EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST

NEW DRUG AND INTERFACE GROUP

MINUTES OF THE MEETING HELD ON WEDNESDAY 12th October 2016
IN BOARDROOM, GROUND FLOOR, ROWAN HOUSE, EPSOM HOSPITAL

Present:
Dr S Patel (Chair) **SP**
Dr S Moodie (Consultant Gastroenterologist) **SM**
Dr A Mahmood (Consultant Gastroenterologist) **AM**
Dr R Shephard (Consultant Neonatologist) **RS**
Anne Davies (Chief Pharmacist) **AD**
Sharon Kitcatt (Consultant Nurse – Acute Pain Service) **SK**
Dr A Pitsiaeli (GP – Surrey Downs CCG) **AP**
Sarah Watkin (Senior Pharmacist, Pharmaceutical Commissioning Surrey Downs CCG) **SW**
Anne Lowson (Secretary) **AL**

In attendance:
Sumbo Adeyemo (Medicines Management Pharmacist) **SA**
Vanya Slavova Boneva (Medicines Management Pharmacist) **VSB**
Jennifer Yick (Pre-reg Pharmacist) **JY**
Dr J Ratoff (Consultant in Respiratory Medicine) **JR**
Dr R Viswanatha (Consultant in Obstetrics and Gynaecology) **RV**

No	Item	Responsible for Action
1.	**Apologies for Absence** Dr P O'Mahony (Consultant Stroke Physician) **PO** Dr V De Silva (Consultant Nephrologist) **VDS** Dr M Gardner (Consultant Anaesthetist) **MG** Dr L Mulleaue (Consultant Anaesthetist) **LM** Susie Mallinder (Lead Renal Nurse) **SM** Liz Clark (Lead Commissioning Pharmacist, Surrey Downs CCG) **LC** Dr R Scott (Joint Medicines Management Lead – GP Sutton CCG) **RS** Sarah Taylor (Chief Pharmacist, Sutton CCG) **ST** Susie Strange (Administration Coordinator) **SS**	
2.	**Declarations of Interest** No additional declarations of interest for this meeting from members or from the new drug presenters.	
3.	**Minutes of the Meeting held on the 10th August 2016** Minutes were agreed.	
4.	**Matters Arising**	
a)	**Ranibizumab Switching Policy** Mr Saeed is currently on extended leave and will be contacted on his return.	**AD**
b)	**SWL - Pathway for Melatonin** Still awaiting the final version of SWL and St George's Mental Health Trust to be approved at Sutton CCG MMC. However, Dr Shephard has been asked by the division to advise that clinicians are having difficulties with regards to repeat prescribing of the liquid for patients no longer under the care of the Trust including patients with PEG tubes and would like this discussed with the CCG. ST to be asked for feedback.	**AL/ST/Niel Kenny**
5.	**New Drug Requests**	

