

Clinical Effectiveness and Medicines Management Group (CEMMAg)

Notes of the meeting held on 2nd June 2011 at Wimbledon Bridge House

Present:

Christina Aichison, Specialist Registrar in PH, NHSW	(CA)
Paul Alford, GP and Assistant Medical Director, NHS SWL	(PA)
Nick Beavon, Chief Pharmacist, NHSW	(NB)
Shaneez Dhanji, GP Prescribing Support Pharmacist, NHSW	(SD)
Rod Ewen, GP and member of PEC, NHSW (Chair)	(RE)
Samara Hammond, AD Quality, Innovation and Clinical Governance, NHSW	(SH)
Lesley Hoyle, Public Health Strategist, NHSW	(LH)
Kate Hutt, Acting Clinical Effectiveness Manager, SGHT	(KH)
Alastair Johnston, Clinical Effectiveness Facilitator, NHSW	(AJ)
Anne Middleton, Substance Misuse Lead, NHSW	(AM)
Jo Ruwende, Consultant in PH Medicine, NHSW	(JR)
Amer Salim, GP and LMC member	(AS)
David Tamby-Rajah, Community Pharmacy Lead, NHSW	(DT)

Apologies: Ravi Balakrishnan, Laurence Gibson, Amanda Cranston, Fiona Hicks, Ian Petch, Nicola Doble, Terry Ritson-King, Martyn Penfold, Helen Finch.

1.	<p>Minutes of the previous meeting and matters arising:</p> <p>Dr Rod Ewan welcomed everyone and thanked them for attending. The minutes of the previous meeting were accepted as a true and accurate record, pending several modifications.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> • <i>AJ to correct notes of the previous meeting:</i> <ul style="list-style-type: none"> ▪ <i>Replace text in Section 2 with 'representative of LPC'</i> • <i>upload corrected minutes of the March meeting onto the CEMMAg web pages.</i>
2. & 3	<p>CEMMAG Terms of Reference (ToR)</p> <p>The revised ToR were approved by the meeting, pending modifications:</p> <p><u>Actions:</u></p> <p><i>AJ to revise CEMMAg ToR as follows:</i></p> <ul style="list-style-type: none"> • <i>CEMMAg to report to the Clinical Commissioning Executive</i> • <i>Include representation from LPC in membership</i> • <i>upload revised ToR to the CEMMAg web pages</i>
3.	<p>Report to the Management Team on CEMMAg</p> <p>JR gave a brief summary of the MT response to this paper. The revised terms of reference were agreed, pending minor modifications</p> <p><u>Actions:</u></p> <ul style="list-style-type: none"> • <i>RE to discuss with the Locality leads in relation to representation on the group</i> • <i>AJ to investigate the feasibility of pursuing NICE savings (as summarised in the CEMMAg annual report) via commissioning routes</i>

4.	<p>Proposal on use of naxolone for drug overdose. CEMMAg broadly supported this provisional proposal.</p> <p><u>Actions:</u></p> <ul style="list-style-type: none"> • AM agreed to further develop the proposal by looking at schemes run in Camden and Islington, and Greenwich, and adding more specific details in terms of: <ul style="list-style-type: none"> ○ How many doses should be distributed at what cost? ○ who should receive the Naxolone? ○ what information/training they should receive? ○ how should training be delivered? • AM to return to next meeting with revised proposal
5.	<p>New procedures added to Effective Commissioning Initiative (ECI) The meeting took note of the procedures to be added to the ECI document with effect from 1st July.</p> <p><u>Actions:</u></p> <ul style="list-style-type: none"> • <i>Send letter to all GPS describing the process to be followed for ECI requests (AJ)</i> • <i>Insert hyperlinks to different policies (AJ)</i> • <i>Publicise how to access ECI document on-line (AJ)</i>
6.	<p>Eplerenone protocol and letter The meeting suggested that the protocol could be improved by making the following modifications:</p> <ul style="list-style-type: none"> • specify the period for monitoring urea and electrolytes by GPs post discharge, rather than stating 'periodically'. • Add section to describe eplerenone's place in therapy <p><u>Actions:</u></p> <ul style="list-style-type: none"> • <i>NB to contact SGH to put forward suggested modifications.</i> • <i>NB to resubmit protocol and letter for approval via Chair's Action.</i>
7.	<p>Local Anti-Platelet Guidelines CEMMAg approved these guidelines.</p> <p><u>Actions:</u></p> <ul style="list-style-type: none"> • <i>upload guidelines to CEMMAg web pages and publicise via PC Clinical Effectiveness Bulletin (AJ)</i> • <i>Publicise via GP Prescribing Bulletin (NB)</i>
8.	<p>New Oral Anticoagulants for the Prevention of Stroke in Atrial Fibrillation: Commissioning Issues and Budget Impact (Nick Beavon) There was discussion of this paper. NB highlighted that this new class of drugs are likely to affect a large group of patients in Wandsworth and to have knock-on effects on the uptake of drugs such as warfarin and also on the need for regular monitoring of patients on long term warfarin therapy. The paper included estimates of numbers of patients affected and also on the potential costs to NHSW in a range of different scenarios regarding uptake of the new drugs. NB also pointed out that NICE guidance for one of these drugs, dabigatran is due out in December 2011.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> • <i>NB to redraft this paper with clear recommendations for action. This paper should go to Clinical Cabinet for further discussion.</i>

