings of AWPAG

Quarterly meetings of AWPAG are held in private in March, June, September and December, each year.

2.0 Types of medicines optimisation resources developed via AWTTTC

AWTTTC assists in the development of a range of medicines optimisation resources that may be considered for AWMSG endorsement or acknowledgement. All resources that receive endorsement are accessible on the [AWTTTC website](#).

Resources developed via AWTTTC and considered for endorsement or acknowledgment by AWMSG (and considered for future development and endorsement) include:



[National Prescribing Indicators and reports](#)

AWTTTC works with AWPAG and AWMSG to develop the National Prescribing Indicators (NPIs) for Wales on an annual basis. Prescribing indicators are used to highlight therapeutic priorities for NHS Wales and compare the ways in which different prescribers and organisations use particular medicines or groups of medicines. Prescribing indicators should be evidence-based, clear, easily understood and allow health boards, primary care clusters, GP practices and prescribers to compare current practice against an agreed standard of quality.

In addition to publishing the details and specifications of the National Prescribing Indicators themselves, AWTTTC also publishes analytical reports on a quarterly basis (measuring health board performance against each of the indicators), provides detailed specifications for the monitoring of each NPI, and develops e-learning materials in partnership with Health Education and Improvement Wales (HEIW).



[Prescribing guidance](#)

Prescribing guidance resources endorsed by AWMSG aim to provide practical guidance for healthcare professionals in achieving the best outcomes from medicines for their patients, across a wide range of therapeutic areas, which are applicable to practice across NHS Wales. This can range from providing resources to support structured medication reviews with patients, to providing practical guidance for choosing the most appropriate therapeutic option for a particular group of patients given their specific characteristics.



[National prescribing audits](#)

National Prescribing Audit materials are endorsed by AWMSG, and developed to support local prescribing initiatives as part of the Clinical Effectiveness Prescribing

Programme (CEPP), as well as providing a structure to facilitate pulling together a national picture of prescribing in a range of areas.



Patient information leaflets

Patient information leaflets are developed as either standalone items, or to accompany AWMSG-endorsed prescribing guidance. They are developed to provide healthcare professionals with clear, easy-to-understand summaries of complex information that they can share with their patients or patients can access directly. All patient information leaflets are now produced bilingually.



Prescribing analysis

Utilising the national prescribing data available to AWTTTC, reports can be developed summarising national prescribing patterns, and variations at health board, cluster, and GP practice level. These reports may focus on a particular therapeutic area or summarise differences in prescribing across a range of areas. By focussing on any variations, health boards can work towards addressing health inequalities across Wales.



Medication charts and records

AWMSG considers some medication charts and record templates developed by individual health boards, and considers them for adaptation, endorsement and implementation across NHS Wales.



Therapeutic priorities and the Clinical Effectiveness Prescribing Programme (CEPP)

These documents summarise the AWMSG therapeutic priorities for the financial year and highlight opportunities within the CEPP framework where local prescribing initiatives can be undertaken to support these priorities. Although there is a clear framework through which therapeutic priorities can be promoted within primary care (CEPP), there is no formal framework within the secondary care setting. The therapeutic priorities identified in these documents are applicable to all prescribers, and therefore support a coordinated approach.

2.1 Resources that may not be routinely considered for development via AWTTTC

Following receipt of a New Project Proposal Form (see [Section 4.0](#)), AWTTTC and AWMSG may consider a proposed resource as not being appropriate for development and subsequent AWMSG endorsement in the following cases:

- If a resource is not appropriate for implementation on an 'All Wales' basis.
- If a resource is not aligned with the current AWMSG strategy.
- The claimed safety and/or efficacy benefits of the resource are not supported by a robust and current evidence base (evidence can come from a range of sources, including randomised controlled trials, observational studies and expert opinion).
- Prescribing guidance that aims to prioritise the use of a particular brand of therapy over alternative options in the same class on the basis of acquisition cost alone. Costs of individual therapies are subject to change and prioritisation of brands within a therapeutic class is the responsibility of those who manage individual health board formularies.

2.2 AWMSG's acknowledgement process for highlighting good practice within NHS Wales

AWMSG's acknowledgement process aims to highlight resources, initiatives or campaigns that are already recognised or endorsed by a national body or institute, and have been implemented or accepted as good practice within NHS Wales.

Acknowledged resources will support the recommendations of the current [AWMSG Medicines Strategy for Wales](#), or be considered to be significantly relevant for medicines optimisation in Wales.

Before AWMSG considers a resource, an initiative or a campaign for acknowledgement, it will have received support from the AWTTTC Management Board and AWPAG to progress via this route.

It should be noted that acknowledged resources have not been through the full AWMSG Endorsement process (i.e. have not undergone full AWPAG or peer review, consultation and editing as outlined in [Section 5.0](#)), therefore they are not formal AWMSG guidance. The resource's author is responsible for ensuring that the content is correct at the time of publication, and is reviewed and updated appropriately.

More details about the process for obtaining AWMSG acknowledgement can be found in [Section 6.0](#).

3.0 How AWMSG-endorsed resources should be used

All AWMSG-endorsed medicines optimisation resources have been developed considering the latest evidence available at the time of publication, as well as taking into consideration any relevant national (Wales- and UK-wide) and international guidance that may exist.

The recommendations made within AWMSG-endorsed resources represent the view of AWMSG at the time of publication. Healthcare professionals and practitioners working within NHS Wales are encouraged to consider AWMSG-endorsed resources when making judgements on the management of their patients, as the development process aims to ensure that the nuances of healthcare within NHS Wales have been considered.

AWMSG-endorsed resources are not intended to replace or overrule the clinical judgement and expertise of healthcare professionals and practitioners as they consider treatment options with their patients, and application of any recommendations is not mandatory. AWMSG-endorsed resources should be considered alongside the patient's individual needs, circumstances, preferences and values, as well as the clinical judgement of the healthcare team.

NHS Wales Managers and Directors of Planning are expected to give due consideration to AWMSG-resources and to enabling their implementation within their organisations. They should always do so in the context of local and national priorities for funding and developing services, and in the context of their duties to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

3.1 Health Technology Assessment guidance

In addition to development of medicines optimisation resources, AWMSG also carries out Health Technology Assessment (HTA) and makes recommendations to Welsh Government about whether a new medicine should be made routinely available in NHS Wales. If ratified by Welsh Government, such advice requires that the health boards/trust in Wales make the medicine routinely available as part of their formulary within 60 days of the date of ratification. Should a health board/trust decide not to add a newly recommended medicine, this decision must be justified to the Minister for Health and Social Services due to it being outside the regulations of the New Treatment Fund¹.

