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| **Minutes of the Humber and North Yorkshire APC Meeting** **Wednesday 8th January 2025, 14:00-16:00****via MS Teams**  |

| Name | Title | Organisation  | Nov | Dec | Jan | Feb | Mar | Apr |
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| Nigel Wells (NW, chair) | Executive Director for Clinical & Professional | NHS HNY ICB | 🗸 | A | 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 | 🗸 | 🗸 | A |  |  |  |
| 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 | AMK |  |  |  |
| Weeliat Chong (WC) | Chief pharmacist | Humber Teaching NHS FT | 🗸 | 🗸 | 🗸 |  |  |  |
| Anna Grocholewska-Mhamdi (AGM) | Chief pharmacist | Navigo | 🗸 | A | X |  |  |  |
| 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 | 🗸 | 🗸 | A |  |  |  |
| Ed Smith (ES) | Emergency medicine consultant  | York & Scarborough NHS FT | 🗸 | 🗸 | X |  |  |  |
| Narayana Pothina (NP) | Consultant in adult medicine | N. Lincs & Goole NHS FT | 🗸 | A | A |  |  |  |
| Alyn Morice (AM) | Professor of respiratory medicine | HUTH NHS Trust | 🗸 | A | 🗸 |  |  |  |
| Sathya Vishwanath (SV) | Consultant psychiatrist | Humber Teaching NHS FT | A | 🗸 | X |  |  |  |
| Christiana Elisha-Aboh (CEA) | Consultant psychiatrist | Tees, Esk and Wear Valley NHS FT | 🗸 | 🗸 | X |  |  |  |
| Tracy Percival (TP) | Medicines optimisation & homecare pharmacist | South Tees Hospitals NHS FT | 🗸 | 🗸 | 🗸 |  |  |  |
| 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 | A |  |  |  |
| Emma Baggaley (EB) | Assistant director medicines management | City Health Care Partnership | 🗸 | NS | ANS |  |  |  |
| Ian Dean (ID) | LPC representative | Community Pharmacy Humber | CH | 🗸 | ACH |  |  |  |
| 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 | X |  |  |  |
| Andy Bertram (AB) | Finance director | York & Scarborough NHS FT | SJ | A | X |  |  |  |
| Paula Russell (PR, professional secretary) | Principal Pharmacist | RDTC | 🗸 | DN | 🗸 |  |  |  |
| Nancy Kane (NK) | Senior Medical Information Scientist | RDTC  | 🗸 | 🗸 | 🗸 |  |  |  |

A – apologies received; X – no apologies received

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| 1. General Business |
| 1.1  | Welcome, and apologiesThe chair welcomed the group. Apologies were noted as above. Also in attendance were:* 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
* Caroline Hayward (CH, Professional Development Pharmacist, Community Pharmacy Humber) attended as deputy for Ian Dean
* Marian Opoku-Fofie (MOF, Deputy Chief Pharmacist HTFT)
* Jeeten Raghwani (JR, general practitioner)

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.  |
| 1.2 | Declarations of interestThe chair invited declarations for any items on the agenda, and none were declared. The chair requested all members to forward their updated DoI forms to RDTC for noting. Action: RDTC to chase missing DOIs this week |
| 1.3 | Minutes of the December 2024 meetingThe minutes were agreed as a true record, with minor amendments to correct typos.  |
| 1.4 | Action log reviewThe action log was reviewed. The group heard that: * APC ToR: the group is still awaiting confirmation that membership has delegated authority from their organisations to make decisions as part of the APC. Members were asked to confirm this by the February meeting.
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| 1.5 | Feedback from CPCAs reported previously, CPC has confirmed the APC ToR. Additionally the following have been approved: * TA875: semaglutide for obesity – red
* TA937: budesonide for primary IgA nephropathy – red
* TA958: ritlecitinib for alopecia areata – red
* TA973: atogepant for preventing migraine – amber specialist initiation
* TA991: abaloparatide for osteoporosis after menopause – red
* TA995: relugolix for prostate cancer – amber specialist initiation
* TA996: linzagolix for fibroids – amber specialist initiation
* TA998: risankizumab for ulcerative colitis – red
* FreeStyle Libre 3 – amber specialist initiation
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| 1.6 | Highlight report from MFGNone this month; the first decisions are expected at the February meeting |
| 2.0 Matters arising |
| 2.1 | Consultation feedback – November 2024Five comments were received, all supporting the decisions opened for consultation in November 2024:* NICE TA999: vibegron for OAB – green with guideline
* NICE TA1004: faricimab for macular oedema after retinal vein occlusion - red

