



Llywodraeth Cymru
Welsh Government



Chief Medical Officer for Wales

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Welcome to this CMO Update. My aim with this update will be to provide health professionals in Wales with concise summaries of current news, guidance, and developments on a broad range of issues relevant to health service quality and population health improvement. I hope that you will find them useful. If you have any comments on the content or suggestions for inclusion/topics then please feel free to e-mail me at: PS.ChiefMedicalOfficer@gov.wales

Thank you for your continued work in supporting the health and wellbeing of everyone in Wales.

Frank Atherton
Chief Medical Officer for Wales

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CMO Annual Report

I was delighted to launch my third annual report in May this year looking at the achievements, opportunities and challenges which lie ahead. My report focuses on three specific areas:

- embedding the Prudent Healthcare principles through the adoption of a value based care approach;
- the importance of research and innovation to health and well-being and to the economy; and
- the threats from various health issues including diseases which can be prevented by vaccination; environmental threats and antimicrobial resistance.



The full report is available on the Welsh Government website:
www.gov.wales/chief-medical-officer-annual-report-2018-2019

Successful bids for the HAF

In previous CMO updates I shared how we had launched our Healthy and Active Fund (HAF) in partnership with Sport Wales and Public Health Wales, and how the Fund aims to improve mental and physical health by enabling healthy and active lifestyles, with a strong focus on community-led approaches.

I'm now delighted to state that 17 projects have been successful in their application to benefit from our £5.4m Fund. These projects will sustainably increase the physical activity and improve levels of mental wellbeing in a new, innovative approach to supporting people of all ages and backgrounds.

All successful projects are collaborative in their approach and will be delivered by a range of partners. They provide a diversity of geographical representation

across Wales, including within the Valley Task Force area. The projects selected seek to reduce inequalities in outcomes and barriers in a variety of ways. From intergenerational approaches to gardening; encouraging families to get active with their new born babies; to increasing physical and social activities for people living in care homes.

There are other projects that look to support people with mental health issues to lead independent and long term active lifestyles, and one that uses sporting memories to help people with dementia.

Further information regarding the successful projects can be found within Welsh Government's Written Statement which can be accessed via the following link: www.gov.wales/written-statement-healthy-active-fund

Supporting primary care to improve cancer outcomes

From 1 May, a new resource has been made available for practices across Wales, supported by a £1,000 grant.

Developed by a team of GPs and primary care nurses based in Wales, the Macmillan Cancer Quality Toolkit for Primary Care (Wales) aims to improve the outcomes and experiences of people living with cancer.

As part of the NHS's national approach to cancer services and outcomes, the Toolkit explores the whole patient pathway.

It comprises five modules to support practices to review the care provided. It provides a structured learning opportunity and offers information on new ways of working. Practices may also use the Toolkit at the cluster level.

More information is available at www.primarycareone.wales.nhs.uk/macmillan-cancer-quality-toolkit

Health and Social Care (Quality and Engagement) (Wales) Bill

The Health and Social Care (Quality and Engagement) (Wales) Bill was introduced into the Assembly on Monday 17 June 2019 and is currently at stage one of the Assembly scrutiny process.

The main purposes of the Bill are to:

- strengthen the existing duty of quality on NHS bodies and extend this to the Welsh Ministers in relation to their health service functions
- establish an organisational duty of candour on providers of NHS services, requiring them to be open and honest with patients and service users when things go wrong
- strengthen the voice of citizens, by replacing Community Health Councils with a new all-Wales Citizen Voice Body that will represent the

interests of people across health and social care

- enable the appointment of Vice Chairs for NHS Trusts, bringing them into line with health boards.

The Bill builds on the assets we have in Wales to strengthen and future proof our health and social care services for the future; facilitating a stronger citizen voice, improving the accountability of services to deliver improved experience and quality of care for people in Wales and contributing to a healthy and prosperous country.

To follow progress of the Bill, see the National Assembly for Wales website: www.senedd.assembly.wales/mglIssueHistoryHome.aspx?Id=25475&EVT=113

Minimum Unit Pricing for Alcohol: Update

The Public Health (Minimum Price for Alcohol) (Wales) Act 2018 received Royal Assent in August 2018.

