

Clinical Effectiveness and Medicines Management Group (CEMMAg)

Notes of the meeting held on 24th May 2012 at Wandsworth Town Hall

Present:

Dr Lilian Awere, GP and LMC Board Member	(LA)
Nicky Bamford, Practice Nurse Development Lead, NHSW	(NBa)
Nick Beavon, Chief Pharmacist, NHSW	(NB)
Vicky Damani, Prescribing Support Adviser, NHSW	(VD)
Shaneez Dhanji, Prescribing Support Pharmacist, NHSW	(SD)
Rod Ewen, GP and member of PEC, NHSW (Chair)	(RE)
Zvi Herzenshtein, Wandsworth Patient Group member	(ZH)
Alastair Johnston, Clinical Effectiveness Facilitator, NHSW	(AJ)
Mayauk Patel, Community Pharmacy, MSWLPC	(MP)
Josephine Ruwende, Consultant in PH Medicine, NHSW	(JR)
David Tamby-Rajah, Community Pharmacy Lead, NHSW	(DT-R)

Apologies: Gabriel Agboado, Paul Alford, Aslan Baig, Ravi Balakrishnan, Fiona Hicks, Kate Hutt, Amer Salim, Caroline White, Barbara Willerton, Jyoshi Shenoy

1.	<p>Notes of the previous meeting and matters arising:</p> <p>Dr Rod Ewen welcomed everyone and thanked them for attending. These were accepted as a true and accurate record of the meeting. The following was reported under matters arising:</p> <ul style="list-style-type: none"> • AJ reported that he had met with Allan Ruan (NHS SW London webmaster), and that a CEMMAg page had been created. Alastair had received training and would be responsible for adding text and documents to the CEMMAg page in future. <i>Action: AJ to develop the CEMMAg web page on the NHS SW London website and upload CEMMAg minutes, etc.</i> • The primary care protocol for GLP-1 mimetics had been amended subsequent to the previous meeting. <i>Action: AJ to publicise final version via Clinical Effectiveness Bulletin. - DONE</i> • Suggestions had been made at the previous meeting for minor amendments to the wording of the ECI policy (Gynaecomastia section). <i>Action: AJ to liaise with Marion Abbot regarding this. DONE</i> • Regarding the implementation of the NICE clinical guideline on diagnosis and management of TB and measures for its prevention and control, JR reported that the London Model of Care is still awaited. An action plan for TB is being developed for Wandsworth. • Regarding the work around implementation of PH32 on skin cancer prevention, Wandsworth would ensure continuity in efforts to implement recommendations via the SunSmart campaign group. <i>Action: AJ to ensure that this workstream was handed to Laurence Gibson. DONE</i>
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	<ul style="list-style-type: none"> Regarding the self assessment work around PH35 on preventing type II diabetes, it was suggested that the Diabetes WIG should take on responsibility for co-ordinating implementation. <i>Action: AJ to present PH35 self assessment at WIG meeting, and suggest a hand-over responsibility for co-ordination of implementation to WIG appointee. DONE</i>
2.	<p>PGD Review: Ratification of replacement PGDs for Imms & Vaccs in Primary Care.</p> <p>Nick Beavon presented a set of 13 PGDs covering vaccinations and immunisations which had now been updated. The meeting agreed the following suggested amendments:</p> <ul style="list-style-type: none"> dark coloured shading should be removed from the documents, as this renders them difficult to read especially when printed out in B&W in black and white; homeless people should be added to the inclusion criteria of the PGD for Hepatitis A vaccine, and for combined hepatitis A & B vaccine; sickle cell and thalassemia patients should be added to the inclusion criteria of the PGDs for hepatitis B vaccine, combined hepatitis A & B vaccine, and pneumococcal vaccine; injecting drug users should be added to the inclusion criteria of the PGDs for hepatitis B vaccination, and combined hepatitis A & B vaccine; the review date of all these updated PGDs should be changed to June 2013, with the expiry date of April 2014. <p>The meeting approved all 13 PGDs pending these changes.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> NB to ensure that all changes are made to PGDs, and that modified PDGs are circulated to clinicians as appropriate. AJ to publicise via Primary Care Clinical Effectiveness Bulletin. - DONE
3.	<p>South London Cardiac and Stroke Network (SLCSN) Hypertriglyceridaemia Pathway</p> <p>SD presented this simplified pathway for hypertriglyceridaemia, which was approved for use by CEMMaG (subject also to approval at the CVD Clinical Reference Group in June).</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> NB to distribute and publicise this pathway as appropriate AJ to publicise via Primary Care Clinical Effectiveness Bulletin - DONE
4.	<p>New Oral Anti-Coagulants (NOACs) position statement, and primary care prescribing guidance on the use of dabigatran for AF</p> <p>SD presented an updated position statement on NOACs. The meeting advised that it should include a statement referring to the issue of no reversal agent for dabigatran. SD then presented guidance on dabigatran developed by the SLCSN to support GPs in prescribing the drug when it is transferred from secondary care. The meeting recommended that further advice for GPs is included to aid them in counselling patients on dabigatran, particularly in reference to elective surgery and dental treatment. CEMMaG approved both the position statement and prescribing guidance (subject also to approval at the SLCSN and the CVD Clinical Reference Group in June).</p> <p><u>Action: SD to take back these comments to the SLCSN in June where these documents will be revised and approved (SD)</u></p>
5.	<p>Update of COPD guideline</p> <p>SD presented this medicines management guidance update that now includes a new drug addition for indacaterol. CEMMaG approved this updated guideline for use</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> NB to distribute and publicise this guideline as appropriate. AJ to publicise via Primary Care Clinical Effectiveness Bulletin – DONE.