a)	**Izinova® for Bowel Prep** Dr Mahmood explained this is an osmotic laxative and licensed for use in adults for bowel cleansing prior to procedures requiring a clean bowel. The Trust are carrying out an increased number of colonoscopies in part due to the high numbers of patients with colorectal cancer. At present approximately 5000 are being carried out per year and about 10% need to be repeated due to poor visualisation of the mucosa. Visualisation of the right colon is a particular problem as this is where polyps and cancers are more common. If there is an inadequate level of bowel cleansing the procedure will need to be repeated which is both costly and inconvenient for the patient particularly as many are elderly. There are a number of different oral bowel cleansing agents with different modes of action e.g. osmotic hyperosmotic and stimulant. The choice of agent is linked to patient comorbidities e.g. renal impairment and cardiac disease. Picolax® is the first line agent used if no contraindications, with Klean Prep® for surveillance patients and Moviprep® if there is a risk of hypovolaemia and hyponatraemia e.g. cardiac and renal patients CKD 4 and 5. The Trust has an oral bowel cleansing agent prescription checklist devised following an NPSA alert. However this may not be being used fully now due to systems becoming electronic. The volume of fluid required with each preparation is approximately Picolax® 6L, Moviprep® 2L, Klean Prep® 4L. Izinova® can be diluted with 500mls of water but 1L of additional fluid is required over the next two hours. A further dose is required making the overall volume 3L. However it has the advantage of needing a smaller volume of liquid containing the actual medication. The phase 3 studies have suggested it is non-inferior to Moviprep® given as either a one daily regimen or as a split dose. Dr Mahmood advised that there was a small difference in favour of Izinova® in the number of excellent versus good grade of bowel cleansing. Moviprep® can sometimes result in a wet bowel which is an issue and Picolax® is not liked or tolerated by all so it would be useful to have another option to try. Two disadvantages were raised one is that it is a solution and stored in a bottle increasing the space required for storage and it will not be practical if the bowel cleansing agent needs to be posted. The other is that it is contraindicated in patients with severe renal insufficiency. The costs will need to be clarified but is thought to be slightly more expensive than Moviprep® but this needs to be considered against the cost of a repeat procedure. **Decision** Approved for use for bowel preparation where Picolax® has failed or is inappropriate and Moviprep® is not felt to be the most appropriate agent due to patient factors/previous treatment failure. The contraindications to Izinova® should also be considered when making the choice. The oral bowel cleansing agent prescription checklist should be reviewed for appropriateness now electronic systems in place and for addition of Izinova®.	**AL/VSB** **Dr Moodie/Dr Mahmood**
b)	**Relvar Ellipta for Asthma and COPD** Relvar® contains fluticasone furoate (FF) an ICS and a LABA vilanterol (VIL) and Dr Ratoff advised this request was to use it in patients with COPD only. The request for use in asthma will be considered at a later date. It has been shown to have similar efficacy to fluticase propionate and salbutamol and results from the Salford Lung Study indicate that FF/VIL treatment is at least as effective as standard COPD inhaled treatment in reducing exacerbations. NICE and GOLD guidelines have a clearly defined place in therapy for an ICS/LABA combination. The Relvar® device is easy to use for patients with dexterity problems and requires a medium/low inspiratory flow to use. Once daily dosing may improve compliance. It is currently less expensive than alternative ICS/LABA combinations and has been	

	approved by Surrey PCN for use. Surrey PCN are currently reviewing their options in this drug category and Trust representatives will be invited to these meetings. It was noted that the risk of pneumonia is a common and serious adverse event with ICS however the EMA have not found any conclusive evidence of differences in this risk for different ICS products, so at present it is not known if there are particular safety implications due to the potency of the ICS. Once the foil packaging has been opened the inhaler has a short shelf life of 6 weeks which may increase the risk of a patient using an expired inhaler. The device is being used to include a range of medications used for asthma and COPD so has the advantage of being familiar to patients as their therapy changes. **Decision** Relvar® 92/22mcg to be added to the formulary as a treatment option for COPD patients with frequent exacerbations where an ICS/LABA is indicated and in who the FEV, is <50% of predicted normal and who are having difficulty using other inhaler devices and/or poor compliance with a twice daily dosing regimen. Relvar® 184/22mcg for asthma is non-formulary.	**SA**
c)	**Carbetocin for Post-partum Haemorrhage** Carbetocin is licensed for prevention of uterine atony following delivery of the infant by caesarean section under epidural or spinal anaesthesia. Dr Viswanatha advised that caesarean section carries a risk of haemorrhage resulting from uterine atony and pharmaceutical agents can be used to aid uterine contraction and reduce the risk of significant post-partum haemorrhage (PPH). The incident of PPH in the Trust is higher than the national average and Dr Viswanatha reviews all the cases of PPH and the division has a working group whose aim is to reduce PPH rates. A fetal pillow has been introduced recently to reduce PPH rates from angle extensions in the second stage caesarean sections. The evidence for carbetocin effectiveness compared to oxytocin is summarised in a Cochrane review (2012) of carbetocin for preventing PPH. The review concluded that the evidence shows carbetocin significantly reduces the need for therapeutic uterotonics and the need for uterine massage compared to placebo and oxytocin in women undergoing caesarean delivery. Pooled data showed no difference in risk of PPH in women who received carbetocin compared to oxytocin following caesarean deliveries. Dr Viswanatha did advise that a small study just published by the Royal Hampshire Hospital has shown that the introduction of carbetocin reduced the number of patients requiring blood transfusion by 55%. Carbetocin also has the advantage that it is a long acting uterotonic drug administered as a slow IV bolus of 100mcg following delivery of the baby. Oxytocin is given as an infusion and there is wide variation in the UK of dosing regimens. This impacts on post-operative recovery and the time spent in HDU units on labour wards and midwifery time to set up and monitor the infusions. The proposal would be to use carbetocin initially in emergency caesarean sections to start with as introducing a new drug was a recognised risk. It would be administered by the anaesthetist but the committee had concerns around picking the wrong drug from the fridge and therefore a risk management plan would be required. Carbetocin is more expensive than oxytocin but drug costs may be offset by the need for further intervention and blood transfusions and may reduce hospital length of stay. **Decision** To agree to the addition of carbetocin to the formulary for use in emergency caesareans in patients with no contraindications to the drug. The proposal to trial on one site initially was supported but if successful the drug would become a standard of	**Nashreen Maudarbacus**

