

Minutes of the Sussex Area Prescribing Committee

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| Date: | Tuesday 29th July 2025 |
| Time: | 12:00 – 14:00 |
| Venue: | Online MS Teams |
| Chair: | Michael Okorie |

| Attendees: | |
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| Simon Badcott (SB) | Chief Pharmacist, East Sussex Healthcare NHS Foundation Trust |
| Tejinder Bahra (TB) | Surrey Heartlands Integrated Care System, Medicines Resource Unit (MRU) Lead Pharmacist (Operational) |
| Judy Busby (JB) | Chief Pharmacist, Queen Victoria Hospital NHS Foundation Trust |
| Russell Brown (RB) | Medical Director, Local Medical Committee (LMC) representative (deputising for Chrissie Clayton) (Joined the meeting 12.10, left at 12.30) |
| Tak Ho Cheung (Andy) (TC) | Deputy Head of Medicines Governance & Value, 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 (13:30 left the meeting) |
| 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 |
| 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) | Sussex Public Health Representative – Brighton and Hove City Council |
| Harriet Vogt (HV) | Patient Safety Partner & Strategic Community Ambassador NHS Sussex ICB |
| Guests/Presenters: | |
| Pramit Patel (PP) | Head of Medicines Optimisation Service Development and Interfaces of Care, NHS Sussex ICB |
| Danni Patel (DP) | Lead Medicines Optimisation Pharmacy Technician (Wound Care - Sussex), NHS Sussex ICB |
| Katherine Regan (KR) | Lead Medicines Optimisation Pharmacist, NHS Sussex ICB |
| Alison Warren (AW) | Lead Specialist Pharmacist, University Hospitals Sussex NHS Foundation Trust/ NHS Sussex ICB |
| Mohammed Quraishi (MQ) | Consultant Urologist, East Sussex Healthcare NHS Trust |
| Raquel Barsoum (RB) | Senior Medicines Optimisation Pharmacist, NHS Sussex ICB |
| Kristina Fowlie (KF) | Lead Medicines Optimisation Pharmacist, NHS Sussex ICB |

| Minutes taken by: | |
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| Jo Piper APC secretariat, Lead Medicines Optimisation Pharmacy Technician, NHS Sussex ICB | |
| Aggie Morozinska APC secretariat, Senior Medicines Optimisation Pharmacy Technician, NHS Sussex ICB | |
| 1. Welcome and apologies | Action for |

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| <p>1.1 Welcome, apologies, and meeting etiquette The Chair welcomed the committee to the July Sussex Area Prescribing Committee (APC) meeting. Apologies received: Iben Altman, Neveen Sorial, Dave Russell, Aggie Morozinska, Emilia Danielewicz</p> | |
| <p>1.2 Conflicts of Interest Submitted electronically. No other conflicts were declared, and no action was taken.</p> | |
| <p>2. Minutes and action log</p> | <p>Action for</p> |
| <p>2.1 Minutes of last meeting The minutes of the previous Sussex APC meeting held in March 2025 were previously agreed and ratified virtually. The minutes are available to view on the NHS Sussex website here.</p> | |
| <p>2.2 Action log The committee was informed that the outstanding actions will be completed over the next few weeks. A record of complete and outstanding actions is available on Futures NHS.</p> | |
| <p>3. Meeting administration business</p> | |
| <p>3.1 Review of the SHCP Terms of Reference (ToR) (GE) The committee were asked to support the proposed revisions to the Terms of Reference which included updates on the current structure, governance processes, secretariat function, committee name, and membership model. These changes are to adapt to the system changes, stakeholder needs and to support the implementation of APC decisions across Sussex. The draft APC ToR has been through the Medicines Optimisation Programme Board for oversight, and the changes proposed are supported but it was recognised that the system-wide restructure will impact implementation. The committee raised concerns regarding capacity to support the proposed membership; it was agreed that any changes to the membership would be undertaken in a supportive way and the current membership can continue for any provider partners who are unable to field an additional member. One member of the committee highlighted the need to consider a voting process for decision making and it was agreed that this required further consideration. The committee approved the proposed changes, while acknowledging that these changes are subject to stepwise implementation due to capacity and impact of the ICB restructure. Decision: approved.</p> | |
