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| **Minutes of the Humber and North Yorkshire APC Meeting**  **Wednesday 5th March 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 | 🗸 | A |  |
| Laura Angus (LA) | Chief pharmacist | NHS HNY ICB | 🗸 | 🗸 | 🗸 | 🗸 | 🗸 |  |
| Kate Woodrow (KW) | Chief pharmacist | Harrogate & District NHS FT | SM | A | 🗸 | 🗸 | 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 | A  MK |  |
| Weeliat Chong (WC) | Chief pharmacist | Humber Teaching NHS FT | 🗸 | 🗸 | 🗸 | A | A |  |
| Anna Grocholewska-Mhamdi (AGM) | Chief pharmacist | Navigo | 🗸 | A | X | A | 🗸 |  |
| Richard Morris (RM) | Deputy chief pharmacist | Tees, Esk and Wear Valleys NHS FT | 🗸 | 🗸 | 🗸 | 🗸 | A |  |
| 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 | X |  |
| Narayana Pothina (NP) | Consultant in adult medicine | N. Lincs & Goole NHS FT | 🗸 | A | A | 🗸 | X |  |
| Alyn Morice (AM) | Professor of respiratory medicine | HUTH NHS Trust | 🗸 | A | 🗸 | A | X |  |
| 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 (RSt) | Senior Strategic Lead Pharmacist | NECS | 🗸 | 🗸 | 🗸 | 🗸 | A |  |
| 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 | A  NS |  |
| Ian Dean (ID) | LPC representative | Community Pharmacy North Yorkshire | CH | 🗸 | A  CH | 🗸 | 🗸 |  |
| Jane Raja (JR) | LMC representative | YOR LMC | 🗸 | 🗸 | 🗸 |  |  |  |
| Rolan Schreiber (RSc) | 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 | 🗸 | X |  |
| Andy Bertram (AB) | Finance director | York & Scarborough NHS FT | SJ | A | X | X | X |  |
| Matthew Lowry (ML) | Finance director | Collaboration of acute providers (CAP) |  |  |  | A | 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  LA, chairing, 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) * Pratik Basu (PB, general practitioner) * John Hancock Service Delivery Lead HNY ICB, observing |
| 1.2 | Declarations of interest  The chair invited declarations for any items on the agenda.  LA declared that she attended Commissioning & High Cost Drugs: Quality & Cost Effective Prescribing for Medicines Value within the ICS Conference. LA took part in a panel discussion 'Future Priorities for High Cost/Medicines Value & Pharmacy: A discussion to cover key issues and thoughts for the year ahead'. No specific drug names were discussed. |
| 1.3 | Minutes of the February 2025 meeting  The minutes were agreed as a true record, with minor amendments to correct employers and attendance, and note who was chairing. |
| 1.4 | Action log review  The action log was reviewed:   * ToR: the issue of delegated authority is still outstanding. LA has followed this up by email on 10th February and 5th March. SP reported that finance officers are meeting today, and hope to progress this issue. * Tirzepatide: NHSE commissioning recommendations are still awaited so this can be progressed. * Ophthalmology biosimilars: A letter from the APC, with NW as chair, was sent to the Collaborative of Acute Providers (CAP) in February, and copied to chief execs. The letter asked for an urgent response on how the chief pharmaceutical officer’s request to prioritise biosimilars would be implemented, and how providers will address lack of update of biosimilar ranibizumab. As a result a meeting was arranged for 4th March and included the medical retina task and finish group. At this meeting it was acknowledged that practice would begin to change to adopt biosimilars, including aflibercept 2mg. Other issues covered included patient consent to receive biosimilars, and how prescriptions are handled for clinics. These issues are being addressed and will be taken up with ophthalmologists in order to progress the matter. |
| 1.5 | Feedback from CPC  CPC meets every 8 weeks; there has been no meeting since February APC. |
| 1.6 | NICE TA compliance tracker  There have been no substantive updates to the tracker this month; most published TAs recently have been for NHSE-commissioned medicines. LA asked for the tracker to be updated with a RAG rating to indicate which TAs are implemented, in process and on time, and in process but overdue.  Action: RDTC to update the tracker for the April meeting |
| 2.0 Matters arising | |
| 2.1 | Highlight report from MFG  LA acknowledged that today’s agenda is light, and this is in part due to the fact that MFG is performing its function well and ensuring that matters aren’t sent to APC before they have had system-wide feedback and are ready for approval.  LA presented a decision summary from the medicines formulary group, which included:   * Sublingual fentanyl for palliative care use only – amber specialist initiation, * Dienogest tablets for endometriosis – amber specialist initiation, as a second line option alongside GnRH analogues, after failure of initial hormonal treatment and analgesia, and on the recommendation of a gynaecologist * Hydroxychloroquine (HCQ) shared care protocol (SCP). This document was approved clinically by MFG, but it was highlighted to the APC that commissioned ophthalmology services must be in place for the SCP to be implemented. LA explained that this is in process within the ICB.   KM asked whether the SCP can be published while the commissioning issues are being worked out. LA explained that if the provisions in the SCP can’t be fulfilled the medicine should be treated as RED.  SP asked if there is a prioritisation process at MFG, to ensure that urgent issues can be progressed in a timely manner. The group heard that at present the volume of work is manageable and prioritisation has not been necessary. There is a scoping process to make sure that applications are complete and can be progressed.  RSc asked how GPs will be made aware whether screening has happened. LA stated that this will be included in the enhanced service review which is in progress, to ensure there is assurance for prescribers. TR explained that, locally, there is a check annually for each patient that monitoring has been done, and if not a query is raised. Where monitoring is complete this is quick, but can take some time if follow-up is needed.  The group approved the proposed decisions.  Action: RDTC to publish the decision summary. |
| 2.2 | Medicines Optimisation Opportunities  NK presented a brief overview of the RDTC Medicines Optimisation Opportunities Dashboard and explained why it has been produced and what it aims to show. Feedback was invited from the group, including on which indicators are most relevant in HNY. The group heard that the ICB selected five indicators when the MO opportunities were first published in 2023/24: valproate, biosimilars, inhalers, blood glucose test strips, and antimicrobials.  Action: members to give any additional feedback by email. RDTC will give a fuller presentation on the relevant indicators at a future meeting. |
| 3.0 Items for the next meeting | |
| 3.1 | None submitted |
| 4.0 AOB | |
| 4.1 | JG asked what other trusts are handling Pharmoutcomes referrals, and the group heard that these are mostly integrated but that uptake generally appears low. It was agreed that this was not an APC issue, and could be picked up at IPMOC.  AK asked if there is progress on an ICB-wide formulary. LA reported that a test site is up and running and team are working to update it with appropriate content. The test site will be shared when ready. |
| Date of next meeting: Wednesday 2nd April 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/>.