

## Clinical Effectiveness and Medicines Management Group (CEMMAg)

### Draft Notes of the meeting held on 12<sup>th</sup> December 2012 at WBH

**Present:**

Nick Beavon, Chief Pharmacist, NHSW	(NB)
Rod Ewen, GP and member of PEC, NHSW (Chair)	(RE)
Zvi Herzenshtein, Wandsworth Patient Group member	(ZH)
Alastair Johnston, Clinical Effectiveness Facilitator, NHSW	(AJ)
Alison Kirby, Commissioning Manager - older people, NHSW	(AK)
Louise Maunick, GP Prescribing Support Pharmacist, NHSW	(LM)
Mary Rehman, GP Prescribing Support Pharmacist, NHSW	(MR)
Josephine Ruwende, Consultant in PH Medicine, NHSW	(JR)
Jyothi Shenoy, Adult & Older Psychology Lead, SWLSTG	(JSt)
Fhorkan Uddin, GP representative, LMC	(FU)

**Apologies:** Aslam Baig, Rajiv Dhir, Amar Gandavadi, Fiona Hicks, Jane Street, Collette Scrace

<b>1.</b>	<p><b>Notes of the previous meeting and matters arising:</b></p> <p>Dr Rod Ewen welcomed everyone and thanked them for attending. With one or two minor amendments, the notes of the previous meeting were accepted as a true and accurate record of the meeting. The following action was agreed under matters arising:</p> <ul style="list-style-type: none"> <li>• <i>RE to contact Gabriel Harris to facilitate the re-establishment of the CEMMAg Website.</i></li> <li>• <i>AJ to invite Margaret Ancobiah to report on ongoing work around the implementation of PH 32 on skin cancer prevention in the context of Wandsworth SunSmart campaign group.</i></li> <li>• <i>AJ to liaise with Nicola Bamford regarding the implementation of CG139 Infection Control (in primary care), and ask her to report back to the next CEMMAg meeting on this issue.</i></li> <li>• <i>NB to follow-up and report back to the next meeting on concerns relating to the issue of non-reversibility with respect to SLCSN new oral anti-coagulants (NOACs) guidance.</i></li> <li>• <i>NB to liaise with David Tamby-Rajah re the PGD on Emergency Hormonal Contraception, and to send final version of PGD to AJ.</i></li> </ul>
<b>2.</b>	<p><b>Memory assessment pathway and service model.</b></p> <p>AK presented this pathway, together with a report prepared for CEMMAg giving the rational for developing the pathway in the light of the National Dementia Strategy and NICE Clinical Guidance and Technology Appraisals. The Group gave comments and feedback on</p>

	<p>the care pathway.</p> <p><u>Action:</u> AK to feedback comments from CEMMaG to those involved in designing the pathway, including:</p> <ul style="list-style-type: none"> <li>• Pathway should mention the screening tests and referral criteria to be used in Primary Care.</li> <li>• The care pathway is complex and the exact sequence of the boxes along the pathway is unclear.</li> <li>• The pre-diagnosis counselling box is quite far down the pathway – is there any earlier provision for preparing the patient for a diagnosis of dementia?</li> <li>• In view of the expected numbers of new cases per annum, is this pathway fully funded and sustainable?</li> </ul>
3.	<p><b>Terms of reference:</b></p> <p>The Terms of Reference (ToR) presented at the previous meeting had been revised and re-drafted according to comments received, and now needed some further amendment to reflected the changing environment and new responsibilities within the emerging Wandsworth CCG.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> <li>• Further amendments to ToR to be sent to RE and JR by Friday (All)</li> <li>• ToR to be revised, incorporated in Annual Report, and presented to WCCG Management Team – see 4. below (AJ and RE).</li> </ul>
4.	<p><b>CEMMaG Annual Report</b></p> <p>AJ and JR presented the Annual Report which summarised the work of the group over the previous year, and highlighted the new challenges for the group in the light of the re-organisation of the local NHS.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> <li>• AJ to liaise with RE and JR and to incorporate any further amendments in the Annual Report</li> <li>• AJ to liaise with RE and JR re amendments to ToR, and to include these in Annual Report Appendix</li> <li>• AJ to liaise with RE and JR and to prepare Front Sheet for the WCCG Management Team highlighting key issues and action needed in relation to Annual Report and ToR.</li> <li>• AJ and/or RE to present Annual Report and ToR to WCCG Management Team.</li> <li>• RE to liaise with Gabriel Harriss re creation of CEMMaG web pages on WCCG website. AJ to work with Gabriel to ensure CEMMaG web pages are fully operational as soon as possible.</li> </ul>
5.	<p><b>2013/14 South West London Effective Commissioning Initiative (SWL ECI)</b></p> <p>Jo Ruwende presented the proposed changes to the SWL ECI which were due to be included in the 2013/14 edition.</p> <p><u>Action:</u> JR to follow up on the following comments and suggested amendments:</p> <ul style="list-style-type: none"> <li>• aesthetic surgery: <ul style="list-style-type: none"> <li>○ breast size should be expressed in terms of volume rather than tissue weight in order to be more meaningful.</li> <li>○ cup size is also a useful criterion where indicated in the ECI.</li> <li>○ the sections on Breast reduction, breast augmentation, revision of breast augmentation need to include similar criteria with regard to breast asymmetry (NB asymmetry could result from the latter procedure)</li> </ul> </li> <li>• similarly, the section on abdominoplasty and the section on body contouring need to have similar criteria when requested as a direct result of dramatic weight loss</li> </ul>

