

Minutes of the Sussex Health & Care Partnership Area Prescribing Committee

Date:	Tuesday 28th January 2025
Time:	12:00 – 14:00
Venue:	Online MS Teams
Chair:	Michael Okorie

Attendees:	
Simon Badcott (SB)	Chief Pharmacist, East Sussex Healthcare NHS Foundation Trust
Russell Brown (RBr)	Medical Director, Local Medical Committee (LMC) representative (deputising for Chrissie Clayton) (Left the meeting 13.00)
Judy Busby (JBU)	Chief Pharmacist, Queen Victoria Hospital NHS Foundation Trust
Emilia Danielewicz (ED)	APC secretariat, Medicines Optimisation Pharmacy Technician, NHS Sussex ICB
Mark Donaghy (MD)	Local Pharmaceutical Committee (LPC) representative
Gill Ells (GE)	Deputy Director of Medicines Optimisation Governance & Value, NHS Sussex ICB
Amy Herbert (AH)	Head of Medicines Governance and Value, NHS Sussex ICB
Samantha Lippett (SLi)	Principal Pharmacist - Medicines Safety, Quality and Governance, University Hospitals Sussex NHS Foundation Trust
Stephen Lytton (SLy)	Clinical Director, Prescribing Lead / GP representative (12.42 left the meeting, 12.44 re-joined, 13.00 left the meeting)
Aggie Morozinska (AM)	APC secretariat, Senior Medicines Optimisation Pharmacy Technician, NHS Sussex ICB
Irma Murjikneli (IM)	Clinical Director, Prescribing Lead / GP representative
Michael Okorie (MO)	Consultant Physician and Associate Medical Director for Medicines Safety & Prescribing University Hospitals Sussex NHS Foundation Trust (Chair)
Mairead O'Malley (MM)	Clinical Pharmacy Lead, University Hospitals Sussex NHS Foundation Trust
Jonathan Palmer (JPa)	Deputy Chief Pharmacist, Sussex Partnership NHS Foundation Trust (deputising for Helena Bird)
Chirag Patel (CP)	Associate Director of Primary Care Medicines Optimisation, NHS Sussex ICB (Deputising for Eileen Callaghan)
Stephen Pike (SP)	Clinical Director Medicines Optimisation, NHS Sussex ICB
Jo Piper (JPi)	APC secretariat, Lead Medicines Optimisation Pharmacy Technician, NHS Sussex ICB
Janet Rittman (JR)	Public Health Representative - Brighton and Hove City Council
Neveen Sorial (NS)	Interim Chief Pharmacy Officer, NHS Sussex ICB
Jade Tomes (JT)	Senior Manager Medicines Governance and Value, NHS Sussex ICB
Karen Varisco (KV)	Deputy Chief Pharmacist and Prescribing Lead, Sussex Community NHS Foundation Trust (deputising for Iben Altman)
Harriet Vogt (HV)	Patient Safety Partner & Strategic Community Ambassador NHS Sussex ICB
Guests/Presenters:	
Nicolas Pinto-Sander (NP-S)	Consultant in Sexual Health, University Hospitals Sussex NHS Foundation Trust (12.30 left the meeting)
Ali Chakera (AC)	Consultant in Diabetes & Endocrinology, University Hospitals Sussex NHS Foundation Trust, Clinical Lead for Diabetes and CVD-R Network Diabetes Clinical Lead, NHS Sussex ICB (13.20 left the meeting)
Sarah Hollands (SH)	Deputy Head of Clinical Outcomes (CVD-R Networks), NHS Sussex ICB (13.10 left the meeting)
Fiona Rees (FR)	Consultant Pharmacist – Gastroenterology, University Hospitals Sussex NHS Foundation Trust (13.25 left the meeting)
Matt Pavit (MP)	Respiratory Consultant, University Hospitals Sussex NHS Foundation Trust (13.35 left the meeting)
Fionnula Plumart (FP)	Lead Medicines Optimisation Pharmacist, NHS Sussex ICB (13.35 left the meeting)
Marian Guerges	Senior Programme Manager - Medicine Optimisation, NHS Sussex ICB (observing)

Zenobia Dzisiewska-Smith	Lead Pharmacy Technician Medicines Optimisation, Strategy and Interface, NHS Sussex ICB (observing)
Kayley Taylor	Business Support Officer, NHS Sussex ICB (observing)

