



**Doncaster Place & Bassetlaw Place Medicines Optimisation  
Committee (PMOC)  
Sections 1&2 (Area Prescribing and Formulary)  
Thursday 20th November 2025 12:00 noon  
Via MS Teams  
Minutes**

<b>Committee Members:</b>	✓ x	<b>Area Prescribing</b>	<b>Formulary</b>
Rao Kolusu (Chair) Doncaster Place	RK	✓	✓
Ewa Gabzdyl (Deputy Chair)(1 rep from Doncaster Place)	EG	✓	✓
Erica Carmody (only when EG cannot attend)	EC	x	x
Rob Wise Bassetlaw Place	RW	✓	✓
Lee Wilson DBTHFT ( 1 rep from DBTHFT)	LW	✓	✓
Rachel Wilson DBTHFT (when LW cannot attend)	RaW	x	x
Steve Davies RDaSH FT ( 1 rep from RDaSH FT)	SD	✓	✓
Andrew Houston RDaSH FT	AHo	x	x
Rachel Hubbard Doncaster Place	RH	✓	✓
Mallicka Chakrabarty Bassetlaw (Area Prescribing only)	MC	✓	✓
Dean Eggitt LMC	DE	x	x
Rumit Shah LMC (when DE cannot attend)	RS	x	x
Prakash Navaneetharjah (PCD Doncaster North)	PN	x	x
Sonia Griffiths (PCD Doncaster 4D)	SG	✓	✓
Lisa Sharp Doncaster NMP	LS	x	x
Pankaj Chatuvedi DBTHFT (Formulary only)	PC	x	x
Charlotte McMurray (SY ICB MO Team) (Only when needed)	CMcM	x	x
Ashley Hill Doncaster MOT (only when needed)	AH	x	x
Karen Jennison Doncaster MOT	KJ	✓	✓
<b>In attendance:</b>			
Faiza Ali & Cristina Scardovi 12:30 Item 11/25/1.4.2		✓	
Rudo Masawi (Professional Development)		✓	

- ✓ x – Indication of attendance to each section of the meeting (where required to attend)
- SY ICB – South Yorkshire Integrated Care Board
- SY – South Yorkshire
- IMOC – Integrated Medicines Optimisation Committee
- PMOC – Place Medicines Optimisation Committee
- MOT – Medicines Optimisation Team
- MO – Medicines Optimisation
- TLS – Traffic Light System
- MPD- Medicines and Product Directory
- SCP – Shared Care Protocol
- GP- General Practitioner



Agenda Ref	Subject / Action Required	Action Required By
	<p><b>Welcome, Introductions and Housekeeping: -</b> Fire Alarm Procedure: N/A</p>	
	<p><b>Apologies for Absence:</b> Apologies were received from Pankaj Chaturvedi, Dean Eggitt.</p> <p><b>In attendance:</b> Faiza Ali &amp; Cristina Scardovi Item 11/25/1.4.2 12:30 Rudo Masawi – Professional development (full meeting)</p> <p>The chair informed the group that Prakash Navaneetharjah (PCD Doncaster North) would no longer be attending PMOC 1&amp;2 as he has relocated to the south of England and will no longer be working in Doncaster. The chair thanked Prakash for his attendance over recent years and his valuable contribution to the work done by the PMOC. The group wished Prakash good luck in his new position and home.</p> <p>Karen Jennison requested that Lisa Sharp be removed from the attendees list for future meetings as she no longer attends the PMOC 1&amp;2. The group agreed to this.</p> <p>Due to changes in priorities the future agenda will reflect the priorities and items will be in order of clinical importance on the agenda.</p> <p>The meeting was noted at Quorate.</p>	
	<p><b>Declarations of Interest</b> <a href="#">ICB Register of Interests</a></p> <p>Rao Kolusu informed the group that he had attended an event in London which was sponsored by Astra Zeneka. The event was focused on asthma and treatment.</p>	
	<p><b>Notification of Any Other Business</b></p> <ul style="list-style-type: none"> <li>• Rao Kolusu – Levemir Discontinuation</li> <li>• Karen Jennison - Single National Formulary</li> <li>• Karen Jennison – Discontinued products</li> </ul>	
	<p><b>Minutes and actions of the last Meeting</b> The minutes of the meeting held in October 2025 were approved as a true record.</p> <p>Action:</p> <ul style="list-style-type: none"> <li>• Karen Jennison will distribute the ratified minutes to the appropriate distribution list.</li> </ul> <p><b>Action log</b> The action log was discussed and updated accordingly.</p> <p><b>MO Bulletin</b></p>	KJ