	<p><i>following bariatric surgery.</i></p> <ul style="list-style-type: none"> <li>• <i>Section on hair replacement needs to be more specific re criteria for refer for NHS funded wig.</i></li> </ul>
6.	<p><b>Primary care management of stable haematological patients.</b> Rod Ewen presented this item in the absence of Michelle Heller. The meeting approved the documents presented pending the following changes:</p> <ul style="list-style-type: none"> <li>• Follow-up pathway for patients with stage A CLL or MGUS - ‘paperwork completed during discharge consultation’ box: discharge letter to include request for follow-up GP appointment with patient.</li> <li>• Patient Information for CLL, and Patient Information for MGUS: documents to be re-formatted, including correct positioning of superscript in boxes on page 4 of both these documents (i.e. change to: ‘10<sup>9</sup>/l’)</li> <li>• GP Guidelines for the follow-up of stable haematological patients – list at bottom of page 1: replace ‘<i>doubling time of less than 12 months</i>’ with ‘<i>if the lymphocyte count doubles in less than 12 months, refer back to clinic</i>’</li> </ul> <p><u>Action:</u> <i>AJ to pass these comments to Michelle Heller. AJ to liaise with Michelle Heller regarding the best way to publicise the final versions.</i></p>
7.	<p><b>Emollient primary care guidelines.</b></p> <p>Louise Maunick presented these primary care guidelines. CEMMaG approved the guidelines, pending the following amendment: LM to add the names of all the equivalent products where relevant.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> <li>• <i>LM to modify document and send to AJ and NB</i></li> <li>• <i>AJ to publicise via CEMMaG website and the PC Clinical Effectiveness Bulletin</i></li> <li>• <i>NB to publicise via Wandsworth Prescribing Bulletin</i></li> </ul>
8.	<p><b>Guideline for Self Monitoring of blood glucose in adults with diabetes</b></p> <p>Nick Beavon presented this guideline, which was intended to supersede previous guidance. This was approved by the meeting.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> <li>• <i>NB to publicise via Wandsworth Prescribing Bulletin</i></li> <li>• <i>AJ to publicise via CEMMaG website and the PC Clinical Effectiveness Bulletin</i></li> </ul>
9.	<p><b>Adrenaline Autoinjector Pens</b></p> <p>Mary Rehman presented this proposal to proactively encourage the prescription of Jext autoinjector adreniline pens by sending out letters to GPs and pharmacists advising them that the Epipen (which is currently prescribed in 99% of patients at risk of anaphalactic shock, and will shortly be superceded by Epipen2), should be replaced by Jext. The rationale for this is that Jext has a longer shelf life which leads to benefits to patients as well as significantly reducing prescribing costs. It also offers greater protection against needlestick injuries. The meeting generally supported this proposal, but it was felt that the advice for the use of such devices for the emergency treatment of children weighing under 15 kg needed to be reviewed in the light of the scientific evidence.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> <li>• <i>MR to revise the guidance accordingly and resubmit to CEMMaG for approval via Chair’s action</i></li> <li>• <i>Once approved, NB to publicise via Wandsworth Prescribing Bulletin</i></li> </ul>
10.	<p><b>Updated guidelines available on the SLCSN website.</b> (for information only)</p> <p>The Chair pointed out that the following guidelines had been updated and are now</p>

