Clinical Effectiveness and Medicines Management Group (CEMMaG)

Minutes of the meeting held on 19th June 2013 at Wandsworth Town Hall

Present:

Gabriel Agboado, Public Health Principal, Wandsworth PH Dept	(GA)
Ravi Balakrishnan, Consultant in PH Medicine, Wandsworth PH Dept	(RB)
Nick Beavon, Chief Pharmacist, Wandsworth CCG	(NB)
Patrick Bower, GP representative (Balham Park Surgery)	(PB)
Shaneez Dhanji, Prescribing Support Pharmacist, Wandsworth CCG	(SD)
Rod Ewen, GP and Wandsworth CCG (Chair)	(RE)
Rumant Grewal, GP (Mayfield Surgery)	(RG)
Zvi Herzenshtein, lay representative, Wandsworth Patient Group	(ZH)
Alastair Johnston, Clinical Effectiveness Facilitator, WPH Dept	(AJ)
Mayank Patel, Community Pharmacist, Merton Sutton and Wandsworth LPC	(MP)
Yarlini Roberts, Head of Finance, Wandsworth CCG	(YR)
Jyothi Shenoy, Consultant Clinical Psychologist, SWL&StG MH NHS Trust	(JS)
Fhorkan Uddin, GP representative, LMC	(FU)

Apologies: Nicky Bamford, Amar Gandavadi, Kate Hutt, Fiona Hicks, Anne Middleton, Aslam Baig

1.	**Notes of the previous meeting and matters arising**: Dr Rod Ewen welcomed everyone and thanked them for attending the meeting. 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: • *NB reported that he had raised the issue of denosumab injections with Lucie Waters and Andrew McMylor. NB sought views of GPs and a LES had been suggested. SD added that at a previous Falls CRG meeting, a LES was suggested in order to achieve the Quality Premium Indicators, but A.McMylor did not support it due to complexity of using a LES for such relatively small numbers of patients. Hence a LES may not be possible. NB to raise this issue again with Falls CRG and report back on progress to CEMMaG.*
2.	**Community IV antibiotics for cellulitis** Dr Rumant Grewal presented this proposal for the development of a community pathway, and explained the implications for primary care and community services. After a detailed discussion the following action was agreed: *Action:* *RG to take the proposal back to the IV Antibiotics Community Pathway development group with the aim of :* 1. *Clarifying the inclusion and exclusion criteria for entry to the community pathway* 2. *Clarify mechanism of referral into pathway as this starts in A&E not with GP.*

	3. *Improve the design of the Community Pathway flow chart (e.g. lettering in red to be moved into corresponding box)* 4. *Give a clearer estimate of the number of uncomplicated cellulitis cases expected to be dealt with by the community pathway* 5. *Involving WCCG Service Redesign in order to clarify issues such as who will be providing and who will be funding the IV antibiotics used, and how cost effective the service may be in the context of a business case* 6. *Clarifying how patients do not respond to treatment will exit the pathway* 7. *Clarify whether or not OPAT team at St Georges can provide a 24hr back-up service* *Once the above issues have been addressed, RG to bring the proposal back to CEMMaG*
3.	**South London Cardiac and Stroke Network (SLCSN) Guidelines approved by CVD CRG in April 2013** SD pointed out to the Group that a number of documents on chronic stable angina had been approved by the Wandsworth CCG Cardio-Vascular Disease Clinical Reference Group (CVD CRG) and were now available via the SLCSN website on http://www.slcsn.nhs.uk/prescribing.html. SD pointed out that the SLCSN had ceased to function as a group at the end of March 2013. *Action:* • *SD to publicise this via the Wandsworth Prescribing Bulletin*
4.	**South London Cardiac and Stroke Network (SLCSN) guideline amended by CVD CRG: Lipid Management for familial hyperlipidaemia in Adults** SD presented this guideline which had been amended and approved by the CVD CRG. The amendment was recommending Atorvastatin 40mg as a starting dose (rather than simvastatin). NB pointed out that such guidelines were not 'for information only' and CEMMaG had authority to advise on amendments. A discussion took place concerning the optimum starting dose for atorvastatin. ZH voiced a concern that this needs to be done including the patient in the discussion, and due to side effects patients are likely to choose lower doses to start treatment and to titrate the dose up. PB and NB felt that for this reason the initial dose may be less than the recommended dosage of 40 mg due to the possibility of side effects in a minority of patients. The drug could subsequently be titrated up to 40 mg dose in the majority of patients who tolerated it well. The starting dose for Simvastatin of 40mg in the Diabetic Care Pathway and others was also discussed and, given the even higher side effect profile of Simvastatin the question was raised by RE, PB and ZH should these pathways move to Atorvastatin and should they also have a lower start dose? *Action:* • *SD to take this proposal to CVD CRG for further discussion and amendment to the guideline* • *SD to bring amended guideline back to CEMMaG for approval* • *NB to discuss these pathways with CRG leads and report back to CEMMaG*
5.	**Capsaicin 8% patch (Qutenza) for Peripheral Neuropathic Pain** NB presented scientific evidence to indicate that Capsiacin 8% patches produce a statistically significant improvement in pain control (from mild benefit to moderate benefit) compared to Capsiacin 0.04% patches in patients with peripheral neuropathic pain. NB explained that this remedy works over a period of several months by desensitising nerve receptors, but emphasised that the side effects of applying the stronger patch (pain and erythema at the application site) necessitated the use of local anaesthetic in the majority of patients. The cost of the patches was high. NB presented a WCCG outline business case and

