

Clinical Effectiveness and Medicines Management Group (CEMMaG)

Notes of the meeting held on 5th August 2010 at Wimbledon Bridge House

Present:

Neil Bamford, GP, Diabetes Lead, NHSW	(NBa)
Nick Beavon, Chief Pharmacist, NHSW	(NB)
Georgina Chan, Public Health Trainee, NHSW	(GC)
Amanda Cranston, Consultant in PH, NHSW	(AC)
Shaneez Dhanji, GP Prescribing Support Pharmacist, NHSW	(SD)
Rod Ewen, GP, PEC, NHSW (Chair)	(RE)
Amar Gandavadi, Clinical Audit Officer, SGH	(AG)
Jennifer George, Senior Project Manager, SLCSN	(JG)
Samara Hammond, AD Quality Innovation and Clinical Governance, NHSW	(SH)
Alastair Johnston, Clinical Effectiveness Facilitator, NHSW	(AJ)
Dishan Manoharan, GP Trainee, St Helier Hospital	(DM)
Ioulia Mariaki, Community Respiratory Nurse, CSW	(IM)
Steve Milan, Clinical Effectiveness Manager, SGH	(SM)
Judith Nelson, Community DSN, CSW	(JN)
Ian Petch, Director of Psychology and Psychotherapies, SWL&StG	(IP)
Donald Roy, Citizen and Lay Representative	(DR)
Jo Ruwende, Consultant in PH Medicine, NHSW	(JR)
Helen Simpson, Specialist Health Visitor, Breastfeeding, CSW	(HS)
Sharon Wouda, Pharmaceutical Advisor, NHSW	(SW)

Apologies: David Finch, Tracey Steadman, Nicola Jones, Fiona Hicks.

1	<p>Matters Arising:</p> <p>The Chair (Dr Rod Ewan) introduced himself, and welcomed and thanked everyone for attending.</p> <ul style="list-style-type: none"> • Leflunomide: NB stated that this drug remained on the hospital prescribing list only, as there is currently no consensus across the sector for GP prescribing. <i>Action: NB to report any progress at next meeting</i> • Anxiety and depression guidelines: the meeting felt it was very useful for GPs to know about SWL&StG treatment pathways. Such pathways could be made available via the intranet. <i>Action: IP to ask Diane Adams to follow up with the Clinical Reference Group.</i> • NICE Guidance: suggestion that key flow charts and pathways from NICE guidance relevant to GPs should be sent to practices managers each month. <i>Action: AJ to prepare regular GP bulletin to include this.</i>
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<p>2</p>	<p>NICE Update for May – July NHSW:</p> <p>AJ presented tables listing and describing NICE guidance published from May -July 2010. Where appropriate these tables commented on resource implications. Baseline assessments should be carried out with respect to guidance for recommendations which affect public health delivery, and independent contractors. Completed baseline assessments should be presented at the following CEMMAG meeting.</p> <p><i>Action: AJ to identify individuals to carry out baseline assessments, and to follow up to ensure completion of baseline assessments.</i></p> <p>AC pointed out that 2 PH guidelines published in July were missing from the NICE update table for July.</p> <p><i>Action: AJ to correct and re-circulate document as appropriate to Borough Commissioning Board, etc.</i></p> <p>JR pointed out that the NICE Cancer Service Guidance on the management of low risk basal cell carcinomas in the community (published in May) set standards for excision biopsy which may have implications for the recent community Dermatology Service Specification.</p> <p><i>Action: JR to review specification in the light of NICE guidance.</i></p>
<p>3</p>	<p>Implementation of NICE Guidance update –SWL&StG Trust</p> <p>IP explained that he expected that baseline assessments would be carried out within three months of publication of relevant guidance by NICE, in agreement with the Trust’s academic programme. Recent guidance of relevance to the MH Trust includes CG 100 Alcohol-use disorders: diagnosis and clinical management of alcohol related physical complications</p> <p>IP stated that the Trust was not offering vagus nerve stimulation for treatment-resistant depression, and that this was in line with the NICE IPG330 (issued in Dec 2009) which advised that due to concerns about efficacy and safety, this treatment should be used only with special arrangements for clinical governance, consent and audit or research.</p> <p><i>Action: SWLSTG will present baseline assessments of recently published NICE guidance to CEMMaG (and annual/biannual audit reports- as mentioned in notes of previous meeting) - IP</i></p>
<p>4</p>	<p>NICE Guidance – SGH</p> <p>SM and AG described the system for monitoring implementation of NICE guidance at SGH whereby the Trust records compliance with NICE clinical guidelines, technology appraisals, interventional procedures and public health guidance relevant to the care provided at St Georges. The SGH system records information on all relevant NICE guidance going back to 2001. For each item of guidance the relevant care group completes a pro forma giving information about adherence to the guidance, any difficulties with implementation, as well as information regarding relevant recent audits. Any issues of non-compliance/difficulties with implementation are then subsequently brought to the attention of the SGH Clinical Effectiveness and Audit Committee. In practice these are very rare. It normally takes between two and four months to obtain assurances after the guidance is issued. New and recently revised NICE recommendations are also routinely reviewed by the Trusts Drugs and Therapeutics Committee and any issues of non-compliance/difficulties with implementation</p>

