

# Minutes of the Sussex Health & Care Partnership Area Prescribing Committee

<b>Date:</b>	<b>Tuesday 25<sup>th</sup> March 2025</b>
<b>Time:</b>	<b>12:00 – 14:00</b>
<b>Venue:</b>	<b>Online MS Teams</b>
<b>Chair:</b>	<b>Michael Okorie</b>

<b>Attendees:</b>	
Iben Altman (IA)	Chief Pharmacist, Sussex Community NHS Foundation Trust (13:26 left the meeting)
Judy Busby (JB)	Chief Pharmacist, Queen Victoria Hospital NHS Foundation Trust
Eileen Callaghan (ECal)	Director of Primary Care Medicines Optimisation, NHS Sussex ICB
Russell Brown (RB)	Medical Director, Local Medical Committee (LMC) representative (deputising for Chrissie Clayton)
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)
Aggie Morozinska (AM)	APC secretariate, 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)
Stephen Pike (SP)	Clinical Director Medicines Optimisation, NHS Sussex ICB
Janet Rittman (JR)	Sussex Public Health Representative – Brighton and Hove City Council
Neveen Sorial (NS)	Interim Chief Pharmacy Officer, NHS Sussex ICB
Jane Starr (JS)	Medication Safety Officer, East Sussex Hospital Trust (Deputising for Simon Badcott) (13:05 left the meeting, 13:13 rejoined the meeting, 13:41 let the meeting)
Jade Tomes (JT)	Senior Manager Medicines Governance and Value, NHS Sussex ICB
Harriet Vogt (HV)	Patient Safety Partner & Strategic Community Ambassador NHS Sussex ICB
<b>Guests/Presenters:</b>	
Luke Spary (LS)	Senior Pharmacist, University Hospitals Sussex NHS Foundation Trust (12:09 left the meeting)
Gail Bright (GB)	Paediatric Prescribing Support Dietitian, East Sussex Healthcare NHS Trust (12:09 left the meeting)
Ellie Cassidy (ECas)	Senior Medicine Optimisation Pharmacist, NHS Sussex ICB (12:16 left the meeting)
Sophia Stone (SS)	Consultant obstetrician in maternal medicine, University Hospitals Sussex NHS Foundation Trust (12:42 left the meeting)
Carol Postlethwaite (CPo)	Consultant in acute and obstetric medicine, Surry and Sussex Healthcare NHS Trust (12:42 left the meeting)
David Annandale (DA)	Lead Pharmacist for Children and Women, University Hospitals Sussex NHS Foundation Trust (12:42 left the meeting)
Pramit Patel (PP)	Head of Medicines Optimisation Service Development and Interfaces of Care, NHS Sussex ICB (13:18 left the meeting, 13:26 rejoined the meeting)
Noemia Da Rosa	Senior Medicine Optimisation Pharmacist, NHS Sussex ICB (observing)
Amrit Gurung	Medicine Optimisation Pharmacy Technician, NHS Sussex ICB (observing)
Eva Nagy	Foundation Trainee Pharmacist, Sussex Community NHS Foundation Trust (observing)

Ali Mahmood	Trainee Pharmacist, University Hospitals Sussex NHS Foundation Trust (observing)
Niamh Roche	Trainee Pharmacist, University Hospitals Sussex NHS Foundation Trust (observing)
Olivia Jenkins	Trainee Pharmacist, University Hospitals Sussex NHS Foundation Trust (observing)