<p>6.</p>	<p>Wandsworth Community Pharmacy PGD for Emergency contraception – <i>David Tamby-Rajah</i></p> <p>DT-R RD introduced the community pharmacy PGD on levonogestrel (Levonelle 1500) emergency hormonal contraceptive (EHC). The following issues were raised:</p> <ul style="list-style-type: none"> • there was concern about whether this medication should be used in any circumstances between 72 and 120 hours of having had unprotected sexual intercourse (UPSI) (NB the approach adopted by NHS S&M), or whether its use should be restricted to 0 to 72 hours post UPSI. There is evidence that the effectiveness of the drug more than 72 hours after UPSI is poor, and therefore the rationale for its use in this period is uncertain. The meeting felt that further advice should be sought from experts in the use of EHC (i.e. specialists based at local GUM clinics); • furthermore, the meeting was concerned that the draft PGD endorsed the use of levonogestrel in the period 72 – 120 post-UPSI, which was outside of its licensed indication; • whilst the meeting recognised the advantages of taking a sector-wide approach (NB clear advantages for community pharmacies with branches across the sector), the meeting felt that this reason alone was not enough to justify the use of levonogestrel in the period 72 – 120 hours post-UPSI; • A product called Ella One is licensed for up to 120 hours, and Nick Beavon has suggested that this may be a more appropriate EHC alternative for 72 – 120 hours post-UPSI. The meeting therefore suggested that a new PGD for ‘Ella One’ covering this period should be drawn up; <p><u>Actions:</u></p> <ul style="list-style-type: none"> • <i>NB to seek specialist advice re desirability of using levonogestrel in the period 72 – 120 post-UPSI compared to other alternatives such as Ella One;</i> • <i>DT-R to draw up PGD for use of Ella One in the period 72 – 120 hrs post-UPSI;</i> • <i>DT-R to amend PGDs accordingly, and re-submit to Chair for approval via chair’s action.</i>
<p>7.</p>	<p>A short paper giving progress to date on implementation of NICE public health guidance (PH 29, 30, and 31) on preventing unintentional injuries among the under-15s had been circulated prior to the meeting. However, Gabriel Agboado was unable to attend the meeting, and the item was deferred until the next meeting.</p> <p><u>Action:</u> <i>AJ to put on the agenda for the next CEMMaG meeting in September</i></p>
<p>8.</p>	<p>NICE Update</p> <p>AJ presented the NICE Update and Summary for February to April 2012, which covered 2 Clinical Guidelines (CG), 1 Public Health Guidance (PH), 9 Technology Appraisals (TA), 7 Interventional Procedure Guidance (IPG), and 1 Medical Technology Guidance. JR reported that recommendations from PH37 on management of TB in hard to reach groups would be included in the forthcoming TB Action plan. AJ reported that further NICE guidance had been published on 23rd May (the day before the CEMMaG meeting), including 1 CG, 2 TAs, 1 IPG and 1 Medical Technology Guidance.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> • <i>AJ to contact Camilla Piper re implementation of CG139 Infection Control (in primary care)</i> • <i>AJ to contact Andy McMyllor re implementation of CG140 Opioids in palliative care (NB published May 2012)</i> • <i>NICE recommendations for management of TB in hard-to-reach groups to be included in TB Action Plan (JR)</i>

<p>9.</p>	<p>No providers attended to give updates on NICE implementation. However, Jyothi Shenoy had confirmed by phone that actions from the previous CEMMaG meeting had been taken. <i>Action:– AJ to link with MH Trust</i></p>									
<p>10.</p>	<p>Any Other Business.</p> <ul style="list-style-type: none"> • Terms of reference. RE proposed a modification to the terms of reference of CEMMaG, to acknowledge the difficulty of involving lay members of the public or patients in the meeting due to difficulties with availability of lay members. Whilst every effort should be made to obtain and retain lay representation in future, the requirement for quoracy as noted in the ToR should be modified to no longer stipulate that a lay representative is required in order for the meeting to be quorate. The role of the lay representative should be described in the ToR, and this should acknowledge that although much of the discussion is technical in nature they still have a valuable role. <i>Action: AJ to modify ToR for discussion and approval at the next meeting.</i> 									
<p>11.</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 1016 1174 1133"> <thead> <tr> <th>Date</th> <th>Time</th> <th>Room</th> </tr> </thead> <tbody> <tr> <td>Wednesday 26th Sept 2012</td> <td>2-5 pm</td> <td>WBH Meeting Room 1</td> </tr> <tr> <td>Wednesday 12th Dec 2012</td> <td>2-5 pm</td> <td>WBH Meeting Room 1</td> </tr> </tbody> </table>	Date	Time	Room	Wednesday 26 th Sept 2012	2-5 pm	WBH Meeting Room 1	Wednesday 12 th Dec 2012	2-5 pm	WBH Meeting Room 1
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