ALL WALES MEDICINES STRATEGY GROUP
MINUTES OF THE AWMSG MEETING HELD ON WEDNESDAY, 10th DECEMBER 2008 COMMENCING 10.30 AM AT THE ANGEL HOTEL, ABERGAVENNY

MEMBERS PRESENT:

			Did not participate in
1.	Dr Paul Buss	NHS Consultant (Vice Chairman)	
2.	Dr Geoffrey Carroll	National Public Health Service	
3.	Dr Fraser Campbell	LHB Medical Director	
4.	Mr Jeff Evans	Other professionals eligible to prescribe	
5.	Dr Bruce Ferguson	Trust Medical Director	
6.	Mr Brian Hawkins	LHB Pharmacist	
7.	Miss Anne Hinchliffe	National Public Health Service Wales	
8.	Mr Robert Holcombe	LHB Finance Director	
9.	Cllr Meurig Hughes	Lay member	**9**
10.	Dr Thomas Lau	General Practitioner and prescribing lead	
11.	Prof Ceri Phillips	Health Economist	
12.	Prof Philip Routledge	Clinical Pharmacologist (Chairman)	
13.	Mr Guy Thompson	Industry Representative	**7-9 and 13**
14.	Mrs Wendy Warren	Senior Nurse	
15.	Mr Roger Williams	Chief Pharmacist	

IN ATTENDANCE:

16.	Dr Martin Duerden	NMG Chairman
17.	Miss Sarah O'Sullivan-Adams	Welsh Assembly Government
18.	Miss Carwen Wynne Howells	Welsh Assembly Government
19.	Mrs Karen Samuels	Welsh Medicines Partnership
20.	Mrs Ruth Lang	Welsh Medicines Partnership

List of Abbreviations:

ABPI	Association of the British Pharmaceutical Industry
ASAR	AWMSG Secretariat Assessment Report
AWCDG	All Wales Cancer Drugs Group
AWMSG	All Wales Medicines Strategy Group
AWPAG	All Wales Prescribing Advisory Group
BHIVA	British HIV Association
BMA	British Medical Association
BNF	British National Formulary
CR/ASAR	Company response to the AWMSG Secretariat assessment report
CR/FAR	Company response to the final appraisal report
CR/PAR	Company response to the preliminary appraisal report
CSCG	Cancer Services Co-ordinating Group
CHM	Commission on Human Medicines
DTB	Drug & Therapeutics Bulletin
FAR	Final appraisal report
HCW	Health Commission 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 for Health and Clinical Excellence
NLIAH	National Leadership and Innovation Agency for Healthcare
NMG	New Medicines Group
NPHS	National Public Health Service
PAR	Preliminary appraisal report
PPRS	Prescription Price Regulation Scheme
SAFF	Service and Financial Framework
SMC	Scottish Medicines Consortium
SPC	Summary of Product Characteristics
TDA User Group	Therapeutic Development Appraisal User Group
T&FG	Task and Finish Group
WeMeReC	Welsh Medicines Resource Centre
WMIC	Welsh Medicines Information Centre
WMP	Welsh Medicines Partnership

1. Welcome and introduction

The Chairman opened the meeting and welcomed members. He confirmed that Mr Guy Thompson had taken up the position of Industry Representative in place of Mr Peter Harsant.

2. Apologies

Mr Dave Roberts, Chief Pharmacist
Dr Karen Fitzgerald, National Public Health Service Wales

3. Declarations of interest

The Chairman asked members to declare any specific, non-specific, personal or non-personal interests.

Mr Guy Thompson declared a personal non-specific interest in atazanavir (Reyataz®▼) and ambrisentan (Voliris®▼) and the Chairman confirmed he would not participate in these appraisals. The Chairman also confirmed that as Pfizer Limited market a statin Mr Thompson would not participate in the discussion in relation to the template for prescribing of statins.

Councillor Meurig Hughes declared a personal specific interest in GlaxoSmithKline and the Chairman confirmed he would not participate in the appraisal of ambrisentan (Voliris®▼).

