

Brighton Area Prescribing Committee

Minutes

Date: Tuesday 25th September 2018 **Time:** 2-5pm

Location: Room G91, Hove Town Hall, Norton Road, Hove

Members:

Paul McKenna (PMcK)	Principal Pharmacist, High Weald Lewes Havens (HWLH) CCG (Chair)
Rita Shah (RS)	Senior Medicines Optimisation Pharmacist, Brighton and Hove (BH) CCG
Lloyd Ungoed (LU)	Lay Member, BH CCG
Dr Zoe Schaedel (ZS)	GP representative, BH CCG
Dr Stewart Glaspole (SG)	Principal Pharmacist, BH CCG
Samantha Lippett (SL)	Lead Antimicrobial Pharmacist, Brighton and Sussex University Hospitals Trust (BSUH)
Jay Voralia (JV)	Head of Medicines Management, CHMS CCG
Stephanie Butler (SB)	Principal Pharmacist, Sussex Community Foundation Trust (SCFT)
Stacey Nelson (SN)	Senior Medicines Optimisation Pharmacist, BH CCG
Kristina Fowlie (KF)	Senior Medicines Optimisation Pharmacist, BH CCG
James Atkinson (JA)	Deputy Chief Pharmacist, Sussex Partnership Foundation Trust (SPFT) (from 3pm)
Dr Irma Murjikneli (IM)	Clinical Lead Prescribing, HWLH CCG
Julia Powell (JP)	East Sussex Local Pharmaceutical Committee Member (LPC)
Judy Busby (JB)	Chief Pharmacist, Queen Victoria Hospital NHS Foundation Trust (QVH)
Fiona Brown (FB)	Pharmacist, Crawley (C), Horsham and Mid Sussex (HMS) CCG

In Attendance:

Jade Tomes (JT)	Senior Medicines Optimisation Pharmacy Technician and APC Secretary, BH CCG
Emily Rose (ER)	Lead Dietitian - Primary Care, BH CCG (part)
Craig McGrath (CMcG)	Medicines Optimisation Pharmacy Technician, BH CCG
Christopher Roberts (CR)	Senior Pharmacy Technician, Antimicrobial Stewardship, BSUH

Apologies:

Michael Okorie (MO)	Associate Medical Director, BSUH
Ray Lyon (RL)	Chief Pharmacist, (SPFT)
Brian Chatfield (BC)	Lay Member, HWLH CCG
Iben Altman (IA)	Chief Pharmacist, SCFT
Dr Riz Mirakowski (RM)	Clinical Lead Prescribing, HMS CCG

Not in Attendance:

Mike Cross (MC)	Interim Chief Pharmacist BSUH
Paul Wilson (PW)	Deputy Director, Medicines Management, HWLH CCG and BH CCG

Item No	Item	Action
1	Welcome	
	<p>PMcK welcomed the Committee. Introductions were made. Apologies received from MO, RL, BC, IA, RM.</p> <p>It was noted that JA would attend from 3pm and represent SPFT.</p> <p>The committee were informed that BC had stepped down as patient representative for HWLH CCG. A replacement would be recruited.</p>	
2	Declarations of Interest	
	As per the register.	
3	Urgent AOB	
	None.	

