

Surrey Heartlands Integrated Care System Area Prescribing Committee (APC)

MINUTES



Date	2 nd April 2025	Time	1430
Venue	Microsoft teams invitation		

nName (Initials)	Role	Attendance /apologies											
APC voting members		Jan Virtual	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Dr Stephen Cookson (SC)	RSFT – Consultant Cardiologist (Chair)		√	√	A								
Sarah Watkin (SWa)	Head of Medicines Resource Unit – Surrey Heartlands Integrated Care Board (Deputy Chair)		√	√	√								
Linda Honey (LH)	Director of Pharmacy - Surrey Heartlands Integrated Care System		√ (left at 4pm)	√	A								
Tara Bahri	Deputy Chief Pharmacist Out of Hospital, Surrey Downs Place		√	√	√								
Tim Dowdall	Deputy Chief Pharmacist Out of Hospital - Guildford & Waverley		√	√	√								
Lis Stanford	Deputy Chief Pharmacist Out of Hospital – North-West Surrey		A	√	√								
Monika Cunjamalay	Deputy Chief Pharmacist Out of Hospital – East Surrey		√	A	√								
Nikki Smith (NS)	Head of Medicines Safety / Patient Safety Specialist		√	√	√ (left at 15:43)								
Veronica Davis	RSFT – Formulary Pharmacist		√	√	√								
Jemma Hives	Clinical Lead Pharmacist - ASPH		√	X	X								
Asad Qureshi	Formulary Pharmacist - ASPH		A	√	√								
Nicky Leitch (NL)	SASH – Formulary Development Pharmacist		√	√	√								
Amy Fox or Kanwal Sheikh	ESHUT – Formulary and Medicines Optimisation Pharmacist		√	X	√								

Alison Marshall (AM)	SABPFT - Formulary Pharmacist		√	√	√								
Simon Whitfield	Chief Pharmacist – Surrey & Borders Partnership NHS Foundation Trust		A	X	X								
	CSH - Lead Pharmacist		√	X	√								
Temitope Odetunde (TO)	FCH&C - Lead Pharmacist		X	√	X								
	ASPH - Medical Director		X	X	X								
Dr James Clark (JC)	SASH – Consultant Endocrinology & Diabetes Mellitus		X	X	√								
	ESHUT - Medical Director / Chair of DTC or nominated Consultant		X	X	X								
Dr Raja Badrakalimuthu	SABPFT – Chair of Medicines Optimisation Committee		√ (left at 3.23pm)	√	√								
Dr Andreas Pitsiaeli	GP prescribing Lead (SD place) & LMC representative)		√	√	√								
Dr Darren Watts	GP prescribing Lead (Guildford & Waverley place)		√	√	√								
Dr Rebecca Rogers	GP prescribing Lead (North West Surrey place)		√	√	√								
Dr Claire Badawi	GP prescribing Lead (East Surrey place)		√	X	√								
Sunita Duggal (SD)	NMP representative – Advanced Nurse Practitioner		√	√	√								
Julia Powell (JP)	Chief Executive, Community Pharmacy Surrey & Sussex, on behalf of Sussex and Surrey Local Pharmaceutical Committees		√	√	√								
Dr Janice Kirby- Smith (JK-S)	Patient representative		√	√	√								
Mohamed Kharbouch	Patient representative		√	√	√								
Shani Corb (SC)	Chief Pharmacist - SECAMB		A	A	A								
Andy Law (AL)	Surrey Heartlands ICS finance representative		X	X	X								

