

## North Yorkshire & York Area Prescribing Committee

**Wednesday 6<sup>th</sup> July 2022**  
**2pm – 4.30pm, virtual meeting via Microsoft Teams**

### Present

Name	Job Title	Organisation	Feb 2022	Mar 2022	Apr 2022	May 2022	Jul 2022
Ken Latta	Head of Medicines Optimisation	North Yorkshire Place	Y	Y	Y	Y	Y
Dr Tim Rider	GP Prescribing Lead	North Yorkshire CCG	Y	Y	Apols	Y	Y
TBC	GP	North Yorkshire CCG	X	X	X	X	X
Laura Angus	Head of Medicines Optimisation	City of York Place	Y	Apols	Y	Y	Y
Dr Shaun O'Connell	GP Lead for Acute Service Transformation	City of York Place	Y	Y	Y	Y	Y
Dr William Ovenden	GP	City of York Place	Y	Y	Y	Apols	Y
Kate Woodrow	Chief Pharmacist	Harrogate and District NHS Foundation Trust	Y	Y	Y	Apols	Apols
Dr Ben Walker	Consultant and D&T Chair	Harrogate and District NHS Foundation Trust	Apols	Apols	Apols	Y	Y
Dr S Brotheridge	Consultant	Harrogate and District NHS Foundation Trust	X	X	X	X	X
Stuart Parkes	Chief Pharmacist	York & Scarborough Teaching Hospitals NHS Foundation Trust	Y	Y	Y	Y	X
Dr Peter Hall	Consultant and D&T Chair	York & Scarborough Teaching Hospitals NHS Foundation Trust	Y (From 3pm)	Y	Resigned	X	X
Dr Chris Hayes	Consultant	York & Scarborough Teaching Hospitals NHS Foundation Trust	Y	X	Y	X	Apols
Tracy Percival	Formulary Pharmacist	South Tees Hospitals NHS Foundation Trust	Y	Y	Laura Twedde	Y	Apols
	Consultant	South Tees Hospitals NHS Foundation Trust	X	X	X	X	X
Richard Morris	Deputy Chief Pharmacist	Tees, Esk and Wear Valleys NHS Foundation Trust	Y (Till 3.30pm)	Chris Williams	Y	Y	Y
Shona McIlrae	Consultant Psychiatrist	Tees, Esk and Wear Valleys NHS Foundation Trust	X	X	X	X	X
Angela Hall	Public Health representative	North Yorkshire County Council	Kurt Ramsden	Apols	Apols	X	X
Anita Dobson	Public Health representative	City of York Council	Apols	Y	Y (From 3pm)	Y (Till 3.30pm)	Apols
Alison Levin	Finance representative	North Yorkshire Place	Kathryn Shaw-Wright	Kathryn Shaw-Wright	Apols	Kathryn Shaw-Wright	Apols
Steve Jordan (till Jan 2022)	Contracting representative	North Yorkshire Place	X	X	X	X	X
Hazel Mitford	Lay/patient representative		Y	Y	Y	Y	Y
Gavin Mankin (Professional Secretary)	Principal Pharmacist Medicines Management	Regional Drug & Therapeutics Centre, Newcastle	Y	Y	Y	Y	Y
Chris Ranson	Lead Medicines Management Pharmacist: Commissioning and Formulary	North Yorkshire Place	Y	Y	Y	Y	Y
Faisal Majothi	Medicines Optimisation Pharmacist	City of York Place	Y	Y	Y	Y	Y
Jane Crewe	Formulary Pharmacist	York & Scarborough Teaching Hospitals NHS	Y	Y	Y	Y	Y

		Foundation Trust					
Sara Abbas-Llewelyn / Emily Parkes	Formulary Pharmacist	Harrogate and District NHS Foundation Trust	X	X	X	X	Y
Ian Dean	LPC Representative		Y (Till 3pm)	Y	Y	Y	Y
Dr Sally Tyrer	LMC Representative		Apols	X	X	Apols	X
Sara Moore	Deputy Chief Pharmacist	Harrogate and District NHS Foundation Trust	X	Y	X	Y	Y Kate Woodrow from 4.55pm
Chris Williams	Chief Pharmacist	Tees, Esk and Wear Valleys NHS Foundation Trust	X	Y	X	X	X

### **In attendance**

Jane Ingram – RDTC – sharing papers on screen via MS Teams

The meeting was quorate with 10 out of 15 currently appointed voting members in attendance present throughout.