AWMSG's HTA guidance supplements the HTA work undertaken by NICE, which applies to both NHS England and NHS Wales. Should a NICE HTA be published for a medicine that AWMSG has already assessed and had its recommendation ratified by Welsh Government, NICE's guidance will supersede and replace AWMSG's

¹ Welsh Government. New Treatment Fund: access to new treatments. Available here: <https://gov.wales/new-treatment-fund-access-new-treatments>

advice. In the case of a positive NICE recommendation, this will require health boards/trusts in Wales to make the medicine available as part of their formulary within 60 days of the decision publication.

Neither NICE clinical guidelines nor AWMSG-endorsed medicines optimisation resources carry such mandatory requirements for implementation and are intended to aid clinical judgement.

3.2 Consideration of available NICE guidance

The latest, relevant NICE guidelines are always considered during the development of AWMSG-endorsed resources; with representatives from NICE being included in all consultations undertaken. Where appropriate, every effort is made to ensure that AWMSG-endorsed resources do not contradict available NICE guidance at the time of publication, and AWMSG-endorsed recommendations instead try to provide improved clarity on how NICE recommendations apply to the NHS Wales landscape.

Equally, while NICE guidance is considered during the development of AWMSG-endorsed guidance, members of AWTTTC and AWMSG are also involved in a range of NICE Guideline Development Groups and contribute to NICE's own consultations in order to present the views of NHS Wales during the development of NICE guidelines.

In rare circumstances an AWMSG recommendation may differ to that of NICE at the time of publication; this will be reflective of the consideration of AWPAG where the input of relevant healthcare professionals across Wales has been deliberated.

3.3 Prescribing medicines outside their marketing authorisation (“off-label” use)

Wherever possible, AWMSG-endorsed resources will always consider and prioritise the use of medicines that have an appropriate Marketing Authorisation (also known as its product licence).

However, there may be cases where an AWMSG-endorsed resource refers to prescribing a medicine outside of its Marketing Authorisation. This may also be referred to as ‘off-label’ use, and will be made clear in the resource where appropriate. In such cases, prescribers should be cognisant of the associated alteration to their professional responsibility and potential liability. For more information, please refer to:

- [Prescribing unlicensed medicines](#) (General Medical Council)
- [Drug Safety Update – Off-label or unlicensed use of medicines: prescribers’ responsibilities](#) (Medicines and Healthcare products Regulatory Agency).

4.0 How the AWTTTC/AWMSG medicines optimisation work programme is managed

4.1 Submission of new project proposals

AWTTTC accepts new project proposals from all of its stakeholders. This includes project proposals from healthcare professionals and practitioners, representatives of the pharmaceutical industry, patients, carers and the general public.

To propose a project, a New Project Proposal Form should be completed. The completed form should include:

- What **category** of project the proposed work best fits (e.g. prescribing guideline, patient information leaflet, audit, educational resource materials, prescribing analysis, medication charts and records).
- A **summary** of the project being proposed, to include details of: the purpose of the project; the intended audience; the potential impact on NHS Wales; the setting for which the project is intended (e.g. primary care); proposed project outcomes (e.g. patient and safety outcomes); any processes for auditing and monitoring implementation; any educational and/or research opportunities associated with the project.
- Relevant **references or documents**. If the project being proposed is based on work already developed (for example, guidance already being used within an individual health board), then any draft documentation should be included with the New Project Proposal Form.
- A summary of the **current status of the project** (i.e. will document development commence after the New Project Proposal has been considered and accepted, or has the document already been produced).
- Consideration of what will be required to ensure successful **implementation** of the project outputs, and whether any implementation tools are required.
- Consideration of potential **messages for primary care prescribing decision support software** that could be developed in partnership with AWTTTC, to accompany the resource and support its implementation.
- Consideration of the **equality and health impact** of the project, and whether it may disproportionately impact (positively or negatively) people based on a range of characteristics.
- Details of how the proposed project may have an impact on the **sustainability** agenda for NHS Wales.
- Details of **what is required of AWMSG** (e.g. endorsement as best practice or signposting of an already-developed resource via the AWTTTC website) – this will help determine whether the project would be considered for full AWMSG endorsement or the more fast-tracked acknowledgement process (see [Sections 2.2](#) and [6.0](#)).
- Details of **what support is requested from AWTTTC** (e.g. support with writing and/or editing of any documentation, support with carrying out a consultation, support with dissemination of the final documentation).

- Details of any **collaborators** on the project and any external organisations who have already been approached for support with development, consultation and/or dissemination.
- Proposed **timescales** for completion of the project (please make note of the general timescale information provided in [Section 5.4](#)).
- Details of any suggested **consultees** that have already been consulted or should be included at the point of AWTTTC disseminating draft documentation for open consultation.
- **Contact details** for the project lead and project contact (if different to the project lead) including any declarations of interest.

The AWTTTC Medicines Optimisation New Project Proposal Form can be found on the [AWTTTC website](#). Completed forms should be submitted by email to awttc@wales.nhs.uk.

4.1.1 Expectations of the project lead

Upon submission of a New Project Proposal Form, the project lead should be aware of the following expectations should their proposal be accepted:

- If the project lead is developing the resource (or it has already been developed) a draft document should be shared with AWTTTC within six weeks of the proposal having been accepted (see [Section 5.1.1.1](#)).
- The project lead will be expected to consider and provide responses to all consultation comments received, for further consideration by AWTTTC and AWPAG.
- The project lead will be expected to ensure that an Equality and Health Impact Assessment (EqHIA) form has been completed and accompanies the resource through the development process up to endorsement by AWMSG (see [Section 8.0](#)).
- In most cases, copyright of the resource will lie with AWTTTC upon publication.
- Wherever possible, AWTTTC should be given access to all required document and artwork files so that AWTTTC can amend any documentation as required, to fit within AWTTTC's and AWMSG's own house-style.

