# County Durham and Darlington Area Prescribing Committee

**Thursday 2nd March 2017**
**11.30am – 2.30pm**
**Board Room, Appleton House**

## Present

Dr Martin Jones, GP Prescribing Lead, DDES CCG (acting Chair)
Dr Catherine Harrison, GP Prescribing Lead, DDES CCG
Gavin Mankin, RDTC Representative (Professional Secretary)
Dan Newsome, Medicines Optimisation Pharmacist, NECS
Kate Huddart Senior Pharmaceutical Advisor, DDES CCG
Chris Williams, Chief Pharmacist, TEWV FT
Jamie Harris, Chief Pharmacist, CD&DFT
Beverley Walton, Lead Clinical Pharmacist, CD&DFT
Brewis Henderson, Patient Representative
Mike Leonard , Directorate Pharmacist, TEWVFT
Dr Shafie Kamaruddin, Consultant, CD&D FT
Joan Sutherland, Medicine Optimisation Lead Pharmacist, North Durham CCG
Rob Pitt, LPC representative

## In attendance

Rachel Berry, Medicines Optimisation Pharmacist, DDES CCG
Matthew James, Commissioning Manager DDES CCG NECS – for item 4e

The meeting was quorate.

APC members and attendees were reminded to keep detailed discussions confidential to allow free and full debate to inform unencumbered decision making. Discretion should be used when discussing meetings with non-attendees and papers should not be shared without agreement of the chair or professional secretary, to ensure confidentiality is maintained.

**Part 1 (11.30)**

**1a Apologies for absence:**
Ian Davidson, Claire Jones, Chris Cunnington-Shore, Ingrid Whitton, Paul Walker

**1b Declarations of Interest**

**Declarations of interest:**
*The Chair reminded subgroup members of their obligation to declare any interest they may have on any issue arising at committee meetings which might conflict with the business of the APC.*
*Declarations declared by members of the APC are listed in the APC's Register of Interests. The Register is available either via the professional secretary or on the APC website at http://medicines.necsu.nhs.uk/committees/durham-darlington-committees/*

**Declarations of interest from sub committees:**
*None declared*

**Declarations of interest from today's meeting:**
*No declarations of interest relating to the agenda were raised.*

**1c Minutes of the previous APC meeting held 5th January 2017**
The minutes were accepted as a true and accurate record.

## 1d Matters Arising/Action Log

**Actions from January 2017 meeting not on the agenda or action log**
Nil

**Action Log**

Transanal Irrigation
Prof Yiannakou to develop some guidelines for both primary and secondary care. Plus Directorate management team to look at most cost-effective procurement options for irrigation systems.

Do No Prescribe List – Tadalafil once daily
Discussed at Feb 2017 D&T CAG and bulletin to primary care based on PrescQIPP advice to be issued. Agreed not to progress audit of prescribing in primary care at this stage. ITEM NOW CLOSED.

Psychotropic Drug Monitoring Guidance
Discussed at Feb 2017 D&T CAG and they were happy with content. ITEM NOW CLOSED.

TEWV Communications with GPs
Next update due September 2017.

Quetiapine XL Guidelines (final)
Final version has now been published on website. ITEM NOW CLOSED.

SBARD on Lithium Monitoring (updated)
Final version has now been published on website. ITEM NOW CLOSED.

New CD&D Formulary Website
To go live on 3rd April 2017.

Lisdexamfetamine Shared Care Guideline
On today's agenda.

Sacubitril/Valsartan Pathway
Final version has now been published on website. ITEM NOW CLOSED.

Issues with Nursing/Care Homes and Labelling of Medicines
No report of progress with this action available.

COPD Guideline – updated
Final version has now been published on website. ITEM NOW CLOSED.

Anticoagulation Patient Decision Aid – updated
On today's agenda.

**Historic Actions**

Subcutaneous methotrexate
An audit of current patient numbers in both primary and secondary care is currently underway to inform the commissioning process for the new contract.

CDDFT Representatives to APC
To continue to review CDDFT consultant membership vacancies on APC with Medical Directors Office and chair of CSTC.

Osteoporosis Guideline
No further progress

Guanfacine
Shared care guideline is still in development.

Ciclosporin Eye Drops
A full year of prescribing data will be presented to APC in a further 6 month's time.

