Enclosure No:	**1/AWMSG/0718**
Agenda Item No:	**1** – Minutes of previous meeting
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ALL WALES MEDICINES STRATEGY GROUP (AWMSG)

Draft minutes of the AWMSG meeting held Wednesday, 23rd May 2018 commencing 9.30 am at the Park Inn Hotel, Cardiff North, Circle Way East, Llanedeyrn, Cardiff, CF23 9XF

VOTING MEMBERS PRESENT:			**Did not participate in**
1.	Dr Stuart Linton	Chair & Hospital Consultant	
2.	Dr Catherine Bale	Hospital Consultant	
3.	Dr Jeremy Black	General Practitioner	
4.	Dr Anwen Cope	Other profession eligible to prescribe	
5.	Dr Sian Lewis	Welsh Health Specialised Services Commission	8, 9
6.	Prof Dyfrig Hughes	Health Economist	
7.	Mrs Alison Hughes	Managed Sector Primary Care Pharmacist	
8.	Mr Rob Thomas	ABPI Cymru Wales	
9.	Mr Chris Palmer	Lay Member	
10.	Dr Mark Walker	Medical Director	
11.	Prof John Watkins	Public Health Wales	
12.	Mr Roger Williams	Managed Sector Secondary Care Pharmacist	

IN ATTENDANCE:
Dr Saad Al-Ismail, NMG Chair
Dr Robert Bracchi, AWTTC Medical Adviser
Mr Tony Williams, AWTTC
Mrs Ruth Lang, Liaison Manager, AWTTC
Mrs Fiona Woods, Director, Welsh Medicines Information Centre
Mrs Gail Woodland, Pharmacist Team Leader, Welsh Medicines Information Centre

AWTTC:
Mr Richard Boldero, Senior WAPSU Pharmacist
Mrs Kath Haines, Head of WAPSU
Dr Caron Jones, Senior Scientist
Dr Stephanie Francis, Senior Scientist

List of Abbreviations:

ABPI	Association of the British Pharmaceutical Industry
ASAR	AWMSG Secretariat Assessment Report
AWMSG	All Wales Medicines Strategy Group
AWPAG	All Wales Prescribing Advisory Group
AWTTC	All Wales Therapeutics & Toxicology Centre
BMA	British Medical Association
CAPIG	Clinical and Patient Involvement Group
CEPP	Clinical Effectiveness Prescribing Programme
CHMP	Committee for Medicinal Products for Human Use
DoH	Department of Health
ECDF	English Cancer Drugs Fund
EMA	European Medicines Agency
EMIG	Ethical Medicines Industry Group
EOL	End of life
FAR	Final Appraisal Recommendation
FDA	US Food and Drug Administration
GP	General Practitioner
HAC	High Acquisition Cost
HB	Health Board
HST	Highly Specialised Technology
HTA	Health Technology Appraisal
IR	Independent Review
MHRA	Medicines and Healthcare products Regulatory Agency
MMPB	Medicines Management Programme Board
M&TCs	Medicines & Therapeutics Committees
NICE	National Institute for Health and Care Excellence
NMG	New Medicines Group
NPI	National Prescribing Indicator
PAMS	Patient Access to Medicines Service
PAR	Preliminary Appraisal Recommendation
PAS	Patient Access Scheme
PPRS	Prescription Price Regulation Scheme
SMC	Scottish Medicines Consortium
SPC	Summary of Product Characteristics
TDAPG	Therapeutic Development Appraisal Partnership Group
T&FG	Task and Finish Group
UHB	University Health Board
WAPSU	Welsh Analytical Prescribing Support Unit
WCPPE	Welsh Centre for Pharmacy Postgraduate Education
WeMeReC	Welsh Medicines Resource Centre
WG	Welsh Government
WHO	World Health Organization
WHSSC	Welsh Health Specialised Services Committee
WPAS	Wales Patient Access Scheme

1. Welcome and introduction

The Chair opened the meeting and welcomed members.

2. Apologies

Dr Emma Mason & Dr Balwinder Bajaj (Consultant Pharmacologist)
Mrs Louise Williams and Mrs Mandy James (Senior Nurse)
Mr Stefan Fec (Community Pharmacist)
Mr Stuart Davies (Finance Director)

3. Declarations of interest

Members were reminded to declare any interests. There were none.

