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| **Minutes of the Humber and North Yorkshire APC Meeting**  **Wednesday 5th February 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 | A  MK | A  MK |  |  |
| Weeliat Chong (WC) | Chief pharmacist | Humber Teaching NHS FT | 🗸 | 🗸 | 🗸 | A |  |  |
| Anna Grocholewska-Mhamdi (AGM) | Chief pharmacist | Navigo | 🗸 | A | X | 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 | 🗸 | 🗸 | 🗸 | A |  |  |
| Joanna Cunnington (JCu) | Consultant rheumatologist | Harrogate & District NHS FT | 🗸 | 🗸 | A | 🗸 |  |  |
| Ed Smith (ES) | Emergency medicine consultant | York & Scarborough NHS FT | 🗸 | 🗸 | X | 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 | 🗸 | A |  |  |
| Sathya Vishwanath (SV) | Consultant psychiatrist | Humber Teaching NHS FT | A | 🗸 | X | X |  |  |
| Christiana Elisha-Aboh (CEA) | Consultant psychiatrist | Tees, Esk and Wear Valleys NHS FT | 🗸 | 🗸 | X | X |  |  |
| Tracy Percival (TP) | Medicines optimisation & homecare pharmacist | South Tees Hospitals NHS FT | 🗸 | 🗸 | 🗸 | A |  |  |
| 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 | A  NS | A  NS |  |  |
| Ian Dean (ID) | LPC representative | Community Pharmacy North Yorkshire | CH | 🗸 | A  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 | 🗸 | A |  |  |
| Richard Dodson (RD) | Finance director | NHS HNY ICB | 🗸 | A | X | 🗸 |  |  |
| Andy Bertram (AB) | Finance director | York & Scarborough NHS FT | SJ | A | X | X |  |  |
| Matthew Lowry (ML) | Finance director | Collaboration of acute providers (CAP) |  |  |  | A |  |  |
| 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 apologies  The chair (NW) 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 * Marian Opoku-Fofie (MOF, Deputy Chief Pharmacist HTFT) attended as deputy for Weeliat Chong * Jeeten Raghwani (JR, general practitioner) * Bushra Ali (BA, general practitioner) |
| 1.2 | Declarations of interest  The chair invited declarations for any items on the agenda. TR declared some new private GP work which was noted and will be added to the register.  LA reminded the group that DOIs are needed, and requested all members to forward their updated DoI forms to RDTC for noting. All declared interests will be addressed according to standard ICB process.  Action: RDTC to follow up with members any missing DOIs this week |
| 1.3 | Minutes of the January 2025 meeting  The minutes were agreed as a true record, with minor amendments to correct typos. |
| 1.4 | Action log review  The action log was reviewed. In relation to the APC ToR the group heard that confirmation is awaited that membership has delegated authority from their organisations to make decisions as part of the APC. Several trust representatives reported that they have met with their chief financial officers and are working towards an agreement. The CFOs are due to discuss the matter as a group, and may propose a threshold that members are able to approve. Discussion is ongoing with the ICB around how best delegated authority can be reached in a way that is sensible and sustainable. |
| 1.5 | Feedback from CPC  CPC meets every 8 weeks. At the January meeting matters of relevance to the APC included a commissioning policy on high-cost drugs, a highlight report from the APC, and the annual horizon scanning report (see item 2.2). All were well received and supported. |
| 1.6 | NICE TA compliance tracker  NK presented the NICE TA compliance tracker for information and assurance. This was a paper which previously went to IPMOC, but is now in remit of the APC. It will be updated monthly, with the goal of gradually bringing the tracker up to date with all NICE-recommended medicines. To that end LA asked for DTCs and equivalent groups at provider trusts to report in to MFG, so that this information can be updated. |
| 2.0 Matters arising | |
| 2.1 | Highlight report from MFG  NK presented a decision summary from the medicines formulary group, which included:   * Bupropion for depression – amber specialist initiation * Latanoprost/netarsudil eye drops (NICE TA1009) – amber specialist recommendation   RM explained that TEWV have developed a leaflet in collaboration with CNTW to support primary care prescribers in use of bupropion in this indication, and asked about the process to have this taken up in HNY. LA asked for the leaflet to be brought to MFG, who can make a decision about next steps.  The decisions were approved.  Action: RDTC to publish the decision summary. RM to submit the bupropion supporting information to MFG. |
| 2.2 | Annual horizon scanning  CR presented an annual horizon scanning report for information. A summary of this information was presented at the January meeting, and the full paper has been presented to IPMO committee, CPC, and finance colleagues. It will now be taken to the board for information.  The paper was developed using SPS Prescribing Outlook and work done regionally by RDTC, and has been through consultation with stakeholders within the ICB. It is based on medicines expected to be available in the coming years, and is intended to support planning for implementation of new health technologies.  Areas likely to have significant impact in secondary care included ritlecitinib, bevacizumab gamma, hydromethylthionine mesylate, nemolizumab, and teplizumab, with potential savings available from biosimilars. Iin primary care the key issues included tirzepatide, fezolinetant and linzagolix, with potential savings available from generic clopidogrel and saxagliptin.  The chair thanked CR for the useful report. The group acknowledged that there are challenges with this kind of forecasting, since the launch of new medicines and indications may be delayed or cancelled without notice, meaning forecast costs are never realised.  The group heard that hospital trusts use this report for information, with local intelligence added to determine patient numbers, pathway position, and so on. It was also noted that uptake is usually gradual. The anticipated costs are then highlighted to organisations for planning purposes. If there is high variance from this forecast over the year this will be picked up and may trigger an audit.  Existing work programmes (e.g. biosimilars) will capture much of the content of this piece. The ICB MO team are sighted on the work required.  Action: No further action for the APC. Members were asked to highlight to the chair or secretariat if are aware of other groups which should be sighted on this report. |
| 2.3 | Biological and biosimilar medicines policy  LA presented a paper which is a response to independent sector providers not using biosimilar when they are readily available. The policy has been developed to support appropriate use of biosimilars, is aligned with NHSE commissioning recommendations for biologics, and is supported by acute trusts. The policy promotes use of biosimilars where available and suitable.  This piece was approved by CPC last week and is here for information. It will go to quality committee for final approval since this is a clinical policy. The group supported the policy.  Action: no further action for the APC. |
| 3.0 Items for the next meeting | |
| 3.1 | None submitted |
| 4.0 AOB | |
| 4.1 | SP raised that the chief pharmaceutical officer has circulated a letter on biosimilars in ophthalmology, which highlights that aflibercept 2mg biosimilars are expected soon and that aflibercept 2mg should be tried before moving patients to newer treatments. Support was sought from the ICB to implement this advice. Aflibercept is the biggest potential cost saving included in annual horizon scanning, so failing to realise this is a substantial risk. The group heard that aflibercept 8mg was approved in NY&Y on the basis that audit data be collected to assess impact on capacity.  The group agreed that a system-wide approach would be useful and appreciated, and that the APC should make a decision on what the formulary wording and status should be. Formulary should also link to the new biosimilar policy discussed above.  Action: NW & LA to take forward, LA to seek audit data from trusts to inform the decision, SP to support. APC to communicate to leaders forum, trust chief execs on this issue. |
| Date of next meeting: Wednesday 5th March 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/>.