

Clinical Effectiveness and Medicines Management Group (CEMMAg)

Draft notes of the meeting held on 23rd Feb 2012 at 120 Broadway, Wimbledon

Present:

Rajiv Dhir, Senior Prescribing Advisor, NHSW	(RD)
Rod Ewen, GP and member of PEC, NHSW (Chair)	(RE)
Kate Hutt, Clinical Audit Manager, SGHT	(KH)
Alastair Johnston, Clinical Effectiveness Facilitator, NHSW	(AJ)
Anne Middleton, Substance Misuse Lead, NHSW	(AM)
Louise Maunick, Pharmacist, Wandsworth Borough	(LM)
Mayauk Patel, Community Pharmacy, MSWLPC	(MP)
William Roberts, Acting Associate Director, NHSW	(WR)
Jyothi Shenoy, Adult & Older Psychology Lead, SWL&StG	(JS)
Jane Street, Associate Director, Psychologies and Psychotherapy, SWLSTG	(JSt)
Barbara Willerton, Patient/Public Representative Wandsworth LINK	(BW)

Apologies: Ravi Balakrishnan, Amanda Cranston, Fiona Hicks, Anu Garrib, Aslan Baig, Nick Beavon, Shaneez Dhanji, Paula Tele, Samara Hammond Jo Ruwende, David Tamby-Rajah.

1.	<p>Notes of the previous meeting and matters arising:</p> <p>Dr Rod Ewen welcomed everyone and thanked them for attending. Rod noted that the previous meeting scheduled for 24th November had been cancelled because it was inquorate. The notes of the previous meeting were therefore those of September 1st 2011. These were accepted as a true and accurate record of the meeting. AJ noted that the NHS Wandsworth website was due to be superseded by the NHS SW London website and was therefore no longer available for uploading CEMMAg-approved minutes or local guidelines as in the past.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> • AJ to check with Allan Ruan re the possibility of uploading minutes, etc. to the NHS SW London website, and advise CEMMAg accordingly. • If possible, AJ to upload corrected minutes of the September 2011 meeting. • Re item 7 – update on Quickmist - the meeting advised DT-R to check that the local guidance on recommended NRT products and prices was up-to-date (DT-R)
2.	<p>RD introduced the community pharmacy PGD on Levonogestrel (Levonelle 1500) emergency hormonal contraceptive (EHC). This version had been prepared by David Tamby-Rajah. It also contained some suggested amendments from Nick Beavon. Two main issues were raised:</p> <ul style="list-style-type: none"> • RD highlighted concerns about whether or not this medication should be used for up to 120 hours of having had unprotected sexual intercourse (UPSI) (the approach adopted by NHS S&M), or whether this should be restricted to 72 hours. The meeting felt that a SW London-wide approach showed greater consistency and had

	<p>clear advantages for community pharmacies with branches across the sector. The meeting recommended that discussion with NHS S&M should take place to understand their rationale for recommending up to 120 hours post-UPSI, given that there appears to be recent evidence that Levonelle 1500 is unlikely to be effective beyond 96 hours. A new product called Ella One is licensed for up to 120 hours and Nick Beavon has suggested that this may be a more appropriate alternative for 72 – 120 hours post-UPSI.</p> <ul style="list-style-type: none"> • MP raised an issue regarding the wording (in the section ‘additional requirements’) that NHSW ‘expects’ (rather than ‘recommends’) that participating pharmacists should receive specific training in EHC and associated topics. He expressed the opinion that the CPPE training package did not add much value to the local Wandsworth training. <p>The meeting decided that further discussion should take place regarding these issues and that an agreed final version should be submitted to RE for approval via Chair’s action. <i>Action: NB to liaise with DT-R and others as necessary. DT-R to amend according to agreement, and submit to Chair.</i></p>
3.	<p>RD presented the primary care protocol for GLP-1 mimetics: exenatide and liraglutide. The meeting approved the guideline subject to the following minor amendments:</p> <ul style="list-style-type: none"> • Add wording to make it explicit that this drug may lead leads to weight loss and is therefore particularly suitable for obese patients • Add statement to give rationale for using this drug in preference to insulin therapy <p><i>Action: NB to liaise with authors in order to make appropriate amendments. Circulate final version as appropriate.</i></p>
4.	<p>RD presented the Medicines Management of COPD guidelines for primary care (update with amendments highlighted). The meeting approved the updated version for circulation in primary care.</p> <p><i>Action:</i></p> <ul style="list-style-type: none"> • NB to produce final agreed version • NB to distribute and publicise as appropriate • AJ to publicise via Primary Care Clinical effectiveness Bulletin
5.	<p>RD presented this draft version of the South London Cardiac and Stroke Network guideline for managing uncomplicated hypertension, and explained that this version may be subject to minor amendments as suggested by the CVD Clinical Reference Group at a meeting to be held shortly. CEMMaG approved the guideline subject to these minor amendments.</p> <p><i>Action:</i></p> <ul style="list-style-type: none"> • NB to produce final agreed version • NB to distribute and publicise final version as appropriate • AJ to publicise via Primary Care Clinical Effectiveness Bulletin
6.	<p>RD presented this prescribing guidance on Ivabradine for chronic heart failure, noting that approval by CEMMaG will be subject to approval by SGH DTC on 15th March (NB re-scheduled from 21st February). CEMMaG approved this guideline subject to these future amendments and also to a minor amendment to the formatting of the text box on page 2 which had been misplaced.</p> <p><i>Action:</i></p> <ul style="list-style-type: none"> • NB to produce final agreed version • NB to distribute and publicise final version as appropriate • AJ to publicise via Primary Care Clinical Effectiveness Bulletin