APC members and attendees were reminded to keep detailed discussions confidential to allow free and full debate to inform unencumbered decision making. Discretion should be used when discussing meetings with non-attendees and papers should not be shared without agreement of the chair or professional secretary, to ensure confidentiality is maintained.

The meeting was chaired by Shaun O’Connell.

### **Part 1**

#### **1. Apologies for absence and Quoracy Check**

Kate Woodrow, Tracy Percival, Chris Hayes, Anita Dobson, Kathryn Shaw-Wright

#### **2. Declarations of Interest**

##### **Declarations of interest:**

*The Chair reminded subgroup members of their obligation to declare any interest they may have on any issue arising at committee meetings which might conflict with the business of the APC.*

*Declarations declared by members of the APC are listed in the APC’s Register of Interests. The Register is available via the professional secretary.*

##### **Declarations of interest from today’s meeting:**

*Nil*

#### **3. Minutes of Previous APC & Decision Summary of Meeting Held 4<sup>th</sup> May 2022 (+outcome of VoY CCG exec)**

The minutes of the May 2022 APC were approved as true and accurate record.

It was confirmed that the VoY CCG CE committee has approved the recommendations from the May 2022 APC Meeting.

It was confirmed that NY CCG has approved the recommendations from May 2022 APC meeting that were above the financial delegated authority of the APC.

Dosulepin position statement – it was agreed to add a link to the formulary

Flash Glucose – noted that work underway across Yorkshire & Humber to review current CGM policy. This is not a NICE TA so no statutory timeframe for completion.

**4. Matters Arising Not on The Agenda & Declarations of AOB**

Nil

**5. Action Log**

Formulary NICE TAs and MHRA Drug Safety Update – March 2022

JEC/SAL have now updated the formulary websites now recommendations approved by NY and VoY CCG.

Lyumjev® Insulin Formulary Application from YSHFT

JC still to discuss with YSHFT Diabetes Team re place in therapy, costs versus biosimilar Humalog®, and need for both Fiasp® and Lyumjev® to be on formulary.

APC Governance post 1st July 2022

On today's agenda.

**Outstanding Actions from Previous APC Meetings**

Formulary status of alcohol dependence drugs for VoY CCG - Acamprosate and Disulfiram

Work still in progress

TEWV Risperidone LAI SCG

JEC/SAL to update the formulary websites with link now published on TEWV website. ITEM NOW CLOSED.

TEWV Guanfacine SCG

Link now updated on the formulary websites. ITEM NOW CLOSED.

TEWV Anxiety Guidelines – updated

JEC/SAL to update the formulary websites once approved by VoY CCG – still to be actioned as not updated on TEWV website.

CR to add link to TEWV Anxiety Guidelines on APC website – still to be actioned as not updated on TEWV website.

Phosphate Binders – review of RAG status

On today's agenda.

County Durham & Tees Valley APC Cinacalcet SCG

RDTG still to discuss with /KL differences in monitoring in Cinacalcet SCG between CD&T and NY&Y outside of the meeting.

**Historic Actions Carried Over from June 2021 MCC meeting**

Hydroxychloroquine and Chloroquine Retinopathy: Recommendations on Monitoring 16 December 2020 - Updated RCOphth guidelines

Awaiting final guidance and SCG template from RMOC. Noted that all patients in North Yorkshire are now being referred for eye monitoring.

Melatonin YSHFT Shared care

Still to progress paper due to current work pressures.

It was agreed the professional secretariat will prior to committee meetings discuss any overdue items on the action log and obtain dates from those responsible, when such work was expected to be completed.

**6. NY&Y APC Annual Report 2021-22 – draft**

The chair thanked Gavin Mankin for the draft NY&A APC Annual Report for 2021/22 was presented to and approved by the APC subject to links to the formulary being added. It was

agreed that a comment be added detailing the number of applications received over the year for products from companies that had signed up to the All Trials commitment

**ACTION:**

- **RDTDC to circulate and publish final approved version.**

**Part 2 – Governance**

**7. North Yorkshire and York APC – Updated Terms of Reference and Scheme of Delegation**

An interim updated version was presented to and approved by the APC to reflect ICB replacing CCGs, and to also include updates to scheme of delegation.

It was noted the scheme of delegation has been approved by the ICB but some of the language still needs to be tidied up.

The HNY Integrated Integrated Medicines Optimisation Committee – IMOC to which the APC will report is in the process being set-up with the aim to meet on the third Wednesday of the month starting from July 2022.

An issue of funding of high-cost drugs and their approval under current block arrangements was also raised.