Dr Ruchika Gupta (RG)	Surrey Heartlands ICS Clinical Director for Long Term Planning Delivery		√	√	A								
Richard Barnett (RB)	Surrey Heartlands ICS quality directorate representative		√	√	√								
Liz Saunders (LS)	Surrey County Council - Public Health Consultant		X	X	X								
Non-voting members													
Catrin Thomas (CT)	Medicines Management Pharmacist Kingston Hospital NHS Foundation Trust		X	X	X								
Judith Foy (JF)	Chief Pharmacist, Kingston Hospital NHS Foundation Trust		A	A	A								
	Senior Medicines Optimisation Pharmacist - NHS Sussex ICB		X	X	X								
Phillipa Blatchford (PB)	Principal pharmacist Commissioning (Croydon) – Interim professional secretariat of SWL IMOC		X	X	√								
	Representative from QVFH		X	X	X								
Gillian Ells (GE)	Acute/Interface Specialist Pharmacist NHS Sussex Commissioners		X	X	X								
Mohammed Asghar (MA)	Formulary Pharmacist Frimley Park Hospital NHS Foundation Trust		X	X	X								
	Public Health Consultant, West Sussex County Council		X	X	X								
	Pharmacy Lead Practice Plus Group		X	X	X								
	Surrey Heartlands Clinical Academy Representative		X	X	X								
Clare Johns (CJ)	Pharmacy Technician – Medicines Resource Unit (MRU) – NHS Surrey Heartlands APC Secretariat		√	√	√								
Carina Joanes (CJo)	Lead Pharmacist - MRU (Clinical)		√	√									
Tejinder Bagra	Lead Pharmacist (MRU) Operational		√	√	√								
Georgina Randall	Senior Pharmacy Technician - MRU		√	√	√								

In attendance													
Rachel Claridge	Lead primary care Pharmacy Technician – Surrey Heartlands		√	√	√								
Emma Jones	Public Health programme lead for tobacco control (for smoking cessation item)				√								
Grainne Conway	Lead Antimicrobial Specialist Pharmacist		√	√	√								
Jayesh Shah	Lead Primary Care Pharmacist for Mental Health				√								
Helen Marlow	Lead Respiratory Specialist Pharmacist (for smoking cessation item)				√								

Item No.	Discussions and New Actions
1	Introduction The chair welcomed members, presenters and all observers to the APC.
2	Quorum The chair noted that the meeting was not quorate because the Director of Pharmacy was not in attendance. All decisions made at the APC will need to be agreed by Director of Pharmacy before ratification of the minutes by the Chair.
3	Declarations of Interest Members were asked if there were any declarations of interest for the agenda items that had not already been declared. None were declared.
4	Minutes from previous meeting The final minutes from the APC held in March 2025 were noted by the members
5	Action Log: The members were informed of updates to the following actions: 1. LHRH for breast cancer <ul style="list-style-type: none"> Information from Royal Surrey in terms of patient numbers and activity has been provided and finance colleagues are in the process of identifying funding streams and impact on the Locally Commissioned Service (LCS). ACTION TO REMAIN OPEN – Date changed to May 2025 for update. 2. ADHD in adults <ul style="list-style-type: none"> A meeting took place and the LMC required some clarity on a number of issues. The APC will be updated in due course. ACTION TO REMAIN OPEN – Date changed to May 2025 for update.
6	Urgent AOB: No urgent AOB for March APC
7	Standing Agenda item - Medicines Safety Committee (MSC) Head of Medicines Safety shared a highlight report with the members, prior to the meeting. Points to note were as follows: <ul style="list-style-type: none"> Waste campaign continuing with the communications team. Following the promethazine look alike sound alike audits in local GP practices, a poster was presented to the National Medicine Safety Officer network. The APC acknowledged the work that the local Surrey Heartlands ICS work has been shared nationally.
8	NICE Guidance The APC noted the NICE guidance published since the last APC
9	Chapter Review – Contraceptives The lead presented the proposed traffic light status for contraceptives, and these were all agreed as presented. Outstanding queries from the lead were considered as follows: Maexeni, Bimizza, Millinette & Cimizt <ul style="list-style-type: none"> Agreed as alternative GREEN (preferred) low-cost contraceptive treatment options Yacella & Dretine <ul style="list-style-type: none"> Agreed as the GREEN (preferred) ethinylestradiol/drospirenone preparations Lucette <ul style="list-style-type: none"> Agreed as NON-FORMULARY but to note that patients currently on treatment do not need to be switched Syreniring <ul style="list-style-type: none"> A GREEN traffic light status was agreed as an alternative treatment option alongside NuvaRing Medroxyprogesterone injection