Analgesia Formulary Choices
Task & Finish Group has now been formed and met for the first time in February 2017.Guidelines for use of lidocaine patches, strong opioids and neuropathic pain are on the workplan for this group.

Stopping Over-Medication in People with Learning Disabilities
Data on potential number of patients is being verified before a Task and Finish group meets to take this issue forward.

Drug Monitoring Guideline – updated
Document now has appropriate version control and is available on the website. ITEM NOW CLOSED.

Magnesium Supplements
A guideline for primary care is on today's agenda approval.

**Part 2 – Mental Health (12.00)**

**2a TEWV Drug & Therapeutics Committee Feedback – January 2017**
CW presented to the APC a briefing report highlighting the main issues discussed at the recent TEWV D&T.

**2b Lisdexamfetamine Shared Care Protocol**
Final version approved by TEWV D&T circulated to members for information only.

**ACTION:**
- **GM to arrange for final approved version to be added to CD&D pages of NECS website.**

**2c Psychotropic Drug Monitoring Guideline**
Final version approved by TEWV D&T circulated to members for information only.

**ACTION:**
- **GM to arrange for final approved version to be added to CD&D pages of NECS website.**

**Part 3 – General (12.30)**

**3a Appeals against previous APC decisions**
None received.

**3b Update from Formulary Subgroup for March 2017 APC**
This was presented to the group and the following actions were taken by the APC:

Formulary Updates since January 2017 APC for approval including RAG changes
Approved with suggested changes to RAG recommendation as follows:

| NICE Topic<br>Decision | Date Issued | Formulary status | Action taken following February 2017 FSG meeting |
|---|---|---|---|
| **TA420 Ticagrelor for preventing atherothrombotic events after myocardial infarction**<br>Ticagrelor, in combination with aspirin, is recommended within its marketing authorisation as an option for preventing atherothrombotic events in adults who had a myocardial infarction and who are at high risk of a further event.<br>Treatment should be stopped when clinically indicated or at a maximum of 3 years. | 14.12.2016 | Listed as Green+ drug in Chapter 2.9 | Suggest no action required except to add link.<br><br>Note potential budget impact. |
| **TA421 Everolimus with exemestane for treating advanced breast cancer after endocrine therapy**<br>Everolimus, in combination with exemestane, is recommended within its marketing authorisation, as an option for treating advanced human epidermal growth factor receptor 2 (HER2)-negative, hormone-receptor-positive breast cancer in postmenopausal women without symptomatic visceral disease that has recurred or progressed after a non-steroidal aromatase inhibitor. Everolimus is recommended only if the company provides it with the discount agreed in the patient access scheme. | 21.12.2016 | Listed as RED drug in Chapter 8.1.5 | Suggest no action required except to add link. |
| **TA422 Crizotinib for previously treated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer**<br>Crizotinib is recommended, within its marketing authorisation, as an option for previously treated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer in adults. The drug is recommended only if the company provides it with the discount agreed in the patient access scheme. | 21.12.2016 | Listed as RED drug in Chapter 8.1.5 | Suggest no action required except to add link. |
| **T423 Eribulin for treating locally advanced or metastatic breast cancer after 2 or more chemotherapy regimens**<br>Eribulin is recommended as an option for treating locally advanced or metastatic breast cancer in adults, only **when:**<br>• it has progressed after at least 2 chemotherapy regimens (which may include an anthracycline or a taxane, and capecitabine)<br>• the company provides eribulin with the discount agreed in the patient access scheme. | 21.12.2016 | Listed as RED drug in Chapter 8.1.5 | Suggest no action required except to add link. |
| **TA424 Pertuzumab for the neoadjuvant treatment of HER2-positive breast cancer**<br>Pertuzumab, in combination with trastuzumab and chemotherapy, is recommended, within its marketing authorisation, as an option for the neoadjuvant treatment of adults with human epidermal growth factor receptor 2 (HER2)‑positive breast cancer; that is, in patients with HER2-positive, locally advanced, inflammatory or early-stage breast cancer at high risk of recurrence. It is recommended only if the company provides pertuzumab with the discount agreed in the patient access scheme. | 21.12.2016 | Not listed in Chapter 8.1.5 | Suggest add to formulary as a RED drug and include a link. |