	care. This was recognised to be part of a multifaceted intervention to reduce PPH and a gap analysis may be useful. A risk management strategy to be put in place to minimise drug errors with oxytocin.	**Dr Viswanatha**
	For Information	
d) **e)**	**Rezolsta for HIV** **Evotaz for HIV** Use of fixed dose combinations atazanavir with cobicistat (Evotaz®) and darunavir with cobicistat (Rezolsta®) has been approved by NHS E for the treatment of HIV. Evidence shows these treatments to be equivalent to the use of separate products and will therefore be added to the Trust formulary.	**AL**
f)	**Tenofovir Alafenamde for HIV** To date the Trust have been using tenofovir disoproxil furmarate (TDF) which has been associated with kidney damage (mostly reversible) in a small number of cases as well as reductions in bone density. Tenofovir alafenamde (TAF) is a safer form and there is now a commissioning policy from NHSE to use Genvoya® (emtricitabine/TAF with elvitegravir 150mg/cobicistat 150mg) in DEXA scan-proven osteoporosis, acute renal toxicity to TDF, CKD stage 3 or CKD stage 1 and 2 with A3 proteinuria. Genvoya® will be added to the Trust formulary. Odefsey® (emtricitabine/TAF with rilpivirine 25mg) is free of charge and available for compassionate use only. Access via one off drug request process only. Descovy® (emtricitabine/TAF) is also free of charge and for compassionate use only. Access via one off drug request process only.	**AL**
6.	**Six Month New Drug Reviews** Nothing for this meeting.	
7.	**NICE Guidance**	
	Updates	
a)	**Updated - Donepezil, galantamine, rivastigmine and memantine for the treatment of Alzheimer's disease – TA217** Awaiting response from CCG's with regards to commissioning.	
b)	**Bronchiolitis in children – QS122** Awaiting response from Dr Kundu.	**Nashreen Maudarbacus**
c)	**Diabetes in children and young people – QS125** Awaiting response from Dr Kundu.	**Nashreen Maudarbacus**
d)	**Non-alcoholic fatty liver disease (NAFLD): assessment and management – NG49** Dr Moodie advised that the gastroenterologists would like the option to use pioglitazone and vitamin E (400units) in line with the NICE guideline. It was recognised that it could be used in both diabetic and non-diabetic patients with advance fibrosis. As this would be unlicensed for patients without diabetes this would be a hospital only line for prescribing by consultant gastroenterologists only. Patients come to the hospital 6 monthly for review. The general issue of hospital only drugs and ease of supply to patients was raised. AD to follow up with the commissioners.	**AL** **AD**
e)	**Cirrhosis in over 16s: assessment and management – NG50** No drug issues and gastroenterologists are aware of the guidance.	
	Time did not allow discussion of the rest of the agenda. This section of the minutes will be circulated for comment.	
	Technology Appraisals for Discussion	
f)	**TA391 - Cabazitaxel for hormone-relapsed metastatic prostate cancer treated with docetaxel** To be added to the Trust formulary for use by patients admitted already on treatment.	**AL**
g)	**TA401 - Bosutinib for previously treated chronic myeloid leukaemia**	