4.2 Consideration of new project proposals

When a New Project Proposal Form is received by AWTTTC, it is considered at the soonest possible weekly meeting of the AWTTTC Senior Management Team and the AWMSG Chair. At these meetings the project proposal is considered and a recommendation is made as to whether the project should be taken forward, based on the following criteria:

- Is there an identifiable need for the resource in NHS Wales?
- Does the resource have the potential to deliver improved outcomes for patients in Wales?
- Is there other national (Wales- or UK-wide) guidance available that fulfils the same role and is applicable to use on an All Wales basis?

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- Is there already guidance known to be in development at another national body (e.g. NICE)?
- Does the project proposal align with the objectives set out in the current AWMSG Strategy (available on the [AWTTC website](#))?
- Does the project proposal align with any objectives set out in the current AWTTC Work Programme?
- Does the project proposal fit within the remit of AWPAG and AWMSG (see [Section 1.0](#))?
- Does AWTTC currently have the capacity to assist with development of an additional project?

It is at this point, that the AWTTC Senior Management Team and the AWMSG Chair will also make a recommendation on whether the project is better suited to proceeding via the acknowledgement process (see [Sections 2.2](#) and [6.0](#)).

The recommendation of the AWTTC Senior Management Team and the AWMSG Chair is then considered at the soonest possible, monthly AWTTC Management Board meeting (see [Section 1.2](#)).

If AWTTC's Management Board agree with the recommendation of the AWTTC Senior Management Team and AWMSG Chair that a project should proceed, a representative of AWTTC will contact the project lead who submitted the project proposal to confirm next steps and anticipated timelines.

In the event that AWTTC Senior Management Team, the AWMSG Chair and AWTTC Management Board agree that a proposed project should not be progressed, a representative of AWTTC will contact the project lead who submitted the project proposal to confirm the reason behind the decision.

4.3 Exceptions to the standard project proposal process

In the majority of cases, medicines optimisation projects should be proposed via submission of a New Project Proposal Form as detailed above. However, there will be instances where members of AWPAG or AWMSG, or representatives of Welsh Government, highlight an urgent need for particular resources in their capacity as representatives of health boards and/or NHS Wales as a whole.

In such cases, progression of the resources through the development and endorsement process will begin as soon as possible following an appropriate assessment of resource and workload by the AWTTC Senior Management Team and the AWMSG Chair.

4.4 Prioritisation of projects

Provided that there is sufficient capacity within AWTTC to progress a newly-proposed project, work will proceed following the process outlined in [Section 5.0](#).

In rare circumstances, and following agreement of the AWTTTC Management Board, progression of a project deemed as having a high priority for development may need to take precedence over one that has been recently proposed and accepted, or one that has already begun development. Therefore, AWTTTC resources may need to be reallocated. In such cases, the project lead of any work that may be delayed due to re-prioritisation will be contacted to explain any alterations to development timelines.

4.5 Viewing the current medicines optimisation work programme

Medicines optimisation projects that are currently being progressed through to endorsement by AWMSG (and their anticipated publication dates) are summarised on the "[Work in progress](#)" page of the AWTTTC website.

5.0 Development of AWMSG-endorsed medicines optimisation resources

5.1 Stages of project development

After a project proposal has been approved by AWTTTC and AWTTTC Management Board, development of the medicines optimisation resource can proceed. The standard process that the majority of medicines optimisation resources go through, is detailed below and summarised in [Figure 1 \(page 20\)](#).

5.1.1 Initial development and submission of the draft resource

The time taken to develop the first draft of the resource will vary widely depending on the details of the project proposal. For example, at the point of proposal submission is the resource already fully developed and only requiring AWTTTC assistance with editing and content review, or is the assembly of an appropriate Task and Finish Group required before AWTTTC assists the project lead in the initial development of the resource.

AWTTTC will liaise with the project lead to develop timelines specific to the work required for each project, and set out when a first draft of the resource is required for submission to its first AWPAG meeting for consideration (papers will be submitted to AWPAG members 10 working days prior to the date of the meeting).

Whenever feasible, documentation will have been edited by AWTTTC into their house-style prior to submission to the first AWPAG meeting.

5.1.1.1 Delays in the submission of the draft resource

If the project lead who submitted the original project proposal is due to deliver the first draft of the resource, this should be provided to AWTTTC within six weeks of the project proposal being approved. In the event that more time is required, in some cases the project lead may be asked to resubmit a new project proposal to accompany the draft resource for re-consideration by AWTTTC and AWTTTC Management Board.

5.1.2 First AWPAG meeting

Further information on AWPAG is provided in [Section 1.5](#).

Draft resources are presented to and discussed by members of AWPAG at each quarterly meeting. The project lead will be asked to attend the AWPAG meeting to present their paper and respond to queries raised by members, supported by a member of AWTTTC if required. Should the project lead be unavailable, a member of AWTTTC or a nominated surrogate will present the resource on their behalf, respond to any queries where possible, and pass on any queries to the project lead following the meeting.

Provided that a quorate number of members are present at the meeting, any contentious points will be voted on by members.

Following the meeting, the project lead (with assistance from AWTTTC) will develop the resource to address any recommendations and issues raised by AWPAG

members. Members will also confirm at the meeting whether the resource (pending any agreed amendments) may proceed to the consultation stage.

5.1.3 Consultation

Every medicines optimisation resource that is submitted for AWMSG-endorsement undergoes an open consultation during its development.

Consultations last for a minimum of 15 working days, are made openly available on the AWMSG website, and are disseminated directly to consultees identified by the project lead and AWTTTC. Consultation comments are welcomed from all groups; including healthcare professionals, patients and their carers, members of the public, and representatives of the pharmaceutical industry.

Once the consultation period has come to an end, any comments received are compiled by AWTTTC and shared with the project lead. The project lead will consider all comments received, provide a response to each and, where appropriate, the draft resource will be updated to address the issues raised.

More details on the consultation process can be found in [Section 7.0](#).

The updated resource and EqHIA form, alongside a summary of consultation comments received and the project lead's draft responses, will be submitted to AWPAG members 10 working days prior to the next possible AWPAG meeting.

5.1.4 Second AWPAG meeting

The updated medicines optimisation resource and accompanying EqHIA form will be discussed by AWPAG members, alongside the summary of consultation comments that were received and the draft responses submitted by the project lead.

