NHS
Barnsley
Clinical Commissioning Group

Minutes of the meeting of the AREA PRESCRIBING COMMITTEE held on Wednesday, 11th August 2021 via MS Teams

MEMBERS:

Chris Lawson (Chair)	Head of Medicines Optimisation (Barnsley CCG)
Professor Adewale Adebajo	Associate Medical Director (Medicines Optimisation) on behalf of the Medical Director (BHNFT)
Tom Bisset	Community Pharmacist (LPC)
Dr Madhavi Guntamukkala	Medical Director (Barnsley CCG)
Dr Rebecca Hirst	Palliative Care Consultant (Barnsley Hospice)
Sarah Hudson	Deputy Chief Pharmacist (SWYPFT)
Dr Abdul Munzar	General Practitioner (LMC)
Mike Smith	Chief Pharmacist (BHNFT)

IN ATTENDANCE:

Nicola Brazier	Administration Officer (Barnsley CCG)
Kerry Burns (item 21/159 only)	Lead Diabetes Nurse (BHNFT)
Lauren Clarke	Senior Pharmacist, Interface (BHNFT)
Joanne Howlett	Medicines Management Pharmacist (Barnsley CCG)
Dr Malik (item 21/156 only)	Consultant Physician in Respiratory Medicine (BHNFT)
Gillian Turrell	Lead Pharmacist (BHNFT)

APOLOGIES:

Caron Applebee	Lead Pharmacist (Barnsley CCG)
Deborah Cooke	Lead Pharmacist (Barnsley CCG)
Dr Mehrban Ghani	Chair, Barnsley Healthcare Federation CIC, representing the Primary Care Networks (PCNs)
Dr Kapil Kapur	Consultant Gastroenterologist (BHNFT)

ACTION BY

APC 21/155 QUORACY

The meeting was quorate. Dr Guntamukkala, Medical Director was welcomed to the meeting.

APC 21/156 PHYLLOCONTIN® GUIDANCE

Dr Malik, Consultant Physician in Respiratory Medicine, BHNFT was in attendance to discuss the respiratory physicians plan for reviewing patients taking Phyllocontin®.

The Head of Medicines Optimisation referred back to February 2021 when notice was received of the discontinuation of Phyllocontin® (aminophylline) 225mg and 350mg modified release tablets. The advice from NHS England was to review patients to optimise their inhaled therapies. Details have been shared with BHNFT around the number of primary care patients who are taking Phyllocontin® and these have been cross referenced with the list of patients under the BREATHE team, identifying 51 patients under the BREATHE team out of 340 patients in Barnsley. It was thought that some patients have since been seen in clinic by the service but have not been changed, therefore advice and support was sought from the respiratory consultants about how best to review these patients. It was thought that the majority of patients who still require a methylxanthine would

need to be switched to theophylline tablets (Uniphyllin Continus®).

Dr Malik advised that following discussion with colleagues, they would suggest prescribing Uniphyllin Continus® to patients already on an inhaler for COPD/asthma. If not tolerated this should be stopped or if a patient develops any side effects the GP could review but this was less likely.

GP representatives advised that patients have been contacted remotely and changed over with no issues with tolerance reported but there was some concern that follow up would be required, possibly working with the Breathe Team and BHNFT service. Dr Malik advised that any issues reported can be addressed in the community COPD clinic or by contacting advice and guidance.

It was agreed that patient reviews to change to theophylline tablets (Uniphyllin Continus®) would be progressed in primary care. This would be taken to the next LMC meeting with communication sent out to primary care.

Dr Malik was thanked for attending the meeting.

Agreed action: -

- Agreed plan to be taken to the next LMC meeting. **CL**
- Communication to be sent out to primary care. **CL**

APC 21/157 DRAFT MINUTES OF THE MEETING HELD ON 7th JULY 2021

Subject to a small spelling correction on page 1, the minutes were accepted as an accurate record of the meeting. **NB**

APC 21/158 MATTERS ARISING AND APC ACTION PLAN

All included on the agenda.

APC 21/159 FLASH GLUCOSE MONITORING

Kerry Burns, Lead Diabetes Nurse, BHNFT was in attendance to discuss the position statement regarding Flash Glucose Monitoring recently published by DTN-UK and the ABCD Group (who lobby for innovations in technology for patients and are sponsored heavily by industry).

