

Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday, 8th October 2025 via MS Teams

MEMBERS:

Erica Carmody (Chair)	Medicines Optimisation Senior Pharmacist, Strategy & Delivery Barnsley & Doncaster (SY ICB)
Professor Adewale Adebajo	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Patrick Cleary	Lead Pharmacist - Barnsley BDU/Medicines Information (SWYPFT)
Deborah Cooke	Senior Pharmacist, Strategy and Delivery, Barnsley & Clinical Effectiveness (SY ICB)
Dr Mehrban Ghani	Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs)
Joanne Howlett	Medicines Optimisation Lead Pharmacist, Strategy and Delivery Barnsley (SY ICB)
Dr Kapil Kapur (from 25/181.4)	Consultant Gastroenterologist (BHNFT)
Dr Munsif Mufalil (from 25/192)	General Practitioner (LMC)
Gillian Turrell (from 25/185.2)	Lead Pharmacist, Medicines Information and Cardiology (BHNFT)

IN ATTENDANCE:

Nicola Brazier	Medicines Optimisation Business Support Officer (SY ICB)
Esha Imran (from 25/181.4)	Pre-registration Pharmacist, SY ICB
Maryam Safdar (from 25/181.4)	Pre-registration Pharmacist, SY ICB

APOLOGIES:

Chris Lawson	Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB)
Elizabeth Lock	Clinical Quality Assurance Lead/Wound Care Compliance Nurse (SY ICB Barnsley Place)

**ACTION
BY**

APC 25/182 QUORACY

The meeting was quorate.

JH/NB

Esha Imran and Maryam Safdar, in attendance from 25/191.4, were welcomed to the meeting, attending for learning experience.

APC 25/183 DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA

There were no declarations of interest relevant to the agenda to note.

APC 25/184 DRAFT MINUTES OF THE MEETING HELD ON 10th SEPTEMBER 2025

The minutes were approved as an accurate record of the meeting.

25/184.1 APC 25/177.2 - IMOC Horizon Scanning September 2025

At the September 2025 APC meeting, the suggested formulary status was noted for sildenafil citrate (new oromucosal spray formulation) and it was agreed to add to the formulary and ScriptSwitch a high-cost warning for the oromucosal spray formulation compared to the standard generic tablets.

In addition to that, it was clarified that the sildenafil citrate new oromucosal spray formulation will have a non-formulary status on the Barnsley formulary. If a clinician wishes to propose changing the formulary status, the Committee can review the evidence in more detail and make an informed decision.

The non-formulary status was approved by the Committee.

APC 25/185 MATTERS ARISING AND APC ACTION PLAN

25/185.1 Immunosuppressants - dermatology guidelines

The Senior Pharmacist, SY ICB (DC) noted that, in response to a query regarding available guidance for products used in Actinic Keratosis, she had advised at the previous meeting that a guideline was being developed through IMOC and that she would seek an update. It was noted that the guidance is at an advanced stage of development and is currently out for consultation with the LMCs.

The Lead Pharmacist, BHNFT was not present for this item to provide update/feedback from the Governance Committee about updating the immunosuppressant dermatology guidelines.

GT

25/185.2 NICE TAs (August 2025)

The Lead Pharmacist, BHNFT advised that the following NICE TAs **were** applicable for use at BHNFT: -

- TA1086 Ribociclib with an aromatase inhibitor for adjuvant treatment of hormone receptor-positive HER2-negative early breast cancer at high risk of recurrence
- TA1094 Guselkumab for treating moderately to severely active ulcerative colitis
- TA1095 Guselkumab for previously treated moderately to severely active Crohn's disease

The Lead Pharmacist, BHNFT advised that the following NICE TAs **were not** applicable for use at BHNFT: -

- TA1087 Betula verrucosa for treating moderate to severe allergic rhinitis or conjunctivitis caused by tree pollen
- TA1088 Ruxolitinib cream for treating non-segmental vitiligo in people 12 years and over
- TA1089 (**Terminated appraisal**) Sacituzumab govitecan for treating hormone receptor-positive HER2-negative metastatic breast cancer after 2 or more treatments
- TA1090 Durvalumab with tremelimumab for untreated advanced or unresectable hepatocellular carcinoma
- TA1091 Tarlatamab for extensive-stage small-cell lung cancer after 2 or more treatments
- TA1092 Pembrolizumab with carboplatin and paclitaxel for untreated primary advanced or recurrent endometrial cancer
- TA1093 Idebenone for treating visual impairment in Leber's hereditary optic neuropathy in people 12 years and over

25/185.3 Supply of adrenal crisis emergency management kits

The Lead Pharmacist, BHNFT had no update to report.