4. Chairman's report

The Chairman informed members that a meeting had been held on Friday, 7th November in Nantgarw to discuss how AWMSG could influence the prescribing of non-approved medicines and the use of cancer medicines in the last months of life. The Chairman confirmed that issues identified would be presented to the Minister for health and Social Services, and a programme of work developed to address the terms of reference, would be submitted in the New Year.

The Chairman announced that Ministerial endorsement had been received in relation to the following AWMSG recommendations:

Stiripentol (Diacomit®)
Not recommended for use within NHS Wales for the treatment of severe myoclonic epilepsy in infancy.

Rufinamide (Inovelon®▼)
Recommended for use within NHS Wales as an adjunctive therapy in patients four years and older with Lennox-Gastaut syndrome in patients where other adjunctive treatments have proved sub-optimal or have not been tolerated. Rufinamide (Inovelon®▼) is not suitable for shared care within NHS Wales.

Raltegravir (Isentress®▼)
Recommended as an option for use within NHS Wales for the treatment of HIV-1 infection in treatment-experienced adults in accordance with British HIV Association (BHIVA) guidance. Raltegravir (Isentress®▼) is not suitable for shared care within NHS Wales.

Icatibant acetate (Firazyr®▼)
Not recommended for use within NHS Wales for symptomatic treatment of acute attacks of hereditary angioedema (HAE) in adults (with C1-esterase-inhibitor deficiency).

Fixed dose abacavir and lamivudine (Kivexa®)
Recommended as an option for use within NHS Wales in antiretroviral combination therapy for the treatment of Human Immunodeficiency Virus (HIV-1) infection in adults and adolescents from 12 years of age. Use should be in accordance with the British HIV Association (BHIVA) guidance. Fixed dose abacavir and lamivudine (Kivexa®) is not suitable for shared care within NHS Wales.

Teriparatide (Forsteo aged 65 or over**)**
Not recommended for use within NHS Wales for the treatment of osteoporosis in men at increased risk of fracture.

Tacrolimus (Advagraf®)
Not recommended for use within NHS Wales for the prophylaxis of transplant rejection in adult kidney or liver allograft recipients and the treatment of allograft rejection

resistant to treatment with other immunosuppressive medicinal products in adults patients. Members were informed that a re-submission by Astellas Pharma is anticipated.

The Chairman reported that a note has been posted on the final appraisal report to confirm the conclusion reached by the Interface Pharmacist Group and endorsed by AWMSG that tenofovir (Viread®) is not suitable for shared care within NHS Wales.

The Chairman informed members that he had met representatives of the Scottish Medicines Consortium on 17th November to discuss potential collaborative working, and represented WMP at the All Wales Pharmaceutical Symposium on 21st November.

The Chairman confirmed that representatives from WMP had attended and presented on the AWMSG appraisal process at an educational meeting held on 4th December 2008 at the National Assembly, as part of the ABPI Wales Medicines Knowledge-base Programme. In addition, WMP representatives had attended a meeting held on Thursday, 13th November for representatives of patient organisations, hosted by ABPI Wales, on 'NHS rationing, patients' rights and judicial review'. The Chairman thanked industry colleagues for extending the opportunity to WMP to raise awareness of AWMSG and the appraisal process in Wales.

The Chairman reported that since the last AWMSG meeting held in October, the NHS Industry Forum, the AWMSG Steering Committee and the New Medicines Group have met. WMP representatives attended the inaugural meeting of the Cardiac New Drugs Group on 3rd December, and will be attending the All Wales Cancer New Drugs Group meeting tomorrow, to work with the networks to progress issues relating to the AWMSG appraisal work programme. A confidential appraisal update report has been forwarded electronically to all Medicines and Therapeutics Committees, NHS budget holders and those involved in prescribing planning and medicines management. It is hoped that this resource will provide the requisite information to ensure there is no duplication of effort and assist with forward planning within the service.