<b>Minutes taken by:</b>	
Aggie Morozinska APC secretariat, Senior Medicines Optimisation Pharmacy Technician, NHS Sussex ICB	
<b>1. Welcome and apologies</b>	<b>Action for</b>
<p><b>1.1 Welcome, apologies, and meeting etiquette</b> The Chair welcomed the committee to the March Sussex Health and Care Partnership Area Prescribing Committee (SHCP APC) meeting. <b>Apologies received:</b> Simon Badcott (SB), Tejinder Bahra (TB), Dave Russell (DR), Jo Piper (JPI), Chirag Patel (CPa)</p>	
<p><b>1.2 Conflicts of Interest</b> Submitted electronically. No other conflicts were declared, and no action was taken.</p>	
<b>2. Minutes and action log</b>	<b>Action for</b>
<p><b>2.1 Minutes of last meeting</b> The minutes of the previous SHCP APC meeting held in January 2025 were previously agreed and ratified virtually. The minutes are available to view on the NHS Sussex website <a href="#">here</a>.</p>	
<p><b>2.2 Action log</b> The committee was informed that all relevant actions had been completed and that a record of this is available on FuturesNHS.</p>	
<b>3. Meeting administration business</b>	
3.1 Nothing noted.	
<b>4. Items for approval</b>	<b>Action for</b>
<p><b>4.1 Paravit<sup>®</sup> Mod Softgel capsules/oral solution - formulary extension (LS/GB)</b> The committee were asked to approve the addition of Paravit<sup>®</sup> Mod Softgel capsules and oral solution to the formulary with a purple (specialist recommendation) for children with cystic fibrosis (CF) who are taking a cystic fibrosis transmembrane conductance regulator modulator The committee heard that Paravit<sup>®</sup>- CG capsules and liquid are available on the Sussex Partner Formulary as an all in one fat soluble multivitamin (A,D,E,K) designed for children adults with CF. The committee discussed ways of mitigate the risk of prescribing the wrong medicine, including using the OptimiseRx message and adding notes to the Sussex Partner Formulary to clarify the differences between Paravit<sup>®</sup> Mod Softgel and Paravit<sup>®</sup>- CG capsules and liquid. The committee agreed that the OptimiseRx message can help ensure that the correct medication is selected and the ICB OptimiseRx Team will add the message against the item.</p>	
<b>Decision making framework:</b>	
<b>Criteria</b>	<b>Criterion met/not met</b>
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	Met

G. Environment	Met	
<p>Voting members arrived at an outcome using the decision-making framework.</p> <p><b>Decision:</b> Approved in line with the application recommendation. To be added to the Sussex Partner Formulary with a purple formulary coding (specialist recommendation) for children with cystic fibrosis (CF) who are taking a cystic fibrosis transmembrane conductance regulator modulator.</p>		
<p><b>ACTION 03/25 – 01</b>  <b>What:</b> To add Paravit® Mod Softgel capsules and oral solution to the formulary with a <b>PURPLE</b> (specialist recommendation) for children with cystic fibrosis (CF) who are taking a cystic fibrosis transmembrane conductance regulator modulator.  <b>Who:</b> APC Secretariate <b>When:</b> 15/04/2025</p>		<b>APC Sec</b>
<p><b>ACTION 03/25 – 02</b>  <b>What:</b> To inform the OptimiseRx ICB team to add Paravit® Mod Softgel capsules and oral solution to the <b>PURPLE</b> (specialist recommendation) OptimiseRX list for children with cystic fibrosis (CF) who are taking a cystic fibrosis transmembrane conductance regulator modulator. To add a message regarding the difference between Paravit® Mod Softgel and Paravit®- CG products.  <b>Who:</b> APC Secretariate <b>When:</b> 15/04/2025</p>		<b>APC Sec</b>
<p><b>ACTION 03/25 – 03</b>  <b>What:</b> To link with the ICB Medicines Optimisation team therapeutic lead to write an article for the Primacy Care newsletter letter highlighting the addition of Paravit® Mod Softgel capsules and oral solution to the Sussex Partner Formulary.  <b>Who:</b> JPi <b>When:</b> 15/04/2025</p>		<b>JPi</b>
<p><b>4.2 Oral Methotrexate 10mg in Sussex position statement (updated) (ECas)</b>  The committee were asked to approve the updated NHS Sussex Position Statement Prescribing Oral Methotrexate 10mg in Sussex (first published 2022) and note the changes to the NHS Sussex Position Statement and risk associated with prescribing methotrexate 10mg tablets. They were asked to acknowledge that there was a reduction in prescribing methotrexate 10mg tablets since the release of the NHS Sussex position Statement in 2022. The committee heard that the draft updated position statement has been shared with members of the Sussex Medicines Optimisation Safety and Quality Group and the group were in support of all changes and comments have been incorporated where necessary. The committee discussed the risk associated with prescribing methotrexate 10mg tablets and suggested that the 10mg tablets be removed from circulation within specialist care setting, with full depletion of stock in community and secondary care pharmacies. The ICB Medicine Optimisation team ensured the committee that they work closely with the general practices to stop prescribing the methotrexate 10mg tablets.</p> <p><b>Decision:</b> Approved</p>		
<p><b>ACTION 03/25 – 04</b>  <b>What:</b> To replace the existing 'NHS Sussex Position Statement Prescribing Oral Methotrexate 10mg' on the intranet with the new updated statement.  <b>Who:</b> AM <b>When:</b> 15/04/2025</p>		<b>AM</b>
<p><b>ACTION 03/25 – 05</b>  <b>What:</b> To write an article for the Primacy Care newsletter letter highlighting the update of Oral Methotrexate 10mg in Sussex position statement. APC secretariat to inform ECas of action.  <b>Who:</b> ECas <b>When:</b> 15/04/2025</p>		<b>ECas</b>
<p><b>ACTION 03/25 – 06</b>  <b>What:</b> To link with the Secondary Care/Community Trusts using their internal communications systems and the Community pharmacies via the Local Pharmaceutical Committee to ensure appropriate communications are sent out. APC secretariat to inform ECas of action.  <b>Who:</b> ECas <b>When:</b> 15/04/2025</p>		<b>ECas</b>