The legislation includes provision to introduce a minimum price for alcohol in Wales, with the view to using price as a lever to reduce hazardous and harmful drinking and the harms associated with the excessive consumption of alcohol.

In February this year, following a three month public consultation on the Welsh Government's preferred level of the Minimum Unit Price (MUP) for alcohol, Welsh Government issued a Written Statement regarding the intention to lay draft regulations before the National Assembly for Wales, with the view to introducing a 50p MUP for alcohol later in 2019.

In accordance with the Technical Standards and Regulations Directive 2015/1535/EU, the Welsh Government subsequently referred the draft regulations to the EU Commission, which was followed by a three month standstill period, during which the Welsh Government could not lay the draft regulations.

On 22 May, the Welsh Government received notification that an EU Member State (Portugal) submitted a detailed opinion in respect of the draft regulations thus extending the standstill period by an additional three months to 21 August 2019.

The Minister for Health and Social Services issued a Written Statement on 29 May, setting out the latest position. The Minister confirmed the Welsh Government remains fully committed to introducing a minimum price for alcohol in Wales.

Should the regulations be passed by the National Assembly for Wales around the autumn, it is anticipated the minimum pricing regime would come into force in early 2020.

Celebrating 10 years of Designed to Smile

Designed to Smile (D2S) is the national programme to improve the dental health of young children in Wales and nearly 91,000 children are tooth brushing in primary schools and nurseries.

The latest PHW survey of 5-year-olds in Wales showed progress in improving children's oral health and impact of D2S, with a reduction in the proportion of children with decay between 2007-8 (47.6%) and 2015-16 (34.2%). The most deprived quintile have seen the largest reduction in decay prevalence (by 15%) and there is no evidence of widening inequalities.

Over the past 10 years, more children are attending the dentist and it's likely that parents are following the advice to:

- brush teeth twice daily using a family fluoride toothpaste – at night and on one other occasion;
- reduce the frequency and amount of sugar in their child's food and drinks; and
- take children for routine dental care from the age of 6 months.

Improving oral health is everyone's business and it is helpful when primary care colleagues share these key preventive messages and ask whether a child is being taken to the dentist.

2019 marks the programme's **10th** anniversary and we hope nurseries, schools and **dental practices** will join in the celebrations.

Schools and nurseries are encouraged to have a D2S themed week from Monday 16 September.

Resources are available to them on hwb.gov.wales and www.designedtosmile.org.

This includes details of a competition to design a birthday card for Dewi, our mascot and other activities that we hope to promote using the hashtag **#D2S10**.

Practice teams can get involved and use the **#D2S10** ashtag to share any work they are doing to celebrate! A few ideas to promote D2S might include offering to show a local scout troop or rainbow unit around the practice.

Some more ideas are at this link www.designedtosmile.org/info-pro/information-for-schools-and-nurseries/

Health promotion videos are available, including a bilingual version to show on waiting rooms screens. These can be found here:

www.drive.google.com/drive/folders/1SDG5iV65hOqgBQ3ARAOsUet_oWVnDCQF



HPV Immunisation Programme extended to include boys

From the academic year starting September 2019, human papillomavirus (HPV) vaccine will be offered to boys, in addition to girls, as part of the routine school based schedule. This follows the Welsh Government's announcement in July 2018 to include HPV vaccination of boys in the national immunisation programme based on the advice of the Joint Committee of Vaccination and Immunisation (JCVI).

Boys in school year 8 (aged 12 and 13 years) in Wales will be given a vaccine to protect them against HPV-related cancers. The vaccine not only protects males from HPV-related diseases – such as oral, throat and anal cancer – but also helps reduce the overall number of cervical cancers in women, though improving 'population immunity'.

A recent paper published in The Lancet reported that a review of 65 studies covering 60 million people showed compelling evidence of the substantial impact of HPV vaccination programmes on HPV infections and pre-cancerous growths and on anogenital warts diagnoses among girls, women, boys and men.

The extension of the vaccine to boys follows the success of Wales' HPV vaccination programme for girls which began in 2008 and the programme for men who have sex with men which was introduced in 2017. The extended programme is expected to vaccinate thousands of boys in Wales each year.