Minutes taken by:	
Jo Piper, APC secretariat, Lead Medicines Optimisation Pharmacy Technician, NHS Sussex ICB	
1. Welcome and apologies	Action for
1.1 Welcome, apologies, and meeting etiquette The Chair welcomed the committee to the January Sussex Health and Care Partnership Area Prescribing Committee (SHCP APC) meeting. Apologies received: Eileen Callaghan (EC), Iben Altman (IA), Tejinder Bahra (TB), Dave Russell (DR).	
1.2 Conflicts of Interest Submitted electronically. No conflicts were declared, and no action was taken.	
2. Minutes and action log	Action for
2.1 Minutes of last meeting The minutes of the previous SHCP APC meeting held in September 2024 were previously agreed and ratified virtually. The minutes are available to view on the NHS Sussex website here .	
2.2 Action log The committee was informed that there is one outstanding action which MD offered to draft a response to share with the Chair.	
3. Meeting administration business	
3.1 Edit to the Sussex Partner Formulary (for noting) (MO) The committee were informed that there has been an update to the front page of the Sussex Partner Formulary. The tab called ' Using the Formulary ' takes you to the updated page which now includes additional information regarding high-cost drugs, Blueteq and Individual Funding Requests.	
3.2 APC review proposal (for information) (MO) The committee were updated on plans to review and refresh how the APC operate. The plan is to include improving efficiency, adapting to the impact of organisational changes, ensuring decisions made reach prescribers looking after patients and allowing regional Medicines Optimisation recommendations to be adopted quickly where agreed it would be beneficial to the Sussex healthcare system. This review is intended to cover the role and function of the secretariat and coincides with the 3-year review of the APC Terms of Reference due in July 2025. The review will not cover anything that requires a change to the delegated authority of the committee and will be presented to the Medicines Optimisation Programme Board for review prior to final sign off at the APC.	
4. Items for approval	Action for
4.1 Drospirenone 4mg tablets new medicine application and Progesterone Only Pill (POP) treatment pathway (resubmission) (NP-S) The committee heard that an application had been made at the July 2024 APC for the addition of drospirenone 4mg tablets to the Sussex Partner Formulary (SPF) with a green formulary coding, which wasn't approved. The author was asked to re-submit the application clearly defining the place of drospirenone in the treatment pathway. A treatment pathway was presented, clearly stating drospirenone's place in the treatment pathway as a second or in some cases third line option. A clearer definition of "problematic bleeding" was also included.	

The committee were informed that there is a plan to re-audit drospirenone prescribing levels in Sussex in 12 months, to ascertain whether prescribing levels are as estimated within the application.

It was noted there is a communications plan to publish an article in the NHS Sussex Primary Care Bulletin alerting prescribers to the addition of drospirenone to the SPF and its restricted place in the treatment pathway.

The committee raised concerns regarding the pathway indicating initiation of either 3 or 6 months and the proposed green formulary coding could increase the risk of both wasted medicines and financial resources if symptoms didn't improve within the first 3 months and patients stopped treatment.

HV raised a question regarding safety of drospirenone, requesting clarification regarding whether there is an increased risk of thrombosis.

The committee discussed the need for assurance to monitor cost pressures and budget, and the need to have oversight that benefits are clearly defined and capture potential cost savings. It was noted that the committee were discussing the cost effectiveness of the whole health economy which would include pregnancy and termination costs not just medicines costs in isolation. The proposed plan to audit prescribing was discussed and the committee felt this needed more detail to support how prescribing is going to be audited, and the mitigations that would be put in place if prescribing levels are higher than anticipated.

Decision making framework Drospirenone 4mg tablets:

Criteria	Criterion met/not met
A. Evidence to support therapy (Level of evidence, is it placebo controlled, or compared with standard treatment options):	Met
B. Safety	Not met Require clarity if there are safety issues which increase the risk of thrombosis
C. Cost-effectiveness	Not met Requires robust and rigid monitoring and specific information to support managed entry. Requires a plan on how to manage potential increase in projected prescribing
D. Place in treatment pathway	Met
E. Patient orientated outcomes	Met
F. Equity	Not met Treatment currently not available in surrounding ICBs
G. Environment	Met

Voting members arrived at an outcome using the decision-making framework.

Decision (Drospirenone 4mg tablets): Not approved based on the applied decision-making framework (B, C, F). To share the questions raised with the applicant for a response and to consider additional information with a view to approve virtually.