### 4.3

#### a Nausea & vomiting in pregnancy guidance

#### b Xonvea® (pyridoxine/doxylamine) 10 mg/10 mg gastro-resistant tablets – new medicine application

#### c Ondansetron 4mg/8mg tablets – formulary colour status change application (SS/CPo)

The committee were asked to:

- Approve the use of the nausea and vomiting in pregnancy (NVP) and hyperemesis gravidarum (HG) management guidance.
- Approve the addition of pyridoxine/doxylamine 10mg/10mg (Xonvea®) tablets to the Sussex Partner Formulary (SPF) with a GREEN formulary status.
- Approve the creation of a dedicated NVP and HG section of the SPF, listing antiemetics included in the proposed Sussex NVP and HG management pathway with a GREEN formulary status.
- Approve a formulary status change from PURPLE to GREEN for ondansetron when used for NVP or HG.
- Approve the proposed implementation, outcomes, and prescribing monitoring plans.

The committee heard the importance of implementing the 'Nausea and vomiting in pregnancy (NVP) and hyperemesis gravidarum (HG) management guidance' to provide equity and to educate prescribers across Sussex regarding the safety and use of medicines in pregnancy. The Royal College of Obstetricians and Gynaecologists (RCOG) acknowledges that there is considerable variation in the care received by individuals experiencing these conditions.

In Sussex, the committee noted that there is a disparity in the confidence levels among GPs in managing NVP and HG symptoms. This results in inequities in treatment access and can lead to missed opportunities for early intervention, which is critical in minimising the impact of these conditions on patients. The guidance will empower clinicians with the knowledge and resources to provide effective care for those affected by NVP and HG. The document includes contact details to the Sussex Maternal Medicine i.e., e-mail address and telephone numbers for GPs to seek advice if needed. The committee heard that there are webinars and apps available to use. Additionally, the applicants offered to participate in the fortnightly Sussex General Practice webinar to provide education regarding the new guidance.

The committee acknowledged the importance of this guidance and recognised the problems around variation and GPs understanding. The committee approved NVP and HG management guidance, the addition of pyridoxine/doxylamine 10mg/10mg (Xonvea) tablets, and the change in the colour coding for ondansetron in the Sussex Partner Formulary.

**Decision making framework:** Xonvea® (pyridoxine/doxylamine) 10 mg/10 mg gastro-resistant 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	Met
C. Cost-effectiveness	Met
D. Place in treatment pathway	Met
E. Patient orientated outcomes	Met
F. Equity	Met
G. Environment	Met

**Decision making framework:** Ondansetron – formulary colour status change application from PURPLE to GREEN for ondansetron when used for NVP or HG.

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	Met
G. Environment	Met

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

**Decision a:** Nausea & vomiting in pregnancy guidance - Approved

**Decision b:** Xonvea® (pyridoxine/doxylamine) 10 mg/10 mg gastro-resistant tablets - Approved in line with the application recommendation. To add pyridoxine/doxylamine 10mg/10mg (Xonvea®) tablets to the Sussex Partner Formulary (SPF) with a GREEN formulary status

**Decision c:** Ondansetron 4mg/8mg tablets - Approved in line with the application recommendation. To add ondansetron 4mg/8mg tablets the Sussex Partner Formulary (SPF) with a GREEN formulary status.