	Commissioning issues have now been resolved and it will be added for use by the haematologists in line with the NICE TA.	**AL**
h)	**TA402 - Pemetrexed maintenance treatment for non-squamous non-small-cell lung cancer after pemetrexed and cisplatin** To be added to the Trust formulary for use by patients admitted already on treatment.	**AL**
i)	**TA403 - Ramucirumab for previously treated locally advanced or metastatic non-small cell lung cancer** To be added to the Trust formulary for use by patients admitted already on treatment.	**AL**
j)	**TA404 - Degarelix for treating advanced hormone-dependent prostate cancer** Degarelix to be added to the Trust formulary as an option for treating advanced hormone dependant prostate cancer only in adults with spinal metastases who present with signs or symptoms of spinal cord compression. The urologists have advised that imaging often indicates spinal cord compression before clinical symptoms develop. This will not be a large number of patients.	**AL**
k)	**TA405 - Trifluridine–tipiracil for previously treated metastatic colorectal cancer** To be added to the Trust formulary for use by patients admitted already on treatment.	**AL**
l)	**TA406 - Crizotinib for untreated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer** To be added to the Trust formulary for use by patients admitted already on treatment.	**AL**
m)	**TA407 - Secukinumab for active ankylosing spondylitis after treatment with nonsteroidal anti-inflammatory drugs or TNF-alpha inhibitors** The Trust rheumatologists would like to use secukinumab for active ankylosing spondylitis in line with the NICE TA and it will be added to the Trust formulary.	**AL**
n)	**TA408 - Pegaspargase for treating acute lymphoblastic leukaemia** Dr Stern has advised that the Trust don't treat acute lymphoblastic leukaemia with curative intent so it will added to the Trust formulary for use by patients admitted already on treatment..	**AL**
o)	**TA409 - Aflibercept for treating visual impairment caused by macular oedema after branch retinal vein occlusion** Mr Saeed has advised the Trust would like to use aflibercept in line with this NICE TA for treating visual impairment caused by macular oedema after retinal vein occlusion. Surrey PCN will be reviewing its pathway for management of this condition and the status of dexamethasone in the future.	**AL**
p)	**TA410 - Talimogene laherparepvec for treating unresectable metastatic melanoma** To be added to the Trust formulary for use by patients admitted already on treatment.	**AL**
q)	**TA412 - Radium-223 dichloride for treating hormone-relapsed prostate cancer with bone metastases** This TA is for information only.	
	Technology Appraisals Not Recommended	
r)	**TA411 - Necitumumab for untreated advanced or metastatic squamous non-small-cell lung cancer** Not recommended for use currently.	
	Clinical Guidelines Updated	
s)	**CG42 - Dementia: supporting people with dementia and their carers in health and social care (updated)** This guideline now advises annual medication review with side effects, interactions and adherence issues addressed. It has been circulated for information to clinicians.	

t)	**CG44 - Heavy menstrual bleeding: assessment and management (updated)** Ulipristal is on the Trust formulary and the division have been advised of the guidance. The request to use ulipristal for its licence extension as an intermittent treatment of moderate to severe symptoms of uterine fibroids in women of reproductive age is still being considered by the division.	
u)	**CG126 - Stable angina: management (updated)** The cardiologists have been informed of this guideline. Ivabradine will be made available for use in angina on the formulary.	**AL**
v)	**CG140 - Palliative care for adults: strong opioids for pain relief (updated)** This guideline advises use of a recognised opioid dose conversion guide when prescribing, reviewing or changing opioid prescriptions to ensure the total opioid load is considered. The palliative care consultants are devising a chart and linking with SK. This will be discussed at a future Medicines Management Business Group Meeting (MMCBG).	**SK/AL**
w)	**CG141 - Acute upper gastrointestinal bleeding in over 16s: management (updated)** The gastroenterologists have been advised of the available licensed drugs for prophylaxis of GI bleeding in acutely ill patients.	
x)	**CG142 - Autism spectrum disorder in adults: diagnosis and management (updated)** This guideline is for information only.	
y)	**CG156 - Fertility problems: assessment and treatment (updated)** The gynaecologists have been advised of this guideline.	
z)	**CG181 - Cardiovascular disease: risk assessment and reduction, including lipid modification (updated)** The cardiologists and lipid specialists have been advised of this guideline and the clarification of what is meant by high intensity statin treatment.	
	Clinical Guidelines for Information	
aa)	**NG53 - Transition between inpatient mental health settings and community or care home settings** This guideline is for information only.	
bb)	**NG54 - Mental health problems in people with learning disabilities: prevention, assessment and management** This guideline is for information only.	
cc)	**NG55 - Harmful sexual behaviour among children and young people** This guideline is for information only.	
dd)	**NG56 - Multimorbidity: clinical assessment and management** This guideline is for information only.	
	Quality Standard Updated	
ee)	**QS6 - Diabetes in adults (updated)** The changes in this quality standard have been circulated to the Trust diabetologists.	
	Quality Standard for Information	
ff)	**QS126 - Motor neurone disease** These quality standards are for information.	
gg)	**QS127 - Obesity: clinical assessment and management** These quality standards are for information.	
hh)	**QS128 - Early years: promoting health and wellbeing in under 5s** These quality standards are for information.	
ii)	**QS129 – Contraception** These quality standards are for information.	
jj)	**QS130 - Skin cancer** These quality standards are for information.	
kk)	**QS131 - Intravenous fluid therapy in children and young people in hospital** These quality standards are for information.	