Article in the Lancet by Drolet et al on the impact of HPV vaccination:

[www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30298-3/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30298-3/fulltext)

Ebola in the Democratic Republic of Congo

On 17 July 2019 the World Health Organization declared the Ebola outbreak in the Democratic Republic of Congo (DRC) a Public Health Emergency of International Concern, triggering more funding and resources from the international community. The declaration of a PHEIC by the WHO reflects the challenges of containing the Ebola outbreak in the DRC, and does not

change the risk to the UK population, which remains negligible to very low. It also reminds us that threats to human health from infectious diseases can cross international borders and all health professionals should consider travel history when a patient presents who is unwell and might have travelled abroad recently.

Extended gambling treatment services for Wales

In April 2019 **Ara** became the provider of gambling treatment services for the whole of Wales. Ara provides individual counselling for people experiencing problems with their own gambling or that of a family member. Ara has bases in Cardiff, Swansea, South Powys and Newport and offers free and confidential sessions of face-to-face and telephone counselling. Ara's counselling services are currently being expanded to cover the whole of Wales.

Gambling Commission survey data show that 3.3% of people in Wales are at a degree of risk of developing problems with their gambling, with 0.8% of people in Wales identifying as problem gamblers, this research is available at: www.gamblingcommission.gov.uk/news-action-and-statistics/Statistics-and-research/Levels-of-participation-and-problem-gambling/Levels-of-problem-gambling-in-Wales.aspx

It has been reported that people who identify as problem gamblers are twice as likely to consult their GP for mental health concerns, five times as likely to be hospital inpatients, and eight times as likely to access psychological counselling when compared with people who do not identify as problem gamblers. In 2016-17, the estimated cost of gambling to Welsh public services was between £40 million and £70 million as published in my 2016-17 annual report available at: www.gov.wales/sites/default/files/publications/2019-03/gambling-with-our-health-chief-medical-officer-for-wales-annual-report-2016-17.pdf

Ara has worked in partnership with GamCare to provide gambling treatment services in South Wales since 2012. GamCare is a registered charity and the leading national authority on the provision of advice, practical help support and counselling in addressing the social impact of gambling. GamCare provides free confidential advice for individuals seeking help with gambling-related problems and operate the National Gambling Helpline (0808 8020 133) and Netline: www.gamcare.org.uk/

Referral to Ara's services may be made by members of the public direct or via a health professional by calling 0117 930 0282 or e-mailing info@recovery4all.co.uk.

For more information about the services that Ara offer or about gambling in general and the effect that it can have on individuals and those around them, please contact Diana Yorath, Gambling Services Counsellor by email: Dianayorath@recovery4all.co.uk or by telephone on 07397 029018 or visit the Ara website www.recovery4all.co.uk

GMS Contract 2019-20

On 21 June 2019, the Minister for Health and Social Services announced that General Medical Services (GMS) Contract Negotiations for 2019-20 had concluded and agreement reached which will see £25million invested into GMS this year, with further funding also made available to cover the rising costs of superannuation.

This agreement was achieved through an ambitious programme of reform, managed through the GMS Contract Oversight Group, which includes representatives from Welsh Government, General Practitioners Committee (GPC) Wales and NHS Wales operating through a tri-partite agreement. We are the only UK nation to fully involve the Health Service in contract reform work in this way and this has provided the expertise and clarity needed to drive forward key changes to the delivery of Primary Care Services.

This round of negotiations has been significantly challenging, reflecting the difficulty of changing a contract which has been in operation for 15 years while still meeting the needs of all parties involved. The agreement reached will deliver much-needed investment into

services to improve sustainability and to enable the changes needed in the delivery of GMS and will see Welsh GPs with a higher £ per patient value than their English counterparts, coupled with additional investment being made elsewhere.

In support of delivering on the aims of A Healthier Wales, scaled up working and an increased level of planning and delivery of services at a cluster level has been a core priority for the reform programme. The new contract involves significant changes which will see this marked shift become a reality for specific activities such as Quality Improvement and Enhanced Services, whilst also providing sustainability to GMS and improved access to services and data.

Welsh Government will shortly issue guidance documents that set out the detail of the Quality Assurance and Improvement Framework, Access Standards and Partnership Premium.

