MEMBERS PRESENT:

1. Dr Fraser Campbell  LHB Medical Director  
   Gwynedd LHB

2. Mr Jeff Evans  Other healthcare professionals eligible to prescribe  
   Senior Lecturer in Podiatry & Podiatric Surgeon,  
   Wales Centre for Podiatric Studies, UWIC, Cardiff.

3. Mr John Guy  NHSIF Lay Member representing Councillor Meurig Hughes

4. Mr Peter Harsant  Industry Representative

5. Dr Dyfrig Hughes  Health Economist, Centre for the Economics of Health, University of Wales Bangor

6. Dr Chris James  Consultant Physician  
   Withybush General Hospital

7. Dr Thomas Lau  LHB Prescribing Lead  
   Newport, Gwent

8. Mr David Morgan  Consultant in Pharmaceutical Public Health  
   National Public Health Service, North Wales Region

9. Mrs Susan Murphy  LHB Pharmacist, Conwy LHB

10. Prof Ceri Phillips  Professor in Health Economics, School of Health Science, University of Wales Swansea

11. Mr Dave Roberts  Chief Pharmacist  
    Cardiff and Vale NHS Trust

12. Mrs Wendy Warren  Nurse Director  
    Gwent Healthcare NHS Trust
IN ATTENDANCE:

13. Mrs Ruth Lang   Liaison Manager, Welsh Medicines Partnership
14. Mrs Carolyn Poulter   Head of the Pharmaceutical Services Branch
                           Welsh Assembly Government
15. Professor Philip Routledge  Medical Director, Welsh Medicines Partnership
16. Mrs Karen Samuels    Programme Manager, Welsh Medicines Partnership
17. Miss Carwen Wynne-Howells Chief Pharmaceutical Adviser
                           Welsh Assembly Government

List of Abbreviations:

ABPI   Association of the British Pharmaceutical Industry
ASPB   Assembly Sponsored Public Body
AWMSG   All Wales Medicines Strategy Group
AWDAC   All Wales Dietetic Advisory Committee
AWPAG   All Wales Prescribing Advisory Group
CMO   Chief Medical Officer
CSCG   Cancer Services Co-ordinating Group
CSM (Wales)   Committee on Safety of Medicines (Wales)
DTB   Drug & Therapeutics Bulletin
HCW   Health Commission Wales
HIW   Health Inspectorate Wales
HoPMMs   Heads of Pharmacy and Medicines Management
HSW   Health Solutions Wales
LHB   Local Health Board
M&TCS   Medicines & Therapeutics Committees
MHRA   Medicines & Herbals Regulatory Authority
NHSIF   NHS Industry Forum
NICE   National Institute of Clinical Excellence
NPHS   National Public Health Service
SAFF   Service and Financial Framework
SPC   Summary of Product Characteristics
TDA User Group   Therapeutic Development Appraisal User Group
T&FG   Task and Finish Group
WMIC   Welsh Medicines Information Centre
WMP   Welsh Medicines Partnership

Action

16/1 Welcome and introduction
Professor Philip Routledge opened the meeting and welcomed those present. He informed members that Dr Paul Buss, Acting AWMSG Chairman, had been called away from the meeting at short notice. Professor Routledge confirmed that as Medical Director of WMP, and a non-voting member, he would chair the meeting with the exception of the appraisal of adalimumab (Humira®) which would be chaired by Dr Fraser Campbell.

Professor Routledge extended a welcome to the deputy members, Dr Bruce Ferguson (representing Dr David Gozzard), and Mrs Sue Murphy (representing Dr Brian Hawkins), and confirmed there is currently no deputy LHB Finance Director on the Group.
Professor Routledge informed members of the sad news that Mrs Hughes, wife of Councillor Meurig Hughes, had recently passed away. He confirmed that WMP would extend the condolences of the group to Councillor Hughes.

Professor Routledge welcomed Mr John Guy, NHSIF lay member, and expressed the Group’s thanks to Mr Guy who had agreed to attend at short notice as there is currently no deputy AWMSG lay member.

16/2 Apologies
Dr Paul Buss, Acting AWMSG Chairman
Mr Rob Holcombe, LHB Finance Director
Councillor Meurig Hughes, Lay member
Dr David Gozzard, Medical Director, Conwy & Denbighshire NHS Trust
Dr Brian Hawkins, Pharmacist representative

16/3 Declarations of interest
Mr Dave Roberts declared a personal specific interest in relation to adalimumab (Humira®). The Chairman confirmed that Mr Roberts would withdraw from the appraisal. There were no other conflicts of interest in relation to any other agenda items.

