



YELLOW CARD CENTRE NORTHERN AND YORKSHIRE

ANNUAL REPORT 2019-20

**Regional Drug and Therapeutics Centre
16/17 Framlington Place
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JULY 2020



1. STAFF

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2. EXECUTIVE SUMMARY

The Yellow Card Centre Northern and Yorkshire (YCCNY) encourage the appropriate reporting of adverse drug reactions (ADRs) from the North East of England, Yorkshire and Cumbria. During the 2019-20 financial year, 3766 reports were received from these areas, a 6.2% increase compared with 2018-19. An increase in reporting by healthcare professional groups was seen for GPs, pharmacists (all types excluding pre-registration pharmacists). However, there was a decline in reporting by nurses when compared to 2018-19 figures. Shortened versions of the 2019-20 annual report were sent to local Medication Safety Officers (MSO) within the region to encourage reporting by hospital staff. Feedback from these reports has been positive, and led in some cases to the YCCNY providing support to those interested in promoting the scheme locally. As in previous years, patient, carer and parent reporting continued to increase. This year the centre engaged with various patient and disease charities in order to raise awareness of Yellow Card reporting.

YCCNY also continues to perform research relating to adverse drug reactions, clinical toxicology and poisoning and misuse of drugs, especially new psychoactive substances. Research on the safety of medicines use during pregnancy is performed in collaboration with the UK Teratology Information Service (UKTIS). UKTIS are key partners in the EU Innovative Medicines Initiative ConcePTION grant, a multinational five-year project in partnership with the pharmaceutical industry to improve teratology research and information provision to patients. The centre has continued to publish the bulletin series Safer Medication Use, which promotes safer prescribing, highlights emerging or significant drug safety problems and raises awareness of adverse drug reaction detection and reporting. A bulletin related to opioids and gabapentinoids was published in 2019-20. We also continue to promote the use of the Yellow Card scheme for ADR reporting via our Prescribing Support Update, a newsletter produced by the centre providing drug news relevant to primary care health professionals, and our UK Medicines Information (UKMi) Q&A documents, tackling common prescribing queries. In 2019-20, a UKMi Q&A on the significance of ethanol content in inhalers was published by the centre. YCCNY also presented a student yellow card champions poster, based on a University of Bradford pilot at the UKMi Practice Development Seminar in September 2019.

Education and training continues to be a priority of the YCCNY. Training material and training sessions have been provided to groups of healthcare professionals throughout 2019-20 including psychiatrists, hospital pharmacy departments, pharmacy and medical students. The Centre has also promoted the online CPD module produced by the MHRA as part of the SCOPE project throughout the region.

The visitor numbers to the visitor numbers to the YCC Northern and Yorkshire website decreased substantially over 2019-20. The Centre will look at improving the design and functionality of the YCCNY website as well as create a Twitter profile in order to increase visitor numbers to the website.



3. YELLOW CARD DATA

Table 3a – Number of reports received since April 2012 by year

Year	Number of reports	Percentage change on previous year
2015/16	3613	+29%
2016/17	3820	+5%
2017/18	3835	+0.4%
2018/19	3547	-7.5%
2019/20	3766	+6.2%

