



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

Committee Members:	✓ x	Area Prescribing	Formulary
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	x	x
Lee Wilson DBTHFT (1 rep from DBTHFT)	LW	✓	✓
Rachel Wilson DBTHFT (Area Prescribing only when LW cannot attend)	RaW	x	x
Steve Davies RDaSH FT (1 rep from RDaSH FT)	SD	x	x
Andrew Houston RDaSH FT	AHo	x	x
Rachel Hubbard Doncaster Place	RH	✓	✓
Mallika 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) On Mat Leave until June 25	SG	x	x
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
Jen Cox Doncaster MOT (Only when needed)	JC	x	x
Karen Jennison Doncaster MOT	KJ	✓	✓
In attendance:			
Gilly Sharp	GS	✓	✓
Faiza Ali	FA	✓	x

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



Agenda Ref	Subject / Action Required	Action Required By
	Welcome, Introductions and Housekeeping: - Fire Alarm Procedure: N/A	
	Apologies for Absence: There were apologies received from Sonia Griffiths (Mat Leave until June 2025) It was noted that Mallicka Chakrabarty was in attendance but had to leave for a short period, it was agreed to ensure that all items that required approval or group discussion would be prioritised and discussed when Mallicka Chakrabarty was present to ensure quoracy. The meeting was noted as Quorate, with the above action. In attendance Gilly Sharp as professional development Faiza Ail item: 03/25/1.4.2 and AOB Melatonin SCP	
	Declarations of Interest ICB Register of Interests Lee Wilson : Urology protocol discussion with Astellas -manufacturers /marketers of mirabegron. Rao Kolusu : Contacted by Astra Zeneca regarding a quality project around respiratory prescribing and has agreed to chair some educational meetings in the future. The chair asked the secretary to check the distribution lists of the PMOC meetings to ensure any former ICB employees have been removed from the lists and that everyone who receives minutes from this group are appropriate to do so. <i>Post meeting Note: The secretary confirms that all persons on the distribution lists are current employees of the ICB and other partner organisations (DBTHFT/ RDaSH FT / Local Council / Bassetlaw ICB / LMC / PCN / GP Practice) and anyone who has left the organisations have been removed.</i>	
	Notification of Any Other Business Faiza Ali: Slight amendment to the melatonin SCP for information / approval. Lee Wilson: Urology protocol and contact with pharma Rao Kolusu: Multilex formulary on systm1 clinical system	
	Minutes and actions of the last Meeting The minutes of the meeting held in February 2025 were approved as a true record Action: <ul style="list-style-type: none"> • Karen Jennison will distribute the ratified minutes to the appropriate list. Action log The action log was discussed and updated accordingly.	KJ



	MO Bulletin The February 2025 MO Bulletin was noted.																																																					
03/25/1.1	Matters arising not on the agenda																																																					
	N/A																																																					
03/25/1.2	Section 1 Prescribing functions																																																					
03/25/1.2.1	TLS IMOC March 2025 Please Note : TLS status finalised at IMOC all items are classified as non-Formulary unless stated otherwise. The committee received the TLS list that was agreed at the March 2025 IMOC meeting. The following have been agreed as Grey: <table><tr><th>Drug/Product</th><th>Brand</th><th>rationale</th><th>Indication</th></tr><tr><td>Ciltacabtagene autoleucel (new medicine)</td><td>Carvykti®</td><td>6</td><td>Treatment of adults with relapsed and refractory multiple myeloma, who have received at least one prior therapy, including an immunomodulatory agent and a proteasome inhibitor, have demonstrated disease progression on the last therapy, and are refractory to lenalidomide</td></tr><tr><td>Ieniolisib phosphate (new medicine)</td><td>Joenna®▼, Pharming Technologies B.V</td><td>6</td><td>Indicated for the treatment of activated phosphoinositide 3- kinase delta (P13Kδ) syndrome (APDS) in adult and paediatric patients 12 years of age and older.