Previous meeting and actions

4	July 2018	
	<ul style="list-style-type: none"> Responsibility for prescribing between Primary & Secondary / Tertiary Care. (NHS E guidance.) PMcK had sent response from the Brighton APC to the RMOC. Response had been uploaded to Kahootz for members to view. 	CLOSED
	<ul style="list-style-type: none"> Xaggitin XL – RL had confirmed that there were no clinical issues to switching between Matoride XL, Concerta XL or Xaggitin XL. 	CLOSED
	<ul style="list-style-type: none"> Continuous glucose monitoring systems statement from Surrey PCN - SL had discussed the statement with BSUH finance colleagues. The committee confirmed that the statement from the Surrey PCN was relevant to the current situation and commissioning arrangement therefore it was acknowledged that the statement was factual for the financial year 2018-19. 	CLOSED
	<ul style="list-style-type: none"> Vitamin D - Desunin 4,000 units tablets – SL to check the hospital contract arrangement with a view to removing the vitamin D 3,200 unit capsules from the formulary. SL advised that this action was outstanding and information would be provided prior to the October meeting. 	SL 12.10.18
	<ul style="list-style-type: none"> Formulary review, CNS chapter – Meeting with Kathryn Steele and JT arranged for 5th Oct. 	
	<ul style="list-style-type: none"> Outpatient Prescribing Guidelines – had been discussed at the September BSUH DTC. SL advised the committee that changes had been made to the documents that were submitted to the BSUH DTC. It was agreed that the new documents would be shared with members on Kahootz. 	SL 12.10.18
	<ul style="list-style-type: none"> Shared Care Guidelines – SL advised that all departments have agreed to adopt the wording in the MSK SCGs (which have already been updated considering the BAD / BSR guidelines). SL advised that admin resource is now required to ensure the SCGs are written on the correct templates with a correct logos in the header. It was confirmed that the suite of BSUH SCGs would be tabled at the October meeting. 	JT 5.10.18
	<ul style="list-style-type: none"> Joint formulary, Infections chapter – SL provided the committee with an update. Clarithromycin would be the macrolide of choice for primary care however, BSUH would use azithromycin suspension in paediatric patients whilst recognising that clarithromycin is used in the community. BSUH have agreed that all TB medications should be coded as red on the Joint Formulary (expect for rifampicin for non-TB indications). SL advised that the changes proposed to gentamicin would require a formulary submission. PMcK advised that KF had now taken over the as the antibiotic CCG contact from Ellen Mason. 	CLOSED
	<ul style="list-style-type: none"> Information sheet template - had been amended and on agenda for noting. 	

<ul style="list-style-type: none"> Continuous glucose monitoring systems statement from Surrey PNC - PMcK had shared the London business case with members via Kahootz. 	CLOSED
<ul style="list-style-type: none"> Paediatric vitamin D guidelines – on agenda for noting 	CLOSED
<ul style="list-style-type: none"> Omega 3 fatty acid compounds – NHSE guidance for CCGs – The APC agreed to support de-prescribing in those patients who did not fall into the agreed exception cohorts. Practicalities of how and who would do the deprescribing was discussed at a previous meeting and it was agreed that SL would follow up with Claire (HIV pharmacist at BSUH). SL advised that the Lawson unit believe patient numbers are small. The unit are switching ARV treatments at the patient's annual review if they have an issue with high triglycerides. This switch would be detailed in the letter sent to the patient's GP and would ask the GP to monitor lipids. The committee questioned if it was clear for the GP to review lipids post switch. After discussion it was agreed that SL would ensure that the clinic letter details a clear action for GPs to review and change lipid treatment if appropriate. 	SL 14.9.18
<ul style="list-style-type: none"> Coagucheck XS PT test strip – Alison Warren to discuss with HWLH commissioner. PMcK informed the committee that PW had emailed to advise that the retendering of the anti-coagulation service is complete. The committee questioned what this meant for patients in HWLH and their access to self-testing. Was agreed to keep action open for discussion at the October meeting. 	PW 23.10.18
<ul style="list-style-type: none"> Members DOIs outstanding – The Chair asked members to complete their DOI before the next committee meeting. 	ALL

