

Minutes of the **Prescribing and Medicines Management Group** held in **Meeting Room 1, Wynford House, Lufton Way, Yeovil, Somerset**, on **Wednesday, 6th July 2016**.

Present:	Dr Geoff Sharp (GS)	Chairman, CCG Prescribing Lead
	Dr Adrian Fulford (AF)	Taunton representative
	Dr Rebecca Gould	GP registrar accompanying Piers Jennings
	Shaun Green (SG)	Associate Director, Head of Medicines Management
	Liz Harewood (LH)	Somerset Partnership Representative
	Catherine Henley (CH)	Locality Medicines Manager
	Dr Mike Holmes (MHo)	South Somerset Representative
	Dr Piers Jennings (PJ)	East Mendip representative
	Gordon Jackson (GJ)	Lay Representative
	Michael Lennox (ML)	LPC Representative
	Dr Catherine Lewis (CL)	Bridgwater Representative
	Dr Robert Munro (RM)	LMC Representative
	Dr James Nicholls (JN)	West Mendip Representative
	Donna Yell (DY)	Prescribing Support Technician, Secretary
Apologies:	Dr Toby Burne (TB)	CLICK Representative
	Dr David Davies (DD)	West Somerset Representative
	Steve DuBois (SDB)	Somerset Partnership Representative
	Dr Carol Reynolds (CR)	North Sedgemoor Representative

1 INTRODUCTION

Dr Rebecca Gould (Registrar to Dr P Jennings) was introduced as an observer of the meeting.

2 APOLOGIES FOR ABSENCE

2.1 Apologies were provided as detailed above.

3 DECLARATIONS OF INTEREST

See also item 5.5 on agenda.

4 MINUTES OF MEETING HELD ON 15th June 2016

4.1 SG asked for clarity around item 7.6, formulary application decision for Safinamide 50mg and 100mg (Xadago®) tablets (*Profile Pharma Limited*)

Minutes recorded the decision as **RED** for traffic lights. However, on further discussion, the group decided that because there is no advantage of safinamide over other established drugs in its class and, as it is not a cost effective option, it should have a **BLACK** traffic light status– not recommended.

Minutes and Traffic lights to be amended.

4.2 Review of Action points

GS ran through the action points from the last meeting. Most actions were complete or had been raised on the agenda. The following items were specifically noted:

3. Stoma Care Annual Use Reviews; CH still awaiting information from Stoma Nurses to advertise to GPs.

6. Access to Gender Identity Clinic Exeter difficulties; DY asked to remind CR of the outstanding action and remove from actions list.

9. Dementia read coding; GS requested feedback from the medicines management practice support team on the actions resulting from Eclipse Live searches for patients prescribed cholinesterase inhibitors with no diagnosis for

dementia. This will be an agenda item for discussion in September.

It was highlighted that some practices do not have practice support. SG stated that he would not provide practice support purely for this work stream. CH to review those practices with high numbers of patients that may not have an appropriate dementia diagnosis code and whether or not they already have medicines management support.

PART 1 – ITEMS FOR DISCUSSION OR DECISION

5 Matters Arising

5.1 Off license prescribing requests from secondary care - draft decision aid.

CH has devised this decision aid based on a document produced by the Royal Pharmaceutical Society.

Somerset has the lowest spend on specials in England, and this is closely monitored by the Medicines Management team.

The suggestion was made to develop an EMIS alert pop-up to flag specials when prescribing, it would be difficult to capture all specials products. There are already some pop-ups for the most common specials which can be imported onto practice systems.

There is some problem around secondary care specialists not informing patients that the preparation they are proposing to use is unlicensed.

The group felt the document is useful to share and would like it added to the Pathway Navigator App. They would like to reissue the specials guidance and notify GP's of where it can be found. It may also be useful to add this decision aid to the prescribing dilemmas document. It was agreed that the decision aid should be referenced in a newsletter article alongside the 10 most common specials and the recommended alternative. The article should include a warning that if the price on EMIS appears as £0.00 in the item information, then it is likely to be a special with a potentially high cost.

ML asked how community pharmacy can help, the group would like him to request that pharmacists flag high cost specials to GPs and refer to the specials guidance to suggest alternatives in line with that.

