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| **Minutes of the Humber and North Yorkshire APC Meeting**  **Wednesday 4th June 2025, 14:00-16:00**  **via MS Teams** | |

| Name | Title | Organisation | Jan | Feb | Mar | Apr | May | Jun |
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| Nigel Wells (NW, chair) | Executive Director for Clinical & Professional | NHS HNY ICB | A | 🗸 | A | A | A | A |
| Laura Angus (LA) | Chief pharmacist | NHS HNY ICB | 🗸 | 🗸 | 🗸 | 🗸 | 🗸 | 🗸 |
| Kate Woodrow (KW) | Chief pharmacist | Harrogate & District NHS FT | 🗸 | 🗸 | A | A | A | 🗸 |
| Vimal Patel (VP) | Lead pharmacist formulary and procurement | Harrogate & District NHS FT | A | 🗸 | 🗸 | A | 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 | A  MK | A  MK | A | A  MK | A  MK |
| Weeliat Chong (WC) | Chief pharmacist | Humber Teaching NHS FT | 🗸 | A | A | 🗸 | 🗸 | 🗸 |
| Anna Grocholewska-Mhamdi (AGM) | Chief pharmacist | Navigo | X | A | 🗸 | A | A | A |
| Richard Morris (RM) | Deputy chief pharmacist | Tees, Esk and Wear Valleys NHS FT | 🗸 | 🗸 | A | A  CW | 🗸 | 🗸 |
| Jane Morgan (JM) | Principal Pharmacist  – Formulary, Interface and Medicines Commissioning | HUTH NHS Trust | 🗸 | 🗸 | 🗸 | A | A | 🗸 |
| 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 | 🗸 | X | X |
| Narayana Pothina (NP) | Consultant in adult medicine | N. Lincs & Goole NHS FT | A | 🗸 | X | A | X | A |
| Alyn Morice (AM) | Professor of respiratory medicine | HUTH NHS Trust | 🗸 | A | X | 🗸 | 🗸 | A |
| Sathya Vishwanath (SV) | Consultant psychiatrist | Humber Teaching NHS FT | X | X | 🗸 | A | 🗸 | A |
| Christiana Elisha-Aboh (CEA) | Consultant psychiatrist | Tees, Esk and Wear Valleys NHS FT | X | X | 🗸 | A | 🗸 | 🗸 |
| 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 | 🗸 | 🗸 | 🗸 | A | 🗸 | 🗸 |
| Rachel Staniforth (RSt) | Senior Strategic Lead Pharmacist | NECS | 🗸 | 🗸 | A | 🗸 | X | A |
| Faisal Majothi (FM) | Medicines optimisation pharmacist | NHS HNY ICB | 🗸 | 🗸 | 🗸 | 🗸 | X | 🗸 |
| Sergio Raise (SR) | GP prescribing lead | NHS HNY ICB | 🗸 | 🗸 | 🗸 | 🗸 | 🗸 | 🗸 |
| Bushra Ali (BA) | GP prescribing lead | NHS HNY ICB |  | 🗸 | 🗸 | 🗸 | 🗸 | 🗸 |
| Tim Rider (TR) | GP prescribing lead | NHS HNY ICB | A | 🗸 | 🗸 | 🗸 |  |  |
| Emma Baggaley (EB) | Assistant director medicines management | City Health Care Partnership | A  NS | A  NS | A  NS | A  NS | A  NS | A  NS |
| Ian Dean (ID) | LPC representative | Community Pharmacy North Yorkshire | 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 | 🗸 | 🗸 | 🗸 | X |
| Richard Dodson (RD) | Finance director | NHS HNY ICB | X | 🗸 | X | X | 🗸 | X |
| Andy Bertram (AB) | Finance director | York & Scarborough NHS FT | X | X | X | X | X | X |
| Matthew Lowry (ML) | Finance director | Collaboration of acute providers (CAP) |  | A | A | 🗸 | X | 🗸 |
| Paula Russell (PR, professional secretary) | Principal Pharmacist | RDTC | 🗸 | 🗸 | 🗸 | 🗸 | 🗸 | A |
| 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 (LA) welcomed the group. Apologies were noted as above. Also in attendance were:   * Natasha Suffill (NS, Lead Clinical Pharmacist) attended as deputy for EB * Manjeet Kaur (MK, Deputy Chief Pharmacist RDaSh) attended as deputy for SD * Loredana Pintilie (LP, ) attended as deputy for AGM |
| 1.2 | Declarations of interest  The chair invited declarations for any new conflicts of interest or for any items on the agenda. No new conflicts were declared. |
| 1.3 | Minutes of the May 2025 meeting  The minutes were agreed as a true record, with some minor amendments for clarity. |
| 1.4 | Action log review  The action log was reviewed, and there were updates as follows:   * ToR – LA explained that it was unlikely that issues of delegated authority for the group would be resolved imminently. It is also unlikely that Nigel Wells would be able to serve as chair going forward, due to conflicts with other commitments. As part of working towards resolving both of these issues, it was proposed to begin an exercise to review the APC membership with a view to reducing the group size to make good use of members’ time, while ensuring the membership remains balanced. The goal will be to retain the expertise that is essential for good decision making while ensuring members are placed in the group that makes best use of their time. Once this exercise is complete nominations will be taken for a new permanent chair and vice chair. * Tirzepatide – see AOB agenda item * Ophthalmology – the NHS England medical retina pathway is expected later this week and will inform next steps. |
| 1.5 | Feedback from the Clinical and Professional Committee meeting  The CPC received April and May decisions from the APC at their late May meeting. There were some questions regarding medicines commissioned by local authorities (cytisine and naltrexone) but nothing for the APC to discuss.  Action: none |
