EPSOM AND ST Helier UNIVERSITY HOSPITALS NHS TRUST

NEW DRUG AND INTERFACE GROUP

MINUTES OF THE MEETING HELD ON WEDNESDAY 10th April 2019, 12.30 – 2.00pm
Executive Meeting Room, Rowan House, Epsom Hospital

Present:
Dr V De Silva (Chair) **VDS**
Liz Clark (Lead Commissioning Pharmacist, Surrey Downs CCG) **LC**
Sarah Taylor (Chief Pharmacist, Sutton CCG) **ST**
Dr S Moodie (Consultant Gastroenterologist) **SM**
Dr J Wang (Consultant Medical and Renal) **JW**
Sarah Langfield (Interim Assistant Chief Nurse) **SL**
Dr R Scott (Joint Medicines Management Lead, GP Sutton CCG) **RSc**
Anne Lowson (Secretary) **AL**

In attendance:
Kuljit Gata-Aura (Medicines Management Technician) **KGA**
Dr C Lovelock (Consultant Neurologist) **CL**
Dr P Kakar (Stroke Consultant) **PK**
Natalie Stowe (Team Lead Speech and Language Therapy) **NS**
Reena Dhami (Lead Stroke Nurse) **RD**
Richard Stacey (Head of Therapies) **RSt**
Alice Micklewright (Pre-registration Pharmacist) **AM**

No	Item	Responsible for Action
1.	**Apologies for Absence** Anne Davies (Chief Pharmacist) **AD** Lynn Ring (Consultant Nurse, Ophthalmology) **LR** Dr N Johri (Consultant Chemical Pathologist) **NJ** Dr S Rahman (Respiratory Consultant) **SR** Dr A Pitsiaeli (GP, Surrey Downs CCG) **AP** Dr M Gardner (Consultant Anaesthetist) **MG** Ria John (Administration Co-ordinator) **RJ**	
2.	**Declarations of Interest** Nil for this meeting. VDS to discuss with AD the DOI submissions for 2018-2019.	**VDS**
3.	**Minutes of the Meeting held on 13th February 2019** It was noted that this meeting was not quorate and clinicians were contacted regarding the new drug decisions for their clinical input post-meeting. They were supportive of the decisions made at the meeting. Minutes agreed with one small change.	
4.	**Matters Arising** **I. Venous Thromboembolism Prophylaxis Guidelines** The SWLEOC VTE prophylaxis guidelines have been revised to reflect NICE guidelines and, where appropriate, reflect the Trust VTE prophylaxis guidelines. They will become an appendix of the Trust VTE guidelines which have also been revised and are currently awaiting sign-off internally.	
5.	**New Drug Requests**	
a)	**Opicapone for Parkinson's disease** Dr Lovelock presented the case for opicapone which is used as adjunctive therapy to preparations of levodopa/DOPA decarboxylase inhibitors (DDCI) in adults with Parkinson's disease (PD) and end of dose motor fluctuations. It is a novel peripheral	

