



**Doncaster Place & Bassetlaw Place Medicines Optimisation
Committee (PMOC)
Sections 1&2 (Area Prescribing and Formulary)
Thursday 21st November 2024
Via MS Teams
Minutes**

Committee Members:	✓ x	Area Prescribing	Formulary
Rao Kolusu (Chair) Doncaster Place	RK	✓	✓
Charlotte McMurray (Deputy Chair) Doncaster Place	CMcM	x	x
Rob Wise Bassetlaw Place	RW	✓	✓
Lee Wilson DBTHFT (1 representative from DBTHFT)	LW	✓	✓
Rachel Wilson DBTHFT (Area Prescribing only when LW cannot attend)	RaW	x	x
Steve Davies RDaSH FT (1 representative from RDaSH FT)	SD	x	x
Andrew Houston RDaSH FT	AHo	x	x
Rachel Hubbard Doncaster Place	RH	✓	✓
Malika Chakrabarty Bassetlaw (Area Prescribing only)	MC	✓	✓
Rumit Shah LMC	RS	x	x
Dean Eggitt LMC (Area Prescribing only)	DE	✓	✓
Prakash Navaneetharajah (PCD Doncaster North)	PN	x	x
Sonia Griffiths (PCD Doncaster 4D)	SG	x	x
Lisa Sharp Doncaster NMP	LS	x	x
Pankaj Chatuvedi DBTHFT (Formulary only)	PC	x	x
Ashley Hill Doncaster MOT	AH	x	x
Jen Cox Doncaster MOT	JC	x	x
Karen Jennison Doncaster MOT	KJ	✓	✓
In attendance:			
Ewa Gabzdyl (New deputy Chair)	EG	✓	✓
Emma Groves, Ahmad Maatouk, Patrick Mok Item 11/24/1.4.4	-	✓	✓
Amina Hussain Item 11/24/1.4.3	AHu	✓	✓
Faiza Ali Items 05/24/1.4.3 and 10/24/1.4.4	FA	✓	✓

✓ x – Indication of attendance to each section of the meeting (where required to attend)

X – Not required to attend this section of the meeting

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, Rumit Shah, Prakash Navaneetharajah.	



	<p>In attendance :</p> <p>Ewa Gabzdyl was welcomed as the new deputy Chair and Doncaster Place Medicines Optimisation team representative, she will be taking over this position from Charlotte McMurray, who will still attend meetings where appropriate to maintain links with the PMOC work streams.</p> <p>Emma Groves, Ahmad Maatouk, Patrick Mok attended to present the CYP2C19 pilot project being started at DBTHFT Item 11/24/1.4.4</p> <p>Amina Hussain attended to discuss Item 11/24/1.4.3</p> <p>Faiza Ali attended to present the ADHD draft documents and Melatonin draft documents Items 05/24/1.4.3 and 10/24/1.4.4</p>	
	<p>Declarations of Interest</p> <p>ICB Register of Interests</p> <p>Mallicka Chakrabarty: Met with the Rep from Lily re: the Heart Failure Pilot.</p> <p>Dean Eggitt : Is being paid to write a case report for Lily. Also presenting at the Pharmacy First event.</p> <p>Ewa Gabzdyl : Delivered a training session for Orion Pharma on asthma management.</p>	
	<p>Notification of Any Other Business</p> <p>To be discussed under Section 1 – Formulary</p> <p>Karen Jennison : December meeting – will this still go ahead</p> <p>Ewa Gabzdyl : Asthma Guidelines DAISY</p> <p>Ewa Gabzdyl : AccuRx out of stock communication</p> <p>Ewa Gabzdyl : Sulfasalazine switch from EC to plain</p>	
	<p>Minutes and actions of the last Meeting</p> <p>The minutes of the meeting held in October 2024 were approved as a true record with the following request being noted :</p> <p>Item 10/24/1.1 TLS IMOC October 2024</p> <p>Karen Jennison will amend the sentence on the MPD entry for estriol cream 0.1% to read '<i>Indicated for the treatment of vaginal atrophy due to oestrogen deficiency</i>'</p> <p>Action:</p> <ul style="list-style-type: none"> • Karen Jennison will amend the MPD entry of estriol cream 0.1% to include the agreed wording and distribute the ratified minutes to the appropriate list. <p>Action log</p> <p>The action log was discussed and updated accordingly.</p> <p>MO Bulletin</p> <p>The latest MO Bulletin was attached for information, and is embedded on the MO website.</p>	KJ