The Chairman announced the appraisals to be held at the next AWMSG meeting on Wednesday, 25th February 2009:

Appraisal 1: thalidomide (Thalidomide pharmion®) in combination with melphalan and prednisolone as first line treatment of patients with untreated multiple myeloma, aged 65 or over, or ineligible for high-dose chemotherapy

Appraisal 2: micafungin (Mycamine®) for the treatment of invasive candidiasis

Appraisal 3: efavirenz / emtricitabine / tenofovir disoproxil (Atripla®) for the treatment of human immunodeficiency virus-1 (HIV-1) infection in adults with virologic suppression to HIV-1 RNA levels of <50 copies/ml on their current combination antiretroviral therapy for more than three months

5. Minutes of previous meeting

The minutes of the previous meeting were checked for accuracy. No changes were made and there were no matters arising.

6. Appraisal 1 – alemtuzumab (MabCampath®▼)

Treatment of B-cell chronic lymphocytic leukaemia (B-CLL) for whom fludarabine combination chemotherapy is not appropriate

Start time 10.50 am

The Chairman welcomed Dr Jaz Heer and Mr Adam Lloyd from the applicant company, Bayer Healthcare.

Members were asked to confirm any declarations of interest – there were none.

The Chairman 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 for Health and Social Services, places an obligation on Trusts and LHBs in Wales to fund accordingly. He reiterated that AWMSG advice is interim to NICE guidance should it be subsequently published.

The Chairman confirmed the sequence of the appraisal and invited the NMG Chairman, Dr Martin Duerden, to address the Group.

Dr Duerden set the context of the appraisal and provided an overview of the discussions held at the NMG on 12th November 2008. The relevant issues contained within the PAR, enclosure **2**/AWMSG/1208, were highlighted. Dr Duerden conveyed the views of the medical expert. He concluded by confirming the NMG recommendation was to support the use of alemtuzumab (MabCampath®▼) for the treatment of B-cell chronic lymphocytic leukaemia (B-CLL) for whom fludarabine combination chemotherapy is not appropriate within NHS Wales, but that its use should be restricted for use in patients with previously untreated B-CLL with the cytogenetic abnormality 17p-deletion. He also conveyed the views of NMG that an audit process be established to ensure that alemtuzumab (MabCampath®▼) is used within these restrictions. In addition, NMG recommended FISH testing for patients who are eligible for chemotherapy; it was noted that this may have resource and capacity implications.

The Chairman opened the discussion and invited members to address issues in relation to clinical effectiveness. Following this discussion, Professor Ceri Phillips was invited by the Chairman to provide his view and bring to members' attention any relevant issues in relation to cost effectiveness. It was noted there is considerable uncertainly in relation to the cost effectiveness of the data provided in the submission.

The Chairman referred members to the submissions from Leukaemia CARE and the Chronic Lymphocytic Leukaemia Support Association both of which were supportive of the use of the medicine.

The Chairman invited members to comment on any societal or budget impact issues in relation to the technology. No issues were raised.

The Chairman referred members to the company response to the PAR and invited Dr Heer to respond to the clinical aspects of members' discussion, and Mr Adam Lloyd to address issues in relation to the health economics aspects, particularly the modelling.

Prior to closing proceedings, the Chairman sought confirmation that representatives of the applicant company were satisfied that all issues had been adequately discussed and taken into account and that the process had been fair and thorough. Mr Lloyd and Dr Heer provided confirmation and thanked the Chairman for the opportunity to participate in the AWMSG appraisal process.

The Chairman closed the discussion at 11.28 am.

Appraisal decision

Alemtuzumab (MabCampath®▼) is recommended for restricted use within NHS Wales for the treatment of patients with B-cell chronic lymphocytic leukaemia (B-CLL) for whom fludarabine combination chemotherapy is not appropriate.

Alemtuzumab (MabCampath®▼) should be restricted for use in patients with previously untreated B-CLL with the cytogenetic abnormality 17p-deletion.