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	<ul style="list-style-type: none"> A GREEN traffic light status was agreed with a note to be added to the entry on the joint formulary, about the benefit of using beyond two years and that treatment should be evaluated against the risks, and that women with risk factors for osteoporosis should consider an alternative method of contraception. <p>Norethisterone Injection</p> <ul style="list-style-type: none"> Agreed as NON-FORMULARY but to note that patients currently on treatment do not need to be switched. It was noted that there appears to be some use of norethisterone by the oncology teams at Royal Surrey and the indication for use will be identified for discussion at a future APC if appropriate. <p>The lead author identified a number of contraceptives that were considerably more expensive and there appeared to be no clear reason for addition to the formulary. The APC agreed a NON-FORMULARY traffic light status for these items (below)</p> <ul style="list-style-type: none"> Femodene tablets Norinyl-1 tablets Drovelis Zoely tablets Eloine tablets Qlaira tablets <p>Also agreed was that all discontinued products would be removed from the formulary.</p> <p>ACTION:</p> <ul style="list-style-type: none"> Upload decisions to PAD and JF (PAD admin) Update guideline document available on PAD (MOOG to support implementation)
10	<p>Chapter Review – Immunomodulating drugs</p> <p>The lead presented the proposed traffic light status for immunomodulators, and these were all agreed as presented.</p> <p>There were a number of treatments that were agreed for removal from PAD because the responsible commissioner is NHS England and the specialist services are not available in Surrey Heartlands. These are as follows:</p> <ul style="list-style-type: none"> Everolimus Belatacept Bortezomib Begelomab <p>Also agreed for removal was Ofatumumab which is not licensed for the proposed indication (Pemphigus Vulgaris)</p> <p>The APC noted the previous conversations with NHS England about repatriation of patients where treatments used after transplantation, (ciclosporin, mycophenolate & sirolimus) are being prescribed by primary care clinicians. The APC had previously agreed at that all new patients should be supplied these treatments by the specialists in the transplant centres but that existing patients should continue to be prescribed these treatments by their primary care prescriber.</p> <p>Discussions were taking place with NHSE about repatriation of those patients but there has been no decision made to date. It was agreed that this will be picked back up with NHSE.</p> <p>ACTION:</p> <ul style="list-style-type: none"> Upload decisions to PAD and JF (PAD admin)