The Head of Medicines Optimisation advised that following publication of the position statement, she sought feedback from surrounding area organisations who advised that they would not be changing their guidance around the flash glucose monitoring. This was brought to the Committee to discuss and decide if Barnsley needed to be made any changes to its guidance and criteria and to raise awareness of the position statement.

The Lead Diabetes Nurse spoke of the pressure in the service from patients contacting them to access this to manage their type 2 diabetes, noting that there may have been some pressure from direct patient advertising but enquires had been constant prior to that as patients have been more aware of it for a while. Free trials are offered and patients want to extend use when they realise the benefits and some patients self-fund for a limited period but then due

to cost contact the service to continue use.
The Lead Diabetes Nurse spoke of her experience of the device in that it is easier to motivate patients with the Libre sensor and also easier to review them remotely reducing/removing the need to present for appointments. Benefits have also been seen when used by dementia, LD and cancer patients as it works well for management those patients. The service has had lots of experience in using it and wish to put forward a request to change the Barnsley criteria.

The Head of Medicines Optimisation acknowledged the pressure on the service and the need to get best outcomes for patients and it was therefore agreed that the APC should consider reviewing the guidance and expanding the criteria for certain groups of patients. It was noted that in making that decision the Committee need to factor in what other areas are doing to ensure consistency across SY&B as well as the numbers of patients and the issues touched on around cost and supply. On approval of FreeStyle Libre, it was agreed that a 6 month review would be undertaken. Any outcome data for use in type 1 diabetes patients would be considered when undertaking the independent review to support the guideline. This would be brought back to the Committee.

The Lead Diabetes Nurse was thanked for attending the meeting.

Agreed action: -

- An independent review would be undertaken to review the guidance and criteria, liaising with region regarding the review of their guidance. **CL**

APC 21/160 CATION EXCHANGE RESINS

The Medicines Management Pharmacist presented the paper produced following discussion at the March 2021 APC meeting to look at the different cation exchange resins on the Barnsley formulary. The paper includes a summary of the indications, current traffic light classifications and any NICE guidance. The Lead Pharmacist, BHNFT has also discussed this with the specialists at the Trust.

It was noted that Calcium Resonium® currently has a formulary amber-G traffic light classification but there was no current amber-G guidance. The traffic light classification varies in other areas. The hospital is currently developing a Hyperkalaemia Management Guideline which is documented on the APC action plan.

There is a small amount of prescribing in primary care.

Reference was made to the newer cation exchange polymers that are currently licensed and have NICE TAs (patiromer calcium (Veltassa®) and sodium zirconium cyclosilicate (Lokelma®)), noting that some will be used for acute hyperkalaemia, with the patiromer in particular being licensed for the management of chronic hyperkalaemia in heart failure patients who are on renin-angiotensin-aldosterone system (RAAS) inhibitors. Patiromer calcium (Veltassa®) and sodium zirconium cyclosilicate (Lokelma®) are formulary red. There was no prescribing in primary care and most other areas have them classified red with a small number of CCGs having them as amber-G for chronic

use. There was very little prescribing of chronic usage of these at BHNFT, the renal associate hyperkalaemia guideline mentions that the new resins should be initiated in secondary care only which would support the option of them being amber or red but not green.

With regard to Calcium Resonium®, the Committee were asked if the Hyperkalaemia Management Guideline being developed would be sufficient, which would follow a similar approach to Nottinghamshire, or if separate amber-G guidance was required.

With regard to the newer resins, the Committee were asked if these should remain as red as prescribing was quite low or should they be moved to amber.

The Lead Pharmacist, BHNFT noted that the Hyperkalaemia Management Guideline being developed is the acute severe Hyperkalaemia Guideline for in-patient use which is inappropriate for primary care.

The Lead Pharmacist, BHNFT referred to the Renal Association Community Guideline shared with the Medicines Management Pharmacist which was specifically a community guideline which recommends that the 2 newer agents should be secondary care initiation only. In terms of the pathway being developed at the Trust, Calcium Resonium® could be added but this pathway was not appropriate for primary care. It was suggested that a local version of the Renal Association Community Guideline be produced for primary care.

The GP (AM) felt it inappropriate to initiative prescribing in primary care and that this should only be done in an acute setting. The Committee agreed that these would retain the red traffic light classification status for specialist use (management and supply). The number of patients on Calcium Resonium® long term in primary care would be obtained and should there be significant numbers this would be brought back to the next meeting.