7.	<p>The proposed additions and changes to Effective Commissioning Initiative (ECI) policy from April 2012 had been submitted for information. Jo Ruwende was not present at the meeting to make further comment. It was suggested that the ECI Group take into account the following comments for possible incorporation in the next version of the ECI:</p> <ul style="list-style-type: none"> • Suggest that the age criterion for Gynaecomastia should be amended from ‘the patient should be 18 or over....’ to ‘the patient should have reached physical maturity....’ • The criteria regarding assessment of female genital prolapse/stress incontinence appear to assume that GPs will undertake fitting of vaginal pessaries, whereas in practice this procedure is not carried out in primary care. The wording should be modified to reflect this. <p><i>Action: AJ to contact Marion Abbott regarding these suggested changes</i></p>
8.	<p>AM presented the baseline assessment for NICE clinical guideline CG117 ‘Clinical diagnosis and management of tuberculosis, and measures for its prevention and control’. She reported that work was nearly completed on this and that most of the NICE recommendations were being implemented locally. AM highlighted recommendations not yet implemented:</p> <ul style="list-style-type: none"> • Recommendation 1.1.1.18 Single interferon gamma test not introduced – awaiting implementation of London Model of Care before making any changes to current strategy • Recommendation 1.2.2.8 Training needs to be put in place regarding infection control (NB that masks, gowns and barrier nursing techniques are not needed except for certain forms of TB or types of treatment). • Recommendation 1.7.7.1 Not all categories of workers recommended to receive BGG vaccination in fact receive it – awaiting the outcome of London Model of Care. • Recommendation 1.8.7.1, 2, and 4 regarding the screening of new entrants - awaiting the outcome of the London Model of Care • Recommendation 1.9.3.5 AM would bring to attention the stipulation that a contingency care plan should be drawn up by prison medical services as soon as possible which could be brought into effect in the event of an early discharge from prison of a person with active or latent TB. <p>The meeting agreed that AM should update and re-submit this baseline assessment to CEMMaG after the launch of the London Model of Care. The chair thanked AM for her thorough and comprehensive work on this.</p> <p><i>Action: AM to update and re-submit baseline assessment to CEMMaG in the light of the London Model of Care.</i></p>
9.	<p>WR presented an update of the programme of work which has taken place to ensure that NICE guidance PH32 on skin cancer prevention is implemented in Wandsworth. William summarised some aspects of the work including:</p> <ul style="list-style-type: none"> • The role of the annual Sunsmart campaign led by the Local Authority with respect to funding, co-ordinating, delivering and evaluating the campaign, and current and forthcoming activities • Progress with individual recommendations, highlighting some gaps with respect to training of key staff groups, addressing social and practical barriers to using sun protection, measurable objectives, and evaluation of the programme. • The council taking steps to discourage harmful exposure to Uv via sunbeds: <ul style="list-style-type: none"> ○ No sunbeds in council-supported organisations ○ Prohibition of commercial sunbed use by under 18s (‘mystery shopper’ technique used to test adherence to this rule)

