NHS
Somerset
Clinical Commissioning Group

Minutes of the **Somerset Prescribing Forum** held in **Meeting Room 1, Wynford House, Lufton Way, Yeovil, Somerset** on **Wednesday 12 November 2014**

Present:	Steve Du Bois	Senior Pharmacist, Somerset Partnership NHS Foundation Trust	SD
	Shaun Green	Associate Director, Head of Medicines Management, NHS Somerset CCG	SG
	Catherine Henley	Medicines Manager, NHS Somerset CCG	CH
	Gordon Jackson	Patient Representative	GJ
	Helen Kennedy	Prescribing Support Technician, NHS Somerset CCG	HK
	Dr Sally Knights	Chair, Drug & Therapeutics Committee, Yeovil District Hospital	SK
	Dr Geoff Sharp	GP Delegate (Central Mendip Federation)	GS
	Jon Standing	Chief Pharmacist, Yeovil District Hospital	JS
In Attendance:	Karen Taylor	Head of Patient Safety and Governance	KT
	Michelle Trevett	Senior Pharmacist NHS Dorset Clinical Commissioning Group	MT
Apologies:	Dr Clare Barlow	Chair, Drug & Therapeutics Committee, Taunton & Somerset NHS Foundation Trust	CB
	Jon Beard	Chief Pharmacist, Taunton & Somerset NHS Foundation Trust	JB
	Lynda Coles	Vice Chair, Local Pharmaceutical Committee	LC
	Dr Andrew Dayani	Medicines Director, Somerset Partnership NHS Foundation Trust	AD
	Dr Joanna Dunn	Consultant in Palliative Care Medicine, St. Margaret's Somerset Hospice	JD
	Dr Orla Dunn	Consultant in Public Health, Somerset County Council	OD
	Dr Steve Edgar	GP, Somerset Local Medical Committee representative	SE
	Matt Harvey	Development and Liaison Officer, Somerset LPC	MH
	Ann Lee	St Margaret's Hospice	AL
	Jean Perry	Commissioning Manager, NHS Somerset CCG	JP
	Stephanie Wadham	Medicines Information / Formulary Senior Pharmacist, Yeovil NHS Foundation Trust	SW

1 WELCOME

1.1 Geoff Sharp welcomed everyone to the meeting.

2 APOLOGIES

2.1 Apologies were provided as detailed above

3 DECLARATIONS of INTEREST

3.1 ❖ CH Confirmed that the declaration of interest document is now up to date.

4 MINUTES OF THE MEETING HELD ON 10th Sept 2014

4.1 The Minutes of the meeting were agreed as an accurate record.

4.2 GS requested that the membership of the group is reviewed and updated in accordance with the terms of reference. **Action: CH**

4.3 GS ran through the action points from the last meeting and most were complete. The following items were specifically noted:

1) Enhanced service for Disease Modifying Anti-Rheumatic Drugs (DMARDs).
GS commented that this enhanced service is actually called the '*Drug Monitoring in Primary Care Enhanced Service'.*

SG updated said that a meeting had been held but he'd heard nothing further and that that Michael Bainbridge is leading on this. SG asked CH to liaise with Michael to find out how this work is progressing. **Action: CH**

2) Subcutaneous (s/c) methotrexate (MTX)

SG reported that he had written to all GPs to let them know that YDH is trying to hand over the prescribing of stable s/c MTX patients to primary care. JS has also drafted a letter to send from YDH.

SG commented that some patients appeared to be taking folic acid 6 days per week, while others were taking just once weekly. SK responded that the evidence to support using a 6 day/week (excluding the day of the MTX dose) in preference to one dose, the day after MTX, is poor. YDH usually use a one dose/ week regime, but they sometimes recommend folic acid 6 days/ week if the patient is getting lots of side effect. Therefore, a pack of 28 folic acid 5mg tablets may last some patients a long time.

3) Ulipristal acetate 5mg tablets (Esmya®) for uterine fibroids-

TST to report back on whether their consultants would want to use 2 courses of ulipristal rather than one. JB and CB were not present to comment, so this action will be taken forward to the next meeting. **Action: JB/CB**

4) Prescribing horizon scanning/ planning meetings

SG reported that there are ongoing discussions to set dates to meet with YDH and TST. SG to report on progress at next meeting. **Action: SG**

5) Sodium Oxybate- ensure that the CCG is no longer being charged for this

drug.