	The October 2025 MO Bulletin was noted.																																																					
11/25/1.1	<b>Matters arising not on the agenda</b>																																																					
11/25/1.4.2	<p>Clozapine Guideline The final draft was approved at the October PMOC 1&amp;2 meeting and the final version was presented for information to the group.</p> <p>Action:</p> <ul style="list-style-type: none"> <li>• Karen Jennison will add to the SY ICB MO website ( Doncaster page) and link to the MPD. It will also be included in the next MO Bulletin for information.</li> </ul>	KJ																																																				
11/25/1.2	<b>Section 1 Prescribing functions</b>																																																					
11/25/1.2.1	<p>TLS IMOC November 2025 The committee received the TLS list that was agreed at the November 2025 IMOC meetings.</p> <p><b>Please Note:</b> TLS status finalised at IMOC all items are classified as non-Formulary unless stated otherwise.</p> <p><b>The following have been agreed as Grey:</b></p> <table border="1"> <thead> <tr> <th>Drug/Product</th> <th>rationale</th> </tr> </thead> <tbody> <tr> <td>Mirabegron (for patients age 17yrs and under Terminated appraisal TA1100)</td> <td>6</td> </tr> <tr> <td>Clascoterone (Terminated appraisal TA1105)</td> <td>6</td> </tr> <tr> <td>Sarilumab (terminated appraisal TA1104)</td> <td>6</td> </tr> <tr> <td>Sodium Phenylbutyrate</td> <td>6</td> </tr> <tr> <td>Levodopa (new inhaled formulation) Brand Inbrija</td> <td>7</td> </tr> </tbody> </table> <p><b>The following have been agreed as Red:</b></p> <table border="1"> <tbody> <tr><td>Nirsevimab (new medicine)</td><td>1,6</td></tr> <tr><td>Ribavirin (including in combination with other drugs)</td><td>1,6</td></tr> <tr><td>Ribociclib (including in combination with other drugs)</td><td>1,6</td></tr> <tr><td>Rilpivirine (including in combination with other drugs)</td><td>1,6</td></tr> <tr><td>Riociguat</td><td>1,6</td></tr> <tr><td>Ritonavir (including in combination with other drugs)</td><td>1,6</td></tr> <tr><td>Romiplostim</td><td>1</td></tr> <tr><td>Romozosumab</td><td>1</td></tr> <tr><td>Ropeginterferon</td><td>1,6</td></tr> <tr><td>Ropivacaine</td><td>1</td></tr> <tr><td>Roxadustat</td><td>1</td></tr> <tr><td>Sacituzumab govitecan</td><td>1,6</td></tr> <tr><td>Sarilumab</td><td>1</td></tr> <tr><td>Selexipag</td><td>1,6</td></tr> <tr><td>Siponimod</td><td>1,6</td></tr> <tr><td>Sodium Phenylbutyrate</td><td>1,6</td></tr> <tr><td>Sofosbuvir (including in combination with other drugs)</td><td>1,6</td></tr> <tr><td>Sotorasib</td><td>1,6</td></tr> <tr><td>Streptomycin</td><td>1</td></tr> <tr><td>Streptozocin</td><td>1</td></tr> </tbody> </table>	Drug/Product	rationale	Mirabegron (for patients age 17yrs and under Terminated appraisal TA1100)	6	Clascoterone (Terminated appraisal TA1105)	6	Sarilumab (terminated appraisal TA1104)	6	Sodium Phenylbutyrate	6	Levodopa (new inhaled formulation) Brand Inbrija	7	Nirsevimab (new medicine)	1,6	Ribavirin (including in combination with other drugs)	1,6	Ribociclib (including in combination with other drugs)	1,6	Rilpivirine (including in combination with other drugs)	1,6	Riociguat	1,6	Ritonavir (including in combination with other drugs)	1,6	Romiplostim	1	Romozosumab	1	Ropeginterferon	1,6	Ropivacaine	1	Roxadustat	1	Sacituzumab govitecan	1,6	Sarilumab	1	Selexipag	1,6	Siponimod	1,6	Sodium Phenylbutyrate	1,6	Sofosbuvir (including in combination with other drugs)	1,6	Sotorasib	1,6	Streptomycin	1	Streptozocin	1	
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buprenorphine/naloxone	1
Sucoferric oxyhydroxide	1,6
Sugammadex	1
Sunitinib	1,6
Talimogene laherparepvec	1,6
Tedizolid	1
Teduglutide	1,6
Tenofovir (including in combination with other drugs)	1,6
Tepotinib	1,6
Teriflunomide	1,6
Teriparatide	1
Terlipressin	1
Tetracosactide	1
Tezacaftor (in combination with other drugs)	1,6
Tezepelumab	1
Thalidomide	1,6
Thiotepa	1
Tigecycline	1
Tildrakizumab	1
Tioguanine	1
Tirofiban	1
Tivozanib	1,6
Tolvaptan	1,6
Tralokinumab	1,6
Trastuzumab (including in combination with other drugs)	1,6
Treprostinil	1,6
Tretinoin	1
Trientine	1,6
Upadacitinib	1,6
Ustekinumab	1,6
Valganciclovir	1
Vasopressin	1
Venetoclax (including in combination with other drugs)	1,6
Verteporfin	1
Vinblastine	1
Letermovir	1,6
Lisocabtagene maraleucel	1,6
Isatuximab (in combination)	1,6
Sparsentan	1,6
Budesonide	1,6
Durvalumab	1,6
Garadacimab	1,6
Lorlatinib	1,6
Sarilumab	1,6
<b>The following have been agreed as Green:</b>	
Fluorouracil 5% cream	
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5 Fluorouracil and salicylic acid 5FU-SA	
Imiquimod 5% cream	