**ACTION:**

- **RDTDC/LA to work further on tidying up language in NY&Y APC Terms of Reference and bring to future APC**
- **CR to publish approved Terms of Reference on APC website.**
- **LA/SP to discuss high-cost drugs and their approval under current block arrangements outside of the APC.**

**8. NY&Y New Product Application Form – updated**

An updated version to standardise the form used across the ICB and include consideration of sustainability issues was presented to the APC for comment. It was agreed to circulate to APC members for comments and bring back to next APC. There are two versions in development a word-based version and an online form.

It was suggested to make clear which sections of the form the clinician or pharmacist is responsible for completing. And to explore with the online version if multiple people can work on the completion of the same application.

**ACTION:**

- **RTDC to circulate updated NY&Y New Product Application Form for comment to APC members.**

**Part 3 – Mental Health**

**9. TEWV Drug & Therapeutics Committee Feedback – May 2022**

RM presented to the APC a briefing report highlighting the main issues discussed at the recent TEWV D&T.

**10. TEWV drugs with potential to prolong QTc interval**

This new document from TEWV providing some guidance on the mental health drugs with the potential to prolong the QTc interval was presented to and approved by the APC.

Once approved by TEWV D&T a link will be added to the formulary and it will be circulated to PCN/Practice Pharmacists and Trust Cardiology departments.

**Part 4 – Formulary Issues**

## 11. Appeals Against Previous APC Decisions

None received.

## 12. New Drug Applications

### Fluorouracil and imiquimod cream for Bowen's Disease

The APC discussed the formulary application. The proposal is to include fluorouracil 5% cream (Efudix) and imiquimod 5% cream (Aldara) for Bowen's Disease on the formulary and align formulary positions of these drugs across NY&Y.

Currently, fluorouracil cream is green on the formulary for actinic keratosis on Y&S formulary and Harrogate formulary. Imiquimod is amber SR for actinic keratosis and basal cell carcinoma on the Y&S formulary and there is no formal RAG position for imiquimod on the Harrogate formulary.

Specialist currently recommend and prescribe these medicines for Bowen's disease, as it is a treatment option recommended by British Association of Dermatologists'. It is unlikely to have any significant change to prescribing habits as the use of these drugs are well established in Bowen's disease and have been recommended historically by secondary care to general practice.

Proposed changes were discussed and approved by the APC as follows:

- Fluorouracil 5% cream (Efudix) as GREEN on formulary for Bowen's disease (NY+Y formularies) keratosis
- Imiquimod 5% cream (Aldara) as AMBER SR for Bowen's disease (NY+Y formularies) – unlicensed
- Imiquimod 5% cream (Aldara) as AMBER SR for Actinic keratosis and basal cell carcinoma (for Harrogate formulary – formulary alignment)
- Imiquimod 5% cream (Aldara) as RED for genital warts (for Harrogate formulary – formulary alignment)

### **ACTION:**

- **JC/SAL to update the formulary websites.**

### OTIGO ear drops

Otigo ear drops contain an analgesic with anti-inflammatory properties (phenazone 40mg/g) and a local anaesthetic (lidocaine 10mg/g). Its intended and licensed use is for the local symptomatic treatment and relief of pain in the following diseases of the middle ear (acute, congestive otitis media; otitis in influenza; barotraumatic otitis).

NICE guideline NG91 supports consideration of the use of such a product in managing acute otitis media (and currently this is the only product in the UK). As a prescription only medicine, it should be added to formulary to support appropriate access.

The cost impact is expected to be low as do not expect much prescribing by GPs.

The application was approved by the APC as a GREEN drug.

### **ACTION:**

- **JC/SAL to update the formulary websites.**

### Lenzetto spray

An application for Estradiol transdermal spray (Lenzetto®) was presented to the APC. Lenzetto transdermal spray formulation was approved as a GREEN drug as an alternative transdermal treatment option in patients who are unable to comply with the instructions for use of other topical HRT products on the formulary (such as patches or gels) or experience adverse formulation reactions from other topical HRT preparations, such as local irritation. It is not expected to have a cost impact as similar in price to other options at low to mid dose range. It was also suggested it is the preferred option of private clinics which may be driving requests to GPs to prescribe.

### **ACTION:**

- **JC/SAL to update the formulary websites.**

Drugs for POTS (ivabradine, fludrocortisone, desmopressin, midodrine, pyridostigmine)

The APC discussed the formulary application and supporting information received from YSHFT. These are all unlicensed indications for these drugs. The proposal is to add the formulary as follows:

Amber specialist initiation as traffic light status but transfer will be when patient is on a stable dose.

