

## Clinical Effectiveness and Medicines Management Group (CEMMAg)

### Minutes of the meeting held on 26<sup>th</sup> November 2014

#### FINAL APPROVED

**Present:**

Nick Beavon, Chief Pharmacist, Wandsworth CCG	(NB)
Shaneez Dhanji, GP Prescribing Support Pharmacist	(SD)
Dr Rod Ewen, Wandsworth GP (Chair)	(RE)
Alastair Johnston, Clinical Effectiveness Lead, WBC Public Health	(AJ)
Dr Ash Paul, Consultant in Public Health Medicine, WBC	(AP)

**Apologies:** received from Andy Lyons, Barbara Willerton, and Zvi Herzenshtein.

<b>1.</b>	<p><b>Minutes of the previous meeting and matters arising</b></p> <p>Dr Rod Ewen thanked all those present for attending the meeting. The minutes of the previous meeting in September were accepted as a true and accurate record, pending the correction of a minor spelling mistake. <b>Action: AJ to confirm the final approval of these minutes by e-mail to Sandra Allingham at WCCG. AJ to send the draft minutes of the November meeting to Sandra Allingham for the attention of the IGC and the CCG Management Team as soon as possible.</b></p> <p>The following was discussed and action agreed under Matters Arising:</p> <ul style="list-style-type: none"> <li>• Infection Control in Primary Care – Nick Beavon confirmed that Penny Spence at CSU is the Infection Control Nurse for the SWL CCGs, and that Carolyn Moore at the CSU has particular responsibility for infection control for WGGC. <b>Action: AJ/AP to pass Carolyn’s contact details to Ese Iyasere, whose Public Health remit includes infection control.</b></li> <li>• Rituximab, Eltrombopag and Romiplostim and the treatment pathway for adult patients with immune thrombocytopenic purpura (ITP) - NB reported back concerning the role of these high cost drugs. He had raised this issue with the CCG Management Team, who were now aware of the potential financial risks, and accepted that these were manageable as the chances of patients needing this high level of treatment were relatively low. <b>No further action needed.</b></li> </ul>
<b>2.</b>	<p><b>Advent of generic sildenafil - implications for GP prescribing</b></p> <p>NB presented the latest version of the position statement on generic sildenafil. The Meeting noted that all of the points raised by CEMMAg in September had now been incorporated, and the position statement was approved. The Meeting further suggested that the statement ‘that a quantity of sildenafil adequate for no more than 2 months treatment is given at any one time, and that patients are reviewed regularly’ should be highlighted by placing it in the box at the top of page 1.</p> <p><b>Action: NB to ensure that:</b></p> <ol style="list-style-type: none"> <li><b>1. The statement above is copied into the box at the top of page 1</b></li> <li><b>2. the approved position statement (and other documents) are made available to</b></li> </ol>