| <p>ACTION 07/25 – 01 What: The approved APC Terms of Reference to be uploaded to the Sussex NHS intranet and to FuturesNHS platform Who: APC secretariat When: August 2025</p> | <p>APC Sec</p> |
| <p>ACTION 07/25 – 02 What: Rename APC as Sussex APC on the NHS Sussex internet Who: APC secretariat When: August 2025</p> | <p>APC Sec</p> |
| <p>ACTION 07/25 – 03 What: Rename the prescribing formulary as Sussex Formulary Who: APC secretariat When: August 2025</p> | <p>APC Sec</p> |
| <p>6.1a Standing item (rearranged for attendee availability)</p> | |
| <p>NICE TA1067 Linzagolix for treating symptoms of endometriosis (TC) The committee heard that this had been tabled for further discussion due to comments received from the virtual approval process. The original proposal was for a purple (recommendation) formulary coding which raised concerns from GP colleagues because they are unfamiliar with prescribing the drug and associated monitoring, and there is not an agreed local pathway.</p> | |

| <p>It was noted that there is work underway to develop a local treatment pathway for endometriosis, which will support prescribers. The committee raised the requirement for a DEXA scan within the treatment pathway and the difficulties of managing this within primary care.</p> <p>The committee discussed the proposed formulary coding and concerns that the treatment pathway needed to be developed to support primary care prescribers before prescribing can be expected to occur in General Practice. The committee agreed that when the endometriosis relevant TA implementation element of the treatment pathway is developed the formulary colour coding could then be reviewed via the established virtual approval process. Ideally the pathway will enable alignment of access position for linzagolix and Ryeqo for endometriosis to ensure equitable patient access and avoid any confusion that may result from differing formulary status.</p> <p>Decision: approved with a RED formulary coding</p> | | | | | |
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| <p>ACTION 07/25 – 04 What: To update the formulary with a RED coding for Linzagolix for treating symptoms of endometriosis second line after treatment failure on first line therapy Who: APC secretariat When: August 2025</p> | <p>APC Sec</p> | | | | |
| <p>ACTION 07/25 – 05 What: To develop a treatment pathway for endometriosis Who: Endometriosis pathway working group When: December 2025</p> | <p>Endometriosis pathway working group (AH link for action)</p> | | | | |
| <p>ACTION 07/25 – 06 What: To review the red formulary colour coding for Linzagolix alongside the treatment pathway. Who: Endometriosis pathway working group When: December 2025</p> | <p>Endometriosis pathway working group (AH link for action)</p> | | | | |
| <p>4. Items for approval</p> | <p>Action for</p> | | | | |
| <p>4.1 Methenamine Hippurate – new medicine application (MQ)</p> <p>The committee were asked to approve the addition of methenamine hippurate to the Sussex Formulary with a dual coding of green and purple.</p> <ul style="list-style-type: none"> • The green (non-specialist drug) formulary coding for the prevention or recurrent UTI in non-pregnant women, as an alternative to antibiotics (if not adequately improved by vaginal oestrogen (if appropriate) or single-dose antibiotics. • The purple formulary coding (specialist recommended drug) for the prevention of recurrent UTI in in people requiring specialist advice (in line with NICE pathway, e.g. children and young people, pregnant women and men). <p>It was explained that updating and aligning the ‘Sussex recurrent UTI treatment pathway’ with the national guidance would enhance equity and patient access while potentially lowering the overall NHS costs due to fewer complications and reduced antibiotic usage.</p> <p>An application was previously brought to the Sussex APC for methenamine hippurate in July 2023, but this was prior to NICE guidance being updated in December 2024. There is currently inconsistent prescribing of methenamine hippurate across Sussex, and while not approved for use in Sussex currently it is in other ICB areas in the south-east.</p> <p>MQ clarified this application aligns to NICE guidance rather than licensed indications. MQ responded to a query from the committee regarding why long-term research was not undertaken despite methenamine hippurate being in the US market for years; MQ replied that a 20 year study was not feasible, and the ALTER trial followed people for 12 months.</p> | | | | | |
