Minutes of the Meeting of the Clinical Effectiveness Group
held on Wednesday April 1st 2009 at Wimbledon Bridge House at 3pm in room 3

Present: Josephine Ruwende- Consultant in Public Health Medicine, Chair
Amanda Cranston-Consultant in Public Health
Katie Hunter-SHO Public Health
Fiona Hicks-Clinical effectiveness Manager
Nick Beavon-Public Health pharmacist
- Mick Sanders-Clinical Effectiveness facilitator
Donald Roy- Lay Member
David Finch-Medical Director

In Attendance: Ted Poulter – Physical Activity Lead

09/15 Minutes of the Previous Meeting

The minutes of the meeting held on 05/02/09 were agreed as a correct record.

09/16 Matters Arising-
Revised Terms of Reference (minutes 09/04)

GP attendance at CEG remains an issue regarding attendance as GP’s not remunerated for attendance unless they are members of the PEC. Representation from clusters required if the group is to take responsibility for medicines management and improve implementation of NICE guidance in primary care
Representation from Mental Health Trust remains a problem, MS reports that contacts have been made and that the MH Trust Improving Clinical Practice Committee is revising its terms of reference. JR to liaise with Ben Nereli re representation.

JR to identify an individual to develop and introduce Electronic templates for GP’s and the EMIS system

09/17 Revised Terms of reference

Agreed to introduce the Medicines management function into the Clinical effectiveness group to become the Clinical effectiveness and Medicines Management Group. NB/JR.
This will include: Horizon scanning new, disseminating Guidelines/NPSA recommendations to GPs (NB)
To report on quality issues, KSF and standard procedures (FH)
Discussion surrounding who captures data and reports relevant to primary care, (NB to discuss with Kirsty) .Discussion around LES specs, this appears to be ad hoc led by individuals with interest in a specific area rather than being led as part of a comprehensive process, A flow chart route needs to be developed
09/18  **NICE Implementation Policy**
Agreed by the group and to be taken forward to PEC

09/19  **Baseline assessments**
Presentation from Ted Poulter.
**Mental Health Wellbeing In Older People** PH 16
The PCT is largely compliant with the guideline. It was identified that the range of services on offer could be coordinated in a more effective way to ensure that GP’s have a comprehensive list of options for potential referral. It was suggested that a comprehensive mapping and audit of services to be performed as a stock taking exercise.

**Promoting Physical Activity for children and young people** PH17
The PCT is fully compliant with guidance but further user involvement from young people required to tailor the programme to their preferences. **No further reporting required.**

**PH18 Needle ands Syringe programmes.**
Largely compliant, NB to discuss with Anne Middleton and seek clarification about 24 hour service provision within WPCT.

09/20  **LATEST NICE GUIDANCE**
**TA 167 Abdominal Aortic Aneurysm -Endovascular Stent Grafts**
JR reported that this could have increased financial implications following the introduction of Abdominal Aortic Aneurysm Screening

**CG 82 Management of schizophrenia**
It is recommended that all patients with schizophrenia should have their risk of cardiovascular disease assessed annually.

**TA168, Influenza - zanamivir, amantadine and oseltamivir (review)** DF queried the difference between this and previous guidance.

**PH 19 Management of long-term sickness and incapacity for work**
It was noted that it would be difficult to make the implementation of NICE guidance mandatory without incentivisation but the PCT could facilitate this by developing templates of clinical guidelines to include on EMIS or upload onto the intranet, include drug recommendations on Scriptswitch, and send out in key recommendations relevant to general practice in the Prescribing newsletter and NICE summaries.

No further action required on other guidance

**Smoking Cessation Prescribing Guidance (NB)**
Guidance developed by Mary Boucher was discussed by the group. The main recommendations needed to be presented as a flowchart which reflects first/second/third line prescribing preferences.
The revised guidelines will be circulated to GPs via the prescribing and also shared with the smoking Cessation teams.

**Breastfeeding with Thrush (NB)**

NB asked to develop guidance for non medical prescribers as licence for Miconozole gel removed in children under 4 months and Fluconazole not recommended for breast feeding mothers, this represents established and considered best practice. Information leaflet for mothers revised and literature suggests that both are safe.

JR asked NB to develop a robust paper in order to proceed with recommendations to prescribe and advise the use of off label medicines in this instance. NB to report back next CEG

**WPCT policy on Aesthetic surgery. (JR)**

Agreed by CEG

**Minimally invasive surgery for uterine fibroids (JR).**

Policy adopted.

09/21  **Any Other Urgent Business**

None

09/22  **Date of Next Meeting**

To confirm that the next meeting will be held on 03/06/09 at 3pm in Wimbledon House

Approved as a correct record:

Signed: .................................................

Chairman

Date: .................................................