4. Minutes of previous meeting

The draft minutes of the previous meeting were checked for accuracy and approved.

The Chair confirmed that as the three appraisals scheduled included an associated patient access scheme they would all be undertaken in private to ensure commercial confidentiality. The Chair asked members of the public to leave the meeting.

Before opening up the appraisal session the Chair reminded members that all appraisal questioning should fall within the appropriate scope and parameters for AWMSG decision-making and should relate to the licensed indication.

Appraisal 1: Full Submission WPAS

Ranibizumab (Lucentis®) for the treatment of visual impairment in adults due to choroidal neovascularisation (CNV) not due to pathological myopia or wet age-related macular degeneration

The Chair welcomed delegates from Novartis Pharmaceuticals Ltd and it was confirmed that individuals in the public gallery were staff of AWTTC and Welsh Government.

The Chair invited members to declare any interests in either the applicant company or the medicine if they had not already done so. No interests were declared.

The Chair announced that AWMSG advice has no impact on the licensed status of the technology and the inherent implications associated with this. A negative recommendation would not impact on the clinical freedom of the prescriber. It was noted that a positive recommendation by AWMSG, subsequently endorsed by Welsh Government, places an obligation on health boards to fund accordingly. It was confirmed that AWMSG advice is interim to final NICE guidance should this be subsequently published.

Dr Caron Jones, the AWTTC Appraisal Lead, set the context of the appraisal and relayed the key aspects of the submission as outlined in the ASAR. Dr Jones clarified the scope of the appraisal and confirmed that NICE technology appraisal guidance was available for all the indications of this medicine apart from rare CNV. Dr Jones reiterated that ranibizumab is the only licensed treatment for visual impairment due to rare CNV in the UK.

Dr Saad Al-Ismail confirmed that NMG had appraised ranibizumab (Lucentis®) on 11th April 2018 and supported use as an option for use within NHS Wales for the treatment of visual impairment in adults due to choroidal neovascularisation not due to pathological myopia or wet age-related macular degeneration.

The Chair opened discussion in relation to clinical effectiveness. Clarification was sought in relation to the longevity of the clinical response and the clinical course. The company delegates confirmed that the reasons for relapse remained unclear. There was discussion in relation to quality of life, treatment responses and the number of injections required. Clinical experts highlighted the use of off-label medicines to treat rare CNV.

Professor Dyfrig Hughes provided an overview of the case for cost-effectiveness as outlined in

the ASAR. He highlighted the limitations of the evidence. It was noted that a simple Department of Health patient access scheme was in place for the indication under consideration. It was noted that the company submitted a cost utility analysis and the results suggested that ranibizumab is less costly and more effective than best supportive care. Clarification was sought in relation to the changing QALYs and mechanism of conversion. The company delegates confirmed that they had provided the best utility data available and this had been accepted by NICE. Members considered the budget impact analysis and cost estimates.

The Chairman confirmed that three patient questionnaires had been circulated to members for consideration. He invited Mr Chris Palmer to relay the key issues outlined in the patient organisation submissions from the Macular Society, Sight Cymru and an individual patient. Mr Palmer reiterated the importance of having a licensed medicine available to treat patients with rare CNV. He reminded members of the importance of retaining independence for patients and the ability to undertake routine daily tasks.

The Chair referred to the response from Novartis Pharmaceuticals Ltd to the preliminary recommendation and asked the delegates if they wished to make any closing remarks. The delegates thanked AWMSG for the opportunity to input into the discussion and respond to questions.

In concluding, the Chair thanked the company delegates and, having received confirmation that the appraisal process had been fair and transparent and that all relevant issues had been discussed, the Chair closed the appraisal.

Appraisal decision subsequently announced in public:
The Chair confirmed that having read the evidence and considered the various issues that arose during the discussion, the following recommendation would be forwarded to Welsh Government:

Ranibizumab (Lucentis®) is recommended as an option for use within NHS Wales for the treatment of visual impairment in adults due to choroidal neovascularisation not due to pathological myopia or wet age-related macular degeneration.

This recommendation applies only in circumstances where the approved Patient Access Scheme (PAS) is utilised or where the list/contract price is equivalent or lower than the PAS price.

The Chair announced that confirmation of AWMSG's recommendations would be forwarded within five working days to the applicant company, who have up to ten working days to accept the recommendation or lodge a request for an independent review. It was noted that failure to respond within the deadline would not delay the process.