</td></tr><tr><td>Ganaxolone</td><td>Ztalmy</td><td>2</td><td>treating seizures caused by CDKL5 deficiency disorder in people 2 years and over</td></tr></table> The following have been agreed as Red: <table><tr><td>Elacestrant</td><td></td><td>1,6</td><td>treating oestrogen receptor-positive HER2-negative advanced breast cancer with an ESR1 mutation after endocrine treatment</td></tr><tr><td>Pembrolizumab</td><td></td><td>1,6</td><td>adjuvant treatment of resected non-small-cell lung cancer</td></tr><tr><td>Selpercatinib</td><td></td><td>1,6</td><td>advanced thyroid cancer with RET alterations after treatment with a targeted cancer drug in people 12 years and over</td></tr><tr><td>Selpercatinib</td><td></td><td>1,6</td><td>advanced thyroid cancer with RET alterations untreated with a targeted cancer drug in people 12 years and over</td></tr><tr><td>Olaparib</td><td></td><td>1,6</td><td>treating BRCA mutation-positive HER2-negative advanced breast cancer after chemotherapy</td></tr><tr><td>Durvalumab</td><td></td><td></td><td>etoposide and either carboplatin or cisplatin for untreated extensive-stage small-cell lung cancer</td></tr><tr><td>Selpercatinib</td><td></td><td></td><td>previously treated RET fusion-positive advanced non-small-cell lung cancer</td></tr></table> The following have been agreed as Green: <table><tr><td>Bimatoprost + timolol (new formulation)</td><td>Bimiduo®</td><td></td><td>Reduction of intraocular pressure in adults with open-angle glaucoma or ocular hypertension who are insufficiently responsive to topical beta-blockers or prostaglandin analogues</td></tr><tr><td>Respiratory syncytial virus vaccine (new indication)</td><td>Arexvy®</td><td></td><td>Active immunisation for the prevention of lower respiratory tract disease caused by respiratory syncytial virus in adults 50 through 59 years of age who are at increased risk for RSV disease</td></tr></table> Action: <ul style="list-style-type: none">Karen Jennison to make the agreed additions / amendments to the MPD	Drug/Product	Brand	rationale	Indication	Ciltacabtagene autoleucel (new medicine)	Carvykti®	6	Treatment of adults with relapsed and refractory multiple myeloma, who have received at least one prior therapy, including an immunomodulatory agent and a proteasome inhibitor, have demonstrated disease progression on the last therapy, and are refractory to lenalidomide	Ieniolisib phosphate (new medicine)	Joenna®▼, Pharming Technologies B.V	6	Indicated for the treatment of activated phosphoinositide 3- kinase delta (P13Kδ) syndrome (APDS) in adult and paediatric patients 12 years of age and older.	Ganaxolone	Ztalmy	2	treating seizures caused by CDKL5 deficiency disorder in people 2 years and over	Elacestrant		1,6	treating oestrogen receptor-positive HER2-negative advanced breast cancer with an ESR1 mutation after endocrine treatment	Pembrolizumab		1,6	adjuvant treatment of resected non-small-cell lung cancer	Selpercatinib		1,6	advanced thyroid cancer with RET alterations after treatment with a targeted cancer drug in people 12 years and over	Selpercatinib		1,6	advanced thyroid cancer with RET alterations untreated with a targeted cancer drug in people 12 years and over	Olaparib		1,6	treating BRCA mutation-positive HER2-negative advanced breast cancer after chemotherapy	Durvalumab			etoposide and either carboplatin or cisplatin for untreated extensive-stage small-cell lung cancer	Selpercatinib			previously treated RET fusion-positive advanced non-small-cell lung cancer	Bimatoprost + timolol (new formulation)	Bimiduo®		Reduction of intraocular pressure in adults with open-angle glaucoma or ocular hypertension who are insufficiently responsive to topical beta-blockers or prostaglandin analogues	Respiratory syncytial virus vaccine (new indication)	Arexvy®		Active immunisation for the prevention of lower respiratory tract disease caused by respiratory syncytial virus in adults 50 through 59 years of age who are at increased risk for RSV disease	KJ
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02/25/1.2.2	<p>NICE Guidance</p> <p>The NICE guidance report was received that was discussed at the March 2025 IMOC meeting.</p> <p>Ewa Gabzdyl informed the group of March's NICE guidance. There were no actions for this group.</p>	