	<table border="1"> <tr><td>Imiquimod 50mg/g cream</td></tr> <tr><td>Diclofenac 3% gel</td></tr> <tr><td>Imiquimod 3.75% Cream</td></tr> <tr><td>Tirbaniulin ointment</td></tr> <tr><td>Tirzepatide (weight management) (dual traffic light classification) COHORT ONE ONLY</td></tr> <tr><td>Mirabegron (18yrs and above)</td></tr> <tr><td>Vardenafil (updated SLS criteria)</td></tr> <tr><td>Aspirin (all licensed indication and off-licensed use for hypertension in pregnancy)</td></tr> <tr><td>Influenza vaccine (new vaccine)</td></tr> </table> <p>Action:</p> <ul style="list-style-type: none"> <li>• Karen Jennison to update the MPD</li> </ul>	Imiquimod 50mg/g cream	Diclofenac 3% gel	Imiquimod 3.75% Cream	Tirbaniulin ointment	Tirzepatide (weight management) (dual traffic light classification) COHORT ONE ONLY	Mirabegron (18yrs and above)	Vardenafil (updated SLS criteria)	Aspirin (all licensed indication and off-licensed use for hypertension in pregnancy)	Influenza vaccine (new vaccine)		KJ
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11/25/1.2.2	<p><b>NICE Guidance</b> The NICE guidance report was received that was discussed at the November 2025 IMOC meeting.</p> <p>Ewa Gabzdyl informed the group of the NICE guidance discussed at the November IMOC</p> <p>There were no actions for this group.</p>											
11/25/1.2.3	<p><b>MHRA - Drug Safety Update &amp; NHS England Patient Safety alerts</b> The Safety report that was discussed at the November 2025 IMOC meeting was received.</p> <p>Ewa Gabzdyl informed the group of the items included in the safety report highlighting an update on the release of Rybelsus (oral semaglutide) second generation formulation.</p> <p>The second-generation products are available at the wholesalers but currently not available in the drug tariff which means that community pharmacies cannot currently claim for the dispensing of these new products. Once they appear in the drug tariff, then the MO LST will support the switch over with communication to the GP Practices and community pharmacies to assist a smooth transition. Further updates will be brought to the December PMOC 1&amp;2.</p> <p>There were no actions for this group.</p>											
11/25/1.2.4	<p>IMOC Update – November 2025 IMOC meeting: -</p> <ul style="list-style-type: none"> <li>• <b>Actinic Keratosis (AK) guideline</b> – Guideline approved at IMOC, but amendments required. To be uploaded onto SY MO website / MPD when finalised.</li> <li>• <b>Tirzepatide weight management guideline</b> – Guideline approved at IMOC and traffic light status to be changed from Red to Green but <b><u>only for Cohort ONE patients.</u></b> To be uploaded onto SY MO website / MPD when finalised.</li> </ul>											