5.2 Prescribing Leads meeting 26th May feedback

DY collated the feedback responses from the meeting, the group discussed the points and the following comments were made:

Initiatives to reduce waste of prescribed medicines:

- ML to look into a campaign promoting patients to check their bag of dispensed medicines before leaving the pharmacy.

Improving patients' understanding of their medicines:

- Adding indications to patient's medication dose instructions is good practice but there is great variation between practices.
- It was agreed that this should be encouraged. CH to share the clinical indications website link.

Building better links with community pharmacy:

- There was a discussion around EPS for which there is a working group. PAMM would not want to duplicate the work done there.
- ML would like to be linked in to the EPS working group.

- Communication between practices and pharmacies is to be encouraged.

5.3 **Delegate notes for feedback to commissioning locality prescribing leads.**

Raised by TB at June PAMM – he puts together no more than 10 bullet points of interest to his locality.

SG suggested the action list as a basis for bullet points but the group didn't feel this was suitable.

CL suggested a rota for capturing any main points.

The delegates felt they would need to share different things in different localities and it wouldn't be easy to compile a Somerset wide list. MH commented that it is useful to share notes with colleagues as a means of flagging things which may otherwise get lost in within the newsletter.

GS will ask TB for examples of his sharing points.

5.4 **Total Potential Savings – 2016/17 Prescribing scorecard**

Shows the total available savings if all practices achieve all targets. The full amount of savings is only possible if all the changes are made at the start of the financial year.

The group felt it was useful to share this information with colleagues.

5.5 **Conflicts of Interest**

NHS England have updated their policies. Peter Osborne is looking at it and a change to the CCG policies is expected. It does include things for GP representatives to consider and mentions an online mandatory training element which is not yet available – Noted.

6 Other Issues

6.1 **Somerset Healthcare Community Shared Care Protocol
Sacubitril - Valsartan for the treatment of chronic heart failure**

Received back from TST with further amendments around the wash out times for patients taking angiotensin converting enzyme inhibitors from 36 hours to 48 hours.

SG added a reference to a heart failure leaflet.

MH raised some comments about conflicting statements which have been amended and agreed. He has spotted two more things that need clarification:

- Page 4, item 4 is unclear with too many references to eGFR.
- Monitoring requirements lists required tests but doesn't mention that eGFR should be requested alongside U&E (otherwise an eGFR may not automatically be provided). Suggest amend to U&E (+ eGFR).

Comments on amendments to be provided to authors via SPF.

6.2 **6-Mercaptopurine shared care guidelines**

- Gaynor Woodland has put the guideline into Somerset format and Dr Nicola Hare, consultant gastroenterologist at T&ST has reviewed and made some useful amendments. The main changes from the previous document are:
 - Revised guidance around pregnancy and lactation.
 - The specialist prescribing duration has been increased from 8 weeks to 12

- weeks, and some other changes around specialist responsibilities.
- No real change to GP responsibilities.
- Now includes a clearer table to show what monitoring is required and information on what to do should things start to go wrong.

The group approved the guidance.

6.3 **Medicines Incident Report**

Jo Bird was unable to attend PAMM so CH presented the quarter 1 report.

17 incidents reported across Somerset.

The group discussed incident WEB6942

MH would be interested to know if the Cimzia was listed as 'Hospital Only' on the practice EMIS system.

The group would like to feed this back to the Medicines Safety Network and request suggestions on how it can be prevented in the future.

Incident WEB6997

GPs commented that practices often receive internal discharge information which can be useful. However, it should be obvious where it has come from and who it is being sent to and whether the information refers to an 'internal' transfer of a patient

There was a discussion around the staff responsible for medication reconciliation in practices - was it a GP, dispensary staff or an administrator. This is a key area for practice pharmacists to get involved.

6.6 **NICE [CG144] Venous thromboembolic diseases: diagnosis, management and thrombophilia testing**

SG received a request from Lincoln Andrews, governance and compliance officer at T&ST, around assurances of primary care compliance with the VTE pathway.

There is no current mechanism for this.

The group commented that there is rarely any advice given on treatment durations provided by specialists initiating time limited medications.

CH to feedback to T&ST via Suzy Rogers who passed the request to SG.

6.7 **Great Bear Healthcare**

Appliance contractor partly based in Bridgwater.

Following reports of Great Bear Healthcare requesting retrospective prescriptions for appliances they have supplied it has been discovered that they have been hosting lunches with District Nurse (DN) teams. This has been flagged as possibly contradicting conflict of interest policies, however hospitality costing less than £25 doesn't need declaring.