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| **TA425 Dasatinib, nilotinib and high-dose imatinib for treating imatinib-resistant or intolerant chronic myeloid leukaemia**<br>Dasatinib and nilotinib are recommended as options for treating only chronic- or accelerated-phase Philadelphia-chromosome-positive chronic myeloid leukaemia in adults, if:<br>• they cannot have imatinib, or their disease is imatinib-resistant and<br>• the companies provide the drugs with the discounts agreed in the relevant patient access schemes.<br><br>High-dose imatinib (that is, 600 mg in the chronic phase or 800 mg in the accelerated and blast-crisis phases) is not recommended for treating Philadelphia-chromosome-positive chronic myeloid leukaemia in adults whose disease is imatinib-resistant. | 21.12.2016 | Listed as RED drug in Chapter 8.1.5 | Suggest no action required except to add link. |
| **TA426 Dasatinib, nilotinib and imatinib for untreated chronic myeloid leukaemia**<br>1.1 Imatinib is recommended as an option for untreated, chronic-phase Philadelphia-chromosome-positive chronic myeloid leukaemia in adults.<br><br>1.2 Dasatinib and nilotinib are recommended, within their marketing authorisations, as options for untreated chronic-phase Philadelphia-chromosome-positive chronic myeloid leukaemia in adults. The drugs are recommended only if the companies provide them with the discounts agreed in the relevant patient access schemes. | 21.12.2016 | Listed as RED drug in Chapter 8.1.5 | Suggest no action required except to add link. |
| **TA427 Pomalidomide for multiple myeloma previously treated with lenalidomide and bortezomib**<br>Pomalidomide, in combination with low‑dose dexamethasone, is recommended as an option for treating multiple myeloma in adults at third or subsequent relapse; that is, after 3 previous treatments including both lenalidomide and bortezomib, only when the company provides pomalidomide with the discount agreed in the patient access scheme. | 25.1.2017 | Not listed in Chapter 8.1.5 | Suggest add to formulary as a RED drug and include a link. |
| **TA428 Pembrolizumab for treating PD-L1-positive non-small-cell lung cancer after chemotherapy**<br>Pembrolizumab is recommended as an option for treating locally advanced or metastatic PD‑L1‑positive non‑small‑cell lung cancer in adults who have had at least one chemotherapy (and targeted treatment if they have an epidermal growth factor receptor [EGFR]- or anaplastic lymphoma kinase [ALK]‑positive tumour), only if:<br>• pembrolizumab is stopped at 2 years of uninterrupted treatment and no documented disease progression, and<br>• the company provides pembrolizumab with the discount agreed in the patient access scheme revised in the context of this appraisal. | 25.1.2017 | Listed as RED drug in Chapter 8.1.5 | Suggest no action required except to add link. |
| **TA429 Ibrutinib for previously treated chronic lymphocytic leukaemia and untreated chronic lymphocytic leukaemia with 17p deletion or TP53 mutation** | 25.1.2017 | Not listed in Chapter 8.1.5 | Suggest add to formulary as a RED drug and include a link. |

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| Ibrutinib alone is recommended within its marketing authorisation as an option for treating chronic lymphocytic leukaemia in adults who have had at least 1 prior therapy or who have a 17p deletion or TP53 mutation, and in whom chemo-immunotherapy is unsuitable and only when the company provides ibrutinib with the discount agreed in the patient access scheme. | | | |
| **TA430 Sofosbuvir–velpatasvir for treating chronic hepatitis C**<br>Sofosbuvir–velpatasvir is recommended as an option for treating chronic hepatitis C in adults, as specified, only if the company provides the drug with the discount agreed in the simple discount agreement.<br>It is recommended that the decision to treat and prescribing decisions are made by multidisciplinary teams in the operational delivery networks put in place by NHS England, to prioritise treatment for people with the highest unmet clinical need. | 25.1.2017 | Not listed in Chapter 5.3.3.2 | Suggest add to formulary as a RED drug and include a link. |
| **TA431 Mepolizumab for treating severe refractory eosinophilic asthma**<br>Mepolizumab, as an add-on to optimised standard therapy, is recommended as an option for treating severe refractory eosinophilic asthma in adults, only if:<br>• the blood eosinophil count is 300 cells/microlitre or more in the previous 12 months and<br>• the person has agreed to and followed the optimised standard treatment plan and<br>• has had 4 or more asthma exacerbations needing systemic corticosteroids in the previous 12 months or<br>• has had continuous oral corticosteroids of at least the equivalent of prednisolone 5 mg per day over the previous 6 months and<br>• the company provides the drug with the discount agreed in the patient access scheme.<br><br>At 12 months of treatment:<br>• stop mepolizumab if the asthma has not responded adequately or<br>• continue treatment if the asthma has responded adequately and assess response each year.<br>• An adequate response is defined as:<br>• at least 50% fewer asthma exacerbations needing systemic corticosteroids in those people with 4 or more exacerbations in the previous 12 months or<br>• a clinically significant reduction in continuous oral corticosteroid use while maintaining or improving asthma control. | 25.1.2017 | Not listed in Chapter 3.4.2 | Suggest add to formulary as a RED drug and include a link.<br><br>N.B. Omalizumab already on formulary. |
| **NG61 End of life care for infants, children and young people with life-limiting conditions: planning and management** | 21.12.2016 | n/a | Suggest no action required |
| **Cerebral palsy in under 25s: assessment and management**<br>**NICE guideline [NG62]** | 25.1.2017 | n/a | Suggest add link at start of Chapter 4. |