	selective and reversible third-generation COMT inhibitor. RCTs found that opicapone as an adjunct to levodopa was more effective than placebo at reducing off time in people with PD. NICE have reviewed the evidence, including the main studies BIPARK I and II. NICE guidelines for managing PD recommend COMT inhibitors as an option for patients on first-line treatment (dopamine agonists, levodopa or monoamine oxidase B (MAO-B) inhibitors who develop dyskinesia and/or motor fluctuations including medicines 'wearing off'. Dr Lovelock advised that she would use entacapone as first-line COMT inhibitor and only consider opicapone if entacapone was not tolerated, e.g. nausea and diarrhoea, or when it was inadequate at controlling symptoms. Options of treatments in advanced disease are limited, and include duodopa or apomorphine infusions. Opicapone is generally well tolerated, with a relatively low incidence of adverse events compared with placebo and entacapone. Dose adjustment of levodopa therapy within the first days to weeks after initiating treatment with opicapone will often be necessary. Tolcapone is also on formulary, but usage is limited because of an increased risk of hepatotoxicity, and is rarely used. Patient numbers are small, estimated at 10-20 per year on both sites. GPs would need to be aware that levodopa dose would be reduced by approximately 30% and to monitor carefully for confusion. Patients would need to be initiated and monitored in secondary care for 3 months, and the patient must be stable before requesting the GP to maintain prescribing. It was noted that opicapone is more expensive than entacapone, and is a once-daily preparation. **Decision** To add opicapone to the Trust formulary for use in patients with Parkinson's disease needing a COMT inhibitor, but who cannot tolerate entacapone, or in whom entacapone is inadequate in controlling symptoms. Patients must be initiated in secondary care and stabilised on doses of opicapone and levodopa before transfer to primary care. 3 months of treatment from secondary care is needed. Initiation by Consultant Neurologists and Care of the Elderly Consultants only. Tolcapone to be removed from the formulary.	**KGA/AL**
b)	**Voractiv® for Tuberculosis** This request has come from Dr Kahr (Respiratory Consultant). It is a four-drug combination therapy tablet containing rifampicin, ethambutol, isoniazid and pyrazinamide, which is used for the initial treatment of tuberculosis according to WHO guidelines. The initial treatment phase lasts for 2 months, during which time compliance is extremely important. Fixed dose combinations are thought to prevent acquisition of drug resistance due to monotherapy which may occur with separate drugs. NICE guidance NG33 recommends used of fixed dose combination tablets as part of any TB treatment regimen. The full treatment course will be supplied by the hospital. **Decision** To add Voractiv® to the Trust formulary for the initial phase (2 months) of treatment for tuberculosis. Full supply to be issued from the Trust.	**KGA/AL**
c)	**Citric Acid for Cough Testing Reflex** This is a resubmission following discussion at the meeting in February 2018. Cough reflex testing (CRT) is a tool for identifying silent aspiration. Following acute stroke, up to 25% of patients may aspirate silently, and this is associated with pneumonia and mortality. Once the patients are identified, they will be placed as nil by mouth and have video fluoroscopy (VF) to determine where the breakdown in the cough reflex is. An individual care plan will then be devised. Since the last meeting, there is	

	more qualitative data and it was recognised that quantitative level data is very difficult to obtain. Dr Kakar advised that more Trusts are using CRT in England, including Northwick Park, Royal Surrey and Kingston Hospitals. The team have visited these hospitals to gain additional information. The stroke unit have recently received feedback from NHSE GIRFT and that showed the unit had a higher than average percentage of acute stroke aspiration incidence and higher usage of antibiotics (14% versus 7-8% as the national average). If the swallow screening system was improved, it would result in better care for stroke patients, and may avoid aspiration pneumonia. It was recognised that approximately 30% would receive a false positive, meaning they would be kept nil by mouth, but more access to VF is agreed with Nonhlanhla Dube (lead radiographer). The proposal is to audit 25 patients and review the results, which will be fed back to the MMC, prior to proceeding on a larger scale. The level of consciousness will be monitored by the NEWS2 alert scoring system for inpatients. Comments on the SOP included: - Clarity of the dose to be used and where it will be prescribed - Who will be contacted if there is an issue with the process - Add the exclusion criteria in appendix 1 to the inclusion/exclusion criteria - Training required should be documented Following changes, the paperwork will be reviewed by JW, VDS and AL/AD. **Decision** The committee agreed to an audit of 25 patients with feedback to MMC for citric acid use in CRT by the stroke team at Epsom. Post audit, if results indicate the treatment is safe and useful, ongoing treatment will be possible.	
6.	**Six Month New Drug Reviews**	
	No reviews for this meeting.	
7.	**NICE/MHRA Guidance**	
	MHRA Guidance **I. February 2019** The strengthened advice to avoid carbimazole in pregnancy following a review of evidence for the known increased risk of congenital malformations has been circulated to the endocrinologists. They have also been informed of reports of Fournier's gangrene in patients taking SGLT2 inhibitors. **II. March 2019** Long-lasting disabling or potentially irreversible adverse reactions affecting musculoskeletal and nervous systems have been reported very rarely with fluoroquinolone antibiotics. Fluoroquinolone treatment should be discontinued at the first signs of serious adverse reaction including tendon pain or inflammation. VDS advised that this has been circulated to renal physicians. However, it was felt that this should be discussed with the microbiologists to see if the guidance on their use should be reviewed in the Trust antimicrobial guidelines. Levofloxacin, for example, is a second-line agent for treating H. pylori. Bismuth products may be an alternative. The Trust does not initiate treatment with irinotecan, but the haematologists have been made aware of the serious thromboembolic events that have been reported.	**AL/KGA**