Chart 3a: Number of reports received since April 2015 by quarter

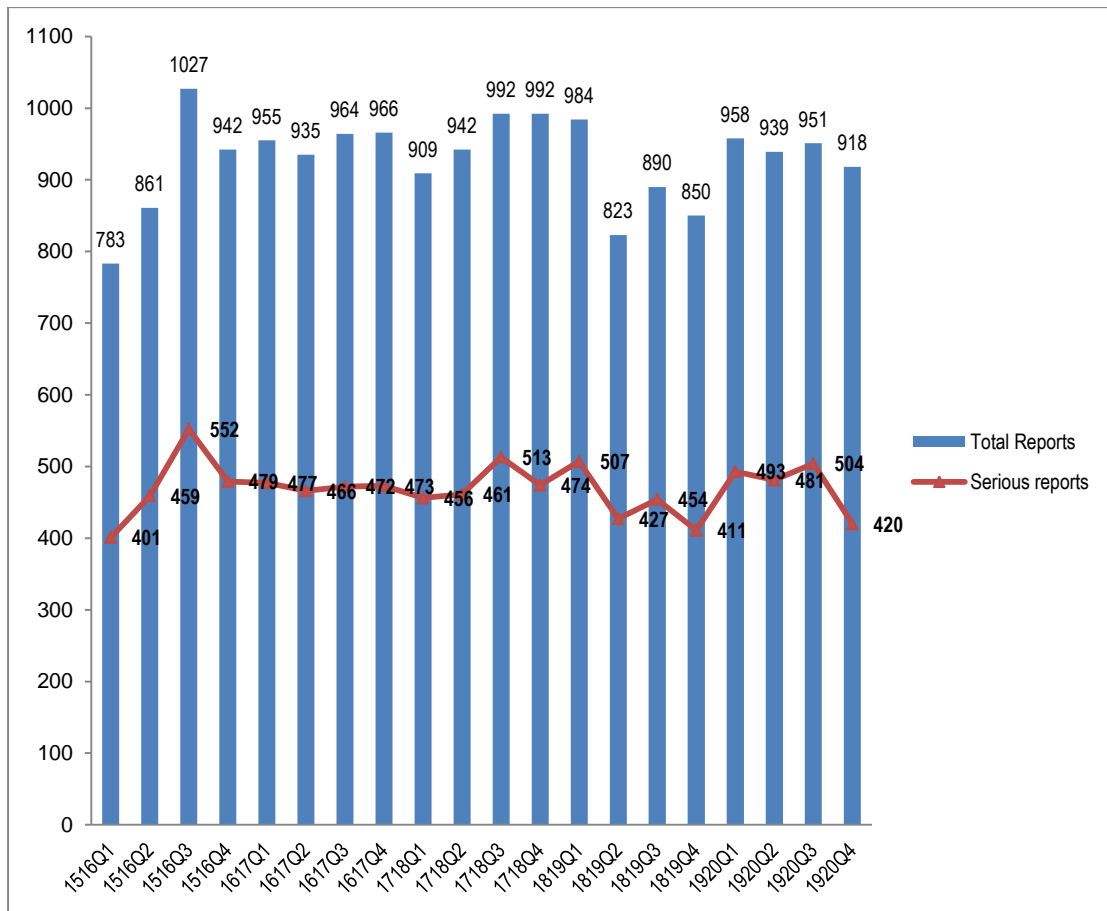




Chart 3b – Breakdown of reports by reporter type

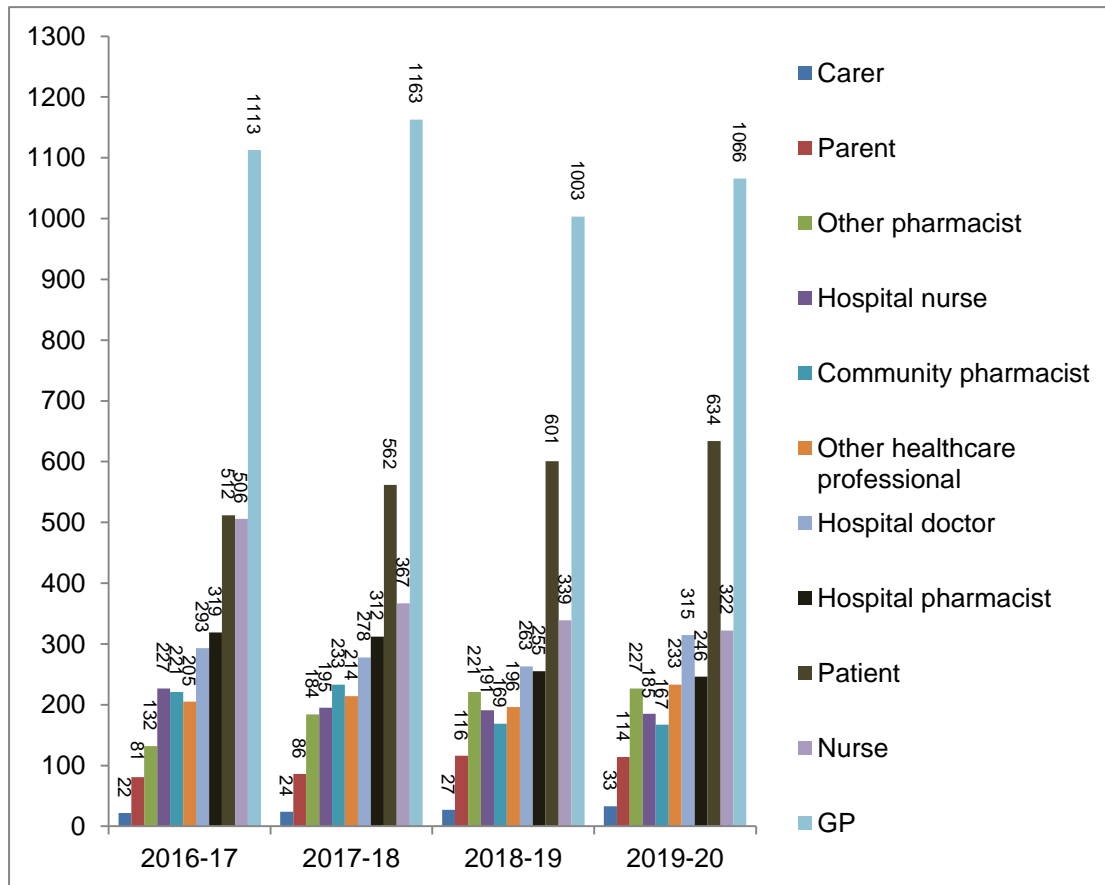


Table 3c – Serious reaction reports by year