	<p><i>Wandsworth GPs via the WCCG website, and publicised through the usual channels as appropriate.</i></p> <p><b>3. The appropriate links and messages are included in EMIS using ScriptSwitch</b></p>
<p><b>3.</b></p>	<p><b>Position Statement on lower dose Vitamin D</b></p> <p>RE and NB reported that the position statement had been presented to the Wandsworth CCG Management Team (MT), who supported the aims of this document in principle. However, the MT had raised some concerns regarding the possible detrimental effects of restricting the prescription of maintenance Vitamin D to children. The Meeting acknowledged that there was always a chance of relapse into vitamin D deficiency/insufficiency where the patient did not adhere to lifestyle advice or buy over-the-counter supplements as advised by their GP. This could be particularly detrimental to the health and wellbeing of children. Furthermore, the Meeting noted that new Public Health guidance in this area had just been published by NICE, and that the position statement would need to be reviewed in the light of this guidance. CEMMaG therefore advised that the document should be reviewed and revised further in order to: 1) emphasise that the guidance applies <u>only</u> to adults and children aged sixteen and over; 2) to make it explicit that GPs have some flexibility and discretion in their clinical decisions to prescribe Vitamin D supplements; and 3) to ensure that the position statement reflects current NICE guidance. The revised position statement would need to be taken back to the MT for their approval.</p> <p><b>Action:</b></p> <ol style="list-style-type: none"> <li><b>1. SD/NB to amend position statement:</b> <ol style="list-style-type: none"> <li><b>a. Title of the position statement should read: 'Position Statement on Vitamin D prescribing for Adults and Young People aged sixteen and over'.</b></li> <li><b>b. The boxed statements at the top of page one should be modified to read:</b> <ol style="list-style-type: none"> <li><b>i. 'maintenance Vitamin D supplements for adults and young people sixteen and over <u>should be purchased over the counter.</u>'</b></li> <li><b>ii. 'advice for children under sixteen regarding the prescription/use of Vitamin D supplements should follow national guidelines.'</b></li> </ol> </li> <li><b>c. Position statement to include statement concerning clinical judgement/discretion</b></li> <li><b>d. review the position statement against the recommendations in NICE guidance PH56, and to amend accordingly.</b></li> </ol> </li> <li><b>2. NB to resubmit revised position statement to WCCG MT</b></li> <li><b>3. NB to bring position statement to next CEMMaG meeting for sign-off</b></li> </ol>
<p><b>4.</b></p>	<p><b>SWL Medicines Commissioning Group Guidelines, etc., approved by CVD Clinical Reference Group on 18th September 2014</b></p> <p>SD presented a set of guidelines, which had already received approval from the SW London Medicines Commissioning Group and the Wandsworth CVD Clinical Reference Group:</p> <ol style="list-style-type: none"> <li>4. Summary of Treatment Options for Stroke Prevention in Atrial Fibrillation</li> <li>5. Guidelines for Managing Uncomplicated Hypertension</li> <li>6. Algorithm for Lipid Management for the Primary and Secondary Prevention of CVD</li> <li>7. BP Monitoring for Non-Diabetic Patients in Primary Care</li> <li>8. Traffic light Guide to BP Measurement</li> <li>9. Summary of antiplatelet options in cardiovascular disease: The CVD CRG recommended amendments to this guideline, which were discussed.</li> </ol> <p>The Meeting suggested minor amendments to Items 7 and 9 above. CEMMaG retrospectively approved all the above guidelines and algorithms for use in Wandsworth CCG, pending these amendments.</p> <p><b>Action:</b></p>

	<ul style="list-style-type: none"> <li>• <b>SD to highlight statement in Item 7 BP monitoring algorithm by emboldening the phrase: ‘...use the arm with the highest reading for subsequent measurements’</b></li> <li>• <b>SD to make minor amendment to item 9 ‘Summary of antiplatelet options in CVD’. Text in box on page 1, Post-CABG surgery – delete the phrase in brackets: ‘(if initiated prior to hospital discharge)’.</b></li> <li>• <b>NB to ensure that the approved guidelines, etc. are made available to Wandsworth GPs via the WCCG website, and publicised through the usual channels.</b></li> </ul>
5.	<p><b>SWL Medicines Commissioning Group Guidelines, etc., presented for approval by CVD Clinical Reference Group on 20th November 2014</b></p> <p>SD presented the following guidelines and transfer of responsibility forms which had been taken to the CVD CRG for approval the previous week:</p> <ol style="list-style-type: none"> <li>10. Novel Oral Anticoagulants (NOACs) in Atrial Fibrillation - Transfer of Prescribing Responsibility</li> <li>11. Non-vitamin K antagonist Oral Anticoagulants (NOACs) for Stroke Prevention in Atrial Fibrillation - Screening Checklist and Notification of Initiation to GP</li> <li>12. Prescribing guideline - apixaban for stroke prevention in atrial fibrillation</li> <li>13. Prescribing guideline - dabigatran for stroke prevention in atrial fibrillation</li> <li>14. Prescribing guideline - rivaroxaban for stroke prevention in atrial fibrillation</li> </ol> <p>CEMMAg approved all the above guidelines and forms for use in Wandsworth CCG. A discussion regarding the best way of dealing with guidelines which had also received approval by other groups ensued. The Meeting agreed that where an appropriately constituted and active Clinical Reference Group existed, this represented a valid route for the approval of locally designed guidelines, etc. However, the Meeting felt that CEMMAg added value to this process by providing additional scrutiny of guidelines, and also guaranteed approval at a high level in the CCG through its formal links with the IGC. It was therefore recommended that all locally designed guidelines, algorithms, clinical forms, etc., should continue to be brought to CEMMAg irrespective of whether or not they had received prior approval from other local groups, such as CRGs.</p> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>• <b>NB to ensure that the approved guidelines, etc. are made available to Wandsworth GPs via the WCCG website, and publicised through the usual channels.</b></li> <li>• <b>WCCG pharmacists to continue to bring guidelines/ algorithms, etc to CEMMAg for approval</b></li> </ul>
6.	<p><b>NICE Update</b></p> <p>AJ presented the NICE Update report covering the guidance published in September, October and November 2014. <b>Action: AJ to circulate this NICE Update to Sandra Allingham at WCCG for the attention of the IGC.</b></p> <p>NICE guidance released in this period:</p> <ul style="list-style-type: none"> <li>• 6 x Clinical Guidelines</li> <li>• 2 x Technology Appraisals</li> <li>• 3 x Public Health Guidance</li> <li>• 2 x Medical Technology Guidance</li> <li>• 2 x Diagnostic Technology Guidance</li> <li>• 6 x Quality Standards</li> </ul> <p>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. <b>Action: AJ to communicate with the appropriate Clinical Reference Groups leads and others in order to alert them concerning NICE guidance of relevance to them published during this period.</b></p>

