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| **Minutes of the Humber and North Yorkshire APC Meeting** **Wednesday 7th May 2025, 14:00-16:00****via MS Teams**  |

| Name | Title | Organisation  | Dec | Jan | Feb | Mar | Apr | May |
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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 | A |
| Vimal Patel (VP) | Lead pharmacist formulary and procurement | Harrogate & District NHS FT | 🗸 | A | 🗸 | 🗸 | A | A |
| Joanne Goode (JG) | Chief pharmacist | Humber Health Partnership  | A | 🗸 | 🗸 | 🗸 | 🗸 | A |
| Stuart Parkes (SP) | Chief pharmacist | York & Scarborough NHS FT | 🗸 | 🗸 | 🗸 | 🗸 | 🗸 | 🗸 |
| Steve Davies (SD) | Chief pharmacist  | Rotherham, Doncaster & Sheffield NHS FT | MK | AMK | AMK | AMK | A | AMK |
| Weeliat Chong (WC) | Chief pharmacist | Humber Teaching NHS FT | 🗸 | 🗸 | A | A | 🗸 | 🗸 |
| Anna Grocholewska-Mhamdi (AGM) | Chief pharmacist | Navigo | A | X | A | 🗸 | 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 | 🗸 | 🗸 | 🗸 | 🗸 |  | 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 |
| Narayana Pothina (NP) | Consultant in adult medicine | N. Lincs & Goole NHS FT | A | A | 🗸 | X | A | X |
| Alyn Morice (AM) | Professor of respiratory medicine | HUTH NHS Trust | A | 🗸 | A | X | 🗸 | 🗸 |
| Sathya Vishwanath (SV) | Consultant psychiatrist | Humber Teaching NHS FT | 🗸 | 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 | 🗸 | X |
| Faisal Majothi (FM) | Medicines optimisation pharmacist | NHS HNY ICB | 🗸 | 🗸 | 🗸 | 🗸 | 🗸 | X |
| 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 | ANS |
| Ian Dean (ID) | LPC representative | Community Pharmacy North Yorkshire | 🗸 | 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 | A | 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 | 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
* Manjeet Kaur (MK, Deputy Chief Pharmacist RDaSh) attended as deputy for Steve Davies
* Bushra Ali (BA, general practitioner)
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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. No new conflicts were declared.AK declared that a regional accounts manager for a pharmaceutical company had been in touch with regarding a LES. LA explained that the person has had a response from other members of the team and no action is required.  |
| 1.3 | Minutes of the April 2025 meetingThe minutes were agreed as a true record, with some minor amendments for clarity. |
| 1.4 | Action log reviewThe action log was reviewed, and there were no updates.  |
| 1.5 | NICE TA compliance trackerThe tracker was noted for information. Action: none |
| 2.0 Matters arising |
| 2.1 | Highlight report from MFG Recommendations made by MFG at their April meeting were reviewed:* Aerobika – Amber Specialist Initiation, and annotated “training and the first device will be supplied by the hospital”
* Doxylamine pyridoxine (Xonvea) – green, as an option alongside other established (off-label) options
* Naltrexone for gambling that harms – red, for use by specialist gambling service only
* Cytisinicline tablets – there was a request for the wording on this decision be updated to include provision for hospital specialists to initiate, as long as patients are then referred to a smoking cessation service for wraparound care. It was noted that commissioning to supply from community pharmacies is not yet in place across the whole ICS, so in these cases alternative arrangements may be required, such as secondary care being asked to provide the full course. Local authorities are the commissioners for this medicine and commissioning decisions may therefore differ across the ICS. Where providers are prescribing there may be a budget impact for the prescriber, which may need to be approved locally.

The decisions were approved with the amendments noted. Action: RDTC to update the decisions as noted, and publish a decision summary.  |
| 2.2 | Summary of National Guidance for Lipid Management for Primary and Secondary Prevention of CVDCR presented a lipid pathway, which is aligned with national guidance other than asking patients to try oral options prior to moving to injectables. A national agreement is now in place for inclisiran funding which addresses the final issue that was delaying this pathway. There was further discussion regarding inclisiran funding and the group heard that the cost will appear in the ICB drugs budget. The group noted that inclisiran is supported by guidance from NICE and NHS England, and is included in the new GP contract thereby necessitating ICB funding. The group approved the lipid pathway. Finance issues will be discussed separately and flagged to the ICB executive.Action: RDTC to add to decision summary. ICB team to arrange publication to dedicated CVD page of ICB website.  |
| 2.3 | NHSE Commissioning framework for best value biological medicinesThis item was provided for information. The framework reinforces previous discussions by the APC that biosimilars are the preferred option where available. The ICS is already working to these principles, and ophthalmology is the only area requiring ongoing work. NHSE HCD retinal pathways are expected at the end of May and will support this. Action: none.  |
| 2.4 | Updated NICE TA878 - nirmatrelvir plus ritonavir for treating COVID-19NICE has updated the recommendations on nirmatrelvir plus ritonavir (Paxlovid®) in TA878. A recommendation made in March 2024 after a partial review of the guidance was based on a confidential price offered by the company to the NHS. In May 2025, the company set a new list price of £829. This was because NICE was considering if the recommendation needed to be reviewed due to the evolving COVID-19 landscape and emerging data from NHS England. Nirmatrelvir plus ritonavir is no longer cost effective for the groups evaluated in the partial review (people with diabetes, obesity or heart failure, or aged 70 years or over). So, these groups were removed from the recommendation.Nirmatrelvir plus ritonavir remains cost effective for the highest-risk group, so this recommendation remains in place.The group were asked for approval to amend formulary to match the updated guidance, and it was agreed that this was appropriate. Action: RDTC to add this decision to the APC decision summary.  |
| 3.0 Items for the next meeting |
| 3.1 | None submitted |
| 4.0 AOB |
| 4.1 | There was a discussion about appropriate prescribing of medicines for management of pain, particularly with lidocaine patches. Concerns were raised that these are not always being reviewed by specialists in line with agreed pathways. The group heard that the ICB is aware and discussions are ongoing to address inappropriate prescribing. There was a brief discussion regarding the MHRA alert for change in indication for post-operative modified release opioids. There is no action for the APC at this time, but the safety group may look at this.  |
| Date of next meeting: Wednesday 4th June 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/>.