

Clinical Effectiveness and Medicines Management Group (CEMMAg)

Draft notes of the meeting held on 9th December 2010 at Wimbledon Bridge House

Present:

Nick Beavon, Chief Pharmacist, NHSW	(NB)
Helen Blunn, Childhood Obesity Dietician, NHSW	(HB)
Georgina Chan, Public Health Trainee, NHSW	(GC)
Amanda Cranston, Consultant in PH, NHSW	(AC)
Shaneez Dhanji, GP Prescribing Support Pharmacist, NHSW	(SD)
Elizabeth Edwards, Sleep Clinic, SGH	(EE)
Amar Gandavadi, Clinical Audit Officer, SGH	(AG)
Samara Hammond, AD Quality Innovation and Clinical Governance, NHSW	(SH)
Alastair Johnston, Clinical Effectiveness Facilitator, WPCT	(AJ)
Nicola Jones, GP and Clinical lead for Cardio-Vascular Disease, NHSW	(NJ)
Terry J Ritson-King, Wandsworth LINK Executive Committee	(TK)
Jo Ruwende, Consultant in PH Medicine, WPCT	(JR)
Nicola Walters, Consultant Lead for Sleep Service, SGH	(NW)

Apologies: Neil Bamford, Ian Petch, Mike Grahn, Fiona Hicks.

1.	<p>Matters Arising:</p> <p>Jo Ruwende stepped in to chair the meeting in the absence Dr Rod Ewan. She welcomed and thanked everyone for attending. The following points were made under ‘matters arising’:</p> <ul style="list-style-type: none"> • Leflunomide: NB stated that it is hoped that WPCT and SMPCT can reach an agreement for shared care prescribing arrangements to include St George’s and St Helier Hospitals. The guidelines need to be circulated to GPs before presenting a final version to CEMMAg for approval at the next meeting. <i>Action: NB to elicit feedback from GPs, review guidelines and re-submit for next CEMMAg meeting.</i> • Anxiety and depression guidelines: the meeting had not received an update on the how SWL&SGH treatment pathways would be made more widely available to Primary Care. <i>Action: AJ to approach Ian Petch to follow up on this.</i> • Atrial Fibrillation Care Pathway: although this guideline had been approved for circulation at the last CEMMAg meeting, Dr Nicola Jones told the meeting that clinicians at St George’s had subsequently raised concerns. Taking account of these concerns would entail a thorough review of the pathway by the CVD working group. The guideline had not been distributed to Primary Care. <p><u>The minutes of the previous meeting were accepted</u> as a true and accurate record. <i>Action: AJ to upload minutes of the August meeting onto the CEMMAg web pages.</i></p>
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2.	<p>TIA Care Pathway</p> <p>Dr Jones presented the TIA (Transient Ischaemic Attack) care pathway. The meeting approved this pathway.</p> <p><i>Action: AJ/JR to disseminate this pathway to primary care by e-mail. AJ to upload document onto CEMMaG Internet pages (WPCT Website) and to publicise this via monthly Primary Care Clinical Effectiveness Bulletin.</i></p>
3.	<p>CVD Prescribing Guidelines</p> <p>NJ and SD presented a set of 4 prescribing guidelines for left ventricular systolic dysfunction (LVSD), produced by the South London Cardiac and Stroke Network (SLCSN):</p> <ul style="list-style-type: none"> • Guidelines for the initiation and titration of loop diuretics in adults with LVSD. <i>Action: APPROVED, pending deletion of unnecessary asterisks</i> • Guidelines for the initiation and dose titration of spironolactone for adults with LVSD. <i>Action: APPROVED. Post-meeting action: SD to arrange for correction (substitute '<' for '>' after 'eGFR' in 'cautions' column)</i> • Guidelines for the initiation and titration of ACE-inhibitors in adults with LVSD. <i>Action: APPROVED</i> • Guidelines for the initiation and titration of angiotensin II receptor antagonist (ARBs) in adults with LVSD. <i>Action: APPROVED</i> <p>A standard template was used for each one. NICE and other relevant national guidance was incorporated and cited.</p> <p>The SLCSN prescribing guideline on clopidogrel for cardiac patients was presented. There was a brief discussion on the good practice of noting in the patient's electronic record the duration and end date for the specified indication. The insertion of NHS Wandsworth logo implies local approval.</p> <p><i>Action: guideline APPROVED pending amendment to update NICE reference from 'TA80' to 'CG94' – SD to liaise with SLCSN re this minor change.</i></p> <p>The NHS Wandsworth anti-platelet prescribing guideline for primary care was presented. <i>Action: APPROVED, pending the addition of information to specify the source and authorship of the guideline.</i></p> <p><i>Post-meeting Action: SD to inform guideline authors of recommendations in NICE TA210 affecting duration of dipyridamole, and to ask them to make appropriate changes and to add a reference to NICE TA210.</i></p> <p>The SLCSN guidance on prescribing of eplerenone was not approved. The meeting felt that the reference to Cockcroft and Gault formula for assessing renal function in the accompanying St George's standard letter to patient's GP was not suitable for use in primary care and needed to be replaced by a reference to eGFR.</p> <p><i>Action: SD to liaise with St George's regarding modifications to the GP letter. SD to re-submit guideline and associated documents to CEMMaG meeting in March.</i></p> <p>The SLCSN guidance on prescribing prasugrel for patients following an acute coronary syndrome was presented, along with the St George's standard letter to the GP.</p> <p><i>Action: APPROVED.</i></p> <p><u>General actions (for all prescribing guidelines):</u></p> <ul style="list-style-type: none"> • All guidelines to be checked/amended to include date agreed and date for review