*1st line option*

Ivabradine (approx. 95% of pts) + Desmopressin spray (approx. 70%)

Ivabradine is the YSFT agent of choice (not beta blockers) as it reduces the heart rate without reducing the blood pressure. This is the issue with beta blockers which lower the blood pressure which can antagonise the impact of drugs like midodrine and fludrocortisone. Many patients have low BP at baseline anyway.

Desmopressin Nasal Spray is very much used as a “pill in the pocket” for immediate relief of symptoms. E.g., brain fog whilst studying for exams. It has a fast onset of action.

*2nd line (normally would be added in)*

Midodrine (approx. 70%)

Then Pyridostigmine – normally added in combination (approx. 50%)

Then Fludrocortisone - added later if necessary (approx. 10-20%)

The following points were raised in the discussion:

- Questions around the POTS clinic and its commissioning arrangements
- Concerns around how POTS is diagnosed
- Lack of clinical evidence for each of these drugs
- Potential for exponential rise in patient numbers
- Drugs should only be commenced if patient meets diagnostic criteria for POTS

After discussion, the APC agreed to defer a decision to seek views of ICB Clinical Network and confirm current commissioning arrangements for POTS clinic at York & Scarborough Trust.

**ACTION:**

- **SOC to ask Cardiac Network for their views.**
- **SP to confirm current commissioning arrangements for POTS clinic at York & Scarborough Trust.**

**13. RAG status of phosphate binders**

Phosphate binders are prescribed for the control of hyperphosphatemia in chronic renal failure for 3 groups of patients:

- patients on haemodialysis
- patients on continuous ambulatory peritoneal dialysis (CAPD).
- Non-dialysis patients with chronic kidney disease
- Certain phosphate binders are currently classed as RED on the Y& S formulary i.e. Sucroferric, sevelemer and lanthanum

These are commissioned by NHSE as part of a block contract arrangement, but NHSE specify they are suitable for shared care.

York is currently an outlier compared to other local Trusts who refer prescribing to primary care

It was discussed and agreed that the formulary should be brought in line with that of neighboring Trusts and the RED status phosphate binders should be changed to AMBER SHARED

CARE. This would apply to all patients who currently have their other medication prescribed by the GP:

- non- dialysis patients
- patients on continuous ambulatory peritoneal dialysis (CAPD) - at home
- a minority of patients on haemodialysis (the majority have all medication supplied by the renal team and this is collected when they attend for their dialysis sessions. The RAG status would remain RED for this group)

**ACTION:**

- **JC/SAL to update the formulary websites.**

**14. Formulary NICE TAs and MHRA Drug Safety Update – April and May 2022**

The drugs in the following TAs to be reflected in the formulary as RED drugs in the relevant chapters with links to the TAs:

- TA783: Daratumumab monotherapy for treating relapsed and refractory multiple myeloma
- TA784: Niraparib for maintenance treatment of relapsed, platinum-sensitive ovarian, fallopian tube and peritoneal cancer
- TA786: Tucatinib with trastuzumab and capecitabine for treating HER2-positive advanced breast cancer after 2 or more anti-HER2 therapies
- TA787: Venetoclax with low dose cytarabine for untreated acute myeloid leukaemia when intensive chemotherapy is unsuitable
- HST19: Elosulfase alfa for treating mucopolysaccharidosis type 4A
- TA788: Avelumab for maintenance treatment of locally advanced or metastatic urothelial cancer after platinum-based chemotherapy
- TA789: Tepotinib for treating advanced non-small-cell lung cancer with MET gene alterations
- HST20: Selumetinib for treating symptomatic and inoperable plexiform neurofibromas associated with type 1 neurofibromatosis in children aged 3 and over

The drugs in the following TAs to be reflected in the formulary as NOT APPROVED for this indication in the relevant chapters with links to the TAs:

- TA785: Nivolumab with cabozantinib for untreated advanced renal cell carcinoma (terminated appraisal)

All the above TAs are NHSE-commissioned, therefore would have no cost impact to CCGs.

A decision on the following CCG Commissioned TA drugs was deferred to consult on place in treatment pathway with local clinicians:

- TA791: Romosozumab for treating severe osteoporosis

**Medicines Safety (MHRA drug safety update – April and May 2022**

The group noted the drug safety updates for April and May 2022. The links are to be added to the relevant sections of the formulary.