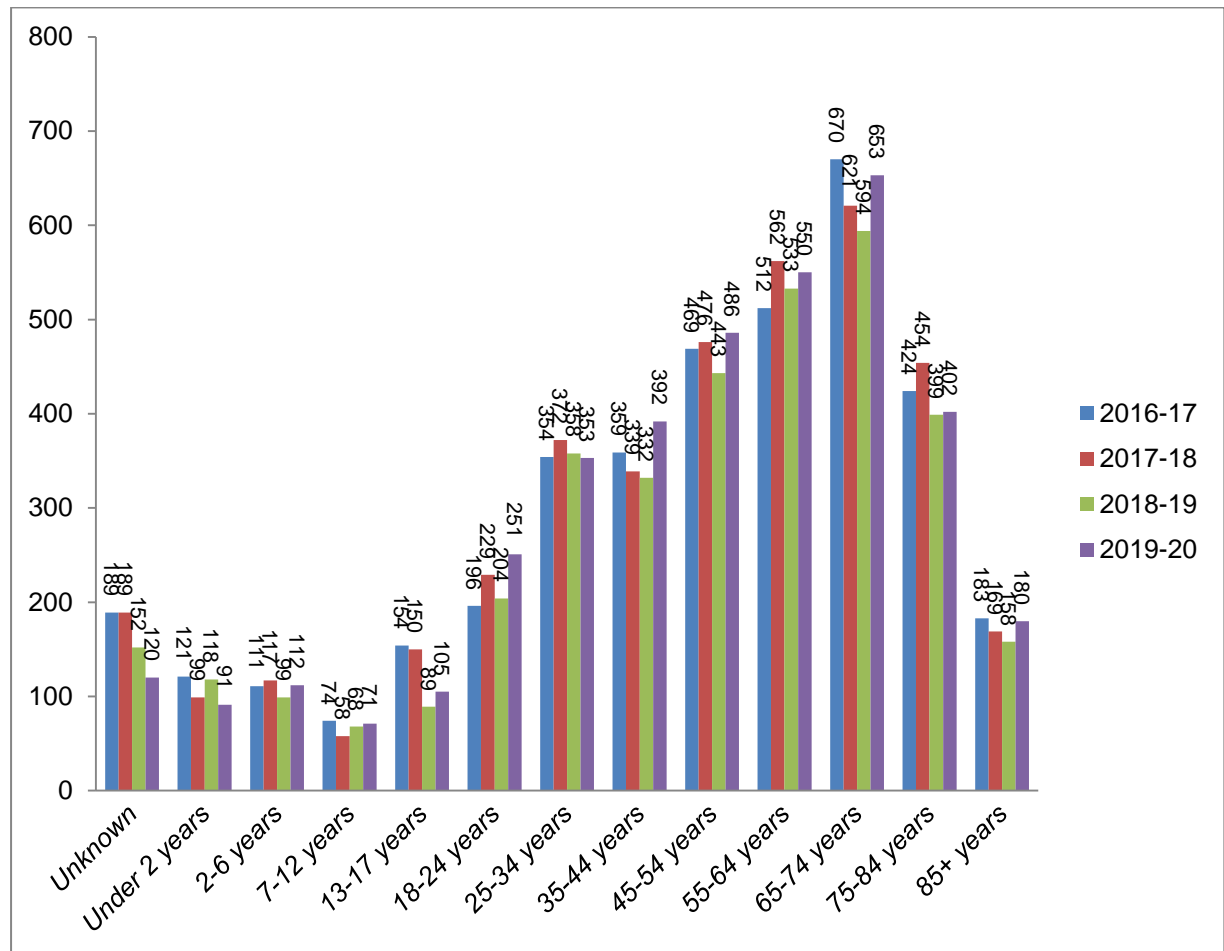
Year	Number of serious reports	Percentage of total reports	Percentage change on previous year
2015/16	1829	52%	+25%
2016/17	1888	49%	+3%
2017/18	1904	49.6%	+0.8%
2018/19	1799	50.7%	-5.5%
2019/20	1898	50.4%	+5.5%

