

Clinical Effectiveness and Medicines Management Group (CEMMAg)

Minutes of the meeting held on 18th September 2013 at Wandsworth Town Hall

Present:

Nishanthan Anandeswaran, Medical Student, Kings College	(NA)
Ravi Balakrishnan, Consultant in PH Medicine, Wandsworth PH Dept	(RB)
Nick Beavon, Chief Pharmacist, Wandsworth CCG	(NB)
Owen Brigstock-Barron, Sexual health Lead, Wandsworth PH Dept	(OB-B)
Rod Ewen, GP and CEMMAg Chair, WCCG	(RE)
Amar Gandavadi, Clinical Auditor, St Georges Healthcare	(AG)
Alastair Johnston, Clinical Effectiveness Facilitator, WPH Dept	(AJ)
Andrew McCoig, Chief Executive Officer, Merton Sutton and Wandsworth LPC	(AMcC)
Mayank Patel, Community Pharmacist, Merton Sutton and Wandsworth LPC	(MP)
Fhorkan Uddin, GP representative, LMC	(FU)
Barbara Willerton, Patient/Public representative, Wandsworth HealthWatch	(BW)
Sharon Wouda, Pharmacist, WCCG	(SW)

Apologies: Nicky Bamford, Patrick Bower, Gosaye Fida, Evonne Harding, Zvi Herzenshtein, Fiona Hicks, Kate Hutt, Yarlini Roberts, Amer Salim, Jane Street, Rebecca Wilans

1.	<p>Notes of the previous meeting and matters arising:</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"> • Nothing had been heard back regarding the IV Antibiotics Community Pathway, presented at the last meeting. <i>Action: AJ to re-send the minutes of the last meeting to Dr Rumant Grewal.</i> • Discussion was held regarding the responsibilities for prescribing and dispensing Healthy Start vitamins, which fell outside the remit of community pharmacies. <i>Action: RE to write to St George's Community Services regarding the responsibility of Health Visitors for prescribing and dispensing Healthy Start Vitamins obtained via the hospital pharmacy. RE would then communicate to GPs and Community pharmacists regarding this issue to avoid further confusion in future.</i>
2.	<p>CEMMAg Annual Report (including agenda items on CEMMAg web page, and Clinical Effectiveness Bulletin)</p> <p>AJ described the main sections of the CEMMAg annual report. Certain issues were raised:</p> <ul style="list-style-type: none"> • RB pointed out that the Clinical Effectiveness functions which CEMMAg carries out as described in the Terms of Reference (ToR) are formalised and in the Core Offer between Wandsworth Borough Council Public Health Department and Wandsworth CCG. • RE pointed out that the remit of the Group was likely to expand in the coming

	<p>months as a result of the increasing role of Joint Commissioning between WCCG and WBC, and that as a result monthly meetings should continue to be planned for the foreseeable future. A decision regarding whether or not to go ahead with each CEMMaG meeting would be taken closer to the date based on the size of the agenda.</p> <ul style="list-style-type: none"> • The expanding remit of CEMMaG should be reflected in both the Annual Report and the Terms of Reference. • The Joint Commissioning Executive should discuss and advise on how to increase the profile of CEMMaG and CRGs. • AJ explained that a Core Group had been identified within CEMMaG which consisted of those job roles specifically listed in the Terms of reference (ToR). This Core Group would be consulted to comment on and approve certain key clinical effectiveness outputs such as the SW London Primary Care Clinical Effectiveness Bulletin, which is produced bi-monthly. • In this context, AJ presented the latest Issue 24 of the Clinical Effectiveness Bulletin (June -July 2013), which is available via the CEMMaG Web Page. <p><u>Action:</u></p> <ul style="list-style-type: none"> • <i>AJ to book the next block of monthly meetings from Jan – Mar 2014.</i> • <i>AJ to work with RE to insert paragraph relating to the expanding remit for Joint Commissioning into the ToR and the Annual Report.</i> • <i>AJ to work with RE to insert paragraph relating to the how to liaise with CRGs into the ToR and the Annual Report.</i> • <i>RE to liaise with the Wandsworth Joint Commissioning Executive regarding the above.</i>
<p>3.</p>	<p>Royal Pharmaceutical Society guidance on the use of Multi-compartment Compliance Aids(MCAs)</p> <p>Dr Fhorkan Uddin presented this item. The Royal Pharmaceutical Society (RPS) had published evidence-based guidance in July 2013 entitled ‘the better use of multi-compartment compliance aids’. This report observes that the use of MCAs (also known as ‘dosette boxes’) has become regarded as a panacea for medicines use, and has often become integrated in into practice and service policy without considering the best alternatives for encouraging safe and compliant use of drugs on the part of the individual patient. The meeting felt that there were many examples locally of hospitals asking for MCAs to be used, and carers who were required via their contractual arrangements to use MCAs.</p> <p>The RPS report points out that whilst MCAs may offer distinct advantages for certain patients there are a number of disadvantages which need to be taken into account. The removal of a medicine from the manufacturer’s original packaging and its repackaging into an MCA will often be an unlicensed use of the product which will increase the level of responsibility for decisions made, as well as risks and liabilities. For example, drugs placed in an MCA may lack essential information regarding frequency/timing of dosage, contra-indications, etc. Removing drugs from their packaging may render them more difficult to identify, as well as introducing the possibility of unforeseen chemical interaction between pills and/or degradation or when pills are exposed to atmospheric humidity, etc. Some medicines are not suitable for inclusion in MCAs because of either size or presentation, and this may present additional difficulties where use of MCAs is the norm.</p> <p>There was a long discussion on this topic. In this context NB also pointed out the large waste of prescribed drugs which results from unnecessarily large repeat prescriptions and poor patient compliance with completing the course of treatment. Previous poster campaigns in GP surgeries and community pharmacies had reduced wastage for a time. Such campaigns may need to be regularly repeated to have a sustained effect. AMcC</p>