Alemtuzumab (MabCampath®▼) is not suitable for shared care within NHS Wales.

7. Appraisal 2 – atazanavir (Reyataz®▼) for treatment experienced patients
Treatment of human immunodeficiency virus (HIV)-1 infected adults, in combination with other antiretroviral medicinal products

Start time 11.30 am

The Chairman welcomed Ms Paramjit Kaur and Ms Kawitha Vardeva from the applicant company, Bristol-Myers Squibb. The Chairman reminded members to declare any interests. Mr Guy Thompson left the room and did not participate in the appraisal.

The Chairman 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 for Health and Social Services, places an obligation on Trusts and LHBs in Wales to fund accordingly. He reiterated that AWMSG advice is interim to NICE should it be subsequently published.

Dr Duerden set the context of the appraisal and provided an overview of the discussions held at the NMG meeting on 12th November. The relevant issues contained within the PAR, enclosure **3**/AWMSG/1208, were highlighted. Dr Duerden confirmed that the views of the Terrence Higgins Trust had been considered by the Group and congratulated the organisation on the standard of the submission provided. A summary of the views of two medical experts was also provided to members.

Dr Duerden concluded by confirming NMG's advice to AWMSG was to recommend as an option the use of atazanavir (Reyataz®▼) within NHS Wales for the treatment of HIV-1 infected adults in combination with other antiretroviral medicinal products: for treatment-experienced patients, in accordance with British HIV-1 Association (BHIVA) guidance. He confirmed that atazanavir (Reyataz®▼) would not be suitable for shared care within NHS Wales. He referred members to the additional notes of the preliminary appraisal report stating that NMG were of the opinion that lopinavir should be considered as a preferred option before choosing to prescribe atazanavir. He relayed NMG's concern that there may be a greater potential for drug interactions between atazanavir (Reyataz®▼) and substrates of the CYP3A4 enzyme compared with other protease inhibitors, this should be taken into consideration when prescribing.

The Chairman opened the discussion and invited members to address issues in relation to clinical effectiveness.

The Chairman asked members to consider the evidence in relation to cost effectiveness and invited Professor Ceri Phillips to bring to members' attention any relevant issues.

Professor Phillips expressed concern over the uncertainty in the health economic model provided in the submission. The Chairman invited any questions or comments.

The Chairman referred members to the comprehensive response received from the Terrence Higgins Trust. The lay member referred the Group to the advantages and disadvantages provided in the patient support group questionnaire. The Chairman invited members to comment on any societal or budget impact issues.

The Chairman referred members to the company response to the PAR and invited Ms Kaur and Ms Vardeva to respond to the discussion and provide clarification of the issues raised both in relation to the clinical effectiveness and cost effectiveness.

Prior to closing proceedings, the Chairman sought confirmation that representatives of the applicant company were satisfied that all issues had been adequately discussed and taken into account and that the process had been fair and thorough. Confirmation was received.

The Chairman closed the discussion at 12.10 pm.

Appraisal decision

Atazanavir (Reyataz®▼) is recommended as an option for use within NHS Wales for the treatment of HIV-1 infected adults in combination with other antiretroviral medicinal products: for treatment-experienced patients, in accordance with British HIV-1 Association (BHIVA) guidance.

Atazanavir (Reyataz®▼) is not suitable for shared care within NHS Wales.

There was a short break prior to proceeding with the next appraisal.

8. Appraisal 3 – atazanavir (Reyataz®▼) for treatment naïve adults
Treatment of HIV-1 infected adults in combination with other antiretroviral medicinal products.

Start time 12.20 pm

Members were asked to confirm any declarations of interest – there were none in addition to those declared earlier.

Ms Kaur and Ms Vardeva from Bristol Myers-Squibb remained seated, and the Chairman reiterated the previous statement 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 for Health and Social Services, places an obligation on Trusts and LHBs in Wales to fund accordingly. He reiterated that AWMSG advice is interim to NICE should it be subsequently published.