	<ul style="list-style-type: none"> • <i>AJ to upload amended and/or approved guidelines to CEMMaG web page.</i> • <i>NJ to devise and implement distribution plan</i>
4.	<p>Diabetes Guidelines</p> <p>Neil Bamford was not present at the meeting, but had passed his comments to AJ, who reported to the meeting that:</p> <ul style="list-style-type: none"> • Information on the withdrawal of the rosiglitazone license is now in the guidelines • Diabetes filter for use in NHS Health Checks is an attachment to the guidelines • Requests for amendments are being sent to NB, who is updating the guideline as necessary. Date and summary of the update is clearly displayed on the front page. • The Diabetes guidelines are made available to all via the WIG website. However some difficulties in accessing this have been reported. • Publicising the guidelines will be done at the formal launch of the guidelines in January, and also by distributing paper copies to all practices <p><i>Action: AJ and NB to liaise with Dr Bamford to ensure that the diabetes guideline contains a clear recommendation that rosiglitazone should no longer be prescribed, together with advice on how patients already receiving rosiglitazone should be managed.</i></p>
5.	<p>Prescribing Guidelines of Infant Formula for Infants with Cow’s Milk Protein Allergy (CMPA) or Lactose Intolerance</p> <p>SD presented the these guidelines, which were welcomed by the meeting as a valuable tool in aiding more appropriate prescribing practices for special infant formula. It was felt that they needed to be developed further.</p> <p><i>Action:</i></p> <ul style="list-style-type: none"> • <i>SD to liaise with guideline authors to ensure that evidence-based recommendations relating to testing and treating CMPA are included in guideline.</i> • <i>AJ to conduct a review of evidence regarding this allergy, including clinical presentation, epidemiology, and recommendations for testing and treating</i>
6.	<p>Baseline Assessment of PH25 - Prevention of CVD at the population level</p> <p>Amanda Cranston presented this baseline assessment which reviewed local compliance, and resources required to achieve compliance against recommendations for action by local organisations, including health services, and a range of local authority services (e.g. education). It was noted that this Public Health guidance included recommendations for action at both national and local government level. Recommendations at the latter level needed to be viewed in the context of the former. The baseline assessment also identified leads for individual recommendations. The meeting thanked Kate Symonds for her diligent work on this baseline assessment.</p> <p><i>Action– AC to introduce this public health guidance and baseline assessment at Wandsworth Council’s Overview and Scrutiny Committee in order to gain the support and commitment from the Local Authority. AC to feedback at the next CEMMaG meeting.</i></p>
7.	<p>Baseline Assessment of PH27 - Weight management before, during and after pregnancy</p> <p>Helen Blunn presented this baseline assessment which details local compliance against recommendations on a range of areas and services affecting weight management before,</p>

	<p>during and after pregnancy. The baseline assessment is presented in two separate documents – summary and full version. The need for further action was discussed, including awareness-raising in primary care around the need to advise the target group of women on weight management, as well as liaising with midwifery leads at the main acute providers regarding training needs, etc. The meeting thanked Helen for this very comprehensive and useful piece of work.</p> <p><i>Action: HB to contact Dr Ravi Balakrishnan in order to identify action plan with recommendations prioritised for action. HB to present progress report at next CEMMaG meeting in March.</i></p>
8.	<p>Baseline Assessment of CG110 – Pregnancy and Complex Social Factors</p> <p>AJ reported that this baseline assessment had been prepared by Diane Jones and was circulated in draft form for information only. Whilst many of the recommendations were already met, there remained some recommendations where further work was needed or where information was currently unavailable regarding implementation. The meeting thanked Diane for her work so far.</p> <p><i>Action: Diane Jones to present completed baseline assessment for this guideline at the next CEMMaG meeting.</i></p>
9.	<p>Vitamin D Update</p> <p>JR reported that this guideline had now been approved by CEMMaG chair's action after the completion of the actions identified at the previous meeting.</p> <p><i>Action: SW to send final copy of guideline to AJ for inclusion on the CEMMaG web page.</i></p>
10.	<p>NICE Update for Nov 2010 WPCT:</p> <p>AJ presented the NICE update for November. AJ had also produced NICE updates for August, September and October since the last meeting. Leads had been appointed to carry out Baseline Assessments, in particular for recent Public Health guidelines and Clinical Guidelines with relevance to public health or primary care. Completed baseline assessments would be presented by their authors at forthcoming CEMMaG meetings. AJ pointed out that there was a need to prioritise guidance for baseline assessment work. This was currently done in discussion with the CEMMaG chair and NSW Public Health consultants. AJ had corrected the earlier NICE updates according to the action in the minutes of the previous 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>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>
11.	<p>Implementation of NICE Guidance update –SWL&StG Trust</p> <p>Ian Petch had given apologies for this meeting. Regarding future arrangements for NICE</p>