16/4 Minutes of previous meeting
The minutes were checked for accuracy and no changes were made.

Matters arising

10/17 Broadening the appraisal process
Professor Routledge confirmed that the WMP are still awaiting feedback regarding their bid to Welsh Assembly Government to broaden the current AWMSG appraisal process. Mrs Carolyn Poulter of the Welsh Assembly Government confirmed that meetings are planned within the Assembly at which the bid will be discussed.

Mr David Morgan requested feedback from WMP’s meeting with the Scottish Medicines Consortium. Professor Routledge reported that SMC and WMP had discussed potential collaborative working and were hoping to visit SMC in the near future for further discussion. Professor Routledge informed members that WMP were also investigating the possibility of collaborative working with other potential stakeholders.

12/11 Prescribing publications
Mr Morgan expressed concern over the termination of the DoH subscription to the Drugs & Therapeutics Bulletin (DTB) and the knock-on effect this might have in Wales. Professor Routledge reported that there is a mechanism in place for individuals to express their views about this and other issues in relation to the DTB and offered to forward members the contact details of Dr Martin Duerten (deputy AWMSG LHB Medical Director member) who is on the Board of the DTB.

14/11 Patient reporting of ADRs
Mr Harsant reported that ABPI (Wales) had recently organised an information event at which 15 patient interest groups had been represented. Presentations had been made by a representative of the MHRA and Mrs Fiona Woods of CSM (Wales). Professor Routledge
thanked ABPI (Wales), in particular Dr Richard Greville, for organising the meeting.

14/7 Appraisal – Mycophenolic acid as the sodium salt (Myfortic®)
Mrs Carolyn Poulter of Welsh Assembly Government confirmed that the Minister for Health & Social Services had ratified the AWMSG recommendation with regard to mycophenolate sodium (Myfortic®). The Chairman confirmed that this information will be disseminated to the service and posted on the AWMSG website.

There was discussion over the process for ratification of AWMSG recommendations and concern over the delays incurred. Mrs Poulter confirmed that every effort is made to get the information to the Minister as quickly as possible and indicated it might be feasible to address the issue in the near future.

14/9 Appraisal – Cetuximab (Erbitux®)

The Chairman announced that their meeting on 2nd March 2006 AWMSG recommended that cetuximab (Erbitux®), in combination with irinotecan, should be endorsed within NHS Wales, with specific restrictions applied for the treatment of EGFR-expressing metastatic colorectal cancer after failure of irinotecan-including cytotoxic therapy.

A working group was set up by WMP on 3rd April 2006, with representatives consisting of specialist oncologists, WMP and the AWMSG Acting Chairman, to agree criteria for the restricted use taking into account the issues discussed during the appraisal. The draft criterion was subsequently circulated to AWMSG members for approval and Merck Pharmaceuticals were informed on 5th May 2006. Following confirmation from Merck that they did not wish to appeal against the AWMSG recommendation (received by WMP on 8th May 2006) the information was forwarded to Welsh Assembly Government (on 8th May 2006) for the ratification of the Minister for Health & Social Services.

WMP is currently awaiting Ministerial endorsement, or otherwise, of the AWMSG recommendation in relation to cetuximab (Erbitux®). Upon receipt a statement will be disseminated to the service and posted on the AWMSG website.

14/13 Report on the NHS Industry Forum
The Chairman confirmed that the AWMSG Steering Committee had considered the recommendations made by NHSIF in relation to the House of Commons Health Committee Report on "The influence of the Pharmaceutical Industry". The response of the Steering Committee will be fed back at the next NHSIF meeting to be held in July 2006.

16/5 Chairman's report
The Chairman confirmed the appraisals to be held at the next AWMSG meeting to be held in Llangollen on the rearranged date of 2nd October 2006.

Appraisal 1: Alglucosidase alpha (Myozyme®)
Manufacturer: Genzyme
Indication: Long term enzyme replacement therapy in patients with a confirmed diagnosis of Pompe disease (Acid a-glucosidase deficiency).
Scope: An assessment of the cost and clinical effectiveness of Myozyme® in relation to its licensed indication and the place of Myozyme® in relation to current treatment strategies available in NHS Wales.

