

Clinical Effectiveness and Medicines Management Group (CEMMaG)

Notes of the meeting held on 3rd March 2011 at Wimbledon Bridge House

Present:

Ravi Balakrishnan, Consultant in Public Health Medicine, NHSW	(RK)
Nick Beavon, Chief Pharmacist, NHSW	(NB)
Auline Cudjoe, PC Prescribing Lead Dietician, Community Services, SGHT	(AC)
Shaneez Dhanji, GP Prescribing Support Pharmacist, NHSW	(SD)
Robin Dutta, Public Health Trainee, NHSW	(RD)
Rod Ewen, GP and member of PEC, NHSW (Chair)	(RE)
Amar Gandavadi, Clinical Audit Officer, SGHT	(AG)
Samara Hammond, AD Quality Innovation and Clinical Governance, NHSW	(SH)
Kate Hutt, Acting Clinical Effectiveness Manager, SGHT	(KH)
Alastair Johnston, Clinical Effectiveness Facilitator, NHSW	(AJ)
Ros Lobo, Associate Director of Public Health, NHSW	(RL)
Jenny McLeod, Specialist Community Paediatric Dietitian, NHSW	(JMcl)
Anne Middleton, Harm Reduction Lead, NHSW	(AM)
Raj Patel, Chair, MSW Local Pharmaceutical Committee	(RP)
Martyn Penfold, Alcohol Strategy Co-ordinator, NHSW	(MP)
Terry J Ritson-King, Wandsworth LINK Executive Committee	(TK)
Jo Ruwende, Consultant in PH Medicine, NHSW	(JR)
David Tamby-Rajah, Community Pharmacy Lead, NHSW	(DT)

Apologies: Mary Boucher, Amanda Cranston, David Finch, Fiona Hicks, Ian Petch, Sharon Wouda.

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.</p> <p><i>Action: AJ to upload minutes of the August meeting onto the CEMMaG web pages.</i></p> <p>The following points were made under ‘matters arising’:</p> <ul style="list-style-type: none"> • <u>Mental Health guidelines and NICE implementation:</u> Ian Petch had communicated with AJ regarding this issue. <i>Action: AJ to discuss with JR and IP outside the meeting.</i> • <u>Diabetes guidelines.</u> CEMMaG had made specific recommendations regarding advice to GPs on the use of Rosiglitazone. <i>Action: NB to request this to be implemented.</i> • <u>Baseline assessment on Pregnancy and complex social factors.</u> JR reported that Diane Jones had now left NHSW before completing this work. <i>Action: Ravi Balakrishnan to take over or appoint lead to complete this BA.</i>
2.	<p>CEMMAG Terms of Reference (ToR)</p> <p>The ToR were approved by the meeting, pending the following modifications:</p> <ul style="list-style-type: none"> • Clarification regarding whether or not the SWL Medical Director could join the group • Clarification of the path for reporting to the interim SWL Sector, and shadow Primary Care Commissioning Unit, bearing in mind that the Borough

	<p>Commissioning Board will cease to exist shortly.</p> <ul style="list-style-type: none"> • Add Local Pharmaceutical Committee (LPC) representatives to list of members <p><u>Actions:</u></p> <ul style="list-style-type: none"> • <i>Invite secondary care specialist to join the group (JR)</i> • <i>Invite Specialist nurses to join the meeting (AJ)</i> • <i>Invite Lead nurse, practice nurse development (AJ) (done)</i> • <i>Continue efforts to recruit more PC clinicians (JR/AJ/RE)</i> • <i>Explore the feasibility of replacing NHSW Medical Director with SWL Sector Medical Director (JR/NB)</i> • <i>Invite LPC representatives to join CEMMaG (DTR)</i> • <i>Update CEMMaG ToR as required (AJ)</i>
3.	<p>CEMMAG Annual Report</p> <p>AJ gave a summary of the Annual Report. This was approved.</p> <p><u>Actions:</u></p> <ul style="list-style-type: none"> • <i>Minor corrections to text (AJ)</i> • <i>upload to the CEMMaG web pages (AJ)</i>
4.	<p>ADHD Shared Care Guideline</p> <p>CEMMaG approved this guideline for use.</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>
5.	<p>Somatropin Shared Care Guideline</p> <p>CEMMaG approved this guideline for use.</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>
6.	<p>Antibiotic Prescribing Guidelines for Primary Care – updated</p> <p>NB presented this guideline which had been updated from the previous version approved in June 2008 by WPCT Clinical Effectiveness Committee. The guideline gives detailed advice for the prescribing of drugs in primary care in line with recently updated HPA guidance on management of infection in primary care, as well as recent editions of the BNF. CEMMaG approved this guideline for use, pending the following actions/amendments:</p> <ul style="list-style-type: none"> • <i>Views should be sought from SGH and HPA regarding the inclusion of guidance on the treatment of Lyme disease (section on skin/soft tissue infections) (NB)</i> • <i>Consider modifying advice re fungal infection of the nail to ‘start therapy only if infection is confirmed by laboratory’ to allow immediate treatment where unambiguous symptoms are evident. (NB)</i> • <i>Investigate why paediatric dose is given for some infections but not other conditions potentially affecting children (NB).</i> • <i>when disseminating the updated guidelines, the changes from the previous version would be highlighted (NB)</i> • <i>Consider how best to ensure that related advice contained in PGDs used in TWIC and MIU conform with this guideline. (NB to liaise with services regarding this.)</i> • <i>The out-of-hours GP service Harmoni works across PCT areas in SW London whose advice on management of infection in primary care may differ slightly. This service</i>

