

## Clinical Effectiveness and Medicines Management Group (CEMMAg)

### Draft Notes of the meeting held on 27<sup>th</sup> March 2013 at WBH

**Present:**

Gabriel Agboado, Public Health Principal, Wandsworth PH Dept	(GA)
Shaneez Dhanji, Prescribing Support Pharmacist, WCCG	(SD)
Rod Ewen, GP and WCCG (Chair)	(RE)
Amar Gandavadi, Clinical Auditor, St George's Healthcare NHS Trust	(AG)
Zvi Herzenshtein, Wandsworth Patient Group member	(ZH)
Alastair Johnston, Clinical Effectiveness Facilitator, Wandsworth PH Dept	(AJ)
Jenny McLeod, Community Paediatric Dietitian, Cty Services SGH	(JMcl)
Sita Patel, Senior Prescribing Adviser, WCCG	(SP)
Vicky Pigott, Senior Health Visitor, Community Services SGH	(VP)
Fhorkan Uddin, GP representative, LMC	(FU)
Barbara Willerton, Lay Member Wandsworth LINK	(BW)

**Apologies:** Aslam Baig, Nicola Bamford, Nick Beavon, Fiona Hicks, Jyothi Shenoy, Jane Street

<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. 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 (c/f from December's meeting):</p> <ul style="list-style-type: none"> <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. (Post meeting note: SLCSN informed WCCG pharmacists that Acute Trusts in South London are in the process of or have adapted bleeding protocols of the UK Thrombosis Forum. Nick Beavon is awaiting response from Nick Kendel who is the dental advisor for SWL, with regards to how dentists will manage patients on NOACs.)</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>Terms of Reference:</b></p> <p>RE reported that the Annual Report and Terms of Reference (ToR) had been presented to the Management Team on 19<sup>th</sup> December. The Annual Report was well received, and the ToR were approved. More recently, WCCG had approved funding for two additional GP representatives to be present at each CEMMAg meeting. This would be reviewed after six months.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> <li>• <i>Monthly meetings to be booked for the third Wednesday of the month until the end of 2013. (AJ)</i></li> <li>• <i>Recruit additional GPs to join the list of those willing to attend CEMMAg (RE)</i></li> </ul>

3.	<p><b>Prescribing Guidelines of Infant Formula for Infants with Cow's Milk Protein Allergy (CMPA) or Lactose Intolerance</b></p> <p>JMcL presented these guidelines, which were an updated version of those presented and approved at the CEMMaG meeting on 3rd March 2011. They offer guidance to GPs for the clinically effective and cost effective prescribing of infant formula to infants suffering from CMPA. The meeting thanked her for her these excellent guidelines. The guidelines were approved.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> <li>• <i>AJ to publicise guidelines via the Primary Care Clinical Effectiveness Bulletin, and place on CEMMaG Website</i></li> <li>• <i>NB to publicise via Prescribing Bulletin</i></li> </ul>
4.	<p><b>Updated 2013 varenicline PGD for community pharmacists</b></p> <p>The Chair pointed out that this item was included for information only, and that the updated PGD is available via the SW London Public Health Website:  <a href="http://www.swlphnetwork.org.uk/uploads/documents/swlpc-interface-policy-documents/pgds-for-imms-and-vaccs-in-primary-care/varenicline-pgd-for-community-pharmacists-mar-2011-reapproved-jan-2013-dtr.pdf">http://www.swlphnetwork.org.uk/uploads/documents/swlpc-interface-policy-documents/pgds-for-imms-and-vaccs-in-primary-care/varenicline-pgd-for-community-pharmacists-mar-2011-reapproved-jan-2013-dtr.pdf</a></p>
5.	<p><b>Healthy Start Vitamins</b></p> <p>GA and VP presented this item, and explained the issues concerning Vitamin D deficiency in pregnant women and small children. The current proposal related to the use of pre-printed labels to be affixed prominently in the Red Book for infants in order to raise awareness in parents and to remind health visitors to provide information on Healthy Start and vitamin D supplementation. Comments and suggestions were made:</p> <ul style="list-style-type: none"> <li>• Encourage and enable GPs to distribute Vitamin D to pregnant women and those with infants, and produce a GP education sheet for this purpose</li> <li>• That the antenatal booking appointment would be an ideal time to distribute Healthy Start Vitamin D</li> <li>• Rather than a label, the insert in the Red Book may take a different form in order to ensure that appropriate information is provided in a suitable format. This would include simplified and appropriate wording for the patient and health professional, as well as information on recommended product and dosage, and the importance of not exceeding the dosage.</li> </ul> <p><u>Action:</u></p> <ul style="list-style-type: none"> <li>• <i>VP and GA to revise proposals in the light of the above, and to bring back to future CEMMaG mtg</i></li> </ul>
6.	<p><b>Bone Health Pathway - management of patients with osteoporosis or at risk of osteoporosis</b></p> <p>SD presented and explained this guideline for primary care. The guideline includes a detailed care pathway. The meeting made the following comments:</p> <ul style="list-style-type: none"> <li>• In the 'Investigations' boxes (in the flowcharts) – 'ESR' should be removed.</li> <li>• The 'measure BMD' box should be made more prominent – and especially the reference to DXA scan</li> </ul> <p>The guideline was approved by the meeting, pending these changes.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> <li>• <i>SD to modify the guideline according to the above comments, and send final version to AJ</i></li> <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>