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| **Antimicrobial stewardship: changing risk-related behaviours in the general population NICE guideline [NG63** | 25.1.2017 | n/a | Suggest add link at start of Chapter 5. |
| **Antenatal care for uncomplicated pregnancies Clinical guideline [CG62** | 25.1.2017 | n/a | Updated but no changes to drug recommendations. Suggest no action required with regard to the formulary. |
| **MHRA Drug safety advice** | **Date Issued** | **Formulary status** | **Action taken following February 2017 FSG meeting** |
| **Spironolactone and renin-angiotensin system drugs in heart failure: risk of potentially fatal hyperkalaemia—clarification, December 2016** In light of feedback, we have clarified our article on concomitant use of these medicines in heart failure. | Dec 2016 | Listed as Green+ drug in Chapter 2.2.3 | Suggest no action required except to add link to formulary |
| **Cobicistat, ritonavir and coadministration with a steroid: risk of systemic corticosteroid adverse effects** Coadministration of a corticosteroid with an HIV-treatment-boosting agent may increase the risk of adrenal suppression due to a pharmacokinetic interaction. | Dec 2016 | Listed as RED drugs in Chapter 5.3.1 | Suggest no action required except to add link to formulary |
| **Letters sent to healthcare professionals in November 2016** A summary of letters sent to healthcare professionals in November 2016 to inform of safety for:<br>• Apremilast (Otezla▼): risk of suicidal ideation and behaviour<br>• Lenalidomide (Revlimid▼): new advice about viral reactivation | Dec 2016 | Listed as RED drugs in formulary | Suggest add link to both letters. |
| **Direct-acting antiviral interferon-free regimens to treat chronic hepatitis C: risk of hepatitis B reactivation** All patients should be screened for hepatitis B before starting treatment for chronic hepatitis C with direct-acting antiviral interferon-free regimens. | Jan 2017 | Listed as RED drug in Chapter 5.3.3.2 | Suggest no action required except to add link to formulary |
| **Direct-acting antivirals to treat chronic hepatitis C: risk of interaction with vitamin K antagonists and changes in INR** INR should be monitored closely during treatment of chronic hepatitis C with direct-acting antivirals in patients also receiving vitamin K antagonists (eg, warfarin), because of possible changes in liver function during treatment. | Jan 2017 | Listed as RED drugs in Chapter 5.3.3.2 | Suggest no action required except to add link to formulary |
| **Apremilast (Otezla ▼): risk of suicidal thoughts and behaviour** There is an increased risk that some patients may experience psychiatric symptoms with apremilast, including depression and suicidal thoughts. | Jan 2017 | Listed as RED drug in Chapter 13 & NOT APPROVED in Chapter 10.1.3 | Suggest no action required except to add link to formulary |
| **Intravenous N-acetylcysteine (NAC) for paracetamol overdose: reminder of authorised dose regimen; possible need for continued treatment with NAC** The authorised dose regimen for N-acetylcysteine (NAC) in paracetamol overdose is 3 consecutive bags given intravenously over 21 hours. | Jan 2017 | Not listed on formulary | Suggest no action required |
| **Letters sent to healthcare professionals in December 2016** A summary of letters sent to healthcare professionals in December 2016 to inform of safety for: | Jan 2017 | Levetiracetam listed as Green+ in Chapter 4.8 | Suggest no action required locally as decision taken by CDDFT not to use the different presentations of |