For further information, please visit the GMS Contract Website www.wales.nhs.uk/sites3/page.cfm?orgid=480&pid=99340

Transforming eye care services in Wales: Those at highest risk of going blind to receive prioritised treatment in UK first

Eye care patients in Wales who are at the greatest risk of going blind are set to receive faster, prioritised treatment in the Welsh NHS thanks to a £3.3m investment by the Welsh Government to transform services, Health Minister Vaughan Gething announced on 8 February 2019.

It is estimated around 111,000 people in Wales are living with sight loss. This is predicted to increase by a third by 2030 and double by 2050. Evidence suggests around 10% of new patients are at risk of irreversible sight loss compared to about 90% of follow-up patients.

Following concerns raised by health professionals and Third Sector, the Welsh Government commissioned an NHS-led group to review the issues facing patients on waiting lists, particularly those who require ongoing treatment. The £3.3m investment will allow health boards in Wales to start the necessary changes to transform their services. Actions include:

- expanding services already established to move care closer to home, to ensure patients are seen in the most appropriate setting;
- redesigning pathways to those nationally agreed;

- introducing and further development of virtual clinics;
- expanding the skill mix of staff, to include nurse injectors and optometrists to safely share care between community and hospital eye care professionals.

From April 2019, new guidelines will require hospital eye services to have procedures in place ensuring patients receive their assessment or treatment by the most suitable person within a clinically appropriate time. This means that those high risk patients who need be seen quickly due to their condition, should experience fewer delays.

The measures are based on priority and urgency of care required by each patient. Priority is the risk of harm associated with the patient's eye condition if the target appointment date is missed. Urgency is how soon that patient should be seen given the current state and/or risk of progression of the condition.

Wales is the first UK nation to introduce a measure of this kind for eye care patients.

HEIW Initial call for **Independent Prescribing course** starting in September 2019

Health Education and Improvement Wales (HEIW) have agreed to fund places on postgraduate courses at Cardiff University for optometrists working in primary and community care. The courses are offer are:

1. Independent Prescribing in September 2019
2. Medical Retina in March 2020
3. Higher Certificate of Glaucoma in September 2020.

In Wales, health boards will increasingly look to shift services into primary and community care and these new qualifications will support that move. For example, it is expected that

prescription pads will be available for independent prescribing optometrists to use from autumn 2019, releasing GP time and providing more timely treatment for patients.

Successful completion of the above courses will facilitate new community optometry services and it is, therefore, essential that optometrists who accept places on these courses can commit to providing an appropriate service once qualified. HEIW want to ensure that qualified optometrists are available in every health board and cluster area in Wales and places will be prioritised accordingly.

New Chief Optometric Adviser for Wales Appointment



The Welsh Government has announced that David O'Sullivan, South East Wales based Optometrist and Optometric Adviser in two health boards in Wales has been

appointed as the new Chief Optometric Adviser for Wales. David has been in this role for the last 2 years on a part time basis and will now deliver the role 4 days a week, alongside his counterparts in Dentistry, Pharmacy and General Medical Services (GMS).

Welcoming the appointment, Lisa Gerson, Chair of OW said, "David's appointment reflects a recognition in Welsh Government of the profile that eye care has in Wales. David has built an excellent reputation in supporting the professions and navigating through the challenges and opportunities posed to optometry and optics in Wales in his roles in South West and South East Wales and we hope that he can continue to do that at a pan Wales level. Under David's leadership, we hope that our devolved Government in Wales will continue to ensure that policy makers develop the unique roles optometrists, opticians and optical businesses play in providing the nation's eye care."

New **Audiology** service models

Audiology is now being delivered in primary care in four out of the seven health boards: Aneurin Bevan, Betsi Cadwaladr, Cwm Taf Morgannwg and Swansea Bay.

The new models see Advanced Audiology Practitioners working in primary care to provide specialised services and to manage patients independently, without having to refer patients on to GPs unless absolutely clinically necessary. The new model improves access for patients while also reducing demand on GP and ENT services.

In May, the Minister for Health and Social Services saw the new service model in action when he visited the Clydach Health Centre in Swansea Bay UHB. In the new service, patients in the Cwmtawe Cluster's needs are assessed by trained professionals using telephone triage service who then match them to the right health professional for their needs.

The ongoing shift of audiology services from secondary into primary care enables people to receive the right care, at the right time, by the right people, closer to home.

