1. Welcome
The Chairman welcomed members to the meeting.

2. Apologies
Dr Robert Bracchi
Dr Mark Daniels
Dr Charlie Danino
Dr Stephen Griffiths
3. **Declarations of interest**
Members were reminded to declare any interests pertinent to the agenda. There were none.

4. **Minutes of previous meeting**
The minutes of the meeting held on 27\textsuperscript{th} April 2005 were checked for accuracy. No changes were made.

5. **Matters arising**

**Sip Feeds**
WMP had been asked to provide a list of members of the NHSIF working group on sip feeds and ensure there was representation from Welsh Health Supplies. The WMP representative drew members' attention to the list of members detailed in Enclosure 6b and stated that WMP had no direct input into the NHSIF working group. It was noted there was no representation from Welsh Health Supplies.

**National prescribing incentive scheme**
Dr Duerden reported that the all Wales template had been used in Conwy - modifications had been made to incorporate local issues. Other members reported they were aware that other regions had also used and modified the all Wales prescribing incentive scheme template drawn up by AWPAG. The group discussed the WeMeReC educational module on diabetes and Mr Hayes confirmed that GP agreement would be necessary so that their engagement could be audited. Mr Hayes confirmed the extended time interval for return of the educational response. The Chairman indicated that she was seeking clarification that the national audit on clopidogrel would be picked up from Simon Schofield by the NPHS Quality Scheme. **It was agreed** that WMP would draft a letter of support from the group to progress the enabling of the national audit. **It was also agreed** that the Group should feedback uptake of the incentive scheme to AWMSG and that WMP would work with the Chairman in drafting a pro-forma to be sent to all HoPMMs seeking information, with a deadline for returns at the end of the 1\textsuperscript{st} week of September.

**Broadening the appraisal process**
The bid to appraise all new medicines had been included in the Welsh Assembly Government financial planning round for 2006/2007. There is no further information to date.
**Blood glucose testing**
Mr Ken Nazareth reported that he was unaware of any progress made by the Consensus Group set up by Welsh Assembly Government to produce a unified set of care pathways for diabetic patients in Wales. It was agreed that WMP would liaise with the Chairman in drafting a letter from AWPG to the Consensus Group offering assistance, particularly in relation to glucose testing and requesting sight of the terms of reference and scope of the group. (Post meeting note: the chairman of AWMSG offered to do this).

**Generic and therapeutic substitution**
Welsh Assembly Government had been asked to clarify the legal position with regard to generic and therapeutic substitution. There was no representation from Welsh Assembly Government at the AWPAG meeting and WMP had received no information to feedback prior to the meeting.

6. **Feedback from AWMSG Meeting**

**Prescribing publications**
Mr Hayes drew members’ attention to Enclosure 3 – a copy of the document taken to AWMSG at their June 2005 meeting. Mr Hayes confirmed that his original task had been to identify a mechanism for identifying publication needs within the NHS in Wales, and draft a discussion document for AWMSG. At the AWMSG meeting held in June 2005, members had requested an educational needs assessment be completed and asked that the example prescribing publication matrix be populated. Mr Hayes stated that this exercise did not form part of the original brief and raised the issue of workload capacity in relation to the WMP work programme. Members discussed issues around the distribution of the BNF and Paediatric NF. The Chairman confirmed that budgetary responsibility for BNF would pass from NPHS (Wales) to Welsh Assembly Government after this year, with BSC to place orders and distribute. Mrs John asked members to note that the Paediatric NF will be distributed in England in September, but will be distributed in Wales at the end of October at the earliest. It was agreed that WMP would ask Mrs Fiona Woods to be the link between Access to Knowledge (A2K), Medicines Information and AWPAG.

7. **Prescribing Strategy**
WMP members confirmed that the prescribing strategy was being prepared by Professor Philip Routledge and would be based upon the original document considered at the AWPAG meeting in October 2004 with additional secondary care issues being addressed within that document. It was reported that Professor Routledge had invited Mr Jeremy Savage (Welsh Assembly Government) to input into the preparation of the document and would invite comments from the Group at a later stage. It was noted that this strategy document would be evolutionary.

8. **Shared care**
Dr Tessa Lewis presented Enclosure 4 on shared care and asked members to consider the exemplar shared care protocol on methotrexate, review comments received from M&TCs and agree the way forward on the preparation of the 3 outstanding exemplar shared care templates requested
The Group agreed there was a need to engage with all the interface pharmacists in NHS Wales and that WMP should facilitate the centralised production of all shared care templates to avoid duplication at a national level. The Group agreed that the interface pharmacists should bring their suggestions for development of shared care protocols for existing drugs to AWPAG, and AWPAG should agree the work programme. For all new high cost drugs, WMP identify in their assessment whether or not the drug is suitable for shared care. It was agreed that WMP should draft a letter to be sent to Chief Pharmacists and Chairman of the HoPMMs outlining the background/history to this issue and propose the engagement of interface pharmacists. It was noted that AWPAG should address the need for a poster campaign in conjunction with the launch of the shared care template exemplars at a future meeting.