Decision (Progesterone Only Pill (POP) treatment pathway): Not approved, further information to be requested and considered for virtual approval.

ACTION 01/25 – 01

What: The committee requested further information as described above. Presenter to feedback to the APC.

Who: DR **When:** 07.03.2025

4.2 Implementing NICE TA943 Hybrid Closed Loop (HCL) Systems to support people living with Type 1 Diabetes in Sussex (AC) for discussion, consideration and feedback.

The committee were asked to note the baseline position and year one trajectory for HCL implementation in Sussex, as well as endorse the next steps and recommendations to be presented to the NHS Sussex Commissioning Group (CG) meeting in February 2025.

The committee heard that in December 2023 the National Institute for Health and Care Excellence (NICE) published a Technology Appraisal (TA), describing a 5-year implementation plan for the use of HCL systems to support circa 70% of adults and 100% of those aged under 19 years of age to manage their type 1 diabetes. This equates to approximately 6,500 people in Sussex; significant work is required to enable successful implementation of the TA.

Implementation in year one (2024/25) has been clinically lead, informed by the national priority groups and a locally agreed clinical prioritisation framework.

The annual cost for HCL devices for all those eligible in Sussex is estimated to be £20 million per year, though some of this cost pressure will be offset by current diabetes technology spend and anticipated savings through reduced admissions. It was explained that further system savings through a reduction in diabetes related complications are still to be determined. The committee heard that there is some national financial support available for HCL implementation via reimbursement for the duration of the 5-year implementation period. Modelling has been undertaken to understand capacity and demand, highlighting workforce gaps, and a need for providers to collaborate at pace to enable delivery to those that are a clinical priority in year two (2025/26).

The committee shared their feedback and comments which included:

- Concerns regarding the APC being asked to endorse the recommendations in the paper that describe integration of commissioning arrangements, as this feels outside of the APC remit and member expertise.
- Sussex Community Foundation Trust (SCFT) felt their demand and capacity modelling undertaken in December should have been described in the paper, particularly as there is data regarding capacity for their patients to start on HCL in quarter four 2024/25 (40 patients).
- Diabetes Care for You service have a caseload of approx. 1400 people living with diabetes, estimated that 961 would be eligible for consideration of going on HCL over the next four years under the current limited NICE TA criteria. SCFT requested these figures are presented clearly within the paper; currently there is combined reporting in the paper for University Hospitals Sussex Foundation Trust (UHSx) (East) and SCFT.
- The Diabetes Care for You service looks after many patients at high risk of adverse outcome many of whom are clinically vulnerable and in hard-to-reach groups.
- In principle, SCFT supports the ambition of Sussex wide HCL demand and capacity modelling, including the Crawley and Horsham population and will continue to work with NHS Sussex ICB on the upstream savings from the better management of people with type 1 diabetes with the aim of fewer complications and admissions.

AC highlighted that this paper is about the clinical provision of providing HCL and based on the current commissioning agreements. The rationale for bringing the paper to the APC is for a single clinical oversight, discussion and support prior to going to CG.

The committee shared their concerns regarding current health inequality in this area and lack of assurance that patients are getting the most appropriate technology to support them. The importance of catching people early in their disease, before potential complications was noted. Concern was raised that repatriating patients from the community setting to hospital-based care the most vulnerable priority patients may not attend. It was also noted was that care closer to home is preferable for patients.

The committee raised a point within the paper (paragraph 51) regarding the shift in costs from the prescribing budget to non-prescribable devices and back again to the prescribing budget.

This needs to be built on within the paper prior to presentation to the CG. AC noted the commissioning element of the paper would be taken to the CG that integration is about working together, and that there will be a process from 1 February whereby key demographics including age, sex, ethnicity will be collated to ensure equity in provision. The Chair concluded that the committee gave due consideration to the paper, which was discussed at length.

4.3 Continuous Glucose Monitoring (CGM) in Type 2 diabetes (AC) for consideration and recommendation to the NHS Sussex Commissioning Group

The committee heard that continuous glucose monitoring (CGM) technology is not commissioned for people living with type 2 diabetes in Sussex, despite a positive recommendation from the National Institute for Health and Care Excellence (NICE). This is creating a clinical, reputational, and inequity risk. There is strong clinician and patient support for access to this technology, but enabling access requires a significant resource outlay to cover the cost of the technology, service development, and education and training support to health care professionals and patients.