Agreed action: -

- The number of patients on Calcium Resonium® long term in primary care would be obtained and should there be significant numbers this would be brought back to the next meeting. **JH/DC**
- A local version of the Renal Association Community Guideline to be produced for primary care. **GT**

APC 21/161 CHANGES TO LIVER FUNCTION TESTS IN BARNSLEY

The Medicines Management Pharmacist advised that following the changes to liver function tests at BHNFT, queries have been received asking whether for any shared care drug which require LFT monitoring, whether monitoring of ALT and ALP only is sufficient or whether they need to request AST and GGT as well.

The findings presented in the paper indicate that it does seem reasonable to monitor ALT and ALP only when monitoring shared care drugs but agreement was sought from the Committee.

The Committee were in agreement and the Shared Care Guideline wording would be amended when updating and developing SCGs to reflect the change to LFT monitoring. **JH/GT/ LC/SH/ MP**

APC 21/162 KNEE PRESSURE OFFLOADING DEVICE (KNEE BRACE) ACTION RELIEVER

The Medicines Management Pharmacist advised that there had been a few requests from patients asking practices to prescribe this device, after seeing an advert for it which states it can be prescribed on the NHS. When this was discussed at the March 2021 meeting it was felt that this device should be recommended by a specialist and therefore it was agreed to look it further outside of the meeting looking at the pathway and how to offer advice.

Feedback had been obtained from the Consultant Orthopaedic Surgeons who advised that they are using offloading knee braces but only under particular circumstances and on an individual case by case basis. They are obtained on special order after recommendation by the Orthopaedic Surgeon. However the consultants did not specify which offloading knee brace they use. One consultant was unaware of the Action Reliever knee brace.

From May 2020 to April 2021, 4 Action Reliever knee braces have been prescribed in primary care in Barnsley. Based on the feedback it was suggested that the Action Reliever knee brace is added to the formulary with a red traffic light classification.

The Lead Pharmacist, SWYPFT would seek feedback from the physio service regarding use of the device and should they feel it be suitable for patients, obtain clarity around referral (to GP or specialist orthopaedic team). If feedback indicates that the service are using the device but cannot provide them we need to agree the route of supply. This would be brought back to the next meeting.

It was acknowledged that there will be requests from patients to GPs to prescribe as the company do direct to patient advertising but that the classification will give support to GPs to handle the requests.

Agreed action: -

- Feedback to be sought from the physio service and brought back to the next meeting. **SH**

APC 21/163 PALLIATIVE CARE GUIDELINE: PROTON PUMP INHIBITORS AND ALTERNATIVES TO SUBCUTANEOUS RANITIDINE (NEW)

The Palliative Care Consultant (Barnsley Hospice) presented the guideline which the Head of Medicines Optimisation shared that this was supported by GP colleagues.

The Lead Pharmacist, BHNFT wanted to ensure the formulary reflects that it's a restricted option for subcutaneous use in palliative patients. It was noted that a small number of vials would be stocked in the hospice and hospital.

The Committee approved the guideline.

***Post meeting note**: pantoprazole injection has been added to the formulary as restricted with an amber-G classification.*

APC 21/164 FENTANYL AND BUPRENORPHINE SKIN PATCHES: HOW TO USE AND DISPOSE OF THEM SAFELY PIL (UPDATE)

The Palliative Care Consultant (Barnsley Hospice) presented the updated guideline with no clinical changes to note.

The Committee approved the guideline.

APC 21/165 DIABETES GUIDELINES REVIEW LIST

The Head of Medicines Optimisation referred to discussions at the Diabetes Integrated Service Review meeting noting that the list provided at Enclosure I refers to guidance currently shown on the BEST website. It was recognised that there are a significant number of areas that have not yet been reviewed, some of which contain medicines. Advice was sought from members around reviewing of the guidance, in particular from BHNFT pharmacy service.

The Lead Pharmacist, BHFNT advised that pharmacy had no involvement in producing the original guidance documents and a significant amount of time would be required to support review and update of the medicines related guidelines.

It was suggested that national guidance be used where available which would reduce the review workload significantly; with links for signposting opposed to local guidance that requires updating.

The Head of Medicines Optimisation to discuss further with Dr Atcha and Michelle Thompson and ensure placed appropriately in the required sections of BEST.