	<p>are similarly captured on the central system. SM and AG presented an extract from the SGH NICE implementation database for the period Jan – July 2010. RE requested that a printable electronic version of the updated SGH NICE implementation database should be sent to NSW two weeks prior to the CEMMaG meeting if possible, for ease of reference.</p> <p><i>Action: AG to send electronic version of the database to AJ</i></p>
5	<p>NICE Guidance –Community Services</p> <p>Fiona Hicks, clinical governance co-ordinator at CSW, was not present at the meeting, and no information was presented regarding this item. This item was deferred to the next meeting.</p>
6	<p>Psychological Therapies and Wellbeing Services referral pathway (PTWbS)</p> <p>IP presented the PTWbS referral pathway, which will help to increase access to psychological therapies via GP referral. The referral pathway for secondary care had not yet been updated to take into account revised guidance for second and third line treatments.</p> <p><i>Action: IP to send updated secondary care referral pathway once this has been revised by new Trust chief pharmacist.</i></p>
7	<p>South London Cardiac and Stroke Network BNP Guidelines</p> <p>Following presentation at the meeting these guidelines were approved by the CEMMAG.</p> <p><i>Action: SD to inform CVD Reference Group.</i></p>
8	<p>Diabetes Guidelines</p> <p>Neil Bamford and Judith Nelson of the Diabetes WIG presented the guidelines, which had been revised extensively as a result of comments previously received. Some additional comments were made concerning the objectives, content and format. JR suggested that due to emerging evidence of increased risk of cardiovascular events associated with the use of rosiglitazone, this drug should not be recommended for use in the diabetes guidelines (This position has been agreed at the St Georges Drugs and Therapeutic Committee.) It was also suggested that there should be a reference to the role of NHS Healthchecks in an appendix to the document.</p> <p>Subject to these changes, the CEMMAG approved the guidelines in their current format. However, it was agreed that the Diabetes WIG would continue to refine the guidelines as part of an ongoing review process which would take place in the context of the regular WIG meetings and workstreams. The meeting agreed that changing to electronic format would enable the guidelines to be updated and revised at regular intervals, and would also help to avoid the problem of previous out-of-date versions remaining in circulation.</p> <p><i>Actions:</i></p> <ul style="list-style-type: none"> • <i>NBa to draft an amendment re the use of rosiglitazone</i> • <i>JN to update current version to make reference to NHS Healthchecks in appendix</i> • <i>NBa to liaise with Diabetes WIG re amendments</i> • <i>AJ to approach NBa and Allan Ruan regarding the best means for making the guidelines available to clinicians in electronic format</i>

