

Minutes of the Humber and North Yorkshire APC Meeting Wednesday 4th December 2024, 14:00-16:00 via MS Teams

Name	Title	Organisation	Nov	Dec	Jan	Feb	Mar	Apr
Nigel Wells (NW, chair)	Executive Director for Clinical & Professional	NHS HNY ICB	✓	A				
Laura Angus (LA)	Chief pharmacist	NHS HNY ICB	✓	✓				
Kate Woodrow (KW)	Chief pharmacist	Harrogate & District NHS FT	SM	A				
Vimal Patel (VP)	Lead pharmacist formulary and procurement	Harrogate & District NHS FT	✓	✓				
Joanne Goode (JG)	Chief pharmacist	Humber Health Partnership	✓	A				
Stuart Parkes (SP)	Chief pharmacist	York & Scarborough NHS FT	✓	✓				
Steve Davies (SD)	Chief pharmacist	Rotherham, Doncaster & Sheffield NHS FT	A	MK				
Weeliat Chong (WC)	Chief pharmacist	Humber Teaching NHS FT	✓	✓				
Anna Grocholewska-Mhamdi (AGM)	Chief pharmacist	Navigo	✓	A				
Richard Morris (RM)	Deputy chief pharmacist	Tees, Esk and Wear Valleys NHS FT	✓	✓				
Jane Morgan (JM)	Principal Pharmacist – Formulary, Interface and Medicines Commissioning	HUTH NHS Trust	✓	✓				
Jane Crewe (JCr)	Principal pharmacist for formulary, MI & commissioning	York & Scarborough NHS FT	✓	✓				
Andy Karvot (AK)	Interface pharmacist	N. Lincs & Goole NHS FT	✓	✓				
Joanna Cunnington (JCu)	Consultant rheumatologist	Harrogate & District NHS FT	✓	✓				
Ed Smith (ES)	Emergency medicine consultant	York & Scarborough NHS FT	✓	✓				
Narayana Pothina (NP)	Consultant in adult medicine	N. Lincs & Goole NHS FT	✓	A				
Alyn Morice (AM)	Professor of respiratory medicine	HUTH NHS Trust	✓	A				
Sathya Vishwanath (SV)	Consultant psychiatrist	Humber Teaching NHS FT	A	✓				
Christiana Elisha-Aboh (CEA)	Consultant psychiatrist	Tees, Esk and Wear Valleys NHS FT	✓	✓				
Tracy Percival (TP)	Medicines optimisation & homecare pharmacist	South Tees Hospitals NHS FT	✓	✓				

Name	Title	Organisation	Nov	Dec	Jan	Feb	Mar	Apr
Chris Ranson (CR)	Medicines optimisation pharmacist	NHS HNY ICB	✓	✓				
Kevin McCorry (KM)	Medicines optimisation pharmacist	NHS HNY ICB	✓	✓				
Rachel Staniforth (RS)	Senior Strategic Lead Pharmacist	NECS	✓	✓				
Faisal Majothi (FM)	Medicines optimisation pharmacist	NHS HNY ICB	✓	✓				
Sergio Raise (SR)	GP prescribing lead	NHS HNY ICB	✓	✓				
Tim Rider (TR)	GP prescribing lead	NHS HNY ICB	✓	A				
Emma Baggaley (EB)	Assistant director medicines management	City Health Care Partnership	✓	NS				
Ian Dean (ID)	LPC representative	Community Pharmacy Humber	CH	✓				
Jane Raja (JR)	LMC representative	YOR LMC	✓	✓				
Rolan Schreiber (RS)	LMC representative	Humberside LMC	A	✓				
Kurt Ramsden (KR)	Local authority representative	North Yorkshire Council	✓	A				
Richard Dodson (RD)	Finance director	NHS HNY ICB	✓	A				
Andy Bertram (AB)	Finance director	York & Scarborough NHS FT	SJ	A				
Paula Russell (PR, professional secretary)	Principal Pharmacist	RDTc	Y	DN				
Nancy Kane (NK)	Senior Medical Information Scientist	RDTc	Y	✓				

1. General Business	
1.1	<p>Welcome, and apologies</p> <p>The chair welcomed the group. Apologies were noted as above. Also in attendance were:</p> <ul style="list-style-type: none"> Daniel Newsome (DN, Principal Pharmacist, RDTc) attended as deputy for Paula Russell. Manjeet Kaur (MK, Deputy Chief Pharmacist RDaSh) attended as deputy for Steve Davies Natasha Suffill (NS, Lead Clinical Pharmacist) attended as deputy for Emma Baggaley Syed Naqvi (SN, Consultant Child and Adolescent Psychiatrist and Medical Lead, Children and Young People's Neurodevelopmental Team) deputy for Sathya Vishwanath <p>It was noted that there were no finance representatives present, so the group was not quorate. Any decisions requiring finance input will be circulated for approval by email.</p>
1.2	<p>Declarations of interest</p> <p>The chair invited declarations for any items on the agenda, and none were declared. The chair requested all members to forward their updated Dol forms to RDTc for noting.</p>
1.3	<p>Minutes of the November 2024 meeting</p> <p>The minutes were agreed as a true record, with minor amendments to correct job titles.</p>
1.4	<p>Action log review</p> <p>The action log was reviewed. The group heard that:</p> <ul style="list-style-type: none"> APC ToR: draft was updated post-November APC meeting and submitted to CPC, which approved the draft after correction of some minor typos. The group heard that the executive agree that the APC is a