	Matters arising not on the agenda	
	N/A	
11/24/1	Section 1 Prescribing functions	
11/24/1.1	<p>TLS IMOC November 2024</p> <p>Please Note : TLS status finalised at IMOC all items are classified as non-Formulary unless stated otherwise.</p> <p>The committee received the TLS list that was agreed at the November 2024 IMOC meeting.</p> <p>The following have been agreed as Grey:</p> <ul style="list-style-type: none"> • Decitabine (including combinations)- Rationale 7 • Elacestrant (new medicine)- Korserdu® - Rationale 6 -Use as monotherapy for the treatment of postmenopausal women and men with estrogen receptor-positive, HER2-negative, locally advanced or metastatic breast cancer with an activating ESR1 mutation who have disease progression following at least one line of endocrine therapy including a CDK 4/6 inhibitor • Zolbetuximab (new medicine) - Vyloy® - Rationale 6- Use in combination with fluoropyrimidine- and platinum-containing chemotherapy, for the first-line treatment of adults with locally advanced unresectable or metastatic HER2-negative gastric or gastro-oesophageal junction adenocarcinoma whose tumours are Claudin 18.2 positive • Crovalimab (new medicine) - Piasky®- Rationale 6 - Indicated for the treatment of adult and paediatric patients 12 years of age or older with a weight of 40 kg and above with paroxysmal nocturnal haemoglobinuria (PNH): • In patients with haemolysis with clinical symptom(s) indicative of high disease activity. • In patients who are clinically stable after having been treated with a complement component 5 (C5) inhibitor for at least the past 6 months. <p>The following have been agreed as Red:</p> <ul style="list-style-type: none"> • Aztreonam + avibactam (new medicine) - Emblaveo® Rationale 1- Treatment of the following infections in adults: Complicated intra-abdominal infection; hospital-acquired pneumonia, including ventilator-associated pneumonia; complicated urinary tract infection, including pyelonephritis. Also treatment of infections due to aerobic Gram-negative organisms in adults with limited treatment options. • Exagamglogene autotemcel (new medicine) - Casgevy® - Rationale 1,6 - Treatment of transfusion-dependent β-thalassemia in patients aged ≥ 12 years for whom a human leukocyte antigen-matched related haematopoietic stem cell donor is appropriate and a human leukocyte antigen matched related haematopoietic stem cell donor is not available • Iptacopan (new medicine) - Fabhalta®- Rationale 1,6 - Use as monotherapy in the treatment of adults with paroxysmal nocturnal haemoglobinuria who have haemolytic anaemia • Linzagolix (new medicine) - Ysely®- Rationale 1 -Treatment of moderate to severe symptoms of uterine fibroids in adult women of reproductive age • Dapsone (dual classification) • Pretomanid - TB in >14 year olds • Dasabuvir - Rationale 1,6 Chronic hepatitis C • Dasatinib - Rationale 1,6 - In line with positive NICE TA's • Daunorubicin - Rationale 1 - In line with positive NICE TA's • Deferasirox - Rationale 1 • Deferiprone - Rationale 1,6 • Delamanid - Rationale 2- Pulmonary multi drug resistant TB • Latanoprost–netarsudil – Roclanda- Rationale 1 -for previously treated primary open-angle glaucoma or ocular hypertension • Danicopan with ravulizumab or eculizumab - Rationale 1,6 - for treating paroxysmal nocturnal haemoglobinuria • Belzutifan - Rationale 1,6 - for treating tumours associated with von Hippel-Lindau disease • Quizartinib – Rationale 1,6 - for induction, consolidation and maintenance treatment of newly diagnosed FLT3-ITD-positive acute myeloid leukaemia • Ritlecitinib – Rationale 1,6 - indicated for the treatment of severe AA in adults and adolescents 12 years of age and older 	