	explained that the advice of CEMMaG was sought regarding the clinical effectiveness of this pharmaceutical preparation. In discussion the Group noted that peripheral neuropathic pain was an intractable long-term condition which was often refractory to analgesia and other forms of pain relief. The Group felt that even a moderate improvement in pain control for this relatively small cohort of patients offered benefits where other options for pain control had been attempted and failed. The Group therefore approved the use of Capsiacin 8% patches on clinical grounds. *Action:* • *NB to relay the recommendation of CEMMaG regarding the use of Capsiacin 8% patch for patients with Peripheral Neuropathic Pain to WCCG commissioners*
6.	**Infection control in primary care (NICE CG 139)** AJ explained that Nicky Bamford had sent a message to say she may be unable to attend this CEMMaG meeting. In her absence it was decided to defer this item to the following meeting in July.
7.	**Vitamin D** The Group considered two related topics regarding Vitamin D. The first was presented by SD regarding recommendations on Vitamin D products for the local guidelines: • SD sought views of the Group regarding the choice of products to recommend within the local guidelines, for prescribing. • The local guideline is being updated since the National Osteoporosis Society (NOS) published Vitamin D guidelines recently. • Most recommendations re testing, etc., will be taken from the NOS guideline. However, SD requested that the CCG have a policy on products due to costs. • SD explained that by following the MHRA hierarchy of prescribing drugs, the costs may rise considerably. She pointed out that although nutritional supplements of Vitamin D are the lowest in this hierarchy, the costs are relatively cheaper. After a lengthy discussion, it was agreed that on balance of volume vs costs, WCCG should recommend a nutritional supplement as first-line. *Action: SD to take this recommendation to the Falls CRG.* GA presented this information sheet on Vitamin D supplementation in relation to the Healthy Start programme promotional leaflet. The group noted that this had now been amended to take account of all the suggestions given previously by CEMMaG, and approved the information sheet. *Action: GA to proceed with Vitamin D/ Healthy Start campaign using this approved information sheet.*
8.	**NICE Update** AJ presented the NICE update covering the NICE guidance published in April and May 2013. He also gave an update on the most recent guidance published in June (NB not all June guidance was published, and a full NICE update covering June would be brought to the July CEMMaG meeting. NICE guidance released in April and May 2013 consisted of 2 Clinical Guidelines, 1 Public Health Guidance, 9 Technology Appraisals, and 1 Quality Standard. NICE guidance released (so far) in June consisted of 3 Clinical Guidelines and 1 Public Health Guidance, and 1 Quality Standard. *Action:* • *AJ to circulate the table which logs recent NICE PH guidance to all relevant leads,*

and ask them to report back on progress with implementation to future CEMMaG meetings where relevant.

- *AJ to circulate NICE Update for April and May to WCCG IGC*
- *AJ to forward CG159 Social Anxiety Disorder and QS30 Living Well with dementia to the WCCG Mental Health CRG and suggest that they co-ordinate any efforts to implement this with Gillian Lewis and the MH Trust IGG*
- *AJ to communicate with WCCG Paediatric CRG (Rod Ewen and Tom Coffey) re implementation of CG160 Feverish illness in Children*
- *AJ to ensure that all CGs published in June were communicated to the relevant WCCG CRG (NB Falls, CVD, and Respiratory).*

9. **Update on NICE Implementation from Providers**

JS had to leave the meeting early, but passed on the following information in writing on behalf of the Mental Health Trust:

> 'The Psychological Therapies Committee within SW London & St George's MH NHS Trust will be reviewing the NICE guidance on Social Anxiety Disorder CG159. This will be done jointly across Adult IAPT Services And Child and Adolescent Mental Health Services (CAMHS). The audit will also look at recovery rates for people with social anxiety under different delivery systems, and will provide mechanisms for ensuring that services have the capacity to deliver against the NICE recommendations. The audit outcome will be reported to the Trust Integrated Governance Committee.'

AJ reported that Gillian Lewis had responded to his e-mail (NB action from April CEMMaG meeting) to give details of NICE guidance relevant to mental health which was being implemented by the MH Trust. Such NICE guidance was regularly considered at the Trust's Integrated Governance Group, and included in the Trust's e-Bulletin, copies of which Gillian had also sent. This included CG155 Psychosis and schizophrenia in young people, CG158 Conduct Disorders in Children and Young People, CG159 Social Anxiety Disorder, and the Quality Standard QS30 on supporting people to live well with dementia.

There was no representation from St George's NHS Trust (acute and community services).

10. **Any Other Business** – there was no other business.

11. **Next meetings**

The dates of the next CEMMAG meetings are as follows:

Date	**Room**	**Location**
18th Sept	Committee Rm 145, 1st Floor	Wandsworth Town Hall
16th Oct	Conference Rm 4, 2nd floor	Wandsworth Town Hall Extension
20th Nov	Conference Rm 5, 2nd floor	Wandsworth Town Hall Extension
18th Dec	Conference Rm 4, 2nd floor	Wandsworth Town Hall Extension