	<p>implementation at SWL&StG, he reported that each Mental Health Trust Borough Governance Group would carry out baseline assessments of relevant NICE guidance, and that a schedule for carrying out this work would be agreed, starting with the most recent applicable guidance.</p> <p><i>Action: IP to update CEMMaG concerning baseline assessments carried out at SWL&StG</i></p>
12.	<p>Implementation of NICE guidance update - SGH</p> <p>Amar Gandavadi presented a table extracted from the St George's NICE Implementation database. This identified against each TA published since January 2009 the clinical lead responsible for implementation, the status of SGH adherence with recommendations, and other details regarding NICE compliance. AJ stated that he had carried out a detailed comparison of this updated information in relation to queries previously raised by CEMMaG (e-mail to AG on 20/10/2010). The meeting noted that there remained outstanding gaps and issues regarding evidence of compliance for a number of NICE Technology Appraisals, and requested AJ to contact AG outside the meeting about this.</p> <p>JR pointed out that there had been an apparent discrepancy between the St George's Scorecard KPI reporting for NICE implementation (discussed in the NHSW/St George's Clinical Quality Review Group) and the detailed NICE implementation reports presented to CEMMaG, insofar as the former showed green and the latter indicated some lack of compliance and many gaps in reporting with respect to TAs. AG assured the meeting that better communication re NICE Implementation would ensure more accurate Scorecard reporting in future.</p> <p>The meeting requested that SGH provide information on NICE implementation covering not only TAs, but also CGs, IPGs, and any relevant PH guidance.</p> <p><i>Action:</i></p> <ul style="list-style-type: none"> • AJ to send list of outstanding queries and issues in relation to 2009/10 and 2010/11 TAs to AG • AG to send updated information on NICE implementation before CEMMaG meeting in March • AG to ensure that Scorecard KPI for NICE implementation was accurate and up-to-date • AG to include information on CGs, IPGs and PH guidance in future NICE updates • AG to obtain clarification from Kay Glover regarding the methodology used for RAG rating on KPI Scorecard in relation to NICE Implementation
13.	<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> <p><i>Action: AJ to request information regarding the monitoring of NICE implementation in relation to community services, and clarification on how CEMMaG would be updated in future.</i></p>
14.	<p>Referral Criteria for Patients with Suspected Sleep Disorders</p> <p>NW and EE of St George's Hospital Sleep Clinic presented referral criteria for patients with</p>

	<p>suspected sleep disorders. The introduction of this care pathway was likely to reduce unnecessary referrals and associated costs. The meeting welcomed these guidelines and approved them for distribution, pending some minor modifications.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> • <i>NW/EE to add a phrase to the decision tree in order to make it clear that the sleep clinic referral will entail a home sleep study</i> • <i>NW/EE to add the St Georges logo, and a footnote showing the date of approval, date of review and authorship.</i> • <i>NW/EE to send amended referral pathway to AJ</i> • <i>AJ to arrange distribution of electronic document to all NHSW GPs and practices.</i> 												
<p>15.</p>	<p>Any Other Business</p> <p>Membership of CEMMaG and Terms of Reference</p> <p>The meeting felt that the membership should be expanded to include more clinicians and other staff, including practice nurses, practice managers, GP federation representative, community specialist nurses, and hospital consultant. Effort should also be made to secure attendance by commissioners (who already receive invitations, but seldom attend). The issue of quoracy should be reviewed. The terms of reference should be amended to reflect these changes.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> • <i>JR/AJ to arrange invitations to expand membership of CEMMaG</i> • <i>AJ to add Terms of Reference as an agenda item for the next CEMMaG meeting.</i> 												
<p>16.</p>	<p>Next meetings</p> <p>The dates of the next CEMMAG meetings are as follows:</p> <table border="1" data-bbox="300 1167 833 1442"> <thead> <tr> <th>Date</th> <th>Time</th> <th>WBH Room</th> </tr> </thead> <tbody> <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	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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