9.	<p>Update of shared care prescribing guideline document for Alzheimers drugs (incorporating NICE TA217 Mar 11) CEMMaG approved this, pending minor corrections and updated references to NICE guidance. <u>Actions:</u></p> <ul style="list-style-type: none"> • <i>NB to modify document</i> • <i>upload guidelines to CEMMaG web pages and publicise via PC Clinical Effectiveness Bulletin (AJ)</i> • <i>Publicise via GP Prescribing Bulletin (NB)</i>
10.	<p>QoF prescribing Quality and Productivity Indicators (QP) – for Information and ratification QoF 2011/12 contains a new indicator, QP, which contains a prescribing element. SD presented a proposal which had been developed by the NSW prescribing team. This proposal identifies various topics that practices can choose as areas of improvement, which was discussed. The Group agreed on the topics, but identified some implementation issues regarding target setting. <u>Action:</u></p> <ul style="list-style-type: none"> • <i>The prescribing team will develop the proposal in the light of the discussions and further national guidance published. (NB)</i> • <i>The revised paper will be presented for approval to the LMC (NB)</i> <p>(Post meeting note: the revised paper contains two options – one containing locally selected areas, and the second containing the national indicators.)</p>
11.	<p>NICE update - NSW AJ presented the monthly NICE updates for March and April. <u>Action:</u> <i>AJ to distribute NICE update to Clinical Commissioning Executive (AJ)</i></p>
12.	<p>Update on NICE implementation at SGH KH presented an update on NICE implementation at SGH. This reporting would evolve through discussions at this and future meetings. RE commented that it would be useful to put together a paper which explained the purpose of engaging with provider units and Trusts in CEMMaG including the reasons for monitoring of NICE implementation, the information requirements to accomplish this and the results of this activity. <u>Action:</u></p> <ul style="list-style-type: none"> • <i>AJ to write paper for all Trusts, explaining the purpose of engaging with CEMMaG.</i> • <i>AJ to send paper to KH.</i>
13.	<p>Update on NICE implementation in Community Services A paper tabulating community services activity around implementation of recent NICE guidance was circulated with the agenda. However, Fiona Hicks had given her apologies shortly before the meeting, so discussion of this was deferred to the next meeting. <u>Action:</u></p> <ul style="list-style-type: none"> • <i>FH to give NICE update at CEMMaG mtg in Sept.</i> • <i>AJ to send to FH paper explaining purpose of engaging with CEMMaG (see 12. above)</i>
14.	<p>Update on NICE implementation in Mental Health Trust AJ gave a verbal update regarding NICE implementation at SWL&StG Mental Health Trust. Ian Petch had recently communicated with CEMMaG regarding Trust representation at</p>