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	<ul style="list-style-type: none"> • Discussion with NHSE about repatriation of patients on immunomodulators post transplantation (SWa)
11	<p>Allergic Rhinitis Guideline – Review</p> <p>The lead author highlighted that the guidelines had been reviewed to include a focus on self-care and the purchase of Over the Counter (OTC) medication.</p> <p>Comments received during consultation was to signpost prescribers to specific websites for prescribing in pregnancy and breastfeeding and these will be added to PAD/JF for reference. It was noted that there had been a discussion at the Medicines Optimisation Oversight Group (MOOG) and a few amendments were requested to the Patient Information Leaflet. The PIL will be circulated to the members post meeting with the amendments requested, for agreement, and for upload to the PAD/JF for reference.</p> <p>The members also discussed a poster that had been written in conjunction with the communications team to support self-care, and it was agreed that some of the language used, may need to be amended. It was noted that the poster will be reviewed and amended with an emphasis on the option for people suffering from allergic rhinitis, to purchase the medicines OTC from pharmacies or supermarkets and to obtain advice and guidance from a pharmacist, if needed.</p> <p>The reviewed poster will be discussed again at the MOOG and once agreed will be uploaded to the PAD.</p> <p>The APC members were supportive of the updated guidelines, and these will be uploaded to the PAD/JF for reference alongside the proposed weblinks for signposting.</p> <div data-bbox="264 1088 1489 1160" style="border: 1px solid black; padding: 5px;"> <p>The Surrey Heartlands Integrated Care System have agreed the updated Allergic Rhinitis Guidelines & Patient Information Leaflet (PIL)</p> </div> <p>ACTION:</p> <ul style="list-style-type: none"> • Poster to MOOG for agreement (NP) • PIL to be updated, post comments (NP) • PIL to be circulated to APC members with minutes (CJ) • Documents to be uploaded to PAD for reference (PAD admin)
12	<p>Lidocaine patches</p> <p>The lead author presented the paper which had been prepared because of significant prescribing and initiation of lidocaine patches in primary care.</p> <p>The APC members considered the traffic light status for the use of lidocaine patches for the following indications</p> <p>Post Herpetic Neuralgia (PHN)</p> <ul style="list-style-type: none"> • Proposed and agreed as GREEN with the removal of the requirement for allodynia to be present. <p>Rib fractures</p> <ul style="list-style-type: none"> • Proposed and agreed as RED in line with current local trust formularies • Trusts must ensure that appropriate durations can be supplied without requests to primary care for further supply. <p>Scar pain</p> <ul style="list-style-type: none"> • Lidocaine patches for scar pain will not be added to the PAD/JF at this point. A request to consider a traffic light status for this indication, can be made with an evidence review, by a specialist, to the APC. <p>Exceptional Circumstances</p>

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	<ul style="list-style-type: none"> Proposed and agreed as BLUE (on initiation) following specialist pain team or palliative care team review and where a clinical need has been identified. The specialist will be required to ensure the patient has responded to treatment and is stable before transferring care. They will be asked to provide the following information to the primary care prescriber in the clinic letter when transferring care. <ul style="list-style-type: none"> Indication for initiation MDT discussion/plan Dose to be prescribed Confirmation of response to initial treatment Intended duration of treatment Ongoing monitoring/assessment of response <p>POST MEETING NOTE: A 1 month minimum supply from specialists will be added to the PAD & Joint Formulary to account for the BLUE (on specialist initiation) status agreed</p> <div data-bbox="264 819 1487 1055"> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee agreed the use of lidocaine plasters for rib fractures.</p> <p>A RED traffic light status has been agreed for this indication.</p> <p>Trusts must ensure that appropriate durations can be supplied without requests to primary care for further supply</p> </div> <div data-bbox="264 1093 1487 1227"> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee has agreed Lidocaine medicated plasters for the symptomatic relief of neuropathic pain associated with previous herpes zoster infection (post-herpetic neuralgia) in adults.</p> </div> <div data-bbox="264 1265 1487 2007"> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee has agreed the use of lidocaine plasters as BLUE (on initiation) following specialist pain team or palliative care team review and where a clinical need has been identified.</p> <p>The specialist will be required to supply a 1-month minimum supply prior to transfer of care</p> <p>The specialist will be required to ensure the patient has responded to treatment and is stable before transferring care. They will be asked to provide the following information to the primary care prescriber in the clinic letter when transferring care.</p> <ul style="list-style-type: none"> Indication for initiation MDT discussion/plan Dose to be prescribed Confirmation of response to initial treatment Intended duration of treatment Ongoing monitoring/assessment of response </div>