<p>9</p>	<p>Vitamin D Update</p> <p>SW presented draft Vitamin D guidelines modified as a result of issues raised at the previous meeting. The guideline covered topics such as signs and symptoms, risk factors, investigations, criteria for levels of Vitamin D deficiencies and treatments, preparations available contra-indications and referral to secondary care, and included a flow chart. Information on costs of preparations was also presented. was not included.</p> <p>The meeting expressed some remaining concerns:</p> <ul style="list-style-type: none"> • due to the widespread and non-specific nature of signs and symptoms of Vitamin D deficiency, and the large numbers of people in at-risk categories, this guideline could generate significant increases in workload associated with testing, treatment, monitoring and referral. It was suggested that: <ul style="list-style-type: none"> ○ estimates should be made of approximate numbers of Wandsworth residents at risk for each level of vitamin D deficiency (i.e. moderate to severe, mild, adequate) ○ the thresholds for the levels of deficiency should be reviewed. • the potential cost implications of vitamin D medication together with the need for such drugs to be imported could make recommendations on treatments difficult to implement <p><i>Actions: (SW)</i></p> <ul style="list-style-type: none"> • Review criteria and thresholds for distinguishing levels of vitamin D deficiency • Estimate likely numbers to treat and resulting prescribing costs • Discuss commissioning implications of implementation, including likely impact on incidence of fractures and cancers • Present revised vitamin D guidelines to next CEMMaG meeting
<p>10</p>	<p>Antibiotic prophylaxis for infective endocarditis</p> <p>NB pointed out that the Wandsworth Oral Health Advisory Group had agreed that community dental services would follow NICE guidance until the merger of Community Services Wandsworth with St George’s in October 2010, and from this time they would follow St George’s policy of prescribing antibiotic prophylaxis to the most at risk group. Independent contractor dentists would continue to follow NICE guidance.</p> <p><i>Action: NB to monitor the position, and report back at the next mtg</i></p>
<p>11</p>	<p>Atrial Fibrillation Care Pathway</p> <p>This pathway has been developed and approved by the South London Cardiac and Stroke Network. JG presented the final version of the pathway which was approved by CEMMaG.</p> <p><i>Action: SLCSN to disseminate as appropriate</i></p>
<p>12</p>	<p>Local guidelines on COPD</p> <p>SD presented the COPD medicines management guidelines, which had been developed in conjunction with Sutton & Merton PCT and were intended to be implemented in both areas. JR suggested a change in wording to recognise the value of nicotine replacement therapy as the most effective method for stopping smoking, as demonstrated in recent research. It was agreed that the duration of antibiotic treatment in acute COPD would be changed from 5 to 7 days to reflect current practice. IM (Community Respiratory Nurse) presented the</p>

	<p>Wandsworth COPD Care Pathway. The medicines management guidance will be incorporated into this pathway. The care pathway will contain hyperlinks to various services and will be put onto the intranet for access. The COPD guidelines and care pathway were approved by CEMMaG. Discussion was held regarding the best means for making these available in primary care.</p> <p><u>Actions:</u></p> <ul style="list-style-type: none"> • <i>The phrase ‘including drug therapy’ to be added after ‘...offered help to do so,’ at the top of the medicines management pathway. (SD)</i> • <i>Change duration of antibiotic treatment in acute COPD from 5 to 7 days in Medicines management COPD guideline (SD)</i> • <i>The guidelines should be placed on the intranet (SD to liaise with Allan Ruan)</i> • <i>Explore the feasibility of the guidelines to be uploaded onto EMIS (AJ/SD)</i> 															
<p>13</p>	<p>Final draft breastfeeding strategy</p> <p>This strategy was presented by Helen Simpson, Specialist Health Visitor for Breastfeeding at Community Services Wandsworth. The strategy was approved by CEMMaG. The meeting commended the strategy and hoped that this would be very useful in improving breastfeeding rates in Wandsworth. HS stressed the importance of securing additional funding needed to implement the action plan.</p> <p><u>Action:</u> <i>HS to liaise with Allan Ruan in order to make electronic copy available via the internet/intranet.</i></p>															
<p>14</p>	<p>Any Other Business</p> <ul style="list-style-type: none"> • Review of shared care prescribing guideline for methotrexate. NB presented the shared care guideline and pointed out that this had previously been approved by the PEC in 2008. It had been recently reviewed by Dr Kiely at St George’s Hospital. CEMMaG renewed the approval for this guideline in its current revised version. <u>Action:</u> <i>NB to ensure dissemination as appropriate</i> • It was agreed that CEMMaG should consider all Serice Specifications, DES and LES in future <u>Action:</u> <i>AJ to contact Lola Triumph and Fadi Dexter.</i> • A GP Federation representative should attend future meetings. <u>Action:</u> <i>RE to invite/recruit GP Federation rep.</i> 															
<p>15</p>	<p>Next meeting</p> <p>The dates of the next CEMMAG meetings are as follows:</p> <table border="1" data-bbox="300 1594 833 1944"> <thead> <tr> <th>Date</th> <th>Time</th> <th>WBH Room</th> </tr> </thead> <tbody> <tr> <td>9th Dec 2010</td> <td>3 – 5 pm</td> <td>1</td> </tr> <tr> <td>3rd March 2011</td> <td>2-5pm</td> <td>2</td> </tr> <tr> <td>2nd June 2011</td> <td>2-5pm</td> <td>1</td> </tr> <tr> <td>1st Sept 2011</td> <td>2-5pm</td> <td>1</td> </tr> </tbody> </table>	Date	Time	WBH Room	9 th Dec 2010	3 – 5 pm	1	3 rd March 2011	2-5pm	2	2 nd June 2011	2-5pm	1	1 st Sept 2011	2-5pm	1
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