	Updates	
	None for this meeting	
	Technology Appraisals for Discussion	
	a) Venetoclax with rituximab for previously treated chronic lymphocytic leukaemia – TA561 Venetoclax for use with rituximab for previously treated chronic lymphocytic leukaemia will be added to the Trust formulary for use by the haematologists in this indication in line with this guidance.	**AL/KGA**
	b) Encorafenib with binimetinib for unresectable or metastatic BRAF V600 mutation-positive melanoma – TA562 Encorafenib and binimetinib will be added to the formulary for unresectable or metastatic BRAFV600 mutation positive melanoma for patients who are admitted on treatment. It will not be initiated by the Trust.	**AL/KGA**
	c) Abemaciclib with an aromatase inhibitor for previously untreated, hormone receptor-positive, HER2-negative, locally advanced or metastatic breast cancer – TA563 Abemaciclib with an aromatase inhibitor for previously untreated, hormone receptor-positive, HER2-negative, locally advanced or metastatic breast cancer will be added to the Trust formulary for use in patients admitted on therapy. It will not be initiated by the Trust.	**AL/KGA**
	d) Benralizumab for treating severe eosinophilic asthma – TA565 Benralizumab will be added to the Trust formulary for treating severe eosinophilic asthma in line with this guidance. Patients will be referred to a specialist centre for initiation and funded via NHSE specialist commissioning.	**AL/KGA**
	e) Cochlear implants for children and adults with severe to profound deafness – TA566 This NICE TA will be forwarded to the ENT department as there are no drugs involved.	**AL/KGA**
	f) Tisagenlecleucel for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic therapies – TA567 Tisagenlecleucel will be added to the Trust formulary for use if needed in the Trust, however it is not expected to be used outside tertiary centres that are designated for CAR-T cell therapy.	**AL/KGA**
	g) Pertuzumab for adjuvant treatment of HER2-positive early stage breast cancer – TA569 Pertuzumab will be added to the Trust formulary for adjuvant treatment of HER-2 positive early stage breast cancer if needed, but it will not be initiated by the Trust.	**AL/KGA**
	h) Brigatinib for treating ALK-positive advanced non-small-cell lung cancer after crizotinib – TA571 Brigatinib will be added to the formulary for use in patients with ALK-positive advanced non-small-cell lung cancer after crizotinib in patients admitted on therapy however the Trust will not initiate treatment.	**AL/KGA**
	i) Ertugliflozin as monotherapy or with metformin for treating type 2 diabetes – TA572 Ertugliflozin will be added to the Trust formulary for use as monotherapy or with metformin for treating type 2 diabetes. If clinicians are to consider using this class of drugs (SGLT2 inhibitors), the least expensive should be chosen. Endocrinologists to	**AL/KGA**

	be informed.	
	Technology Appraisals Terminated	
	j) Bevacizumab with carboplatin, gemcitabine and paclitaxel for treating the first recurrence of platinum-sensitive advanced ovarian cancer – TA560 This appraisal has been terminated because no evidence summary was received from the manufacturer. **k) Dabrafenib with trametinib for treating advanced metastatic BRAF V600E mutation-positive non-small-cell lung cancer (terminated appraisal)- TA564** This appraisal has been terminated because no evidence summary was received from the manufacturer. **l) Abatacept for treating psoriatic arthritis after DMARDs (terminated appraisal)- TA568** This appraisal has been terminated because no evidence summary was received from the manufacturer. **m) Pembrolizumab for treating recurrent or metastatic squamous cell carcinoma of the head and neck after platinum-based chemotherapy (terminated appraisal) – TA570** This appraisal has been terminated because no evidence summary was received from the manufacturer.	
	Technology Appraisals for Information	
	None for this meeting	
	Technology Appraisals Not Recommended	
	Nothing for this meeting	
	Clinical Guidelines for Discussion	
	n) Urinary incontinence and pelvic organ prolapse in women: management – NG123 This guidance has been circulated to the urologists and includes updated guidance on the use of anticholinergic medicines and botulinum toxin type A injections. **o) Specialist neonatal respiratory care for babies born preterm – NG124** This guidance has been circulated to the neonatology consultant. Drugs included in the guidance are corticosteroids, caffeine citrate and morphine which are formulary.	
	Clinical Guidelines Updated	
	p) Delirium: prevention, diagnosis and management- CG103 These guidelines will be discussed with liaison psychiatry as the Trust delirium guidelines currently cross-reference the rapid tranquilisation guidance. The rapid tranquilisation guidance mentions use of olanzapine but this has been removed from the new NICE guidance for managing delirium.	
	Clinical Guidelines for Information	
	q) Intrapartum care for women with existing medical conditions or obstetric complications and their babies – NG121 For information as no drugs are included. **r) Lung cancer: diagnosis and management- NG122** For information as no drugs are included.	
	Quality Standard Updated	
	None for this meeting	
	Quality Standard for Discussion (medicine related issues only)	
	None for this meeting	
	Quality Standard for Information	