GT

25/185.4 Action Plan – other

25/185.4.1 Proposed APC Feedback to IMOC

Deferred to next meeting.

CL

25/185.4.2	<p><u>Ticagrelor Audit</u></p> <p>The Lead Pharmacist, BHNFT to follow up with the Audit Department for an update. Deferred to December 2025.</p>	GT
25/185.4.3	<p><u>Combination anticoagulant and antiplatelet treatment for patients with concomitant AF and ACS Guideline</u></p> <p>The Lead Pharmacist, BHNFT had previously advised that following staffing issues and changes, work on the guideline had not been progressed but had agreed to discuss with Henry Frankland, Lead Pharmacist (Cardiology & Respiratory) and clarify if a local guideline was needed or whether we would follow the national/European guidance. An update on this would be followed up.</p> <p>The Senior Pharmacist, SY ICB (DC) advised that a query has been received regarding the separate antiplatelet guidelines which were written in 2020 with a 2022 review date. It was noted that the Sheffield guidelines are currently within the review period, therefore it was suggested that this also be discussed to clarify if we need to update the Barnsley guidelines or whether we could remove the Barnsley guideline and follow the Sheffield guidelines. The Senior Pharmacist, SY ICB (DC) would email the Lead Pharmacist, BHNFT to clarify required action.</p> <p>Agreed actions: -</p> <ul style="list-style-type: none"> • The Senior Pharmacist, SY ICB (DC) to email the Lead Pharmacist, BHNFT to clarify required action. • The Lead Pharmacist, BHNFT to discuss and feedback. 	<p>DC</p> <p>GT</p>
25/185.4.4	<p><u>Shortage of Sytron Liquid</u></p> <p>The MO Lead Pharmacist, SY ICB (JH) advised that no further amendments were required to be made to the formulary, other than a minor amendment changing the date of anticipated re-supply to January 2026. This action was now closed, and it was agreed to remove it from the action plan.</p>	NB
APC 25/186	<p>NEW ORAL SEMAGLUTIDE FORMULATION (RYBELSUS®)</p> <p>The Senior Pharmacist, SY ICB (DC) advised this was shared for information, noting that clinicians may have received comms about it directly from the company. Information is also included on the IMOC Safety Update (Enclosure O).</p> <p>Rybelsus® oral semaglutide is being re-formulated. The product that will be available will be more bio-available and therefore available in lower strengths which will be considered bio-equivalent to the doses that are available currently. The documents included with the agenda includes the information that is directed to healthcare professionals and patients. The company has confirmed that for a period, not specified, that both products will remain on the market so there is potentially a clinical risk if patients are not made aware of this.</p> <p>At present, the new product is not listed on the clinical systems or ScriptSwitch, however when it becomes available, information will be added to ScriptSwitch. We understand that comms will be sent out to community pharmacies, and the information will be included in the APC memo to highlight it to practices so that they can help raise awareness.</p>	

APC 25/187 GUIDANCE ON THE PRESCRIBING OF ONS IN DYSPHAGIA (UPDATE)

The MO Lead Pharmacist, SY ICB (JH) presented the guidance which has received a full update.

Slo milkshake® has been discontinued and there are no pre-thickened ONS alternatives available for level 1 or level 4 IDDSI (International Dysphagia Diet Standardisation Initiative). The advice is to liaise with the Speech and Language Therapists or the dietitian for these levels.

Nutlis® complete has been added as a liquid alternative to level 3 IDDSI (less cost-effective than slo milkshake was). The updated guidance has not yet been presented at a full LMC meeting however feedback has been received from the LMC representative (MM) advising that there are no concerns with the update.

The Committee approved the updated guidance.

Post meeting note: Nutlis® complete will be added to the formulary with an amber G classification.