**ACTION 03/25 – 07**

**What:** To upload the 'Nausea & vomiting in pregnancy guidance' to the intranet

**Who:** AM

**When:** 15/04/2025

AM

**ACTION 03/25 – 08**

**What:** To link the 'Nausea & vomiting in pregnancy guidance' to the Sussex Partner Formulary and create a dedicated NVP and HG section of the SPF, listing antiemetics included in the proposed Sussex NVP and HG management pathway with a GREEN formulary status.

**Who:** APC secretariate **When:** 15/04/2025

APC  
Sec

**ACTION 03/25 – 09**

**What:** To add pyridoxine/doxylamine 10mg/10mg (Xonvea®) tablets to the Sussex Partner Formulary (SPF) with a GREEN formulary status.

**Who:** APC secretariate **When:** 15/04/2025

APC  
Sec

**ACTION 03/25 – 10**

**What:** To change ondansetron 4mg/8mg tablets formulary colour coding from PURPLE to GREEN when used for NVP or HG.

**Who:** APC secretariate **When:** 15/04/2025

APC  
Sec

**ACTION 03/25 – 11**

**What:** To link in with the OptimiseRx team to remove ondansetron from the PURPLE OptimiseRx list.

**Who:** APC secretariate **When:** 15/04/2025

APC  
Sec

**ACTION 03/25 – 12**

**What:** To link with the ICB Medicines Optimisation team therapeutic lead to write an article for the Primacy Care newsletter letter highlighting the implementation of 'Nausea & vomiting in pregnancy guidance', the addition of pyridoxine/doxylamine 10mg/10mg (Xonvea®) tablets to SPF and the change of ondansetron 4mg/8mg tablets formulary colour coding.

**Who:** AH/JPi

**When:** 15/04/2025

AH/JPi

#### 4.4 Actimorph® orodispersible tablets – formulary extension application (JS)

The committee were asked to approve the application for Actimorph® (morphine sulphate immediate release) 1mg, 2.5mg, 5mg, 10mg, 20mg, 30mg orodispersible tablets to be added to the Sussex Partner Formulary (SPF) with a GREEN formulary status.

The committee heard that the Actimorph® immediate release (IR) orodispersible tablet formulation of morphine offers multiple benefits to care providers and patients over other traditional forms of immediate release morphine (liquids and traditional solid dose forms). The addition of Actimorph® to the SPF would improve financial sustainability in the Sussex healthcare system, improve safety and provide efficiencies.

The committee learned that Actimorph® was considered during Central Nervous System formulary chapter review meetings held in 2024 and all members supported this addition to the SPF.

The committee were informed about the safety and risks associated with prescribing the morphine liquid noting that some patients will find Actimorph® more convenient and that it will improve the likelihood of patients receiving correct dose (when self-administered/administered by carer or health care professional). The committee heard that prescribing Actimorph® reduces the wastage in comparison to morphine liquid which has a shelf-life of only 3 months after opening, improves stock management, and eases auditing of opioid usage, helping to prevent misuse and patient harm.

The committee raised concern regarding the prescribing of immediate release morphine in primary care, particularly the potential for confusion among patients. Typically, patients are prescribed modified release morphine in a tablet or capsule form, while IR morphine as a liquid. The committee questioned whether there was a need to introduce another IR morphine option to the formulary, given the existing variety of choices. However, the committee acknowledged that Actimorph® offers a unique range of strengths (1mg, 2.5mg, 5mg, 10mg, 20mg, 30mg) that are not currently available on the formulary. This provides flexible titration options for dosing. The committee recognised the opportunities that Actimorph® presents for safer prescribing of immediate release opioids and reducing the risk of diversion. The committee considered rationalising the other immediate release formulary choices, it was noted that specific niche uses, particularly in palliative care, would still warrant the availability of those options.

#### 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	<b>Not met.</b> To consider rationalisation of formulary products and clarify the 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:** Not approved – based on the applied decision-making framework (D). Applicant invited to resubmit with required information, to be considered virtually by the committee.