New drug / indication formulary application

5	None
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Formulary extension

6.1	<p>GlucoRx Nexus Voice Blood Glucose Meter and Test Strips. Presented by Jade Tomes.</p> <p>JT explained that the locally preferred list of Blood Glucose Meters includes a speaking meter, designed to assist those who are visually impaired. However, in August 2018 the CCG were made aware that this meter had been discontinued and the associated test strips were removed from the drug tariff.</p> <p>JT informed the committee that the GlucoRx Nexus Voice Blood Glucose Meter had been selected as the preferred speaking meter after assessment by local specialists at Diabetes Care For You.</p> <p>The GlucoRx Nexus Blood Glucose Test strips are £9.95 / 50 test strips compared to £8.49 / 50 SuperCheck2 test strips. According to historic prescribing data for the past 12 months, the use of GlucoRx Nexus Blood Glucose Test strips would add a cost pressure of £322.66 per annum across the South Alliance. Approximately 30 patients had been prescribed the SuperCheck2 test strips in the past 12 months.</p> <p>The committee agreed that the GlucoRx Nexus Blood Glucose Test Strip should replace the SuperCheck2 test strip on the formulary.</p> <p>Decision: Approved– GREEN – suitable for non-specialist initiation ACTION: Add GlucoRx Nexus Blood Glucose Test Strips to the Joint Formulary (replacing SuperCheck2 test strips) and update the preferred list of blood glucose meters.</p>	<p>JT 11.10.18</p>
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6.2	Depalta (duloxetine capsules). Presented by Jade Tomes	
	<p>JT advised the committee that a new branded generic of duloxetine 30mg and 60mg was now available. Depalta had the same indications at the originator (Cymbalta) and was available from AAH and Alliance wholesalers.</p> <p>If was noted that savings (if 100% switch) would be just under £100,000 per annum for Brighton and Hove CCG alone. JT explained that the distributor of Depalta had offered a price guarantee which was to be at least 10% less drug tariff price (to a floor of £1.99 [30mg] and £2.49 [60mg])</p> <p>SL confirmed that if used at BSUH, Depalta would either be cost neutral or a saving therefore there are no concerns to primary care using Depalta.</p> <p>3pm note: Later in the meeting, JA confirmed that SPFT did not foresee any issues or have any concerns with the use of Depalta in primary care.</p> <p>It was confirmed that implementation to promote the use of Depalta could be via the pharmacy technician work plan and via OptimiseRx.</p> <p>Decision: Approved– GREEN (pain) – non-specialist initiation / BLUE (antidepressant) – specialist initiation. ACTION: Add Depalta to the Joint Formulary</p>	<p>JT 11.10.18</p>
6.3	Binosto (alendronic acid 70mg effervescent tablets). Presented by Stephanie Butler.	
	<p>SB advised that Binosto is an effervescent alendronic acid 70mg tablet. It was proposed to add Binosto to the formulary as second line to normal tablets and reserved for patients who have swallowing difficulties.</p> <p>SB explained that other alternative treatments for patients with swallowing difficulties would be more expensive to the health economy. These include alendronic acid liquid and denosumab or zolendronic acid injections (which also have an administration charge/burden).</p> <p>SB confirmed that the effervescent tablets have the same license as regular alendronic acid tablets.</p> <p>The committee discussed if patients who are prescribed the more expensive alendronic acid liquid could be switched. The committee concluded that it would be appropriate to switch patients however questioned if an OptimiseRx message would be suitable as patients may require counselling. It was agreed to investigate further to see how many patients were prescribed the more expensive alternatives before deciding on how to implement.</p> <p>Decision: Approved – GREEN (but second line for those patient with swallowing difficulties) – suitable for non-specialist initiation. ACTION: Add Binosto to the Joint Formulary as second line. Consider switching method and investigate potential patient numbers.</p>	<p>JT 11.10.18</p>

Polices and Guidelines

7.1	COPD Treatment Pathway. Presented by Stacey Nelson	
	<p>SN advised that the original pathway had been reviewed in conjunction with Jemma Clark (specialist respiratory pharmacist, BSUH) and Jo Congleton (Respiratory consultant community and BSUH). Amendments had been circled in yellow and included;</p> <ul style="list-style-type: none"> • Updated reference list and website links • Addition of first line treatment choices to reflect JF options • Symptoms requiring antibiotics updated to reflect wording in antimicrobial guidelines • 3rd line antibiotics added to reflect antimicrobial guidelines 	