JH

APC 25/188 SHARED CARE GUIDELINES/AMBER G SHARED CARE GUIDELINES

25/188.1 Amber SCG for Entresto® in the management of Chronic Heart Failure

The MO Lead Pharmacist, SY ICB (JH) presented the updated guideline which has received a full update and has been updated on the new shared care guideline template.

The updated guideline includes only minor content changes from the previous version. There are minor typographical corrections; there is the addition of the narrative around the LMC support for early shared care referral when the patient has been titrated to the maximum dose, and only when the patient's condition is stable, as previously agreed at the APC, and this has been added to the responsibilities of other prescriber's section. Reference to the appropriate NICE TAs has been added throughout the document also.

This has not yet been to a full LMC meeting and no feedback has been received.

Subject to approval by the LMC, the Committee approved the updated guideline.

Agreed action: -

- LMC approval required. The guideline would be brought back to the APC if required following feedback from the LMC.

JH/MM

APC 25/189 FORMULARY

25/189.1 Metformin entry – minor revision following metformin sachet price increase

The Senior Pharmacist, SY ICB (DC) advised that a minor change was required to be made to the formulary entry following price changes. It was noted that if a liquid metformin preparation is indicated then the 500mg in 5ml sugar free oral solution is currently

the most cost effective preparation. The sachets are the second lowest cost formulation and the 1g in 5ml metformin oral solution remains very high cost and non-formulary. A minor revision would be made to the formulary to reflect this.

- 25/189.2 Update regarding the national formulary (10 year NHS plan reference)
In the absence of the Programme Director for Medicines Optimisation, Strategy and Delivery (SY ICB), this item was deferred to the next meeting.

CL

APC 25/190 NEW PRODUCT APPLICATION LOG

The new product application log was received for information.

APC 25/191 SOUTH YORKSHIRE INTEGRATED MEDICINES OPTIMISATION COMMITTEE (SY IMOC)

- 25/191.1 SYICB IMOC Ratified Minutes – 6th August and 3rd September 2025
The minutes were received for information.

- 25/191.2 SYICB IMOC Verbal Key Points – 1st October 2025
The MO Lead Pharmacist, SY ICB (JH) provided an update on key points from the October 2025 meeting.

- 25/191.2.1 Migraine Prevention - Atogepant and Rimegepant
It was agreed that Atogepant and Rimegepant would be given an amber G classification for prevention of migraine and noted that amber G guidelines have been produced. However, an education and training event would be held prior to the change in classification and the implementation of this. The traffic light classification will not change on the traffic light drug list until the training has been carried out.

Atogepant is licensed for prevention in episodic and chronic migraine and the Rimegepant is for prevention in episodic migraine. In the guidelines it states that prescribing will be transferred to primary care after the 12-week review.

Post meeting note: The South Yorkshire traffic light classification will be amended once a training plan and additional supporting resources including an updated migraine pathway and patient information leaflets are in place.

- 25/191.2.2 South Yorkshire Gluten Free Guidance - Update
Gluten ataxia has been removed from the excluded section and added to the included section of the document. A position has been received from the Advisory Community on Borderline Substance (ACBS) indicating that it is their expectation that gluten ataxia, with or without coeliac disease, is included in the conditions for which gluten free products can be provided on the NHS.

- 25/191.2.3 Electronic Transmission Pilot
A discussion took place regarding the pilot for the electronic transmission of Shared Care Protocol proformas via Accurx mail.

The pilot undertaken with the Doncaster Rheumatology Department received positive feedback, and based on this, it was agreed that the digital process for transmitting proformas would be used for all new or

updated SCPs, and that the use of electronic proformas could begin to be rolled out across other departments and Places.

It has been suggested that, in Barnsley, we could begin with the DMARD Shared Care Guideline, and the Pathways Portfolio within the SY ICB Medicines Optimisation Team has offered support with the implementation.

Rotherham and Sheffield Rheumatology Departments will be implementing electronic proformas in line with their recently approved Shared Care Guideline for sulfasalazine.

The Senior Pharmacist, SY ICB (DC) advised that the MO team plan to have discussions with the relevant departments and noted that this offer was raised today to gather initial feedback on its feasibility. We have been informed that this has been discussed at length in a digital meeting and an interface meeting, and that engagement has taken place with LMCs.