Healthy Weight: Healthy Wales

In the April update 95, we informed you that the Healthy Weight: Healthy Wales consultation had been launched by the Minister for Health and Social Services, Vaughan Gething AM. The consultation highlighted our national ambition to address one of the greatest public health challenges of our generation – obesity. Since that time, the Minister has committed to publish a final strategy by October this year.

As part of the consultation, we ran a series of regional engagement events in North, Mid, South East and South West Wales and developed a number of ways to capture feedback from stakeholders and the general public. The consultation set out proposals to ensure the people of Wales have longer, healthier and happier lives, and are able to remain active and independent, in their own homes, for as long as possible. The draft proposals fell into four themes as below:

- Leadership and enabling change: to drive improved leadership and

accountability to deliver Healthy Weight: Healthy Wales across all sectors.

- Healthy environments: to create an environment which supports everyone to make healthier food and activity choices.
- Healthy settings: to create healthy settings so that people can access healthy meals, snacks and drinks and be physically active.
- Healthy People: to provide the opportunities for people and communities to achieve and maintain a healthy body weight.

Officials have been undertaking analysis of the consultation responses in order to bring forward a range of measures and proposals for the final strategy. A copy of the consultation and the summary of responses can be found on the Welsh Government website at the following link: www.gov.wales/healthy-weight-healthy-wales

Priority Treatment for Armed Forces Veterans

Armed Forces Veterans are entitled to receive priority access to NHS treatment for health conditions which are a result of their time in military service. This applies to Regulars, Reservists and those who did National Service.

Where the referring GP and consultant agree that the patient's condition is related to their military service they have been asked to prioritise veterans over other patients with the same level of clinical need. Veterans will not be given priority over other patients with more urgent clinical needs.

GP practices may not be aware of the former military status of their patients. It is important they can identify veterans to provide the appropriate support. Some veterans either don't consider it relevant to disclose, or may not even consider themselves veterans.

Welsh Government has developed a supporting poster, which you may wish to display, that encourages veterans to let their GP practice know that they have served their country. You should have received an email from Primary Care Services Division of Shared Services with electronic versions of the poster and hard copies have been circulated.



Ydych chi erioed wedi gwasanaethu yn Lluoedd Arfog y DU fel Milwr Rheolaidd, Wrth Gefn neu drwy Wasanaeth Cenedlaethol?

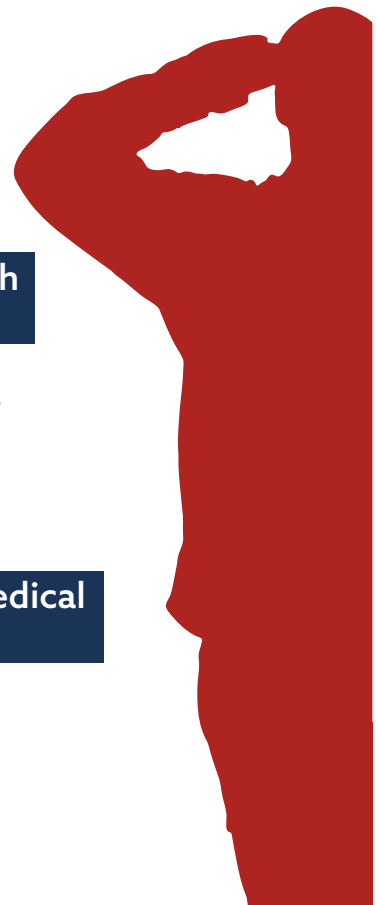
Have you ever served in the UK Armed Forces as a Regular, Reservist or through National Service?

Rhowch wybod i'ch practis meddygol.

Efallai y bydd gennych hawl i gael triniaeth â blaenoriaeth.

Please let your medical practice know.

You may be eligible for priority treatment.



In September 2017 Welsh Government updated its guidance, 'WHC (2017) 41: Armed Forces Covenant – Healthcare Priority for Veterans', to clarify the process of priority treatment, to ask GPs to identify veterans in their practices and to reaffirm the Armed Forces Covenant commitment.

In Wales we are committed to the Covenant that recognises that the whole nation has a moral obligation to members

of the Armed Forces and their families, and it establishes how they should expect to be treated.

In 2015 the Ministry of Defence estimated there were 149,000 veterans living in Wales, roughly 6% of the population. This means an average GP practice could have around 450 veterans registered, with a greater concentration in places with large barracks.