The Chairman invited Dr Duerden to provide an overview of the discussions held at the NMG. Dr Duerden set the context of the appraisal and highlighted relevant issues contained within the PAR, enclosure **4**/AWMSG/1208. The views of two medical experts were conveyed in addition to the comprehensive views of the Terrence Higgins Trust. He concluded by confirming that NMG's advice to AWMSG is that atazanavir (Reyataz®▼) should be recommended as an option for use within NHS Wales for the treatment of HIV-1 infected adults in combination with other antiretroviral medicinal

products: for treatment-naive patients, in accordance with British HIV-1 Association (BHIVA) guidance. It was noted that atazanavir (Reyataz®▼) is not suitable for shared care within NHS Wales. Dr Duerden alluded to the additional notes of the preliminary appraisal report stating that NMG were of the opinion that lopinavir should be considered as an option before choosing to prescribe atazanavir. The concern of NMG was relayed that there is a greater potential for drug interactions between atazanavir (Reyataz®▼) and substrates of the CYP3A4 enzyme compared with other protease inhibitors, this should be taken into consideration when prescribing.

The Chairman opened the discussion and invited members to comment or seek clarification in relation to the clinical effectiveness. There were none. The Chairman asked members to consider the evidence in relation to cost effectiveness and invited Professor Ceri Phillips to bring to members' attention any relevant issues.

The Chairman referred members to the comprehensive submission from the patient organisation, the Terrence Higgins Trust. The lay member confirmed he had no comments to add. The Chairman invited members to comment on any broader societal or budget impact issues. There were none. The Chairman then referred members to the company response to the PAR and invited Ms Kaur and Ms Vardeva to comment on any issues - either within their response, or to the discussion in general.

Prior to closing proceedings, the Chairman sought confirmation that representatives of the applicant company were satisfied that all issues had been adequately discussed and taken into account and that the process had been fair and thorough. Confirmation was received.

The Chairman closed the discussion at 12.45 pm.

Appraisal decision

Atazanavir (Reyataz®▼) is recommended as an option for use within NHS Wales for the treatment of HIV-1 infected adults in combination with other antiretroviral medicinal products: for treatment-naive patients, in accordance with British HIV-1 Association (BHIVA) guidance.

Atazanavir (Reyataz®▼) is not suitable for shared care within NHS Wales.

9. Appraisal 4 – ambrisentan (Volibris®▼)

Treatment of patients with pulmonary arterial hypertension (PAH) classified as WHO functional Class II and III, to improve exercise capacity.

Start time 12.46 pm

Members were asked to confirm any declarations of interest – Councillor Meurig Hughes and Mr Guy Thompson did not participate in the appraisal.

The Chairman welcomed Dr Manjit Hunjan and Dr Jonathan Langley from the applicant company, GlaxoSmithKline. The Chairman 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 for Health and Social Services, places an obligation on Trusts and LHBs in Wales to fund accordingly. He reiterated that AWMSG advice is interim to NICE should it be subsequently published.

The Chairman invited Dr Duerden to provide an overview of the discussions held at the NMG. Dr Duerden set the context of the appraisal and highlighted relevant issues contained within the PAR, enclosure **5**/AWMSG/1208. The views of the medical expert were conveyed and the clinical issues were highlighted. In addition, Dr Duerden confirmed that based on the PAH population this submission did not meet the criteria for ultra orphan status. Dr Duerden alluded to the Pulmonary Hypertension Association response. Dr Duerden relayed the difficulties that NMG had experienced in assessing this medicine. Dr Duerden concluded by confirming that NMG's advice to AWMSG is that ambrisentan (Volibris®▼) be recommended as an option for restricted use within NHS Wales for the treatment of patients with pulmonary arterial hypertension (PAH) classified as World Health Organisation (WHO) functional class (FC) II and III, to improve exercise capacity. Its use to be restricted to and directed by a physician experienced in the treatment of PAH at one of the National Commissioning Group (NCG) centres across the UK. It was noted that ambrisentan (Volibris®▼) is not suitable for shared care within NHS Wales.