SG reported that this is being discussed with the Area Team. Action closed.

6) **Changes to the PBR excluded list**- **Trusts to go through the revised list and ensure that they are no longer charging for drugs that have been added to the list.**
JS reported that this had been done YDH but there was no representation from TST. CH to check with John Beard. **Action: CH**

5 MATTERS ARISING (not otherwise on the agenda)

5.1 Draft Antipsychotic Shared Care Guideline- At the last SPF, the group had decided that SCG should specify that as well as undertaking physical monitoring for patients taking antipsychotics for the first year, that SomPar should also undertake the prescribing for the first year. It is the CCG view that the prescribing and monitoring should not be separated because this increased the risk to the patient.

SD reported that SomPar have taken this issue to their contracting meeting because they feel unable to prescribe to all patients started on an antipsychotic for the first year. This is mainly due to the resource implications.

SG stated that we need to formally recognise that we don't have a valid shared care guideline (SCG) and that we should not continue with an SCG that is not NICE compliant. SG asked CH to look through previous minutes to see whether the SPF has previously agreed to stop the current SCG and remove it from the website.

Action CH

5.2 Proposed Asacol® to Octasa® (mesalazine) switch –GS reported that he had not yet written to secondary care to seek consensus. **Action CH**

5.3 YDH Teriparatide Audit Correction and consensus statement

SK presented a formal correction of the recent audit on teriparatide use at YDH and a proposed consensus statement for use of teriparatide when bone density scans of the lumbar spine are likely to be meaningless e.g. in the presence of progressive vertebral fractures.

SK argued that she would like to ensure that patients are not deprived of teriparatide treatment on the basis of a meaningless bone density scan when they would otherwise meet NICE criteria. SK stated that this drug can be very effective in patients with severe bone problems and that she believes that patients re not being treated inappropriately or in situations where there would have been a cheaper alternative

SG explained that the finances are very tight present and that we need to ensure that NICE is being followed. It was agreed that this issue would be brought back to the January meeting and that a formal decision would be made then. **Action CH**

SG requested that IFR requests are made in the interim for patients who need to have teriparatide but don't meet NICE criteria.

6 D&TC DECISIONS

6.1 Somerset Partnership D&T meeting

There were no minutes available yet from the last meeting held 6/11/14 so SD updated the group. It was specifically noted that:

- SomPar are reviewing their guidance on Point of Care Testing for INR and may consider offering self- testing if appropriate at some point in the future
- Sompar felt that some of the wording in the cellulitis guidance, in some wasn't appropriate for a community hospital setting because they may be able to treat some patients in the community hospitals. They will review and speak to microbiology.
- SomPar has accepted. Alzest (rivastigmine) patches as their first choice rivastigmine patch
- Looking at potentially using Matoride XL (a new brand of MR methylphenidate) which is significantly cheaper that the other available brands. This would be for new patients or patients who needed a different release profile rather than switching patients. The Shared Cared Guideline would need to be amended if this were added to the formulary.
- Sompar are making an application to SPF for liothyronine prescribing in treatment resistant depression, this appears on the agenda as a formulary application.
- SD is currently reviewing the evidence for the combined use of Acetylcholinesterase inhibitors and Memantine. An application may be brought to PAMM and SPF at some point in the future.
- SomPar are reviewing the atypical use of dexamphetamine in some of their CAMHS units.
- SomPar are promoting the use of Circadin® as their first line melatonin product because it is licensed. They are trying to use Bio-melatonin where an immediate release preparation is needed because it is cheaper that other melatonin products.
- SomPar have ratified the use of Sanofi insulins because Sanofi have won the CMU tender.
- Sompar have agreed to use the MHRA drug-driving patient information leaflet.

6.2 TST

No meetings had been held since last SPF. Next meeting due to take place on Friday 14/11/14.

6.3 BNSSG Joint Formulary Group

BNSSG have approved Molludab (a 5% potassium hydroxide solution for molluscum contagiosum) for patients who are immunocompromised, immunosuppressed, those with other dermatological conditions and those in whom the condition is causing significant distress.

The SPF agreed, in line with PAMM discussions that this would not be added to the formulary.