The group agreed that adequate feedback was received and the decisions were approved. Feedback suggested that faricimab could be used first line for the existing cohort requiring injections <8 weekly. However, the group agreed that a decision on place in therapy will be deferred until NHSE commissioning guidance for wet AMD is published, since these may inform use in other indications. The retinal group will be asked to consider place in therapy in due course, including use in relation to biosimilars of other medicines. Action: The decisions were approved. RDTC to publish decision summary.  |
| 2.2 | Drugs of low clinical value assurance reportPR presented a report on low priority prescribing. The report is presented to begin the discussion and to allow the APC to provide assurance to the ICB that this issue is being addressed. The RDTC produces this report quarterly and will bring it to this meeting regularly. The extract presented today highlights the top five items (liothyronine, lidocaine plasters, bath and shower emollients, insulin needles >£5 per 100, and trimipramine), as well as the variation between localities. The group agreed that work in this area is for the commissioning and value groups to pick up, with MFG supporting any required formulary changes. The role for the APC is to monitor progress and report to the ICB. There was discussion around issues contributing to the prescribing and variation, such as differing formulary statuses in NY&Y and Humber for lidocaine patches, possible inclusion of bath emollients in clinical pathways, differences in availability of practice support, and initiations by private providers. It was noted that some of these issues are very emotive for patients, and must be handled sensitively. SR: lidocaine patches – 3 uses: palliative care – fine, PHN – licensed, third: pain clinic recommendations who start it without IFR. Fourth: inpatient initiations. A standard letter provided by APC would be useful. KW: local detail would be helpful to inform responseJR: NE Lincs – difference between practices that do/don’t have NECs support. Practices without should be targeted – LA will pick up. SP: Lidocaine has different RAG in NY&Y vs. Humber. Six monthly data would be fine. Would be good to see where HNY stands vs. other ICBs. AK: agrees with SR & SPJane R: Some of these are emotive. Liothyronine often initiated by private providers. Emollients: initiations come from district nurses, there may be a pathway that recommends these and may need to be updated. Action: LA to raise the issue of differing levels of practice support with the ICB. MFG to look at the RAG status of lidocaine patches. RDTC will bring this item back six-monthly.  |
| 2.3 | Annual horizon scanningCR gave a verbal update. RDTC have produced their annual horizon scanning document, and CR is preparing a localised HNY version, which is currently under consultation with relevant stakeholders. Key headlines include: Primary care impact* Tirzepatide for obesity: there is a positive TA but implementation will be staggered. Will eventually be available in primary care so lots of work needed to identify service needs to provide this. NHSE commissioning recommendations are expected.
* Semaglutide for obesity: indication likely to be widened to include more people, likely to match tirzepatide population
* Endometriosis treatments: linzagolix, relugolix / estradiol / norethisterone.

Secondary care impact* Ritlecitinib for alopecia, which is already being implemented in the ICS
* Disease-modifying treatments for Alzheimer’s disease: TAs for lecanemab and donanemab are expected to be negative, but there are also oral options in the pipeline which may have significant impact if approved.
* Pegcetacoplan for geographic atrophy due to dry AMD: this may introduce significant service pressures, since it is an entirely new indication for a population not currently treated
* Similarly the following will contribute to budget and service pressures in dermatology: nemolizumab for prurigo nodularis, dupilumab and mepolizumab for COPD, and dupilumab for urticaria

The group noted that there is an opportunity now to plan for the impact of new medicines for the whole ICS, and the APC has a role to play.Action: none at this time. The full report will come to the February meeting, or when ready. |
| 3.0 Items for the next meeting |
| 3.1 | None submitted |
| 4.0 AOB |
| 4.1 | None submitted |
| Date of next meeting: Wednesday 5th February 2025, 14:00-16:00 via Teams |

For copies of current HNY APC minutes and decisions, please visit <https://humberandnorthyorkshire.org.uk/area-prescribing-committee-apc-minutes-from-meetings/>.