

## Clinical Effectiveness and Medicines Management Group (CEMMAg)

### Minutes of the meeting held on 20<sup>th</sup> November 2013 at Wandsworth Town Hall

**Present:**

Nicky Bamford, Primary Care Workforce Development Lead, WPCT	(NBa)
Patrick Bower, GP, Wandsworth	(PB)
Andrew Burnett, Interim Consultant in PH, WBC Public Health	(AB)
Shaneez Dhanji, GP Prescribing Support Pharmacist	(SD)
Rajiv Dhir, Senior Prescribing Advisor, WCCG	(RD)
Rod Ewen, GP and CEMMAg Chair, WCCG	(RE)
Alastair Johnston, Clinical Effectiveness Facilitator, WBC Public Health	(AJ)
Andrew McCoig, Chief Executive Officer, Merton Sutton and Wandsworth LPC	(AMcC)
Fhorkan Uddin, GP representative, Wandsworth LMC	(FU)
Sharon Wouda, Prescribing Support Pharmacist, WCCG	(SW)

**Apologies:** Zvi Herzenshtein, Fiona Hicks, Kate Hutt, Yarlini Roberts,

<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 meeting. The notes of the previous meeting were accepted as a true and accurate record of the meeting.</p> <p>The following action was agreed under matters arising:</p> <ul style="list-style-type: none"> <li>• RE would speak to Nicola Jones regarding the evolving role of CEMMAg, (to be reflected in the CEMMAg Annual Report and ToR). <i>Action: RE to liaise re role of CEMMAg, and to work with AJ to amend Annual Report and ToR.</i></li> <li>• Prescribing of Healthy Start vitamins. <i>Action: RE to liaise with St George's Community Services regarding the responsibility of Health Visitors for prescribing and dispensing Healthy Start Vitamins obtained via the hospital pharmacy. RE to communicate to GPs and Community pharmacists regarding the outcome of this.</i></li> <li>• Amending the 24 hour blood pressure monitoring LES. <i>Action: RE to liaise with NBA re task and finish to progress this as per previous minutes</i></li> <li>• The meeting agreed on the need to empower community pharmacists to approach suitable patients re the Domicilliary Visiting service. At present the signed agreement places the responsibility on the GP to refer suitable patients to Pharmacies into the scheme rather than allow Pharmacists to select and visit. All agreed that it would be advantageous if Pharmacists could initiate the visit and inform the patients' GP of the course of action to be taken. <i>Action: RE to liaise with local NHS organisations to facilitate this.</i></li> </ul>
<b>2.</b>	<p><b>Providers Update on NICE implementation</b></p> <p>No providers were present at the meeting to give updates on implementation of NICE guidance, etc.</p>