The **5th Annual** Health and Care Research Wales Conference



Every year Health and Care Research Wales bring the research community of Wales together annually to meet and network on key research themes and issues.

This year the conference theme is Partnership and Collaboration and will showcase some of the great examples of joined-up working undertaken with a range of partners. There will be speakers from across the UK and interactive stands from organisations across Health and Care Research Wales infrastructure amongst others.

For further information:

www.healthandcareresearch.gov.wales/

**3 October 8:30 – 16:30
at Sophia Gardens, Cardiff**

If you would like to be notified when registration opens, please click here:

healthandcareresearch@wales.nhs.uk

The British Association for Sexual Health and HIV (BASHH) and the Faculty of Sexual and Reproductive Healthcare (FSRH) **annual scientific meeting**

I attended the BASHH and FSRH annual scientific meeting on the 3 July and was pleased to give the key note speech. It provided me with the opportunity to update those present on the progress in implementing the recommendations from the Review of Sexual Health Services 2018. It was also an opportunity to hear directly from services of how the Welsh Government can support them going forward.

In March I wrote to health boards requesting an audit of their sexual health services against a national service specification, which was developed since the 2018 review, along with their local service improvement plans. These were due to be completed by the end of June and I am grateful for the hard work undertaken by the services to see that this was achieved.

Public Health Wales, working with an expert group, are now considering these responses and will advise the Sexual Health Programme Board on areas for improvement for local action and those that will require a national solution and financial support.

In addition, since the scientific meeting I have written to BASHH to seek professional consensus on the three or four priority areas for improvement and development that we could expect the health boards to focus on from 2020 – 2024.

I am impressed with all that the services have achieved in recent years but conscious that there is more to be done.

All Wales Medicines Strategy Group (AWMSG)

All Wales Antimicrobial In-patient Medication Administration Record
([www.awmsg.org/docs/awmsg/medman/drug_charts/Antimicrobial In-patient medication administration record.pdf](http://www.awmsg.org/docs/awmsg/medman/drug_charts/Antimicrobial_In-patient_medication_administration_record.pdf))

In order to improve adherence to the recommendations of the 'Start Smart Then Focus' (SSTF) toolkit and minimise the risk of antimicrobial resistance, an amended All Wales Inpatient Medication Administration Record has been developed in collaboration with the All Wales Chief Pharmacists' Group. The updated administration record includes a dedicated antimicrobial prescribing section. This document was endorsed by AWMSG in May 2019.

All Wales COPD Management and Prescribing Guideline
([www.awmsg.org/docs/awmsg/medman/All Wales COPD Management and Prescribing Guideline.pdf](http://www.awmsg.org/docs/awmsg/medman/All_Wales_COPD_Management_and_Prescribing_Guideline.pdf))

This guideline aims to reduce variation in inhaler prescribing. Many health boards have produced local guidelines for COPD management, and it was discussed and agreed at Respiratory Health Implementation Group (RHIG) meetings that an All Wales guideline would be more effective than local plans. This document was endorsed by AWMSG in May 2019.

National Prescribing Indicators 2018–2019: Analysis of Prescribing Data to December 2018
([www.awmsg.org/docs/awmsg/medman/National Prescribing Indicators 2018-2019 Analysis of Prescribing Data to December 2018.pdf](http://www.awmsg.org/docs/awmsg/medman/National_Prescribing_Indicators_2018-2019_Analysis_of_Prescribing_Data_to_December_2018.pdf))

This paper reports on the progress of health boards against each of the National Prescribing Indicators (NPIs) 2018–2019, for the quarter ending December 2018. The majority of NPIs with a threshold showed improvement in line with the aim of each indicator, compared with the equivalent quarter of the previous year (quarter ending December 2017). The NPIs that did not show an improvement nationally were gabapentin and pregabalin (6.59% increase), Yellow Cards from GP practices (reduction of 5%) and surgical prophylaxis (17% decrease). This document was presented to AWMSG for information in May 2019.