	<p><i>should be made aware of the updated guidelines (NB to liaise.)</i></p> <ul style="list-style-type: none"> • <i>Modify guidelines as noted above as appropriate (NB to liaise)</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>
7.	<p>Shared Care Guideline on Leflunomide for active Rheumatoid Arthritis and Psoriatic Arthritis in Adults</p> <p>NB explained that this guideline had already been approved by S&MPCT. CEMMaG approved this guideline for use.</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>QuickMist in smoking cessation</p> <p>There was discussion regarding the ‘QuickMist’ oral spray nicotine replacement therapy product. The following points were made:</p> <ul style="list-style-type: none"> • No details of comparative trials of QuickMist with other forms of NRT had been made available – so CEMMaG cannot judge if it is of any benefit over other options available • The trials made available so far appear to be against placebo, as opposed to other NRTs. • The potential cost at the maximum dose of 64 sprays per day could be significantly greater than other forms of NRT. For example, at the maximum rate of use the prescribing cost of the product for a 12 week course of treatment would be approximately £400. • There was concern that the fast onset of action and short duration may actually lead to abuse of the product, and the meeting was concerned that it is categorised as GSL (General Sales List – can be sold without pharmacy supervision, eg in supermarkets). The committee was therefore concerned about the potential abuse by children. • Heavy smokers if having 4 sprays an hour would exhaust the spray quickly (150 sprays per device) and the priming that may be necessary is also wasteful. • The committee members felt that the benefits of this product were not clear and would re-examine the product if more information became available. <p>CEMMaG recommended that this product should not be prescribed by GPs, smoking cessation advisors, or community pharmacists at present.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> • <i>Reference to QuickMist should be excluded from the treatment options included in the Smokefree Wandsworth leaflet (DT to liaise).</i> • <i>DT to update the next WPCT Prescribing Bulletin.</i>
9.	<p>Community Pharmacy PGD for varenicline</p> <p>CEMMaG approved this PGD for use.</p> <p><u>Actions:</u></p> <ul style="list-style-type: none"> • <i>DT to update the NHSW prescribing team.</i>
10.	<p>Breastfeeding with Thrush leaflet</p> <p>NB presented this leaflet. The leaflet was approved pending the following changes:</p> <ul style="list-style-type: none"> • Add information that Nystatin suspension can be used for babies of all ages • Add information regarding maximum daily dosage for Nystatin suspension