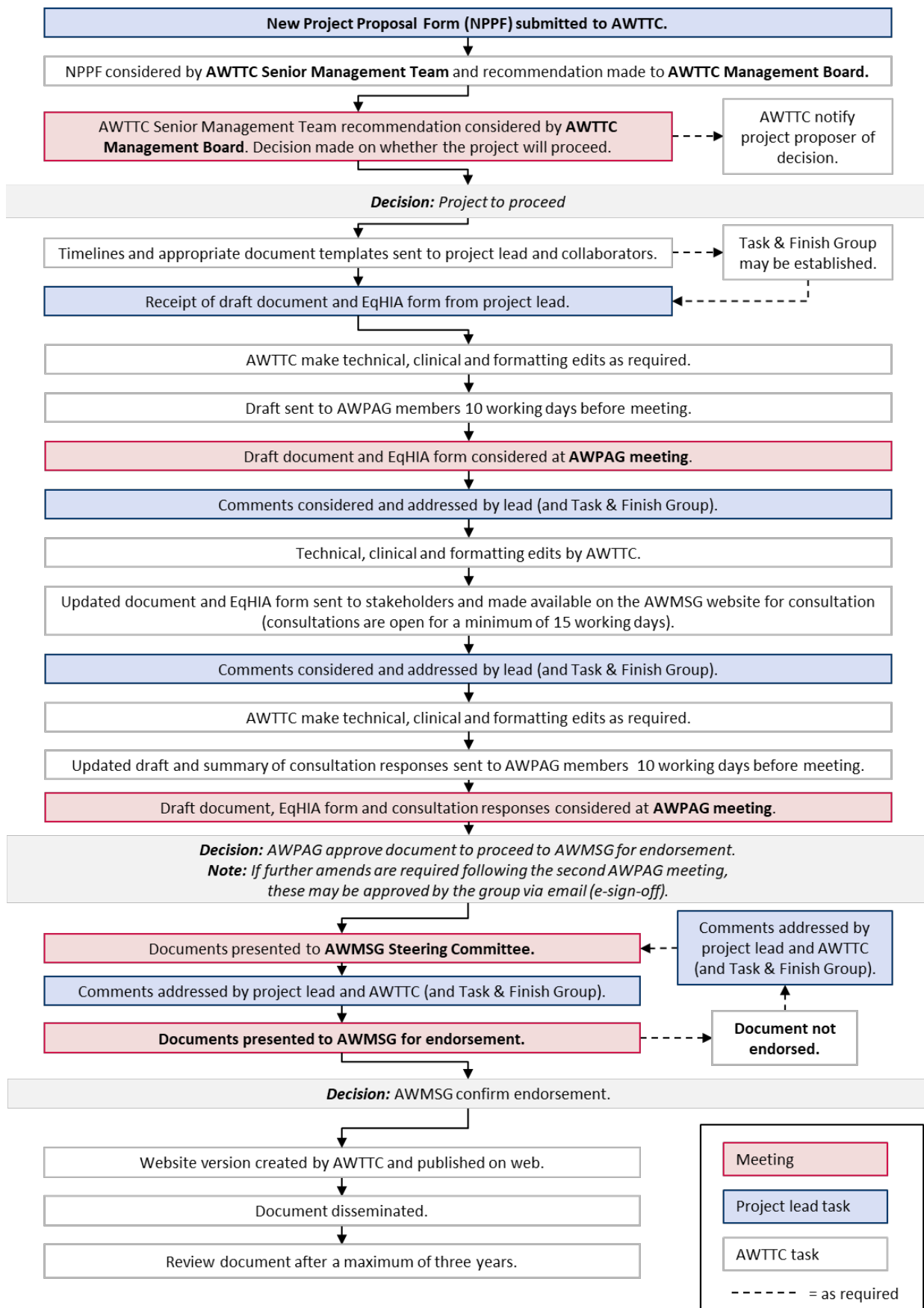
AWPAG members will agree whether any further amendments to the paper are required, and whether the paper may proceed to consideration for endorsement by AWMSG. If necessary, and provided a quorate number of AWPAG members are present, this will be decided by a vote.

As with the first AWPAG meeting, the project lead will be asked to attend the AWPAG meeting to present their updated paper and their current responses to consultation comments, and respond to queries raised by members. Should the project lead be unavailable, a member of AWTTTC will present the resource on their behalf, respond to any queries where possible, and pass on any queries to the project lead following the meeting.

Where necessary, the summary of consultation comments received and their responses will be updated to reflect the AWPAG discussions.

The draft of the document, as signed off by AWPAG to proceed to AWMSG, must be made ready for submission to AWMSG Steering Committee five working days prior to their next meeting.

Figure 1. Key stages in AWMSG medicines optimisation resource development



5.1.4.1 Electronic sign-off of amended draft resources by AWPAG

In the event that any necessary changes identified by AWPAG members at the second AWPAG meeting are considered significant, members may not be able to provide confirmation for the resource to proceed to AWMSG until they have had sight of the resource incorporating the required amendments.

In these instances, an updated draft of the resource will be shared with AWPAG members via email as soon as possible. Each member will respond with their vote on whether the latest draft of the resource may proceed to AWMSG for consideration for endorsement.

5.1.4.2 Repeat consultation

In very rare circumstances, consultation comments and the subsequent consideration at the second AWPAG meeting may highlight issues with a draft medicines optimisation resource that require widespread and significant changes and/or additions. In some instances, the decision may be made that the required changes are so substantial that it is necessary for the updated resource to be submitted for consultation a second time.

In these cases, the latest version of the document will be submitted to consultation as described in [Section 5.1.3](#), followed by consideration of any outcomes at a third AWPAG meeting.

5.1.5 AWMSG Steering Committee

Further information on AWMSG Steering Committee is provided in [Section 1.4](#).

Each meeting of AWMSG is preceded by a meeting of the AWMSG Steering Committee, at which members will highlight any minor issues with the document that may be addressed prior to it being shared with AWMSG members and also highlight any queries and issues that they anticipate may be raised as part of the AWMSG meeting.

Once AWMSG Steering Committee has confirmed that the document may proceed to the next AWMSG meeting for consideration for endorsement, it will be shared with members 10 working days prior to the meeting date.