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	<p>ACTIONS:</p> <ul style="list-style-type: none"> • Add information to PAD/JF for reference (PAD admin) • Feedback any further information required, to be provided in clinic letters for exceptional circumstances (ALL)
13	<p>Interface Prescribing Policy (IPP)</p> <p>The lead author presented the reviewed IPP and highlighted the changes made. There is now a clearer direction in terms of what is needed from both primary and secondary care. Some areas that came up in consultation will require further discussion by the system, and working groups will be set up to consider those areas.</p> <ul style="list-style-type: none"> • Trusts to supply ALL new medicines started in outpatients • Provision of 28 days' supply of medicine from outpatients • Provision of 28 days' supply of medicines on discharge <p>This year there has been a more extensive review as well as comments from a wide consultation including, the Primary Care Transformation Board where there was representation from primary care across Surrey Heartlands.</p> <p>All comments received following the consultation were reviewed by the lead authors and minor amendments made as necessary. The changes include grammar, clarification and adding examples or moving sections around. All changes made, were included in a change log and were highlighted for the APC.</p> <p>The APC members agreed with the updates made and the need to set up working groups to consider some areas where a change to the IPP alone would not be sufficient.</p> <p>One area that has been well received is the standardisation of information from outpatients, following an out-patient appointment that requires a medicine to be prescribed. The information has been updated in the IPP in line with the Professional Standards Body (PSB).</p> <p>It is expected that the information would be provided to a primary care prescriber about the patient's medicine, including confirmation that the patient has been advised of the benefits and risks of treatment and has agreed to start treatment.</p> <p>It was noted that there is a separate working group looking at the Electronic Prescriptions Service (EPS) which has a strong link to the IPP and could be considered as a possible facilitator for some of the comments picked up in the IPP.</p> <p>The APC also agreed the proposed 3 year review date, but the APC considered that an update on the progress from the working groups would be useful to be picked up at APC in 6 months.</p> <p>The members noted the next steps, which included sign off by the Medicines Optimisation Board before dissemination and upload to the PAD/JF for reference.</p> <p>One point raised was in relation to a potential audit of the standardisation of information from outpatients. It was noted that there could be capacity issues with requesting an audit and an audit proposal was not included within the IPP, however the lead author did agree to take point outside the meeting for consideration of next steps</p> <p>The Surrey Heartlands Integrated Care System have agreed the reviewed Interface Prescribing Policy</p>

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	<p>ACTIONS:</p> <ul style="list-style-type: none"> • Update on working groups to APC in 6 months' time (CJ added to workplan) • Consideration for potential audit of standardisation of outpatient information at MOOG (TB/SWa) • IPP for ratification at MOB (TB/SWa) • Upload to PAD/JF for reference (PAD admin)
14	<p>Smoking cessation – update</p> <p>The APC members were asked to agree the updated PAD narrative for varenicline & bupropion. These products were recommended by NICE and were given a GREEN (see narrative) traffic light status in November 2020.</p> <p>Champix (varenicline) was withdrawn from the market in 2021 and has been re-introduced as a generic medication and the lead authors asked the APC to confirm that the GREEN traffic light status still applies. Zyban (bupropion) became available as a generic medicine again in October 2023. The APC were also asked to agree the proposed PAD narrative which is in line with the PAD narrative already agreed for another smoking cessation product, cytisinicline (Cytisine).</p> <p>It was also noted that the One You Surrey prescribing letter has also been updated and will be circulated with the APC minutes for comments.</p> <p>The APC agreed the PAD narrative and the GREEN (see narrative) traffic light status as proposed. The PAD/JF narrative was based on that already agreed for cytisinicline</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>Referral of patients to a smoking cessation service is the preferred management pathway. GPs should only prescribe smoking cessation products for patients who decline referral in line with CKS guidance or through requests from the smoking cessation service (see below).</p> <p>The 'One You Surrey' Smoking cessation service has been commissioned by Public Health (Surrey County Council) since April 2019 and provides support to clients as part of a 12 week programme.</p> <p>Nicotine replacement therapy (NRT) will be provided as part of the service in pregnancy and for clients with defined long-term health conditions.</p> <p>Requests to prescribe NRT will only be made to the GP in rare circumstances where the client requests further NRT beyond 12- weeks (at the discretion of the GP). For clients requiring the following, a request form for prescribing (includes screening questions) will be sent to the client's GP by the service:</p> <ul style="list-style-type: none"> • Bupropion (Zyban) • Varenicline • Cytisinicline <p>Clients will be monitored by 'One You' Surrey on a weekly basis for any side effects. At the end of treatment, patients will be issued with a letter to be given to their GP to update records and book a medication review (where appropriate). Patients can be referred by a health care professional or can self refer: https://oneyoursurrey.org.uk/stop-smoking/</p> </div>