The Chairman invited Dr Geoffrey Carroll to address members in relation to commissioning. The Chairman confirmed the remit of AWMSG is to appraise new high cost medicines, based on their clinical effectiveness and cost effectiveness, for use within NHS Wales regardless of the commissioning arrangements.

The Chairman opened the discussion and invited members to address issues in relation to clinical effectiveness. The Chairman asked members to consider the evidence in relation to cost effectiveness and invited Professor Ceri Phillips to bring to members' attention any relevant issues. Professor Phillips expressed concern over the uncertainty of the health economic case presented in the submission and highlighted relevant issues within the preliminary appraisal report. The Chairman referred members to the patient organisation submission from the Pulmonary Hypertension Association and invited comment in relation to this submission and any other broader societal issues. The Chairman invited Dr Langley to respond to the discussion and issues raised, and highlight any additional issues within the response to the preliminary appraisal report.

After a lengthy discussion, and prior to closing proceedings, the Chairman sought confirmation that Dr Langley and Dr Hunjan were satisfied that all issues had been adequately discussed and taken into account and that the process had been fair and thorough. Confirmation was received.

The Chairman closed the discussion at 13.37 pm.

Appraisal decision

Ambrisentan (Volibris®▼) is not recommended for use within NHS Wales for the treatment of patients with pulmonary arterial hypertension (PAH) classified as World Health Organisation (WHO) functional class (FC) II and III, to improve exercise capacity.

Key factor influencing the recommendation:
The case for clinical effectiveness has not been proven.

10. AWMSG 2002-2008

The Chairman referred members to Enc **6/**AWMSG/1208, a report of the work undertaken by AWMSG in the period 2002 to 2008. The Chairman proposed that subject to minor typographical amendments, the document would be posted on the AWMSG website and made available to interested parties. The Chairman invited suggestions in relation to identifying these interested parties and thanked Mrs Baboolal for her input into the development of the paper.

11. Prioritisation of the AWMSG Medicines Strategy recommendations

The Chairman invited comment on Enc **7**/AWMSG/1208. It was felt that as members represented broad areas, it would be difficult to reach consensus in relation to the priorities. The Chairman confirmed that input into the prioritisation had been made by the WAPSU Operational Task & Finish Group, the AWMSG Steering Committee and the sub-groups NHSIF and AWPAG. Minor amendments were noted. A suggestion was made that a reference to community pharmacists should be included explicitly. The issue of quality assuring the work of the Medicines Strategy within the NHS reorganisation was noted. Members also supported a suggestion that the indication of medicines be linked with prescribing data which would require the development of software and improved quality outcome data to monitor patient benefit. The Chairman thanked the sub-groups and members for their representative views in the prioritisation of the document and agreed to take the discussion on board in assessing the future priorities of the Group within the available funding.

12. Update on NHSIF

The Chairman invited Dr Richard Greville, acting NHSIF Chairman, to update members on the work of the NHSIF. Dr Greville referred members to Enc **8**/AWMSG/1208 and highlighted salient issues from the draft minutes of the October meeting. Members expressed interest in the potential savings to be made with the introduction of the PPRS, and Dr Greville agreed to provide more detailed information in relation to the potential savings within NHS Wales to AWMSG. Members supported the suggestion that a working group be set up to consider audit and implementation tool kits in relation to AWMSG and NICE guidance.

13. Update on AWPAG

The Chair welcomed Dr Tessa Lewis, Chair of AWPAG, and invited her to update members on the work of AWPAG. Dr Lewis referred members to Enc **9**/AWMSG/1208 and highlighted salient issues from the draft minutes of the October meeting. Dr Lewis confirmed the need for clarity in relation to thromboprophylaxis and liaison with the national group. Members supported the work undertaken with regard to highlighting key prescribing messages and updating of the templates for prescribing statins and antiplatelets. Dr Lewis confirmed that the National Indicators for 2009-2010 are now available on the AWMSG website and a way forward has been agreed with the Heads of Pharmacy and Medicines Management with regard to the local comparators.

