Wandsworth Clinical Commissioning Group

Clinical Effectiveness and Medicines Management Group (CEMMaG)

DRAFT Minutes of the meeting held on 18th June 2014 at Wandsworth Town Hall

Present:

Nick Beavon, Chief Pharmacist, Wandsworth CCG	(NB)
Rod Ewen, GP, WCCG Board Member and CEMMaG Chair, Wandsworth CCG	(RE)
Zvi Herzenshtein, lay representative, Wandsworth Patient Group	(ZH)
Alastair Johnston, Clinical Effectiveness Lead, WBC Public Health	(AJ)
Andy Lyons, Clinical Governance Manager, Wandsworth CCG	(AL)
Ash Paul, Consultant in Public Health Medicine, WBC	(AP)
Fhorkan Uddin, GP representative, Wandsworth LMC	(FU)

Apologies: There were no apologies for absence. AJ had notified Trusts that their representatives were not needed for this meeting.

1.	**Minutes of the previous meeting and matters arising** Dr Rod Ewen thanked all those present for attending the meeting and in particular welcomed Dr Ash Paul, who had recently joined the Public Health Department. The minutes of the previous meeting in April were accepted as a true and accurate record without further amendment. ***Action: AJ to circulate the Minutes of the April meeting to Sandra Allingham at WCCG for the attention of the IGC and the CCG Management Team. [DONE]*** The following was discussed and action agreed under matters arising: • RE confirmed that the role and remit of CEMMaG within Wandsworth CCG still remains under review. AJ reported that in view of the continuing uncertainties around the role of CEMMaG he had sent an e-mail to Trust representatives to say that their presence at the June meeting was not required. Trust representatives may be invited in future, but for the time being this matter remained to be resolved. ***Action: RE to report back re progress at the next meeting.*** • Infection Control in Primary Care – NB reported that he had spoken to Penny Spence, the infection prevention and control specialist based at the CSU. Caroline Moore had responsibility for infection control at WCCG. Penny Spence would update NB regarding issues of relevance to CEMMaG. RE pointed out that NHS England was responsible for Commissioning primary care services, and that implementation of any infection control guidance would require their involvement. Nicola Bamford would also need to be involved in her role as WCCG Practice Development Nurse. ***Action: NB to contact Penny Spence regarding future arrangements for implementing infection control guidance and co-ordinating action locally.***

2.	**Treatment pathway for adult patients with immune (idiopathic) thrombocytopenic purpura (ITP)** NB presented this treatment pathway, together with the SW London Funding Request form for Rituximab, Eltrombopag and Romiplostim (which had been adapted from the SW London IFR form), and the St George's Healthcare 'Prescribing Policy for the use of Eltrompobag in the management of Immune (Idiopathic) Thrombocytopenic Purpura (ITP)'. The meeting raised the following issues and actions: ***1.*** The first paragraph on the front page of the Funding Request form mentions recommendation for the use of romiplostim, but does not mention the other two drugs. The meeting considered that this pre-amble needed some re-wording ***Action: NB to raise with SW London DTC.*** ***2.*** The inclusion of rituximab on the form might be confusing, as this drug may be used as a second line treatment option whereas the other two are third line treatment options. ***Action: NB to raise with SW London DTC.*** ***3.*** The reference to Dr Roberto Stasi in relation to the MDT (p1) should be deleted. ***Action: NB to raise with SW London DTC.*** 4. It was felt that the template letter to the GP (from St George's Dept of Haematology) would benefit from re-formatting and more succinct wording to highlight the important areas to be noted by GPs. ***Action: NB to raise with St Georges DTC.*** 5. It was noted that because of their high cost, the budget for these drugs was not implicitly included in the annual 1% uplift to St Georges (acute services). Therefore, the use of these drugs would need to be recorded by the Trust and notified to WCCG commissioners similarly to other PbR-excluded drugs. It was unclear whether or not this monitoring and/or prior approval process was already taking place. ***Action: RE to raise with WCCG Management Team via Lucie Waters.*** 6. There was a question of whether or not funding responsibility for this specialist area should lie with NHS England. ***Action: RE to raise with WCCG Management Team via Lucie Waters*** 7. The WCCG Management Team should be alerted as to the financial implications, which should be quantified as a potential risk to WCCG. There may be potential for risk sharing with other SW London CCGs. It may be useful to record this on the WCCG Risk Register. ***Action: RE to raise with WCCG Management Team via Lucie Waters (copy to Hardev Virdee)*** 8. Nonetheless, for clear clinical reasons CEMMaG should approve this pathway and associated documents, pending some minor changes outlined above. ***Action: once modified and approved, NB to publicise as appropriate and place on CEMMaG Website.***
3.	**Primary Care Rebate Schemes** NB reported that drugs companies may sometime offer price discounts on branded drugs for prescribing in primary care under Primary Care Rebate Schemes (PCRS), and that this area requires careful consideration by CCGs, which may wish to adopt a clear policy. In principle these schemes are similar to patient access schemes negotiated by NICE in relation to hospital drugs, where the actual value of the rebate is not revealed as it is commercially sensitive information. NB presented the Wakefield CCG 'Policy for Approving Primary Care Prescribing Rebate Schemes', and went on to outline some general principles, such as avoidance of schemes in which the percentage rebate rises with the volume of drug prescribed, and avoidance of any schemes negotiated by drugs companies with individual GP practices. NB proposed to construct a PCRS Policy based on sound principles taken from similar policies. Such a policy would ultimately need approval from the WCCG Management Team as well as CEMMaG, and would need to be rigorously vetted. ***Action:***