Table 3d - Fatal reaction reports by year

Year	Number of fatal reports	Percentage change on previous year
2015/16	43	+26%
2016/17	29	-33%
2017/18	35	+20.6%
2018/19	37	+5.7%
2019/20	39	+5.4%



Table 3e – Reports by age



Age band	2017/18	2018/19	2019/20
Unknown	189	152	120
Under 2	99	118	91
2 - 6 years	117	99	112
7 - 12 years	58	68	71
13 - 17 years	150	89	105
18 - 24 years	229	204	251
25 -34 years	372	358	353
35 - 44 years	339	332	392
45 - 54 years	476	443	486
55 - 64 years	562	533	550
65 - 74 years	621	594	653
75+ years	623	557	582
Total	3835	3547	3766



Table 3f - Top 10 suspected medicines - comparison of last two years.

Drug name	Number of reports (2018/19)	Drug name	Number of reports (2019/20)
Phenoxymethylpenicillin	141	Phenoxymethylpenicillin	186
Amoxicillin	86	Amoxicillin	169
Nitrofurantoin	82	Nitrofurantoin	158
Ramipril	62	MMR Vaccine*	137
Amlodipine	62	Adalimumab (Amgevita [®])	130
Atorvastatin	61	Influenza Vaccine [Live attenuated] (Fluenza Tetra [®] Nasal Spray)	128
Inactivated Influenza Vaccine (Fluad [®])	59	Inactivated Influenza Vaccine (Fluad [®])	118
Flucloxacillin	58	Flucloxacillin	111
Apixaban	56	Apixaban	102
Ibuprofen	47	Doxycycline	100

*Brand not known. Two UK brand MMR vaccines are available – MMR VAXPro and Priorix



Table 3g: Sources of reports – detailed breakdown

Reporter	2017-18		2018-19		2019-20	
	Number	% of total	Number	% of total	Number	% of total
Carer	24	0.6%	27	0.7%	33	0.8%
Parent	86	2.2%	116	3.3%	114	3.0%
Patient	562	14.7%	601	16.9%	634	16.8%
Community Pharmacist	233	6.1%	169	4.8%	167	4.4%
Hospital Pharmacist	312	8.1%	255	7.2%	246	6.5%
Pharmacist	184	4.8%	221	6.2%	227	6.0%
Pharmacy Assistant	17	0.4%	13	0.4%	14	0.4%
Pre-reg pharmacist	61	1.6%	50	1.4%	64	1.7%
Hospital Nurse	195	5.1%	191	5.4%	185	4.9%
Nurse	367	9.6%	339	9.5%	322	8.5%
GP	1163	30.3%	1003	28.3%	1066	28.3%
Hospital Doctor	278	7.2%	263	7.4%	315	8.3%
Physician	8	0.2%	4	0.1%	13	0.3%
Coroner	0	0	1	0.0%	4	0.1%
Dentist	5	0.1%	6	0.1%	3	0.0%
Midwife	11	0.4%	11	0.3%	5	0.1%
Optometrist	1	0.0%	2	0.0%	4	0.1%
Radiographer	38	1.0%	35	0.1%	42	1.1%
Hospital Healthcare Professional	61	1.6%	35	0.1%	66	1.7%
Healthcare Assistant	9	0.2%	4	0.1%	7	0.2%
Other Healthcare Professional	214	5.6%	196	5.5%	233	6.2%
Medical Student	2	0.1%	0	0	1	0.0%
Chiropodist	1	0.0%	0	0	0	0
Lawyer	0	0	1	0.0%	0	0
Consumer or other non-healthcare professional	1	0.0%	1	0.0%	0	0
Paramedic	2	0.1%	3	0.1%	1	0.0%
Unknown	0	0	0	0	0	0
Total	3835		3547		3766	



Table 3h: Reporting method

Report Type	Number of reports (2019-20)	Percentage of total reports
Smartphone app	13	0.3%
Electronic yellow card (MHRA website)	1926	51.1%
Mi Databank	46	1.2%
Paper yellow card	154	4.0%
CERNER	3	0.0%
Report Illicit Drug Reactions (RIDR)	0	0
SystemOne (TPP)	1606	42.6%
EMIS	18	0.5%

4. DISCUSSION OF YELLOW CARD DATA

There were 3766 reports received in Northern and Yorkshire during the 2019-20 financial year, a 6.2% increase over 2018-19. Of these 1898 and 39 reports were those of serious and fatal ADRs representing an increase in serious reports of 5.5% and an increase in fatal reports of 5.4% respectively compared to last year. The most common reporter group was doctors (all types, 37.8%), but pharmacists [all types including pre-registration trainees] (19.0%), patients [including parents and carers], (20.7%) and nurses (13.5%) also made important contributions to ADR reporting in the region. As in previous years, reporting generally increased with patient age, although the greatest number of received were for patients in the 65-74 years age group.