	<p><u>Action:</u></p> <ul style="list-style-type: none"> • <i>make changes to document according to above (NB)</i> • <i>arrange distribution via SGH breastfeeding advisor, community nurses, community pharmacists and GPs (NB)</i>
11.	<p>Effective Commissioning Initiative</p> <p>JR highlighted the changes in this revised version of the ECI, which had been thoroughly checked by all SW London PCTs. The meeting approved this document.</p> <p><u>Action:</u> <i>upload guidelines to CEMMaG web pages and publicise via PC Clinical Effectiveness Bulletin (AJ)</i></p>
12.	<p>Baseline Assessment for PH25 Prevention of CVD at the population level: feedback following presentation of PH25 at WBC OSC</p> <p>AJ reported on behalf of Amanda Cranston that that the relevant paper needs to go to NHSW Borough Management Team and then to WBC Adult Oversee and Scrutiny Committee for sign up by both MT and LA.</p> <p><u>Action:</u> <i>Amanda Cranston to report back at the next CEMMaG meeting in June.</i></p>
13.	<p>Implementation of PH 24 and CG100 – Alcohol Use Disorders</p> <p>MP presented a summary of issues relating to the implementation of these NICE guidelines. MP pointed out that further NICE guidance which makes recommendations on the diagnosis, assessment and management of harmful drinking and alcohol dependence in adults and in young people aged 10–17 years was issued at the end of February. MP identified gaps in current services in relation to some of the recommendations of NICE:</p> <ul style="list-style-type: none"> • Universal screening for alcohol dependency was not available • Big gaps in primary care screening • Some targeted screening by GPs – not universal as recommended by NICE • Some access to brief interventions • Lack of capacity to treat likely number of positive cases <p><u>Action:</u> <i>MP to return to next CEMMaG meeting to update on progress with implementing all NICE guidance relating to alcohol use disorders.</i></p>
14.	<p>Latest NICE Guidance</p> <p>AJ presented a table describing all NICE guidance issued in December, January and February.</p>
15.	<p>SGH Policy for implementing NICE guidance - update from SGH</p> <p>KH and AG described the new policy at St George’s Healthcare Trust for monitoring implementation of NICE guidance. This entails collecting information on NICE implementation within in the Trust and maintaining a central database as before (NB previously described by Steve Milan in the August 2010 CEMMaG meeting). However, responsibility for appointing NICE implementation leads, following-up completion of questionnaires and baseline assessments is now delegated to Divisional Governance Managers. The Clinical Effectiveness team will submit compliance summaries to the Patient Safety Committee and provide updates to the Trust Board.</p> <p>The meeting noted that one of the Divisional Governance Managers (Fiona Hicks) previously represented Community Services Wandsworth at CEMMaG. As communication on clinical effectiveness issues with acute, community, and mental health services was an important aim of CEMMaG, the meeting would like independent representation from each of these units to continue in future.</p> <p><u>Actions:</u></p> <ul style="list-style-type: none"> • <i>KH to confirm representation for acute and community services</i>

	<ul style="list-style-type: none"> <i>KH to liaise with AJ regarding a suitable format for quarterly reporting on NICE implementation (NB if possible highlighting all guidance whose implementation status has changed on the central SGH database since the previous report)</i>
16.	<p>Prescribing Guidelines of Infant Formula for Infants with Cow's Milk Protein Allergy (CMPA) or Lactose Intolerance</p> <p>JMcL presented the guidelines, which had been revised since the previous meeting to include references to the recent NICE Clinical Guideline on food allergy in children and young people (CG116). The guideline now includes new sections on signs and symptoms of possible food allergy, history taking and physical examination in primary care. The meeting approved the 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> <i>Send out guidelines electronically to GPs, Community Pharmacists and Health Visitors with accompanying message making reference to comparative costs of specialised infant formula, and the impact on recent overall prescribing costs for NHSW (SD, DT, JMCL)</i>
17.	<p>Gluten-free foods prescribing guideline</p> <p>AC and SD presented this prescribing guideline, which was welcomed by CEMMaG. The meeting approved the guidelines, pending the following amendments:</p> <ul style="list-style-type: none"> <i>Retain the table and flow charts taken from NICE Clinical Guideline 86 on the recognition and assessment of coliac disease</i> <i>Insert contact details of community dietician on p6</i> <i>Develop patient template letter to shape patient expectations re prescribing of gluten free foods</i> <i>Retain statement concerning exclusion of NHS prescribing of gluten-free cake mix and sweet biscuits</i> <i>concerning gluten-free cake mix and sweet biscuits, remove reference to 'NHS policy on healthy eating' and replace with 'does not conform with healthy eating'</i> <i>Change wording of table heading on page 8 from 'minimum monthly' to 'recommended monthly'</i> <p><u>Actions:</u></p> <ul style="list-style-type: none"> <i>Modify guideline document according to above (SD)</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> <i>Send out to GPs with template letter</i>
18.	<p>Any Other Business</p> <p>There was no other business.</p>

19.

Next meetings

The dates of the next CEMMAG meetings are as follows:

Date	Time	WBH Room
2 nd June 2011	2-5pm	1
1 st Sept 2011	2-5pm	1