

Clinical Effectiveness and Medicines Management Group (CEMMAg)

DRAFT Minutes of the meeting held on 16th April 2014 at Wandsworth Town Hall

Present:

Nick Beavon, Chief Pharmacist, Wandsworth CCG	(NB)
Shaneez Dhanji, Prescribing Support Pharmacist, Wandsworth CCG	(SD)
Rod Ewen, GP and CEMMAg Chair, Wandsworth CCG	(RE)
Alastair Johnston, Clinical Effectiveness Lead, WBC Public Health	(AJ)
Andy Lyons, Clinical Governance Manager, Wandsworth CCG	(AL)
Jane Street, Associate Director, Psychologies and Psychotherapy, SWL&STG	(JSt)
Fhorkan Uddin, GP representative, Wandsworth LMC	(FU)

Apologies: Evonne Harding, Patrick Bower, Nicky Bamford, Kate Hutt, Amar Gandavadi, Barbara Willerton

1.	<p>Minutes of the previous meeting and matters arising</p> <p>Dr Rod Ewen welcomed everyone and thanked them for attending the meeting. The minutes of the previous meeting were accepted as a true and accurate record of the meeting without further amendment. Action: AJ to circulate the Minutes of the April meeting to Sandra Allingham at WCCG for the attention of the IGC. [DONE]</p> <p>The following action was agreed under matters arising:</p> <ul style="list-style-type: none"> • RE confirmed that the role and remit of CEMMAg remains under review, and that decisions were still awaited concerning governance arrangements and structures affecting Wandsworth CCG. Action: RE to report back re progress at the next meeting. • Infection Control in Primary Care – need to identify the person responsible for this function at the SWL CSU, and to ask them to feedback on their activities to CEMMAg, possibly by e-mail. Action: NB would pursue this issue, and report back at the next meeting.
2.	<p>Providers Update on NICE implementation</p> <p>AJ reported that once again Kate Hutt and Amar Gandavadi had sent their apologies. RE had drafted a communication for Host Trusts in order to emphasise the importance of sending a representative to CEMMAg, but this had not yet been signed off by WCCG as governance arrangements and structures had not yet been finalised (see also 1. above). The meeting welcomed Jane Street, who explained governance structure relevant to NICE implementation. She described how several departments within SWL&StG MH Trust may be involved in co-ordinating responses in relation to the implementation of particular NICE guidance (e.g. baseline audit on recent NICE Clinical Guideline on psychosis and schizophrenia in adults).</p>

	<p>Actions:</p> <ul style="list-style-type: none"> • <i>RE to review draft communication to Host Trusts once WCCG governance arrangements and structures were finalised, and the role and remit of CEMMaG in relation to this was clarified.</i>
3.	<p>New Oral Anticoagulants (NOACs) for stroke prevention in atrial fibrillation (SPAF)</p> <p>SD presented this item consisting of a position statement, screening checklist & notification of initiation document, transfer of care agreement, and specific guidance sheets in relation to rivaroxaban, apixaban and dabigatran. . The meeting considered in detail how GPs could be supported with regards to monitoring, specifically where renal function should be assessed by creatinine clearance using the Cockcroft & Gault formula. The Group proposed a solution to the issue of how GPs could be alerted to use the Cockcroft and Gault method to calculate creatinine clearance:</p> <ul style="list-style-type: none"> • Initially this could be done by inserting a link via ScriptSwitch to the on-line Creatinine Clearance Calculator. • Eventually (as this is a national issue) EMIS should be able to build in a creatinine clearance calculator as part of the EMIS-Web system. <p>SD explained that the guidelines already had SWL sector-wide approval. The CVD CRG had considered the guidelines, but approval was pending until a system was in place to support GPs to monitor renal function. . CEMMaG approved this guidance.</p> <p>Action:</p> <ul style="list-style-type: none"> • <i>RE to communicate with Nicola Jones, Chair of CVD CRG, regarding possible solutions to accessing the Cockcroft and Gault method of calculating creatinine clearance, as outlined above.</i> • <i>RE to progress the agreed solution(s) [DONE]</i> • <i>SD to ensure that approved guidelines are publicised via the Prescribing Bulletin</i> • <i>AJ to liaise with SD and ensure that approved guidelines are publicised via the Primary Care Clinical Effectiveness Bulletin. [DONE]</i>
4.	<p>New Oral Anticoagulants (NOACs) for acute treatment and secondary prevention of PE and DVT (VTE)</p> <p>Similarly to 3. above, SD presented this item consisting of an overview of VTE treatment and secondary prevention, transfer of prescribing responsibility agreement, guidance sheet, and a screening checklist in relation to rivaroxaban for VTE. CEMMaG approved this guidance.</p> <p>Action:</p> <ul style="list-style-type: none"> • <i>As for 3. above, RE to communicate with Nicola Jones, Chair of the CVD CRG, regarding possible solutions to accessing the Cockcroft and Gault method of calculating creatinine clearance, and to progress the agreed solution(s).</i> • <i>SD to ensure that approved guidelines are publicised via the Prescribing Bulletin</i> • <i>AJ to liaise with SD and ensure that approved guidelines are publicised via the Primary Care Clinical Effectiveness Bulletin. [DONE]</i>
5.	<p>NICE Update</p> <p>AJ presented the NICE update covering the guidance published in February and March 2014. NICE guidance released in this period consisted of 2 x Clinical Guidelines, 2 x Public Health Guidance, 5 x Technology Appraisals, 1 x Medical Technology Guidance and 5 x Quality Standards. AJ reported that he had communicated with the appropriate Clinical Reference Groups leads in order to alert them concerning NICE guidance of relevance to them published during this period. The role of CRGs is broadly to carry out baseline assessments to identify gaps in relation to NICE recommendations, and to make action plans where appropriate. RE raised a number of issues with regard to assigning</p>