Appraisal 2: Algalsidase beta (Fabrazyme®)
Company: Genzyme
Indication: Long term enzyme replacement therapy in Fabry’s disease (a lysosomal storage disorder caused by deficiency of a-galactosidase)
Scope: An assessment of the cost and clinical effectiveness of Fabrazyme® in relation to its licensed indication and the place of Fabrazyme® in relation to current treatment strategies available in NHS Wales.

16/6 Appraisal – Adalimumab (Humira®)

(Start time 10.45 am)

Dr Fraser Campbell took the Chair. Dr C V Krishna and Mrs Gail Woodland took their seats at the table. Dr Dyfrig Hughes joined the meeting as deputy AWMSG Health Economist.

Dr Campbell reminded members to declare any interests pertinent to the appraisal. Mr Dave Roberts declared a personal interest and left the room. There were no other declarations of interest from any of the Group eligible to vote.

Dr Campbell welcomed the independent medical expert, Dr Sharon Jones, Consultant Rheumatologist at the University Hospital of Wales who had been nominated to attend by Dr Martin, Chairman of the Specialist Advisory Committee in Rheumatology, to provide an expert opinion in relation to adalimumab (Humira®).

Dr Campbell extended a welcome to Mr Alistair Curry, Health Economics & Outcomes Research Manager and Dr Kofi Owusu, Medical Adviser, Immunology of Abbott Laboratories Limited.

Dr Campbell introduced the WMP appraisal team:
Dr C Krishna, Senior Lecturer in Clinical Pharmacology at Cardiff University, Mrs Gail Woodland, Senior Pharmacist, Welsh Medicines Partnership and Professor Ceri Phillips, Professor in Health Economics, School of Health Science, University of Wales Swansea.

Dr Campbell confirmed that AWMSG advice has no impact on the licensed status of the technology and the inherent implications associated with this, and that a negative recommendation would not impact on the clinical freedom of the prescriber. He explained that a positive recommendation by AWMSG, subsequently endorsed by the Minister, places an obligation on Trusts and LHBs to fund accordingly. He then invited Dr Krishna to address the Group.

Dr Krishna outlined the purpose and scope of the appraisal and summarized the salient points of the clinical aspect of the WMP
assessment report (detailed in the WMP assessment report Enc 2/AWMSG/0606). Dr Krishna asked members to note its agreement, or otherwise, of each of the following:

1. Adalimumab (Humira®) should be endorsed within NHS Wales for the treatment of psoriatic arthritis (PsA) in accordance with the licensed indication and supervised by specialist physicians experienced in the diagnosis and treatment of PsA.

2. Adalimumab (Humira®) should not be endorsed within NHS Wales for the treatment of PsA.

3. Adalimumab (Humira®) should be endorsed within NHS Wales, with specific restrictions applied, for the treatment of PsA.

Mrs Gail Woodland provided an overview of the trials relevant to the submission (detailed in Enc 2/AWMSG/0606). Professor Phillips summarised the health economic aspect of the WMP assessment report.

Dr Campbell asked members if they wished to clarify any aspects of the WMP assessment report. No clarification was sought.

Dr Jones confirmed she had no declarations of interest in relation to this technology and she set the clinical scene.

The Chairman opened the discussion to members and the Group raised the following issues:-

- The need for robust monitoring the patients, the cost of this and the required intervals of monitoring
- The variance in estimation of prevalence quoted
- Rates of drug discontinuation among the trial patients
- The process for obtaining a repeat prescription
- The process for obtaining the product via home delivery system and collection of waste
- Whether adalimumab would be suitable for shared care
- Possible restrictions for its use, in particular the need for the continued collection of patient data
- The reporting of adverse reactions via the Yellow Card Scheme

Dr Campbell invited Mr Jeff Evans to present the lay perspective and confirmed that Mr Evans represents ‘other professions eligible to prescribe’. Mr Evans confirmed that he had made contact with the patient interest group, The Psoriasis Association & Arthritis Care. Mr Evans informed members he had a telephone conversation with a lady suffering from psoriatic arthritis. This lady had explained to Mr Evans the effect that the condition had on her life and informed him that there had been no improvement in her symptoms using standard treatments available. She went on to describe the dramatic improvement within 2 weeks of commencing treatment with an anti-TNF-alpha agent and confirmed that her condition remains stable on her current therapy.

