

Clinical Effectiveness and Medicines Management Group (CEMMAg)

Annual Report for 2010/11

1. Aims

The Clinical Effectiveness and Medicines Management Group supports the development of evidence-based decision and policy making and guideline development in NHS Wandsworth. The group supports the commissioning of services that meet local need, are evidence based and are consistent with national guidance, service frameworks and best practice. The group supports continuous improvement in and high standards of clinical practice through the development of medicine management policies and guidelines in conjunction with primary and secondary care clinicians. The Group seeks to achieve its aims by:

- Providing NHS Wandsworth with an expert resource on the effectiveness and safety of health service interventions (including drugs, devices and procedures).
- Leading on the implementation of best practice (including NICE guidance) in contracted services such as GP and GDP
- Monitoring the implementation of best practice (including NICE guidance) in host provider units for acute, community and mental health services
- Supporting the development of, and reviewing and approving, evidence-based policies, clinical guidelines and care pathways developed by local groups within Wandsworth
- Assisting with the dissemination of best practice, including NICE guidance and approved local guidelines and care pathways
- Undertaking service reviews
- Promoting sound research management and governance practices
- Auditing of services to ensure compliance with NICE and other clinical and best practice standards
- Implementing improvement plans

CEMMAG terms of reference are currently in the process of being updated to take account of changes in local and national NHS structures. This report summarises the activities and achievements of the group in 2010 and outlines planned developments for 2011.

Implementation of NICE Guidance in 2010

CEMMAg has a policy for NICE implementation, and the CEMMAg meeting plays a key role in overseeing this process. The elements of this process can be summarised as follows:

- The Database of NICE guidance is available to NHSW staff via the intranet [NHSW NICE implementation database](#), and is updated each month. It contains worksheets for Technology Appraisals (TA), Clinical Guidelines (CG), Public Health guidelines (PHG) and

Interventional Procedure Guidance (IPG), where information is given on the each piece of guidance including:

- Guideline title, number, and disease area
 - a summary description including main recommendations
 - person responsible for leading on implementation or carrying out baseline assessment
 - whether the guidance affects GPs, community services, and/or secondary care
 - what are the actions taken or needed to be taken for implementation?
 - any cost implications
- Using the database a regular NICE update report is prepared and circulated to key internal committees such as the Borough Commissioning Board and PEC.
 - Information on newly issued NICE guidance is a key element of the Primary Care Clinical Effectiveness Bulletin (see below)
 - NHSW public health and clinical leads are requested and encouraged to carry out a baseline assessments in relation to any new NICE guidance relevant to public health or commissioned services.
 - Completed baseline assessments are presented at the next CEMMaG meeting where any gaps in local provision can be highlighted and action plans developed

CEMMaG also has a role in overseeing NICE Implementation in local provider units for whom NHSW is the host commissioning body. This included St George's University of London NHS Trust (for acute and community services) and SW London and St George's Mental Health NHS Trust. These Local providers are encouraged to keep a detailed record of their implementation actions and plans in relation to any NICE guidance relevant to their functions. Representatives of these provider units are requested to present regular reports on the status of NICE implementation at every CEMMaG meeting.

NICE Guidance issued between February 2010 and February 2011 (NB using final recurring costs on full implementation) would result in a net saving of £184,000. This figure is arrived at by totalling estimated net cost/saving resulting from the implementation of each piece of guidance, using information provided in NICE Costing Templates:

- NICE Technology Appraisals:
 - Net cost: £450,873
 - Net savings: -£564,700
 - Resulting in saving of: £113,827
- NICE Clinical Guidelines:
 - Net cost: £429,366
 - Net savings: -£500,000
 - Resulting in saving of: - £70,634
- Total potential net saving: -£184,461

Communication and Dissemination of NICE guidance

Regular clinical effectiveness bulletins are sent to every GP practice. These Bulletins include the latest NICE guidance as well as other approved guidance (national and local) publications, as well as other news on clinical effectiveness relevant to primary care. From August 2010 the Bulletin also included flow charts and care pathways relevant to primary care and taken from NICE Quick Reference Guides. Copies are also passed to NHS Wandsworth Board and to the Practice-Based Commissioning Board. NICE guidance detailing medicines management is also disseminated to

practices through Scriptswitch, a prescribing tool to which the majority of practices in Wandsworth subscribe.