	<ul style="list-style-type: none"> • Consideration of stepping down inhaled corticosteroid added in line with GOLD and to co-inside with domain in this year's Brighton and Hove Prescribing Quality Improvement Scheme <p>It was noted that a change would be made regarding rescue packs following a comment when the pathway was in consultation. It was agreed that "Advise patients that if they start their rescue pack, they must contact their GP Practice/Practice Nurse to inform them that they are less well and have started the rescue pack. Alternatively, patients under the care of the Community Respiratory Team may contact them to inform them they are less well and have started the rescue pack." would be added.</p> <p>SL noted that 3rd line choice antibiotic is co-amoxiclav and advised that it would be more pragmatic to state "3rd line co-amoxiclav if failed amoxicillin and doxycycline". It was also recommended that the type of pneumococcal vaccine is added (23 rather than 11).</p> <p>It was highlighted that there was a typo on carbocisteine. It was also requested that "mcg" be changed to "microgram".</p> <p>Decision: Approved on the basis that the agreed changes are made. ACTION: Upload to the website once changes have been made.</p>	<p>SN 11.10.18</p> <p>JT 11.10.18</p>
7.2	Care Home nutrition and hydration pack. Presented by Emily Rose	
	<p>ER advised that this pack replaced a guideline called "Food As Treatment – Advice for care homes and primary care staff" which was originally written in 2013 by BSUH dietitians. The care home nutrition and hydration pack has been adapted with permission from Hampshire CCG.</p> <p>A range of local stakeholders had been consulted regarding the pack. E.g. BH CCG quality and patient safety team, dietitians from; SCFT, SPFT, BSUH and the local Speech and Language Therapy department.</p> <p>ER advised that the aim of the guidance was to provide care homes with practical resources enabling them to screen patients and develop care plans internally. ER explained that the pack would also provide clarity to care homes on how to deal with different cohorts of patients (e.g. patients with dementia and end of life patients). It is hoped that with this clarity, GP workloads would reduce.</p> <p>Decision: Approved ACTION: Upload to the website</p>	<p>JT 11.10.18</p>
7.3	Vitamin Paediatric Guidelines (for noting). Presented by Emily Rose	
	<p>ER advised the committee that the guidelines had been updated following the previous APC. Testing information (quoted from the NICE guideline) and the Joint Formulary OTC symbol had been added. The reference to units had also been made clear and consistent throughout the guideline.</p> <p>Decision: Approved ACTION: Upload to the website</p>	<p>JT 11.10.18</p>

Formulary Review

9	Convatec letter – proposal to remove Aquacel Ag and Aquacel Ag Extra from the formulary and add Aquacel Ag+ Extra	
	<p>JT explained that Convatec had written a letter to the CCG which informed that the company are currently converting their older products over to Aquacel Ag + Extra and Aquacel Ag + Ribbon dressings.</p> <p>Their plan includes the future discontinuation of Aquacel Ag and Aquacel Ag</p>	

	<p>Extra dressings. Therefore, it is proposed that these dressings are removed from the Joint Formulary (and ONPOS for Brighton and Hove CCG) and Aquacel Ag + Extra is added.</p> <p>Decision: Approved ACTION: Make changes to the Joint Formulary.</p>	<p>JT 11.10.18</p>
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Traffic light status change

<p>10</p>	<p>None</p>	
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Shared Care

<p>11</p>	<p>Ikervis Information sheet - update. Presented by Judy Busby</p>	
	<p>JB advised that the Ikervis information sheet had been updated as it was up for review. It was noted that in their (QVH) experience, once patients have been started on the treatment, they are likely to be continued on it. However, it had been noted that the ointment (which is unlicensed) was preferred by patients as it is more comfortable to administer.</p> <p>JB advised that some patients require 1 drop BD (rather than the suggested 1 drop OD as per the SPC) which then makes treatment more expensive than the unlicensed ointment.</p> <p>JB advised the committee of the proposed minor changes. PMcK asked that the reference to shared care in point 7 of the consultant / specialist responsibilities be removed as the presence of an information sheet does not mean that the transfer of prescribing is under a shared care arrangement</p> <p>Decision: Approved on the basis that the agreed changes are made ACTION: Upload to the website once the agreed changes have been made.</p>	<p>JB 11.10.18</p> <p>JT 11.10.18</p>

NICE TA briefing

<p>12</p>	<p>None</p>	
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NICE Guidance

<p>13.1</p>	<p>NICE Guidance published July 2018. Presented by Paul McKenna.</p>	
	<p>NG100: Rheumatoid arthritis in adults: management - SG / SB to review and report back to the committee.</p> <p>NG101: Early and locally advanced breast cancer: diagnosis and management. Noted by the APC.</p> <p>QS33: Rheumatoid arthritis in over 16s. Noted by the APC.</p> <p>QS171: Medicines management for people receiving social care in the community. Noted by the APC.</p> <p>TA492: Atezolizumab for untreated PD-L1-positive locally advanced or metastatic urothelial cancer when cisplatin is unsuitable. Updated noted by the APC.</p> <p>TA522: Pembrolizumab for untreated PD-L1-positive locally advanced or metastatic urothelial cancer when cisplatin is unsuitable. Update noted by the APC.</p> <p>TA528: Niraparib for maintenance treatment of relapsed, platinum-sensitive ovarian, fallopian tube and peritoneal cancer. Commissioned by NHS England. Add to the Joint Formulary as RED.</p>	<p>SG / SB 23.10.18</p> <p>JT 11.10.18</p>