It was highlighted that the Diabetes Guidelines 2016 was still available in the prescribing guidelines section of the BEST website and it was agreed that any old guidelines needed to be removed.

Agreed action: -

- The Head of Medicines Optimisation to discuss further with Dr Atcha and Michelle Thompson. **CL**
- The Diabetes Guidelines 2016 to be removed from the BEST website. **JH**

***Post meeting note**: The Barnsley treatment algorithm for the management of type 2 diabetes has also been removed from the BEST website as this is to be used in conjunction with the Diabetes Guidelines 2016.*

APC 21/166 SHARED CARE FOR ANTIDEPRESSANTS IN CAMHS

The Lead Pharmacist, SWYPFT asked on behalf of the CAHMS team if it would be possible to have a shared care or amber-G arrangement in place for antidepressants in children to support the team, noting that they are able to prescribe antidepressants for adults which are green but often for young people are ‘off label’.

The Head of Medicines Optimisation suggested this be discussed at the next CAMHS Task and Finish Group which looks at all issues around shared care in the CAMHs service.

Agreed action: -

- The Head of Medicines Optimisation to escalate this to the CAMHS Task and Finish Group. **CL**

APC 21/167 SHARED CARE GUIDELINES / AMBER G SHARED CARE GUIDELINES

21/167.1 Dantrolene Amber G Guideline

The Senior Interface Pharmacist (BHNFT) presented the guideline which now includes additional information around LFTs.

Clarity was sought around the wording at the top of the amber-G guideline in relation to titration timescales and following discussions and clarity provided around the amber and amber-G classifications, it was felt that Dantralene should be classified amber. This would be taken to the next LMC meeting and brought back to the APC.

It was noted that the amber-G guideline templates were being reviewed and would be brought to the APC for endorsement.

Agreed action: -

- The guidance and suggested classification would be taken to the next LMC meeting. **CL**

21/167.2 Linaclotide Amber G Guideline

The Senior Interface Pharmacist (BHNFT) presented the guideline which now includes information on the use of Linaclotide during pregnancy and when breast-feeding.

The Committee approved the guideline.

21/167.3 Aromatase Inhibitors Amber G Guideline

The Medicines Management Pharmacist presented the updated guideline with changes highlighted. The guideline has received minor amendments including additional information on the frequency of follow-up of DEXA scans for women with osteoporosis or at risk of osteoporosis.

It was noted that the amber-G guideline template heading has been updated.

The Committee approved the amber G guideline.

21/167.4 Nalmefene Amber G Guideline

The Medicines Management Pharmacist presented the updated guideline with minor amendments including a change from LDQ (Leeds Dependence Questionnaire) to SADQ (Severity of Alcohol Dependence Questionnaire).

The Committee approved the amber G guideline.

APC 21/168 FORMULARY REVIEWS

21/168.1 Formulary Review Plan (for information)

Noted. The Lead Pharmacist, BHNFT to obtain an update on timescales from Debbie Webster. **GT**

21/168.2 Chapter 2: Cardiovascular

The Lead Pharmacist, BHNFT presented the review, noting that it had been a complex review as changes agreed 2 years ago had not made which all required checking again.

***Post meeting note**: records from the last cardiovascular formulary review in 2018 states that the changes agreed were actioned in 2018.*

The Committee were asked for advice around the classification of Metolazone. It was suggested this be classified as amber-G as unlicensed, however unlicensed products do not automatically change to amber G. Historically they wouldn't be shared care but guidance would be issued. The amber-G was agreed and it would be made clear that it was unlicensed and individual clinician decision to prescribe.

Reference was made to guidance about switching warfarin patients to DOACS as part of the COVID pandemic which required additional information including logos, ownership, authorship and review date. The document would be located and updated. **GT**

The Committee were happy to endorse the Cardiovascular formulary review and the reviewers were thanked for their work on a complex chapter.

APC 21/169 NEW PRODUCT APPLICATION LOG

The log was received and noted.

APC 21/170 NEW PRODUCT APPLICATION

21/170.1 Slo Milkshakes

The Medicines Management Pharmacist presented the new product application for a range of powdered, pre-thickened oral nutritional supplements (ONS) that have received ACBS approval for prescribing in dysphagic patients. These are available in the 4 separate International Dysphagia Diet Standardisation Initiative (IDDSI) levels (1-4) for dysphasia.