EMIS project

Since October 2010 CEMMaG has re-started the project to incorporate NICE guidance into EMIS Web software to enable GPs to have advantage of decision-support protocols in the form of EMIS templates. The current project has translated the 'traffic light' patient pathway for assessing and managing children with feverish illness in primary care. This work has been carried out by a small working group including a local GP and the NHSW EMIS support person. The template design is now complete and the work of transcribing this to EMIS web has been carried out. The next step is to pilot this at one or more Wandsworth GP practices with access to the new version of EMIS.

NICE Efficiency work

CEMMAG made some progress with this work to identify areas where cost savings may be realised through the implementation of NICE guidance. This work is ongoing.

Effective Commissioning Initiative

This document describes the South West London [Effective Commissioning Initiative](#) (ECI). It provides a set of patient criteria to inform the commissioning of surgical interventions in South West London. They have been developed by the South West London Public Health Network. This document includes the absolute criteria (and rationale/supporting evidence) which must be met as well as providing indicative criteria/guidelines which may be considered. This work is driven by the need to ensure that NHS funded treatments are effective and evidence-based. It also attempts to define more clearly and openly the limits of NHS funding for procedures with social but not physical benefits e.g. cosmetic procedures. Although not the main driving force, it is also linked to the need to ensure that the NHS provides value for money and achieves financial balance. The current proposals can broadly be classified into four groups:

- Procedures with limited evidence of effectiveness.
- Procedures where initial conservative therapy is possible.
- Effective procedures where a threshold for intervention may be appropriate.
- Procedures where NHS provision may be inappropriate.

CEMMaG Web Pages

The [CEMMaG Web Pages](#) have been expanded and updated during 2010. In addition to key information on the function and structure of CEMMaG, the pages also contain key documents such as the terms of reference, the NICE Implementation Policy, the Effective Commissioning Initiative (see section below), as well as storing all local policies, clinical guidelines, prescribing guidelines, care pathways, etc., which have been approved by the Group. The web pages also store copies of previous meetings going back to Jan 2009, and copies of Primary Care Clinical Effectiveness Bulletins.

Appendix 1: Work of the CEMMaG 2010 including approval of local guidelines, and implementation of NICE guidance 2010-11

No	Title	Date	Leads	Guideline/ Baseline Assessment/ Action Plan	Costings
Local guideline	Vitamin D Deficiency in Adults	Feb 10 CEMMaG meeting	Thelma Toni-Uebari Dr Gul Bano Sharon Wouda	This local guideline was first submitted in draft form at the February meeting. I was finally approved by CEMMaG chair after the completion of the actions identified at the August CEMMaG meeting.	It is estimated that at present 21,564 vitamin D assays are completed at St George's Hospital per year. If cases of vitamin D insufficiency and deficiency identified were treated according to these guidelines the total cost would be £540,615. If we assume that 60% of all assays were done on Wandsworth patients this estimates to £324,369. However, the prevalence of vitamin D insufficiency and deficiency is much greater than the number currently identified. If all cases in Wandsworth were correctly identified and treated the estimated cost would be £2,963,520.
CG64	Antimicrobial prophylaxis against infective endocarditis in adults and children undergoing interventional procedures	Mar 2008	Nick Beavon Jo Ruwende	NHSW disseminated the following guidance to all pharmacies and GDPs in May 2010: <ol style="list-style-type: none"> 1. Good oral hygiene and dental review, as preventive measures, should be encouraged, especially for all patients at risk of IE. 2. Wandsworth general dental practitioners should comply with NICE guidelines. However, they could liaise with patients' consultants to determine risk of IE in proportion to high risk dental procedures. 3. Consultant cardiologists could recommend and prescribe prophylactic antibiotics based on each individual patient's risk assessment. 	NICE Costing Template estimated that about £3,800 pa in prescribing costs for the population of Wandsworth would be saved by implementing this guideline.
PH23	School-based interventions to prevent smoking	Feb-10	Graham Markwell Ros Lobo	Dr Ravi Balakrishnan has taken this guidance to Children's Trust Officers group and they have requested a model school smoking prevention policy which schools can adapt to develop their own. Further consideration	NICE has developed a costing template for completion by LAs and individual schools, in order to estimate the costs of implementation. Savings to the NHS and to wider society resulting from the lower uptake of smoking amongst young people are difficult to estimate but may be substantial.

