

Clinical Effectiveness and Medicines Management Group (CEMMAg)

Final Notes of the meeting held on 26th September 2012 at WBH

Present:

Christina Atchison, Specialist Registrar in PH, NHSW	(CA)
Gabriel Agboado, Public Health Principal	(GA)
Nick Beavon, Chief Pharmacist, NHSW	(NB)
Aslam Baig, PH Strategist	(AB)
Neil Bamford, Diabetes Lead Clinician and GP	(NBa)
Nicky Bamford, Practice Nurse Development Lead, NHSW	(NBam)
Jack Bedeman, PH Registrar	(JB)
Auline Cudjoe, Prescribing Lead Dietician	(AC)
Shaneez Dhanji, Prescribing Support Pharmacist, NHSW	(SD)
Amar Gandavadi, Clinical Auditor, SGHT	(AG)
Helen Heath, Prescribing Support Pharmacist, NHSW	(HH)
Zvi Herzenshtein, Wandsworth Patient Group member	(ZH)
Alastair Johnston, Clinical Effectiveness Facilitator, NHSW	(AJ)
Josephine Ruwende, Consultant in PH Medicine, NHSW (Chair)	(JR)
Amer Salim, GP and LMC member	(AS)
Jane Street, Associate Director, Psychologies and Psychotherapy, SWLSTG	(JSt)
Barbara Willerton, Patient/Public Representative Wandsworth LINK	(BW)

Apologies: Fiona Hicks, Jyothi Shenoy, Rod Ewen, Collette Scrace


1.	<p>Notes of the previous meeting and matters arising:</p> <p>Dr Josephine Ruwende 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 was reported under matters arising:</p> <ul style="list-style-type: none"> • AJ reported continuing problems in accessing the CEMMAg web pages for the purpose of editing which were being pursued with the IT Servicedesk. <i>Action: AJ to escalate this issue for priority action.</i> • Regarding the work around implementation of PH32 on skin cancer prevention, AJ reported that Margaret Ancobiah of NHSW had become a member of Wandsworth SunSmart campaign group. <i>Action: MA would report back progress at the next meeting.</i> • AJ had contacted Camilla Piper re implementation of CG139 Infection Control (in primary care), who no longer covers this role. Subsequently Penny Spence (Cluster Infection Prevention & Control Specialist) raised concerns regarding responsibility for infection control in Primary Care. <i>Action: AJ to invite Penny Spence to the next CEMMAg meeting.</i>
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	<ul style="list-style-type: none"> • SD relayed the comments from the previous CEMMaG meeting to the SLCSN concerning the new oral anti-coagulants (NOACs) guidance. The issue of non-reversibility remains to be resolved with respect to managing patients on NOACs within A&E departments and dental practice. <i>Action: NB to approach dental advisor Nick Kendal and St Georges Hospital colleagues to address this issue, and report back to CEMMaG.</i> • David Tamby-Rajah was not present at the meeting to confirm action around Emergency Hormonal Contraception as recommended at the previous meeting. <i>Action: NB to follow up with DT-R and report back at the next meeting.</i>
<p>2.</p>	<p>Terms of reference: Revised Terms of Reference were presented at the meeting. JR highlighted the modifications made:</p> <ul style="list-style-type: none"> • The group will be accountable and report to the Wandsworth CCG Integrated Governance Committee • A lay member will no longer be required for the meeting to be quorate. However, wording had been added to stress the importance of lay representation and its role within CEMMaG • The membership list had been modified to exclude individuals' names <p>The meeting approved these changes. NB agreed to add a short section relating to the role of CEMMaG in relation to Patient Group Directions (PGDs). JR pointed out that further modifications may need to be made following discussions concerning the emerging relationships between CEMMaG and the nascent Wandsworth CCG. JR confirmed that changes to the CEMMaG ToR would need formal approval from the Integrated Governance Committee.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> • NB to modify Terms of Reference to include the role of CEMMaG in relation to monitoring, update, review and approval Patient Group Directions (PGDs) • JR to liaise with Rod Ewen, NB and AJ regarding further changes in terms of relations with other CCG bodies • AJ to re-draft CEMMaG ToR to reflect the above, and place on agenda for the next meeting
<p>3.</p>	<p>Guide to adult oral nutritional supplements ('sip feed') prescribing Auline Cudjoe explained the importance of this issue in Wandsworth in terms of the fact that Wandsworth is the 3rd highest prescribing PCT area in London, spending around £800k per annum from a budget of £34m – 2.4% of the annual drugs budget. There is evidence of inappropriate prescribing in primary care. The draft guideline was approved</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> • AC to arrange reformatting and the addition of SW London Wandsworth Borough Team logo • AC to send final version to NB and AJ • AC to liaise with AS and others regarding the possibility of presenting this guideline at suitable GP fora • NB to give access to the final document via the SWL PH Network website • NB to publicise via Wandsworth Prescribing Bulletin • AJ to publicise via the PC Clinical Effectiveness Bulletin • AC to explore the possibility of extending approval and distribution of this guideline throughout SW London
<p>4.</p>	<p>The Modafanil for narcolepsy in adults Shared Care Guideline was approved for use in Wandsworth. NB explained that all drugs covered by shared care guidelines would be</p>