6. Appraisal 2: Limited Submission (WPAS)

Icatibant acetate (Firazyr®) for the symptomatic treatment of acute attacks of hereditary angioedema in adolescents and children aged 2 years and older (with C1-esterase-inhibitor deficiency)

The Chair confirmed that as the appraisal had an associated Wales Patient Access Scheme it would be undertaken in private to protect commercial confidentiality. The Chair referred members to the AWMSG policy for appraising orphan, ultra-orphan medicines and medicines developed specifically for rare diseases.

The Chair welcomed delegates from Shire Orphan Therapies GmBH and it was confirmed that individuals in the public gallery were staff of AWTTC and Welsh Government.

The Chair invited members to declare any interests in either the applicant company or the medicine if they had not already done so. No interests were declared.

The Chair announced that AWMSG advice has no impact on the licensed status of the technology and the inherent implications associated with this. A negative recommendation would not impact on the clinical freedom of the prescriber. It was noted that a positive recommendation by AWMSG, subsequently endorsed by Welsh Government, places an obligation on health boards to fund accordingly. It was confirmed that AWMSG advice is interim to final NICE guidance should this be subsequently published. The Chair confirmed that the application had been considered eligible for a limited submission and no evidence of cost-effectiveness is required. He explained that evidence of budgetary impact in comparison to the comparator should be demonstrated. Members were asked to note that monitoring of budget impact would be essential and AWMSG reserved the right to request a full submission if the budget impact exceeded that estimated in the submission.

Dr Stephanie Francis, the AWTTC Appraisal Lead, set the context of the appraisal and relayed the key aspects of the submission as outlined in the ASAR. Dr Francis confirmed that the application covered a licence extension for adolescents and children aged 2 years and older. It was noted that AWMSG had issued positive advice for adults in March 2012. Dr Francis highlighted that icatibant acetate is administered by a subcutaneous injection from a pre-filled syringe whereas the two comparator medicines are administered intravenously and need to be reconstituted before use. Dr Francis confirmed that SMC had supported use in Scotland.

Dr Saad Al-Ismail confirmed that NMG had appraised icatibant acetate (Firazyr®) on 11th April 2018 and supported use as an option for use within NHS Wales for the symptomatic treatment of acute attacks of hereditary angioedema (HAE) in adults, adolescents and children aged 2 years and older, with C1-esterase-inhibitor deficiency with the utilisation of the Wales Patient Access Scheme. Dr Al-Ismail relayed the view of NMG that the medicine met AWMSG's criteria for appraising orphan, ultra-orphan and rare medicines.

The Chair opened discussion in relation to clinical effectiveness. The company delegates explained that early treatment is key. Members noted that a home care service with training is available. A small stock of 2 pre-filled syringes can be held at home and carers have the option of administering the medicine at home or going to an Accident & Emergency Department. The company delegates confirmed that the cost estimates included wastage. It was confirmed that the budget impact is based on seventeen attacks and there was an acknowledgement that this may be a significant over-estimate.

Mr Palmer referred to the patient organisation questionnaire submitted by HAE UK. The ease of administration in the home setting was highlighted. The point was made that treatment is effective if administered as soon as an attack is suspected. The committee noted that the use of a second syringe may be required in some circumstances.

The Chair referred to the response from Shire Orphan Therapies GmBH to the preliminary recommendation and asked the delegates if they wished to make any closing remarks. The delegates thanked AWMSG for the opportunity to input into the discussion and respond to questions.

In concluding, the Chair thanked the company delegates and, having received confirmation that the appraisal process had been fair and transparent and that all relevant issues had been discussed, the Chair closed the appraisal.

Appraisal decision subsequently announced in public:
The Chair confirmed that having read the evidence and considered the various issues that arose during the discussion, the following recommendation would be forwarded to Welsh Government:

Icatibant acetate (Firazyr®) is recommended as an option for use within NHS Wales for the symptomatic treatment of acute attacks of hereditary angioedema (HAE) in adults, adolescents and children aged 2 years and older, with C1-esterase-inhibitor deficiency.

This recommendation applies only in circumstances where the approved Wales Patient Access Scheme (WPAS) is utilised or where the list/contract price is equivalent or lower than the WPAS price.