No	Title	Date	Leads	Guideline/ Baseline Assessment/ Action Plan	Costings
				needs to be given as to how smoking prevention can be more widely integrated into the schools curriculum, and funding of school peer educators.	
Local CVD guideline	SLSCN guidance on low dose aspirin for the prevention of cardiovascular events	May 2010	Nick Beavon Shaneez Dhanji	guideline approved and distributed	Not available
Local CVD guideline	SLSCN combined algorithm for lipids management	May 2010	Nick Beavon Shaneez Dhanji	guideline approved and distributed	Not available
Local CVD guideline	SLSCN guidance on lipid management for familial hyperlipidaemia for adults	May 2010	Nick Beavon Shaneez Dhanji	guideline approved and distributed	Not available
Local CVD guideline	NHSW guidelines for management of hyperlipidaemia in people with established CVD: secondary prevention	May 2010	Nick Beavon Shaneez Dhanji	guideline approved and distributed	Not available
Local prescribing guideline	Exenatide shared care prescribing guideline	May 2010	Nick Beavon Sharon Wouda	guideline approved and distributed	Not available
Local prescribing guideline	Methylphenidate, Dexamfetamine, Atomoxetine for ADHD in patients <18 shared care guideline	May 2010	Nick Beavon Sharon Wouda	guideline approved and distributed	Not available

No	Title	Date	Leads	Guideline/ Baseline Assessment/ Action Plan	Costings
Local Guideline	Wandsworth Implementation Group (WIG) Diabetes Guidelines	Aug 2010	Dr Neil Bamford	Guideline approved pending amendments. Amendments and distribution assured via WIG website	N/A
Local Care pathway	SLCSN Atrial Fibrillation Care Pathway	Aug 2010	Dr Nicola Jones Jennifer George	guideline approved and distributed	Not available
Local clinical pathway	Medicines Management guidance on COPD	Aug 2010	Shaneez Dhanji	Guidance approved pending minor modifications.	Not applicable
NHSW Strategy	Breastfeeding Strategy	Aug 2010	Helen Simpson, Specialist Health Visitor, Breastfeeding, CSW	Strategy approved	Not applicable
shared care prescribing guideline	Methotrexate prescribing guideline	Aug 2010	Nick Beavon Dr Kiely, SGH	CEMMAg approved this reviewed version of the shared care guideline previously approved by PEC in 2008	No costings available
Local Guidelines	SLCSN B-type Natriuretic Peptide (BNP) Guidelines	Aug 2010	Nicola Jones Shaneez Dhanji	Approved for use	No costings considered in guideline
CG100	Alcohol use disorders - diagnosis and clinical management of alcohol-related physical complications	Jun-10	Anne Middleton Martyn Penfold Fiona Hicks Ian Petch	NHSW: report from MP to be given at CEMMAg mtg on 3 rd March 2011 CSW: Fiona Hicks to follow up via Prison Service. SGH: Ian Petch identified this as relevant to the MH Trust	By applying standard assumptions to the population of Wandsworth, the net cost of implementation is calculated as £16,694. (See NICE costing template) - NB cost of alcohol specialist healthcare professional, multidisciplinary assessment and increased surgery for pancreatitis are partially offset by saving from symptom-triggered drug treatments (£39k)