| <p>Decision making framework:</p> <table border="1"> <thead> <tr> <th data-bbox="108 1957 799 1993">Criteria</th> <th data-bbox="799 1957 1217 1993">Criterion met/not met</th> </tr> </thead> <tbody> <tr> <td data-bbox="108 1993 799 2056">A. Evidence to support therapy (Level of evidence, is it placebo controlled, or</td> <td data-bbox="799 1993 1217 2056">Met</td> </tr> </tbody> </table> | Criteria | Criterion met/not met | A. Evidence to support therapy (Level of evidence, is it placebo controlled, or | Met | |
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| <p>compared with standard treatment options):</p> <table border="1"> <tr> <td>B. Safety</td> <td>Met</td> </tr> <tr> <td>C. Cost-effectiveness</td> <td>Met</td> </tr> <tr> <td>D. Place in treatment pathway</td> <td>Met</td> </tr> <tr> <td>E. Patient orientated outcomes</td> <td>Met</td> </tr> <tr> <td>F. Equity</td> <td>Met</td> </tr> <tr> <td>G. Environment</td> <td>Met</td> </tr> </table> | B. Safety | Met | C. Cost-effectiveness | Met | D. Place in treatment pathway | Met | E. Patient orientated outcomes | Met | F. Equity | Met | G. Environment | Met | |
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| F. Equity | Met | | | | | | | | | | | | |
| G. Environment | Met | | | | | | | | | | | | |
| <p>Voting members arrived at an outcome using the decision-making framework.</p> <p>Decision: approved</p> | | | | | | | | | | | | | |
| <p>ACTION 07/25 – 07 What: To update the formulary - GREEN (non-specialist drug) formulary coding for the prevention or recurrent UTI in non-pregnant women, as an alternative to antibiotics (if not adequately improved by vaginal oestrogen (if appropriate) or single-dose antibiotics, and PURPLE formulary coding (specialist recommended drug) for the prevention of recurrent UTI in in people requiring specialist advice (in line with NICE pathway, e.g. children and young people, pregnant women and men). Who: APC Secretariate When: August 2025</p> | APC Sec | | | | | | | | | | | | |
| <p>ACTION 07/25 – 08 What: OptimiseRx -To add methenamine hippurate to the PURPLE formulary coding (specialist recommended drug). Who: APC Secretariate When: August 2025</p> | APC Sec | | | | | | | | | | | | |
| <p>ACTION 07/25 – 09 What: To remove methenamine hippurate from the Sussex Formulary ‘Not Recommended List’ Who: APC Secretariate When: August 2025</p> | APC Sec | | | | | | | | | | | | |
| <p>ACTION 07/25 – 10 What: To upload the updated ‘Sussex recurrent UTI treatment pathway’ on to the intranet and link to the formulary Who: APC Secretariat When: August 2025</p> | APC Sec | | | | | | | | | | | | |
| <p>4.2 Wound care – request for delegated authority (DP) The committee were asked to grant delegated authority to the NHS Sussex Primary Care Medicines Optimisation (PC MO) wound care management team to implement changes to the Sussex wound care formulary outside of the normal APC process in accordance with agreed strict criteria. Within the limits of:</p> <ul style="list-style-type: none"> ○ product discontinuation- removal and replacement where the alternative does not pose a cost pressure. ○ long term manufacturing issues – alternative product addition on an interim basis, where the original is due to be unavailable for greater than 6 months. ○ product renamed – where this is no change to product specification or increase in cost. ○ addition of additional sizes to products previously approved through APC and the chapter review. <p>The committee heard that new product requests outside of the above limits would continue to follow the APC process for formulary approval, and that the APC will be consulted to provide final ratification at the first available opportunity for changes made within the agreed process.</p> <p>It was noted that the roll out of the direct supply route for wound care products across Sussex had raised the need to have suitable alternatives available on the ONPOS (Online Non-Prescription Ordering Service) platform as soon as possible to prevent negative impact to patient care, cost pressures, unnecessary increase in FP10 requests leading to inefficient use of clinical staff time and to support formulary</p> | | | | | | | | | | | | | |