6.4 YDH

Last meeting 21/10/14. No minutes had been published yet so JS updated the group:

- YDH DTC agreed to use LMX cream instead of Ametop® because it works more quickly, is not a fridge line and is more cost effective.

- The forum noted the move of YDH to use gabapentin in their hip and knee surgery pathway. Concerns were raised at the side effect profile of Gabapentin and the trust were asked to audit for any adverse patient outcomes and any harm.

Action JS/SK

6.5 Taunton & Somerset Antimicrobial Prescribing Group (TSAPG)

There had been no meetings since the last SPF.

6.6 RUH Bath D&TC

The minutes of the July and Aug 14 meetings were noted,

CH to seek clarity around shared care guideline mentioned for zolendronate in meeting minutes. **Action CH**

7 NICE

7.1 A summary of the NICE guidance published since the last SPF was presented to the Forum for information.

7.2 TA322: Lenalidomide for treating myelodysplastic syndromes associated with an isolated deletion 5q cytogenetic abnormality (for noting)

Noted- positive appraisal

7.3 TA 321: Dabrafenib for treating unresectable or metastatic BRAF V600 mutation-positive melanoma (for noting)

Noted- positive appraisal- funded by specialist commissioning

7.4 NICE CG30 Long-acting reversible contraception (update)

Noted. Trusts were asked to review their practice in the light of this guidance

7.5 NICE CG183 Drug allergy: diagnosis and management of drug allergy in adults, children and young people

Noted. Trusts were asked to review their practice in the light of this guidance

7.6 NICE CG184 Dyspepsia and gastro-oesophageal reflux disease

Noted. Trusts were asked to review their practice in the light of this guidance

7.7 NICE CG185 Bipolar disorder: the assessment and management of bipolar disorder in adults, children and young people in primary and secondary care

Noted. Trusts were asked to review their practice in the light of this guidance.

7.8 **CG186 Multiple sclerosis**

Noted. Trusts were asked to review their practice in the light of this guidance SG emphasised that Sativex is not recommended by NICE for spasticity in MS.

7.9 **CG187 Acute Heart Failure**

Noted. Trusts were asked to review their practice in the light of this guidance**.**

7.10 **CG188 Gallstone Disease**

Noted. Trusts were asked to review their practice in the light of this guidance**.**

7.11 **SIGN 141 British Guidelines on the management of Asthma**

The respiratory network has been asked to review this large document and feed back to PAMM and SPF. **Action: Steve Moore**

Public Health Guidance-to note

7.12 **PH54 Exercise referral schemes to promote physical activity**

Noted**.**

7.13 **PH55 Oral health: approaches for local authorities and their partners to improve the oral health of their communities**

Noted

Diagnostic Guidance

7.14 **DG14 Atrial fibrillation and heart valve disease: self‑monitoring coagulation status using point‑of‑care coagulometers (the CoaguChek XS system and the INRatio2 PT/INR monitor)**

SG briefly discussed the draft guidance that will be distributed to GPs around patient self-testing of INR. He explained that GPs would need to take care over the groups of patients who are allowed to self -test. GPs will need to be satisfied that the patient is competent to use the machine, that it will be recalibrated regularly and that the patient understands how to respond to changes in INR result. PAMM had previously agreed that it would be good to circulate this guidance after it has been updated with some information on appropriate testing intervals.

7.15 **DG15 Myocardial infarction (acute): Early rule out using high-sensitivity troponin tests (Elecsys Troponin T high-sensitive, ARCHITECT STAT High Sensitive Troponin-I and AccuTnI+3 assays)**

SG to flag this guidance up to the Cardiac Network. **Action: SG**

8 **HORIZON SCANNING**

The following horizon scanning documents were made available to SPF members in advance of the meeting. Relevant items had from these had already been added to the agenda:

8.1

- **RDTC Monthly Horizon Scanning document Sept and Oct 14**

8.2

- **UKMI Prescribing Outlook –Action SG**
- **UKMi New Drugs Online Newsletter Sept 14**

8.3

- **A list of forthcoming NICE ESNM and ESUOM**

SG asked that Trusts highlight any changes that they'd like to look at to SPF.