ll)	**QS132 - Social care for older people with multiple long-term conditions** These quality standards are for information.	
	Highly Specialised Technologies for Information	
mm)	**HST3 - Ataluren for treating Duchenne muscular dystrophy with a nonsense mutation in the dystrophin gene** Dr Lovelock has advised she has no patients with Duchennes and that patients will come through the paediatric service at Epsom and referred to a tertiary service.	
	MHRA Guidance	
nn) **oo)**	**August 2016** **September 2016** The relevant sections of these alerts have been circulated to Trust clinicians.	
8.	**Patient Safety Alert**	
a)	**Restricted use of open systems for injectable medication** A working group is being set up to review this PSA and it will be discussed further at a MMCBG meeting.	**AL**
9.	**Operational Issues**	
a)	**3M Tegaderm IV securement dressing for central venous and arterial catheter insertion sites** No update at this meeting.	
b)	**Anticoagulant Cards for Patients on DOAC's** This is the final version of this document which will now be circulated with a supply of cards if required.	**AL**
c)	**Referral to Allergy Clinic** Dr Bansal has recently sent some references for the use of montelukast in allergy which will be reviewed and the committee updated at the next meeting.	**AL/VSB/SA**
d)	**Regional Medicines Optimisation Area Prescribing Committees** This is the Trusts response to the proposal of the establishment of regional medicines optimisation committees. There have been a lot of responses from all over the country and the committee will be updated further at the next meeting.	**AD**
e)	**Medicines Incidents Report Q1** This report is for information.	
f)	**Review of Trust Vitamin D Guidance** The Trust have had requests from both Sutton and Surrey CCG's to review its guidance and would like the guidance to cover the use in fractured neck of femur patients and use of the most appropriate higher strength preparations. SP agreed to lead on this piece of work.	**SP**
g)	**Antimicrobial Bulletin Special: Trust Antibiotic Awareness Day 2016 (For Information)** The Trust has launched an app to help promote the antimicrobial guidelines to all staff. It is publicly available and free of charge. This bulletin supports the implementation of the antimicrobial app.	
10.	**Feedback from CCGs and Trust Committees**	
a)	**<u>Respiratory Working Group</u>** The Trust will be arranging one further meeting of the Respiratory Working Group in November. CCG representatives will be invited and the date will be circulated.	**SA**
b)	**<u>DOAC's</u>** **I. DVT/PE** These are final versions of the screening and initiation forms and transfer of prescribing responsibility to GP forms for the use of DOAC's for acute treatment and secondary prevention of VTE. The Surrey forms reflect that only one month's treatment is needed before transfer of prescribing can occur.	