	<p>initiated by the hospital and that the hospital would be responsible for signing the agreement and sending to the patient's GP. In this case the specialist narcolepsy/ sleep disorder service was offered by Croydon University Hospital.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> • NB to give access to the final document via the SWL PH Network website • NB to publicise via Wandsworth Prescribing Bulletin • AJ to publicise via the PC Clinical Effectiveness Bulletin • NB to pursue the possibility that these guidelines could be adopted sector-wide
5.	<p>Shared Care Guidelines: Methylphenidate for ADHD in 6-18 year olds and adults over 18</p> <p>NB reported that South London and the Maudsley NHS Trust (working in partnership with local NHS mental health services) currently provided this specialised service and would be responsible for initiating treatment under shared care guidance. NB pointed out that issuing shared care guidance for both children and adults would help clarify how to deal with children who continued to present with symptoms of ADHD into adulthood. This was welcomed by the meeting, which approved both guidelines. NB pointed out that these guidelines were interim, and would be updated when the new local service for ADHD came into operation.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> • NB to give access to the final document via the SWL PH Network website • NB to publicise via Wandsworth Prescribing Bulletin • AJ to publicise via the PC Clinical Effectiveness Bulletin
6.	<p>Shared Care Guidelines: Atomoxetine for ADHD in 6-18 year olds and adults over 18</p> <p>Nick Beavon presented these guidelines, pointing out that similar issues pertain as for item 5. above. The meeting approved both guidelines.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> • NB to give access to the final document via the SWL PH Network website • NB to publicise via Wandsworth Prescribing Bulletin • AJ to publicise via the PC Clinical Effectiveness Bulletin
7.	<p>Simvastatin prescribing - recommendations following revised safety advice</p> <p>SD presented this document which had been developed and approved by the South London Cardiac and Stroke Network (SLCSN) following further advice from the Medicines and Healthcare products Regulatory Agency (MHRA) regarding the increased risk of myopathy associated with the use of simvastatin 40mg or more. CEMMaG approved this prescribing advice. The CVD CRG would also need to approve the guidance.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> • Pending approval by the CVD CRG, NB and AJ to publicise the guideline in the usual way via the Prescribing Bulletin and the Primary Care Clinical Effectiveness Bulletin • NB to communicate directly with all practices concerning these new recommendations
8.	<p>Guidance on the use of rivaroxaban for stroke prevention in atrial fibrillation</p> <p>SD explained that this document was a draft SLCSN Shared Care prescribing guideline document, and that a final version was imminent. Although there was no reversal agent, this drug may offer advantages over dabigatran. Also, the drug had not yet been approved for use by the Drugs and Therapeutics Committee (DTC) at St George's Hospital. CEMMaG advised that the final approved guideline should be sent to CEMMaG for approval via Chair's Action, after it has been through SGH DTC & the CVD CRG.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> • SD to liaise with SLCSN, St Georges Hospital DTC, and Rod Ewen (CEMMaG Chair)