	<p>The following have been agreed as Amber :</p> <ul style="list-style-type: none"> • Dapsone (dual classification) • Dalteparin <p>The following have been agreed as Amber-G :</p> <ul style="list-style-type: none"> • Dexcom One + • Freestyle Libre 2+ <p>Action:</p> <ul style="list-style-type: none"> • Karen Jennison to check with Ashley Hill what the rationale is behind the decision of RED for Latanoprost–netarsudil – Roclanda- Rationale 1 -for previously treated primary open-angle glaucoma or ocular hypertension • Karen Jennison to make the agreed amendments to the MPD 	<p>KJ/AH</p> <p>KJ</p>
11/24/1.2	<p>NICE Guidance</p> <p>The NICE guidance report was received that was discussed at the November 2024 IMOC meeting.</p> <p>Ewa Gabzdyl informed the group of November's NICE guidance updates.</p> <p>There was no action required from this meeting.</p>	
11/24/1.2	<p>MHRA - Drug Safety Update & NHS England Patient Safety alerts</p> <p>The MHRS Safety update report was received that was discussed at the November 2024 IMOC meeting.</p> <p>Ewa Gabzdyl brought to the group's attention the following information:-</p> <p>There were several drug recalls that are mainly aimed at community pharmacy and the group discussed if there was anything that should be done from the GP side. It was noted that OTC products may be bought that are recalled and there is no way to check that this has been done. It was suggested that Karen Jennison contact Claire Thomas and enquire how the community pharmacies receive these recalls and what procedure is followed.</p> <p>Discontinuation of Kay-Cee-L – The group agreed that this should be classified as Grey with a sentence to explain this has been discontinued and an alternative should be prescribed.</p> <p>Bromocriptine: monitor blood pressure when prescribing bromocriptine for prevention or inhibition of post-partum physiological lactation- the group agreed to include this in the MO Bulletin for information</p> <p>Action:</p> <ul style="list-style-type: none"> • Karen Jennison to contact Claire Thomas to enquire how the community pharmacies process product recalls 	<p>KJ</p>



	<ul style="list-style-type: none"> • Karen Jennison to change the category of Kay-Cee-L to Grey and add a note to explain this has been discontinued and an alternative should be prescribed • Karen Jennison to include Bromocriptine: monitor blood pressure when prescribing bromocriptine for prevention or inhibition of post-partum physiological lactation- in the MO Bulletin for information 	<p>KJ</p> <p>KJ</p>
11/24/1.3	Matters Arising	
05/24/1.4.3	<p>ADHD SCP & Proforma</p> <p>The final draft of the ADHD SCP and proforma was received by the group. There have been several discussions around this SCP and Faiza Ali has made several amendments to clarify monitoring requirements for secondary and primary care.</p> <p>The group approved the final draft and this will be finalised with the latest corporate header and footer and added to the website and MPD</p> <p>Action:</p> <ul style="list-style-type: none"> • Faiza Ali will send the final draft to Karen Jennison who will finalise the documents and replace the existing documents with the new version. This update will be included in the next MO bulletin for information. 	FA/KJ
08/24/1.5.1	<p>Direction to Administer during pre-emptive medication supply.</p> <p>Unfortunately Steve Davies could not make this meeting so this item will be deferred to the December meeting for a full discussion.</p>	
09/24/1.3.1	<p>Methotrexate SCP and waste disposal of cytotoxic sharps</p> <p>The group made the decision to accept the minor amendments suggested by Dr Chee-Seng Yee (DBTHFT) and update accordingly. It was agreed that injectable methotrexate would not be added to this SCP at this time.</p> <p>In regard to the sharps disposal information it was agreed that this could be a stand-alone document with the information for both Doncaster and Bassetlaw disposal advice and this can be put on the website and in the MO Bulletin.</p> <p>Action:</p> <ul style="list-style-type: none"> • Karen Jennison and Rob Wise to produce a document with the disposal information on for both Doncaster and Bassetlaw. Once finalised it can be added to the website and MPD. It can be included in the next MO Bulletin • Lee Wilson to provide Karen Jennison with the latest draft of the SCP to finalise and replace the existing one on the 	<p>KJ/RW</p> <p>LW/KJ</p>