	<p><u>Action:</u></p> <ul style="list-style-type: none"> <li>• <i>AJ to contact representatives from Community Services Wandsworth, SWL&amp;St G MH Trust, and St George's Healthcare Trust (acute services) to suggest the submission of quarterly monitoring reports in appropriate format to CEMMaG, and to request their attendance at CEMMaG on a rotating basis.</i></li> </ul>
<b>3.</b>	<p><b>Nalmefene for alcohol dependency</b></p> <p>RD presented a series of papers regarding this drug which is intended to reduce alcohol consumption amongst adult patients who continue to have high drinking risk level after initial assessment but do not suffer from physical withdrawal symptoms and do not require immediate detoxification. Discussion took place regarding this drug, which phase III clinical trials had demonstrated a positive effective, but with small improvements in heavy drinking days and total alcohol consumptions and only against placebo rather than against alternative therapies. The meeting discussed the possible benefits of using this drug in comparison with other therapies, its potential place within existing services e.g. treatment should be prescribed with psychosocial support, and the business case for its use on a pilot basis in the context of the Fresh Start programme. The meeting concluded that that in view of the lack of robust scientific evidence of clinical effectiveness and relatively high price of the drug (NB poor cost effectiveness) its use should not be supported locally. It was noted that nalmefene had been considered by South West London St. George's mental health trust and they had rejected the use of nalmefene based on the clinical evidence</p>
<b>4.</b>	<p><b>Methotrexate Shared Care Guideline –</b></p> <p>RD presented this revised draft shared care (SC) guideline. He explained that Methotrexate's place in therapy as a shared care guidance was now extended to cover in addition to rheumatoid arthritis, psoriasis, psoriatic arthritis, Crohn's disease and in SLE (see section 4 of the SC guideline). It was noted that the use of methotrexate to treat SLE is off-label. However GP's should have the option to agree to shared care for this unlicensed indication for SLE if they are comfortable with the shared care arrangements. The meeting agreed that Communication and Support (section 3, including the names of hospital contacts and out-of-hours procedures) needed to be checked and completed as necessary. The form should be signed by a hospital consultant and not a junior doctor. There was further discussion of the need for this shared care guideline to be extended to cover arrangements with some hospitals outside SW London, and how this should be approached. PB pointed out that there are many referrals from GPs in Battersea to Chelsea and Westminster Hospital. RE referred to the LES for Methotrexate, and how costs are likely to rise because of the increasing numbers of patients affected.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> <li>• <i>RD to ensure that SC Guideline document is modified to reflect:</i> <ul style="list-style-type: none"> <li>○ <i>Completion of the names of hospital contacts and out-of-hours procedures</i></li> <li>○ <i>Adding similar information for other hospitals outside SW London</i></li> <li>○ <i>Adding the wording 'this Shared Care Guideline can be used in other trusts'</i></li> </ul> </li> <li>• <i>RD to ensure that the need for a consultant's signature and the respective responsibilities of clinicians were suitably highlighted</i></li> <li>• <i>RE to liaise with Andy McMylor re implications for the LES</i></li> <li>• <i>RE to approve SC Guideline via Chair's Action if all actions agreed – otherwise bring this back to the next CEMMaG meeting.</i></li> </ul>
<b>5.</b>	<p><b>Riluzole Shared Care Guideline</b></p> <p>RD presented this draft SC Guideline for the use of Riluzole for the treatment of patients with the amyotrophic lateral sclerosis form of Motor Neurone Disease. The meeting approved this guideline pending minor modifications:</p>

	<p><u>Action:</u></p> <ul style="list-style-type: none"> <li>• RD to ensure that a page is inserted between pages 1 and 2 marked 'this page is intentionally blank'.</li> <li>• RD to ensure that the section on participating CCGs and participating hospitals is completed ( p2 and 3)</li> <li>• RD to ensure that document footers give correct dates for preparation, approval and review of the SC guideline.</li> <li>• RD to ensure that approved guideline is publicised via the prescribing bulletin</li> <li>• AJ to ensure that approved guideline is publicised via the Primary Care Clinical Effectiveness Bulletin.</li> </ul>
6.	<p><b>Guideline for vitamin D deficiency in adults</b></p> <p>SW presented this guideline, which was discussed by the Group. Several amendments were suggested.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> <li>• SW to ensure that suggested changes to the table on page 3 are made</li> <li>• SW to ensure that suggested changes to the flowchart on page 4 are made</li> <li>• SW to send modified version of Guideline to the group for approval.</li> <li>• SW to ensure that approved guideline is publicised via the Prescribing Bulletin</li> <li>• AJ to ensure that approved guideline is publicised via the Primary Care Clinical Effectiveness Bulletin.</li> </ul>
7.	<p><b>Updated Antiplatelet guidelines</b></p> <p>SD Presented this updated Wandsworth CCG guideline, pointing out that it had been modified to include Pasugrel and Ticagrelor. SD explained that this version had already been approved by the Wandsworth Cardio-Vascular Disease (CVD) Clinical Reference Group. However, CEMMaG suggested the addition of the following points to the section on atrial fibrillation: 'Antiplatelet therapy was not effective for stroke prevention in AF and that if patients needed both anticoagulation and antiplatelet therapy, specialist advice should be sought'. If the CVD CRG agrees to these changes, the guideline will be automatically approved by CEMMaG.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> <li>• SD to amend Guideline as mentioned above, and to re-submit to CRG.</li> <li>• Provided CRG accepts changes, SD to send modified version to AJ</li> <li>• guideline to be publicised in the usual way: <ul style="list-style-type: none"> <li>○ SD to publicise via the Prescribing Bulletin</li> <li>○ AJ to upload guideline onto WCCG website, and to publicise via Primary Care Clinical Effectiveness Bulletin.</li> </ul> </li> </ul>
8.	<p><b>Updated Asthma &amp; COPD guidelines</b></p> <p>SD presented these two updated Wandsworth CCG guidelines. The meeting suggested minor amendments only (NB 'trough level' for theophylline monitoring in asthma and COPD guidelines). The guidelines were approved pending these minor amendments.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> <li>• SD to amend guidelines, and to re-submit them to the Respiratory Diseases CRG.</li> <li>• Provided CRG accepts changes, SD to send modified versions to AJ</li> <li>• guideline to be publicised in the usual way: <ul style="list-style-type: none"> <li>○ SD to publicise via the Prescribing Bulletin</li> <li>○ AJ to upload guidelines onto WCCG website, and to publicise via Primary Care Clinical Effectiveness Bulletin.</li> </ul> </li> </ul>
9.	<p><b>PC Clinical Effectiveness Bulletin</b></p>