	<ul style="list-style-type: none"> <li>• <b>Updated Tirzepatide weight management SY position statement</b> – Guideline approved at IMOC, but amendments required. To be uploaded onto SY MO website / MPD when finalised.</li> <li>• <b>Rimegepant document update</b> - Guideline approved at IMOC, but amendments required. To be uploaded onto SY MO website / MPD when finalised. TLS status can then be changed as previously agreed.</li> <li>• <b>PrescQipp: Improving the use of local formularies for medical devices</b> - This item was brought to IMOC for information and to encourage participation in the survey. PrescQipp are supporting the DHSC and NHSE with a survey on local formularies for medical devices. DHSC will use your responses to develop good practice guidance on the development and use of local formularies for prescribing medical devices that patients will use either at home or in the community. The survey will close on 30th November 2025.</li> <li>• <b>DOAC SY position statement</b> – Position statement approved and live on the MO website and linked to MPD</li> <li>• <b>Children's &amp; Young People's (CYP) asthma guideline - updated version</b> - Guideline approved and live on the MO website and linked to MPD</li> <li>• <b>Proxor Position Statement</b> – Position statement is live on the MO website and linked to MPD</li> <li>• <b>Single National Formulary</b> - This was brought for information only and has been added to the forward planner for IMOC and will be discussed as the process moves forward, noting the potential impact on place-based formularies/meetings in the near future.</li> </ul>	
11/25/1.3	<b>Matters Arising</b>	
03/25/2.5.1	<p>Testosterone SCP for new male patients</p> <p>Rachel Hubbard presented the final draft of the SCP and proforma to the group. The requested changes from the previous meeting have been made. The SCP and proforma was approved by the group and will now be versioned and uploaded onto the MO website and MPD and included in the next MO bulletin.</p> <p>Action:</p> <ul style="list-style-type: none"> <li>• Karen Jennison/ Rachel Hubbard will add Bassetlaw logo to the SCP and Proforma.</li> <li>• Karen Jennison will version and uploaded onto the MO website and MPD and include in the next MO bulletin.</li> <li>• Karen Jennison will liaise with the pathways team to request the proforma be included on the AccuMail list on clinical systems.</li> </ul>	<p>KJ/RH</p> <p>KJ</p> <p>KJ</p>
09/25/1.4.3	<p>Hydroxychloroquine retinal screening update</p> <p>Rob Wise informed the group that he has attended a meeting with Contracting colleagues who informed him that the SpaMedica contract for the hydroxychloroquine screening is due to come to an end at the end of March 2026 and they're looking to extend the contract further. Adele Brook is now on maternity leave and the contract has been taken over by Rachel Reynolds. There are concerns that GPs are not getting communication through from SpaMedica when these screening appointments have been attended. It has</p>	