	website and MPD. This can be included in the next MO Bulletin.	
10/24/1.4.3	<p>Vitamin B12 deficiency management summary</p> <p>Rao Kolusu has developed a condensed version of the NG239 guidelines on B12 deficiency management in primary care. This is still in development and the inclusion of medication doses for treatment will be added. This will be brought back to the meeting once it is in final draft form.</p>	
10/24/1.4.4	<p>Melatonin SCP & Proforma</p> <p>The group discussed the updated Melatonin shared care documents. There was a discussion around which products were on the SCP and it was agreed that more detail around order of preference and formulary choices was needed. Faiza Ali will continue to work on this and bring it back to a meeting in the new year.</p> <p>Action:</p> <ul style="list-style-type: none"> Faiza Ali will continue to work on this and bring it back to a meeting in the new year. 	FA
11/24/1.4	New Business	
11/24/1.4.1	<p>Guidance for prescribing Parecoxib 40mg Injection</p> <p>This document was brought to the group by Lee Wilson as it is up for review. All information is still current and was approved to be updated with the corporate header and footer and a slight change to the acknowledgement at the end of the document. This document was approved.</p> <p>Action:</p> <ul style="list-style-type: none"> Karen Jennison will make the necessary changes to the document and replace existing one on the website / MPD Karen Jennison will include in the next MO bulletin 	KJ KJ
11/24/1.4.2	<p>Ozempic Query from a GP</p> <p>Rachel Hubbard informed the group that on the LMC WhatsApp group, a colleague raised Ozempic, asking why it was not on the MPD in the weight loss section. There are some patients asking for it and after looking at the MPD Rachel has suggested that the information could be clearer for prescribers around whether to prescribe</p> <p>The suggestion of including these GLP1s in the obesity section with advice not to prescribe for weight loss.</p> <p>Including semaglutide because prescribers are getting confused about it.</p> <p>Rachel Hubbard suggested that we could look at the MPD and clarify all the obesity injectables and add information such as if they're licenced or not.</p>	



	<p>Prescribers would appreciate backup from the ICB when they have to refuse requests from patients and it would be helpful to refer to the MPD and be able to demonstrate that this is advice from a higher authority.</p> <p>Action:</p> <ul style="list-style-type: none"> Rachel Hubbard and Karen Jennison will get together and work through the obesity injectables adding the appropriate information including brand names to assist prescribers on the MPD. 	RH/KJ
11/24/1.4.3	<p>IMOC Update</p> <p>Karen Jennison updated the group on items that have been approved at IMOC.</p> <p>Opioid Prescribing Resource Including Tapering Advice has been added to the website and MPD and will be included in the MO bulletin for information.</p> <p>SY Guidance for supporting women with type 2 Diabetes to prepare for pregnancy in primary care has been added to the website and MPD and will be included in the MO bulletin for information.</p> <p>SY ICB Medicines support assessment review form for MDS is currently in final stages of approval at IMOC and will come to PMOC once approved.</p> <p>Valproate papers are still waiting to be released by Emily Parsons and will be added to the website / MPD / Bulletin when they are on IMOC webpage.</p> <p>Delafloxacin- Fluoroquinolone antibiotic was categorised as Red at IMOC. The group discussed Doncaster and Bassetlaw potential usage. Lee Wilson updated the group that he spoke with Larissa who is the antimicrobial pharmacist at DBTHFT who confirmed there are no plans to use this at present. If plans change in the future it would come via microbiology and via D&T committee to be approved. At that point it would be brought to PMOC for further discussion around place in the formulary.</p> <p>No action required at this time.</p>	
11/24/1.4.4	<p>CYP2C19 pilot project at DBTHFT</p> <p>Emma Groves, Ahmad Maatouk, Patrick Mok attended to present the CYP2C19 pilot project being started at DBTHFT. This is a pilot study that will be started on 9th December, and this will continue until April 2025. During the pilot period, there will be 300 tests done, so there will be a selection process at that start, but with gradual increase in the numbers. The aim is for everybody at the end with TI air stroke symptoms should have been tested. A pathway has been developed with co-operation of staff in DBTHFT. Patient with the definite Tia or non-disabling stroke will be tested first because these are the people who would benefit from knowing that they have clopidogrel resistance. This may be noticed in primary care as results may come through ICE. There is no requirement at this stage</p>	