The most commonly reported drug in 2019-20 was phenoxymethylpenicillin, which made up around 5% of all reports. This is slightly higher (4%) than in 2018-19 when phenoxymethylpenicillin was also the most reported drug. The top 10 suspected drugs included other antibiotics namely amoxicillin, nitrofurantoin, flucloxacillin and doxycycline. The total reports received for all antibiotics featured in the top 10 drugs are 724 in 2019-20 compared to 467 in 2018-19. Other suspect drugs which featured in the top 10 included MMR vaccine, adalimumab (Amgevita[®]), influenza vaccine [live attenuated] Fluenza Tetra Nasal Spray[®], influenza inactivated vaccine (Fluad[®]) and apixaban. Analysis of suspect drugs which featured in top 10 for both 2018-19 and 2019-20 revealed increasing numbers of reports received for phenoxymethylpenicillin (32%), amoxicillin (96%), nitrofurantoin (93%), flucloxacillin (91%) and apixaban (82%) in 2019-20.

The most common method of reporting from our region this year was by the electronic Yellow Card portal hosted on the MHRA website; with 1926 Yellow Cards (51.1%) submitted using this method. GP reporting in 2019-20 was classified according to use of electronic prescribing system used namely SystemOne (1606 reports) and EMIS (18 reports). There were 154 paper reports this year, which made up 4.0% of all reports. The reporting methods for the region showed reporters adopting newer methods whilst steady reporting or increases was noted for more conventional methods. For example,



the reporting via Yellow Card app increased from 2 reports in 2018-19 to 13 in 2019-20. The number of reports received via MHRA website and MiDatabank also increased from 1877 (in 2018-19) to 1926 (in 2019-20) and from 40 (2018-19) to 46 (2019-20) respectively. The paper yellow card reports fell slightly from 158 to 154. Reporting from SystemOne also increased from 1448 to 1606 over 2 years. 18 reports were received via EMIS in the region. The reporting from Cerner (3 reports in 2018-19 and 2019-20) remained unchanged.

Reporter groups

The yellow card reports received by GPs (1066) comprised the largest proportion (28.3%) of total reports received in 2019-20. This figure represents an increase of 63 reports (or 6.3%) over 2018-19 values when GPs submitted 1003 reports. Reporting by hospital doctor and physicians also increased by 19.8% (315 reports in 2019-20 and 263 reports in 2018-19) and 225% (13 reports in 2019-20 and 4 reports in 2018-19) respectively. Overall, doctors (all types, excluding medical students) comprised the biggest healthcare professional group submitting 1394 reports (37%) in 2019-20, higher than the 1270 reports (35.8%) they submitted in 2018-19.

Nurses submitted 322 reports (or 8.5% of total reports) in 2019-20. This figure is slightly lower than 2018-19 when nurses submitted 339 (or 9.5% of the total reports). A fall in reporting was also noted in the reporting trend for hospital nurses (185 reports in 2019-20 and 191 reports in 2018-19). The reporting by nurses overall has fallen over the last 3 years in the region (See table 3g above). However, this reduction has been offset by higher reporting noted in other healthcare professional groups. The centre will aim to engage with nurses in the coming year in order to increase reporting and prevent a further decline.

The yellow card reports submitted by pharmacists, working in all sectors (excluding pre-registration pharmacists) demonstrated an overall increase in reporting. The group submitted a total of 640 reports in 2019-20 compared to 615 in 2018-19. Sub-analysis showed that reports submitted by community pharmacists remained steady whereas those submitted by hospital pharmacists was slightly lower (see table 3g above). There was a slight increase in reports submitted by pharmacists, who did not specify their sector of practice. In 2018-19, this group submitted 221 reports and in 2019-20 they submitted 227 reports, an increase of 2.7%. Reporting by community pharmacists have decreased over the last 3 years (see table 3g above). The Yellow Card reporting by GPs is facilitated by integrating reporting functionality into the prescribing system. A similar approach may be used to facilitate and consequently increase reporting within the community pharmacy setting. An example of one such system is PharmaOutcomes which many community pharmacies use for payments of commissioned services.