03/25/1.2.3	<p>MHRA - Drug Safety Update & NHS England Patient Safety alerts</p> <p>The Safety report that was discussed at the March 2025 IMOC meeting was received.</p> <p>Ewa Gabzdyl informed the group of the items included in the safety report which included:-</p> <ul style="list-style-type: none"> ➤ Shortage of Pancreatic enzyme replacement therapy (PERT) – ➤ GLP-1 and dual GIP/GLP-1 receptor agonists: potential risk of pulmonary aspiration during general anaesthesia or deep sedation ➤ Valproate : review by two specialists is required for initiating valproate but not for male patients already taking valproate ➤ The Medicines (Gonadotrophin-Releasing Hormone Analogues) (Restrictions on Private Sales and Supplies) Order 2024 <p>Action:</p> <ul style="list-style-type: none"> • It was agreed that these items could be highlighted in the next MO Bulletin 	KJ
03/25/1.2.4	<p>IMOC Update</p> <p>Karen Jennison informed the group that Tirzepatide (Mounjaro®) Kwikpen in adults 18 years and over with type 2 diabetes mellitus Amber G guideline was approved by IMOC at the March 2025 meeting and is now live on the IMOC website and has been linked to Doncaster MO website and MPD.</p> <p>The Tirzepatide (Mounjaro®) weight loss Document as now been approved by IMOC and is awaiting uploading onto the IMOC website, the link will be added to the Doncaster MO website and MPD for information.</p> <p>Action:</p> <ul style="list-style-type: none"> • Karen Jennison to add the link to the Tirzepatide (Mounjaro®) weight loss Document once it is uploaded onto the IMOC website. 	KJ
03/25/1.3	Matters Arising	
08/24/1.5.1	<p>Direction to Administer during pre-emptive medication supply.</p> <p>Steve Davies was not in attendance, so this item was deferred to the next meeting</p>	
02/25/1.4.5	<p>HRT Guidelines -Reviewed</p> <p>The group discussed the HRT guidance document that have been reviewed / updated by Rachel Hubbard.</p> <p>The group agreed some changes on the wording of the topical products to clarify the definitions of creams and patches and the group approved the document with the agreed changes.</p> <p>Action:</p>	



	<ul style="list-style-type: none"> Rachel Hubbard to complete the agreed changes and send the finalised document to Karen Jennison who will format with the corporate logos and upload onto the MO website / MPD and include in the next MO Bulletin for information. 	RH/KJ
03/25/1.4	New Business	
03/25/1.4.1	<p>Leqvio (Inclisiran) extended commercial agreement</p> <p>Ewa Gabzdył explained to the group about the commercial agreement between Novartis and the Department of Health they make that agreement when Inclisiran was initially brought into the market in the UK and obviously that was coming to an end. The rebate scheme has been extended to 2028 and will be still available at 45 pounds from AAH.</p> <p>It was noted that GP practices can buy the product directly and claim back the cost plus an administration fee, as well as prescribing on FP10 and this being dispensed in a community pharmacy. Concerns were noted around expiry dates of this product if ordered in as a stock item. It was suggested that GP practices could order a short time prior to the patient's appointment to avoid stocking the product for long periods of time.</p> <p>It was suggested that an article should be included in the next MO bulletin to remind prescribers of the lipid guidance and include the information for the extended commercial arrangements for Inclisiran.</p> <p>Action:</p> <ul style="list-style-type: none"> Rachel Hubbard and Karen Jennison to include an article in the next MO bulletin to remind prescribers of the lipid guidance and include the information for the extended commercial arrangements for Inclisiran. 	RH / KJ