Dr Campbell invited Mr Curry and Dr Owusi to address the group. Dr Owusi highlighted the salient points of Abbot’s Executive Summary and
formal response to the WMP assessment report (Enclosure 2b), and thanked members for the appraisal opportunity. Mr Curry discussed budget impact, prevalence, alternative treatments and asked members to consider benefits over a lifetime perspective.

Dr Campbell afforded members the opportunity to clarify any issues with the company representatives, WMP appraisal team and medical expert.

There was agreement that the SPC statement relating to monotherapy or combination therapy could be open to differing interpretation and that ideally this should be rectified. The company representatives clarified the cost effective analysis and time horizon Qaly. Dr Owusu confirmed that Abbott accepted the BSR guidelines in relation to the use of two DMARD’s prior to adalimumab and the need for assessment after 12 weeks. Dr Owusu also confirmed that no safety signals for increased risk of malignancy have been identified. There was discussion over the potential support by Welsh Assembly Government for a central national registry for collection of patient data; however funding implications were acknowledged. Mrs Poulter agreed to make enquiries in this respect.

It was agreed as a general point that there is a need for AWMSG to address the issue of healthcare at home system. Miss Wynne-Howells suggested that WMP approach Mr Ken Thomas, Chief Pharmacist of Bro-Morgannwg NHS Trust and Chairman of the All Wales Drugs Contracting Committee to bring a discussion paper to AWMSG at a future meeting.

Dr Campbell invited any other observations from all parties in attendance.

Dr Campbell closed proceedings and voting members retired to meet in camera at 12.47. The meeting re-convened at 13.17.

Dr Campbell confirmed that having read the evidence and considered the various issues that arose during the discussion AWMSG had come to the following decision.

**It was agreed (unanimous)** that the recommendation to the Minister for Health & Social Services with regard to adalimumab (Humira®) is that adalimumab should be endorsed within NHS Wales for the treatment of psoriatic arthritis (PsA) in accordance with the licensed indication and supervised by specialist physicians experienced in the diagnosis and treatment of PsA subject to the following restriction:

i) Adalimumab (Humira®) is used in accordance with the current British Society of Rheumatology Guidelines for anti-TNF-alpha therapy in adults with psoriatic arthritis.

The Group strongly advise that all Anti-TNF Alpha treatments are used within the confines of a suitably established registry to enable on-going collection of information on long-term outcomes including adverse reactions.

Dr Campbell reiterated that the AWMSG recommendation will require the ratification of the Minister and confirmed that the company have 28 days in which to lodge an appeal, which should be made in writing to the Chairman via the WMP office.
Dr Campbell concluded by thanking Dr Jones for her presentation to the Group and Abbott Laboratories for engaging with the AWMSG process.

The appraisal was concluded and the WMP appraisal team retired from the meeting.

16/7 Sharing good prescribing practice
The Chairman invited Mr Jonathan Simms of Torfaen Local Health Board to join the meeting. Mr Simms highlighted the salient points of Enclosure 3/AWMSG/0606 entitled ‘Reducing the prescribing of co-proxamol’.

Members were asked to note that a MeRec Bulletin had recently been published entitled ‘The withdrawal of co-proxamol: alternative analgesics for mild to moderate pain’ (Vol 16 No 4). There was discussion over the duration of withdrawal of co-proxamol and current levels of use. Members expressed concern over the issue of stockpiling and the return of unwanted products. There was a suggestion to contact patient support groups and the Welsh Pain Society to encourage the return of unwanted drugs and to promote the recent guidance. Mr Simms confirmed that this and similar work is shared between HoPMMs and that other examples of audits are currently being compiled for AWPAG by Mr Stuart Evans.

The Chairman concluded by confirming that AWMSG commends the work undertaken by Torfaen LHB in reducing the prescribing of co-proxamol and thanked Mr Simms for his presentation to the Group.

16/8 Sip feeds
The Chairman invited Dr Tessa Lewis, a GP from Gwent, Vice Chair of AWPAG and WMP lead on sip feeds, to join members at the table.

Dr Lewis presented enclosure 4/AWMSG/0606 and asked members to consider the recommendations relating to the prescribing and supply of sip feeds in Wales.