8.4 **Rivaroxaban for prevention of atherothrombotic events after Acute Coronary Syndrome with elevated cardiac biomarkers**

SG made trusts aware of the NICE appraisal consultation document for the use of rivaroxaban in acute coronary syndrome. This is likely to have significant financial implications for the CCG. The preliminary recommendations of the appraisal committee are:

- Rivaroxaban is recommended as an option within its marketing authorisation, in combination with aspirin plus clopidogrel or aspirin alone, for preventing atherothrombotic events in people who have had an acute coronary syndrome with elevated cardiac biomarkers.
- Clinicians should reassess the relative benefits and risks of continuing treatment with rivaroxaban, no later than 12 months after starting treatment.

The CCG does not commission this at present but SG asked trusts to discuss what place they feel rivaroxaban will have in therapy after ACS, in the event that it is approved by NICE. **Action JB/JS**

9 FORMULARY APPLICATIONS

9.1 Somerset Traffic Light Scheme (TLS)- review of 'Red' drugs

SG asked that trusts bring forward any suggestions for TLS status changes to the January meeting.

CH to e-mail TLS link to chief pharmacists. **Action CH**

9.2 Aflibercept (Eylea®) 40 mg/ml solution for injection license extension for Diabetic Macular Oedema (DMO)- NICE guidance due June 2015

The license for Aflibercept (Eylea®) has been extended to DMO. NICE guidance is due later next year. SG has not been able to ascertain whether the patient access scheme (PAS) will be extended to cover this indication. If so, SG would be happy to add this indication to the non-PbR drugs list.

SG asked that the Chief Pharmacists to confirm whether DMO will be included in the PAS for this drug and will consider a formulary application for this indication if the PAS is extended. **Action JB/ SG**

9.3 Dexamethasone (Ozurdex®) 700 micrograms intravitreal implant- license extension or Diabetic Macular Oedema – NICE guidance due April 2015

The license for Dexamethasone (Ozurdex®) 700 micrograms intravitreal implant has been extended to DMO. NICE guidance is due later next year. SG has not been able to ascertain whether the patient access scheme (PAS) will be extended

to cover this indication. If so, SG would be happy to add this indication to the non-PbR drugs list.

SG asked that the Chief Pharmacists to confirm whether DMO will be included in the PAS for this drug and will consider a formulary application for this indication if the PAS is extended. **Action JB/ SG**

9.4 Nalmefene tablets in alcohol dependence (Selincro®)

SG explained that nalmefene had been discussed at PAMM earlier and that NICE are expected to publish final guidance at the end of November. The final appraisal determination (FAD) is positive despite the evidence not being all that strong. There are ide criteria for inclusion at relatively moderate levels of alcohol intake.

The FAD states that nalmefene should only be prescribed in combination with a package of psychosocial support. It was agreed not to add this to the formulary until the final NICE guidance is published.

SG said that there will potentially be lots of demand for this drug but it could have some positive benefits to health and social care services. Clear guidance will need to be put into place after publication of the NICE guidance to ensure that it is not over used or used without other support. We will need to look at the NICE costing tool once it is published

9.5 Brimonidine (Mirvaso®) gel for the treatment of rosacea® as part of rosacea pathway

SG explained that PAMM had discussed and that they proposed to approve Brimonidine (Mirvaso®) gel as a green drug once patients have been through all the steps in the TST pathway and redness is significant. **Action: Steve Moore**

CH to feedback to the dermatologists. **Action: CH**

9.6 Specials recommended by the British Association of Dermatologists (BAD)

The SPF agreed to accept this list of specials provided they have tried all licensed alternatives first. This document will be added to the formulary web pages.
Action: Steve Moore

9.7 Dapagliflozin in Triple Therapy

SG explained that he is aware that the diabetes specialists have been prescribing dapagliflozin in triple therapy; NICE only recommend dual therapy unless taking part in a clinical trial. SG is happy for prescribing in triple therapy but it is not approved in quadruple therapy. Steve Moore to update formulary guidance to reflect this. **Action: Steve Moore**

SG stated that after one year, dapagliflozin has been shown to be no more effective at lowering Hba1c than metformin + sulphonylurea. After 4 years, the efficacy of dapagliflozin decreases. Specialists should be aware of this and ensure that they follow the NICE pathway rather than treating with newer agents first.