| 1.6 | NICE TA compliance tracker  The tracker was noted for information.  Action: none |
| 2.0 Matters arising | |
| 2.1 | Highlight report from MFG  Recommendations made by MFG at their May meeting were reviewed:   * Ivermectin oral tablets for scabies – green with guideline. The group heard that this item would be added to formulary with links to infection control guidelines. An existing West Yorkshire guideline on contact tracing will be taken to a future meeting of MFG for discussion with a view to adopting it for the ICB and linking from formulary. * Donepezil, galantamine, rivastigmine and memantine for management of dementia – amber specialist recommendation. There was a query regarding who qualifies as a specialist for purposes of this recommendation. The group heard that generally a specialist can be any clinician with a specialism and access to accurate diagnostic tests. These medicines were previously shared care, but this aligns their status across the ICB. * Continuous Glucose Monitoring (CGM) devices (Freestyle Libre 2 and Freestyle Libre 2+, DexcomOne and DexcomOne+) for eligible insulin-treated type 2 diabetes patients in line with NICE NG28 – green, for patients who meet criteria. Otherwise specialist initiation. There was a query regarding funding, and whether the ICB is already funding services elsewhere which should be providing CGM. The group heard that the machines are provided free of charge by manufacturers, but that prescribing of sensors is funded from drugs budgets. Confirmation will be sought. * Fusidic acid for impetigo, fusidic acid with hydrocortisone for infected eczema, and fusidic acid with betamethasone for infected eczema – green with guideline * Lymecycline capsules for acne and rosacea – green with guideline * Pregabalin modified-release for neuropathic pain – Not routinely commissioned – add to deny list. * Budesonide suppositories for acute ulcerative colitis – amber specialist recommendation and first line, with prednisolone suppositories second line   The decisions were approved with the amendments noted.  Action: RDTC to update the decisions as noted, and publish a decision summary. |
| 2.2 & 2.3 | HNY asthma pathways – 2-5 year olds and 5-11 year old, 11 and over  The asthma guidelines for children and adults have been updated to align with the recently updated NICE guidelines. The 12+ pathway is aligning with the newer AIR and MART regimens, which seek to reduce prescribing of SABAs for rescue treatment. There is a significant education programme planned to support primary care to implement the guidelines.  The pathway for 2-5 year olds fills a gap where there was previously no local guidance, and is also aligned with NICE. The pathway for 5-11 year olds may come back so that Fobumix for use in older children (aged 10-11) can be included, but that will be a future piece of work. A launch webinar has been arranged for early July.  The group felt that the guidelines were clear and easy to use. There was a query regarding the recommendation in the 2-5 year old pathway for the administration of 10 puffs of salbutamol in a spacer as rescue treatment, and a request for clarity on how this should be administered. The authors will seek clarity and confirm prior to publication.  Post-meeting note: clinical authors confirmed that the intent is for rescue salbutamol to be given 1 puff at a time, as written in the pathway. Education on this change in practice is part of the package being prepared for clinicians and patients.  The pathways were approved. The group supported the addition of Fobumix coming back to a future meeting of MFG.  Action: RDTC to add to decision summary. Final drafts to be published. |
| 2.4 | HNY COPD pathway  Item was not ready for submission. Deferred.  Action: RDTC to follow-up with authors and return the pathway to July meeting. |
| 2.5 | Shared care protocol – ciclosporin  CR explained that the SCP has been through the same governance process as other documents in this series discussed at previous meetings, including ICB-wide consultation. Approval was sought to publish the document.  There was a query from secondary care representatives around the recommendation in the document that ciclosporin should be prescribed by brand, since this is not cost effective. The group heard that the rationale when the documents were developed nationally was that, while it is not necessarily clinically essential for non-transplant indications, it is beneficial for transplant patients if prescribing of ciclosporin is always by brand name.  The group preferred to remove this requirement, considering the clinical situation to be more, analogous to branded anti-epileptics where it can be appropriate to prescribe generically for some patients.  It was noted that oral preparations of Sandimmun have been discontinued and should be removed.  Action: CR to update wording regarding generic prescribing. |
