

**Agenda Item
Area Prescribing Committee Meeting**

EXECUTIVE SUMMARY

Report title	
Purpose of report	
Summary	
Financial impact	
Patient Rep/Lay Member Summary	
Please give a plain language summary of the request to assist lay members of the County Durham & Darlington Area Prescribing Committee and indicate if there any questions/issues that require the input of the lay members. (max 200 words)	
Patient Decision Aid (if applicable)	
Please indicate if a Patient Decision Aid either local or national is available.	
Recommendation	
Report prepared by	Date
Declaration of Interest	
Please indicate any declaration of interest by person/group submitting this agenda item. If none, please state 'none'.	