9.8 Alogliptin in triple therapy with a sulphonylurea

SG stated that the SPC for alogliptin is poorly written around its use in triple therapy. The team has sought clarification and triple therapy is within license. Formulary to be amended accordingly. **Action: Steve Moore**

9.9-9.13 New inhalers previously agreed by PAMM

SPF agreed that the following inhalers agreed by PAMM in October should be added to the formulary:

- **Umeclidinium 55 micrograms (Incruse Ellipta®)**
- **Umeclidinium/vilanterol 55/22 (Anoro®)**
- **Belcometasone and formoterol 100/6 (Fostair NEXThaler®)**
- **Olodaterol 2.5microgram solution for inhalation (Striverdi Respimat®)**

Please see October PAMM minutes for further detail. These have already been added to the formulary by Steve Moore.

9.14 Tiotropium (Spiriva Respimat®) – license extension for asthma

We are still awaiting detailed feedback from the respiratory group on the place of tiotropium in asthma therapy.

Action: Steve Moore

9.15 Quetiapine MR (Ebesque XL®)

SD explained that SomPar have approved the use of this product but this may change if others become available. Noted.

9.16 Jaydess® 13.5 mg intrauterine delivery system

Added to formulary at October PAMM- noted

9.17 Brinzolamide 10mgml and Brimonidine 2mg/ml eye drops (Simbrinza®)

This was made 'not recommended' at October PAMM. Shaun asked trusts to feed back to their ophthalmology teams and invited them to make a formulary application if they feel that this product has an important place in therapy.

9.18 Liothyronine for treatment resistant depression (TRD)

SG explained that this was discussed earlier at PAMM and that while SomPar have approved liothyronine for TRD, we consider this to be inappropriate for GP prescribing.

10 NHS ENGLAND SPECIALIST COMMISSIONING

10.1 Commissioning Intentions 2015/16 for prescribed specialised Services

SG explained that he wanted to make trusts aware that the commissioning of specialist wheelchairs and neurology referrals is coming back to CCGs. Some other procedures are going back to Specialist Commissioning.

If agreed, renal dialysis and bariatric surgery may come back to CCGs which could have an impact on budgets.

11 PBR EXCLUDED DRUG MONITORING

11.1 CCG PBR Excluded Drugs.

SG explained that the YDH position is a slight overspend but there are significant financial pressures and that we need to work together to get best value from the budget. SG is happy to work with JS going forward

TST are currently predicting a £120koverspend but we know that there was an issue with the budget setting process. JB was not present to discuss the detail. SG to discuss with JB outside the meeting. **Action SG**

11.2 Fomepizole

JS explained that this expensive drug is recommended by the National Poisons service to treat antifreeze poisoning which carries a high risk of eye and kidney damage and mortality

YDH have recently had a case where they needed to treat a patient with fomepizole and they discovered that there is no budget for it. The drug needs to be given within 1 hour. They were able to obtain some but this had cost a lot of money. JS said that he didn't expect to treat many patients each year and that it would make sense to have funding for one patient each year in the budget. SG agreed that he would be happy to commission this.

JS said that he would be happy to work with TST on a 'risk share' agreement where one hospital keeps the drug but the other can have access to it to reduce the risk of wastage. GS said that it would be good to have more collaborative work around high cost-low use drugs to minimise wastage. JS to update SPF on progress in January. **Action JS**

12 Medicines Optimisation Prototype Dashboard

SG pointed out the 'Trust elements' of the dashboard to JS. JS said that Yeovil had been highlighted as an under reporter of incidents to NRLS. However lots of work has been done to improve this.

SG said that the dashboard is under development and will improve.

13 DRUG SAFETY

13.1 MHRA Drug Safety Update Sept and Oct 2014

These were noted and SG asked that trusts review the Drug Safety updates and take appropriate action.

Action: All

13.2 Medication Safety Network development proposal to be presented by Karen Taylor.

Karen Taylor talked about the NHSE alert on medicines incident reporting and learning and explained that in her capacity as Medicines Safety Officer (MSO) she will be working to create medicines safety networks in line with the alert.

She proposed that SPF becomes the arena for learning from medicines safety incidents that are occurring across care boundaries. SG expressed concern that the MSOs from other organisations don't attend SPF and therefore it may be better

to bring a forum for MSOs together which can then report to PAMM.

It was agreed that Karen will set up a forum for MSOs and that SG would discuss how the learning could be shared. **Action: KT/SG**

13 ANY OTHER BUSINESS

JS raised a case where a patient was discharged with dressings around a nephrostomy that are not available on FP10. SG stated that he would encourage trusts to use a device committee or other dressings forum to consider efficacy and cost effectiveness. He said that we would not expect practices to purchase and supply and that we would expect Trusts to make ongoing supplies.