	<p>TA529: Crizotinib for treating ROS1-positive advanced non-small-cell lung cancer. Commissioned by NHS England. Add to the Joint Formulary as RED.</p> <p>TA530: Nivolumab for treating locally advanced unresectable or metastatic urothelial cancer after platinum-containing chemotherapy. Not recommended.</p> <p>TA531: Pembrolizumab for untreated PD-L1-positive metastatic non-small-cell lung cancer. Commissioned by NHS England. Add to the Joint Formulary as RED.</p> <p>TA532: Cenegermin for treating neurotrophic keratitis. Not recommended.</p> <p>TA533: Ocrelizumab for treating relapsing–remitting multiple sclerosis. Commissioned by NHS England. Add to the Joint Formulary as RED</p>	<p>JT 11.10.18</p> <p>JT 11.10.18</p> <p>JT 11.10.18</p>
13.2	NICE Guidance published August 2018. Presented by Paul McKenna.	
	<p>NG102: Community pharmacies: promoting health and wellbeing. Noted by the APC.</p> <p>NG103: Flu vaccination: increasing uptake. JT had forwarded the guideline to the Alliance South Flu Lead (who is responsible for the uptake of the flu vaccine). Noted by the APC.</p> <p>QS172: Endometriosis. Noted by the APC.</p> <p>QS173: Intermediate care including reablement. Noted by the APC.</p> <p>TA534: Dupilumab for treating moderate to severe atopic dermatitis. Because dupilumab has been available through the early access to medicines scheme, NHS England and commissioning groups have agreed to provide funding to implement this guidance 30 days after publication. Commissioned by CCGs. Already approved via Chair’s action and added to the Joint Formulary as RED.</p> <p>TA535: Lenvatinib and sorafenib for treating differentiated thyroid cancer after radioactive iodine. Commissioned by NHS England. Add to the Joint Formulary as RED.</p> <p>TA536: Alectinib for untreated ALK-positive advanced non-small-cell lung cancer. Commissioned by NHS England. Add to the Joint Formulary as RED</p> <p>TA537: Ixekizumab for treating active psoriatic arthritis after inadequate response to DMARDs. Commissioned by CCGs. Add to the Joint Formulary as RED.</p> <p>TA538: Dinutuximab beta for treating neuroblastoma. Commissioned by NHS England. Add to the Joint Formulary as RED.</p> <p>TA539: Lutetium (177Lu) oxodotreotide for treating unresectable or metastatic neuroendocrine tumours. Commissioned by NHS England. Add to the Joint Formulary as RED.</p>	<p>JT 11.10.18</p>
13.3	NICE Guidance – Highly Specialised Technologies Guidance (HST). Presented by Paul McKenna.	
	<p>PMcK advised the committee that Colm Cosgrove (High Cost Drugs pharmacist at BSUH) had highlighted that HST were not listed on the Joint Formulary. It was recognised that in legislation, NICE HSTs should be documented in the same way as NICE TAs. Therefore, the 7 published HSTs have been added to the Joint Formulary for completeness.</p>	

14.1 APC templates

PMcK advised that as there was no committee meeting last month, himself and JT spent time reviewing the APC templates and paperwork to support authors and presenters. The documents reviewed were:

Information sheet template

The only amendment to this template was the removal of shared care from the footer. Wording now references the transfer of prescribing responsibility.

Submission guidance and templates

The formatting had been tidied up and the appendices had been embedded. The committee requested that the advice regarding sources of information to be made more generic and up to date. It was agreed the PMcK and JT would review this and consider including a link to NHS evidence.

**PMcK / JT
11.10.18**

Presenter guidance

Updated to reflect current prices in Norton Road car park.

Decision: All approved on the basis that the submission guidance is amended as above.

JT 11.10.18

ACTION: Upload to the website once agreed changes have been made.