	None for this meeting	
	Highly Specialised Technologies Guidance	
	Nothing for this meeting	
	Highly Specialised Technologies for Discussion	
	s) Nivolumab and pembrolizumab in melanoma stopping after two years This is for information as the Trust is not a recognised centre for management of melanoma.	
	Health Technology Assessment	
	Nothing for this meeting.	
	For Discussion	
	Nothing for this meeting.	
8.	**Patient Safety Alerts**	
a)	**Resources to support safer modification of food and drink** The acute Trust has closed this PSA at CQAC. Sutton CCG has been trying to ensure that feed thickeners are used appropriately in the community, and training is ongoing currently. They are using one product to improve safety. It will be discussed at NMC in April.	
9.	**Operational Issues**	
a)	**Regional Medicines Optimisation Committees** **I. RMOC Newsletter 2019 – Issue 2** Following the publication of the RMOC guidance on liothyronine, variation in practice was documented in the House of Lords dossier 'Case Details with Clear Evidence that NHS England Guidance on Prescription of Liothyronine is not Being Followed by CCGs'. Clarification has been requested concerning some of the statements in the document. A draft revision is being prepared by South RMOC and will be reviewed by the other RMOCs. RMOC is currently setting up a working group to review the use of botulinum toxin in a range of unlicensed indications.	
b)	**NHSE Guidance on OTC and Self-Care Prescribing (Communication Materials)** The posters have not yet been revised to signpost patients to a doctor or healthcare professional rather than a GP. This would allow them to be used in a hospital setting. EDs are having rolling message screens installed which could be used to highlight OTC and self-care prescribing issues. The Pharmacy outpatient department at St Helier may also be a suitable location.	
c)	**Freestyle Libre®** The SOP for use of Freestyle Libre® in paediatric patients has been approved at MMCBGM. Paediatric patients will now be assessed and initiated on treatment in accordance with the CCG criteria. It was also noted that NHS England has published new guidance and the criteria for eligibility are now irrespective of age. Surrey Downs CCG made a request that ESTH adult diabetes teams use Surrey CCG forms to submit their requests rather than SWL forms this will be feedback to the diabetes nurses.	**KGA/AL**
d)	**South West London Wound care Formulary** This is the final version of the SWL Wound Management Products Formulary. It has been approved by local CCGs in SWL and Sutton Health and Care. It is supported by Epsom and St Helier University Hospitals NHS Trust for use by primary care and community health providers. The products currently used in the Trust will be different in part due to the types of wound more commonly seen, and the procurement contracts currently in place. This review and possible merger may form part of a second workstream.	

