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| **Minutes of the Humber and North Yorkshire APC Meeting** **Wednesday 2nd April 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 | A |
| Laura Angus (LA) | Chief pharmacist | NHS HNY ICB | 🗸 | 🗸 | 🗸 | 🗸 | 🗸 | 🗸 |
| Kate Woodrow (KW) | Chief pharmacist | Harrogate & District NHS FT | SM | A | 🗸 | 🗸 | A | A |
| Vimal Patel (VP) | Lead pharmacist formulary and procurement | Harrogate & District NHS FT | 🗸 | 🗸 | A | 🗸 | 🗸 | 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 | AMK | AMK | A |
| Weeliat Chong (WC) | Chief pharmacist | Humber Teaching NHS FT | 🗸 | 🗸 | 🗸 | A | A | 🗸 |
| Anna Grocholewska-Mhamdi (AGM) | Chief pharmacist | Navigo | 🗸 | A | X | A | 🗸 | A |
| Richard Morris (RM) | Deputy chief pharmacist | Tees, Esk and Wear Valleys NHS FT | 🗸 | 🗸 | 🗸 | 🗸 | A | ACW |
| 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 | 🗸 | 🗸 | 🗸 | 🗸 | 🗸 | A |
| Andy Karvot (AK) | Interface pharmacist | N. Lincs & Goole NHS FT | 🗸 | 🗸 | 🗸 | A | 🗸 | 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 | A |
| 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 | ANS | ANS | ANS | ANS |
| Ian Dean (ID) | LPC representative | Community Pharmacy North Yorkshire | CH | 🗸 | ACH | 🗸 | 🗸 | 🗸 |
| 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 | X |
| Andy Bertram (AB) | Finance director | York & Scarborough NHS FT | SJ | A | X | 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 apologiesThe chair (LA) welcomed the group. Apologies were noted as above. Also in attendance were:* Natasha Suffill (NS, Lead Clinical Pharmacist) attended as deputy for Emma Baggaley
* Chris Williams (CW, Chief Pharmacist, TEWV) attended as deputy for Richard Morris
* Syed Naqvi (SN, Consultant Psychiatrist, Humber Teaching NHS FT)
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| 1.2 | Declarations of interestThe chair invited declarations for any new conflicts of interest or for any items on the agenda. None were declared. |
| 1.3 | Minutes of the March 2025 meetingThe minutes were agreed as a true record, with minor amendments to add detail to a DOI declared |
| 1.4 | Action log reviewThe action log was reviewed:* ToR: the issue of delegated authority is still outstanding. LA has followed this up by email in late March. Recent announcements regarding the future of NHSE and ICB funding may affect timescales. The ICB continues to discuss the scheme of delegation. ML fed back that a risk share has been agreed in principle which will help progress this issue.
* Tirzepatide: see full agenda item.
* Ophthalmology biosimilars: to return to a future meeting; some progress has been made but still pending.
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| 1.5 | Feedback from CPC CPC met two weeks ago, and APC items were noted. No further action.  |
| 1.6 | NICE TA compliance trackerThe tracker was reviewed, and there were no items of note.Action: none |
| 2.0 Matters arising |
| 2.1 | Highlight report from MFG * Bevacizumab gamma – red. Pathway position to be determined once NHS commissioning recommendations are available.
* Tirzepatide initial implementation – interim red status in specialist services. The group acknowledged that while there will be a high financial impact to implement this TA, there will be clinical benefits to doing so. It was highlighted that specialist services are at capacity and not all are commissioned to prescribe. It was agreed to amend the decision to add a note to this effect, and a reminder that patients should not be referred only to access medicines; these services are designed to provide wraparound care.
* Medicines for actinic keratosis – approved as green (Solaraze, Efudix, Klisyri) and amber specialist recommendation (Aldara, Zyclara), to be used in line with the Primary Care Dermatology Society Actinic (Solar) Keratosis Primary Care Treatment Pathway.