03/25/1.4.2	<p>Vitamin D Documents from IMOC</p> <p>Faiza Ali presented the suite of documents that have been developed to provide up to date guidance for adults across SY. This will replace the current guidance on the website and MPD. The documents follow NICE guidance and contain information on the management of vitamin D deficiency in adults, clinical features, risk factors, lifestyle advice.</p> <p>The group discussed the products and dosing advice and requested that this could be made clearer, including doses and products for each level and maintenance, with a note around advice to buy OTC products where appropriate.</p> <p>It was also noted for patients with a high BMI may need higher doses, vegetarian/ vegan patients will require gelatine free products It was highlighted that there is no licenced product available for those following a vegan diet. Bariatric surgery is mentioned but it was agreed that this needed to be more detailed. Breast feeding doses and Infant monitoring might be required, as high doses are not recommended in this cohort of patients.</p> <p>It was noted that at DBTHFT the products stocked may be different to those on the primary care guidance document but can be substituted accordingly on discharge.</p> <p>Concerns were raised about the standard of OTC products from health shops, but it was agreed that advising patients to buy OTC products could not be specified to or exclude particular businesses.</p> <p>Action</p>	



	<ul style="list-style-type: none"> Faiza Ali to take the feedback to the subgroup and action any requests before bringing the final draft back to PMOC in the future. 	FA
03/25/1.4.3	<p>OTC medication in school</p> <p>Ewa Gabzdyl reminded the group that there used to be a Doncaster document which we adopted from PrescQipp on administering medicines in schools and currently Doncaster does not have a local Commission service.</p> <p>Ewa Gabzdyl has asked at IMOC subgroup whether there is a plan to develop a South Yorkshire document on management of medicines in schools and early years. The PrescQipp document was updated 12 months ago and it was agreed that this would be an appropriate document to share on the Doncaster website.</p> <p>It was agreed that the information on page 18 will be useful to share as a position statement.</p> <p>Action:</p> <ul style="list-style-type: none"> Rachel Hubbard and Ewa Gabzdyl will work together to produce a Doncaster position statement and bring a draft to a future meeting for discussion / approval. 	RH/EG
03/25/1.4.4	<p>Aspirin in pregnancy and Domperidone in breastfeeding</p> <p>Aspirin in pregnancy</p> <p>The medicines optimisation team have been asked whether primary care can support the service with prescribing of aspirin for in pregnancy. This is off licence use, but it is a well-researched NICE approved use. Midwives will review patient and make recommendations in the form of a letter to the patient's GP. The group was in support of this suggestion as long as the information is clear on the letter of preparation, dose and duration and it was thought to be a small cohort of patients. The use of aspirin for this indication is off licence and so cannot be bought OTC at a community pharmacy. It was suggested that a PGD may be useful.</p> <p>Action</p> <ul style="list-style-type: none"> Ewa Gabzdyl and Mallicka Chakrabarty will put together a paragraph to support GPs prescribing in primary care on receipt of communication from the obstetric team in secondary care, to add to aspirin on the MPD for this indication. And pass to Karen Jennison when completed. Karen Jennison will add to MPD <p>Domperidone in breastfeeding</p> <p>Lee Wilson brought a request to prescribe Domperidone off licence and this was discussed. The group agreed that there is really poor evidence and high risk of cardiac side effects. The group suggested that as this would only be a short-term prescription and with all the risks it should be prescribed by secondary care specialists. The cohort of patients is expected to be very small. Lee Wilson agreed to take this response back to his colleague at DBTHFT.</p> <p>Action:</p> <ul style="list-style-type: none"> Lee Wilson to take this response back to his colleague at DBTHFT. 	<p>EG/MC</p> <p>KJ</p> <p>LW</p>
03/25/1.5	Any Other Business	
03/25/1.5.1	Amendment to the melatonin SCP for information / approval.	