	The Trust have a patient pathway for confirmed VTE but are looking into options for unconfirmed cases. The forms will be created electronically to allow ease of completion and direct sending to GP's. **II. Atrial Fibrillation** These are the final versions of the screening and initiation forms and transfer prescribing responsibility forms to GP's for the use of DOAC's in AF. All 4 agents are included and Surrey patients will receive 1 month's treatment and Sutton patients 3 months before transfer of prescribing. These forms will replace those currently being used. Prescribing guidance on the drugs used (apixaban dabigatran edoxaban and rivaroxaban) have also been revised. Forms and prescribing guidance agreed. **III. Acute Coronary Syndrome** There is also now a final version of the screening checklist and notification form and a transfer of prescribing to GP form for the use of rivaroxaban for the prevention of atherothrombotic events after an acute coronary syndrome. These forms will be circulated to the cardiologists for use but they have advised patient numbers will be small. Prescribing guidance on rivaroxaban for this indication has also been revised. Forms and prescribing guidance agreed.	**AL** **AL** **AL**
c)	**<u>South London Cardiovascular Medicines Working Group</u>** Nothing for this meeting.	
d)	**<u>SWL Sutton & Merton CCG's</u>** **I. Minutes – July 2016** For information. **II. South London Prescribing Statins Guideline** The South London guidance on prescribing statins has been revised. This is the final version. The Trusts cardiologists have supported it and it will replace the old guidance on the Trust intranet. **III. South London Algorithm for Lipid Management for the Primary and Secondary Prevention of CVD** The South London guidance for lipid management for the primary and secondary prevention of cardiovascular disease in adults has been revised. This is the final version. The Trust cardiologists and lipidiologists have supported it and it will replace the old guidance on the Trust intranet. **IV. South London Guidance for the Management of Hypertriglyceridaemia** The South London guidance for the management of Hypertriglyceridaemia in adults has been revised. This is the final version. The Trust cardiologists and lipidiologists have supported it and it will replace the old guidance on the Trust intranet.	**AL** **AL** **AL**
e)	**<u>Surrey Prescribing Clinical Network</u>** **I. Minutes – June 2016** **II. Minutes – July 2016** **III. Minutes – September 2016** All minutes for information. **IV. Nortriptyline for the treatment of neuropathic pain** The Trust pain team have been consulted on this recommendation and feel it is so rarely needed it will not be an issue for neuropathic pain. One off drug requests will be completed for supply from the Trust if needed. **V. VSL#3®, a probiotic, in line with the Advisory Committee on Borderline Substances (ACBS); for use in adults for the maintenance of remission of ileoanal pouchitis induced by antibacterials** The Trust gastroenterologists have been made aware of this statement and that it only allows GP's to prescribe VSL#3 for maintenance of remission of ileoanal pouchitis induced by antibacterials. All other indications for Surrey patients will remain available only after agreement of a Trust one off drug request and prescribing will	

	remain in the Trust. **VI. Negative Pressure Wound Therapy (NPWT)** The Trusts TVN has been involved in the discussion around NPWT and once the guidelines are developed they will be received prior to discussion at PCN. **VII. Insulin Degludec (Tresiba®) 100units/mL & 200units/mL solution in type I diabetes** **VIII. Insulin Degludec (Tresiba®) 100units/mL & 200units/mL solution in type II diabetes** The Trust diabetologists support the place in therapy of insulin degludec for both type 1 and type 2 diabetes. Treatment would be initiated in secondary care but GP's in Surrey would maintain treatment in the defined patient cohort. The Trust currently have clear patient criteria for use but the decision was made prior to this and it is a hospital only drug. Trust clinicians would like a review of the status and a document will be prepared for a future meeting. **IX. Ulipristal (Esyma) for the treatment of uterine fibroids** The PCN have agreed to the use of ulipristal for the intermittent treatment of uterine fibroids in women >45 years with symptomatic uterine fibroids > 3cm. Local guidelines will need to be developed prior to GP's being asked to prescribe. The Trusts gynaecologists are still discussing the use of ulipristal in this way (see also 7t).	
e)	**<u>Shared Care Prescribing Guidelines</u>** **I. Ciclosporin 1mg/ml eye drops emulsion (Ikervis)** Miss McElvenney supports this information sheet and will arrange systems to support the 6 month follow up.	**AL**
11.	**Any Other Business**	
a)	**Dates for 2017** The dates of next year's meetings are below: Wednesday 8th February 2017 12.30-2pm – Boardroom, Rowan House Epsom Hospital Wednesday 5th April 2017 12.30-2pm – St Helier Site (Room to be confirmed) Wednesday 14th June 2017 12.30-2pm - Boardroom, Rowan House Epsom Hospital Wednesday 9th August 2017 12.30-2pm – HR Room 5, HR Block, St Helier Hospital Wednesday 11th October 2017 12.30-2pm - Boardroom, Rowan House Epsom Hospital Wednesday 6th December 2017 12.30-2pm - HR Room 5, HR Block, St Helier Hospital	
12.	**Date of Next Meeting:** Wednesday 7th December 2016, 12.30-2.00pm, Pink Room, Ground Floor, B Block, St Helier Hospital.	