**ACTION:**

- **JC/SAL to update the formulary websites.**

**NHS National Patient Safety Alerts - Inadvertent oral administration of potassium permanganate**

The APC also discussed this patient safety alert and reviewed the overall use of potassium permanganate to consider if the benefit outweighs the risk from it remain on the formulary. It is currently listed on the Harrogate and Y&S formularies with no RAG status specified. It was noted that the ICB Medicines Quality and Safety Group will pick up this issue and any actions for APC will come back to a future APC meeting. The chair reported that he had had discussions with the NPSA and NHS Digital about improving default warnings in GP IT systems for drugs like

potassium permanganate.

**ACTION:**

- **LA to take issue to ICB Medicines Quality and Safety Group and bring any actions for APC back to a future APC meeting.**

**Sleepio to treat insomnia and insomnia symptoms**

Sleepio is recommended by NICE MTG70 as a cost saving option for treating insomnia and insomnia symptoms in primary care for people who would otherwise be offered sleep hygiene or sleeping pills.

Sleepio is a digital self-help programme that includes CBT for insomnia (CBT-I). Clinical evidence shows that Sleepio reduces insomnia symptoms compared with sleep hygiene and sleeping pills. There is no direct evidence of its effectiveness compared with face-to-face CBT-I. It was agreed to include in this month's APC recommendations to the YNY IMOC to ask ICB to look at this device as outside of remit of APC.

**15. Therapeutic pathway changes identified from NICE guidance**

It was agreed at the May 2022 APC to send any therapeutic pathway changes identified, in the NICE guidance review at Harrogate MTG, for non-NSHE funded drugs, to the APC as a short report/list routinely every month.

The APC will then ensure there is not duplication of effort across the Trusts, and we have a unified therapeutic pathway across the patch.

Pathway changes so far identified:

- TA748 Mexiletine for treating the symptoms of myotonia in non-dystrophic myotonic disorders - Dr. Davey confirmed we do have occasional patients with this condition. Pathway required. Should be joint work with York. SAL to arrange.
- Andexanet alfa for reversing anticoagulation from apixaban or rivaroxaban. Dr Harris. Pathway being built. Should be joint work with York. SAL to arrange. – noted that YSFT already have a pathway and are not aware of any joint work.

**16. Other Formulary Issues**

- Lyxumia® (lixisenatide)- Discontinuation of Treatment Initiation Pack and 10 micrograms Solution – agreed to remove from the formulary for new patients as now discontinued. The 20-microgram strength will remain available for existing patients only. It will also be removed as first line GLP-1 treatment option though low prescribing levels suggest it is not being prescribed 1<sup>st</sup> line.

**17. Compassionate Use/Free of Charge Scheme Requests**

Nil this month.

**18. RMO Update**

Nil this month.

**Part 5 – Shared Care and Guidelines (non-Mental Health)**

**19. Shared Care Guidelines for Approval**

Nil this month.

**20. DOAC decision making tool and Update on Generic Apixaban**

An updated clinical decision-making tool for embolism prophylaxis for patients with non-valvular atrial fibrillation was presented to the APC.

The key changes from the previous document are as follows:

- Use of edoxaban 1st line where appropriate
- Use rivaroxaban / apixaban up to 150kg as per Kings exemplar centre. > 150kg use

- rivaroxaban with drug levels (anti-Xa)
- If ORBIT > 3 use apixaban (previously HASBled > 3). NICE AF guideline now recommends using ORBIT instead of HASBled
- Do not use edoxaban in patients with CrCl > 95ml/min.
- Do not use edoxaban if PCI (from Leeds and will be included in national document being produced by Helen Williams CVD Consultant Pharmacist London) or if DCCV / ablation as per Cardiology in Harrogate due to risk of treatment failure in patients with CrCl > 95ml/min as this level of renal function is most likely in this cohort.
- Minor changes in interaction section as per updated evidence in Stockley drug interaction database

Overall, there is not a lot of change from the current Harrogate document on which is it based. The pathway has been consulted on across NY&Y and been through YSFT VTE committee. It reflects current practice at YSFT.

It was agreed to approve via email outside of the APC subject to the following changes being made:

- Dabigatran flow chart needs checking around renal function cut offs.
- Page 6 flowchart – some of arrows need checking to make clearer and avoid confusion
- Drug interactions page – remove green colour if no current data available and use a more prohibitive colour. Green suggests ok to use.
- Define Chad 2 Vasc score and provide a table of associated risks (as done with ORBIT score)
- Some concerns over using ORBIT over HAS BLED but noted most guidance now uses ORBIT.

It will also come to the next APC meeting for information.