The viscosity of 'standard' ONS products can be affected by various factors such as room temperature, flavour and shelf-life but the pre-thickened ONS maintain their viscosity despite these factors and are therefore safer than standard ONS for those who have dysphagia and require thickened fluids.

It was noted that they feature in a number of CCG guidelines as amber-G and it was acknowledged that there was no clinical trial data available as these were nutritional products.

The only pre-thickened ONS currently on formulary is Fresubin Thickened available in levels 2 and 3. These cost £2.35/bottle as these are ready to drink as opposed to SloMilkshakes which are

powders. The price comparison was presented at enclosure P2 with SloMilkshakes available in levels 1 to 4 and vary between 85-95p per sachet.

If approved, it would be restricted for use to patients under dietitians who have both malnutrition and with a diagnosis of dysphasia recommendation of thickened fluids. This would be added to the formulary as amber-G and the independent review suggests we would have local guidance on these local thickened ONS.

The Committee approved the new product application for SloMilkshakes and agreed to monitor the usage of them to ensure in line with the expected numbers.

Agreed action:-

- Local guidance on the local thickened ONS to be made available. **DC**
- Usage of the SloMilkshakes to be monitored to ensure in line with the expected numbers. **DC**

APC21/171 BARNSLEY APC REPORTING

The Head of Medicines Optimisation advised that there was nothing to report at this month's meeting as it had been decided to delay reporting by a month in order to allow time to follow up on reports to provide a more robust report with outcomes to the Committee.

There was reference to a couple of reports from community pharmacy where patients were discharged on an MDS from BHNFT but hadn't received a DMS in community pharmacy. These would be reported through to BHNFT and APC reporting.

The Senior Interface Pharmacist, BHNFT advised that DMS reports are included in her report. She also advised that due to an increase in APC reports in recent months, they have now created a shared inbox within the pharmacy department for all community APC queries to be sent to, rather than directly to individuals. This will be distributed to all.

APC 21/172 NEW NICE TECHNOLOGY APPRAISALS (JULY 2021)

NICE TAs July 2021

The Lead Pharmacist, BHNFT advised that the following NICE TAs **were** applicable for use at BHNFT: -

- TA715 Adalimumab, etanercept, infliximab and abatacept for treating moderate rheumatoid arthritis after conventional DMARDs have failed
- TA718 Ixekizumab for treating axial spondyloarthritis
- TA719 Secukinumab for treating non-radiographic axial spondyloarthritis
- TA355 (updated from Sept 2015) Edoxaban for preventing stroke and systemic embolism in people with non-valvular atrial fibrillation
- TA275 (updated from Feb 2013) Apixaban for preventing stroke and systemic embolism in people with non-valvular atrial fibrillation
- TA256 (updated from May 2012) Rivaroxaban for the

prevention of stroke and systemic embolism in people with atrial fibrillation
- TA249 (updated from March 2012) Dabigatran etexilate for the prevention of stroke and systemic embolism in atrial fibrillation

The Lead Pharmacist, BHNFT advised that the following NICE TAs **were not** applicable for use at BHNFT: -

- HST15 Onasemnogene abeparvovec for treating spinal muscular atrophy
- TA713 Nivolumab for advanced non-squamous non-small-cell lung cancer after chemotherapy*
- TA714 Dasatinib for treating Philadelphia-chromosomepositive acute lymphoblastic leukaemia (**terminated appraisal**)
- TA716 Nivolumab with ipilimumab for previously treated metastatic colorectal cancer with high microsatellite instability or mismatch repair deficiency*
- TA717 Duvelisib for treating relapsed follicular lymphoma after 2 or more systemic therapies **(terminated appraisal**)

* These drugs will be stocked in the hospital for use in the Weston Park outreach clinics at BHNFT and this would be clearly stated on the formulary.

The Lead Pharmacist, BHNFT **would advise** if the following NICE TA was applicable for use at BHNFT: -

- TA712 Enzalutamide for treating hormone-sensitive metastatic prostate cancer **GT**

21/172.2 Feedback from BHNFT Clinical Guidelines and Policy Group
There was nothing relevant to report.

21/172.3 Feedback from SWYPFT NICE Group
There was nothing relevant to report.