	<p>contended that engaging with the patient to obtain their understanding and agreement regarding the importance of correct use of medication was essential for both improving compliance and reducing wastage. This could take place in a GP consultation or with a community nurse or pharmacist. He pointed to schemes such as that funded by Croydon CCG in which community pharmacists are encouraged to engage with patients to find the best regime for medicines compliance, and in this context to make home visits when necessary.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> • <i>NB and his staff to raise this issue and publicise the RPS with in all suitable local fora, including SGH Drugs and Therapeutics Committee.</i> • <i>This issue to be raised by pharmaceutical advisors in meetings with GPs.</i> • <i>NB to ensure that this issue is raised via the Prescribing Bulletin.</i> • <i>AJ to publicise the RPS report via the Primary Care Clinical Effectiveness Bulletin.</i>
<p>4.</p>	<p>Providers Update on NICE implementation</p> <p>RE welcomed AG to the meeting and said that CEMMaG very much valued the contributions from local Trusts, especially as its remit includes the monitoring of NICE implementation. RE said that henceforth this agenda item should be at the beginning of the meeting, so that those attending from other Trusts had the option of leaving early if they so wished. The following reports were received:</p> <ul style="list-style-type: none"> • SGH – AG reported on issues affecting the monitoring of NICE implementation, including the lack of co-operation from certain surgical and medical Divisions within St Georges Healthcare in terms of reluctance to appoint a lead or to respond to queries from the Clinical Effectiveness Department. AG reported that such issues were escalated to the Trust’s Medical Director, and that a review of Divisional compliance affecting all guidance post-2010 was being carried out. • SWL&StG MH Trust – Jane Street had given her apologies due to staff sickness, but had sent a message for the meeting giving updates: <ul style="list-style-type: none"> ○ The Trust is taking part in the national audit of schizophrenia ○ JS is looking at how the Trust should audit compliance with NICE Guidance on Social Anxiety Disorder (CG159, May 2013). • Community Services Wandsworth (St George’s Healthcare) - AJ reported that Fiona Hicks had given her apologies but had requested to be retained on the distribution list for the CEMMaG agenda and minutes. <p>In response, RE pointed out that WCCG as well as local patient groups needed to be reassured that the services commissioned on behalf of Wandsworth population are being delivered according to best practice, including adherence to NICE Guidelines by all our Host Trusts. This process could take place via CEMMaG or via an appropriate Clinical Quality Group, but either forum would require regular quarterly monitoring reports.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> • <i>AJ to ensure this item comes at the beginning of the CEMMaG Agenda in future.</i> • <i>AJ to contact representatives from Community Services Wandsworth, SWL&St G MH Trust, and St George’s HealthcareTrust (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>
<p>5.</p>	<p>Depression and Anxiety Treatment Pathway</p> <p>NB said that there was a lack of clarity regarding the origin of this paper and the purpose for it to come to CEMMaG. Discussion of this item was therefore deferred to the next meeting.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> • <i>NB and AJ to investigate source of this document</i>