	<p>available on the South London Cardiac and Stroke Network website:</p> <ul style="list-style-type: none"> <li>• <a href="http://www.slcsn.nhs.uk/files/prescribing/acei-in-heart-failure.pdf">http://www.slcsn.nhs.uk/files/prescribing/acei-in-heart-failure.pdf</a></li> <li>• <a href="http://www.slcsn.nhs.uk/files/prescribing/arbs-in-heart-failure.pdf">http://www.slcsn.nhs.uk/files/prescribing/arbs-in-heart-failure.pdf</a></li> </ul>												
<b>11.</b>	<p><b>NICE Update</b></p> <p>AJ presented the NICE update covering the NICE guidance published in the period September – November 2012 since the last CEMMaG meeting.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> <li>• <i>AJ to liaise with JR regarding appropriate action in primary care to implement CG150 on Headaches, and CG153 on Psoriasis</i></li> <li>• <i>AJ to liaise with the appropriate PH leads in relation to self-assessment and/or implementation of the following PH guidance:</i> <ul style="list-style-type: none"> <li>○ <i>PH39 Smokeless Tobacco cessation in South Asian Communities - Marie Meredith, Interim Stop Smoking Services Manager</i></li> <li>○ <i>PH40 Social and Emotional Wellbeing in Early Years - Richard Wiles, Health Policy Team Leader</i></li> <li>○ <i>PH41 Local measures to promote walking and cycling as forms of recreation and travel – Public Health Principal responsible for Physical Activity</i></li> <li>○ <i>PH42 Obesity: working with local communities - Anna D’Arcy Public Health Lead, Nutrition and Obesity</i></li> </ul> </li> <li>• <i>AJ to check with WCCG commissioners to ensure that NICE Quality Standards on antenatal care, drug use disorders, and nutrition support in adults are integrated in service specifications</i></li> </ul>												
<b>12.</b>	<p><b>Update on NICE Implementation</b></p> <p>JS presented extracts from two baseline assessments in relation to CG 113 General Anxiety Disorder and CG120 Psychosis with co-existing substance misuse. In relation to the former the group were keen to find out more about the current functioning of the IAPT system from the perspective of those referred for anxiety and depression from Primary Care. Issues were also raised in relation to psychosis with co-existing substance misuse as drugs treatment and management of psychosis may be provided by separate functions. This may be particularly relevant issue in relation to offender healthcare.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> <li>• <i>RE requested JS to provide an update at the next meeting in relation to both GAD and Psychosis with co-existing drug use.</i></li> </ul>												
<b>13.</b>	<b>Any Other Business</b> – there was no other business.												
<b>14.</b>	<p><b>Next meetings</b></p> <p>The dates of the next CEMMAG meetings are as follows:</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Time</th> <th>Room</th> </tr> </thead> <tbody> <tr> <td>Wednesday 20<sup>th</sup> Feb 2012</td> <td>2-5 pm</td> <td>WBH Meeting Room 1</td> </tr> <tr> <td>April 2012</td> <td>2-5 pm</td> <td>(Date and venue tbc)</td> </tr> <tr> <td>May 2012</td> <td>2-5 pm</td> <td>(Date and venue tbc)</td> </tr> </tbody> </table>	Date	Time	Room	Wednesday 20 <sup>th</sup> Feb 2012	2-5 pm	WBH Meeting Room 1	April 2012	2-5 pm	(Date and venue tbc)	May 2012	2-5 pm	(Date and venue tbc)
Date	Time	Room											
Wednesday 20 <sup>th</sup> Feb 2012	2-5 pm	WBH Meeting Room 1											
April 2012	2-5 pm	(Date and venue tbc)											
May 2012	2-5 pm	(Date and venue tbc)											