<p><b>ACTION 03/25 – 13</b>  <b>What:</b> The applicant to consider rationalisation of formulary products and clarify when Actimorph would be used.  <b>Who:</b> DR/JS                      <b>When:</b> 15/04/2025</p>	<p><b>DR/JS</b></p>
<p><b>4.5 Position statement on Use of Biosimilars (PP)</b>  The committee were asked to approve the position statement for implementation across Sussex and host the document on Sussex Partner Formulary website.</p> <p>The committee heard that historically there have been concerns on the clinical effectiveness of biosimilar products over their originators. Which has led to slow uptake of cost-effective biological products and the need for an explicit patient consent before switching patients to a biosimilar product. However, as per the latest guidance from the Medicines and Healthcare products Regulatory Agency (MHRA), biosimilar products licensed in the UK are interchangeable with their reference originator product (or vice versa) and are expected to achieve the same therapeutic effect. National Institute for Health and Care Excellence (NICE) Technology Appraisals often recommend the use of the least expensive option of the recommended medicine. Biosimilar products are usually the least expensive products with similar properties, biological activity, potency and clinical profiles to their originator product. It was presented that having a Sussex wide position statement supporting interchangeability between originator and biosimilar products should aid clinicians in prescribing the most cost-effective biological product.</p> <p>The committee questioned the target outlined in the paper that at least 90% of new patients should be prescribed the best value biological medicine within three months of its launch. The applicant agreed to revise the document to clarify that these targets are subject to availability and timely release of the biosimilars.</p> <p>The committee raised questions regarding the process of switching between biosimilars and their originator product, highlighting that such transitions may not be suitable for every patient. While there is currently no national data available on clinical issues faced by patients who have switched to biosimilars the position statement acknowledges that the switching to biosimilar would be subject to the clinician's clinical opinion and patient can revert to originator product in cases of primary or secondary treatment failure. The 90% target outlined in the paper accommodated for these instances.</p> <p>The committee noted that in Sussex there is a very well-established high-cost drugs network group which has been a leader in implementing biosimilars in the Southeast region. This position statement aims to formalise existing practices and ensures consistency across board. This document serves to safeguard the interest of both patients and healthcare providers.</p> <p><b>Decision:</b> Approved with the recommendation outlined in the paper.</p>	
<p><b>ACTION 03/25 – 14</b>  <b>What:</b> To amend the position statement to specify that the 90% targets are subject to availability and timely release of the biosimilars.  <b>Who:</b> PP                              <b>When:</b> 15/04/2025</p>	<p><b>PP</b></p>
<p><b>ACTION 03/25 – 15</b>  <b>What:</b> To upload the updated position statement to the Sussex Partners Formulary website  <b>Who:</b> APC secretariate      <b>When:</b> 15/04/2025</p>	<p><b>APC</b></p>
<p><b>5. Virtually approved items</b></p>	
<p><b>5.1 SHCP Stoma care accessory formulary and guidance</b>  Virtually approved on the 11/03/2025 for noting</p>	
<p><b>6. Standing Items</b></p>	
<p><b>6.1 National Institute for Health and Care Excellence (NICE) Technology Appraisals / Highly Specialised Technologies (AM)</b></p>	