The reporting rates for pharmacy assistants remained steady (14 reports in 2019-20 and 13 reports in 2018-19). The reporting by pre-registration also



increased from 50 reports in 2018-19 to 64 reports in 2019-20, an increase of 28%. The centre has continued to engage with pre-registration trainees in 2019-20 (see table 5a below) in order to increase the level of reporting within this group.

During 2019-20, reporting from patients, parents and carers increased by 5% overall, continuing the growing trend of recent years. This group contributed 20.7% of all reports received by the Centre. Sub-group analysis shows that carer and patient reporting increased by 22.2% (27 reports in 2018-19 and 33 reports in 2019-20) and 5.5% (601 reports in 2018-19 and 634 reports in 2019-20) respectively. Reporting by parents fell slightly from 116 to 114 over 2 years. The Centre will continue to engage with patient groups to maintain and hopefully exceed the level of reporting seen in 2019-20, and to reach patients who may be at particular risk of experiencing ADRs. Promoting ADR reporting in this group is an ongoing priority for the YCC.

The YCC actively continues to promote ADR reporting via presentations at regional and national level. In 2019-20 presentations in hospitals within the region were arranged and delivered in Stockton-on-Tees (foundation level and specialist pharmacists), Bradford (consultant psychiatrists and psychiatric specialist registrars) and Carlisle (pre-registration pharmacists, foundation level and specialist pharmacists; foundation level and middle-grade doctors) in 2019-20. The centre also arranged a Yellow Card presentation for all Superdrug pre-registration trainees in October 2019. This presentation was taken over and conducted by Yellow Card Centre West Midlands due to location of the national pre-registration training event in Central Birmingham. The centre engaged with multiple patient and disease charities over 2019-20, with the aim of arranging a patient awareness session; however no response was received and consequently no sessions with charities were possible in 2019-20. The centre will continue to engage with patient and disease charities in 2020-21 in order to raise awareness of Yellow Card reporting.



PROMOTIONAL ACTIVITIES

Table 5a - Training delivered to healthcare professionals and their respective groups

Audience type	Session type	Duration (hours)	Number of sessions	Total audience numbers	Total hours training
Pharmacists & pre-registration pharmacists	Lecture	0.5	2	25	25
Nurses and non-medical prescribers	Lecture	1	1	35	35
Pre-registration pharmacists (hospital)	Lecture	0.75	1	45	33.75
Psychiatric physicians (various grades)	Lecture	0.75	1	40	30
Pharmacists, pharmacy technicians and other pharmacy support staff	Lecture	1	2	30	30
Specialist GP trainees (GPST2)	Lecture	1	1	60	60
Pharmacists (including MSO), pharmacy technicians, pre-registration pharmacists, pharmacy support staff	Lecture	1	1	25	25
Doctors (all grades foundation level to consultants)	Lecture	1	1	20	20
Medical students	Lecture	1	1	75	75
Pre-registration pharmacists (community)	Lecture	1	1	22	22

5b: Training organised for patients and their respective groups

- Contacted the following patient groups for 2019-20 with the aim of arranging a training session
 - Crohn's & Colitis UK
 - Epilepsy Action
 - Freeman Hospital Heart and Lung Transplant Association
 - The Migraine Trust



5c: Training delivered to undergraduates

- Sessions of raising Yellow Card awareness were provided as part of visit to the RDTTC for 3rd MPharm undergraduates & Overseas Pharmacy Assessment Programme (OSPAP) students – (3 sessions of 20 students each)
- Lecture delivered to Newcastle University 2nd Year MPharm undergraduates (65 students)

5d: Materials developed for YCS promotion

- Bhugra R – Prescribing Support Update Newsletter – 2 monthly
- Continual update of presentation materials

PUBLICATIONS

Peer-reviewed papers

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Cooper GA, Thompson JP, Bradberry SM, Sandilands EA, Thomas SH, Coulson JM. A review of enquiries received by the UK National Poisons Information Service (NPIS) involving colchicine exposure (2008 to 31 July 2018). *Clin Toxicol* 2019; 57: 449.

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Other publications and activities

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Thanacoody R. Principles of assessment and diagnosis of the poisoned patient. *Medicine* 2020; 48: 156-59.

Thanacoody R, Anderson M. Epidemiology of poisoning. *Medicine* 2020;48:153-55.



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Student Yellow Card Champions Scheme – A University of Bradford Pilot. Poster presented at 45th UKMi Practice Development Seminar in September 2019.