	<p>been acknowledged that there are gaps in the communication of the outcome of appointments and GPs are not receiving the snomed code / phrase to add to the patient's consultation record to confirm screening has been done.</p> <p>Action:</p> <ul style="list-style-type: none"> <li>• Further discussion is needed on this topic and will be continued at the next meeting, Karen Jennison to carry forward onto next agenda.</li> </ul>	KJ
<b>11/25/1.4</b>	<b>New Business</b>	
11/25/1.4.1	<p>Milk prescribing guideline in Doncaster and Bassetlaw</p> <p>Rachel Hubbard presented the milk prescribing guideline that she has been developing with Ewa Gabzdyl, along with Natasha, who's one of the paediatric dietitians at DBTHFT. The background to developing this guideline is from prescribing data that shows Doncaster as a high prescriber of baby milks. Mainly for milk allergies, but also some of the milks that are lactose free and soya milk amongst others. This guidance was developed with a view to use in Doncaster and also Bassetlaw, as patients who live in Bassetlaw would be seen by DBTHFT.</p> <p>The guideline contains formulary 1<sup>st</sup> line choices to help primary care prescribers to choose the best, most cost-effective product and prescribe the appropriate quantities to reduce waste. There is also a timeline for prescribing, and this will help prescribers to stop the milk when it should be stopped and avoid patients being prescribed past the recommended age. Ewa Gabzdyl informed the group that this would be a piece of work in the next financial year for MO QIPP agenda.</p> <p>The guideline was approved with a few additional product choices, corrected spelling errors, and some additional vegan and halal information.</p> <p>It was agreed that the final draft should be shared with the health visitors at RDaSH FT to ensure all stakeholders have seen the document before finalising.</p> <p>Action:</p> <ul style="list-style-type: none"> <li>• Rachel Hubbard to make the agreed changes and share with Health visitors.</li> <li>• Rachel Hubbard / Karen Jennison to add Bassetlaw logo to the document and The final document should be brought back to the next PMOC meeting for final ratification.</li> </ul>	RH/KJ RH/KJ
11/25/1.4.2	<p>Shared Care process (Lithium) – requests from Primary care to secondary care where there is no shared care agreement in place. E.g. new patients who are already on an Amber drug.</p> <p>Cristina Scardovi informed the group that she carried out a small audit at one of her practices and found that a couple of patients who were getting their lithium blood tests taken at the practise rather than at the lithium clinic, which was not in line with the shared care protocol, but looking further at those patients, it appeared that the patients had declined engagement with the lithium clinic, rather than not being included on the clinic list.</p> <p>The practice was doing the blood tests for the patients that had declined attendance at the lithium clinic, at the patients request. At other practices</p>	



	<p>patients have been discharged from clinics and then the monitoring has been left to the practice.</p> <p>It was noted that any patient on lithium whether it is a patient that has been discharged from the local service or a patient moving into the area from elsewhere should be referred to the lithium service for assessment if they are not already covered under a shared care agreement, if the GP feels this is necessary. If it is the patient who is declining the referral to the lithium clinic there may be a need to change therapy and treat with medication that does not require shared care monitoring. The group agreed that the patient choice should also be considered, as the patient needs to be compliant in order for their treatment to be successful.</p> <p>From RDaSH FT perspective if patients are on lithium but have not attending appointments in the lithium clinic, then they have no way of monitoring attendance and assessments. The group agreed that it is quite reasonable for GPs to actually push back and request that specialist service like the lithium clinic to monitor this cohort of patients. The group decided to continue this conversation at the next meeting, as there may be a wider issue across several shared care agreements and not just lithium.</p> <p>Action:</p> <ul style="list-style-type: none"> <li>• Further discussion is needed on this topic and will be continued at the next meeting. Karen Jennison to carry forward onto next agenda.</li> </ul>	KJ
11/25/1.4.3	<p>Stock availability of branded / specified products in the QIPP agenda</p> <p>Rachel Hubbard raised a supply issue she had recently with venlafaxine XL. The cost-effective brand highlighted on the MPD was not readily available. This has led to prescriptions being returned with a request to prescribed generically so a different brand could be dispensed. This is not isolated to Venlafaxine XL, there are several 'prescribe by brand' instructions where the recommended brand is unavailable. From a GP perspective this creates extra work and loss of confidence in the formulary advice. It was suggested not to just give one brand option but several options of a similar cost, to allow prescribers to select one that is available locally.</p> <p>The question was raised about optimise Rx prompts and Ewa Gabzdyl agreed that this could be done but there are so many prompts that the MO team does not want GPs to become swamped with prompts.</p> <p>There was a suggestion that there could be an alternative added to the initial prescription in case the first item was not available, but it was highlighted that there are implications for community pharmacy in this instance as the Business Authority would not pay if it were not clear what has been dispensed on the prescription. Ideally, generic prescribing would be preferable for GPs then the availability of specific brands would not be an issue on the prescription.</p> <p>The group agreed that there is no quick solution to this problem, and it may be discussed again in the future. Rachel Hubbard's concerns were duly noted.</p>	
11/25/1.5	<b>Any Other Business</b>	
11/25/1.5.1	Levemir discontinuation	