An update from NHSE on generic apixaban was also given to the APC. The recent court ruling invalidating the patent is now subject to legal appeal and it is not known when this will be heard. There are no plans to makes changes to the national procurement for DOACs at this stage.

#### **ACTION:**

- **CR/SM to work with authors to make necessary changes and submit to APC for approval via email.**
- **JC/SAL to update the formulary websites once approved.**
- **CR to publish approved clinical decision-making tool for embolism prophylaxis for patients with non-valvular atrial fibrillation on APC website.**

#### **21. Type 2 diabetes guidance incorporating earlier place in therapy of SGLT2 inhibitors**

The local diabetes algorithm has been updated in line with NICE NG28 - Type 2 diabetes in adults.

The new NICE recommendations include sodium-glucose transport protein 2 (SGLT2i) inhibitors as a first line option with metformin in patients with cardiovascular disease or at high risk of developing cardiovascular disease.

The guidance will increase the proportion of patients prescribed SGLT2i. The overall financial impact for North Yorkshire and York ranges from: £4,803,826 - £2,401,913 - £1,200,957 based 100%, 50% and 25% update, respectively.

The guidance was approved by the APC subject to full consultation with Harrogate and sign off from the HNY IMOC as costs above the delegate financial level of the APC.

#### **ACTION:**

- **FM/CR to ensure full consultation with Harrogate.**
- **FM/CR to send to HNY IMOC for sign off**
- **CR to published on APC once approved by HNY IMOC.**

General discussion took place on the need to ensure full consultation on agenda items was discussed. There needs to be early engagement/consultation with relevant clinicians, with department buy-in/view and not just that of an individual. Cover sheets for agenda items also need to be completed in full.

**22. Biologics pathway for IBD updated to reflect new NICE guidance TA792**

The APC approved the updated pathway to include Filgotinib for treating moderately to severely active ulcerative colitis as per the recently published NICE TA.

**Part 6 – Other Items of Business**

**23. Eye Chapter Formulary Alignment**

The Eye section is the next BNF chapter to be aligned across North Yorkshire.

The recommended changes to the Y&S Formulary and Harrogate formulary to align them were approved by the APC.

**ACTION:**

- **JC/SAL to update the formulary websites.**

**24. Chlordiazepoxide (Librium®) warning - MHRA holding statement**

APC noted the following statement from the MHRA regarding the recent amendments to the Librium SPC to avoid undue disruption to the provision of alcohol detox services.

“The MHRA has been made aware of concerns raised following changes to the product information for chlordiazepoxide (Librium) regarding a possible genotoxicity risk and contraception requirements for males and females. This relates to recent implementation of the European Medicines Agency’s SWP recommendations in relation to genotoxic medicines. We understand that the resulting changes to the product information has led to a number of queries regarding the most appropriate treatment for patients and as a result the MHRA is reviewing the evidence available to evaluate the potential risk for patients and we are seeking advice from our independent experts. We will consider the information included in all chlordiazepoxide products to ensure that appropriate and proportional warnings are implemented as required.

Once the review has been completed, we will communicate with healthcare professionals involved in prescribing and dispensing chlordiazepoxide. We understand the urgency of this issue and we work urgently to reach a prompt resolution. Healthcare professionals should continue to use current clinical guidelines while this issue is being evaluated.”

There is no further action for the APC as this stage.

**25. Briefing for APC and Stakeholders on changes to NTAG**

Circulated for information. May relevance for those parts of North Yorkshire where patients are seen at South Tees.

**Part 7 – Standing Items (for information only)**

**26. TEWV D&T Minutes – March 2022**

Circulated for information.

**27. York & Scarborough Trust Drug and Therapeutics Committee Minutes – since March 2022**

Not yet available.

**28. Harrogate Trust Medicines and Therapeutics Group Minutes – May 2022**

Circulated for information.

- 29. Hull and East Riding Prescribing Committee (HERPC) minutes – March 2022**  
Circulated for information
- 30. County Durham & Tees Valley APC Minutes – March 2022**  
Circulated for information
- 31. West Yorkshire & Harrogate ICS APC Minutes – since February 2022**  
Not yet available.
- 32. NE Lincolnshire APC Minutes – April 2022**  
Circulated for information.
- 33. RDTC Monthly Horizon scanning – May and June 2022**  
Circulated for information.

**Any Other Business**

Nil

**Date and time of next meeting**

Wednesday 3<sup>rd</sup> August 2022, 2pm – 4.30pm, Virtual Meeting via Microsoft Teams