7 - YCC WEBSITE

7a: Website updates

The YCC Northern and Yorkshire website has been updated regularly with educational materials developed by the centre aimed at health professionals, patients and universities. It also highlights the medicines education modules produced by the MHRA, including a recently promoted CPD module from the SCOPE project. All users accessing the site for information on the completion of a Yellow Card are encouraged to use the electronic form. In addition, the website address of the electronic Yellow Card appears on all YCCNY publications and correspondence.

7b: Website hits

Visitors to the YCC Northern and Yorkshire website decreased by 44.7% in 2019-20 compared to 2018-19. There were a total of 12326 visitors in 2018-19 and 6,815 visitors in 2019-20. The safer medication use was the most accessed section of the website in 2019-20 with 1,575 visitors. This is significantly lower than 3,453 visitors who accessed the same section in 2018-19. This decline in visitors has also affected the hits on the section which were down by 30,636.

The decline in visitor numbers was also substantial for other sections of the YCC Northern and Yorkshire website. 812 people accessed information about Yellow Card Scheme in 2019-20 compared to 1641 in 2018-19 via the Northern and Yorkshire website (a decrease of 50.5%). Visitors accessing information about black triangle drugs decreased by 62.3% from 1345 in 2018-19 to 507 in 2019-20. Adverse drug reaction information relating to elderly patients, children and herbal medicines saw an annual decline of 61.5% (226 in 2018-19 and 87 in 2019-20), 68.8% (279 in 2018-19 and 87 in 2019-20) and 50.4% (220 in 2018-19 and 109 in 2019-20) respectively. The centre will aim to improve design and functionality of the website in 2020-21 in order to improve and increase visitor numbers to the Yellow Card Centre Northern and Yorkshire website. The centre will also be looking at creating a Twitter profile in the next 12 months for the Yellow Card Centre Northern and Yorkshire in order to increase visitor numbers to the website.



8. RESEARCH AND ONGOING INITIATIVES

The YCC Northern & Yorkshire continues to perform research relating to adverse drug reactions, clinical toxicology and poisoning and misuse of drugs, especially new psychoactive substances.

Research into the safety of medication in pregnancy is performed in collaboration with the UK Teratology Information Service (UKTIS) which is based in Newcastle upon Tyne. UKTIS are key partners in the EU Innovative Medicines Initiative ConcePTION grant, a multinational five-year project in partnership with the pharmaceutical industry to improve teratology research and information provision to patients. Digitalisation of healthcare records and prescribing offers new opportunities for teratology research. UKTIS have been collaborating with the National Congenital Anomaly and Rare Diseases Registration Service and the NHS Business Authority to link obstetric and neonatal outcome data to primary care prescribing. Initial results are extremely promising and further development is underway. UKTIS is also actively involved with the MHRA with regards to two working groups: Optimising Data on the Safety of Medicines Used in Pregnancy and the Safer Medicines in Pregnancy and Breastfeeding Consortium.

Collaborative work with colleagues in Edinburgh and London has compared a new protocol for administration of acetylcysteine with the current licensed regimen. This research has demonstrated that this new regimen causes substantially fewer adverse reactions and has similar efficacy in preventing paracetamol-induced hepatotoxicity compared to the licensed regimen. This regimen has been adopted by many hospitals as an option for management of patients who have had previous severe anaphylactoid reactions to acetylcysteine.

The multicentre Identification of Novel Psychoactive Substances study (IONA) has attracted new funding from Public Health England and has been broadened to include patients with toxicity that is thought to be related to any type of drug misuse. Research presented or published over the last year continues to demonstrate reducing numbers of patients with toxicity relating to NPS, especially synthetic cannabinoids, since the Psychoactive Substances Act became law in 2016. Novel opioids, including fentanyl analogues are still only detected very infrequently, but there is an ongoing threat of the threat of these infiltrating the UK heroin market so further monitoring is essential.

9. CONCLUSION

YCC Northern and Yorkshire has continued to support the Yellow Card scheme by providing education to patients and healthcare professionals, in line with the objectives set by the MHRA. Work in the coming year will build on the momentum gained in previous years, concentrating in particular on the promotion of reporting by patients and practice pharmacists, as well as supporting those local NHS organisations where the rates of Yellow Card reporting are below average. The Centre will also aim to increase visitor numbers to the YCC Northern and Yorkshire website.



