

Minutes of the Humber and North Yorkshire APC Meeting

Wednesday 6th November 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	✓					
Laura Angus (LA)	Chief pharmacist	NHS HNY ICB	✓					
Kate Woodrow (KW)	Chief pharmacist	Harrogate & District NHS FT	✓ SM					
Vimal Patel (VP)	Lead pharmacist formulary and procurement	Harrogate & District NHS FT	✓					
Joanne Goode (JG)	Chief pharmacist	Humber Health Partnership	✓					
Stuart Parkes (SP)	Chief pharmacist	York & Scarborough NHS FT	✓					
Steve Davies (SD)	Chief pharmacist	Rotherham, Doncaster & Sheffield NHS FT	A					
Weeliat Chong (WC)	Chief pharmacist	Humber Teaching NHS FT	✓					
Anna Grocholewska-Mhamdi (AGM)	Chief pharmacist	Navigo	✓					
Richard Morris (RM)	Deputy chief pharmacist	Tees, Esk and Wear Valley 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	✓					
Alyn Morice (AM)	Professor of respiratory medicine	HUTH NHS Trust	✓					
Sathya Vishwanath (SV)	Consultant psychiatrist	Humber Teaching NHS FT	A					
Christiana Elisha-Aboh (CEA)	Consultant psychiatrist	Tees, Esk and Wear Valley 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	✓					
Emma Baggaley (EB)	Assistant director medicines management	City Health Care Partnership	✓					
Ian Dean (ID) / Paul McGorry (PM)	LPC representative	Community Pharmacy Humber / North Yorks.	✓ 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	✓					
Richard Dodson (RD)	Finance director	NHS HNY ICB	✓					
Andy Bertram (AB)	Finance director	York & Scarborough NHS FT	✓ SJ					
Paula Russell (PR, professional secretary)	Principal Pharmacist	RDTC	Y					
Nancy Kane (NK)	Senior Medical Information Scientist	RDTC	Y					

1. General Business	
1.1	<p>Welcome, introductions and apologies</p> <p>Apologies were noted as above. Monica Mason (Head of Prescribing Support, RDTC), Jenny Allot (Programme Lead – Clinical and Professional Directorate) were also in attendance.</p> <p>Deputies in attendance: Steve Jordan (Head of Contracting, Y&S Teaching Hospitals, for Andy Bertram), Sara Moore (Deputy Chief Pharmacist Harrogate & District FT, for Kate Woodrow), Caroline Hayward (Professional Development Pharmacist, Humber LPC, for Ian Dean), Natasha Suffil (for Emma Baggaley), Jeeten Raghvani (Prescribing Lead, deputy for TR/SR), Bushra Ali (GP, deputy for TR/SR).</p> <p>EB was in attendance but left at 2:35. AM arrived at 2:35 during item 2.1. ES left at 15:30</p> <p>The chair welcomed the group and thanked them for their attendance, and introductions were made. It was explained that this is the first meeting of a joint HNY APC, replacing the prior Humber APC and North Yorkshire and York APC.</p> <p>LA explained that the APC has been stood up as part of the governance process for working towards a single ICB formulary. Following an ICB-wide consultation process it was decided to move forward, and there is now an opportunity to contribute to a system-wide effort for harmonisation of formulary and guidelines.</p>
1.2	<p>Declarations of interest</p> <p>The chair invited declarations for any items on the agenda, and none were declared. NK asked those who have not yet returned a DOI form to complete one, and to contact the secretariat if there are any issues.</p>
1.3	<p>Action log review</p>