The Associate Medical Director, BHNFT felt this was encouraging, however, he expressed concerns that GPs are still not accepting shared care requests. The Senior Pharmacist, SY ICB (DC) acknowledged that these issues remain ongoing, noting that work was being undertaken around the funding arrangements and that this was being looked at separately to this, noting that the current rollout of the digital process relates specifically to the transfer of the form.

The Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs) spoke about the financial pressure that primary care has been under for many years and emphasised their wish to find a solution to the shared care issue. He noted that funding for shared care has not changed or increased in over ten years, while the costs of staffing and running a practice have continued to rise. As a result, many practices are finding that they can no longer meet the staffing and infrastructure costs required to deliver shared care, causing them to make difficult decisions about what services they can continue to provide.

The LMCs have worked together to develop a costed proposal using a national matrix to calculate an adequate budget for GP practices. This funding would allow practices to recruit the necessary staff to undertake all shared care tasks, reducing pressure on secondary care clinics. Although the scheme is funded, the SY ICB commissioners have not yet released the funding needed to implement it. A request was made for support from secondary care colleagues in encouraging the commissioners to accept the LMCs proposal and resolve the issue. It was agreed that LMC representatives would be asked to write to the Medical Director and Associate Medical Director at BHNFT, outlining their proposal to help progress the matter.

It was noted that further collective action is likely to occur, and that more shared care requests will continue to be declined unless the ICB addresses the funding issue.

IMOC Approved Guidelines (for information)

Links to the following guidelines on the new SY MO website, approved by IMOC were shared with the agenda for information: -

- Position Statement: DPP-4 inhibitors ('gliptins') in the management of Type 2 Diabetes V3 (update)

Added information that eGFR rather than creatinine clearance is considered clinically appropriate for dosing the gliptins, and it notes the exceptions, and there is reference to the BNF information.

- SY Selfcare Guidance (update)

This now refers to the Pharmacy First Scheme rather than the Community Pharmacy Consultation Service.

- SY SCP for Epilepsy in adults (update)

Updated regarding the updated safety and educational materials.

- South Yorkshire Guideline on Emollients and risk of severe and fatal burns (new South Yorkshire guideline)

- NHS South Yorkshire Integrated Care System: Position Statement Regarding Third Party Prescription Ordering (new South Yorkshire Position Statement).

The Senior Pharmacist, SY ICB (DC) presented the updated South Yorkshire Position Statement, noting that much of the content is not new for Barnsley. The statement outlines that the SY ICB supports the position to cease third-party ordering where it is safe and appropriate and bring together the approaches already adopted by other South Yorkshire areas that have taken this stance.

In Barnsley, several years ago we implemented a policy to stop most third-party ordering, with exceptions only where clinically appropriate. We have a centralised stoma line through which patients can order stoma products, however third-party ordering has remained available for other appliances, such as catheters.

Following discussion in the Barnsley Medicines Optimisation Leads meeting, it was recognised that whilst this is the intended direction of travel, it was also felt that a separate piece of work would need to be undertaken to assess the potential impact on patients and practices, and include engagement with secondary care colleagues, if third-party ordering for patients on other appliances, such as catheters, were to be stopped.

For the time being until there is capacity to progress this work, it is proposed that the current Barnsley position is maintained, with an update to be brought back to the Committee in due course. Additionally, we will circulate comms again as a reminder of the exceptions that were previously agreed as part of this work.

The Committee approved this approach.

APC 25/192 BARNSELEY APC REPORTING

25/192.1 APC Reporting - August 2025

The Senior Pharmacist, SY ICB (DC) presented the August 2025 reports, noting there had been 14 reports received directly to the ICB APC reporting mailbox.

Some of these reports are in line with what has been raised in previous meetings. These relate to DOAC choice and the reports of edoxaban initiations within secondary care, and the DMS issues where community pharmacies were not receiving DMS referrals for a period of time. Both issues have since been addressed.

Report BAPC 25/08/13 was highlighted relating to a communication issue regarding the administration of GnRH analogue injection.