The Chair announced that confirmation of AWMSG's recommendations would be forwarded within five working days to the applicant company, who have up to ten working days to accept the recommendation or lodge a request for an independent review. It was noted that failure to respond within the deadline would not delay the process.

7. Appraisal 3: Full Submission (WPAS)
Selexipag (Uptravi®) for the long-term treatment of pulmonary arterial hypertension (PAH) in adult patients with WHO functional class (FC) II–III, either as combination therapy in patients insufficiently controlled with an endothelin receptor antagonist (ERA) and/or a phosphodiesterase type 5 (PDE-5) inhibitor, or as monotherapy in patients who are not candidates for these therapies

The Chair confirmed that as the appraisal had an associated Wales Patient Access Scheme it would be undertaken in private to protect commercial confidentiality. The Chair referred members to the AWMSG policy for appraising orphan, ultra-orphan medicines and medicines developed specifically for rare diseases.

The Chair welcomed delegates from Actelion Pharmaceuticals and it was confirmed that individuals in the public gallery were staff of AWTTC and Welsh Government.

The Chair invited members to declare any interests in either the applicant company or the medicine if they had not already done so. No interests were declared.

The Chair announced that AWMSG advice has no impact on the licensed status of the technology and the inherent implications associated with this. A negative recommendation would not impact on the clinical freedom of the prescriber. It was noted that a positive recommendation by AWMSG, subsequently endorsed by Welsh Government, places an obligation on health boards to fund accordingly. It was confirmed that AWMSG advice is interim to final NICE guidance should this be subsequently published.

Dr Stephanie Francis, the AWTTC Appraisal Lead, set the context of the appraisal and relayed the key aspects of the submission as outlined in the ASAR. Dr Francis informed members that based on company-sought clinical expert opinion the company submission focussed on the use of selexipag as a triple combination therapy for patients with PAH FCIII who are insufficiently controlled on dual therapy with an endothelin receptor antagonist and a phosphodiesterase type 5 inhibitor. It was noted that Welsh clinical experts and the patient organisation agreed with the

positioning and considered it would only be used if inhaled iloprost was not suitable. Dr Francis confirmed that selexipag is the first oral medication for people with WHO FCII or III PAH and the convenience of an oral treatment taken twice daily was highlighted.

Dr Saad Al-Ismail confirmed that NMG had appraised selexipag (Uptravi®) on 7th February 2018 and did not support use of selexipag (Uptravi®) within NHS Wales for the long term treatment of pulmonary arterial hypertension (PAH) in adult patients with WHO functional class (FC) II–III, either as combination therapy in patients insufficiently controlled with an endothelin receptor antagonist (ERA) and/or a phosphodiesterase type 5 (PDE-5) inhibitor, or as monotherapy in patients who are not candidates for these therapies. NMG were of the view that the clinical and cost-effectiveness data presented in the submission were insufficient for NMG to recommend use. It was noted that the estimated number of eligible patients in Wales is 48 and NMG considered it to be an ultra-orphan equivalent medicine. Dr Francis highlighted that selexipag had been recommended for a restricted patient population in Scotland and the NHS Clinical Commissioning Policy in England is currently undergoing review.

The Chair explained that a CAPIG meeting had been convened in light of NMG's decision to explore the benefits of the medicine to patients and clinicians in more detail. As CAPIG Chair, Dr Robert Bracchi relayed the key issues raised at the CAPIG meeting and referred to the CAPIG summary that had been included in the meeting documentation. Dr Bracchi made the point that an oral treatment would be more convenient than other prostanoid therapies and would help with compliance. Treatment with selexipag would allow patients to plan their day, thus improving their quality of life and that of their families. An oral treatment would reduce the burden on carers and give the patient independence. The risks associated with intravenous treatments would be reduced with an oral treatment. Dr Bracchi reiterated that access to selexipag would address an unmet clinical need for a small group of FC III PAH patients who are insufficiently controlled on dual therapy and whom are unable to have inhaled iloprost. Dr Bracchi stated that CAPIG recognised the importance of having a number of treatment options available so that patients and their doctors can make choices together.

The Chair opened discussion in relation to clinical effectiveness. It was acknowledged that some patients living in Wales choose not to travel to England for treatment. Dr Francis relayed the view of clinical experts that another treatment option which might slow disease progression and reduce hospitalisation would be welcomed. There was discussion in relation to quality of life and members sought clarification in relation to disease progression. The post-hoc analyses and monitoring requirements were considered.