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	<p>Further information on the service is available at: https://oneyousurrey.org.uk/ There is a dedicated section for primary care health professionals: https://oneyousurrey.org.uk/professionals/</p> <p>Bupropion, Varenicline and Cytisinicline will be given a GREEN (see narrative) traffic light status on the PAD</p> <p>ACTIONS:</p> <ul style="list-style-type: none"> • Circulate the 'One You Surrey' letter for APC agreement (CJ) • Upload information to PAD/JF for reference (PAD admin)
15	<p>Aripiprazole 2 monthly injection – Formulary extension</p> <p>The members were presented with an addition to the formulary application for 2 monthly aripiprazole for the maintenance treatment of adult patients who have already been stabilised on aripiprazole. The shared care document had been reviewed and updated to use the national shared care template and the addition of the 2 monthly preparation.</p> <p>Members were informed there was no additional cost impact for the 2 monthly preparation, and a benefit would be that patients would need fewer injections per year. It was noted that the 2 monthly injection can only be given in the gluteal muscle, whereas the 1 monthly injection can be given in the gluteal or deltoid muscle.</p> <p>The members discussed the process for switching from the monthly to the 2 monthly injection and agreed that it would be useful to include the information in the shared care document. The lead authors also noted that advice and guidance can be used to support prescribers in primary care if a patient asked to switch to the 2 monthly preparation. The request to remove the old prescribing guidance was also agreed</p> <p>ACTION:</p> <ul style="list-style-type: none"> • Process for switching to be added into shared care document (AM/JS) • Circulate to members for virtual agreement (CJ) • Upload to PAD/JF for reference (PAD admin) <p>POST MEETING UPDATE: Forwarded to members for agreement and if agreed the shared care will be uploaded to PAD as a final document. If not agreed the MRU will inform APC at the May APC and highlight the actions needing to be taken</p>
16	<p>Riluzole Shared Care</p> <p>Members were presented with the national shared care document for riluzole. The only difference from the previous shared care document was that monitoring of Us & Es are no longer necessary but that there are still requirements for monitoring the liver function test, a full blood count and the white cell count on an annual basis.</p> <p>The members agreed with the shared care document as proposed.</p> <p>The Surrey Heartlands Integrated Care System have agreed the reviewed riluzole shared care document</p> <p>ACTION:</p> <ul style="list-style-type: none"> • Upload to PAD/JF for reference (PAD admin)