	<p>Faiza Ali informed the group of a small amendment to the Melatonin SCP that had been previously approved at PMOC.</p> <p>The change is proposed to make it clearer what happens when a young person reaches the age of 18 years.</p> <p>The group agreed to this change but did express concerns over the patients who are on melatonin but do not have LD, which extends to adulthood.</p> <p>It was agreed that Faiza Ali would share the group's concerns at the next RDaSH FT meeting. It was acknowledged that this is a long-standing issue that cannot be resolved quickly.</p> <p>It was also noted that historically these documents have been called 'shared care protocols' and recently the wording has changed to guidelines. Because the 4 places have joined and the language in documents differs in each place, new documents that Doncaster adopts will have different language to previous shared care protocols. The group acknowledged that in time all the documents will be standardised as they come up for review, templates will be changed and will be the same across SY ICB.</p> <p>Action:</p> <ul style="list-style-type: none"> • Faiza Ali to make the agreed amendments and pass the amended documents to Karen Jennison to replace the existing documents. • Faiza Ali will share the group's concerns at the next RDaSH FT meeting. It was acknowledged that this is a long-standing issue that cannot be resolved quickly. 	<p>FA/KJ</p> <p>FA</p>
03/25/1.5.2	<p>Urology Protocol / Pathway</p> <p>Lee Wilson informed the group that he has been contacted by Astellas – manufacturers /marketers of mirabegron.</p> <p>They are offering to develop an interactive pathway to support the local urology protocol and formulary guidance. The aim will be to looking to reduce urology referrals in Doncaster. Lee Wilson asked the group for their thoughts on this potential project. The group agreed that this may be a useful piece of work, It was noted that this could support the local formulary guidance and could help GPs to feel confident enough to commence patients without referring to secondary care for initial symptoms and then if needed refer for some patients where all the first line choices had been tried but not suitable. This would reduce the volume of secondary care referrals and ensure patients are getting appropriate treatment. Rao Kolusu expressed his support for this and offered to assist Lee Wilson in the future development process where needed. The protocol / pathway would require approval through the IMOC and PMOC before launching and will be brought back in due course.</p> <p>There are no immediate actions for this item, but Lee Wilson will continue to discuss with the pharmaceutical company and liaise with Rao Kolusu where appropriate and bring back to PMOC when in draft form.</p>	
03/25/1.5.3	<p>Multilex formulary on systm1 clinical system</p> <p>Rao Kolusu bright to the group that there are some concerns around the multilex formulary on systm1 clinical system. Although a Doncaster formulary is updated and circulated to each practice it has become apparent that some prescribers choose items off the multilex formulary instead of the Doncaster one. Doxycycline should be prescribed as a 5-day course but when selected</p>	



	<p>from the multilex the course is a 7-day course. This is affecting prescribing figures of antibiotics in Doncaster and causing data to show Doncaster as a high prescriber.</p> <p>The group discussed how this could be overcome. It was suggested to ask Jen Cox if there was a way of</p> <ul style="list-style-type: none">➤ hiding the multilex formulary➤ Updating the multilex formulary with 5 days instead of 7➤ Using optimise Rx to remind prescribers to use Doncaster formulary not multilex. <p>Action:</p> <ul style="list-style-type: none">• Karen Jennison will forward the request to Jen Cox if there was a way of<ul style="list-style-type: none">➤ hiding the multilex formulary➤ Updating the multilex formulary with 5 days instead of 7➤ Using optimise Rx to remind prescribers to use Doncaster formulary not multilex.• Karen Jennison will include an article in the MO Bulletin to remind prescribers to use Doncaster Formulary.	KJ/JC KJ																
03/25/1.6	Minutes from other groups																	
	SY ICB IMOC The minutes from the meeting held in February 2025 were received for information.																	
	DBTHFT Drug & Therapeutics Committee (Monthly) There were no minutes available for this meeting.																	
	RDASH FT Medicines Management Committee (Monthly) There were no minutes available for this meeting.																	
	Barnsley Place APC There were no minutes available for this meeting.																	
	Rotherham Place MMC There were no minutes available for this meeting.																	
	Sheffield Place APG There were no minutes available for this meeting.																	
	Nottinghamshire There were no minutes available for this meeting.																	