The Chairman opened the discussion. Mr Roberts stated that retrospective scripts are illegal and asked that the wording in the paper be amended accordingly. There was discussion over the appropriateness and practicalities of trust pharmacists checking that charts are correctly annotated, and the correct quantity of sip feeds are supplied to patients at discharge. Mr Dave Roberts agreed to take this forward with the Chief Pharmacists under prescribing priorities: hospitals. It was agreed that the wording should be amended to read “quantity supplied at discharge should be sufficient to enable effective continuity of care”.

Members were informed that on 24th October 2005 the Department of Health had issued a consultation document entitled “Arrangements for the Provision of Dressings, Incontinence Appliances, Stoma Appliances, Chemical Reagents and other Appliances to Primary and Secondary Care” the closing date for responses being 23rd January 2006. Mrs Poulter confirmed that Welsh Assembly Government would be seeking the views of the Service in Wales.

There was a discussion over implementation, dissemination and audit. Dr Lewis confirmed that AWPAG are currently gathering examples of audits
and these will be considered at the next AWPAG meeting in July 2006.

It was agreed that Chief Pharmacists, Community Dietitians and Social Services should be added to the list for dissemination.

It was agreed that the following amendments should be made:
Page 5 working group directives should read working group directions
Page 7 change drug addicts to substance misuser
Page 8 Reword the last sentence of the second paragraph

Members supported the document and commended the work of the working group.

16/9 Risk sharing - AWMSG
Professor Routledge invited Mrs Samuels to present enclosure 5/AWMSG/0606. Mrs Samuels confirmed that for the purposes of completeness and transparency WMP had included the additional information supplied to members following the March 2006 meeting and their subsequent responses.

Recurrent comments included complexity of monitoring, potential blurring of true costs, application of such schemes across the whole of the UK and the need for parallels with NICE and SMC. The majority AWMSG view was that of reservation.

Mr Harsant informed members that it was his understanding that the report on the beta interferon Risk Sharing Scheme by Sheffield University would be available in Spring 2007. Mr Morgan confirmed that this issue would be addressed at the next NHSIF meeting in July 2007. WMP agreed to amend the spelling of QALY on page 3 of the enclosure.

Members agreed that the enclosure accurately reflected the views of the Group and the Chairman closed the discussion.

16/10 Shared care

Amber drugs
The Chairman invited Dr Tessa Lewis to present enclosure 6/AWMSG/0606 Shared Care Core Amber List (Rheumatology). Dr Lewis confirmed that the paper seeks to clarify the most appropriate place for the prescribing of certain drugs.

The Chairman invited comments on the core All Wales Amber list. Following discussion, it was agreed that the All Wales Core Amber List (Rheumatology) should be adopted within NHS Wales.

The Chairman asked the Group to consider extending the list to other specialities. It was suggested that a shared care working group address other areas where monitoring requirements are needed but which do not currently form part of a shared care agreement. Mr Roberts offered to provide Dr Lewis with a list of approximately 40 shared care protocols currently available within Cardiff and Vale. It was recognized there is a need to engage with specialists and that AWPAG should advise on the areas and priorities to be considered.
It was noted there would be further resource implications for WMP in relation to the continuation of work in this area. Members expressed concern over the lack of IT software to support the electronic transfer of information between primary and secondary care. Mr Dave Roberts informed members that Informing Healthcare is currently developing a system to facilitate this electronic communication.

The Chairman thanked Dr Lewis for her presentation and confirmed that AWMSG recommend that the amber list be endorsed and adopted within NHS Wales and that AWPAG be asked to advise on extending the list to other specialties.

**Tobromycin and dornase alfa shared care arrangements**
Professor Routledge presented an overview of enclosure 7/AWMSG/0606 and asked members for their views on whether shared care arrangements would be a suitable approach to the provision of inhaled tobramycin (Tobi®) and dornase alfa (Pulmozyme®) to adult patients with cystic fibrosis in Wales.

There was agreement that documentation should be developed to outline the responsibilities and clarify the mechanism for prescribing these medications to cystic fibrosis patients. **It was agreed** that these products should be applied to the criteria for shared care by AWPAG and, if considered suitable, a shared care protocol should be developed.