An options appraisal for commissioning CGM in people living with type 2 diabetes in Sussex was presented to the NHS Sussex Commissioning Group (CG) in September 2024. The CG was supportive of commissioning in accordance with CGM recommendations from NICE NG28 in their entirety. However, mindful of balancing progression of access to CGM at pace with financial and other resource implications, CG requested a phased implementation plan based on clinical need be developed.

The phased implementation plan was presented for APC consideration, where service development was discussed and noted that due to no additional service capacity initiation of CGM would be considered at the annual diabetes review unless intervention for clinical complications presents an opportunity for earlier consideration. The importance of a Sussex wide position was stressed, with it necessary to provide clarity regarding who can initiate CGM, who can undertake ongoing prescribing of CGM, and the patient cohorts it can be prescribed to.

The committee were asked to provide its position to CG on whether it supports the use of CGM in type 2 diabetes in accordance with NG28, agrees with the phasing approach presented, the financial assumptions seem reasonable based on the data presented, and support for the requirement for service development. The committee was also asked to make recommendations to CG to agree funding for the technology through the primary care prescribing budget and onward referral to the Locally Commissioned Service (LCS) Operational Group for the inclusion for CGM initiation within the diabetes care LCS.

Recommendations to the NHS Sussex Commissioning Group: The APC

- Supports the use of CGM in type 2 diabetes in accordance with NICE NG28
- Agrees with the phasing approach proposed
- Agrees that the financial assumptions within the paper seem reasonable based on the data available
- Supports the requirement for service development to implement increased access to CGM in Sussex.

4.4 Budesonide 4mg suppositories – new medicine application (FR)

The committee were asked to approve the addition of budesonide 4mg suppositories to the Sussex Partner Formulary with a green coding, first line for the management of proctitis in ulcerative colitis. The committee heard that due to the recurrent supply problems with prednisolone 5mg suppositories this application provides an alternative first line option.

Budesonide 4mg suppositories are a cost-effective option, with once-a-day dosing that patients are likely to prefer compared to twice daily dosing of prednisolone suppositories therefore likely improving adherence and comfort for patients.

The committee heard that this application aligns with NICE guidance and the British Society of Gastroenterology for the proctitis part of ulcerative colitis management. The committee raised the potential impact to our patients accessing treatment outside of Sussex due the neighbouring formularies not including budesonide suppositories. This was discussed and due to budesonide

suppositories being a new medicine and the cost effectiveness compared with prednisolone suppositories it was felt that neighbouring formularies are likely to align in due course.

Decision making framework:

Criteria	Criterion met/not met
A. Evidence to support therapy (Level of evidence, is it placebo controlled, or compared with standard treatment options):	Met
B. Safety	Met
C. Cost-effectiveness	Met
D. Place in treatment pathway	Met
E. Patient orientated outcomes	Met
F. Equity	Not met The committee decided this was not a barrier to approval.
G. Environment	Met

Voting members arrived at an outcome using the decision-making framework.

Decision: Approved in line with the application recommendation. To be added to the Sussex Partner Formulary with a GREEN formulary coding as first line option for the management of proctitis in ulcerative colitis. Prednisolone suppositories to remain on the Sussex Partner Formulary as a second line option.

ACTION 01/25 – 02

What: To add budesonide to the Sussex Partner Formulary with **GREEN** formulary coding first line for the management of proctitis in ulcerative colitis. To annotate prednisolone suppositories as second line option for the management of proctitis in ulcerative colitis.

Who: APC Secretariate **When:** 11.03.2025

ACTION 01/25 – 03

What: To inform the OptimiseRx ICB team to add budesonide suppositories as the first line option on OptimiseRx for the management of proctitis in ulcerative colitis.

Who: APC Secretariate **When:** 11.03.2025

ACTION 01/25 – 04

What: To link with the ICB Medicines Optimisation team therapeutic lead to write an article for the Primacy Care newsletter letter highlighting the addition of budesonide 4mg suppositories to the Sussex Partner Formulary.