14 DATE OF NEXT MEETING

- 14th January 2015 **at Wynford House (Meeting Room 1), Yeovil**

Venue: Meeting Room 1, Wynford House, Lufton Way, Yeovil, Somerset BA22 8HR between 2.30pm and 5pm

SCHEDULE OF ACTIONS ARISING FROM THE MEETING HELD ON 12 NOV 2014

NO.	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD
1	**Declarations of interest**	Members were asked to notify the Prescribing Forum secretary of any standing declarations of interest, which could be held on record.	**All (on going)**
2	**Review membership**	Review membership of SPF in accordance with the terms of reference.	**CH 14th Jan 15**
3	**Enhanced Service for DMARDs**	CH to liaise with Michael Bainbridge on progress of the Enhanced service	**CH 14th Jan 15**
4	**Ulipristal acetate 5mg tablets (Esmya®) for uterine fibroids-**	TST to report back on whether their consultants would want to use 2 courses of ulipristal rather than one.	**CB/JB 14th Jan 15**
5	**Prescribing horizon scanning/ planning meetings**	SG to update the group on progress	**SG 14th Jan 15**
6	**Teriparatide audit and bone density scanning**	Group to review audit correction and consider consensus statement on bone density scanning to discuss at next meeting	**All 14th Jan 15**
7	**Proposed Asacol® to Octasa® (mesalazine) switch**	Write to YDH and TST gastroenterologists to seek consensus.	**GS 14th Jan 15**
8	**YDH perioperative analgesic guidelines**	YDH to provide an update on progress	**JS/SK 14th Jan 15**
9	**RUH DTC minutes**	Seek clarity around shared care guideline mentioned within minutes for zolendronate	**CH 14th Jan 15**
10	**SIGN 141 British Guidelines on the management of Asthma**	Obtain feedback on this guidance from the respiratory network.	**Steve Moore 14th Jan 15**
11	**NICE DG15 Myocardial infarction (acute): Early rule out using high-sensitivity troponin tests**	Flag guidance to the Cardiac Network	**SG 14th Jan 15**
12	**NICE Appraisal Consultation Rivaroxaban for prevention of atherothrombotic events after Acute Coronary Syndrome with elevated cardiac biomarkers**	Trusts to discuss the potential place of rivaroxaban after ACS with their cardiologists.	**JS/JB 14th Jan 15**
13	**Somerset Traffic Light Scheme (TLS)- review of 'Red' drugs**	e-mail link to TLS to the Chief Pharmacists and agenda the review of TLS for the January meeting'	**CH 14th Jan 15**
14	**Aflibercept (Eylea®)**	Find out whether the PAS will be extended to cover Diabetic Macular Oedema	**JS/JB 14th Jan 15**

NO.	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD
15	**Dexamethasone (Ozurdex®) intravitreal implant**	Find out whether the PAS will be extended to cover Diabetic Macular Oedema	**JS/JB 14th Jan 15**
19	**Formulary/ Traffic Light Changes**	• **Jaydess IUD** – add to Traffic lights as GREEN • **Brimonidine (Mirvaso®)** add to TLS as GREEN provided patients have tried all other alternatives and that redness is a significant problem. • **Specials recommended by BAD- add document to prescribing pages with a note saying these are preferred specials only if all licensed alternatives have already been tried.** update formulary and TLS • **Dapagliflozin in triple therapy-** Amend formulary as per notes above.	**Steve Moore 14th Jan 15**
20	**Tiotropium (Spiriva®) Respimat**	Obtain feedback from respiratory network on place in therapy for asthma	**Steve Moore 14th Jan 15**
21	**TST PbR Excluded Drugs**	SG to discuss with JB	**SG 14th Jan 15**
22	**Fomepizole**	JS to update the group on progress around commissioning of Fomepizole	**JS 14th Jan 15**
22	**Drug Safety Update and NHSE Patient Safety Alerts**	Trusts to identify relevant safety issues identified and discuss with relevant clinicians.	**All 10th Sept 14**
23	**Medication Safety Network**	KT to set up a forum for MSOs and SG to discuss with her how learning can be shared.	**KT/SG 14th Jan 15**