7.	<p><b>Apomorphine by continuous subcutaneous infusion in advanced Parkinson’s disease</b></p> <p>SP presented this outline business case. The meeting noted that this is not a new service, and as such as the infrastructure and staff are already in place. The business case explained that patients will be initiated on Apomorphine in a more efficient way, resulting in a shorter length of stay. The cost of Homecare delivery is less than the cost of prescribing from hospital and the product is delivered to the patient at home meaning less of an impact on the patient or carer who currently has to come to hospital to collect the Apo PFS. The scheme will involve the use of a new wrist-worn monitoring and data collection device (PKG) to determine the pattern of fluctuations during the daytime in these patients with advanced Parkinson’s disease. Having a structured and predictably costed pathway for these patients will mean less time spent negotiating the funding of apomorphine in individual cases as well as less time spent managing the unplanned hospital and other healthcare episodes for these patients. The meeting approved the clinical aspects of this business case.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> <li>• <i>AJ to inform Ruth Eager (WCCG QIPP Manager) that clinical aspects are approved</i></li> <li>• <i>Once finalised, NB to publicise the Business Case via the Wandsworth Prescribing Bulletin</i></li> </ul>
8.	<p><b>NICE CG139 - Infection Control in primary care</b></p> <p>The chair stated that discussion this item was deferred to the next meeting as Nicky Bamford was unable to attend.</p>
9.	<p><b>SLCSN Guidelines for deactivating implantable cardioverter defibrillators in people nearing the end of their life</b></p> <p>Dr Ewen led the discussion of this item, which concerned the decision making and practical processes necessary to ‘switch off’ ICDs to avoid unnecessary and unwanted defibrillation occurring in the last minutes of life. The guidelines were approved.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> <li>• <i>RE to write to WCCG MT to ascertain if any other group should monitor compliance with this guideline</i></li> <li>• <i>AJ to publicise via CEMMaG website and the PC Clinical Effectiveness Bulletin</i></li> </ul>
10.	<p><b>Review of Wandsworth Assisted Conception Policy</b></p> <p>AJ pointed out that new NICE Clinical Guideline on Fertility (published in February – see NICE Update Dec 12 – Feb 13) is likely to have implications for the Wandsworth Assisted Conception Policy. This policy had been updated and modified in 2012 with the aim of reducing the time which couples spent on the waiting list. A review of the Assisted Conception Policy was due to be held in 2013. The meeting noted that the ACP Review Group would need to consider additional issues as a result of the NICE Guideline:</p> <ul style="list-style-type: none"> <li>• Ensuring that the Wandsworth ACP identifies infertility in same sex couples according to the NICE criteria</li> <li>• Need for additional resources vs affordability in view of: <ul style="list-style-type: none"> <li>○ the extra demand likely to result from offering IVF to women who have been unable to conceive after two years of regular vaginal intercourse (a reduction of 1 year compared to the previous recommendation)</li> <li>○ the extra demand likely to result from offering assisted conception to some women in the age range 40 – 42 years</li> </ul> </li> <li>• How to ensure some measure of consistency across the Sector.</li> </ul> <p><u>Action:</u> <i>AJ to advise WCCG commissioners (via Lucy Waters) to remind all GPs that the existing Wandsworth policy on Assisted Conception would remain in force until the results of the forthcoming Review were published.</i></p>