Who: JP **When:** 11.03.2025

4.5 Trixeo Aerosphere® (formoterol fumarate/glycopyrronium/budesonide 5/7.2/160 µg/dose) pressurised metered dose inhaler(pMDI) – new medicine application (MP)

The committee were asked to approve the addition of Trixeo Aerosphere® with a green formulary coding. Trixeo Aerosphere® which is licensed for moderate to severe Chronic Obstructive Pulmonary Disease (COPD) for those who are not adequately treated by a combination of an inhaled corticosteroid (ICS) and a long-acting beta2-agonist (LABA) or combination of a long-acting beta2-agonist and a long-acting muscarinic antagonist (LAMA).

The committee were made aware that Trixeo Aerosphere® has a slightly lower carbon footprint than the other triple therapy metered dose inhaler (MDI) on the Sussex Partner Formulary, Trimbow®. Astra Zeneca (who manufacture Trixeo Aerosphere®) have informed us that they will be introducing a very low carbon propellant in their inhalers in 2025. Trixeo Aerosphere® is priced the same as the other two triple therapy inhalers on the formulary and the results of a recent study (ETHOS) make it a desirable option for patients who require an MDI rather than a dry powder inhaler. It was noted that the deposition of Trixeo Aerosphere® via spacer device is very good.

The committee questioned the need to have three ‘triple inhalers’ available on the formulary. It was explained that this would support patient choice as well as the need for a dry powder spray option and the current formulary options are widely prescribed.

Decision making framework:

Criteria	Criterion met/not met
A. Evidence to support therapy (Level of evidence, is it placebo controlled, or compared with standard treatment options):	Met
B. Safety	Met
C. Cost-effectiveness	Met
D. Place in treatment pathway	
E. Patient orientated outcomes	Met
F. Equity	Met
G. Environment	Met

Voting members arrived at an outcome using the decision-making framework.

Decision: Approved in line with the application recommendation. To be added to the Sussex Partner Formulary with a GREEN formulary coding.

ACTION 01/25 – 05

What: To add Trixeo Aerosphere® pMDI to the Sussex Partner Formulary with a **GREEN** formulary coding and remove from the ‘Not recommended list’.

Who: APC Secretariate **When:** 11.03.2025

ACTION 01/25 – 06

What: To link with the ICB Medicines Optimisation team therapeutic lead to write an article of the Primacy Care newsletter letter highlighting the addition of Trixeo Aerosphere® pMDI to the Sussex Partner Formulary.

Who: JP **When:** 11.03.2025

5. Virtually approved items

5.1 Lithium Shared Care Protocol Shared Care Protocol

Virtually approved on the 08/11/2024 for noting.

5.2 Sussex DOAC AF Selection pathway (updated) and Frequently Asked Questions (FAQ) document

Virtually approved on the 08/11/2024 for noting.

5.3 Extension of cohort for FreeStyle Libre 2+

Virtually approved on the 18/12/2024.

5.4 Pangrol (PERT) - request for temporary addition to the formulary

Virtually approved on the 03/01/2025.

5.5 Patiromer (Veltassa) and Sodium zirconium cyclosilicate (Lokelma) information sheets (updated)

Virtually approved on the 15/01/2025.

5.6 Items agreed for prescribing to prevent or manage refeeding syndrome in adults.

Virtually approved on the 15/01/2025.

5.7 Special Infant Formula guidance (updated)

Virtually approved on the 15/01/2025.

5.8 Eakin wound pouches new medicine application

Virtually approved on the 23/01/2025.