APC 25/193 NEW NICE TECHNOLOGY APPRAISALS

25/193.1 NICE TAs – September 2025

The following NICE TAs **were** applicable for use at BHNFT: -

- TA924 (Update) Tirzepatide for treating type 2 diabetes. Also applicable to primary care with an amber-G guideline.
- TA1026 (Update) Tirzepatide for managing overweight and obesity

The Lead Pharmacist, BHNFT advised that the following NICE TAs **were not** applicable for use at BHNFT: -

- TA1096 Benralizumab for treating relapsing or refractory eosinophilic granulomatosis with polyangiitis
- TA1097 Enfortumab vedotin with pembrolizumab for untreated unresectable or metastatic urothelial cancer when platinum-based chemotherapy is suitable

The Lead Pharmacist, BHNFT **to advise** if the following NICE TAs are applicable for use at BHNFT: -

- TA1098 Isatuximab in combination for untreated multiple myeloma when a stem cell transplant is unsuitable

GT

25/193.2 Feedback from BHNFT Clinical Guidelines and Policy Group

There was nothing to report.

25/193.3 Feedback from SWYPFT NICE Group

There was nothing to report.

APC 25/194 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

25/194.1 BHNFT

There was nothing to report.

25/194.2 SWYPFT Drug and Therapeutics Committee (D&TC)

The Lead Pharmacist, SWYPFT advised that Daridorexant was discussed, with SWYPFT trying to clarify its position for South Yorkshire clinicians. An update had since been provided by the MO Lead Pharmacist, SY ICB (JH) regarding the SY IMOC position and work in progress. This is currently classified grey in South Yorkshire and green in West Yorkshire.

There were no other updates to note.

25/194.3 Community Pharmacy Feedback
There was no representative present for this item, therefore no update provided.

25/194.4 Wound Care Advisory Group
The MO Senior Pharmacist, SY ICB (EC) advised that the overarching wound care policy was going to the Executive Group tomorrow and another wound care advisory group meeting was scheduled to take place tomorrow, therefore an update on this was expected to be brought to the next APC meeting.

APC 25/195 ISSUES FOR ESCALATION TO THE BARNSELY PLACE QUALITY & SAFETY COMMITTEE (13th NOVEMBER 2025)

It was agreed to escalate the issue of shared care between primary and secondary care to the Barnsley Place Quality & Safety Committee. This is a patient safety issue affecting patient care and one of quality and performance for individual clinics in hospital.

CL/EC

The Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs) advised that he has emailed LMC colleagues regarding writing to the Medical Director and Associate Medical Director at BHNFT about the LMC proposal, as discussed above at APC 25/191.2.3.

The LMC GP (MM) reiterated that the LMC has agreed to a funding model for shared care, however the funding has not been released. He highlighted the patient safety concerns as many GP practices are refusing to and will continue to refuse to do it as the current funding is not adequate.

The Lead Pharmacist, SWYPFT spoke of a recent incident relating to a rejected Entresto shared care request by a practice where no-one subsequently took up prescribing of it, highlighting that when shared care is rejected, the drug needs to be continued. An APC report would be submitted.

PC

APC 25/196 FORMULARY ACTIONS

25/196.1 SPS Newsletter August 2025
Received and noted for information.

25/196.2 IMOC Horizon Scanning October 2025
The MO Lead Pharmacist, SY ICB presented enclosure L detailing one traffic light classification agreed at the October 2025 IMOC meeting for Dydrogesterone (new formulation with new indication).

This is a new formulation of Dydrogesterone, brand name Nalvee® 10mg tablet, that can be used for women with progesterone insufficiencies, as hormone replacement therapy (HRT) and dysfunctional bleeding or secondary amenorrhoea.

Dydrogesterone was previously available as brand name Duphaston® 10mg tablet, but this was discontinued due to commercial reasons. The chemical substance dydrogesterone is available in combination with estradiol in the products Femoston® (sequential combined HRT) and Femoston-conti® (continuous combined HRT).

Nalvee® could be considered as an alternative progesterone alongside transdermal HRT for women with a uterus (current options include Mirena®, micronised progesterone and medroxyprogesterone). It is more expensive than micronised progesterone but as stated by the BMS it offers a favourable endometrial safety profile and predictable lighter bleeding patterns.