* Sodium chloride 0.9% solution for injection, 2ml, 5ml, 10ml, 20ml for use as a diluent – green in palliative care
* Sodium chloride 0.9% solution for injection, 2ml, 5ml, 10ml, 20ml for use as a flush – green
* Sodium chloride 0.9% solution for injection, 500ml & 1000ml bags for use in hypodermoclysis – amber (specialist initiation)

The group approved the decisions. Action: RDTC to publish the decision summary.  |
| 2.2 | Shared care protocolsThe group reviewed eight shared care protocols. These are based on the shared care protocols published by NHSE, and updated clinically by RDTC. HNY have adapted the documents for local use and opened them for a 4 week consultation. Engagement was high and comments have been reviewed and incorporated where possible and appropriate. Seven SCPs were reviewed and recommended for approval by MFG. The eighth, methotrexate had differences in commissioning, where subcutaneous methotrexate is not available under shared care in all localities. RS explained that the documents have been updated to reflect clinical preferences and local pathways. There was discussion around the most appropriate timescales for transfer of care from secondary to primary care, particularly for amiodarone and dronedarone. The group agreed that for these medicines it may be appropriate to transfer to primary care sooner, once a patient is stable. However it was acknowledged that this may take some time, e.g. where TFTs are checked every 6 weeks until stable. The group agreed that the sulfasalazine document should be amended to add to primary care monitoring section: “if monitoring is to continue, specialist should advise”. The shared care protocols SCPs will be hosted on APC website once approved. The group acknowledged that in some localities implementation of these documents will represent a significant change in practice, as they move to true shared care. The SCPs were approved with the minor amendments discussed above. Action: RS to update the draft documents as discussed. RDTC to upload final approved versions to APC website.  |
| 2.3 | Implementation of NICE TA for tirzepatide (Mounjaro®) in weight managementThe ICB has been asked to scope out models for what will work to implement the second phase of the NICE TA. Due to the high interest in this TA, it will be important to have a formulary status in place for June 23rd. It is proposed to have MFG open their consultations as usual, but have comments returned to June APC so that there is time to implement the decision. The group supported this approach. Some primary care staff feel that other co-morbidities should be taken into account when considering eligibility, e.g. mental health conditions. The group acknowledged that a pathway is needed to support timely implementation. Action: none for APC at this time.  |
| 2.4 | RAG definitions and shared care principlesThe group reviewed a set of Red / Amber / Green definitions, which are aligned with those the MFG and APC have been using since inception, and were presented for information and assurance. A shared care principles document was also shared. Intended to set out what is good practice when sharing care, to facilitate positive relationships between sectors and high quality care. This is in addition to the interface documents agreed by trusts and localities. Appendices are included which are example templates for communication between specialists and primary care. The templates are not mandatory, but they demonstrate the information which must be provided between parties sharing care. It was agreed that ideally these templates should be provided and held in a digital format integrated with provider and GP systems, however resource is not available to facilitate this. Instead, the files will be held on the HNY Partnership website.The group supported the principles. There was discussion around how prescribers should keep up with changes to documents as they are reviewed. Changes are noted on the front sheet of every SCP and comms will be put in place to ensure updated versions are cascaded appropriately. All three documents were approved. Action: RDTC to publish final versions to the HNY Partnership website.  |
| 2.5 | New Service Specification - Medicines Related Shared Care and/or the Administration of MedicinesA medicines list was presented for information. The list is part of a local enhanced service (LES) which has been reviewed, discussed and agreed. The LES had to be in place for 1st April. There were previously several separate lists across the system covering 100 drugs, of which only 17 were common to all. Those remaining are those which meet shared care requirements, plus a small number which qualify for a payment for administration. Shared care medicines have been grouped according to the level of monitoring required. Medicines removed from lists will need to come through MFG for approval when possible. The group requested that medicines with multiple statuses be made very clear on formulary, to avoid confusion. There followed discussion around the impact on existing patients, and it was suggested that formulary be annotated for new patients only. Where there are existing SCPs in a locality, those will remain in place pending development of an ICB-wide review. Where there are ambiguities those medicines will be prioritised. The ICB wishes to avoid models where one professional is monitoring while another is prescribing, since this may cause safety issues. Action: none for APC; item for information.  |
| 3.0 Items for the next meeting |
| 3.1 | None submitted |
| 4.0 AOB |
| 4.1 |  Nothing was raised.  |
| Date of next meeting: Wednesday 7th May 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/>.