	NB to follow pathway for development of the policy: ***1. develop draft policy (NB)*** ***2. circulate draft policy via e-mail to CEMMaG Core Team*** ***3. CEMMaG comments back to NB within timescale*** ***4. Approval by CEMMaG (via Chair's Action)*** ***5. Further checking from senior CCG officers: Chief Pharmacist, Director and Clinician*** ***6. Submitted for IGC approval*** ***7. Submitted for Management Team approval***
4.	**NICE Update** AJ presented the NICE update covering the guidance published in April and May 2014. NICE guidance released in this period consisted of 1 x Clinical Guideline, 2 x Public Health Guidance, 5 x Technology Appraisals, 1 x Diagnostic 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. The meeting raised a number of issues and made several suggestions regarding implementation of specific NICE guidance (e.g. in areas where there were currently no CRGs): • CG179 Pressure Ulcers – the meeting felt that it was important to ensure that people receiving residential and nursing home care would benefit from the implementation of this guidance, and not just those in hospital care. WCCG is currently establishing a CRG to cover residential and nursing home care. which would involve Di Caulfeild-Stoker and Tom Coffey and Sandra Iskander. On further advice, in relation to their role. ***Action: AJ to identify and e-mail appropriate CCG and LA leads regarding this guidance (NB Alison Kirby and Jackie Phillips).*** • PH52 Needle and Syringe programmes. The meeting advised that in addition to the Substance misuse CRG those responsible for the joint commissioning of drugs and alcohol services should be made aware of this guidance via Lucie Waters. ***Action: AJ to e-mail Guidance to Lucie Waters and to Substance Misuse CRG leads.*** • QS58 Sickle Cell acute painful episode. The meeting suggested that Dr Soleman Begg of the Sickle Cell CRG be made aware, as well as Public Health lead. ***Action: AJ to e-mail Guidance to Dr Begg and Velena Gilfillian.*** • QS59 Antisocial behaviour and conduct disorders in children and young people. Meeting advised that WBC Public Health and WCCG commissioners be made aware of this. ***Action: AJ to circulate information to Amanda Cranston, John Beckles (WCCG), Michele Harris (WBC Family Recovery/Troubled Families Project)*** ***Action: AJ to circulate the NICE Update for April – May 2014 to Sandra Allingham at WCCG for the attention of the IGC***
5.	**Primary Care Clinical Effectiveness Bulletin** AJ presented the latest edition of the SW London PC CE Bulletin (Issue 28) for March and April 2014, which had been distributed to Wandsworth GPs in May. This had been circulated to the CEMMaG Core Group for comments previously. RE reported back favourable comments from the IGC regarding the Bulletin. ***Action:*** • ***AJ to continue to collate and circulate PC CE Bulletin to Sandra Allingham at WCCG for the attention of the IGC [DONE]***

6.	**Any Other Business:** AP mentioned the issue of policies on medicines management, and agreed to review this area with NB outside the meeting.
7.	**Next meetings** The dates of the next CEMMAG meetings are as follows:

Time/Date	Room	Location
17th Sept 2014, 2pm	Rm 123, 1st Floor	Town Hall
19th Nov 2014, 2pm	Rm 145, 1st Floor	Town Hall