	<p><i>regarding the approval of the final version</i></p> <ul style="list-style-type: none"> • <i>Pending full approval by the above bodies, NB and AJ to publicise the guideline in the usual way via the Prescribing Bulletin and the Primary Care Clinical Effectiveness Bulletin</i>
9.	<p>Position Statement on the Use of the RESPeRATE device for Lowering Blood Pressure</p> <p>SD explained that this was a draft SLCSN document offering brief advice regarding this device which has recently been made available for prescribing on the NHS. A final version is imminent. The advice was not to use RESPeRATE because of insufficient evidence of effectiveness. CEMMaG supported this position statement and approved it in principle. It was decided that the position statement should be retained for commissioning purposes and need not be sent out to GPs. <i>No action needed.</i></p>
10.	<p>Patient Group Direction (PGD) Policy</p> <p>NB presented this policy, which was intended to govern the development, implementation and review of use of PGDs in Wandsworth. NB explained that PGDs are formal protocols that enable practice nurses to administer vaccines in primary care, or community pharmacists to issue drugs or administer ‘flu vaccines. The policy specifies that each individual PGD requires regular review and updating, and approval via CEMMaG. The meeting approved the policy, pending the following modifications:</p> <ul style="list-style-type: none"> • Clarification of the role of the CCG Medical Director in authorising/approving PGDs • Clarification of how PGDs can be approved using CEMMaG Chair’s Action (e.g. in the case of new ‘flu treatment requiring urgent approval during an epidemic) • Modification to the wording of Appendix 3 • Amendment to ensure consistency of the organisational names throughout the document • Renumbering of appendices <p><u>Action:</u></p> <ul style="list-style-type: none"> • <i>NB and NBam to amend the policy according to the above</i> • <i>NB and NBam to develop a communications plan for disseminating the policy</i>
11.	<p>Working with the Pharmaceutical Industry Policy</p> <p>NB presented this important policy, describing its scope and aims. It replaces a previous policy in this area, and reflects the increasing interaction between the Pharmaceutical Industry (‘Pharma’) and NHS clinicians, including primary care clinicians. AS raised certain issues which he felt needed further discussion and/or clarification:</p> <ul style="list-style-type: none"> • Pharma funding of hospitality at meetings in relation to primary care and the practicality for seeking prior approval from the Chief Pharmacist • Pharma funding of seminars and training events for GPs • meetings concerning primary care where the speaker is funded by Pharma <p>The meeting felt that such issues would require further discussions before the policy could be amended and/or approved.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> • <i>NB to prepare a discussion paper laying out the key messages of the policy</i> • <i>NB to invite feedback from LMC and pursue further discussions if necessary</i> • <i>NB to resubmit policy for approval at the next CEMMaG meeting</i>
12.	<p>Influenza PGD and PSD</p> <p>NB introduced this revised PGD and PSD (Patient Specific Direction – for use by healthcare assistants). He explained that these documents had been updated to reflect the advice from St Georges paediatric allergy and immunology specialists regarding the administration of seasonal influenza vaccines to egg allergic children. The meeting pointed out various</p>

	<p>modifications:</p> <ul style="list-style-type: none"> • Correction of review and expiry dates • Correct typo 'Fuenz' to 'Fluenz' in PGD title • Complete the note on Intanza (NB excluded from the PGD/PSD) in PGD and PSD titles • Add detail regarding the administration of Fluenz intra-nasal <p>CEMMAg did not give approval, but advised that Chair's Action could be used to approve the revised PGD and PSD prior to the next meeting.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> • <i>NB to revise documents and seek CEMMAg approval</i> • <i>Pending full approval by the above bodies, NB and AJ to publicise the guideline in the usual way via the Prescribing Bulletin and the Primary Care Clinical Effectiveness Bulletin</i>
13.	<p>Cold Chain Policy</p> <p>NB presented this policy covering the storage and handling of vaccines and other medicines requiring cold storage. This was approved by CEMMAg</p> <p><u>Action:</u> <i>NB and NBam to develop a communications plan for disseminating the policy</i></p>
14.	<p>PH29 preventing unintentional injuries among the under 15s</p> <p>GA presented a report which highlighted the work done in Wandsworth to reduce childhood accidental injuries in the community and in the home. Local schemes for improving children safety were described in the context of national and local strategies. The NICE Self assessment tool for PH29 had been completed in draft form, and was not presented at the meeting. Further action to address gaps in implementation would be co-ordinated through the development of a Wandsworth strategy and action plan for the prevention of accidental injuries in children. Overall accountability for this work stream is to the Health and Wellbeing Board through the Children and Young People's Partnership via Child Health Overview Group.</p> <p><u>Action:</u> <i>GA to present strategy and action plan at a future CEMMAg mtg.</i></p>
15.	<p>NICE update</p> <p>AJ presented a tabulated report which summarised all NICE guidance issued since the last CEMMAg meeting - i.e. May, June, July and August (NB two early- issue September Clinical Guidelines were also included). In addition to a brief summary of recommendations the report also contains hyperlinks to all the guidance documents via the NICE website. The following Guidance had been issued in this period:</p> <ul style="list-style-type: none"> • 12 Clinical Guidelines • 1 Public Health Guideline • 9 Technology Appraisals • 2 Medical Technology Guidance • 2 Diagnostic Technology Guidance • 4 Interventional Procedure Guidance <p>AJ reported that Sue Tappenden would be responsible re implementation of CG140 Opioids in palliative care and was pursuing this via the EOLC (End of Life Care) Clinical Reference Group of whom she is a member. Similarly, Samantha Revill was working with colleagues at SGH regarding the Osteoporosis Clinical Guideline (CG146), and Aslam Baig was liaising with the Haemoglobinopathies Working Group at SGH regarding CG143 Sickle Cell Acute Painful Episodes Clinical Guideline.</p> <p><u>Action:</u> <i>AJ to invite Sue Tappenden to feedback on progress at the next CEMMAg meeting.</i></p>
16.	<p>Update on NICE implementation from acute, community and mental health providers</p>