APC 21/173 FEEDBACK FROM THE MEDICINES MANAGEMENT GROUPS

21/173.1 Primary Care Quality & Cost Effective Prescribing Group (QCEPG)
The group focussed on wound care this month and picked up some issues around podiatry and the supply of dressings. Work is underway across the interface to resolve the issues, making sure it's in line with the supply arrangements in the Trust and primary care. A report of the information and the evaluation would be brought to a future APC meeting.

21/173.2 BHNFT
There was nothing relevant to report.

21/173.3 SWYPFT Drug and Therapeutics Committee
There was nothing relevant to report.

21/173.4 Community Pharmacy Feedback
Update deferred to the next meeting.

21/173.5 Wound Care Advisory Group
As above at 21/173.1.

APC 21/174 ISSUES FOR ESCALATION TO THE QUALITY & PATIENT SAFETY COMMITTEE (Q&PSC)

It was agreed to escalate the review of the Diabetes Guidelines list to the Q&PSC and report in that there is some pressure around the Flash Glucose Monitoring. **CL**

APC 21/175 SPS NEW MEDICINES NEWSLETTER (JUNE 2021)

The Committee assigned the following classifications to the products listed below: -

- Bevacizumab (biosimilar) (Alymsys®) - non-formulary provisional red
- Inclisiran (Leqvio®) - non-formulary provisional red
- Insulin Aspart biosimilar (Trurapi®) Sanofi - non-formulary provisional green

APC 21/176 MHRA DRUG SAFETY UPDATE (JULY 2021)

The update was noted with the following information highlighted relevant to primary care:-

<u>Chloramphenicol eye drops containing borax or boric acid buffers: use in children younger than 2 years</u>

Following a review of the available toxicological data and a calculation of daily exposure to boron from a typical dosing regimen, we have concluded that the balance between the benefits and risks of chloramphenicol eye drops containing borax or boric acid remains positive for children aged 0 to 2 years. Chloramphenicol eye drops can be safely administered to children aged 0 to 2 years where antibiotic eye drop treatment is indicated.

The formulary will be updated to include the MHRA link. **JH**

<u>Herbal and homeopathic medicines: reminder to be vigilant for suspected adverse reactions and to report them to the Yellow Card scheme</u>

If an adverse drug reaction is suspected, ask patients if they are taking any herbal or homeopathic medicines and report any suspicions to the Yellow Card scheme. Remind patients to check that a herbal or homeopathic medicine is licensed and to follow the advice included in the patient information.

<u>COVID-19 vaccines: updates for July 2021</u>

Revisions have been made to the information for healthcare professionals and information for UK vaccine recipients for the COVID-19 Vaccine Moderna and Pfizer/BioNTech COVID-19 vaccine following a thorough review of extremely rare reports of myocarditis and pericarditis after COVID-19 vaccination.

These events are extremely rare and tend to be mild when they do occur. Our advice remains that the benefits of getting vaccinated outweigh the risks in the majority of people.

APC 21/177 REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)

The Head of Medicines Optimisation advised that since the last APC meeting, 3 RMOC draft shared care guidelines had been disseminated for consultation with a mid-September 2021 deadline. These will be circulated should APC members wish to feedback.

Feedback will be provided advising that Barnsley shared care guidelines are developed around therapeutic areas rather than individual guidelines for individual drugs, but that we would use the information within the RMOC guidelines as part of reviewing our guidelines.

Agreed action: -

- RMOC draft shared care guidelines published for consultation to be emailed to members. **CL**

APC 21/178 SOUTH YORKSHIRE AREA PRESCRIBING COMMITTEE MINUTES

The minutes from NHS Doncaster & Bassetlaw CCG (27th May 2021) and NHS Sheffield CCG (17th June 2021) were received and noted.

APC 21/179 ANY OTHER BUSINESS

21/179.1 Referrals from Primary Care for Anticoagulant Switching

The Senior Interface Pharmacist, BHNFT raised on behalf of the Lead Pharmacist, Orthopaedic and Anticoagulant Services concern around the number of inappropriate referrals the anticoagulant clinic is receiving to switch patients from one anticoagulant to another (i.e. DOAC to warfarin). It was noted that switching guidance has been produced and approved by the APC and therefore patients could be switched in primary care.

Agreed action:-

- Details to be shared with the Head of Medicines Optimisation. **LC**

APC 21/180 DATE AND TIME OF THE NEXT MEETING

The time and date of the next meeting was confirmed as Wednesday, 8th September 2021 at 12.30 pm via MS Teams.