In the event that AWMSG Steering Committee agree that further work is required before the document can proceed to AWMSG, an updated draft of the document will need to be re-submitted at a subsequent Steering Committee meeting.

5.1.6 AWMSG meeting – Consideration for endorsement

Further information on AWMSG is provided in [Section 1.3](#).

The project lead will be expected to attend the meeting in order to introduce the proposed resource, provide an overview of its intended aims, provide a summary of the development of the resource to date, and to respond to any queries raised by AWMSG members. If the project lead is unable to attend the AWMSG meeting, a member of AWTTTC may present the resource on their behalf or they can choose to delay presenting their resource until a subsequent meeting.

Consideration of the resource at AWMSG will lead to one of four outcomes:

- **Endorsement** – the document, as submitted, is agreed by members (by vote, if necessary) to be endorsed and published on the AWMSG website at the earliest possible opportunity.
- **Endorsement pending minor alterations** – AWMSG members highlight minor amendments that are required prior to endorsement. If the amendments are confirmed by the AWMSG Chair to address the concern raised, the document may be endorsed and published on the AWMSG website at the earliest possible opportunity without the need for a repeated consideration at another AWMSG meeting.
- **Re-submission to a future AWMSG meeting** – AWMSG members highlight amendments that are required prior to endorsement, and the Chair confirms that it would be prudent for the updated document to be re-considered by all members at the next possible AWMSG meeting.
- **No endorsement** – In the rare event that AWMSG agrees that a resource is not appropriate for endorsement, the reasons for the decision will be clearly presented at the meeting.

5.1.7 Publication and dissemination

Following endorsement of a resource by AWMSG, AWTTTC will update the document into its final form for publication.

The document will be published on the AWTTTC website (within the "[Medicines optimisation](#)" area) at the earliest possible opportunity once the final version has been signed-off by the project lead. Immediately following publication on the website, confirmation of its availability will be emailed to appropriate stakeholders identified by AWTTTC and the project lead. This dissemination will include all groups identified as part of the consultation (see [Section 7.1](#)). Publication of new resources is also announced via AWTTTC's Twitter account (English: @AWTTTCcomms, Welsh: @AWTTTCcymraeg).

A summary of consultation comments received during the project's development and the final agreed responses, is made available on request from 15 working days following final publication.

5.2. Internal and external development of resources

As highlighted in [Section 5.1.1](#), the time taken to develop the first draft of a resource for submission for its first consideration by AWPAG will vary depending on the amount of work carried out by contributors external to AWTTTC prior to the project proposal being submitted.

In cases of a project proposal requesting that AWTTTC provide internal resources towards developing a medicines optimisation resource from scratch, evaluation of how long this may take will be carried out on a case-by-case basis considering:

- the scope of the project
- the current workload of AWTTTC staff and their availability

- the prioritisation of the project within AWTTTC's overall work programme as directed by Welsh Government.

The outcome of this evaluation will be shared with the project proposer.

5.3 Roles of AWTTTC staff

Depending on the needs of the project that has been proposed, AWTTTC will dedicate appropriate resources to its development. This will include assigning members of AWTTTC as felt appropriate for the specific project, out of the following roles:

- **Clinical Pharmacologist** – AWTTTC is led by Consultant Pharmacologists who input into all projects with their clinical expertise as required.
- **Pharmacist** – a project may be assigned one of AWTTTC's pharmacists to oversee its development. This will include reviewing the clinical accuracy of documentation as it goes through the stages of development, applying their knowledge and experience of the prescriber role, and reviewing the appropriateness of content against the current directives of NHS Wales.
- **Medical Writer** and/or **Scientist** – one or more of the medical writers and scientists within AWTTTC may be assigned to the role of reviewing documentation in terms of its technical accuracy and ensuring appropriate referencing, editing documents to meet the requirements of AWTTTC's house-style, carrying out substantive editing when required, and providing proof-reading at various stages throughout the development of documentation. AWTTTC's medical writers and scientists are also on hand to advise project leads on the recommended structure and format of medicines optimisation resources in advance of their initial draft submission (please contact us at awttc@wales.nhs.uk).
- **Data analyst** – AWTTTC can provide data analyst expertise to the development of projects as required, with access to available Welsh national prescribing data via both the Comparative Analysis System for Prescribing Audit (CASPA) and Medusa.
- **Administrator** – AWTTTC administration staff are on hand to assist throughout the project development process in preparing and sharing documentation prior to the required meetings, responding to any project lead (and collaborator) queries as necessary and co-ordinating the consultation.

5.4 Timelines

As already stated (see [Sections 5.1.1](#) and [5.2](#)), the time taken for a project to go from original proposal through to AWMSG endorsement can vary widely depending on the scope of the document, the degree of development the proposed resource has already undergone, and the resources currently available within AWTTTC. Therefore, it is difficult to assign a "one size fits all" timeline to the wide variety of resources AWMSG considers for endorsement.

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Taking these factors into account, an anticipated timeline for a project's development will be discussed with the project lead as soon as possible after a proposal has been accepted.

In a best-case scenario, and considering the process for a project's development as outlined in [Section 5.1](#) and [Figure 1 \(page 20\)](#) (and assuming multiple consultations and more than two submissions to AWPAG are not required), a project would be expected to be submitted to AWMSG for consideration for endorsement within five months of being presented at its first AWPAG meeting.

6.0 AWMSG acknowledgement process

The function of the AWMSG acknowledgement process is described in [Section 2.2](#). A resource may be submitted for consideration to be acknowledged by submitting a project proposal (as described in [Sections 4.1](#) and [4.2](#)).

If a project proposal is submitted seeking full AWMSG endorsement, AWTTTC and the AWTTTC Management Board may instead recommend that the resource is better taken forward through the acknowledgement process. Likewise, if a project is submitted for consideration for acknowledgement, AWTTTC and the AWTTTC Management Board may recommend to the project proposer that the resource is more suitable for submission for full AWMSG endorsement.