	<ul style="list-style-type: none"> St George’s Healthcare Trust (SGH) acute services. AG gave a verbal report concerning NICE implementation. SGH operates an ongoing system for monitoring the implementation of NICE guidance. AG reported that implementation of Technology Appraisals (TAs) is a key performance indicator discussed regularly with commissioners, and that a new system has been introduced to make sure that NICE-approved drugs are available for prescribing as soon as guidance is issued. This ensures there are no longer any breaches of the three month deadline for implementation of TAs. Implementation of Clinical Guidelines relevant to acute care is monitored via the NHSLA process. (Post-meeting note: AG submitted a report attached here:  SGH NICE CEMMaG report Sep12) SGH Community Services Wandsworth. No report was received (apologies received from Fiona Hicks) SW London & St George’s Mental Health Trust (SWL&StG). JS reported that NICE implementation is built into clinical governance procedures and reporting at SWL&StG. For example, baseline audits had been carried out concerning NICE guidance on Generalised Anxiety Disorder (CG113) and Psychosis with Coexisting Substance Misuse (CG120). With regard to guidelines concerning ADHD (CG72) and Autism (CG142), JS pointed out that the specialized service for these conditions is currently based at the Maudsley. <i>Action: JS to share any baseline assessments/audits relating to recent NICE guidance at the next meeting.</i> 												
17.	<p>Guidance on the Diagnosis of Diabetes using HbA1C</p> <p>NBa presented guidance for the diagnosis of diabetes using HbA1c. This guidance has been developed by the Diabetes Clinical Reference Group (formerly the Diabetes Wandsworth Implementation Group), and is in line with current WHO guidance, which is also accepted by Diabetes UK and NHS Diabetes. As the test is somewhat simpler to perform than fasting glucose, it was hoped that this would provide a useful additional diagnostic test and would assist in the earlier detection and management of diabetes in primary care. The proposal was to update current Wandsworth Diabetes Clinical Guidelines. The meeting approved this guidance.</p> <p><i>Action:</i></p> <ul style="list-style-type: none"> NBa to update the Wandsworth Diabetes Guidelines and publicise with primary care. AJ to publicise via the PC Clinical Effectiveness Bulletin 												
18.	<p>Any Other Business – there was no other business.</p>												
19.	<p>Next meetings</p> <p>The dates of the next CEMMAG meetings are as follows:</p> <table border="1" data-bbox="319 1767 1173 1917"> <thead> <tr> <th>Date</th> <th>Time</th> <th>Room</th> </tr> </thead> <tbody> <tr> <td>Wednesday 12th Dec 2012</td> <td>2-5 pm</td> <td>WBH Meeting Room 1</td> </tr> <tr> <td>March 2012</td> <td>2-5 pm</td> <td>(Date and venue tbc)</td> </tr> <tr> <td>June 2012</td> <td>2-5 pm</td> <td>(Date and venue tbc)</td> </tr> </tbody> </table>	Date	Time	Room	Wednesday 12 th Dec 2012	2-5 pm	WBH Meeting Room 1	March 2012	2-5 pm	(Date and venue tbc)	June 2012	2-5 pm	(Date and venue tbc)
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