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| <p>Decision: approved</p> | |
| <p>ACTION 07/25 – 13 What: To upload the dual biological therapy (DBT) in Inflammatory Bowel Disease (IBD) position statement to the intranet and the formulary Who: APC Secretariate When: August 2025</p> | <p>APC Sec</p> |
| <p>4.5 Juvenile Idiopathic Arthritis (JIA) position statement (PP) The committee were asked to approve the position statement for JIA which is an adaption of the regional policy recommendation published by the South East Regional Medicines Optimisation Group (SERMOG) and host the document on Sussex Formulary website, and to approve the ICB commissioning of high cost drugs (HCDs) for young adults (16-17yrs) with JIA who have transitioned to adult services. The committee heard that while JIA is an NHS England commissioned service for children, some patients continue to live with JIA into adulthood. Previously, such cases were inappropriately managed under adult rheumatoid arthritis pathways. This policy clarifies that JIA remains a distinct condition requiring appropriate treatment, and that Sussex commissioners should fund NICE approved HCDs for adult patients with ongoing JIA. The committee was supportive of adopting this position to ensure continuity of appropriate care.</p> <p>Decision: approved</p> | |
| <p>ACTION 07/25 – 14 What: To upload the Juvenile Idiopathic Arthritis position statement to the intranet and the formulary Who: APC Secretariate When: August 2025</p> | <p>APC Sec</p> |
| <p>4.6 Entresto (sacubitril/valsartan) for heart failure with reduced ejection fraction (HFrEF) - formulary colour change and information sheet (AW) The committee were asked to approve:</p> <ul style="list-style-type: none"> • the formulary alignment of sacubitril/valsartan for HFrEF to purple (specialist recommended) drug across Sussex. • the information sheet for clinician to be available on formulary platform <p>The committee heard that sacubitril/valsartan is currently classified as purple (specialist initiation) across Sussex, but prescribing practices vary. East Sussex requires dose titration to be completed by a specialist before transferring to primary care, while West Sussex and Brighton & Hove allow primary care involvement during titration. A proposal to align the status to purple (specialist initiation/recommendation) across Sussex was previously not approved at virtual approval as part of the cardiovascular (CV) heart failure chapter review due to concerns around GP workload and clinical governance.</p> <p>The Cardiovascular Therapeutic Group (CVTG) has now clarified that patients will remain under specialist care during initiation and titration, with GPs supporting prescribing but not managing treatment independently. If patients were seen by a non-prescribing HF nurses, prescribing recommendations will come from consultants or independent prescribers and be clearly documented. An information sheet has been developed to support GPs, and secondary care will continue treatment if primary care declines. The collaborative approach aims to streamline care, improve access, and reduce burden on secondary care while maintaining patient safety.</p> <p>The committee discussed the importance of ensuring clear, accountable communication when transferring prescribing responsibilities from secondary to primary care. It was strongly recommended that clinic letters explicitly name the prescriber involved in the multidisciplinary team (MDT) decision to ensure shared responsibility and clarity for GPs. Concerns remained about the risks of inappropriate dual prescribing or suboptimal switching, particularly in vulnerable patients. It was noted that support should remain available for GPs to refer complex cases back to specialist teams when needed. The committee suggested further education and heard that a Sussex-wide update would be valuable following publication of the upcoming</p> | |