The Group considered all the comments received from M&TCs to date and noted that further comments may follow as some committees may not have met and discussed the template, criteria and GP letter.

It was agreed:

- Dr Martin Duerden would provide WMP with a definition of ‘what is shared care’ and what is ‘near patient testing’ and this definition will be incorporated into the documentation.

- that cost be removed from the template, as cost should not be considered.

- there is a need for guidance/information for secondary care physicians. Members felt this issue could be considered within ‘incentivising secondary care’ and that engagement with an all-Wales consultant group may help overcome the underlying problem that not all prescribers fully understand the principles of shared care.

- AWPAG should endorse the use of a hand-held patient information card and include reference to their use under the sub-heading of the template “responsibility of patients” (to bring to all GP and hospital appointments) and “responsibility of secondary care” (to provide a hand-held patient information card).

- Patient details section to be removed, and space for a patient addressograph with date of issue to be included.

It was agreed that an update paper would be prepared by WMP for the AWMSG September 2005 meeting.

9. **Indicators 2006/2007**

The Group discussed whether or not a replacement should be identified to replace the Co-proxamol national indicator. The Group felt there was a need for consistency. However, it was agreed that AWPAG should recommend to AWMSG that the co-proxamol indicator be replaced with venlafaxine and dosulepin. The issue of “drugs less suitable for prescribing” was discussed at length. It was noted that the largest category are co-analgesics. WMP agreed to work out the cost and volume of these relative to the whole list, and set out the reasons why national indicators are unsuitable. It was agreed that the mode for dissemination of information relating to the indicators would be via the AWMSG website, HoPMMs, Howis and the WMP distribution list. A suggestion was made that it be made clear that the national indicators are specific to primary care only.

It was reported that the working group considering the basket of inappropriate generics for 2005/2006 had not fed back to date, and this information will be sought.

It was agreed that the lead of the Indicator working group should be tasked with considering the indicators for 2007/2008 and bring a paper to the July 2006 AWPAG meeting setting out the options available. One of the issues to be addressed in this paper would be the process of selection and target allocation for the future.

10. Sip feeds
Dr Tessa Lewis presented Enclosure 6a and asked the Group to consider the recommendations of the AWPAG working group and advise whether AWDAC should progress some of the recommendations. It was noted that the NICE guidance on sip feeds would be due in January/February 2006.

It was agreed that the AWPAG working group paper should be taken to AWDAC by the dietician member with a note that the combined document would follow at a later date and consult with gastroenterologists in Wales.

It was agreed that members’ individual comments on the NHSIF working group document should be passed to the WMP office by 29th July 2005.

It was agreed that the AWPAG working group document should be emailed to NHSIF members for comment, with a deadline for receipt of comments by the WMP office within a 2-week period.

It was agreed that WMP would address the editorial issues in bringing the two sub-group papers together as one joined-up, balanced document for AWMSG to consider at their September 2005 meeting. The two sub-group documents should also be provided to AWMSG as Annex I and Annex II for information.

11. Incentivising secondary care
Mr Stuart Evans presented Enclosure 7 – a discussion document on incentivising consistent, safe prescribing in primary and secondary care. It was agreed that the title should be changed to “Discussion paper to support
whole health economy – interface engagement”. It was agreed that WMP would seek the views of the Steering Committee as to whether the discussion document should be taken to the AWMSG September 2005 meeting for comment prior to WMP seeking volunteers for the working group. Members would be sought from the following healthcare professional groups:

- Trust Clinical Director
- Trust Finance Director
- LHB Finance Director
- Trust Chief Pharmacist
- Interface Pharmacist
- HoPMM
- GP

It was agreed there was a need to add:

Senior prescribing hospital consultant
WMP representation

12. Membership & constitutional issues
Mrs Lang raised the issue of vacancies for member and deputy posts and confirmed that until AWMSG appointments had been confirmed by Welsh Assembly Government, no progress could be made in relation to sub-group appointments. It was noted that some resignations had already been received and accepted. Members wishing to continue membership of AWPAG were asked to provide WMP with the endorsement of their professional bodies. It was agreed that the HoPMMs would be the best mechanism for seeking nominations for supplementary prescribers for the post “other professions eligible to prescribe” and also GP/Medical Director nominations. It was agreed that a nurse prescriber should be sought and Dr Duerden agreed to provide WMP with a contact for the national nursing professional body. It was agreed that future meetings should continue to rotate between North, West and South Wales, but that the meeting in North Wales should fall during April or July.

Post meeting note: AWMSG Steering Committee advised that the professional bodies of those professions eligible to prescribe should be approached for nominations.

13. Any other business
There was no other business and the Chairman closed the meeting.