The Chairman invited Dr Martin Duerden, the AWPAG Lead in relation to updating the statin template, to provide the background and context of the update of Enc **10**/AWMSG/1208. Dr Duerden informed members that the document originated to provide direction to the Service in Wales when no NICE guidance was available and confirmed that the inclusion of practical elements provided added value to the now available advice. Dr Duerden outlined the extensive consultation process undertaken and confirmed that a positive response had been received from the Cardiac Networks. He stated that all comments received in the consultation had been considered and, as far as possible, had been incorporated into the update. Typographical errors and points of clarification were noted, and a suggestion was made to standardise layout and wording. Subject to minor modifications to take on board the issues raised in the discussion, AWMSG endorsed the template for the prescribing of statins.

14. BNF Chapter 1 – Gastro-intestinal: Key messages

The Chairman invited Mr William Duffield and Mrs Susan Baboolal to join Dr Lewis at the table. Mr Duffield, the author of Enc **11**/AWMSG/1208, addressed the Group and provided an overview of the enclosure. Members were informed that Mrs Baboolal had edited the document, on behalf of WeMeReC/WMP. Members congratulated AWPAG

on the production of the document, though the lack of availability of outcome data was alluded to. It was confirmed that the document had been considered by NHSIF and comments received from industry colleagues had been considered within the editing process. The Chairman confirmed that resources previously made available to support the production of these papers had been exhausted, and it was unlikely that further funding would be made within the next financial year. The Chairman concluded by thanking AWPAG for their valuable contribution.

15. Saving 1000 Lives Campaign

The Chairman confirmed that Mr Alan Willson had been invited to present a paper to AWMSG to inform of the Campaign, particularly in relation to medicines safety, and outline how the work could be supported by AWMSG. The issue of lack of availability of robust survival and outcome measurements was re-visited. There was a brief discussion and the Chairman proposed that comments be forwarded directly to Mr Willson, Dr Bruce Ferguson or himself outside of the meeting.

16. Welsh Analytical Prescribing Unit (verbal update)

The Chairman invited Ms Sarah O'Sullivan-Adams, Welsh Assembly representative, to update members in relation to the funding of the Unit. It was confirmed that the Minister for Health & Social Services has withdrawn funding for WAPSU for the financial year 2009-2010. She stated that this decision will be reconsidered for the 2010-2011 financial year funding rounds. Mrs Samuels updated members in relation to the significant progress already made and hoped that this would simply be a delay in establishment of the Unit Members were informed that as the appraisal process was working to near maximum capacity, there was very limited funding available for WMP to progress any additional work. Members expressed concern over the withdrawing of funding, particularly in relation to the recommendations of the Medicines Strategy for Wales, and suggested that WMP outline the effects this decision will have on developing the work programme of AWMSG. Members alluded to the huge potential savings to be made in the prescribing budget with the introduction of the PPRS Scheme in Wales and it was reiterated that AWMSG should consider this information in more detail. The Chairman closed the discussion.

17. Emergency oxygen use in Adults – British Thoracic Society guidance (for information)

The Chairman confirmed that this document had been provided to members for information.

Proposed Medicines Management Target for the draft Service and Financial Framework Target

The Chairman invited Miss Wynne-Howells to present the proposal outlined in Enc **14**/AWMSG/1208. Miss Wynne-Howells referred to the enclosure and confirmed the document was self-explanatory. She highlighted the potential benefits to the introduction of a management target. The Chairman opened the discussion and members expressed their support. The timing of the introduction of the target in line with the reorganisation of the Service was noted. The Chairman concluded the discussion by confirming AWMSG's support to the development of the proposal.

There were no outstanding issues and the Chairman closed the meeting.

Date of next AWMSG meeting: Wednesday, 25th February 2009 at 10.30am.