There has been an increase in prescriptions going through Great Bear and some anecdotal evidence of patients being switched to these products however, it is not clear if this is being done by DN teams or Great Bear themselves. Appears to be localised to Taunton.

SG has contacted Great Bear and put in a complaint and requested they stop.

Sompar have taken it as a good opportunity to promote the preferred product list with the DN team.

6.8 **Polypharmacy - Oxybutynin, anticholinergics & Glaucoma.**

- i. COG have asked for deprescribing guidance.
NHS Scotland have produced a good SIGN guideline and have developed a smartphone app which SG proposes to share with GPs rather than duplicate work by producing Somerset specific guidance.

.
Delegates to review guidance and app and bring comments to September PAMM

Polypharmacy App based on SIGN Polypharmacy Guidance:

<https://play.google.com/store/apps/details?id=com.tactuum.quris.nes.polypharmacy>

<http://www.polypharmacy.scot.nhs.uk/about/> links to Google play and the App Store can be found at the bottom of this page.

Link to SIGN Polypharmacy Guidance:

http://www.sign.ac.uk/pdf/polypharmacy_guidance.pdf

- ii. Some patients are at risk of developing raised intraocular pressure when treated with an anticholinergic medication in the presence of undiagnosed glaucoma .

Eclipse has identified a number of patients who are coded with glaucoma and are receiving anticholinergics. It is important that the type of glaucoma is correctly coded.

This has been raised with practice support staff to investigate within practices.

7 Formulary Applications

7.1 **(Kangrexal[®]) 50mg powder for concentrate for solution injection / infusion.**

- £2500 / box of 10 vials (*The Medicines Company UK Ltd*)
- *Cangrelor - co-administered with aspirin in adult patients with coronary artery disease undergoing percutaneous coronary intervention (PCI) who have not received an oral P2Y12 inhibitor prior to the PCI procedure and in whom oral therapy with P2Y12 inhibitors is not feasible or desirable.*

There has been no feedback from the cardiologists on whether they would like to use this product. Brought for Information only and will go through SPF – Noted.

7.2 **Brivaracetam tablets (Briviact[®]) 10mg, 25mg, 50mg, 75mg, 100mg tabs.**

- Cost of all strengths except 10mg £129.64 for 56 tabs.
- 10mg cost £36.64 for 14 tabs.
- TST approved at their last DTC – last line epilepsy treatment

Propose that for patients who have tried all other options it should be available to them. Approved **AMBER** as last line option.

7.3 **Strivit-D3[®] 800iu (colecalfiferol) capsules**

- £2.34/30 caps
- Current formulary choices: Fultium D3 800iu & Desunin 800iu – BOTH £3.60/30 caps

Lots of D3 products becoming available. SG proposed that all are added to formulary with the proviso that GP's choose the most cost effective option when prescribing.

Agreed – **GREEN**.

7.4 **Guanfacine (Intuniv®) prolonged-release tablet**

- 1mg x 28 £56.00, 2mg x 28 £58.52, 3mg x 28 £65.52, 4mg x 28 £76.16
- New product licensed for ADHD in patients between 6 and 17 years of age.

Scottish Medicines Consortium have approved and accepted within its licensed indications. All Wales have not approved and excluded as not being cost effective.

NICE advice suggests some evidence of efficacy over placebo, there are no head to head trials with existing products. Cost is approximately 50% more expensive than other ADHD drugs on the market at maximum dose.

YDH have approved because atomoxetine has proven fairly ineffective and this is an alternative they would like to try, they approved for consultants to initiate and will apply to SPF for amber status.

SomPar have some concerns around the side effect profile but would consider as 3rd line if other options have not proven effective. There is a long list of monitoring requirements and side effects including cardiac side effects. Some discussion around the monitoring requirements, currently have a shared care guideline around ADHD drugs but that hasn't been universally adopted across Somerset.

Propose to add to formulary as we shouldn't be restricting a drug for a small number of patients for whom other options aren't working / suitable. However, there was some concern about the conflicting opinions and lack of evidence around this drug.

Propose to approve with RED traffic light status and ask trusts to bring a case for reclassification to AMBER when they have some evidence with its use next year.