14.2 RMOc South update. Presented by Paul McKenna

The following RMOc recommendations were discussed

- Adalimumab toolkit for commissioners and providers – noted by the APC.
- RMOc briefing on adalimumab – July 2018 – noted by the APC.
- Regional Medicines Optimisation Committee Update June 2018 – noted by the APC.
- Free of Charge (FOC) Medicines Schemes: RMOc Advice for adoption as local policy – the APC acknowledged that a precedent had been set previously at the Brighton APC (in relation to apremilast) and past meeting minutes had been referred to for the health economy’s position regarding FOC medicines schemes. It was suggested that if Early Access Schemes were adopted, this could be a financial saving to the NHS however, this would come with a risk that patients would access treatment outside of NICE TA criteria which the CCG would be responsible for paying for. The committee discussed that if early access was granted when the NICE FAD is published then the NHS could access approximately 6 months free treatment with little risk. Due to current financial pressures the committee agreed that PMcK and SG would discuss outside of the meeting and look at an example cost model to bring back to the committee. It was recognised that as this proposal would bring an element of financial risk, the paper should be tabled at a committee reporting to the risk and finance committee (for the South place / Commissioning Alliance) or equivalent.
- National RMOc Event: 9 October 2018 – noted by the APC.
- Regional Medicines Optimisation Committee Update July 2018 – noted by the APC.
- Adalimumab resources to use with patients – noted by the APC.

**SG /
PMcK
11.10.18**

JP advised that the South RMOc were meeting next week. Agenda items include final draft of liothyronine recommendations and botulinum toxin, evidence based recommendations and off label use.

14.3 Provider update.

BSUH

The minutes from the July 2018 DTC were noted by the APC. SL advised that on 28th October a new electronic discharge summary is being implemented. Over that weekend, BSUH will be using a temporary discharge summary which is in a word format. Improvements include; a visible pharmacist name and contact number. A field for the patient's weight however this is only mandatory for paediatrics. A field for medications stopped is mandatory and will have to be completed with 'none' if not applicable. The implementation of the new discharge summary is trust wide excluding renal patients as the department use a different programme.

SPFT

The minutes from the July 2018 DTG were noted by the APC. JA raised the recently issued MHRA drug safety alert regarding women of child bearing potential prescribed sodium valproate. JA advised that the national guidance includes all patient cohorts, even if there is little or no risk to them becoming pregnant (e.g. patients with learning difficulties / who have full time carer). This issue has been raised with MHRA by mental health clinicians. The committee raised concerns about the specialist not providing the GP with the annual assessment form once they had been seen for their annual review. The committee also raised concerns regarding the provider discharging patients after their annual review and the expectation that the GP would re-refer the patient in a years' time, which impacts on GP workload. JA and SL agreed to raise these points internally and feed back to APC to ensure that the patient pathway is smooth, with little risk and not a burden on primary care.

Post meeting note:

It was noted that the MHRA guidance advises that these conditions also concern women who are not currently sexually active unless the prescriber considers that there are compelling reasons to indicate that there is no risk of pregnancy. The committee discussed that in these cases it would be good practice if this was documented on the PMR. It was also highlighted that the specialist review should also include a discussion around alternative, more suitable, treatments available.

JA also advised that the organisation's Rapid Tranquilisation policy had been updated.

QVH

Minutes of the Medicines Management meeting to be added to the next agenda.

**JA / SL
23.10.18**

AOB

15

- Brexit Statement – (Written by Matt Hancock, the Secretary of State for Health and Social Care.) The APC acknowledges the letter.
- Denosumab OP Information Sheet – SG advised that a numbering error had been corrected on the risk factor table and an updated version is now on the website.
- EpiPen shortage – FB advised that this shortage had now had high profile national coverage. It was noted that current guidance advises community pharmacy to issue no more than 2 on a named patient basis. Short dated stock may be used. It was also noted that Jext and Emerade are struggling with to keep up with the increase in demand. JP advised that the LPC had sent out a recent communication on the issue. This would be forwarded to JT.
- Lawson unit request – SL advised that the Lawson Unit have asked for a change to be made to the Joint Formulary. There is a severe drug interaction with triamcinolone injection and CYP3A4 inhibitors and it is recommended that the wording "use with caution" is changed to "do not use". The APC agreed with this.

JP 1.10.18

**JT
11.10.18**

- QVH formulary - JB advised that QVH have updated their formulary and now they are using the BNF formulary website. It was requested that QVH are consulted with when reviewing the Joint Formulary chapters.

Close

17 Date of next meeting

Tuesday 23rd October 2018.
Room G91, Hove Town Hall, Norton Road, Hove, BN3 4AH.