

Clinical Effectiveness and Medicines Management Group (CEMMAg)

Notes of the meeting held on 1st September 2011 at Wimbledon Bridge House

Present:

Nick Beavon, Chief Pharmacist, NHSW	(NB)
Shaneez Dhanji, GP Prescribing Support Pharmacist, NHSW	(SD)
Rod Ewen, GP and member of PEC, NHSW (Chair)	(RE)
Amar Gandavadi, Clinical Auditor, SGHT	(AG)
Lesley Hoyle, Public Health Strategist, NHSW	(LH)
Alastair Johnston, Clinical Effectiveness Facilitator, NHSW	(AJ)
Andrew McCoig, CEO, MSW Local Pharmaceutical Cttee	(AMcC)
Ian Petch, Director of Psychology & Psychotherapies, SWL&StG MH Trust	(IP)
Mary Rehman, GP Prescribing Support Pharmacist Battersea, NHSW	(MR)
William Robert, Interim Head of Cty Development and Mental Health, NHSW	(WR)
Jo Ruwende, Consultant in PH Medicine, NHSW	(JR)
David Tamby-Rajah, Community Pharmacy Lead, NHSW	(DT)
Matthew Zimmer, Community Ward Pharmacist, NHSW	(MZ)

Apologies: Dr Paul Alford, Ravi Balakrishnan, Amanda Cranston, Helen Finch, Samara Hammond, Fiona Hicks, Kate Hutt, Anne Middleton, Terry Ritson-King, Dr Amer Salim.

1.	<p>Minutes of the previous meeting and matters arising: 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><u>Action:</u></p> <ul style="list-style-type: none"> • <i>AJ to correct spelling of name</i> • <i>upload corrected minutes of the March meeting onto the CEMMAg web pages.</i>
2.	<p>Eplerenone amended guidance to GPs The meeting approved the amended guidance for GPs.</p> <p><u>Actions:</u></p> <ul style="list-style-type: none"> • <i>circulate to GPs on behalf of the CVD Clinical reference Group (NB)</i> • <i>upload to CEMMAg web pages and publicise via PC Clinical Effectiveness Bulletin (AJ)</i>
3.	<p>New Oral Anticoagulants (NOACs) for the Prevention of Stroke in Atrial Fibrillation: progress with commissioning issues The meeting thanked NB for this updated position statement from the South London Cardiac and Stroke Network (SLCSN), and agreed with the recommendations made. It was noted that NICE Technology Appraisal on dabigatran for the prevention of stroke and</p>

	<p>systemic embolism in AF is expected to be published in December 2011, and that Warfarin should remain the agent of choice for atrial fibrillation (AF) stroke prevention in the short-term. Any decision to introduce NOACs into clinical practice should only be made with the agreement of all stakeholders across the patient pathway, including clinicians, commissioners, medicines management teams and the SLCSN.</p> <p><i>Post meeting note: SLCSN are to issue guidance for GPs on NOACs by the end of September 2011.</i></p> <p><i>Action: Await SLCSN guidance, then publicise to GPs via Wandsworth Prescribing Bulletin and Primary Care Clinical Effectiveness Bulletin (NB, AJ)</i></p>
<p>4.</p>	<p>Prescribing Guidelines for Low Molecular Weight Heparins in Primary Care</p> <p>The meeting thanked MR for these thorough, useful and practical guidelines for NHS Wandsworth. MR explained that these drugs are widely used ‘off-label’ and are currently on the hospital-only prescribing list. There is a considerable local variation in practice it had not been possible to reach agreement for sector-wide prescribing guidelines. The guidelines were approved, pending the following changes:</p> <ul style="list-style-type: none"> • Deletion of the note concerning a cost comparison table • Move note on non-interchangeability of LMWHs from p4 to bottom of table on p3. • Minor changes to formatting <p><u>Actions:</u></p> <ul style="list-style-type: none"> • <i>Modify as noted above (MR)</i> • <i>Disseminate to GPs (NB)</i> • <i>upload to CEMMaG web pages and publicise via PC Clinical Effectiveness Bulletin (AJ)</i>
<p>5.</p>	<p>Quick Reference Guide for Combined Oral Contraceptives</p> <p>The meeting thanked MR for presenting these guidelines on behalf of Sharon Wouda. They were approved for use pending the following changes:</p> <ul style="list-style-type: none"> • Change the title from ‘...combined oral contraceptives’ to ‘..... oral contraceptives’ • Minor changes to the formatting of the flow chart. <p><u>Actions:</u></p> <ul style="list-style-type: none"> • <i>Modify as noted above (MR)</i> • <i>circulate to GPs (NB)</i> • <i>upload to CEMMaG web pages and publicise via PC Clinical Effectiveness Bulletin (AJ)</i>
<p>6.</p>	<p>Medicines Management of Asthma</p> <p>The meeting noted the wide involvement of stakeholders and thanked Shaneez Dhanji and her colleague in Sutton and Merton for this thorough and detailed piece of work, aimed at assisting GPs with the medicines management of asthma. This guidance was approved subject to minor modifications and reformatting of the table on acute exacerbations in order to fit on one page.</p> <p><u>Actions:</u></p> <ul style="list-style-type: none"> • <i>In the section covering 5 – 12 year olds at step 3, insert the wording: ‘specialist initiation’ next to theophylline, and at step 4 add wording concerning inhaled steroid use (SD).</i> • <i>circulate to GPs (NB)</i> • <i>upload to CEMMaG web pages and publicise via PC Clinical Effectiveness Bulletin (AJ)</i> <p>AMcC raised awareness of the New Medicines Service, and the meeting agreed that this should be launched in a systematic and coordinated way.</p>