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17	<p>PAD holding statements</p> <p>The PAD holding statements were agreed as presented.</p>
18	<p>AOB</p> <p>A question was raised about further information on tirzepatide in primary care. Members were assured that communications are in development and will be circulated when finalised</p> <p>The need for guidance on hypocalcaemia was also raised but will be initially considered outside of the APC for further review of the issue</p>
	<p><i>Summary of recommendations to follow (when minutes agreed)</i></p> <p><i>AGENDA ITEM 11 – Allergic Rhinitis Guidance</i></p> <div data-bbox="268 813 1489 882" style="border: 1px solid black; padding: 5px;"> <p>The Surrey Heartlands Integrated Care System have agreed the updated Allergic Rhinitis Guidelines & Patient Information Leaflet (PIL)</p> </div> <p><i>AGENDA ITEM 12 – Lidocaine plasters</i></p> <div data-bbox="268 999 1489 1238" style="border: 1px solid black; padding: 5px;"> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee agreed the use of lidocaine plasters for rib fractures.</p> <p>A RED traffic light status has been agreed for this indication.</p> <p>Trusts must ensure that appropriate durations can be supplied without requests to primary care for further supply</p> </div> <div data-bbox="268 1294 1489 1429" style="border: 1px solid black; padding: 5px;"> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee has agreed Lidocaine medicated plasters for the symptomatic relief of neuropathic pain associated with previous herpes zoster infection (post-herpetic neuralgia) in adults.</p> </div> <div data-bbox="268 1485 1489 2022" style="border: 1px solid black; padding: 5px;"> <p>The Surrey Heartlands Integrated Care System Area Prescribing Committee has agreed the use of lidocaine plasters as BLUE (on initiation) following specialist pain team or palliative care team review and where a clinical need has been identified.</p> <p>The specialist will be required to supply a 1-month minimum supply prior to transfer of care</p> <p>The specialist will be required to ensure the patient has responded to treatment and is stable before transferring care. They will be asked to provide the following information to the primary care prescriber in the clinic letter when transferring care.</p> <ul style="list-style-type: none"> o Indication for initiation o MDT discussion/plan o Dose to be prescribed </div>

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	<div data-bbox="276 275 1487 481"> <ul style="list-style-type: none"> o Confirmation of response to initial treatment o Intended duration of treatment o Ongoing monitoring/assessment of response </div> <div data-bbox="264 539 935 573"> <p>AGENDA ITEM 13 – Interface Prescribing Policy</p> </div> <div data-bbox="276 595 1487 667"> <p>The Surrey Heartlands Integrated Care System have agreed the reviewed Interface Prescribing Policy</p> </div> <div data-bbox="264 723 919 757"> <p>AGENDA ITEM 14 – Smoking cessation update</p> </div> <div data-bbox="276 779 1487 1892"> <p>Referral of patients to a smoking cessation service is the preferred management pathway. GPs should only prescribe smoking cessation products for patients who decline referral in line with CKS guidance or through requests from the smoking cessation service (see below).</p> <p>The ‘One You Surrey’ Smoking cessation service has been commissioned by Public Health (Surrey County Council) since April 2019 and provides support to clients as part of a 12 week programme.</p> <p>Nicotine replacement therapy (NRT) will be provided as part of the service in pregnancy and for clients with defined long-term health conditions.</p> <p>Requests to prescribe NRT will only be made to the GP in rare circumstances where the client requests further NRT beyond 12- weeks (at the discretion of the GP). For clients requiring the following, a request form for prescribing (includes screening questions) will be sent to the client’s GP by the service:</p> <ul style="list-style-type: none"> • Bupropion (Zyban) • Varenicline • Cytisinicline <p>Clients will be monitored by ‘One You’ Surrey on a weekly basis for any side effects. At the end of treatment, patients will be issued with a letter to be given to their GP to update records and book a medication review (where appropriate). Patients can be referred by a health care professional or can self refer: https://oneyousurrey.org.uk/stop-smoking/</p> <p>Further information on the service is available at: https://oneyousurrey.org.uk/ There is a dedicated section for primary care health professionals: https://oneyousurrey.org.uk/professionals/</p> <p>Bupropion, Varenicline and Cytisinicline will be given a GREEN (see narrative) traffic light status on the PAD</p> </div> <div data-bbox="264 1951 818 1984"> <p>AGENDA ITEM 16 -Riluzole shared care</p> </div>

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	The Surrey Heartlands Integrated Care System have agreed the reviewed riluzole shared care document
Future meeting dates: (2.30pm to 5pm) via Microsoft teams calls <ul style="list-style-type: none"> Wednesday 7th May 2025 	
Signed and agreed by: Date: DD MMM YYYY Chair Name, Chair Title (Chair)	
Minutes agreed for publication by: Date: DD MMM YYYY Exec Lead name, Exec Lead Title (Exec Lead)	