6.1 Requirements for a resource to be considered for AWMSG acknowledgement

For a resource to be considered for acknowledgement the resource must:

- Support one or more recommendations within the current [AWMSG Five-year Strategy](#) or be considered significantly important for medicines optimisation in Wales.
- Have been developed by (or received endorsement from) a nationally recognised organisation or group, or have been developed by a group/individual as part of a wider project (e.g. Bevan Exemplar)
- Be accepted nationally (Wales- or UK-wide) as good practice.
- Have undergone an Equality and Health Impact Assessment.
- Be provided in its final form at the point of submission; this should be the same version that will be linked to from the AWTTTC website if the resource is accepted for acknowledgement.
- Be made openly available and accessible by all, including the public.
- Have already undergone consultation with relevant consultees (with evidence provided).

In addition, the project lead who submits the resource for consideration must agree to the following responsibilities:

- To advise AWTTTC on how the AWMSG acknowledgment can be best communicated to the key audience(s).
- To ensure the resource has been reviewed, edited, references have been checked, all included hyperlinks work, and to ensure there are no copyright issues with the resource.
- To review and update the resource every three years. If no update is received within the required timeframe, the AWMSG acknowledgement will lapse until updated.
- To inform AWTTTC if the resource is no longer fit for purpose prior to the three-year review.

- To inform AWTTTC when their involvement with the resource ends and provide details of the new project lead.
- To inform AWTTTC of any changes made to the resource and how this may impact on its relationship to the AWMSG strategy and AWMSG guidance.

6.2 Stages of the AWMSG acknowledgement process

Following the initial project proposal and agreement that the project will progress for acknowledgement, the resource will proceed through the process detailed below.

6.2.1 AWPAG consideration

The resource will first be shared with AWPAG members by AWTTTC via email. AWPAG members will be notified that the resource is being submitted for AWMSG acknowledgement, highlighting to them the good practice being supported.

AWPAG members will be asked to respond indicating whether they support the resource proceeding to AWMSG for acknowledgement. A quorate response of support must be received, and any comments will be collected.

Should AWPAG not support the document proceeding to AWMSG for acknowledgement, the reasons for the decision will be passed on to the project lead. Should the project lead address the issues that were raised by AWPAG, they may then resubmit the resource for acknowledgement and re-consideration by AWPAG.

6.2.2 AWMSG Steering Committee

Each meeting of AWMSG is preceded by a meeting of the AWMSG Steering Committee, at which members will confirm that the paper can be shared with AWMSG members in advance of the planned meeting. Steering Committee members will have the opportunity to review the resource being submitted for consideration for acknowledgement and any comments made by AWPAG members in the preceding stage.

Once AWMSG Steering Committee has confirmed that the resource may proceed to the next AWMSG meeting for consideration for acknowledgement, it will be shared with members 10 working days prior to the meeting date.

6.2.3 AWMSG meeting – Consideration for acknowledgement

At the AWMSG meeting, the project lead will present the resource where it will be discussed by members. Members will be asked to support AWMSG acknowledgement of the resource in its current form. If members cannot support the resource without changes, they will indicate what is required before acknowledgement can be granted. Should the proposed changes be made, the item will either be re-considered at a subsequent AWMSG meeting, or (if only minor changes were required) acknowledgement will be confirmed by the AWMSG Chair following their review.

6.2.4 Promotion of acknowledged resources on the AWTTTC website

Following confirmation of acknowledgment by AWMSG, the resource will be made available and promoted on the "[Acknowledged resources](#)" page of the AWTTTC website.

7.0 Consultations

Every medicines optimisation resource that progresses through the AWMSG endorsement process undergoes a minimum of one round of consultation. The intention of these consultations is to gather the feedback and perspective of the full audience who may have an opinion on the proposed resource. Consultations are made openly available on the AWTTTC website and, as such, responses are welcomed from all audiences, including (but not limited to):

- Healthcare professionals
- Members of the public (including patients and/or their carers)
- Representatives of patient groups and charities
- Representatives of the pharmaceutical industry
- Local and national policy makers
- Trade bodies and associations (e.g. ABPI and Community Pharmacy Wales)
- Professional bodies
- Social care sector

7.1 Dissemination of consultations

While we welcome comments from any and all audiences, AWTTTC will make direct contact with specific groups and individuals considered to be a priority for feedback. These groups will vary depending on the resource being disseminated, and will be agreed upon by AWTTTC and the project lead. As a minimum, representatives of the following groups are included in every consultation:

- AWMSG members and alternates
- AWMSG Steering Committee members
- AWPAG members and alternates
- New Medicines Group (NMG) members and deputies
- AWTTTC staff
- Patient and Public Interest Group (PAPIG)
- Health Board/Trust Medical Directors
- Health Board/Trust Assistant Medical Directors
- Health Board/Trust Medicines Management Group Chairs and Secretaries
- Health Board/Trust Chief Pharmacists
- Local Medical Committees
- Welsh Medicines Resources Centre
- Health Board/Trust Medicines Management Teams
- Health Board/Trust Chief Executives
- Directors of Finance
- Community Health Councils
- Directors of Public Health
- Welsh Government
- BMA Cymru Wales

- Chair of Welsh Council – BMA
- General Practitioners Committee Wales
- Community Pharmacy Wales
- Royal College of Nursing
- Public Health Wales
- Welsh NHS Confederation
- NHS Wales Shared Services Partnership
- Associate Medical Directors (Primary Care) Peer Group
- Welsh Health Specialised Services Committee
- National Institute for Health and Care Excellence (NICE)
- Medicines and Healthcare products Regulatory Agency (MHRA)
- Welsh Medicines Information Centre
- Health Education and Improvement Wales (HEIW)
- Medicines Horizon Scanning & Forecasting Group
- Yellow Card Centre Wales
- Association of the British Pharmaceutical Industry (ABPI)
- Ethical Medicines Industry Group (EMIG)
- Swansea Centre for Health Economics (University of Swansea)
- Centre for Health Economics and Medicines Evaluation (University of Bangor)

In addition to making direct contact with consultees via email as described above, any active consultations will be made openly available and promoted on the [“Work in progress”](#) page of the AWTTTC website and promoted via AWTTTC’s Twitter account (English: @AWTTTCcomms, Welsh: @AWTTTCcymraeg).

7.2 Timing and length of consultations

As described in [Section 5.1](#), consultations for medicines optimisation resources will usually take place after a resource has been first considered by AWPAG, and (whenever possible) will have concluded prior to the next AWPAG meeting.

Consultations remain open for a minimum of 15 working days.