	<p>The action log was reviewed. Actions are those remaining in process following the last meetings of the former Humber and NY&Y APCs. The group heard that:</p> <ul style="list-style-type: none"> • Guidance for erectile dysfunction following prostatectomy: item is now completed, • Cytisine for smoking cessation will return next month <p>Other items are either on the agenda or will be followed up for updates.</p>
<p>1.4</p>	<p>Subgroup work plan</p> <p>The Chair explained that this item was provided for information and assurance that outstanding actions from the prior Humber and NY&Y APCs have not been lost, and will be picked up by the APC subgroup as it is formed. There is no action for the APC at present.</p>
<p>2.0 Matters arising</p>	
<p>2.1</p>	<p>Introduction to form and function of HNY APC, including terms of reference</p> <p>The chair introduced the form and function of the new Humber and North Yorkshire APC. The group heard that the APC will report into the Clinical and Professional Committee, which will be the governance route for any items that require escalation or can't be closed by the APC.</p> <p>LA introduced the Terms of Reference (ToR), and explained that the role of the group is to discuss and decide recommendations around commissioned medicines and treatments that will be added to the ICS-wide formulary. This is not confined to medicines; items such as SIP feeds, and wound care and some devices are in scope. The APC will be asked to consider the safety, quality, cost-effectiveness, clinical effectiveness, and affordability of treatments reviewed.</p> <p>The ToR is written for the APC to have delegated authority from member organisations, but it is recognised that this is not yet in place. The ToR has been widely consulted in the ICB but some further refining work remains. It aims for a balanced membership of pharmacy and medical colleagues but is very large in its current form, and is unlikely to continue at this size. It's proposed that, as the system becomes used to and gains trust in the process, some members will move to sit on the APC subgroup. This will be the medicines formulary group, which will manage the formulary and all pathways and guidelines relating to prescribing of medicines. Pathways that include lifestyle advice will be considered by the Clinical Effectiveness Unit (CEU), while the APC and its subgroup will focus on pathways focusing purely on medicines.</p> <p>The ICS includes five collaboratives (of acute trusts, mental health, community services and public sector) and six places. The aim is that APC decisions will apply to the whole ICS. In the exceptional circumstance where something is needed for a specific place or provider, there will need to be a clear rationale / reason for it. LA explained that the principles of the APC set out that it will be expected that no organisation will act alone.</p> <p>The group welcomed the ToR and expressed the hope that the new process will improve governance and streamline processes, so that papers arriving at APC (having been through the subgroup processes) are clinically sound and ready to be signed off without significant additional discussion. It was agreed that a robust consultation process will be key in ensuring that decisions are clinically sound and potential issues or barriers to implementation are identified in good time.</p> <p>It was acknowledged that the issue of delegated authority is fundamental to the APC being able to make decisions. Its absence will necessitate the escalation of all decisions to system leaders, which is not the intent for this subcommittee. The Chair explained that the ICB executive are supportive of the APC being a decision-making committee, and encouraged participants to have these discussions with their organisations in order to support progress.</p> <p>Members asked for clarification around vote allocations for various APC roles, and a potential imbalance in votes between sectors, and heard that the membership in the ToR will be kept under review until the group and its subgroups have been fully formed.</p> <p>There was a query as to the role of trust DTCs going forward. LA explained that it was understood that DTCs were being reviewed. As an example they may continue to review NHSE-commissioned and trust-only medicines (e.g. anaesthetics, immunoglobulins), while all other applications should come through the APC governance process.</p>