	<p>AJ presented the latest edition of the SW London PC CE Bulletin for August and September 2014 (for information). AJ explained that the Bulletin exists in electronic form only, and that it is distributed to all GPs practice managers via the WCCG Locality Management Leads. The meeting advised AJ to arrange for this to be sent directly to GPs rather than practice managers, to ensure maximum penetration. AJ mentioned that the topics included in the Bulletin included a regular section of The Effective Commissioning Initiative. A discussion ensued, regarding the process for handling ECI cases. AB agreed to raise some of these issues with the IFR CSU Manager.</p>												
<p><b>10.</b></p>	<p><b>NICE Update</b></p> <p>AJ presented the NICE update covering the guidance published in September and October 2013. NICE guidance released in this period consisted of 1 Clinical Guideline, 1 Public Health Guidance, 2 Technology Appraisals, 2 Diagnostic Technology Guidance and 6 Quality Standards. AJ continued to alert Clinical Reference Groups about the latest NICE guidance.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> <li>• AJ to update the database 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.</li> <li>• AJ to e-mail relevant CRG Leads regarding recently published NICE guidance relevant to their Group</li> <li>• AJ to circulate the NICE Update for Sept – Oct to Sandra Allingham at WCCG for the attention of the IGC</li> </ul>												
<p><b>11.</b></p>	<p><b>Any Other Business:</b></p> <ul style="list-style-type: none"> <li>• <b>Infection control in primary care (NICE CG 139)</b> The meeting welcomed NBa, who explained the importance of infection control in Primary Care. She had so far had difficulty in identifying a suitable lead for infection control but would persist with her inquiries and report back to CEMMaG.</li> </ul> <p><u>Action:</u></p> <ul style="list-style-type: none"> <li>○ NBa to liaise with NHS London in order to identify the most appropriate person to take forward this issue, and report back to CEMMaG</li> </ul>												
<p><b>12.</b></p>	<p><b>Next meetings</b></p> <p>The dates of the next CEMMAG meetings are as follows:</p> <table border="1" data-bbox="320 1435 1433 1581"> <thead> <tr> <th>Time/Date</th> <th>Room</th> <th>Location</th> </tr> </thead> <tbody> <tr> <td>2 pm, 15<sup>th</sup> Jan 2014</td> <td>Committee Room 145</td> <td>Wandsworth Town Hall</td> </tr> <tr> <td>2 pm, 19<sup>th</sup> Feb 2014</td> <td>Committee Room 145</td> <td>Wandsworth Town Hall</td> </tr> <tr> <td>2 pm, 19<sup>th</sup> Mar 2014</td> <td>Committee Room 145</td> <td>Wandsworth Town Hall</td> </tr> </tbody> </table>	Time/Date	Room	Location	2 pm, 15 <sup>th</sup> Jan 2014	Committee Room 145	Wandsworth Town Hall	2 pm, 19 <sup>th</sup> Feb 2014	Committee Room 145	Wandsworth Town Hall	2 pm, 19 <sup>th</sup> Mar 2014	Committee Room 145	Wandsworth Town Hall
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