7.3 Consideration of consultation comments and compilation of responses

All comments received during consultation are compiled by AWTTTC and shared with the project lead throughout the consultation period. Working with AWTTTC, the project lead will respond to each comment and amend the medicines optimisation resource as appropriate.

The list of responses, and proposed amendments to the resource that are made to address any comments, are then reviewed and considered at the next possible AWPAG meeting. Should there be any issues with the resource raised at consultation that require wider consideration by AWPAG, the outcomes of any discussions will be recorded in an updated summary of consultation comments and responses.

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At subsequent points in the process as described in [Section 5.1](#), the summary of consultation comments and responses are shared with AWMSG Steering Committee and then AWMSG members alongside the publically-available draft of the medicines optimisation resource being considered for endorsement.

Following endorsement of a medicines optimisation resource and publication on the AWTTTC website, the final summary of consultation comments received and the agreed responses is available on request. Requested comment summaries will be made available within 10 working days of the resource's final publication.

7.4 Register your interest in receiving our consultations

If you would like to be included in our dissemination of new consultations, please get in touch with us at awttc@wales.nhs.uk.

You can register your interest in receiving notifications of every consultation we carry out, or you can state your specific areas of interest so you only receive notifications for relevant consultations.

8.0 Equality and Health Impact Assessment (EqHIA)

All resources produced by AWTTTC and submitted to AWMSG for endorsement are considered in terms of their potential impact on the health and wellbeing of people in Wales, and also considered in terms of whether they could disproportionately impact (positively or negatively) people based on a range of characteristics. These potential impacts are recorded in an Equality and Health Impact Assessment (EqHIA) form, where actions taken to address any issues identified are also recorded.

The EqHIA covers how the resource might impact people on the basis of their 'protected characteristics':

- age;
- disability;
- gender reassignment;
- marriage and civil partnership;
- pregnancy and maternity;
- race;
- religion or belief;
- sex;
- sexual orientation;

and also how it might impact people:

- according to their income-related group; and
- according to where they live.

The EqHIA form also considers how the resource will impact on the health and wellbeing of people in Wales; in terms of the impact on the overall health of individual people, and the impact on the population in Wales. Each resource is considered in terms of how it will impact or affect people:

- being able to access the service offered;
- being able to improve or maintain healthy lifestyles;
- in terms of their income and employment status;
- in terms of their use of the physical environment;
- in terms of social and community influences on their health;
- in terms of macro-economic, environmental and sustainability factors.

The EqHIA form is completed by the project lead in collaboration with AWTTTC and is made available alongside draft versions of the resource throughout the stages of the medicines optimisation resource development process: consideration by AWPAG members, open consultation, and consideration by AWMSG.

9.0 Review of medicines optimisation resources

As resource allows, AWMSG-endorsed medicines optimisation resources are considered for review at least once every three years following publication, though this may be brought forward if AWTTTC (or members of AWMSG or AWPAG) become aware of a reason requiring the resource to be reviewed sooner. Please contact AWTTTC at awttc@wales.nhs.uk should you become aware of an AWMSG-endorsed resource requiring amendment or a full review.

When a published resource is assessed and considered to require substantial updating, an appropriate team within AWTTTC will propose changes to be made to the document (consulting with external partners and/or the original project lead as required).

Once it is considered a priority within the work programme by the AWTTTC Management Board, the proposed update to the document will proceed through the process in much the same way as a new resource seeking AWMSG endorsement. That is, it will be considered by AWPAG and undergo a wide consultation, which will be followed by sign-off from AWPAG, consideration by AWMSG Steering Committee and consideration for endorsement by AWMSG ([Section 5.1](#); specifically [5.1.2 through 5.1.7](#)). This will include review of the associated EqHIA form.

As with any resource seeking endorsement from AWMSG, any projects undergoing a full review will be summarised as part of the current medicines optimisation work programme on the "[Work in progress](#)" page of the AWTTTC website.

9.1 Fast-track process for urgent and minor amendments to published resources

If AWTTTC becomes aware that a resource requires an urgent update (for example, in response to an MHRA Drug Safety Update or a product's licence being changed or withdrawn) or minor update (for example, updating statements that align with national guidance to reflect updates made to the source guidance), AWTTTC may decide to make a focused update to the resource to address the issue that has been presented. Examples of urgent or minor updates are given below:

- **Examples of an 'urgent update'**: In response to an MHRA Drug Safety Update or a product's licence being changed or withdrawn.
- **Example of a 'minor update'**: Updating statements that are intended to align with other available national or international guidance to reflect any updates made to the source guidance.

In these instances, and in the interest of time, the entire document will not undergo a review. AWTTTC will seek approval of the proposed changes, and confirmation that they adequately address the issue that was raised, from members of AWPAG.

The updated resource will be published on the AWTTTC website as soon as possible following AWPAG's approval, will be presented to AWMSG members at the next

possible AWMSG meeting for their information, and will be disseminated by email to appropriate stakeholders identified by AWTTTC.

In the event that AWPAG feels a suggested amend requires a full consultation, this will be carried out. In these cases, the resource will resume the more complete process following consultation (i.e. it will be re-considered by AWPAG following consultation, followed by consideration by AWMSG Steering Committee, followed by consideration for endorsement by AWMSG prior to publication).

10.0 Sharing feedback

We value any feedback you may have on our medicines optimisation resources, including ideas on how you think our resources could be improved. We would also value any examples you can share on successful implementation of a resource and, likewise, any barriers you have encountered during implementation.

If you have feedback on a specific publication, or you have any thoughts on our publications generally, please get in touch with us at awttc@wales.nhs.uk.

11.0 Planned developments

This Medicines Optimisation Framework document accurately reflects the processes described as they are at the time of publication. However, the intention is for the document to be continually reviewed as the outputs of various initiatives currently underway within AWTTTC are realised.

Should you have any thoughts on how we may improve our processes, or wish to feedback on your own experiences in taking a resource through to endorsement or acknowledgement, please get in touch at awttc@wales.nhs.uk.