7.	<p>Update on Quickmist.</p> <p>NB presented the meeting with an updated summary of issues regarding the use of Quickmist oral NRT spray. In particular It was noted that this product was likely to be used as an add-on therapy to combat breakthrough craving (i.e. as an occasional addition to, rather than as a substitute for, other forms of NRT such as patches). The update also addressed other important concerns raised at the previous CEMMaG meeting, regarding safety, cost, and the possibilities for abuse. Additional information showed that it was popular with clients, and could therefore be a useful additional choice if added to the range of existing products. In view of this the meeting suggested that the smoking cessation prescribing guidelines should be modified to include Quickmist as a prescribing option.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> • <i>update smoking cessation prescribing guidelines to include Quickmist oral NRT spray, and circulate to GPs and pharmacists. (NB/DT-R)</i> • <i>upload to CEMMaG web pages and publicise via PC Clinical Effectiveness Bulletin (AJ)</i>
8.	<p>Update on Wandsworth NICE Implementation Policy</p> <p>JR pointed out the areas of the NICE Implementation policy which had been updated to reflect:</p> <ul style="list-style-type: none"> • New areas of NICE guidance such as Medical Technology Guidance and Diagnostic Technology Guidance • Introduction of NICE Quality Standards and their significance • Move towards value-based pricing for drugs, and the loss of mandatory status for funding of Technology Appraisals subsequent to this • New NICE role in supporting service quality in social care • Changes in local reporting arrangements re NICE Implementation in view of the new and emerging commissioning structures in SW London. • Role of the GP lead and the proposed role of the GP practice NICE lead • Expanding partnerships with the Local Authority and voluntary organisations <p>The updated policy was approved.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> • <i>Minor corrections to spelling and formatting (AJ)</i> • <i>Replace the old NICE Implementation Policy on the Clinical Effectiveness web page with the updated version (AJ)</i>
9.	<p>NICE update – NHSW</p> <p>AJ presented the monthly NICE updates for May, June July and August. LH had also prepared a ‘summary of summaries’ in order to make this information more easily accessible. The meeting found the latter list particularly useful.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> • <i>JR to liaise with local authority and co-ordinate baseline assessment for PH 35 ‘Preventing Diabetes – population and community interventions’.</i> • <i>AJ to distribute latest NICE updates to Clinical Commissioning Executive (AJ)</i>
10.	<p>Update on NICE Implementation – Other Local Providers</p> <p>SW London & St Georges Mental Health Trust were represented at the meeting by IP, who explained how NICE guidance was processed and implemented at the Trust. IP pointed out the potential savings which could result from the implementation of the NICE Clinical Guideline CG123 on Common Mental Health Disorders. This would require a baseline assessment which would need to take into account treatment options already available in Primary Care, as well as care pathways and referral guidelines for accessing secondary care</p>

	<p>services. IP reminded the meeting that extensive work had been completed some time ago on care pathways for the Psychological Therapies and Wellbeing Service (PTWS).</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> WR and IP to liaise re baseline assessment for CG123 'Common mental health disorder: identification and pathways to care' <p>AG presented an update on NICE implementation at SGHT, consisting of two reports extracted from the SGHT NICE Database covering the periods Jan – Dec 2010, and Jan – Aug 2011. The meeting thanked AG for this and agreed to communicate suggested areas for prioritising audit of NICE implementation.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> identify and suggest recent NICE guidance to prioritise for implementation/audit (JR, AJ) <p>Fiona Hicks of Community Services SGHT had previously given her apologies for not attending this meeting.</p>									
<p>11.</p>	<p>PH32 Skin Cancer Prevention Self-assessment</p> <p>WR presented a draft self-assessment report on NICE guidance 'Skin Cancer Prevention: information, resources and environmental changes'. The report listed recommendations under each heading, and assessed whether or not Wandsworth is compliant, describing current actions. The meeting thanked William for his work on this. WR explained that there is an established committee in Wandsworth led by the Local Authority which plans and oversees the annual Sunsmart Campaign. WR undertook to continue the baseline assessment work, and in particular to identify actions to address areas of non-compliance.</p> <p><u>Actions:</u></p> <ul style="list-style-type: none"> WR to present updated baseline assessment at the next CEMMAG meeting in November. 									
<p>12.</p>	<p>Any Other Business</p> <p>There was no other business.</p>									
<p>13.</p>	<p>Next meetings</p> <p>The dates of the next CEMMAG meetings are as follows:</p> <table border="1" data-bbox="320 1447 1062 1653"> <thead> <tr> <th>Date</th> <th>Time</th> <th>Room</th> </tr> </thead> <tbody> <tr> <td>24th Nov 2011</td> <td>2-5pm</td> <td>WBH Rm 2</td> </tr> <tr> <td>23rd Feb 2011</td> <td>2-5pm</td> <td>120 Broadway, Rm 6.1</td> </tr> </tbody> </table>	Date	Time	Room	24 th Nov 2011	2-5pm	WBH Rm 2	23 rd Feb 2011	2-5pm	120 Broadway, Rm 6.1
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