	<p>from primary care but it was thought to be a benefit to know this pilot study is being carried out, as some patients may ring the surgery and it would be beneficial for GP practices to know that this may happen.</p> <p>The group felt that switching the medication is not the the issue, but it is about awareness of this test. So</p> <p>The chair suggested that there could be a similar presentation given during a target session or an information leaflet for the GPs to be aware of the pilot study and what the process consists of, and could refer to when patients ask questions about the study. There was no action required in relation to medication and the MPD at this stage of the pilot study.</p> <p>Action:</p> <ul style="list-style-type: none"> Ahmad Maatouk will put some information together to be included in the MO bulletin and will email to Karen Jennison. Karen Jennison will liaise with Charlotte McMurray to feedback the discussion and Charlotte McMurray can then organise a slot during a Target session in the near future or use of the MO 15minute slot. 	<p>A Maatouk/ KJ</p> <p>KJ/CMcM</p>
11/24/1.5	Any Other Business	
11/24/1.5.1	<p>December meeting</p> <p>Karen Jennison enquired what the group had decided about the December meeting. The chair suggested having the meeting as usual but having a face-to-face meeting at Sovereign House. The group all agreed and nobody said they would not attend.</p> <p>Action:</p> <ul style="list-style-type: none"> Karen Jennison will ask Neil Topliss to book a room for 19th December 12-3pm for the face-to-face meeting. 	KJ/NT
11/24/1.5.2	<p>Asthma Guidelines DAISY</p> <p>Ewa Gabzdyl informed the group about Daisy, which is linked to the asthma guidelines for adults which highlights salbutamol prescribing. All the practises are aware and are actively working on trying to review those asthma patients who are over using this salbutamol. The South Yorkshire team has now developed a collaboration project with AstraZeneca, who have agreed to fund interface to perform the reviews.</p> <p>The review targets practises with very high levels of salbutamol prescribing.</p> <p>The criteria for the Daisy project is patients with more than five salbutamol inhalers in 12 months and out of the top ten in South Yorkshire, Doncaster has one practice in Mexborough. So on the whole Doncaster has done really well.</p>	
11/24/1.5.3	<p>AccuRx out of stock communication</p> <p>AccuRx is now offering the opportunity to receive communication from Community pharmacy advising on stock shortages and whatever the alternative is to help prescribers with stock shortages. Hopefully this will go live on 27th of January 2025 and is a South</p>	