	<p>responsibility for NICE guidance in areas where there were currently no CRGs.:</p> <ul style="list-style-type: none"> • PH50 – Domestic Violence. This PH guidance affects several services and staff groups, including primary care, community services and social services. There is a need to locate a single group linked to WCCG who can identify gaps in service in relation to key recommendations, and co-ordinate actions in response. <i>[Post meeting note: Sandra Iskander recommends that responsibility for co-ordinating assessment and actions in relation to this should be with the WCCG Safeguarding Committee, chaired by Di Caulfeild-Stoker.]</i> • QS57 - Neonatal Jaundice. RE pointed out that a similar issue applies to this Quality Standard which has implications for primary, community and secondary acute services. WCCG Director of Commissioning (responsible for community services) should be made aware of this guidance. • PH51 Contraceptive Services with a focus on Young People up to the age of 25. The meeting considered that Dr Mike Lane, GP, should be made aware of this guidance. <p>Action:</p> <ul style="list-style-type: none"> • <i>AJ to identify and e-mail clinical Leads regarding the recently published NICE guidance relevant to their Group [DONE]</i> • <i>AJ to circulate the NICE Update for Feb – Mar 2014 to Sandra Allingham at WCCG for the attention of the IGC [DONE]</i>
6.	<p>Terms of reference</p> <p>RE explained that discussions were still on-going regarding the future role and remit of CEMMaG, and that the CEMMaG Terms of Reference (ToR) could not be finalised until these discussions were concluded. AJ had made minor updates to the existing ToR, which were presented. AL had also made some comments regarding the ToR prior to the meeting. The meeting accepted these minor changes to be incorporated in a new version of the draft ToR (ver16), which could replace the current draft ToR (ver15) pending a more major review which would take into account the changing role and remit of CEMMaG.</p> <p>Action:</p> <ul style="list-style-type: none"> • <i>AJ to amend current version of ToR with minor updates pending a full review of the role and remit of CEMMaG [DONE]</i> • <i>ToR to remain on the agenda for the next meeting in June (AJ)</i>
7.	<p>Annual report</p> <p>AJ presented the Annual Report with some minor modifications suggested by members of the Group since the previous CEMMaG meeting in February. AJ thanked members of the Group for their comments. As the Terms of Reference would be the subject of a major review in future, the meeting suggested that 'Appendix 3: Terms of Reference' be deleted. The meeting then accepted the Annual Report in its final version.</p> <p>Action:</p> <ul style="list-style-type: none"> • <i>AJ to submit final version of Annual Report to Sandra Allingham for the IGC. [DONE]</i>
8.	<p>Primary Care Clinical Effectiveness Bulletin</p> <p>AJ presented the latest edition of the SW London PC CE Bulletin (Issue 27) for January and February 2014, which had been distributed to Wandsworth GPs recently. The meeting approved the Bulletin, but commented that the section on Patient Group Directions was not of direct interest to local GPs.</p> <p>Action:</p> <ul style="list-style-type: none"> • <i>AJ to circulate PC CE Bulletin to Sandra Allingham at WCCG for the attention of the IGC [DONE]</i>

9.	Any Other Business: There was no other business.		
10.	Next meetings The dates of the next CEMMAG meetings are as follows:		
	Time/Date	Room	Location
	18 th June 2014, 2pm	Cttee Rm 4, 2 nd Floor	Town Hall Extension
	17 th Sept 2014, 2pm	Rm 123, 1 st Floor	Town Hall
	19 th Nov 2014, 2pm	Rm 145, 1 st Floor	Town Hall