	Close Section 1 and Open Section 2																	
03/25/2.2	Section 2 Formulary functions																	
03/25/2.2.1	New Product request - N/A																	
03/25/2.2.2	Formulary and MPD (Medicines and Products Directory) review February 2025 <table><tr><th>Formulary Section</th><th>Item</th><th>Indication</th><th>PMOC Action</th></tr><tr><td>2.5.5.1</td><td>Ramipril</td><td>Post myocardial infarction, Heart failure, hypertension and nephropathy</td><td>Green 1st Line</td></tr><tr><td>2.5.5.1</td><td>Lisinopril</td><td>Post myocardial infarction, Heart failure, hypertension and nephropathy</td><td>Green Non-formulary</td></tr><tr><td>2.5.5.1</td><td>Enalapril</td><td>Treatment of Hypertension, Treatment of Symptomatic Heart Failure, Prevention of Symptomatic Heart Failure in patients with Asymptomatic Left Ventricular Dysfunction (ejection fraction ≤ 35%)</td><td>Green Non-formulary</td></tr></table>	Formulary Section	Item	Indication	PMOC Action	2.5.5.1	Ramipril	Post myocardial infarction, Heart failure, hypertension and nephropathy	Green 1 st Line	2.5.5.1	Lisinopril	Post myocardial infarction, Heart failure, hypertension and nephropathy	Green Non-formulary	2.5.5.1	Enalapril	Treatment of Hypertension, Treatment of Symptomatic Heart Failure, Prevention of Symptomatic Heart Failure in patients with Asymptomatic Left Ventricular Dysfunction (ejection fraction ≤ 35%)	Green Non-formulary	
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	2.5.5.1	Perindopril (as erbumine)	Post myocardial infarction, Heart failure, hypertension and nephropathy	Green Non-formulary	
	2.5.5.1	Perindopril (as arginine)	Hypertension, Hypertension, if used in addition to diuretic, or in cardiac decompensation or volume depletion, Heart failure (adjunct) (under close medical supervision), Prophylaxis of cardiac events following myocardial infarction or revascularisation in stable coronary artery disease	Grey Non-formulary	
	2.8.4	Andexanet Alfa	Andexanet Alfa needs to go in section 2.8.4 (rename the section Andexanet alfa and Idracizumab)	Moved to 2.8.4	
	2.6.2	Diltiazem / Adizem brand	Coming out of DBTHFT as generic XL and brand depends on what is available - can be switched to a different brand where appropriate.	Stay as before	
	2.9	Link section 2.9 to the clopidogrel resistance information?	KJ - Needs the clopidogrel resistance info	Added to website and MPD	
	11.6	Bimatoprost + timolol Bimiduo brand	What status or choice ?	Keep as generic	
	2.5.1	Sildenafil	Pulmonary hypertension / Digital ulcers [associated with systemic sclerosis]	Generic unbranded – taking back to PMOC in April for formulary status check	
Action: <ul style="list-style-type: none"> Karen Jennison to make the agreed amendments to the MPD 					KJ
03/25/2.3	Matters Arising				
03/25/2.4	New Business				
03/25/2.4.1	Enalapril/Perindopril/lisinopril/ /Ramipril It was agreed that Ramipril Capsules would remain green first line choice. Enalapril and Lisinopril as green non-formulary. Perindopril (as erbumine) Green Non-formulary Perindopril (as arginine) Grey Non-formulary				
03/25/2.5	Any Other Business				
03/25/2.5.1	Testosterone SCP Lee Wilson brought up the SCP for testosterone, which says that the testosterone should be kept by the specialist to titrate for 12 months. Lee Wilson expressed concerns that this is excessive and asked the group if there was an option for the topical testosterone to be prescribed in primary care after the initiation, the monitoring would still continue with 3,6 and 12-month appointments. It was suggested the SCP could be reviewed and updated, it was agreed that Lee Wilson would discuss with endocrinology and look at amending the SCP to pass prescribing after 3 months into primary care, but secondary care continue with the monitoring. Lee Wilson will bring back any further developments to a future meeting. Action:				



	<ul style="list-style-type: none"> Lee Wilson to discuss with endocrinology and look at amending the SCP to pass prescribing after 3 months into primary care but secondary care continues with the monitoring and bring back any further developments to a future meeting. 	LW
	Date and Time of Next Meeting The next PMOC meeting will be held on Thursday 17th April 2025 at 12:00 Via MS Teams	