Agreed – **RED**

8 **REPORTS FROM OTHER MEETINGS**
Commissioning Locality Feedback

South Somerset –MHo – Nothing to report

Mentioned that 3 practices are now managed by Yeovil Hospital and that Sompar are potentially also taking over some practices. There may be implications with getting engagement from these practices in the future.

West Somerset – DD – Not present

Central Mendip – GS – Nothing to report

Bridgwater Bay – CL – Nothing to report

Taunton – AF – Nothing to report

Chard, Crewkerne, Ilminster and Langport – TB – not present

East Mendip – PJ – Nothing to report

West Mendip – JN – Nothing to report

North Sedgemoor – CR – not present

COG – GS

Meeting the week after next, nothing medicines management related discussed at last meeting.

Somerset Partnership D&TC – last meeting 18/5/2016 - cancelled

SDB mentioned some areas at June PAMM.

Medicines and Clinical Practice minutes to be highlighted through CH in future.

YDH D&TC - next meeting 19/07/2016

T&ST D&TC – next meeting 29/07/2016

BNSSG Joint Formulary Group – last meeting 24/05/2016 – minutes not received

BNSSG DTC – last meeting 18/05/2016 – minutes not received.

T&S Antimicrobial Prescribing Group – last meeting 11/05/2016 – minutes received.

CH viewed and reported nothing to note.

MHo raised item 7.2 Somerset Partnership AMS position statement.

‘It is a concern that the TSAPG was not in a position to provide formal support or approve any antimicrobial prescribing guidance for other organisations including Somerset Partnership and the Somerset CCG as it was not within the remit of the group. Currently Microbiology is unable to provide this service to the Partnership without effective additional resource.’

RUH Bath DPG – last meeting 09/06/2016 – minutes not received

CH has written to find out more about their biosimilars policy and is awaiting further information.

Weston D&TC – last meeting 10/03/2016 – minutes not received, 12/05/2016 – minutes received.

CH viewed and reported nothing to note.

LPC Report

ML has attended the Health and Care show and reported a large focus on primary care and integrated working.

They are keen to promote and support the inclusion of pharmacists within GP practices as part of a multidisciplinary team. There are approximately 10 practices in Somerset employing pharmacists and LPC can help with indemnity insurance advice. This led to a discussion around training pharmacists to undertake clinical roles.

It has been a challenge to get the discharge transfer of care pilot project working properly. PAMM is supportive of this project and would like to have an update at its next meeting'

Medicines Safety Network – meeting 18/05/2016 postponed to July

PART 2 – ITEMS FOR INFORMATION OR NOTING

Current Performance

9
9.1

Prescribing Report

SG presented his report based on April 2016 data.

- There is no outturn forecast available until June 2016 data is released.
- Budget increase this year is better than 2015-16 and there is a better chance of

balancing the prescribing budget this year.

- The CCG is under more pressure than ever from finance to focus on delivering cost savings. This requires the implementation of scorecard switch savings as soon as possible to release the most savings possible.
- ‘Gluten free’ prescribing is under some scrutiny. Regionally, consideration is being given to stopping the prescribing of gluten free items, but this does not appear to be possible from a medico-legal perspective. Somerset have historically recommended prescribing in line with the Coeliac Society recommendations. Somerset CCG spent less than £3000 on products deemed ‘luxury items’ last year. This is attributed to just 10 practices. The group would like the locality representative of these practices to be informed.
- Self care is an ongoing area of work requiring patient education and awareness, some issue for practices based in deprived areas where patients receive free prescriptions and some difficulty with the perception that prescribed meds are in some way better than those bought over the counter (OTC). All practices would be supported advising patients to buy their own OTC medications for self care. GJ was asked if the Patient participation Group (PPG) would support this area of work, he felt they would. GS agreed to write to the PPG lead to find out to what degree they would be prepared to support the CCG with asking patients to purchase their self care medicines.
- Work has been done around 7-day prescribing and the data will be re-run at the end of quarter 1. Somerset does not support 7-day prescribing except for a small number of patients where there is a clinical need for small supplies.
- Trend graphs were viewed and noted.
- Hypothetical savings per month and the ranked scorecard were included in this report. SG informed the group that the leadership team are writing a letter to the lowest achieving practices with the most potential savings. They are requesting an action plan and offering prescribing support from the medicines management team for those that would like additional support.

9.2 **April Scorecard Commissioning Locality Trend**

Noted. Overall for each locality the vast majority of practices are moving in the right direction.