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| • levetiracetam (Keppra) 100 mg/mL: risk of medication errors<br>• Ammonaps (sodium phenylbutyrate): only for use when there is no alternative treatment | | Ammonaps not included in formulary | levetiracetam oral solution which contain different sizes of oral syringe. The importance of patient counselling to ensure the know how to administer the dose required using an appropriate oral syringe was discussed. |
| **NTAG recommendation** | **Date Issued** | **Formulary status** | **Action taken following February 2017 FSG meeting** |
| None since Nov 2016 | | | |

| **Requested formulary amendments** | **Reasoning** | **BNF Chapter** | **Action taken following February 2017 FSG meeting** |
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| Enstilar® Foam | Included in North Durham CCG Teamnet Guidelines. Is a product that could be used by GPs for Psoriasis and does not require referral to secondary care for initiation. | 13.5.2 | Suggest change RAG status from Green+ to Green |
| Clobazam 1mg/ml and 2mg/ml oral suspension | Add to formulary as licensed product available. Already listed as Green alt drugs. | 4.8 | Add to formulary as licensed product available now with Green RAG status |
| Octreotide | Currently listed as Green+. Change to RED as NHSE funded except for palliative care when is CCG funded and therefore should be Green+. | 8.3.4.3 | Suggest change to RED as NHSE funded except for palliative care when is CCG funded and therefore should be Green+. |
| **New Drug Applications for Formulary** | **Reasoning** | **BNF Chapter** | **Action taken following February 2017 FSG meeting** |
| None | | | |
| **Request for removal of a drug from the formulary** | **Reasoning** | **BNF Chapter** | **Action taken following February 2017 FSG meeting** |
| None | | | |

**ACTION:**

- **GM to update the online formulary with the approved changes.**

**3c New Drug Applications**

None received for this meeting.

**3d RAG Status of Drugs in Chapter 5 of Formulary**

A proposed list of RAG status for antimicrobials was presented to the group as historically antimicrobials listed in the formulary do not have a RAG status.

The list has been put together in consultation with the antimicrobial pharmacist at CDDFT.

After discussion the group agreed the list required further work before it could be approved because it may not be appropriate for all IV antibiotics to be classed as Green or Green+. It was suggested IV antibiotics should be classed as Red unless part of an approved OPAT service or pathway used in primary care. It was felt that having a Red status would help ensure

all prescribing in primary care was appropriate and safe. This may result in oral and IV forms of the same drug have a different RAG status but the group felt the differences in formulation may warrant a different RAG status.

**ACTION:**

- **DN to take back to AMT for further discussion on RAG status of IV antimicrobials with the view that these should be RED unless part of an approved OPAT/pathway.**

**3e Shared Care Guidelines for Approval**

None received for this meeting.

**3f NTAG Update**

No recommendations issued since November 2016 meeting.

**3g CDDFT Update February 2017**

A verbal update on the recent CTSC was presented to the group.

**3h New C&D Formulary Website**

A verbal update on progress with the development of the new CD&D Formulary Website was presented to the group. It was noted that new website is to go live on the 3rd April 2017.

**3i Regional Medicines Optimisation Committee**

A verbal update on progress with the creation of the new Regional Medicines Optimisation Committees was presented to the group. It was noted that these will begin to meet from April 2017 but that their impact on the work of the APC is still largely unknown.

**3j Issues with Transfer of Prescribing from Secondary care to GPs**

A selection of recent issues where GPs have refused to prescribe something at the request of secondary care was presented to and discussed by the group. There appears to be some inconsistency between GPs in what they will and will not accept.

**ACTION:**

- **Secondary care pharmacy teams to raise any issues with appropriate CCG Medicines Optimisation Team as and when they happen to try resolve/agree appropriate course of action with individual GP as issues arise.**

**3k CD&D Drug Monitoring Recommendations – updated**

The CD&D Drug Monitoring document has been updated to match the new psychotropic drug monitoring guideline from TEWV.

The updated version was approved with the removal of all chapter 4 drugs and just making reference to TEWV psychotropic drug monitoring guideline, plus clarification of extra monitoring required as per MHRA Drug Safety Alert when using spironolactone in combination with an ACE inhibitor.