	<p>Action: The principles of the ToR were broadly supported. The issues around decision-making and voting rights will continue to be worked through.</p>
2.2	<p>Essential SOPs and process documentation</p> <p>NK presented a suite of draft templates to support APC processes and governance, including a cover sheet, formulary application and supporting notes, and process for decision-making, consultation and publication of decisions.</p> <p>There was some discussion around the draft RAG statuses included in the formulary application form, which are in development as part of the joint HNY formulary. It was proposed that the status of “green (with pathway/guideline) should be updated to green with local pathway or guideline, but the group agreed this would introduce boundary issues, particular for patients treated at tertiary services in neighbouring ICBs.</p> <p>There was a query as to whether the “black” status is needed on a formulary application form, but the group agreed that it was a useful route for colleagues to raise examples of items which are not suitable for routine prescribing to the attention of the ICB, and seek a formulary decision to address these issues.</p> <p>NK described the proposed process for APC and subgroup decisions to be made, consulted on, and published. The process is based on RDTC experience of what works well in other ICBs. Once the Formulary Subgroup is formed this will generally mean that the subgroup makes decisions, opens them for consultation via the RDTC, and reviews all comments received to make a final decision. RDTC will communicate to key stakeholders (including APC and subgroup members, chief pharmacists, locality medicines management leads, prescribing leads, medical directors) when a consultation is opened and then weekly for the duration of the consultation. Stakeholders are asked to cascade the consultations through their networks so that all relevant colleagues have the opportunity to feed in. Organisations not responding will be taken to be in support of the proposed actions, and this will be clearly communicated at each contact. There was discussion around whether this is appropriate, and the group ultimately agreed that some degree of pragmatism is required so that consultations can be completed in a reasonable period of time. MM added that as the system matures stakeholders will gain experience and confidence in this system. Any gaps in the information gathered will be highlighted to the subgroup considering the consultation comments, and they can be addressed at that stage if required.</p> <p>Consultation participants will be asked to indicate whether they are responding as an individual or on behalf of an organisation. The APC subgroup opening the consultation will have the opportunity to shape the specific questions asked at each consultation so that as much information is gathered as possible, including financial information, service impacts, and whether there are barriers to implementation.</p> <p>It was acknowledged that these are live documents that will be incrementally updated to meet the needs of the system.</p> <p>Action: the templates were approved, and RDTC publish to the APC website once final pieces of information such as web links are added.</p>
3.0 Pathways and Clinical Guidelines	
3.1 & 3.2	<p>Otigo and Crystacide comms and quinolone safety information</p> <p>PR explained that these documents have been developed on an ICS-wide footprint by the antimicrobial stewardship steering group. They have been through a consultation process and are now seeking approval to publish. LA noted that the ICB AMS Steering Group reports into IPMOC and suggested that may be a route for similar documents in future.</p> <p>The group agreed that the documents were useful, and approved them.</p> <p>Action: approved for publication</p>
4.0 Formulary and RAG	
4.1	Formulary Amendments September 2024

NK explained that this item will be routinely submitted to the formulary subgroup once it is in place. Until then it will be brought to the APC to ensure that NICE TAs are brought into the system in a timely manner.

The APC approved the proposed amendments to open for consultation and noted the following:

- Vibegron for symptoms of overactive bladder syndrome should be green with approved pathway. Separately, OAB pathways in Humber and NY&Y are due to be reviewed. This item will be added to the subgroup workplan, and RS and JC agreed to coordinate outside the meeting
- Input should be sought at consultation on the place in therapy for faricimab
- It was agreed that the NHSE commissioning recommendations on DOACs should be added to the subgroup workplan so that formulary choices can be updated.

Action: RDTC to open the actions for HNY-wide consultation. RS & JC to discuss update and harmonisation of OAB guidelines.

5.0 Shared care

5.1 No items this month.

6.0 Work plan and horizon scanning

6.1 **Monthly horizon scanning October 2024**

The group highlighted that nefopam 60mg tablets and progesterone 300mg vaginal capsules may be of interest to the system, but there is likely no action for the APC at present.

MM explained that the RDTC's annual horizon scanning is now in process, so there is an opportunity to identify items with high impact, seek input from the whole system, and prepare.

7.0 AOB

- Inclisiran: It was raised by Harrogate Trust that there have been instances of GPs declining to prescribe inclisiran. Inclisiran is green on formulary and subject to an enhanced service in several areas of the ICB. There is therefore no action that the APC can take, and this will be escalated to the ICB. The group acknowledged the lack of long-term effectiveness data and heard from JR that the LMC has had prior discussion, primarily around safety concerns relating to lack of data. The LMC have been advising that prescribers should follow professional principles and ensure safe prescribing. There are also questions around how the drug is ordered (ordering incorrectly adds to costs) and concerns that financial incentives might sway clinical decisions. SM to feed back to KW.
- The secretariat highlighted that the January meeting is tentatively scheduled for the 1st and suggested 8th Jan instead. The group agreed.
- It was raised that requests to prescribe tirzepatide are being received from Oviva, and dietitians and GPs have asked for support. There is a significant financial risk, and local tier 3 services are needed to mitigate this. NW reported that an ICB statement on commissioning and pathways is being prepared, and he will chase and circulate this when it is ready.

The chair thanked the membership for their attendance and participation.

Date of next meeting: Wednesday 4th December 2024 14:00-16:00 via Teams