Therapeutic Priorities and CEPP Summary 2019–2020

(www.awmsg.org/docs/awmsg/medman/Therapeutic Priorities and CEPP Summary 2019-2020.pdf)

This document summarises the AWMSG therapeutic priorities for 2019–2020, and highlights opportunities within the Clinical Effectiveness Prescribing Programme (CEPP) framework where local prescribing initiatives can be undertaken to support these priorities. There is an expectation that prescribing initiatives should address a balance of medicine safety, quality and cost-effectiveness. The document also signposts to resources that can be used to support local prescribing initiatives. This document was endorsed by AWMSG in March 2019.

AWMSG advice

The All Wales Medicine Strategy Group (AWMSG) has recently provided advice on a number of medicines, which Welsh Government has ratified. If a medicine is recommended by AWMSG and approved by Welsh Government, funding must be made available by health boards within two months of notification of ratification. If a medicine is not recommended it should not be prescribed routinely within NHS Wales for the indication stated. The following AWMSG recommendations are available in full on the AWMSG website: www.awmsg.org.

AWTTC reference number	Medicine	Indication
Recommended medicines		
3911	ataluren (Translarna) 125 mg, 250 mg, 1,000 mg granules for oral suspension	Treatment of Duchenne muscular dystrophy resulting from a nonsense mutation in the dystrophin gene, in ambulatory patients aged 2 years to less than 5 years www.awmsg.org/awmsgonline/app/appraisalinfo/3911

AWTTC reference number	Medicine	Indication
3769	blinatumomab (Blinicyto) 38.5 micrograms powder for concentrate and solution for solution for infusion	<p>As monotherapy for the treatment of paediatric patients aged 1 year or older with Philadelphia chromosome negative CD19 positive B cell precursor acute lymphoblastic leukaemia which is refractory or in relapse after receiving at least two prior therapies or in relapse after receiving prior allogeneic haematopoietic stem cell transplantation</p> <p>www.awmsg.org/awmsgonline/app/appraisalinfo/3769</p>
2908	ciclosporin (Verkazia) 1 mg/ml eye drops	<p>Treatment of severe vernal keratoconjunctivitis in children from 4 years of age and adolescents (until the age of 18)</p> <p>www.awmsg.org/awmsgonline/app/appraisalinfo/2908</p>
1514	dasatinib (Sprycel) 20 mg, 50 mg, 70 mg, 80 mg, 100 mg and 140 mg film- coated tablets	<p>Treatment of paediatric patients weighing > 10 kg with newly diagnosed Philadelphia chromosome positive (Ph+) chronic myelogenous leukaemia (CML) in chronic phase (Ph+ CML CP) or Ph+ CML CP resistant or intolerant to prior therapy including imatinib</p> <p>www.awmsg.org/awmsgonline/app/appraisalinfo/1514</p>

AWTTC reference number	Medicine	Indication
2777	fingolimod (Gilenya) 0.25 mg and 0.5 mg hard capsules	<p>A single disease modifying therapy in highly active relapsing remitting multiple sclerosis for the following groups of paediatric patients aged 10 to 17 years of age: for patients with highly active disease despite a full and adequate course of treatment with at least one disease modifying therapy or patients with rapidly evolving severe relapsing remitting multiple sclerosis defined by 2 or more disabling relapses in one year, and with 1 or more gadolinium enhancing lesions on brain MRI or a significant increase in T2 lesion load as compared to a previous recent MRI</p> <p>www.awmsg.org/awmsgonline/app/appraisalinfo/2777</p>
3103	romiplostim (Nplate) 125 micrograms powder for solution for injection	<p>Treatment of chronic immune (idiopathic) thrombocytopenic purpura (ITP) patients aged 1 year to <18 years who are refractory to other treatments (for example, corticosteroids, immunoglobulins)</p> <p>www.awmsg.org/awmsgonline/app/appraisalinfo/3103</p>
Recommended with restrictions		
1214	eslicarbazepine acetate (Zebinix) 200 mg and 800 mg tablets, and 50 mg/ml oral suspension	<p>Adjunctive therapy in adults, adolescents and children above 6 years of age, with partial-onset seizures with or without secondary generalisation. Eslicarbazepine acetate (Zebinix) should be restricted to treatment of highly refractory patients who remain uncontrolled with, or are intolerant to, other anti epileptic medicine combinations</p> <p>www.awmsg.org/awmsgonline/app/appraisalinfo/1214</p>