No	Title	Date	Leads	Guideline/ Baseline Assessment/ Action Plan	Costings
SLCSN local prescribing guideline	Guidelines for the initiation and titration of loop diuretics in adults with LVSD	Dec 2010	Nicola Jones Shaneez Dhani	Approved pending minor changes	Not provided
SLCSN local prescribing guideline	Guidelines for the Initiation and Titration of ACE-Inhibitors	Dec 2010	Nicola Jones Shaneez Dhani	Approved pending minor changes	Not provided
SLCSN local prescribing guideline	Guidelines for the Initiation and Titration of Angiotensin II Receptor Antagonists (ARBs)	Dec 2010	Nicola Jones Shaneez Dhani	Approved pending minor changes	Not provided
SLCSN local prescribing guideline	Guidelines for the Initiation and Dose Titration of Spironolactone	Dec 2010	Nicola Jones Shaneez Dhani	Approved pending minor changes	Not provided
SLCSN local prescribing guideline	Clopidogrel indications and durations guidance -SLCSN Guidance on Prescribing Clopidogrel for Cardiac Patients	Dec 2010	Nicola Jones Shaneez Dhani	Approved pending minor changes	Not provided
Local NHSW prescribing guideline	NHS Wandsworth anti-platelet prescribing guideline for primary care	Dec 2010	Nicola Jones Shaneez Dhani	Approved pending minor changes	Not provided

No	Title	Date	Leads	Guideline/ Baseline Assessment/ Action Plan	Costings
SLCSN prescribing guideline	Guidance on Prescribing Prasugrel for Patients Following an Acute Coronary Syndrome	Dec 2010	Nicola Jones Shaneez Dhani	Approved	Not provided
SLCSN Care pathway	TIA Management in Primary Care Referral Pathway	Dec 2010	Nicola Jones	Approved	Not provided
PH25	Guidance on the prevention of cardiovascular disease at the population level	Dec 10	Amanda Cranston Kate Simons	Baseline assessment submitted to CEMMaG Dec 2010	
CG107	Hypertension in pregnancy	Aug-10	Diane Jones, Commissioning Mgr for maternity servs	1 st Draft of Baseline Assessment submitted to CEMMaG 9 th Dec 2010.	Using the standard population for Wandsworth, the NICE costing template estimates that savings of £61k per annum could accrue from implementing this guidance. Whilst increases in costs of £5k would result from increasing use of aspirin and proteinuria tests, much larger savings of £66k would result from a reduction in the number of adverse events.
CG110	Pregnancy and complex social factors	Sep-10	Ravi Balakrishnan Diane Jones	No Baseline assessment reviewed by CEMMaG.	While the recommendations in the guideline are unlikely to have significant cost impact, there may be potential for savings, especially in the packaging of services and potentially improving pregnancy outcomes.
CG113	Anxiety (partial update)	Jan-11	NHSW Lead not identified	No Baseline assessment reviewed by CEMMaG.	
PH23	School-based interventions to prevent smoking	Feb-10	Graham Markwell Ros Lobo	Dr Ravi Balakrishnan has taken this guidance to Children's Trust Officers group and they have requested a model school smoking prevention policy which schools can adapt to develop their own. Further consideration	

No	Title	Date	Leads	Guideline/ Baseline Assessment/ Action Plan	Costings
				needs to be given as to how smoking prevention can be more widely integrated into the schools curriculum, and funding of school peer educators.	
PH24	Alcohol-use disorders - preventing the development of hazardous and harmful drinking	Jun-10	Anne Middleton Martyn Penfold	MP to present preliminary findings at Mar 11 CEMMaG mtg	
PH26	Quitting smoking in pregnancy and following childbirth	Jun-10	Velena Gilfillian Bella Cornelius Diane Jones	Baseline Assessment assigned Nov 2010.	NICE costing template estimates that cost savings to local services amount to £17,000 per 1,000 pregnant women. These savings need to be offset against increased costs to midwives at maternity booking and to stop smoking services. Costs need to be estimated locally. Suggest stop smoking and maternity services to do brief baseline survey using template.