	<p>Rao Kolusu advised the group of the risk around the discontinuation of Levemir, this should be completed by end of 2026. There is a guideline written by the pharmaceutical company who make Levemir to advise of alternatives but there is no direct alternative, and there will be an adjustment during the switch over to alternative products.</p> <p>The MO team have been requesting information from GP practice to ascertain how much support is needed by each practice during this switch period, with the offer of help from DBTHFT / RDASH FT diabetic nurses if needed. There has not been a large number of responses, and the MO team is sending out the form again to ask practices to fill it in.</p> <p>Rao Kolusu wanted to ensure the group noted this risk and acknowledged that the MO team was working hard to gather the information.</p>	
11/25/1.5.2	<p>Single National Formulary Timeline update</p> <p>Karen Jennison presented to the group an email outlining the timeline for the development of the Single national Formulary, set out in the 10-year plan to drive rapid and equitable adoption of clinically- and cost-effective innovations. There will be a phased approach with the first phase being carried out within the next 2 years. IMOC have placed this work on the work plan and will pass future updates to PMOC as they happen. Local formularies will remain for the short term.</p>	
11/25/1.5.3	<p>Discontinued products</p> <p>Karen Jennison presented to the group a list of discontinued products that have been identified by IMOC sub-group. The group agreed that these products should be removed from the MPD in line with the IMOC TLS list.</p> <p>Action:</p> <ul style="list-style-type: none"> <li>• Karen Jennison to remove the listed items from the MPD as agreed by the group</li> </ul>	KJ
07/25/1.5.1	<p>Post meeting Note :- Palliative care/ Instructions to administer.</p> <p>Feedback from Steve Davies after the meeting : 20/11/25</p> <p><i>I have had the opportunity following the PMOC meeting today to meet with Heidi Atkinson (Consultant nurse palliative care) and Lee Wilson.</i></p> <p><i>Regarding the requests for GPs to write instructions to administer off the back of a DBTHFT Discharge letter.</i></p> <ul style="list-style-type: none"> <li>• <i>Our community nursing staff are able to use the discharge as the instruction to administer, applying additional information from management cards supplied by the hospice to manage the maximum doses and escalation to review.</i></li> <li>• <i>Patients in care homes are having this type of medication administered by these same community nurses, so the same standard will be in place</i></li> <li>• <i>DBTHFT are:-</i> <ul style="list-style-type: none"> <li><i>o working to be more consistent in completing and of the instructions to administer / discharges</i></li> <li><i>o working with nursing homes, where their staff administer PRN injectables, to establish a similar standard as for our community nurses</i></li> </ul> </li> </ul> <p><i>It feels to me that that this should address a lot of these spurious requests for the GPs to re-write instructions to administer.</i></p>	



	<i>So, a period of watchful waiting as Lee Wilson was explaining in the meeting is probably the most pragmatic approach at the moment. I hope that is helpful Stephen Davies RDaSHFT</i>																																	
11/25/1.6	<b>Minutes from other groups</b>																																	
	<b>SY ICB IMOC</b> The minutes from the meeting held in October 2025 were received for information.																																	
	<b>DBTHFT Drug &amp; Therapeutics Committee (Monthly)</b> Minutes from October 2025 were received for information.																																	
	<b>RDASH FT TMOG (Monthly)</b> Minutes from September 2025 were received for information.																																	
	<b>Barnsley Place APC</b> Minutes from September 2025 were received for information.																																	
	<b>Rotherham Place MMC</b> Minutes October 2025 were received for information.																																	
	<b>Sheffield Place APG</b> Minutes from October 2025 were received for information.																																	
	<b>Nottinghamshire</b> No minutes available for this meeting																																	
11/25/2.2	<b>Section 2 Formulary functions</b>																																	
11/25/2.2.1	New Product request - N/A																																	
11/25/2.2.2	Formulary and MPD (Medicines and Products Directory) review November 2025. The formulary products were agreed as below:																																	
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	<p>Action:</p> <ul style="list-style-type: none"><li>• Karen Jennison will make the agreed amendments to the MPD.</li></ul>	KJ
	<p><b>Date and Time of Next Meeting</b> The next PMOC meeting will be held on <b>Thursday 18th December 2025 at 12:00 Noon</b> Via Teams</p> <p><b>Please note Due to PMOC section 3 being on a Bank Holiday in December it has been moved and will follow this meeting on Thursday 18th December 2025.</b></p>	