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| <p>NICE heart failure guidance, expected in September 2025. This session could be delivered via the ICB training hub or GP webinars and would support shared understanding and implementation of updated prescribing practices across the region.</p> <p>Decision: approved - the alignment of sacubitril/valsartan to PURPLE (specialist recommendation) formulary colour coding. Approval is subject to the expectation that communication from secondary to primary care is clear, detailed, and consistently implemented.</p> | |
| <p>ACTION 07/25 – 15 What: To update the formulary to PURPLE (specialist recommendation) formulary coding Who: APC Secretariate When: August 2025</p> | APC Sec |
| <p>ACTION 07/25 – 16 What: OptimiseRx -To add sacubitril/valsartan to the PURPLE formulary coding (specialist recommended drug). Who: APC Secretariate When: August 2025</p> | APC Sec |
| <p>ACTION 07/25 – 17 What: To upload the Medicine Information Sheet on to the intranet and link to the formulary Who: APC Secretariate When: August 2025</p> | APC Sec |
| <p>5. Virtually approved items</p> | |
| <p>5.1 Use of biosimilars – position statement - Virtually approved on 18/04/2025 for noting</p> <p>5.2 Calcium acetate tablets (Renacet) (475mg and 950mg) - formulary extension with a PURPLE formulary coding - Virtually approved on 16/04/2025 for noting</p> <p>5.3 Interim review of 59 wound care products review of products which were coded purple (specialist initiation/recommendation) (29 – purple to green, 11 purple to green (except for nursing homes which remain as specialist to approve, 19 remain as purple) - Virtually approved on 23/05/2025 for noting</p> <p>5.4 Respiratory formulary chapter – obstructive airways disease section reviewed in line with latest NICE/ BTS /SIGN guidance - Virtually approved on 12/05/2025, for noting</p> <p>5.5 Salbutamol 2mg/5ml oral solution sugar free - formulary colour coding change application with a PURPLE coding - Virtually approved on 12/05/2025 for noting</p> <p>5.6 Salbutamol 2mg/4mg tablets – removed from formulary - Virtually approved on 12/05/2025 for noting</p> <p>5.7 Atrovent 20mcg/dose inhaler (ipratropium bromide) - formulary colour coding change application with a PURPLE (specialist recommended) for the indication of asthma across Sussex, to keep GREEN formulary coding for the indication of COPD as 2nd line for COPD patients who do not tolerate a SABA - Virtually approved on 12/05/2025 for noting</p> <p>5.8 Relvar Ellipta 184mcg/22 mcg/dose dry power inhaler (high strength only) (fluticasone furoate and vilanterol) with a PURPLE (specialist recommendation) - formulary colour coding change application - Virtually approved on 12/05/2025 for noting</p> <p>5.9 Fobumix Easyhaler dry powder inhalers (budesonide and formoterol fumarate dihydrate) 80mcg/4.5mcg /dose, 160mcg/4.5mcg/ dose, 320mcg/9mcg/ dose – formulary extension application 1st line with a GREEN formulary coding - Virtually approved on 12/05/2025 for noting</p> <p>5.10 DuoResp Spiromax (budesonide and formoterol fumarate dihydrate) – all strengths removed from Sussex formulary - Virtually approved on 12/05/2025 for noting</p> <p>5.11 Uniphyllin Continus (theophylline) 200mg/300mg/ 400mg tablets – formulary colour coding change application with a PURPLE (specialist recommendation) formulary coding - Virtually approved on 12/05/2025 for noting</p> | |

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| <p>5.12 Symbicort 100mcg/3mcg/dose metered dose inhaler (MDI) – formulary extension application with a GREEN formulary coding - Virtually approved on 12/05/2025 for noting</p> <p>5.13 Plain cotton tubular stockinette non bleached – new medicine application GREEN formulary coding - Virtually approved on 05/06/2025 for noting</p> <p>5.14 Juzo Adjustable Compression System Light Liner – new medicine application GREEN formulary coding in General Practice or community setting and PURPLE in Nursing Homes - Virtually approved on 05/06/2025 for noting</p> <p>5.15 MSK chapter review – Virtually approved on 04/07/2025 for noting</p> <p>5.16 Renewal of Riluzole Shared Care Protocol – Virtually approved on 04/07/2025 for noting</p> <p>5.17 To remove ibuprofen gel 10% from all local prescribing systems – Virtually approved on 04/07/2025 for noting</p> <p>5.18 Rectal irrigation interim chapter review - Virtually approved on 08/07/2025 for noting</p> <p>5.19 Updated – Inclisiran information for primary care guidance – for noting and upload on to Sussex NHS intranet</p> <p>5.20 Denosumab 60mg/1ml solution for injection pre-filled syringes - formulary colour coding change application from mixed coding to GREEN – Virtually approved on 16/07/2025</p> | |