	The form is intended for district nurses to communicate with GPs about the type, size and quantity of wound management product they would consider appropriate to prescribe for a patient.	
e)	**Avastin – Wet AMD** No update for this meeting.	
f)	**High Dose Opioids Users Guidelines** The aim of this document is to co-ordinate care between primary and secondary care for high dose opioid users for management of chronic pain. Opioids would be reduced jointly with the GP. Clinics are run with specialist nurses and pain psychologists together with access to a patient helpline. The pain service at ESTH will discourage the use of opioids for any non-cancer chronic pain condition. The document also includes the type of information a patient will receive, as information for the GP. This document was felt to be helpful and was agreed for circulation.	**KGA/AL**
g)	**Minocycline for Acne** The use of minocycline for the treatment of acne has been discussed with the dermatologists following the publication of NHS PrescQIPP bulletin Minocycline Use in Acne Vulgaris and the current NICE CKS for Acne Vulgaris. Surrey CCG and SWL CCGs have a black traffic light status for minocycline for this indication. The dermatologists have now supported this decision but it will not be removed from the Trust formulary as they use it for other conditions. The evidence behind its use for these conditions will be reviewed and discussed at the next Surrey dermatologists working group.	**AL/KGA**
h)	**Self-Limiting Conditions – Riboflavin** The Trust neurologists have expressed a desire to use riboflavin prophylactically for the management of migraine. This usage is supported by NICE in their guidelines, but GPs have been reluctant to prescribe in some cases. There is not currently a licensed product available. LC and ST will work with the hospital pharmacy team to identify suitable treatment options.	**AL/KGA**
i)	**Lidocaine Infusion Analgesia for Abdominal Surgery** Dr Bustamante, Consultant in Anaesthetics and Pain Medicine, has developed IV lidocaine infusion guidelines for perioperative analgesia in abdominal surgery. Patients will be undergoing open or laparoscopic abdominal surgery and will be conscious post-operatively. It will be an alternative to high-volume regional anaesthesia when this is contraindicated (obesity, presence of opioid dependence, etc.). Infusions will only be initiated, altered and prescribed by anaesthetists or intensive care doctors. It was noted that this is an unlicensed use of a licensed medicine and its off-label use will be explained to the patient and documented in the notes. The guideline has previously been discussed and agreed at the MMCBGM and was approved by the Surgical Governance Committee in March.	**AL/KGA**
j)	**NICE NG118 – Renal and Ureteric Stones: Assessment and Management** This pathway is based on the NICE guidelines for renal and ureteric stones, assessment and management. Tamsulosin has previously been agreed for this off-label usage by NDAIG, and 28 days' supply is issued by the Trust. Tolterodine will be used, also for 28 days, if ureteric stent is in-situ. The committee requested the units of tamsulosin be in full, and agreed the pathway.	**AL/KGA**
k)	**South West London Joint Formulary** **I. SWL Formulary Harmonisation Project Meeting** A meeting has recently been held to discuss this SWL STP project and share ideas around it. Potential benefits include unity of decisions and reduction of duplication. Certain issues will require further discussion, e.g. process as currently each DTC works slightly differently, the role of each hospital's DTC going forward, and implementation of joint decisions made. The interface issues with surrounding organisations, e.g. Surrey Downs CCG was also discussed. Currently Chapter 5 (antimicrobial agents) is being discussed with the microbiologists and antimicrobial	

	pharmacists. A draft version is currently being consulted on. **II. New Formulary Application Form – Pilot Version** Comments requested on this proposed new application form.	**AL**
l)	**South West London Elective Orthopaedic Centre (SWLEOC) Venous Thromboembolism Prophylaxis Guidelines** See Section 4. Guidelines agreed.	
10.	**Feedback from CCGs and Trust Committees**	
a)	**Trust/CCG Antimicrobial Review Meeting** No update for this meeting.	
b)	**Methenamine tablets – UTI** See Section 9k. No final version of Chapter 5 of the BNF as yet. Update at next meeting.	
c)	**SWL Sutton and Merton CCGs** **I. Minutes – January 2019** For information. **II. SWL Drug Pathways – Spondyloarthritis** This drug pathway is supported by the Trust rheumatologists and is based on NICE TAs with local adaption. **III. SWL Commissioning Principles for PbR Excluded Drugs/Devices 2019-2020** The Trust has agreed these commissioning documents and they are for information for the committee. **IV. South West London Interface Prescribing Policy 2019-2020** The Trust has agreed the Interface Prescribing Policy and it is for information for the committee.	
d)	**SWL Medicines Optimisation Group** No update for this meeting.	
e)	**SWL Cardiovascular Group for Discussion** No update for this meeting.	
f)	**SWL Medicines Optimisation Clinical Network** No update for this meeting.	
g)	**Respiratory Working Group** No update for this meeting.	
h)	**Shared Care Prescribing Guidelines** No update for this meeting.	
i)	**Surrey Prescribing Clinical Network** **I. Minutes – February 2019** Minutes for information. **II. Minutes – March 2019** Minutes for information. **III. Surrey Policy Statements** **a) Liraglutide (Saxenda®) for weight management in adult patients** The Trust does not have liraglutide for weight management in adult patients so support the CCG policy statement. The endocrinologists will be informed that, if prescribed within their private practice, GPs will not accept prescribing responsibility. **b) Tofacitinib (Xeljanz®) for the treatment of moderately to severely active ulcerative colitis (NICE TA 547)**	**KGA/AL**