| 3.0 Items for the next meeting | |
| 3.1 | None submitted  LA requested members review their attendance now for the meeting on 6th August meeting, so that any annual leave can be planned for. |
| 4.0 AOB | |
| 4.1 | Prescribing of medicines for overweight and obesity  Two issues pertaining to medicines for overweight and obesity were discussed. Firstly:  NICE TA1026: Tirzepatide for managing overweight and obesity was published in December 2024, with a requirement that tirzepatide be made available in Specialist Weight Management Services (SWMS) within 90 days. This was achieved, although capacity issues exist and there are gaps in provision of which the ICB is aware. The NICE guidance was followed by NHS England [interim commissioning guidance](https://www.england.nhs.uk/wp-content/uploads/2025/03/PRN01879-interim-commissioning-guidance-implementation-of-the-nice-technology-appraisal-ta1026-and-the-NICE-fu.pdf) which defined specific cohorts eligible, and in year 1 this is people with BMI >40 with at least 4 qualifying co-morbidities (hypertension, dyslipidaemia, obstructive sleep apnoea, cardiovascular disease, type 2 diabetes mellitus). Approximately 3,000 patients in the ICB may be eligible. A funding variation in place for 12-year implementation of the NICE TA, as acknowledgement that the recommendations are unaffordable nationally.  There was a query as to whether mental health was considered as a comorbidity. It was noted that the NHSE interim commissioning guidance does contain brief discussion of the potential impacts on and benefits for people living with severe mental health problems.  Provision for the first primary care cohort must be available by 23rd June. However, information on the NHSE-commissioned wraparound service is just starting to come in so implementation will be challenging. Measures must be approved by the APC and by the ICB executive.  The ICB MO team have written a paper to the exec asking for approval for funding and outlining the risks, and suggesting delivery models for tirzepatide. This will come to APC members by email, and the ask will be for members to specify the model they prefer. The RAG status for tirzepatide is to be confirmed but it may be classed as “red”, to be prescribed only as part of a specific commissioned service. It was highlighted that red does not mean hospital-only, and the RAG status is open to discussion. A more complete ICB strategy on overweight and obesity is in development by the Public Health teams, and there will be a place there for tirzepatide.  It was acknowledged that primary care is also receiving extensive enquiries on this topic, possibly amplified by patients accessing supplies privately and by press reporting that is not always accurate. Managing demand will be a real challenge. Comms are in development for clinicians and patients, to support general practice. Comms will be shared with LMC and GP leads for feedback, then shared more widely. It was suggested that they should also be shared with local media to raise public awareness, and this was supported.  The group acknowledged that additional drugs are in the pipeline, and will have additional impact.  Secondly: the ICB has seen a big increase in the use of semaglutide and liraglutide, higher than expected if prescribing is in line with the type 2 diabetes algorithm. There is a large variation between places in HNY and, anecdotally, requests are coming from secondary care from specialities including cardiology. It is proposed that the APC write to clinicians to clarify the situations where GLP1s are prescribable to help address this. Needs to be clear what criteria are for both diabetes and obesity. The group supported this proposal.  The group supported the proposed actions, and were clear that governance and communication need to be good on these topics.  Actions:   1. A paper will be submitted to the ICB executive to highlight the cost of tirzepatide and agree a model of care. This will come to the APC by email for agreement, likely with tirzepatide positioned as a red drug for specialist use, as part of a commissioned service. The ICB will work up the specialist service as an enhanced service. 2. A letter will be written from the APC to all clinicians in HNY to reiterate when GLP1s should and should not be used, and asking for review of prescribing. |
| Date of next meeting: Wednesday 2nd July 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/>.