Dr Tessa Lewis agreed to meet with Dr Ketchell of the Cystic Fibrosis Unit in Cardiff, and an LHB representative, to discuss the clinical issues in order to assist with the commissioning aspect. Dr Lewis agreed to provide feedback to AWMSG at a future meeting.

**16/11 Report on NHS Industry Forum**
The Chairman invited Mr David Morgan to present an update on the NHS Industry Forum. Mr Morgan asked Professor Routledge to clarify the support provided by WMP to AWMSG sub-groups as recorded under ‘any other business’ in the NHSIF meeting notes.

Professor Routledge confirmed that WMP had received a significant reduction in its budget for 2006/2007. A clear directive had been received from Welsh Assembly Government that the priorities of WMP should be directed to the appraisal of new medicines. It had therefore been necessary to direct the professional support to the appraisal process in Wales although secretarial support would continue to be provided to the sub-groups. Members were asked to note that professional support to sub-groups had not formed part of any current or previous service level agreement between WMP and Welsh Assembly Government.

Mr Morgan informed members of the requirement for the sub-group agendas to be approved by the Steering Committee and expressed reservations about the lack of professional support and process for approval of the sub-group agendas. Mr Morgan drew members’ attention to salient points of the NHSIF meeting notes and supported the appointment of Mr John Guy as NHSIF lay member.

The Chairman thanked Mr Morgan.
16/12 Report on AWPAG
The Chairman invited Dr Tessa Lewis, Vice Chair of AWPAG, to present an update on the AWPAG. Dr Lewis expressed concern over the reduced professional support by WMP to AWPAG and the need for secondary care consultant representation.

The Chairman confirmed the appointment by the AWMSG Steering Committee of two secondary care consultants and one deputy to the sub-group.

There was discussion over the prescribing strategy. Professor Routledge confirmed that task & finish groups had been held to develop the draft strategy with representation from across the prescribing community. Members were informed that the updated document would go back to the sub-groups for discussion. Professor Routledge confirmed that WMP would be identifying a professional writer to encapsulate the comments and produce a document to complement 'Designed for Life'.

The issue of engagement with the Cardiac and Cancer networks was raised. Professor Routledge reassured members that WMP were working with both networks to ensure that any care pathways complement the work of AWMSG to ensure consistency of advice.

16/13 National prescribing indicators 2007/2008
The Chairman invited Mrs Samuels to present enclosure 10/AWMSG/0606. Mrs Samuels informed members that she had been asked to present the paper in the absence of a member of the AWPAG Indicator Working Group. She asked members to note that the comments of the Group would be fed back to AWPAG at their meeting in July 2006, and a further final paper would be presented to AWMSG at their September 2006 meeting for endorsement. Mrs Samuels was unsure whether the postponement of the September meeting to 2nd October 2006 would preclude the resubmission of the paper to AWMSG in time to meet the deadline required by the SAFF.

The Chairman opened the discussion and asked members to consider each indicator.

Generic prescribing: Endorsed with the following comment
The indicator working group should consider the effect of the dispensing contract, and that as these were due to be implemented in April 2008 then some increase from 78% should be considered. Comparative data with England would be welcomed by the Group.

Inappropriate generic prescribing: Endorsed with the following comment
Weighting of individual indicators should be considered by the working group.

Hypnotics and anxiolytics: Endorsed with the following comment
The indicator working group should address the issue of inappropriate prescribing of benzodiazepines and consider reporting on more specific data.

Statins: Endorsed with the following comment
The indicator working group should consider more diverse references. A correction was required on the second table with regard to simvastatin.

Members requested dialogue between AWMSG and a member of the working group to provide more detailed background to Enc 10/AWMSG0606.

NSAIDs: Endorsed with the following comment
The supporting data should be updated and details on cardiovascular toxicity added.

The Chairman confirmed that the views of the group would be passed on to AWPAG for consideration in July 2006.

There was general support for the implementation of the national prescribing indicators (Enc 10/AWMSG/0606) to monitor Local Health Board prescribing patterns across Wales for 2007/2008.

16/14 Medicines Management Collaborative
The Chairman confirmed that this document is for information only. Mrs Samuels asked that AWMSG recognize the contribution of Miss Sian Evans to the work of the Medicines Management Collaborative.

Professor Routledge confirmed that the next AWMSG meeting will be held on Monday, 2\textsuperscript{nd} October 2006 in Llangollen pending the availability of the independent medical expert and closed the proceedings.