ANNEX 1 – Progress report summary against objectives

<u>General Objectives</u>	<u>Performance measures and targets</u>	<u>Progress at end of year</u>
1. <u>Education</u> – <i>To educate and inform stakeholders including healthcare professionals and patients about the Yellow Card Scheme</i>	1.1. To develop and update on-going training programmes for students, including undergraduates and postgraduates, and all healthcare professional stakeholders, including GPs, community pharmacists, hospital pharmacists, hospital doctors and hospital nurses	Completed. Summary reports developed for CCGs and hospital healthcare professionals.
	1.2. To provide at least 15 lectures, workshops or other events per year, to educate students and healthcare professionals about ADRs, medication errors, pharmacovigilance and the Yellow Card Scheme	Completed
	1.3. To maintain regular contact and support local Medication Safety Officers (MSOs) within YCC region to increase awareness levels of Yellow Card Scheme and reporting rates	Ongoing, support and updates to YC reporting circulated to local group, Senior Pharmacists attend regional MSO meetings, summary reports circulated
	1.4. To maintain and expand current network of stakeholders	Ongoing
2. <u>Patient Reporting</u> – <i>To increase patient awareness of Yellow Card reporting and help drive an increase in patient reporting</i>	2.1. To engage with community pharmacists to increase patient awareness of Yellow Card reporting	Ongoing, engagement with community pharmacy multiples
	2.2. To engage or make contact with five local patient groups per financial year, including giving presentations and talks	Completed
	2.3. To develop and maintain strategy programmes which can include talks, for sharing information such as Yellow Card data, case studies and reporting trends with stakeholders including local patient groups, hospital pharmacists and GPs to promote patient awareness of patient Yellow Card reporting	Ongoing. Newsletters distributed to primary care healthcare professionals. Summary annual reports to stakeholders including hospital pharmacists. Patient groups regularly reviewed and contacted
3. <u>External / Stakeholder communications</u> – <i>To communicate information about the Yellow Card Scheme to stakeholders</i>	3.1. To develop and maintain the YCC website, ensuring that they contain easily accessible information on the reporting of ADRs	Website has been maintained. Promotion of MHRA CPD module for HCPs on ADRs signposted
	3.2. To ensure that the YCC websites contain accessible links to agreed Yellow Card partners	Ongoing. Materials on website and regularly updated with any changes
	3.3. YCCs that wish to communicate information to stakeholders through educational material on their websites are to develop and update these training and resource materials accordingly on their websites, including promoting e-learning modules where e-learning modules are available	Links to MHRA e-learning modules maintained and SCOPE e-learning module details uploaded.
	3.4. YCCs to promote and disseminate safety messages from MHRA to YCC stakeholders as required, such as drug safety updates, pharmacovigilance issue, and e-learning modules	DSUs routinely sent to stakeholders including prescribing committees and commissioner groups. Safer medicines Use bulletins discuss current



		issues in pharmacovigilance. Centre acts as a cascade point for disseminating drug alerts
	3.5. To monitor the number of hits on YCC websites	Ongoing
4. Facilitation – To raise awareness and encourage facilitation of direct ADR reporting from healthcare systems	4.1. Raise awareness of electronic reporting methods in primary and secondary care such as MiDatabank, SystemOne and the Yellow Card mobile application	Ongoing,
	4.2. To identify potential local contacts for further development in this area	Ongoing,
	4.3. To provide input to the MHRA on strategy and development of the Yellow Card Information Standard for the GP System of Choice	Ongoing, and via YCC TC re electronic prescribing system based reporting
5. Internal communications – To communicate with the MHRA on a regular basis regarding Yellow Card Strategy and ADR reporting from the YCC regions	5.1. Annual report - YCCs to produce an annual report describing their activities over the past year. The report should be produced and sent to the MHRA within three months of receipt of annual Yellow Card data from the MHRA	Completed
	5.2. Quarterly Teleconference - To participate in a quarterly teleconference between the YCCs and MHRA to discuss progress and share information	Ongoing
	5.3. Yellow Card Strategy – To provide views and input into the Yellow Card Strategy	Via email and quarterly teleconferences
	5.4. YCCs to provide further information and updates on research and education strategies	Via email and quarterly teleconferences
6. Analysis – To analyse quarterly supply of Yellow Card data and identify targets for improvement	6.1. To identify local areas of low Yellow Card reporting by analysing Yellow Card quarterly data	Ongoing
	6.2. To promote the Yellow Card Scheme with the intent of increasing reporting in these areas of low Yellow Card reporting	Ongoing
	6.3. To identify low reporting groups and engage with them to promote the Yellow Card Scheme with the intent of increasing reporting	Ongoing, Plans in progress to arrange talks / awareness sessions with lower reporting groups in the coming year
	6.4. To provide MHRA with updates on any other actions taken with the quarterly statistics	Ongoing, via email and quarterly teleconferences