It was suggested that dydrogesterone (Nalvee®) should be formulary green in Barnsley, noting that the Barnsley HRT guidelines would need to be updated, and that further information regarding place in therapy of dydrogesterone would need to be brought back to the Committee, and it was thought that this would not be a first line option.

The suggested Barnsley formulary status was approved by the Committee.

Agreed action: -

- The Barnsley HRT guideline to be updated and further information regarding place in therapy of dydrogesterone would need to be brought back to the Committee.

JH

25/196.3

TLDL Sub-Group List September 2025

The MO Lead Pharmacist, SY ICB presented enclosure M, noting formulary changes for Barnsley as below: -

- Human hepatitis B immunoglobulin - change from formulary green to formulary red
- Human Menopausal Gonadotrophins (Menotrophin) - add to formulary as non-formulary red
- Inosine pranobex - change from non-formulary to non-formulary red
- Isocarboxazid - change from non-formulary amber-G to non-formulary red

The Barnsley formulary changes were approved by the Committee.

APC 25/197

SAFETY UPDATES

25/197.1

MHRA Safety Roundup (September 2025)

Received for information. The update was noted with the following information highlighted: -

Paracetamol and pregnancy – reminder that taking paracetamol during pregnancy remains safe

Patients should be reassured that there is no evidence that taking paracetamol during pregnancy causes autism in children.

Paracetamol is recommended as the first-choice pain reliever for pregnant women, used at the lowest dose and for the shortest duration. Patients should not stop taking their pain medicines as untreated pain and fever can pose risks to the unborn child.

25/197.2

IMOC Safety Paper (October 2025)

The MO Lead Pharmacist, SY ICB presented the October 2025 IMOC Safety Paper, highlighting the alerts.

- 25/197.2.1 Specific brand of children's magnesium gummies found to contain undeclared melatonin
This was shared for information. This product has only been sold online as a food supplement. Parents have been advised to seek advice from a healthcare professional if a child has any side effects that are of concern.
- 25/197.2.2 Open call for evidence on the misuse and harms of gabapentin and pregabalin
This was shared for information. The Advisory Council on the Misuse of Drugs (ACMD) would like responses from as broad a spectrum of participants as possible. Evidence from the questionnaire will be used to assist in formulating advice to government.
- 25/197.2.3 Rybelsus® (oral semaglutide): risk of medication error due to introduction of new formulation with increased bioavailability
Discussed at 25/186.

APC 25/198 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES (FOR INFORMATION)
The minutes from Doncaster Place & Bassetlaw Place Medicines Optimisation Committee (PMOC) (17th July 2025) and Sheffield APG (17th July 2025) were received and noted for information.

APC 25/199 ANY OTHER BUSINESS

25/199.1 Draft 2026 meeting dates
Received for information. Meeting invites to be sent out.

NB

25/199.2 DMARD Shared Care Guideline – Minor Amendments
The MO Lead Pharmacist, SY ICB (JH) advised that there has been a request from the specialist for further minor amendments to be made to the guideline.

The minor amendments include updates to the Hydroxychloroquine monograph: Monitoring: Baseline retinal monitoring is no longer undertaken in line with the Royal College of Ophthalmologists guidelines. For patients without additional risk factors, retinal monitoring should commence after 5 years of hydroxychloroquine therapy and be undertaken annually thereafter. For patients with additional risk factors, the retinal monitoring should commence after 1 year of hydroxychloroquine therapy and be undertaken annually thereafter.

The updates were approved by the Committee.

Post meeting note: - further changes in the 'adverse drug reaction' section include addition of cardiomyopathy, headache, MSK disorders to this section; removal of suspected pancreatitis (no longer listed in SPC). The specialists have approved all the changes.

Awaiting approval from the LMC.

MM

25/199.3 SY MO Website Feedback
The Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs) shared feedback from the BEST team regarding abbreviations being used on the SY website which was

making it difficult for colleagues to find the required information e.g. CYP: Children and Young People's Asthma Guidelines, with a request for titles to be written in full to make the site more user friendly. The Senior Pharmacist, SY ICB (DC) would feed this back to ICB colleagues.

DC

APC 25/200 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 12th November 2025 at 12.30 pm via MS Teams.

ADOPTED