Appendix 2:

Clinical Effectiveness and Medicines Management Group (CEMMaG)

Terms of Reference

Aims

- To promote evidence-based clinical practice, medicines management and commissioning across primary care, secondary care and mental health care
- To ensure that commissioned services and PH policies and practice meet local need, are evidence based and are consistent with national guidance, service frameworks and best practice e.g. NICE guidance

Terms of reference

The CEMMaG will:

- Advise the Management Team/Borough Commissioning Board/Local Clinical Commissioning Groups (LCCGs) on the clinical and cost effectiveness of services and treatments including:
 - Reviewing evidence of effectiveness;
 - Advising on likely service and financial implications of health technologies, drugs and services found to be clinically and cost effective and appropriate for the needs of NHS Wandsworth (NHSW);
 - Advising the Management Team on health technologies, drugs and services in which it may disinvest on the grounds of insufficient evidence of effectiveness.
- Develop commissioning, clinical and medicine management guidelines and policies taking into account:
 - Evidence of clinical and cost effectiveness;
 - Impact on health inequalities;
 - Effect on patient safety and patient pathways;
 - Financial implications;
 - Feasibility of implementation
 - Assess the relevance, effectiveness and implications of new drugs and health technologies and national/London/ sector-wide clinical and medicines management guidelines and where appropriate, facilitate implementation in Wandsworth
- Establish a robust system for supporting local clinical commissioning groups (LCCGs). Specifically:
 - Contribute reviews of existing services to determine the extent to which they are both evidence based and clinically effective;
 - Contribute to the development and review of evidence-based service specifications;
 - To ensure that service specifications (including Locally Enhanced Service LES) include appropriate quality and safety indicators
 - Consider possible service developments identified by the Exceptional Circumstances and Internal Funding Panels and, where appropriate, make recommendations to commissioners

- Co-ordinate the commissioning and implementation of NICE guidance within Wandsworth health services and pathways and key partner agencies including the local authority

Membership

- Dr Rod Ewan, PEC GP & Clinical ICT Lead, NHSW (Chair)
- Nick Beavon, Chief Pharmacist, NHSW
- Dr Josephine Ruwende, Consultant in Public Health Medicine, NHSW
- Fiona Hicks, Community Services Clinical Governance Facilitator, St George's Healthcare NHS Trust
- Dr David Finch, Medical Director, NHSW
- Alastair Johnston, Public Health Researcher/ Clinical Effectiveness Facilitator, NHSW
- Acute Services Representative, St George's Healthcare NHS Trust
- Helen Finch Practice Nurse Development Lead NHSW
- Samara Hammond Associate Director Clinical Quality, Innovation and Governance
- Community Nurse Specialist
- Mental Health Services Representative, SW London & St George's Mental Health Trust
- Representative, Wandsworth LINK
- Amanda Cranston, Consultant in Public Health, NHSW
- Commissioning Manager, NHSW
- GP federation representatives (GPs)
- Prescribing Adviser
- Consultant SGH

Wider membership

- SGH pharmacists (to be co-opted /consulted as necessary)
- NHSW Public Health Trainees (all trainees must participate during their attachments)
- All members of the NHS Wandsworth Public Health department and Prescribing Team including the Community Pharmacy Lead (Commissioning) are part of the wider group. The group may ask any one of them to contribute to its work.
- The CEMMaG will invite others to take part in its discussions and projects as necessary; these may be people with particular expertise in clinical areas, commissioning or other aspects of service delivery or management.

Frequency of meeting

The group will meet about every three months.

Accountability and reporting

The group will be accountable and report to the Borough Commissioning Board

Quoracy

The group will be quorate when the following are present:

- Public Health Representative
- GP representative
- Prescribing representative
- Lay member

Review

- The Terms of Reference (ToR) will be reviewed after 12 months.