The following are examples of developments currently being explored by AWTTTC that may have an impact on this Framework in the future:

- Improving engagement (patients and the public, clinical, and industry) – AWTTTC are in the process of developing a new Communications and Engagement Strategy, with the aim of improving how we involve external stakeholders in every aspect of the work we do. This will include how the public, patients, healthcare professionals and the pharmaceutical industry can influence some of the processes detailed in this Framework.
- Improving implementation of published resources – AWTTTC and members of AWMSG are exploring how they can better support the implementation of AWMSG-endorsed medicines optimisation resources after they have been published, and how they can gather information on barriers to their implementation and examples of best practice.
- Ratification from Welsh Government – Consideration needs to be given to the Welsh Government ratification of AWMSG-endorsed medicines optimisation resources
- Criteria for reviewing evidence – AWTTTC will develop documentation defining the types of evidence that can be used to support a medicines optimisation resource and any criteria for how the quality of evidence may be assessed.

(Section 10.0 last updated November 2022)

12.0 Record of updates to this framework

Date	Details of update
November 2022	<p>Section 1.0</p> <ul style="list-style-type: none"> Added details for AWTTTC Management Board <p>Section 4.0</p> <ul style="list-style-type: none"> Updated details for the new project proposal form to highlight the request for details on equality and sustainability. Updated process for consideration of new projects to include the involvement of the AWTTTC Management Board. <p>Section 5.0</p> <ul style="list-style-type: none"> Updated section to include involvement of AWTTTC Management Board where required. Updated Figure 1 to include involvement of AWTTTC Management Board. <p>Section 6.0</p> <ul style="list-style-type: none"> Updated requirements of the Acknowledgement process and included references to the AWTTTC Management Board where required. <p>Section 8.0</p> <ul style="list-style-type: none"> New section added on Equality and Health Impact Assessments. <p>Section 9.0</p> <ul style="list-style-type: none"> Revised Section 9.1 to include both urgent and minor updates. <p>Throughout</p> <ul style="list-style-type: none"> Updated references and links to direct to the most recent AWTTTC website (rather than the older AWMSG website). Reformatted to improve accessibility.

Appendix 1: AWTTTC Management Board membership list

The AWTTTC Management Board consists of the following individuals:

- Head of Pharmacy & Prescribing, Welsh Government (co-Chair)
- Chief Pharmaceutical Officer, Welsh Government (co-Chair)
- Deputy Chief Pharmaceutical Officer, Welsh Government
- Policy Manager, Welsh Government
- Chair, AWMSG
- Clinical Director for Pharmacy and Medicines Management, Cardiff and Vale University Health Board
- Clinical Director, AWTTTC
- Head of Health Technology Appraisal, Medicines Management and Programme Director, AWTTTC
- Head of Welsh Analytical Prescribing Support Unit (WAPSU), AWTTTC
- Senior Liaison Officer, AWTTTC

Other members may be invited to join the Board as required.

Appendix 2: AWMSG membership list

AWMSG consists of the following voting members:

- Chair – appointed by Welsh Government following open competition
- One Consultant in Public Health Medicine – following nomination by Public Health Wales NHS Trust
- One Pharmacist with an interest in Public Health – following nomination by Public Health Wales NHS Trust
- One representative nominated by the Welsh Health Specialised Services Committee
- One Health Economist – following nomination by the Welsh Health Economic Support Service
- One representative nominated by the Association of the British Pharmaceutical Industry (ABPI) Cymru Wales
- Two lay representatives – following nomination by Community Health Councils
- One Community Pharmacist – following nomination by the Royal Pharmaceutical Society
- One Medical Director/Assistant Medical Director – following nomination by Medical Directors of Health Boards
- One General Practitioner with an interest in therapeutics – following nomination by the Medicines and Therapeutics Committees of Health Boards
- One Managed Sector Primary Care Pharmacist – following nomination by Chief Pharmacists of Health Boards
- One Director of Finance – following nomination by Directors of Finance of Health Boards
- One Managed Sector Hospital Pharmacist – following nomination by Chief Pharmacists of Health Boards
- One Senior Nurse – following nomination by Directors of Nursing of Health Boards
- One representative from other healthcare professions eligible to prescribe not already represented – following nomination by the Director of Therapies of Health Boards
- One Clinical Pharmacologist – following nomination by the AWTTTC
- One Hospital Consultant – following nomination by the Medicines and Therapeutics Committees of Health Boards.

The following non-voting members may be invited to attend meetings of AWMSG:

- Representative(s) of AWTTTC
- Individuals who are co-opted for advice on specialist subjects
- The Chairs of the AWMSG sub-groups
- Representatives of Welsh Government
- AWMSG/New Medicines Group (NMG) link member.

The Chief Medical Officer (or representative) and the Chief Pharmaceutical Officer (or representative) will be invited to attend all meetings of the Committee and will not have voting rights. Other Welsh Government Officials may also attend meetings as appropriate.

Appendix 3: AWMSG Steering Committee membership list

AWMSG Steering Committee is made up of:

- The Chair of AWMSG
- AWTTTC representatives, including:
 - Clinical Director
 - Programme director of AWTTTC
 - Liaison Manager
 - Head of Patient Access to Medicines Service (PAMS)
 - Head of Welsh Analytical Prescribing Support Unit (WAPSU)
 - AWTTTC Health Economist
- The Chair of NMG – sub-group of AWMSG
- The Chair of AWPAG – sub-group of AWMSG
- Director of Welsh Medicines Information Centre
- Director of ABPI Cymru
- Representatives Welsh Government
- Representative of the Chief Pharmacists in Wales
- Representative of Welsh Health Specialised Services Committee (WHSCC)
- Representative of All Wales Drug Contracting Committee.

Appendix 4: AWPAG membership list

AWPAG consists of the following voting members:

- One doctor (general practitioner, hospital consultant or locality medical director) from each of the health boards
- One pharmacist from each of the health boards reflecting different roles of pharmacists
- One nurse with an interest in therapeutics
- One member representing other healthcare professionals eligible to prescribe not already represented
- One member nominated by Public Health Wales
- Two lay members
- One industry member nominated by ABPI Cymru Wales
- The Medicines Safety Lead Pharmacist for Wales.

The following non-voting members will be invited to attend meetings of AWPAG:

- Representative(s) of AWTTC
- Individuals who are co-opted for advice on specialist subjects
- The Chair of AWMSG (or nominee)
- The Chief Pharmaceutical Officer (or representative)
- Representatives of Welsh Government
- The Director of ABPI Cymru Wales
- The Director of the British Generics Manufacturing Association.