The Chair referred to the patient organisation questionnaire submitted by PHA UK. Mr Palmer highlighted the key aspect of the submission and highlighted the unmet need for a small patient population when treatment with inhaled iloprost is not suitable. The convenience of having an oral treatment was reiterated.

Professor Dyfrig Hughes provided an overview of the case for cost-effectiveness as outlined in the ASAR and highlighted the limitations. He expressed concern in relation to the uncertainties in the model due to the lack of comparative evidence and assumption by the applicant company that selexipag and inhaled iloprost have similar efficacy. Professor Hughes drew member's attention to the range of ICERs and commented on the budget impact estimates. It was noted that clinical experts agreed with the estimates. The company delegates acknowledged that the case for cost-effectiveness had been challenging; however, they reassured members that they had used the best available evidence to present to AWMSG.

The Chair referred to the response from Actelion Pharmaceuticals to the preliminary recommendation and asked the delegates if they wished to make any closing remarks. The delegates thanked AWMSG for the opportunity to input into the discussion and respond to questions.

In concluding, the Chair thanked the company delegates and, having received confirmation that the appraisal process had been fair and transparent and that all relevant issues had been discussed, the Chair closed the appraisal.

Appraisal decision subsequently announced in public:
The Chair confirmed that having read the evidence and considered the various issues that arose during the discussion, the following recommendation would be forwarded to Welsh Government:

Selexipag (Uptravi®) is recommended as an option for restricted use within NHS Wales.

Selexipag (Uptravi®) is licensed for the long-term treatment of pulmonary arterial hypertension (PAH) in adult patients with WHO functional class (FC) II–III, either as combination therapy in patients insufficiently controlled with an endothelin receptor antagonist (ERA) and/or a phosphodiesterase type 5 (PDE-5) inhibitor, or as monotherapy in patients who are not candidates for these therapies.

Selexipag (Uptravi®) is recommended as an option for restricted use within NHS Wales as a triple combination therapy for the treatment of pulmonary arterial hypertension (PAH) in adult patients with WHO functional class (FC) III who are insufficiently controlled on dual therapy with an endothelin receptor antagonist and a phosphodiesterase type 5 inhibitor.

Selexipag (Uptravi®) is not recommended for use within NHS Wales outside of this sub-population.

This recommendation applies only in circumstances where the approved Wales Patient Access Scheme (WPAS) is utilised or where the list/contract price is equivalent or lower than the WPAS price.

The Chair announced that confirmation of AWMSG's recommendations would be forwarded within five working days to the applicant company, who have up to ten working days to accept the recommendation or lodge a request for an independent review. It was noted that failure to respond within the deadline would not delay the process.

Dr Sian Lewis left the meeting.

8. Chairman's report

The Chair confirmed Welsh Government ratification of the advice announced at the AWMSG meeting in March and confirmed that the final appraisal recommendations had been published on the AWMSG website.

Levodopa-carbidopa intestinal gel (Duodopa®) is recommended as an option for restricted use within NHS Wales. Levodopa-carbidopa intestinal gel (Duodopa®) should be restricted for use in the following subpopulation within its licensed indication for the treatment of advanced levodopa-responsive Parkinson's disease with severe motor fluctuations and hyper-/dyskinesia when available combinations of Parkinson medicinal products have not given satisfactory results:

- Patients not eligible for deep brain stimulation.

Levodopa-carbidopa intestinal gel (Duodopa®) is not recommended for use within NHS Wales outside of this subpopulation. This recommendation applies only in circumstances where the approved Wales Patient Access Scheme (WPAS) is utilised or where the list/contract price is equivalent or lower than the WPAS price.

Misoprostol (Mysodelle®) is recommended as an option for use within NHS Wales for the induction of labour in women with an unfavourable cervix, from 36 weeks gestation, in whom induction is clinically indicated.

The Chair confirmed receipt of Welsh Government ratification in relation to AWMSG's advice for afamelanotide (Scenesse) announced in September 2017.

Afamelanotide (Scenesse®) is not recommended for use within NHS Wales for the prevention of phototoxicity in adult patients with erythropoietic protoporphyria (EPP).
The case for cost-effectiveness has not been proven.