	The Trust supports this policy statement, which is in line with NICE TA547. **c) KerramaxCare 10cm x 10xm super absorbent dressing** The Trust does not currently have KerramaxCare on their wound management formulary, but support the principle of using appropriate sized dressings rather than cutting them. **d) Commissioning of insulin pumps** The Trust supports this policy statement and will initiate insulin treatment using a listed pump. **e) Minocycline for the treatment of acne** The Trust dermatologists have supported this policy statement and will not use minocycline for the treatment of acne. **f) Tofacitinib (Xeljanz®) for the treatment of active psoriatic arthritis after inadequate response to DMARDs (NICE TA543)** The Trust supports this policy statement, which is in line with NICE TA543. **g) Ulipristal (Esyma) for the treatment of uterine fibroids** The Trust supports this policy statement and ulipristal for the treatment of uterine fibroids has been removed from the formulary. **h) Probiotics** The Trust supports this policy statement and the gastroenterologists and paediatricians have been informed. **i) AChE inhibitors or memantine for people with frontotemporal dementia** The Trust supports this policy statement but does not initiate treatment with AchE inhibitors or memantine. **j) AChE inhibitors or memantine for people with cognitive impairment caused by multiple sclerosis** The Trust supports this policy statement but does not initiate treatment with AchE inhibitors or memantine. **k) Valproate to manage agitation or aggression in people living with dementia (unless it is indicated for another condition)** The Trust supports the policy statement and the Care of the Elderly clinicians will be informed. **l) Melatonin to manage insomnia in people living with Alzheimer's disease** This policy statement will be discussed with the Care of the Elderly clinicians. It was recognised that it is sometimes difficult to manage insomnia in these patients in a hospital setting. **m) Sodium Valproate (all brands & salts) for the treatment of women of childbearing potential with epilepsy or bipolar disorder** The Trust supports this policy statement and the specialists will supply one month at initiation and transfer of care will only be done once the patient is stable. **n) Sodium Valproate (all brands & salts) for the treatment in men and in females who are NOT of childbearing potential with epilepsy or bipolar disorder** The Trust supports this policy statement and the specialists will supply one month at	**AL** **KGA/AL** **KGA/AL**

	initiation and transfer of care will only be done once the patient is stable. **o) Sodium Valproate- Epilepsy in men and in females who are not of childbearing potential** The Trust supports this policy statement and the specialists will supply one month at initiation and transfer of care will only be done once the patient is stable. **p) Information Sheet- Acetylcholinesterase inhibitors – Donepezil, Galantamine and Rivastigmine** The Trust supports this information sheet, but do not initiate acetylcholinesterase inhibitors. **q) Memantine monotherapy for initiation by specialist** The Trust supports this information sheet but does not initiate memantine therapy. **IV. Surrey Asthma Guidelines** The Trust respiratory clinicians support the asthma management guideline. It was noted that tiotropium for use in asthma is not currently on the formulary. This will be discussed at the next NDAIG. **V. Ulcerative Colitis (high cost immunosuppressant) – Pathway 4** The Trust gastroenterologists support the pathway for the management of ulcerative colitis. **VI. Governance and Oversight Committee (Sub-group of APC/MMC) Operational Paperwork** The Trust supports the CCGs documents for declarations of interest. **VII. Surrey and North West Sussex CCGs Interface Prescribing Policy 2019-2020** The Trust contracts team and AD are currently discussing this document. Update at next meeting. **VIII. Rescheduling of Gabapentin and Pregabalin as Controlled Drugs – Information for Patients** The Trust supports this information sheet for patients around the rescheduling of gabapentin and pregabalin as CDs. Patients are issued with a similar document from the Trust. **IX. Medication Incident Report – Q2 2018 – Surrey CCGs** For information.	**KGA/AL** **AD**
j)	**Shared Care Prescribing Guidelines** **I. Sodium Valproate in Epilepsy – treatment in females of childbearing potential** This shared care guideline is supported by the Trust and will be circulated to the neurologists and paediatricians.	**KGA**
11.	**Any Other Business**	
	None	
12.	**Date of Next Meeting:**	
	Wednesday 12th June 2019, 12:30-14:00. Boardroom, 5th Floor, Ferguson House, St Helier Hospital	