	<p>The Meeting raised a number of issues and made several suggestions regarding implementation of specific NICE guidance:</p> <ul style="list-style-type: none"> <li>• CG187 Acute heart Failure, DG14 self monitoring of coagulation status, DG15 high sensitivity troponin tests, and QS68 Acute Coronary syndromes. <b>Action: AJ to notify Dr Nicola Jones and the CVD CRG regarding this guidance. [DONE]</b></li> <li>• CG183 Diagnosis and management of drug allergy. <b>Action: AJ to highlight this to IGC re financial implications of prolonged hospital stays.</b></li> <li>• CG186 Multiple sclerosis. <b>Action: AJ to flag up to Andy Mc Mylor and Seth Rankin in relation to the PACT agenda.</b></li> <li>• PH55 Oral Health. <b>Action: AJ to flag up to Ese Iyasere and to oral health consultant. AJ to flag up with Wendy Miller, joint commissioner for substance misuse services</b></li> <li>• QS69 Ectopic Pregnancy and Miscarriage. <b>Action: AJ to contact Dr Mike Lane. [NB this was DONE on 18<sup>th</sup> Sept]</b></li> <li>• QS70 Nocturnal Enuresis in children. <b>Action: AJ to bring this to the attention of Dr Tom Coffey of Children's CRG [DONE]</b></li> <li>• QS73 Fertility Problems. <b>Action: AJ to bring this to the attention of Dr Tom Coffey</b></li> </ul>									
7.	<p><b>Update on Changes in the Role of CEMMaG</b>  RE confirmed that the role and remit of CEMMaG within Wandsworth CCG was still being actively reviewed. RE would continue as Chair of CEMMaG until April 2015. AJ reminded those present that two further meeting dates had been booked for January and March 2015 (see below).  <b>Action: RE to report back to CEMMaG as and when there is progress on this issue.</b></p>									
8.	<p><b>Primary Care Clinical Effectiveness Bulletin</b>  AJ presented the latest edition of the SW London PC CE Bulletin (Issue 30) for August to October 2014, which had been distributed to Wandsworth GPs on 7<sup>th</sup> November.  <b>Action: AJ to continue to collate, edit and circulate the PC CE Bulletin to Wandsworth GPs via the CCG Locality Managers and to the IGC via Sandra Allingham.</b></p>									
9.	<p><b>Any Other Business:</b> There was no other business.</p>									
10.	<p><b>Next meetings:</b></p> <table border="1" data-bbox="300 1420 1410 1527"> <thead> <tr> <th>Time/Date</th> <th>Room</th> <th>Location</th> </tr> </thead> <tbody> <tr> <td>21<sup>st</sup> Jan 2015, 2pm</td> <td>Rm 3B, 2<sup>nd</sup> Floor</td> <td>Town Hall Extension</td> </tr> <tr> <td>18<sup>th</sup> Mar 2015, 2pm</td> <td>Rm 3A, 2<sup>nd</sup> Floor</td> <td>Town Hall Extension</td> </tr> </tbody> </table>	Time/Date	Room	Location	21 <sup>st</sup> Jan 2015, 2pm	Rm 3B, 2 <sup>nd</sup> Floor	Town Hall Extension	18 <sup>th</sup> Mar 2015, 2pm	Rm 3A, 2 <sup>nd</sup> Floor	Town Hall Extension
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