AWTTC reference number	Medicine	Indication
3750	mepolizumab (Nucala) 100 mg powder for solution for injection	Add-on treatment for severe refractory eosinophilic asthma in adolescents and children aged 6 years and older www.awmsg.org/awmsgonline/app/ appraisalinfo/3750
991	rufinamide (Inovelon) 40 mg/ml oral suspension	Adjunctive therapy in the treatment of seizures associated with Lennox Gastaut syndrome in adults, adolescents and children from 1 year of age www.awmsg.org/awmsgonline/app/ appraisalinfo/991
Not recommended		
2170	doxylamine succinate/ pyridoxine hydrochloride (Xonvea) 0 mg/10 mg film coated tablet	Treatment of nausea and vomiting of pregnancy in those patients who do not respond to conservative management www.awmsg.org/awmsgonline/app/ appraisalinfo/2170

In the absence of a submission from the holder of the marketing authorisation, the following medicines cannot be endorsed for use within NHS Wales.

AWTTC reference number	Statements of Advice	Company
2450	apalutamide (Erleada) 60 mg tablet www.awmsg.org/awmsgonline/app/appraisalinfo/2450	Janssen-Cilag Ltd
2074	brentuximab vedotin (Adcetris) 50 mg powder for concentrate for solution for infusion www.awmsg.org/awmsgonline/app/appraisalinfo/2074	Takeda UK Ltd
2953	caplacizumab (Cablivi) 10 mg powder and solvent for solution for injection www.awmsg.org/awmsgonline/app/appraisalinfo/2953	Sanofi
4063	ciprofloxacin/fluocinolone (Cetraxal Plus) 3 mg per ml/0.25 mg per ml ear drops www.awmsg.org/awmsgonline/app/appraisalinfo/4063	Aspire Pharma Ltd
2821	daratumumab (Darzalex) 20 mg/ml concentrate for solution for infusion www.awmsg.org/awmsgonline/app/appraisalinfo/2821	Janssen-Cilag Ltd
4067	dasatinib (Sprycel) 20 mg, 50 mg, 80 mg, 100 mg and 140 mg film coated tablets www.awmsg.org/awmsgonline/app/appraisalinfo/4067	Bristol-Myers Squibb Pharmaceuticals Ltd

AWTTC reference number	Statements of Advice	Company
3109	doravirine (Pifeltro) 100 mg film-coated tablet www.awmsg.org/awmsgonline/app/appraisalinfo/3109	Merck Sharp & Dohme Ltd
3648	doravirine/lamivudine/tenofovir disoproxil fumarate (Delstrigo) 100 mg, 245 mg, 300 mg film-coated tablets www.awmsg.org/awmsgonline/app/appraisalinfo/3648	Merck Sharp & Dohme Ltd
3788	galcanezumab (Emgality) 120 mg solution for injection www.awmsg.org/awmsgonline/app/appraisalinfo/3788	Eli Lilly & Co Ltd
4066	golimumab (Simponi) 45 mg/0.45 ml solution for injection www.awmsg.org/awmsgonline/app/appraisalinfo/4066	Janssen-Cilag Ltd
3930	ketotifen (Ketofall) 0.1 mg in 0.4 ml solution eye drops www.awmsg.org/awmsgonline/app/appraisalinfo/3930	Scope Ophthalmics Ltd
2309	mexiletine (Namuscla) 167 mg hard capsule www.awmsg.org/awmsgonline/app/appraisalinfo/2309	Lupin (Europe) Limited

AWTTC reference number	Statements of Advice	Company
2792	mogamulizumab (Poteligeo) 4 mg/ml concentrate for solution for infusion www.awmsg.org/awmsgonline/app/appraisalinfo/2792	Kyowa Kirin Ltd
3517	rituximab (MabThera) 100 mg and 500 mg concentrate for solution for infusion www.awmsg.org/awmsgonline/app/appraisalinfo/3517	Roche Products Ltd
2662	tocilizumab (RoActemra) 162 mg subcutaneous injection www.awmsg.org/awmsgonline/app/appraisalinfo/2662	Roche Products Ltd

The next AWMSG meeting will be on 11 September 2019. All meeting documentation is available on the AWMSG website www.awmsg.org/awmsgonline/meetings_awmsg_2019.html prior to the meeting.

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