| <p>6. Standing Items</p> | |
| <p>6.1 National Institute for Health and Care Excellence (NICE) Technology Appraisals / Highly Specialised Technologies (MO)</p> <p>NICE Technology Appraisals Since January 2025 the Sussex APC Secretariat group have dealt with a total of 23 published NICE Technology Appraisals, noted 6 terminations and 1 for noting.</p> <p>These were implemented on time without variation across Sussex.</p> | |
| <p>6.2 Horizon Scanning (MO) No updates</p> | |
| <p>6.3 Patient Safety & medicines safety alerts (MO)</p> <p>The committee discussed recent updates from MHRA on the reproductive risks associated with sodium valproate, published in June 2025. It was confirmed that this issue is already being actively managed through the Medicines Safety Group and a dedicated valproate group. Communications to GPs are ongoing, including updates via the GP bulletin and recent coverage in a GP webinar. The committee noted that while further action is not required at this time, existing processes remain in place to ensure prescribers are kept informed and that the issue remains a safety priority.</p> | |
| <p>6.4 Discontinuations (MO) Discontinuations were noted and removed from formulary: Diazepam 2mg/5ml oral solution sugar free (27/06/2025) Hydrocortisone 2.5mg muco-adhesive buccal tablets sugar free (20/06/2025)</p> | |
| <p>7. Regional updates</p> | |
| <p>7.1 SERMOG policy on high-cost drugs (HCDs) doses not appraised by NICE (PP)</p> <p>The committee were asked to:</p> <ul style="list-style-type: none"> • Approve local adoption of SERMOG 02 policy recommendation • Develop Sussex position statement on the use of the NICE-approved medicines outside their initial published remit. <p>The committee heard that the process involves reviewing new SERMOG position statements as they are published, assessing alignment with local practice whether fully compliant, partially compliant, or non-compliant and bringing recommendations to the APC for approval. Where compliant, virtual approval may be granted; if not, detailed plans and timelines are proposed for necessary work.</p> | <p>Action for</p> |

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| <p>The submitted paperwork confirmed Sussex APC is compliant with the SERMOG policy, reflecting previous decisions that any use of medicines outside NICE or marketing authorisations is considered non-formulary. The committee agreed to this approach and supported the development of a local position statement, which will be brought back for virtual approval after stakeholder consultation.</p> <p>Decision: approved.</p> | |
| <p>ACTION 07/25 – 18 What: Develop position statement for APC virtual consideration. Who: PP When: September 2025</p> | PP |
| <p>8. Sub-group</p> | |
| <p>9.1 Formulary and Pathways (Governance) update (AH) The committee heard that due to the upcoming ICB restructure, there have been capacity challenges affecting the Primary Care Medicines Optimisation Team, leading to pauses in some chapter reviews previously underway. Key staff who led these reviews are currently unable to continue, so efforts are focused on consolidating existing work and determining if any items need to be prioritised for timely discussion with provider partners. Prioritisation is still guided by safety concerns, cost impact, or system flow issues, but with reduced capacity, partners may need to take a more active role in bringing forward important applications. The team aims to maintain flexibility and open communication to avoid blocking progress during the transition period. Overall, the approach to formulary and pathways updates is more adaptive given the structural changes, ensuring ongoing medicines optimisation is maintained while navigating resource constraints.</p> | |
| <p>9. Any other business</p> | |
| <p>None</p> | |
| <p>Date of next meeting</p> | |
| <p>Date: 30th September 2025 Time: 12:00 to 14:00 Venue: Online MS Teams Chair: Michael Okorie</p> | |
| <p>Meeting close.</p> | |