11.	<p><b>NICE PH43 Hepatitis B and C - ways to promote and offer testing</b></p> <p>The chair stated that discussion this item was deferred to the next meeting as Anne Middleton was unable to attend.</p>																		
12.	<p><b>NICE Update</b></p> <p>AJ presented the NICE update covering the NICE guidance published in the period December 2012 – February 2013.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> <li>• <i>AJ to liaise with RE regarding appropriate action in primary care to implement CG150 on Headaches, and CG153 on Psoriasis</i></li> <li>• <i>AJ to liaise with Jane Street re monitoring implementation of Psychosis and schizophrenia in children and young people (CG155)</i></li> <li>• <i>AJ to ensure that the planned review of the Wandsworth Assisted Conception Policy includes consideration of NICE recommendations on Fertility (CG156)</i></li> <li>• <i>AJ to liaise with Anne Middleton re monitoring the implementation of guideline on Hepatitis B and C - ways to promote and offer testing (PH43)</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>PH40 Social and Emotional Wellbeing in Early Years – Gabriel Agboado</i></li> <li>○ <i>PH41 Local measures to promote walking and cycling as forms of recreation and travel – Anna D’Arcy</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 ensure that WCCG commissioners are aware of recent NICE Quality Standards so that they can be integrated into service specifications.</i></li> <li>• <i>AJ to contact NCB London to establish who is responsible for monitoring implementation of NICE guidance in relation to cancer drugs</i></li> <li>• <i>AJ to liaise with Nick Beavon re review of local guidance on NOACs in the light of new NICE guidance on Stroke and systemic embolism (prevention, non-valvular atrial fibrillation) - apixaban (TA275)</i></li> </ul>																		
13.	<p><b>Update on NICE Implementation from Providers</b></p> <p>AG reported verbally on systems for NICE implementation at SGH. RE thanked him for his attendance at the meeting and encouraged SGH to present regular reports at CEMMAG re NICE implementation.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> <li>• <i>AG to provide an update on implementation of NICE Guidance.</i></li> </ul>																		
14.	<p><b>Any Other Business</b> – there was no other business.</p>																		
15.	<p><b>Next meetings</b></p> <p>The dates of the next CEMMAG meetings are as follows:</p> <table border="1" data-bbox="323 1731 1390 1957"> <thead> <tr> <th>Date</th> <th>Room</th> <th>Location</th> </tr> </thead> <tbody> <tr> <td>17<sup>th</sup> April</td> <td>Meeting Room 1</td> <td>Wimbledon Bridge House</td> </tr> <tr> <td>15<sup>th</sup> May</td> <td>Conference Rm 4, 2<sup>nd</sup> Floor</td> <td>Town Hall Extension</td> </tr> <tr> <td>19<sup>th</sup> June</td> <td>Committee Rm 145, 1<sup>st</sup> Floor</td> <td>Wandsworth Town Hall</td> </tr> <tr> <td>17<sup>th</sup> July</td> <td>Committee Rm 123, 1<sup>st</sup> Floor</td> <td>Wandsworth Town Hall</td> </tr> <tr> <td>18<sup>th</sup> Sept</td> <td>Committee Rm 145, 1<sup>st</sup> Floor</td> <td>Wandsworth Town Hall</td> </tr> </tbody> </table>	Date	Room	Location	17 <sup>th</sup> April	Meeting Room 1	Wimbledon Bridge House	15 <sup>th</sup> May	Conference Rm 4, 2 <sup>nd</sup> Floor	Town Hall Extension	19 <sup>th</sup> June	Committee Rm 145, 1 <sup>st</sup> Floor	Wandsworth Town Hall	17 <sup>th</sup> July	Committee Rm 123, 1 <sup>st</sup> Floor	Wandsworth Town Hall	18 <sup>th</sup> Sept	Committee Rm 145, 1 <sup>st</sup> Floor	Wandsworth Town Hall
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