	<p>Yorkshire-wide project. Rotherham are already live because they carried out the pilot project and it is proven very successful and saved people a lot of time and effort.</p> <p>This will be shared across Doncaster practices in the coming weeks. The group agreed that practices should be actively informed about this as it will be useful across primary care and community pharmacy.</p>																					
11/24/1.5.4	<p>Sulfasalazine switch from EC to plain</p> <p>Sulfasalazine EC tablets are very expensive and after consultation across secondary care we have obtained agreement to move to plain tablets and the medicines optimisation team are in the final stages of switching to plain tablets. Practises have already been informed of the switch and requesting prescribers to only use plain tablets. Gastro-protection can be offered where appropriate to do so.</p>																					
11/24/1.6	<p>Minutes from other groups</p>																					
	<p>SY ICB IMOC</p> <p>The minutes from the meeting held in October 2024 were received for information.</p>																					
	<p>DBTHFT Drug & Therapeutics Committee (Monthly)</p> <p>The minutes from the meeting held in October 2024 were received for information.</p>																					
	<p>RDASH FT Medicines Management Committee (Monthly)</p> <p>The minutes from the meeting held in October 2024 were received for information.</p>																					
	<p>Barnsley Place APC</p> <p>The minutes from the meeting held in September 2024 were received for information.</p>																					
	<p>Rotherham Place MMC</p> <p>There were no minutes available for this meeting.</p>																					
	<p>Sheffield Place APG</p> <p>The minutes from the meeting held in September 2024 were received for information.</p>																					
	<p>Nottinghamshire</p> <p>There were no minutes available for this meeting.</p>																					
	<p>Close Section 1 and Open Section 2</p>																					
11/24/2.2	<p>Section 2 Formulary functions</p>																					
11/24/2.2.1	<p>New Product request - N/A</p>																					
11/24/2.2.2	<p>Formulary and MPD (Medicines and Products Directory) review November 2024</p> <table><tr><th>Formulary Section</th><th>Item</th><th>Indication</th><th>PMOC Action</th></tr><tr><td>4.6</td><td>Betahistine tablets</td><td>Vertigo</td><td>Green 1st line</td></tr><tr><td>4.6</td><td>Cinnarizine Tablets</td><td>Vertigo</td><td>Green 1st line</td></tr><tr><td>4.6</td><td>Cyclizine Tablets</td><td>Nausea and Vomiting</td><td>Green 1st line</td></tr><tr><td>4.6</td><td>Domperidone Tablets, Oral suspension SF and suppositories</td><td>Antispasmodic / Nausea and Vomiting</td><td>Green 2nd line</td></tr></table>	Formulary Section	Item	Indication	PMOC Action	4.6	Betahistine tablets	Vertigo	Green 1st line	4.6	Cinnarizine Tablets	Vertigo	Green 1st line	4.6	Cyclizine Tablets	Nausea and Vomiting	Green 1st line	4.6	Domperidone Tablets, Oral suspension SF and suppositories	Antispasmodic / Nausea and Vomiting	Green 2nd line	
Formulary Section	Item	Indication	PMOC Action																			
4.6	Betahistine tablets	Vertigo	Green 1st line																			
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	4.6	Levomepromazine Tablets	Nausea and Vomiting (in palliative care)	Green 2nd line palliative care only	KJ
	4.6	Metoclopramide tablets	Nausea and Vomiting	Green 3rd line	
	4.6	Ondansetron Tablets	Nausea and Vomiting	Green 2nd line	
	4.6	Prochlorperazine Tablets & buccal tablets	Nausea and Vomiting	Green 2nd line	
	4.6	Cyclizine Injection	Nausea and Vomiting Hosp only / Palliative care	Hospital Only	
	4.6	Dexamethasone Injection	Nausea and Vomiting Hosp only / Palliative care	Hospital Only	
	4.6	Droperidol Injection	Post operative nausea and vomiting in adults and as second line in children and adolescents	Hospital Only	
	4.6	Haloperidol Injection	Nausea and Vomiting Hosp only / see separate entry for use in palliative care	Hospital Only	
	4.6	Metoclopramide Injection	Nausea and Vomiting Hosp only	Hospital Only	
	4.6	Ondansetron Injection	Nausea and Vomiting Hosp only / NOT for palliative care	Hospital Only	
	4.6	Prochlorperazine Injection	Nausea and Vomiting Hosp only / Palliative care	Hospital Only	
	4.6	Water for injection	To be used to reconstitute certain medicinal products. Palliative care see Pre-emptive Prescribing for last days of life.	Green Non-formulary	
	4.6	Haloperidol Palliative care	Nausea and vomiting in Palliative care see Pre-emptive Prescribing for last days of life	Green Non-formulary	
	4.6	Levomepromazine Palliative care	Nausea and vomiting in Palliative care see Pre-emptive Prescribing for last days of life	Green Non-formulary	
	4.6	Octreotide Palliative care	Management of malignant bowel obstruction only when initiated by Palliative Care Service	Amber-G Non-formulary	
	4.6.1	Xonvea	Nausea and Vomiting in pregnancy	include link Green non-formulary	
	10.3.2	Capsaicin Cream 0.025 & 0.075	Now imported drug	grey	
	1.5.2	Budesonide Rectal products		Green	
	6.1.2.3	Empagliflozin	Type 2 diabetes	Formulary 1st line	
	6.1.2.3	Dapagliflozin	Type 2 diabetes	Formulary 1st line	
	6.1.2.3	Canagliflozin	Type 2 diabetes	Formulary 2nd line	
	6.1.2.3	Ertugliflozin	Type 2 diabetes	Formulary 2nd line	
	13.10.4	Ivermectin 3mg tablets	Scabies all other indications RED	formulary 3rd line	
	Action: <ul style="list-style-type: none">Karen Jennison to make the agreed amendments to the MPD				
11/23/2.3	Matters Arising				
11/24/2.4	New Business				
11/24/2.5	Any Other Business				
	Date and Time of Next Meeting The next PMOC meeting will be held on Thursday 19 th December 2024 at 12:00 Noon at Sovereign House Doncaster Face-to-face.				