	<p>decision-making committee for the ICS without financial limits, but asked that assurance is given that the membership is appropriate to support this. The chair requested that the membership speak to their organisations and ensure that they have the authority to participate in decision-making. It was re-iterated that decisions will be made by consensus and will not single out any organisation. Should there be disagreement, no decision will be made and the issue escalated. There was a query as to whether provider representatives are expected to have authority to make decisions on service provision as well as medicines and the chair agreed to raise this query to the ICB. The group supported the executive decision on delegated authority and decision-making.</p> <ul style="list-style-type: none"> • Tirzepatide: has been flagged as one of the known risks to the ICB. A commissioning statement is in development and work is ongoing to firm up a tier 3 weight management service. It was noted that in some places there is pushback against primary care prescribing of medicines that are believed to be outside of core services and this issue is in scope of the ongoing LES review. The group acknowledged that right to choose legislation means that the ICB must make online referral service available, should the patient fit the referral criteria, which is why a commissioning statement has been produced to set out prescribing criteria for referral to digital weight management services. It was noted some work on the RAG status of tirzepatide for type 2 diabetes treatment is required as the formulary currently has 2 different status for the different strengths and is open to interpretation. • CR formulary updates – still awaiting clarification, expected next Tuesday and will be communicated to the membership. The ICB is in discussion with netformulary on the best route forward to combine the two existing formularies, <p>There was a query around whether there is a guideline template for the ICB. The chair advised that there is not one available, but one can be created if needed. In the meantime existing templates may be used.</p> <p>There was a query about what action should be taken for items currently under consideration by groups which predate this APC, such as relugolix. It was agreed that hospital-only medicines are best suited to consideration by trust DTCs, while those which cross the interface should come into the new process via the MFG.</p>
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2.0 Matters arising	
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2.1	<p>Terms of reference for the Medicines and Formulary Group</p> <p>LA presented the MFG Terms of Reference and explained that it has been discussed by the MFG at their November meeting and approved with minor comments. The group are now asked to review and approve the updated draft. The draft was approved after correction of a minor typo</p> <p>There was a query around whether specialised commissioning items should be included in routine consultations. There is an existing process of communication with NHSE to implement these and identify commissioned providers, and including them in this consultation process may disrupt that. It was suggested that they be included for the purposes of confirming RAG status only, since this is a safety issue, but it was agreed that this would be further discussed and agreed offline.</p> <p>Action: LA to submit ToR to CPC for information.</p>
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3.0 Pathways and Clinical Guidelines	
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	No items this month.
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4.0 Formulary and RAG	
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4.1	<p>Formulary Amendments October 2024</p> <p>This paper is now regularly submitted to the MFG, so this item was circulated for information and to encourage membership to engage with the consultation and circulate it to relevant colleagues and networks.</p>
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	<p>A reminded of the proposed process for consultation on formulary sub-group and APC decisions was provided by LA. Stakeholder organisations are urged to engage with the consultation process and provide comment on decisions. If no comments are made, it will be assumed that relevant organisations support the decisions which will then be implemented.</p> <p>Action: members to engage in consultations and circulate to relevant colleagues and networks.</p>
<p>5.0 Shared care</p>	
<p>5.1</p>	<p>No items this month.</p>
<p>6.0 Work plan and horizon scanning</p>	
<p>6.1</p>	<p>Monthly horizon scanning November 2024</p> <p>As above, this paper is now regularly submitted to the MFG and is included here for information. No issues were raised.</p>
<p>7.0 Items for the January meeting</p> <p>Items currently scheduled for the January meeting are:</p> <ul style="list-style-type: none"> • Drugs of low clinical value assurance report • Annual horizon scanning 	
<p>8.0 AOB</p> <p>The group heard, for information only, that letters are anticipated to be sent from HUTH to practice regarding patients with recorded allergies to penicillamine which are likely actually penicillin allergies. The chair asked that this information be forwarded to the medicines safety group.</p> <p>There was a brief discussion regarding sucralfate enemas and their RAG status in the ICS. It was agreed that a red status is likely most appropriate since this is an unlicensed product and hard to obtain, but if a formal status is required then an application can be made to the MFG.</p>	
<p>Date of next meeting: Wednesday 8th January 2025 14:00-16:00 via Teams</p>	