9.3 **April Safety Spreadsheet** – viewed and noted

Co-proxamol was discussed. This was removed by the MHRA because of safety concerns some years ago. There are still 20 items being prescribed per month on average.

This is dependent on the willingness of GPs to challenge with patients, there are some who are convinced this product only works for them. The reality is it’s probably not possible to achieve zero on some of these things.

10 **Medicines Optimisation Dashboard – refreshed May 16**

CH picked out items of interest and shared comparison graphs for EPS, AF, heart failure, depression, antibacterials, diabetes, osteoporosis, asthma, COPD and Pincer software. Viewed and noted

11 **Rebate Schemes** – nothing new

12 NICE Guidance

12.1 **NHS Sheffield CCG framework of NICE guidance (June) – noted**

13 NICE Technology Appraisals – nothing new

14 NICE Clinical Guidance – nothing new

15 Safety Items, NPSA Alerts and Signals

15.1 **June DSU newsletter – viewed and noted**

15.2 **Nexplanon (etonogestrel) contraceptive implants: reports of device in vasculature and lung – noted**

15.3 **Topical miconazole, including oral gel: reminder of potential for serious interactions with warfarin – noted**

Useful to raise in newsletter article.

16 BNF Changes

16.1 **BNF update June 2016 – viewed and noted**

17 Any Other Business

17.1 PJ asked about Abasaglar® – biosimilar glargine insulin.

It is 1st line on formulary. Practices that are commissioned to do insulin initiation could look at switching from Lantus® to Abasaglar®, the device is different and there would need to be an element of patient education. The diabetes service has been asked to look at patient switches but they have been unable to take that on. It is potentially OK for DN administered patients to be switched as long as the DN is fully aware of the difference in device. It would be necessary for the practice to liaise with the DN hub and highlight potential patients.

LH will contact the professional DN lead to consider this.

17.1 GS mentioned the prescribing dilemmas document, last reviewed in 2011. It's a useful document for new prescribers is currently being updated and will be brought to PAMM for approval.

17.2 SG raised blood glucose monitoring meters and strips. Have not previously made any recommendations around this but is being looked into. There are new ISO rules and testing criteria. There is some Somerset prescribing of items which are no longer ISO compliant. There is also some prescribing of blood glucose testing strips (BGTS) for type 2 diabetics who are diet controlled or on monotherapy with oral hypoglycaemic agents, for whom blood glucose testing is not necessary. Some patients receiving more than one type of BGTS. The Medicines Management Team will review the available products and will propose a range of the four or five most cost effective and ISO compliant preferred products for use in Somerset soon.

Date of Next Meeting: Wednesday 14th September 2016, Meeting Room 2, Wynford House, Yeovil

**PRESCRIBING AND MEDICINES MANAGEMENT GROUP MEETINGS
SCHEDULE OF ACTIONS**

NO	SUBJECT	OUTSTANDING RESPONSIBILITY	ACTION LEAD	STATUS
ACTIONS ARISING FROM THE MEETING HELD ON WEDNESDAY 6th July 2016				
1	June Minutes	Amend formulary decision for Safinamide 50mg and 100mg (Xadago®) tablets from RED to BLACK .	Donna Yell 14th Sept 2016	Completed
2	Dementia read coding	Ask Meds Man prescribing support team for feedback from search results. Investigate which practices have high numbers of patients and which have prescribing support. Add as agenda item for September PAMM	Catherine Henley Donna Yell 14th Sept 2016	On Agenda
3	Stoma Care Annual Use Reviews	Promote as a service to patients the offer by Taunton Stoma nurses to perform annual use reviews for practices via GP Bulletin	Catherine Henley 14th Sept 2016	In Progress
4	Off license prescribing requests from secondary care - decision aid.	<ul style="list-style-type: none"> • Share document with GP's, reissue specials guidance and notify of where to find it. • Add to Navigator App • Ask Pharmacists to flag high cost specials to GP's and to refer to specials guidance to suggest alternatives. 	Catherine Henley 14th Sept 2016 Michael Lennox	Completed Completed
5	Prescribing Leads meeting feedback	<p>Improving patients understanding of their medicines: share link to clinical indications website with CL</p> <p>Building better links with community pharmacy: ML to be linked in to the EPS working group</p>	Catherine Henley 14th Sept 2016	In Progress
6	Delegate notes for feedback to commissioning locality prescribing leads	Ask TB for examples of his sharing points	Geoff Sharp 14th Sept 2016	Completed
7	Medicines incident report	Feedback to safety network, MH comment about Cimzia being listed as 'Hospital Only' on the practice EMIS system. Request suggestions on how primary care can help prevent this reoccurring.	Donna Yell Jo Bird 14th Sept 2014	Completed
8	(Enstilar®) betamethasone dipropionate 0.5mg + calcipotriol 0.05mg cutaneous foam	Contact dermatologists to find out where this product is useful and bring back to PAMM for consideration to add to formulary.	Catherine Henley 14th Sept 2016	On Agenda