6. Standing Items

<p>6.1 National Institute for Health and Care Excellence (NICE) Technology Appraisals / Highly Specialised Technologies / NICE guidance (ED) NICE Technology Appraisals Since the last SHCP APC meeting in September 2024 and including October the Sussex APC Secretariat group have dealt with a total of 13 published NICE Technology Appraisals, noted 1 termination and 1 Highly Specialised Technologies Guidance.</p> <p>Since November 2024 the Sussex APC Secretariat group have dealt with a total of 12 published NICE Technology Appraisals, noted 1 termination.</p> <p>All recommendations made by the APC secretariat group regarding formulary positioning and formulary colour coding of medicines were approved by the APC virtually. These were implemented on time without variation across Sussex.</p>	
<p>6.2 Horizon Scanning (MO) To note, the new NICE guideline (NG245) published 27th November 2024 (Overview Asthma: diagnosis, monitoring and chronic asthma management (BTS, NICE, SIGN) Guidance NICE).</p>	
<p>6.3 Patient Safety & medicines safety alerts (MO) The Chair noted the GLP-1 receptor agonists: reminder of the potential side effects and to be aware of the potential for misuse Drug Safety Update (published 24th October 2024) GLP-1 receptor agonists: reminder of the potential side effects and to be aware of the potential for misuse - GOV.UK.</p>	
<p>6.4 Discontinuations (MO) Discontinuations were noted: Calcium 500mg effervescent tablets (09/2024) Macrogol compound oral liquid NPF sugar free (09/2024) Novo Nordisk Victoza (liraglutide) 6mg/mL pre-filled injection (10/2024) Ketoprofen 100mg and 200mg MR Capsules (10/2024) Trandate 400mg tablets (RPH Pharmaceuticals AB) (Labetalol) (10/2024) NovoRapid (insulin aspart) FlexTouch100units/ml solution for injection 3ml pre-filled pens (10/2024) Duloxetine (Cymbalta) 20mg, 30mg, 40mg and 60mg capsules (12/2024) Fusidate (Fucidin) 250mg tablets (01/2025) Insulatard Isophane (03/2025) NovoRapid Flexpen (03/2025)</p>	
<p>7. Regional updates</p>	<p>Action for</p>
<p>7.1 Latest regional updates (GE) The committee were informed that the Regional Medicines Optimisation Committee (RMOC) has been replaced by South East Regional Medicines Optimisation Group (SERMOG). This supports working together within the South East region to tackle the more strategic medicines optimisation work. NHS Sussex ICB are working through a governance process which the APC review captures to support working regionally. An update will be presented to the APC at the March meeting.</p> <p>NICE TA1026 Tirzepatide for managing overweight and obesity (SP) The committee heard that tirzepatide is currently used in diabetes and now has a NICE TA for managing overweight and obesity. This NICE TA presents drug, service, and affordability challenges to implement. NHS England therefore applied to NICE for a funding variation and should publish Commissioning Guidance imminently. Locally there has been a multidisciplinary system wide task and finish group set up to support the implementation of tirzepatide for managing overweight and obesity. It was proposed to have this as a standing agenda item to</p>	

<p>share the updates from the task and finish group due to the potential financial risk. It was highlighted the importance of completing 'Yellow cards' to report any side effects caused by a medicine whether prescribed within the NHS or privately outside of the NHS.</p> <p>The committee were informed that there is currently a Tier 3 weight management service within Sussex and wanted to confirm that they will be implementing the NICE TA1026 within 90 days of publication (23rd March 2025) for their specialist use. It was confirmed that the formulary coding will be red (specialist only drug), and specialist services will be required to align with the NHS England Commissioning Guidance when it is published. 180 days after publication (21st June 2025), ICBs will be required to implement access to tirzepatide for overweight and obesity management in non-specialist settings as per what is published in the NHSE Commissioning Guidance, which will describe the details of the phased implementation plan.</p>	
<p>ACTION 01/25 – 05 What: To add Tirzepatide to the Sussex Partner Formulary with a RED formulary coding 'In accordance with NHS England Commissioning guidance, for use in specialist weight management services only'. Who: APC Secretariate When: 11.03.2025</p>	
<p>8. Sub-group</p>	
<p>9.1 Formulary and Pathways (Governance) update (AH)</p> <p>The committee heard an overview of clinical chapter review progress which included the CNS, respiratory, endocrine, MSK and cardiovascular are all underway though the CNS chapter has been paused whilst the ICB are recruiting to posts within the Medicines Optimisation team. It was noted that there is an agile approach to the chapter review scheduling to support capacity. The blood and nutrition chapter is starting imminently, then the immune system and malignant disease will start.</p> <p>It was noted that the ICB have 12 months to review the current formulary BNF hierarchy format, and the committee were asked for ideas and suggestions regarding the formulary layout. The Shared Care Protocol (SCP) update highlighted two remaining national SCPs to be ratified by the APC; ICB Medicines Optimisation team are working the system partners regarding the implementation of these.</p>	
<p>ACTION 01/25 – 07 What: To check if tobacco dependency treatment has been included within the CNS chapter review and within a pathway and feedback to SL. Who: AH When: 11.03.2025</p>	
<p>9. Any other business</p>	
<p>The Chair thanked the APC Secretariat for their hard work and support to the running of the APC meetings.</p>	
<p>Date of next meeting</p>	
<p>Date: 25th March 2025 Time: 12:00 to 14:00 Venue: Online MS Teams Chair: Michael Okorie</p>	
<p>Meeting close.</p>	