**ACTION:**

- **DN to update document with suggested changes to Chapter 4 drugs, approve via Chair's Action and then added to the CD&D pages of NECS website.**

**Part 4 – Physical Health (13.30)**

**4a Anticoagulation Patient Decision Aid – updated**

Instead of producing a separate patient decision aid for DOACs the existing PDA vs warfarin is being amended and final draft will be circulated once available**.** This will include dosing information for all the available NICE approved DOACs.

**ACTION:**

- **GM to circulate updated anticoagulation PDA to APC members via email for approval and then add to the CD&D pages of the NECS website.**

**4b Magnesium Supplements in Primary Care Guideline**

A Magnesium Supplements in Primary Care Guideline was presented to and approved by the group subject to the following:

- Badging as an APC document
- Make reference to citalopram and escitalopram causing hypomagnesium
- Emphasise the need to review and stop PPI use

**ACTION:**

- **GM to arrange for document to updated with suggested changes and then added to the CD&D pages of the NECS website.**

**4c County Durham and Darlington Pain Prescribing Guidelines Task and Finish Group Terms of Reference**

These were presented to and approved by the group.

**4d Gluten Free Prescribing Guideline**

The group discussed the approach to gluten free prescribing being taken regionally by the North East and Cumbria CCG prescribing forum supported by NECS. The APC noted that this is a sensitive issue nationally.

As part of this regional workstream an updated version of the current CD&D gluten free prescribing guideline was presented to and supported in principle by the APC subject to the implementation/communications plan being led by NECS. The change will require stakeholder management led by NECS to explain the approach being taken and what steps will be put in place to ensure impact assessments and communication with key stakeholders are undertaken regionally.

**4e Enteral Feeding Contract Options**

A paper outlining the future options for the enteral feeding contract following a review of the current service provided by CDDFT was presented to the group.

The group felt that more information was needed to make a decision on of SIP feeds should be included in the future model, and that both the options presented should continue to be explored.

There were lots of potential risks around including SIPs in the future model. Concerns were expressed around the capacity of the service to include SIP feeds, and a danger that costs would not come out of prescribing and CCGs would end-up double feeding.

**4f Blood Glucose Testing**

The updated CD&D Self-Monitoring of Blood Glucose was presented to and approved by the group. This matches current NICE guidance and includes the latest meter choices for type 2 diabetes that have been made locally. Work is ongoing to review the choice of meters for type 1 diabetics.

The choice of meters for each group of patients will be made clear in the guideline.

**ACTION:**

- **DN to arrange for document to updated with suggested changes and then added to the CD&D pages of the NECS website.**

**Part 5 – Standing items (for information only)**

**5a Formulary Steering Group Minutes December 2016**

For information.

**5b Formulary Amendments Post-February 2017 FSG Meeting**

For information.

**5c TEWV D&T Minutes November 2016**
For information.

**5d CD&D FT Clinical Standards and Therapeutics Committee October & December 2016 Minutes**
For information.

**5e CD&D D&T CAG February 2017 Minutes**
For information.

**5f High Cost Drugs Group Minutes**
None available since September 2016

**5g NTAG Minutes November 2016**
Not yet available.

**5h RDTC Horizon scanning – January & February 2017**
For information.

**5i MHRA Drug Safety Update – January & February 2017**
For information.

**5j NICE NG5 Medicines Optimisation Subgroup Minutes**
No further meetings of the subgroup been held since June 2016.

**5k AHSN Medicines Optimisation Steering Group Minutes – January 2017**
For information.

**Chairman's Action**
COPD Guideline
Minor amendment approved via Chair's action.

**Any Other Business**
Naloxegol
An instance of inappropriate prescribing was raised and will be taken forward via primary care and secondary care Medicines Management teams.

Ardens Version of Palliative Care Red Kardex
An instance of unauthorised use of an Ardens pre-printed template for palliative care instead of the red kardex by one GP practice was brought to the attention of the group. The template has now been removed from Ardens. All agreed there was bigger piece of work to be done outside the APC between primary and secondary around introducing electronic stationary to reduce prescribing/transcription errors.

IFR Requests
It was highlighted to the group that all IFR requests should have undergone internal review before they are submitted to IFR panel to ensure that the request is clinically appropriate.

**Date and time of next meeting:**
Thursday 4th May 2017 11.30am – 2.30pm
Board Room, Appleton House