	<p>The meeting thanked WR for his efforts not only to compile the baseline assessment but also to help to ensure the implementation of key NICE recommendations locally.</p> <p><i>Action:- WR to ensure continuity of PH representation on the Sunsmart campaign group such that it continues its efforts to address key recommendations in the NICE guidance.</i></p>
10.	<p>Nicola Doble was unable to be present an update on PH33 and PH 34 (increasing the uptake of HIV testing amongst black Africans in England and amongst men who have sex with men) due to lack of time at the end of the meeting.</p> <p><i>Action: AJ to invite Nicola to present at the next meeting</i></p>
11.	<p>AJ presented the self assessment for NICE guidance PH35 – Preventing Type 2 Diabetes: population and community interventions. This self-assessment focuses on a broad range of recommendations that can be implemented locally to encourage people to adopt healthy diets and to increase physical activity, for example:</p> <ul style="list-style-type: none"> • That the JSNA should identify information of local communities at risk of developing diabetes, identify local interventions and resources together with gaps in provision • That a local strategy aimed at preventing type 2 diabetes exists • That there should be a range of specific interventions for communities at high risk addressing barriers to participation, improving awareness of key messages, ensuring appropriate training of staff, using peer workers, etc. • That key messages should be conveyed to the local population in culturally appropriate ways and targeting high risk groups • That local action is taken to promote a healthy diet (NB involving aspects such as encouraging local food outlets and food retailers to promote healthy options, work in schools to improve awareness and uptake of healthy diets, etc) • That local action is taken to promote a physical activity • That those involved in promoting healthy lifestyles are trained <p>AJ reported that he had consulted with leads on areas associated with these categories of recommendations at both NHS Wandsworth and within the Local Authority. Against all detailed recommendations within the above categories it was reported that they are either partially or fully met.</p> <p><i>Action: AJ to make proposals regarding the next steps needed to co-ordinate implementation</i></p>
12.	<p>AJ presented an update on NICE guidance published between September 2011 and January 2012 (NB the previous CEMMaG meeting due to take place 24th Nov 2011 had been cancelled). This had been circulated in 3 separate documents prior to the meeting. AJ tabled an update containing all the guidance in one document.</p> <p><i>Action: AJ to identify implementation leads for any guidance where baseline assessments are required.</i></p>
13.	<p>Update on NICE implementation – Providers</p> <ul style="list-style-type: none"> • KH reported that work was underway at SGH to ensure that NICE-approved drugs could be introduced into the Trust formulary via the Drugs and Therapeutics Committee (DTC) in an efficient and timely manner. She also reported that the Clinical Quality Review Group (at which NHSW was represented) would monitor and receive reports on implementation of NICE Technology Appraisals. • JS and JSt representing SWL&StG Mental Health Trust reported that internal processes for implementation of NICE guidance were established and functioning. Last year the Trust had passed its NHSLA assessment at level 2, and would be progressing to level 3 assessment in 2012/13.

	<ul style="list-style-type: none"> • JS and JSt presented a diagnosis pathway for adult autism in Wandsworth, for information. The meeting suggested that this flow diagram could be made more explicit regarding the pathway/points of entry for primary care referrals. 									
<p>14.</p>	<p>Any Other Business</p> <ul style="list-style-type: none"> • <i>Dr Ravi Balakrishnan</i> was unable to be present, but had sent a written update on progress with NICE PH guidance nos 29, 30, and 31 on preventing unintentional injuries among the under 15s. Local Authority colleagues were working on relevant recommendations in the self-assessment, and this should be ready for presentation at the next CEMMaG meeting. 									
<p>15.</p>	<p>Next meetings</p> <p>There were no meetings set for 2012 at present.</p> <ul style="list-style-type: none"> • <i>Action: AJ to arrange suitable dates, book rooms, and confirm by e-mail to all CEMMaG members asap.</i> <p>The dates of the next CEMMAG meetings are as follows:</p> <table border="1" data-bbox="320 801 1061 913"> <thead> <tr> <th data-bbox="320 801 549 837">Date</th> <th data-bbox="549 801 681 837">Time</th> <th data-bbox="681 801 1061 837">WBH Room</th> </tr> </thead> <tbody> <tr> <td data-bbox="320 837 549 873"></td> <td data-bbox="549 837 681 873"></td> <td data-bbox="681 837 1061 873"></td> </tr> <tr> <td data-bbox="320 873 549 913"></td> <td data-bbox="549 873 681 913"></td> <td data-bbox="681 873 1061 913"></td> </tr> </tbody> </table>	Date	Time	WBH Room						
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