<p><b>NICE Technology Appraisals</b>  Since the last SHCP APC meeting in January 2025 the Sussex APC Secretariat group had dealt with a total of 17 published NICE Technology Appraisals and noted 3 terminations.</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><b>Tirzepatide update (AH/SP)</b></p> <p>The committee heard that the end of the initial 90-day implementation period had been reached for tirzepatide (NICE TA 1026) within our specialist services, including Tier 3 and Tier 4 weight management services. NHS England had provided a funding variation along with commissioning guidance, which is currently marked as interim. This guidance outlines how to proceed with the implementation regarding the primary care aspect as we approach the 180-day mark in June.</p> <p>While NHS England has not provided the same restricted access for the first cohort of patients in specialist settings, the Sussex Partner Formulary has been proactively updated to align with the funding variation for the specialist services. This alignment is essential to avoid potential inequities in access and to mitigate significant financial risks. It is important to note that individuals can access these specialist services through the Right to Choose pathway.</p> <p>The committee was informed that formulary position statement is now available for review, detailing the specific eligibility criteria. NHS England has clearly defined the comorbidities associated with tirzepatide use. Patients must have a Body Mass Index (BMI) over 40 and at least four qualifying comorbidities as outlined in the document. Additionally, there is a necessity for wraparound support to ensure the best outcomes for patients.</p> <p>The committee noted that there are ongoing discussions, and further updates will be provided on the progress and any additional work being done in the background.</p>	
<p><b>6.2 Horizon Scanning (MO)</b>  No updates</p>	
<p><b>6.3 Patient Safety &amp; medicines safety alerts (MO)</b>  The Chair noted and asked Committee members to share within their organisation a recent <a href="#">Drug Safety Update</a></p> <p>SLi highlighted a MHRA drug safety update regarding the removal of the marketing authorisation for prolonged release opioids for post operative pain relief and noted there will be work carried out across Sussex regarding this.</p>	
<p><b>6.4 Discontinuations (MO)</b>  <b>Discontinuations were noted:</b>  Alimentum® Powder 400g (31/01/2025)  EleCare Powder 400g no plans to return to UK market  Seroxat® 20mg tablets (03/2025)  Seroxat® 30mg tablets (05/2025)</p>	
<p><b>7. Regional updates</b></p>	<p><b>Action for</b></p>
<p><b>7.1 Latest regional updates (GE)</b>  The committed was presented with the South East Regional Medicines Optimisation Group (SERMOG) recommendations that will be considered by the Sussex Area Prescribing Committee (APC). The compliance of these recommendations will be assessed as follows:</p> <ul style="list-style-type: none"> <li>- Fully Compliant: The recommendations align with current Sussex guidance.</li> <li>- Partially Compliant: The recommendations broadly align with existing Sussex guidance.</li> </ul>	

<p>- Not Compliant: The recommendations represent new guidance or significant deviations from Sussex guidance.</p> <p>The pathway for considering SERMOG decisions involves presenting them to the APC, which will require evidence demonstrating the impact on the Sussex population and the involvement of local clinicians to inform decision-making.</p> <p>SERMOG recommendations will be submitted to the APC with a cover sheet indicating:</p> <ol style="list-style-type: none"> <li>1. Alignment with Local Guidelines: For virtual consideration.</li> <li>2. Variation from Local Guidelines: For virtual consideration or discussion at the APC at the chair's discretion.</li> <li>3. Additional Work Needed: A summary of the work required to facilitate the APC's consideration, which will be prioritized for discussion.</li> </ol> <p>This process aims to ensure a thorough evaluation and integration of SERMOG recommendations into local practices, ultimately improving patient care across Sussex.</p> <p>The committee acknowledged that this process may create some duplication of efforts. However, they emphasised the importance of aligning with neighbouring Integrated Care Boards (ICBs) and being informed about developments in the South East region.</p>	
<b>8. Sub-group</b>	
<p><b>9.1 Formulary and Pathways (Governance) update (AH)</b></p> <p>The committee heard an overview of clinical formulary 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.</p>	
<b>9. Any other business</b>	
<p>The committee discussed the upcoming review of the functioning of the APC which, is scheduled for July 2025. This review is a work in progress, and the plan is to present suggestions to the APC in May. The review will outline current operations and identify areas of potential improvement. The committee will examine how other systems run their committees to gather insight and best practices, providing opportunity for discussion.</p> <p>The committee also addressed locally commissioned service (LCS) related to pregnancy prevention and access to neurology services. The current waiting time for routine outpatient appointments is approximately 60 weeks. This duration is similar across Sussex. The neurology team are actively working on referrals.</p> <p>The committee heard that there is an ongoing commitment to present a proposal for waiting list incentive scheme aimed at backlog patients. This is still work in progress.</p> <p>A clarification was sought regarding out-of-area patient, specifically those who have moved from other regions and require neurologist care locally. It was noted that these patients should have shared care arrangements and an Annual Risk Acknowledgement Form in place with their previous clinician until records are fully transferred. It was highlighted that the electronic transfer of patients records is inconsistent, complicating the process of continuity of care.</p>	
<b>Date of next meeting</b>	
<p>Date: 27<sup>th</sup> May 2025  Time: 12:00 to 14:00  Venue: Online MS Teams  Chair: Michael Okorie</p>	
<b>Meeting close.</b>	