The Chair confirmed that four Statements of Advice had been ratified by Welsh Government and published on the AWMSG website:

Elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide (Genvoya®) cannot be endorsed for use for the treatment of human immunodeficiency virus-1 (HIV-1) infection without any known mutations associated with resistance to the integrase inhibitor class, emtricitabine or tenofovir, in children aged from 6 years to 12 years and with body weight at least 25 kg for whom alternative regimens are unsuitable due to resistance or toxicities.

Budesonide (Jorveza®) cannot be endorsed for use for the treatment of eosinophilic oesophagitis in adults (older than 18 years of age).

C1-esterase inhibitor (Berinert®) cannot be endorsed for use for the prevention of recurrent hereditary angioedema attacks in adolescent and adult patients with C1-esterase inhibitor deficiency.

Daptomycin (Cubicin®) cannot be endorsed for use for the treatment of paediatric (1 to 17 years of age) patients with Staphylococcus aureus bacteraemia associated with cSSTI.

The Chairman thanked Professor Dyfrig Hughes for leading discussions in relation to cost-effectiveness considerations and Mr Stuart Davies for sharing his experience of the NICE Highly Specialised Technology process at a workshop held on 18th April. Members discussed issues relating to the AWMSG appraisal process and suggested ways it can adapt to the changing NHS landscape.

The Chairman informed members that AWMSG's Patient and Public Interest Group (PAPIG) had met on 19th April. Jan Davies, Patient Champion at HealthWise Wales encouraged people to take advantage of the unique opportunity to be part of shaping the health and wellbeing of future generations in Wales, and help the NHS in Wales to plan for the future. Barbara More and Sian Jones talked about the work of Health and Care Research Wales and shared the vision for Wales to be internationally recognised for the excellent health and social care research that has a positive impact on health, wellbeing and the prosperity of the people in Wales'. Alison Thomas gave an update on the work of the Yellow Card Centre in Wales and encouraged prescribers and patients to report adverse reactions. AWTTC updated on the process for appraising orphan and ultra-orphan medicines, and medicines developed specifically for rare diseases. There was also an update on the Individual Patient Funding Request process. Chrissie Collier from AWTTC updated PAPIG on the recent AWMSG initiatives to help prescribers optimise the use of medicines. The Chair thanked everyone involved in ensuring that patients and the public are kept fully informed of the work of AWMSG and are aware of links with other organisations which are all working to improve the health and well-being of people living in Wales and future generations.

The Chair confirmed the AWMSG Best Practice Day would be held in Cardiff City Stadium on Tuesday, 10th July and that the AWMSG Masterclass for the pharmaceutical industry would be held in the same venue on Wednesday, 21st November.

The Chair announced that he would be stepping down as Chairman in August and the Vice-Chair, Professor John Watkins, will take on the role from September whilst Welsh Government undertake the formal appointment process. The Chair thanked members and AWTTC for their support over

the last four years.

9. Common Ailments Service – Patient Information Leaflets

Mrs Gail Woodland, Pharmacist Team Leader – Prudent Prescribing, Welsh Medicines Information Centre, and Mrs Fiona Woods, Director, Welsh Medicines Information Centre, presented the patient information leaflets to support the Common Ailments Formulary. Suggestions in relation to format, access and printability were noted. It was confirmed that the leaflets will be available to patients and community pharmacists via the AWMSG website. Dr Black suggested that inclusion on primary care systems might be useful for GPs. The safety warning of emollients was briefly discussed. The Chair confirmed AWMSG's endorsement of the leaflets.

10. National Prescribing Indicators 2017–2018 Data to December 2017

Ms Kath Haines and Mr Richard Boldero presented the National Prescribing Indicators 2017–2018: Analysis of Prescribing Data to December 2017 for information and highlighted to members the prescribing areas where significant improvements had been made in both primary and secondary care. Members were reminded that the Best Practice Day to be held on 10th July would provide opportunity to highlight initiatives that had made a positive impact on medicines optimisation and resulted in changes in prescribing practice. There was discussion in relation to biosimilar medicines and Mr Rob Thomas referred to a joint working initiative involving the Cancer Vanguard a project undertaken to share biosimilar knowledge and experience for the benefit of patients and the NHS.

The Chair confirmed the date of the next meeting on Wednesday, 20th June 2018 in Cardiff and closed the meeting.