Continued on next page

9	NICE [CG144] Venous thromboembolic diseases: diagnosis, management and thrombophilia testing	Feedback to Lincoln Andrews that there is rarely any advice given to GP's on treatment durations provided by specialists initiating time limited medications.	Catherine Henley 14 th Sept 2016	In Progress
10	Polypharmacy – deprescribing guidance	Delegates to look at the NHS Scotland guidance and smartphone app. Comments to be brought to September PAMM	All Delegates 14 th Sept 2016	On Agenda
11	Abasaglar biosimilar glargine DN patient switches	Contact the professional DN lead to consider the switching of glargine patients to the biosimilar. DN education needed for the change of device.	Liz Harewood 14 th Sept 2016	
12	Gluten Free Luxury items	Locality representatives to be informed of any of the 10 practices, relevant to them, identified as prescribing luxury items	Catherine Henley 14 th Sept 2016	Completed
13	Self-care PPG support	Write to the PPG lead to find out to what degree they would be prepared to support the CCG with asking patients to purchase their self care medicines.	Geoff Sharp 14 th Sept 2016	In Progress
14	Traffic Light changes	<ul style="list-style-type: none"> • Safinamide 50mg and 100mg (Xadago®) tablets – BLACK Clarification from SG that the proposal was to have this as BLACK - not recommended and not RED as set out in June draft minutes. • Brivaracetam tablets (Briviact) 10mg, 25mg, 50mg, 75mg, 100mg tabs. <ul style="list-style-type: none"> • Cost of all strengths except 10mg £129.64 for 56 tabs. • 10mg cost £36.64 for 14 tabs. • TST approved at their last DTC – last line epilepsy treatment <p>Propose that for patients who have tried all other options it should be available to them. Approved AMBER as last line option.</p> <ul style="list-style-type: none"> • Guanfacine (Intuniv®) prolonged-release tablet 1mg x 28 £56.00, 2mg x 28 £58.52, 3mg x 28 £65.52, 4mg x 28 £76.16 New ADHD product licensed for patients between 6 and 17 years of age - RED 	Steve Moore 14 th Sept 2016	Completed
15	Formulary changes	<ul style="list-style-type: none"> • Strivit-D3® 800iu (colecalfiferol) capsules. £2.34/30 caps. Lots of D3 products becoming available. SG proposed that all are added to formulary with the proviso that GP's choose the most cost effective option when prescribing. Agreed – GREEN. 	Gaynor Woodland 14 th Sept 2016	Completed

Continued on next page

<p>16</p>	<p>Newsletter articles</p>	<ul style="list-style-type: none"> • Stoma care annual use review. Advertise the offer of this service by Taunton Stoma nurses to practices • Over Prescribing in patients with Learning Disabilities. Share NHSE Stopping over-medication of people with learning disabilities document. • 2015-16 Safety Spreadsheet. Write a summary of the progress made in 2015/16. • Canagliflozin-Containing Medicines INVOKANA▼ (canagliflozin), VOKANAMET▼ (canagliflozin, metformin) and the risk of Lower Limb Amputation (Primarily of the Toe). Include information in newsletter • Off license prescribing requests from secondary care - decision aid. Add decision aid as an article in the newsletter with the 10 most common specials and the recommended alternative, include a warning that if the price is £0.00 in the item information then it is likely to be a special with a potentially high cost. • Topical miconazole, including oral gel: reminder of potential for serious interactions with warfarin. From June Drug Safety Update newsletter. 	<p>Steve Moore 14th Sept 2016</p>	<p>Stoma Care to do, all others Completed.</p>
-----------	----------------------------	--	--	--