	<ul style="list-style-type: none"> <i>[Post meeting note – Carl Holvey of SWL&StG Mental Health NHS Trust had asked NB to obtain comments on this local draft guideline via an e-mail to him dated 22nd August]</i>
6.	<p>Proposal to amend the 24 hour blood pressure LES to conform to NICE guidance on blood pressure monitoring</p> <p>RE pointed out that recent NICE guidance (QS28, March 2013, CG127, Aug 2011) supported the use of randomly gathered blood pressure readings over a period of several days as an accurate guide to a patient’s hypertension. In Wandsworth the currently recommended practice entails the use of an ambulatory blood pressure monitoring device over a period of 24 hour. The meeting noted that ambulatory blood pressure monitoring was stipulated in the current LES for hypertension, and agreed that the use of randomly gathered blood pressure readings carried out by the patient at home would be preferable to the use of ambulatory blood pressure monitoring.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> <i>RE to propose changes to the current hypertension LES via WCCG commissioners, and to recommend on behalf of CEMMaG that a modified version of the LES be submitted for approval to the Integrated Governance Committee (IGC).</i>
7.	<p>Infection control in primary care (NICE CG 139)</p> <p>Discussion was deferred due to the unavailability of Nicky Bamford. The meeting agreed that infection control in Primary Care is a very important area, and this issue should be discussed at a future CEMMaG meeting. AJ pointed out that this Clinical Guideline was published in March 2012, and that despite attempts to put this on the agenda since November 2012, discussion has been deferred each time. RE mentioned that there may now be a lead for infection control in the community at the CSU.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> <i>AJ to contact NB to find out most appropriate person to contact</i> <i>AJ to liaise with Nicky Bamford to ensure discussion a future CEMMaG meeting</i>
8.	<p>PH33 Increasing the uptake of HIV testing among black Africans in England, and PH34 Increasing the uptake of HIV testing among men who have sex with men – Gosaye Fida</p> <p>AJ explained that Gosaye Fida was unable to attend due to unforeseen circumstances and had given his apologies. This item was postponed indefinitely, as RE felt that implementation of this guidance within primary care was well advanced.</p>
9.	<p>NICE Update</p> <p>AJ presented the NICE update covering the guidance published between June and August 2013. NICE guidance released in this period consisted of 10 Clinical Guidelines, 2 Public Health Guidance, 9 Technology Appraisals, 2 Medical Technology Guidance, 1 Diagnostic Technology Guidance and 12 Quality Standards. AJ now has set up a system for alerting Clinical Reference Groups about the latest NICE guidance. RE pointed out the importance of maintaining an up-to-date list of CRG Leads.</p> <p><u>Action:</u></p> <ul style="list-style-type: none"> <i>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.</i> <i>AJ to e-mail relevant CRG Leads regarding recently published NICE guidance relevant to their Group</i> <i>AJ to circulate the NICE Update for June – August to Sandra Allingham at WCCG for the attention of the IGC</i>

<p>10.</p>	<p>Any Other Business:</p> <ul style="list-style-type: none"> • Combined Oral Contraceptives guidance – SW presented this updated guidance which was approved by the Group, pending minor changes <u>Action:</u> <ul style="list-style-type: none"> ○ <i>pending minor changes, AJ to publicise this via the CEMMaG web pages and the Clinical Effectiveness Bulletin.</i> ○ <i>pending minor changes, SW to publicise this via the Wandsworth Prescribing Bulletin</i> • Mechanism for approving the proposed chlamydia PGD – OB-B requested the advice of the meeting regarding the process for approving this proposed PGD for chlamydia treatment. NB explained that since the formal changes to the configuration of the NHS had taken place in April 2013, the CCG and CEMMaG were not responsible for this function. NB offered his knowledge and assistance to progress this issue. <u>Action:</u> <ul style="list-style-type: none"> ○ NB to assist OB-B regarding the new processes for approving this PGD 												
<p>11.</p>	<p>Next meetings The dates of the next CEMMAG meetings are as follows:</p> <table border="1" data-bbox="320 860 1433 1014"> <thead> <tr> <th>Date</th> <th>Room</th> <th>Location</th> </tr> </thead> <tbody> <tr> <td>15th Jan 2014</td> <td>Committee Room 145</td> <td>Town Hall</td> </tr> <tr> <td>19th Feb 2014</td> <td>Committee Room 145</td> <td>Town Hall</td> </tr> <tr> <td>19th Mar 2014</td> <td>Committee Room 145</td> <td>Town Hall</td> </tr> </tbody> </table>	Date	Room	Location	15 th Jan 2014	Committee Room 145	Town Hall	19 th Feb 2014	Committee Room 145	Town Hall	19 th Mar 2014	Committee Room 145	Town Hall
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