	<p>CEMMAg, Trust procedures for conducting baseline assessments of NICE guidance, and also the Trust reporting procedures for TAs via the Trust's Drugs and Therapeutics Committee.</p> <ul style="list-style-type: none"> • <i>AJ to send to IP paper explaining purpose of engaging with CEMMAg (see 12. above)</i>
15.	<p>Update on the implementation of Implementation of PH 24 and CG100 – Alcohol Use Disorders</p> <p>Martyn Penfold had sent his apologies. <i>Action: this item is deferred to next CEMMAg meeting in September</i></p>
16.	<p>Update on PH 25 Prevention of CVD at the population level</p> <p>Amanda Cranston had sent her apologies, but gave a written update as follows: 'A paper was discussed at the PCT's Clinical Commissioning Group [on 1st June] which recommended that the implementation of the CVD Prevention Guidelines should be a priority of the PCT and the LA. This was unanimously agreed and it was agreed that I [AC] would write a paper jointly with the LA for approval at the appropriate Local Authority Committee. It was agreed that there needed to be further discussion regarding the most appropriate forum to implement the work, e.g. whether this was the CVD Reference Group or a more generic prevention group, etc. It was agreed that Houda and I would come up with proposals for implementation.' <i>Action: this item is deferred to next CEMMAg meeting in September</i></p>
17.	<p>CG117 Clinical diagnosis and management of tuberculosis, and measures for its prevention and control</p> <p>AM stated that work was underway in relation to this recently published guidance, and presented the partially completed Baseline Assessment as a report on progress to date. <i>Action: this item to be brought back to CEMMAg meeting in September.</i></p>
18.	<p>PH 28 Promoting the quality of life of looked after children and young people. Update on progress.</p> <p>Samara Hammond reported briefly that leads had now been appointed to carry out baseline assessments in relation to the different recommendations of this PH guideline. <i>Action: this item is deferred to next CEMMAg meeting in September</i></p>
19.	<p>PH29, 30, and 31 on preventing unintentional injuries among the under 15s:</p> <ul style="list-style-type: none"> • Strategies to prevent unintentional injuries • unintentional injuries on the roads • unintentional injuries in the home <p>Ravi Balakrishnan had given his apologies. Ravi had communicated to say that the NICE Self Assessment templates had been passed to colleagues in the Local Authority, and were awaiting completion. <i>Action: this item is deferred to next CEMMAg meeting in September</i></p>
20.	<p>PH32 Skin Cancer Prevention self assessment</p> <p>There was no report under this item. <i>Actions:</i></p> <ul style="list-style-type: none"> • <i>AJ to identify new lead to complete baseline assessment</i> • <i>this item is deferred to next CEMMAg meeting in September</i>

<p>21.</p>	<p>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</p> <p>Nicola Doble had given her apologies, but provided the following information via e-mail: 'NICE guidelines recommend considering the following when HIV prevalence in an area exceeds 2 per 1,000 (NB rate in Wandsworth is a little under 5 per 1,000):</p> <ol style="list-style-type: none"> 1) Testing all new patients registrations at GP practices 2) Testing all patients who attend A&E <p>In Wandsworth we have run the following pilots:</p> <ol style="list-style-type: none"> 1) 19 GP practices signed up to the pilot, where they offer rapid HIV testing to all new patient registrations during the new patient check. This started during February, and has continued through March and April. A full evaluation is underway, including an application for further funding in order to continue the project, however initial results indicate that no HIV positives have yet been identified. 2) An HIV test was offered to all patients attending A&E at St George's during March where the patient was aged 18-59, already requiring a blood test and able to give consent. During this time, 2 tests were positive, and these patients both proved to be previously undiagnosed. <p>Additional feedback will be obtained to derive more learning from the pilot, e.g. acceptability of testing, positivity of population tested, etc.'</p> <p><i>Action: this item is deferred to next CEMMaG meeting in September</i></p>									
<p>22.</p>	<p>Any Other Business</p> <p>There was no other business.</p>									
<p>23.</p>	<p>Next meetings</p> <p>The dates of the next CEMMAG meetings are as follows:</p> <table border="1" data-bbox="320 1223 1061 1431"> <thead> <tr> <th>Date</th> <th>Time</th> <th>WBH Room</th> </tr> </thead> <tbody> <tr> <td>1st Sept 2011</td> <td>2-5pm</td> <td>Rm 6.2, 120 Broadway</td> </tr> <tr> <td>24th Nov 2011</td> <td>2-5pm</td> <td>Rm 6.2, 120 Broadway</td> </tr> </tbody> </table>	Date	Time	WBH Room	1 st Sept 2011	2-5pm	Rm 6.2, 120 Broadway	24 th Nov 2011	2-5pm	Rm 6.2, 120 Broadway
Date	Time	WBH Room								
1 st Sept 2011	2-5pm	Rm 6.2, 120 Broadway								
24 th Nov 2011	2-5pm	Rm 6.2, 120 Broadway								