Dr. Josephine Ruwende Consultant Public Health Medicine

NHS Wandsworth

March 2011

Appendix 3: Recent developments in the role of NICE

The DoH has produced a sheet of 'FAQs' regarding the changes to the role of NICE: see http://www.dh.gov.uk/en/MediaCentre/Factsheets/DH_121652

a) NICE Quality Standards

Quality standards for thirty one new clinical areas are to be produced by NICE on topics including asthma, bipolar disorder, diabetes and four different types of cancer. Four quality standards have already been published by NICE, and a further nine are currently in development. NICE quality standards are a set of specific, concise statements that act as markers of high-quality, clinically and cost-effective patient care. They aim to help healthcare practitioners and commissioners of care deliver excellence in services. NICE quality standards play a pivotal role in the NHS outcomes framework 2011/12, a national overview of aims and objectives for the NHS in improving patient outcomes, which was published in December 2010 by the Department of Health. Subject to parliamentary approval, the new NHS Commissioning Board will use NICE quality standards to develop a set of national outcomes, which will then be translated into local indicators used to hold GP commissioning consortia to account. The 31 topics are:

Quality standards are developed from the best available evidence, usually NICE guidance or other NHS Evidence accredited sources. Produced in collaboration with the NHS and social care professionals, as well as their partners and service users, they are aimed at patients and the public, clinicians, public health practitioners, commissioners and service providers. They are the only standards in health and social care that apply nationally in England. Quality standard topics are referred to NICE by ministers on the advice of the National Quality Board, a group of representatives from health and social care, committed to improving quality in the NHS. NICE's aim is to produce a suite of 150 quality standards over the next five years.

b) Helping to Implement guidance in General Practice

NICE has launched a new section of its website, designed to help staff in general practice get the most out of evidence and guidance provided by NICE. Specifically created to support the use of evidence-based medicine and public health practice, this online resource offers solutions to enable the uptake of NICE and other national guidance in primary care. Users can quickly access relevant guidance and information, advice to ensure the practice team is up-to-date, and to further their continuing professional development. It also includes a range of useful information for general practitioners, such as a quick at-a-glance list of the top 10 NICE guidelines for general practice and summaries of the key points for general practice as NICE publishes new guidance each month. These pages bring together all the resources that are available from NICE to support the emerging GP commissioning consortia, including links to the NICE quality standards, access to the best evidence to support commissioning, through NHS Evidence, and a range of practical tools and support. The website has four key sections: NICE for my patients, Using NICE guidance in my practice, My NICE resources, and NICE for GP consortia. The resources in this section have been developed to enable general practice professionals to improve outcomes for their patients by ensuring that their practice is up to date with current recommendations from NICE on clinical practice, public health, social care and support for GP consortia. NICE is developing new ways to display guidance which will enable faster access to relevant information, which which can be used by GPs while they are in consultations with patients.

c) NICE consultation on QOF indicators

During March 2011, [NICE are consulting on QOF Indicators](#) for 2012/13, and CEMMaG have invited Wandsworth GPs to send their comments to NICE.

d) Value-based pricing and the future role of NICE

The government is committed to introducing a system of value-based pricing that would encourage the development of breakthrough drugs addressing areas of significant unmet need. This would provide a much closer link between the price the NHS pays and the value a new medicine delivers, sending a powerful signal about the areas that the pharmaceutical industry should target for development. Thus, over the next three years, the intention is to move towards a new system of pricing for medicines, where the price of a drug will be determined by its assessed value. However, NICE's technology appraisals programme is not under threat: "We are not neutralising NICE. On the contrary, we will focus NICE on what its real job always was and should be, which is to provide independent advice to the NHS about the relative clinical and cost-effectiveness of treatments so as to achieve the best outcomes." (Andrew Lansley, Secretary of State for Health, House of Commons, 2 November 2010.) NICE will continue to undertake independent and objective assessments of the benefits of new drugs, although the previous Secretary of State's Directive that the recommendations of NICE Technology Appraisals should be implemented within 3 months of publication is no longer applicable. In general, NICE supports the general principle that the NHS should pay a price which reflects the additional therapeutic benefit of new drugs, and shares the Government's ambition to ensure that the option exists for all new licensed drugs to be offered to those patients who can benefit from them, provided the price is a fair reflection of their value.