

**Minutes of the Meeting of the WPCT Clinical Effectiveness and Medicines and Management  
held on 15<sup>th</sup> October 2009 at 3-5pm in room 8 in WBH**

**Present:** Dr Josephine Ruwende- Consultant in Public Health Medicine – Chair (JR)  
 Fiona Hicks, Clinical Governance Manager WPCT (FH)  
 Nick Beavon – Chief Pharmacist (NB)  
 Donald Roy – Lay member (DR)  
 Alisi Mekatoa, Clinical Effectiveness Facilitator (AM)  
 Felix Greaves, PH Registrar (FG)  
 Rod Ewen, GP, PEC Member (RE)  
 Sita Patel, Pharmaceutical Advisor (SP)  
 Andrew McMylor, Urgent Care programme (AMM)  
 Marcus Reddy, Surgeon in Bariatrics (MR)  
  
 Shakeel Mughal, Locum GP for Wandsworth (SM)  
 Georgina Chan, PH Trainee (GC)  
 Anna D’Arcy, PH Nutritionist (ADA)  
 Marcela Brito, Student (MB)

09/01	<p><b>Welcome and Apologies for Absence</b>          Chair welcomed and thanked everyone for attending this meeting. All introduced.          Apologies: Ken Abhayaratna - Non Acute Commissioning Manager; Crystal Stewart - Exceptional Circumstances ;Amanda Cranston, PH Consultant; David Selwyn, Lay member; Ross Anderson, St George’s Medical School; David Finch, Medical Director</p>
09/02	<p><b>Minutes of the Meeting held on 5<sup>th</sup> August and Matters arising</b>          Minutes of previous meeting were found to be a true record of the meeting.          Matters Arising – Lower Back pain – AM will review the services and bring back to meeting in Dec.          Specialist Continence Service – <b>Action AMM will chase up.</b>          Lip modification prescribing guidelines and costing – There is no follow up to be presented.          Beta Blockers – NB to talk to SGH regarding the drugs required according to Cancer Network.</p>
09/03	<p><b>Latest NICE Guidelines</b>          AM preparing baseline assessments and will bring back to Dec meeting.  <i>Recognising maltreatment of children</i> to be completed by providers – Applicable to Children’s Departments Services. FH and AM to work together on this.          Low Back Pain – AM working on service review.          Acute Services – picking up non-attendees at SGH.          GP cascade in usual chain, and link with Maxine Hastings to go to GP meeting for update.          HepB in relation to Immunisation – DR added that it would be worthwhile to look within the community for women who are pregnant and present with HepB. JR advised that the uptake for this is high, babies would be immunised at birth.  <b>Action: AM raise with Dr Balakrishnan</b></p>
09/04	<p><b>Primary Care Cancer 2-Week referral, National Guidelines</b>          SM – Started new project February/March 2009, to look into why so many patients accessed A&amp;E, and to look at reducing hospital admissions. He liaised with patients and consultants in the hospital to do research. Over 4 month period he reduced the admissions to hospital by 50 people. A cost effectiveness analysis is ongoing. Now looking at GP referral to A&amp;E.          Patient’s comments on reasons for direct attendance at A&amp;E:</p> <ul style="list-style-type: none"> <li>○ Difficulty in accessing their GP</li> <li>○ Unhappy with system</li> <li>○ GP referrals are inappropriate, leading to a waste of time and not being good for the patient, having unnecessary investigations leading to extra stress.</li> </ul> <p>The Two Week Rule has been given to GPs for information and emphasise how to refer to A&amp;E. SM stated that an investigation has started to identify GPs inappropriately referring to A&amp;E. A message needs to be sent out alerting all GPs that the two week rule is going to be monitored.  <b>Action: AMM to look at costings and savings. Reminder to be sent to GPs on cancer referral guidelines and inform GPs regarding monitoring process.</b></p>

09/05	<b>Funding criteria for bariatric surgery</b> There was discussion about the appropriate BMI limit for bariatric surgery. The policy was approved as it stands requiring a BMI > 40 and age between 35 and 55. Although there is evidence of effectiveness at lower BMIs, resource limitations prevent its use in this group. The patients have lifelong support from a MDT, which starts 6 months before surgery. <b>Action: ADA to discuss with SGH linking Diabetic Assessment to be linked to Primary Care, which would have reduced cost for secondary care.</b>																								
09/06	<b>Smoking Cessation –Guidelines</b> Bupropion (Zyban) now rarely used. Varenicline (Champix) use increasing. This template is a useful guideline for smoking cessation teams and GPs. Comparative trial evidence comparing Champix with Nicotine Replacement Therapy (NRT) is lacking. NRT should be first line option.																								
09/07	<b>Diabetes Guidelines</b> These could not be approved as there were some alterations to be made: <b>Items to be changed</b> <table border="1" data-bbox="244 622 1347 842"> <tr> <td data-bbox="244 622 794 712">➤ Needs to incorporate NICE guidance with guidance from NSF</td> <td data-bbox="794 622 1347 712">➤ More emphasis on glucose control and cardiovascular risk management needed</td> </tr> <tr> <td data-bbox="244 712 794 752">➤ Broader drug management</td> <td data-bbox="794 712 1347 752">➤ Authors to be added</td> </tr> <tr> <td data-bbox="244 752 794 842">➤ To produce a user friendly version for GPs</td> <td data-bbox="794 752 1347 842">➤ Focus more on Drug section – Wandsworth Drug Implementation Group</td> </tr> </table> <p><b>Groups to advise on changes:-</b> SGH Pharmacists          Feedback to Jo – Diabetic nurse who sits on the WIG.  <b>Action: Ask Allan Ruan to change document to be more GP-friendly.</b></p>	➤ Needs to incorporate NICE guidance with guidance from NSF	➤ More emphasis on glucose control and cardiovascular risk management needed	➤ Broader drug management	➤ Authors to be added	➤ To produce a user friendly version for GPs	➤ Focus more on Drug section – Wandsworth Drug Implementation Group																		
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09/08	<b>Clopidogrel</b> The European Medicines Agency (EMA) and the Medicines and Healthcare products Regulatory Agency (MHRA) have recently issued a warning to prescribers to avoid the concomitant use of clopidogrel and PPIs whenever possible. Cardio network have come out with guidelines due to the response from EMA – Approved.																								
09/09	<b>Vitamin D</b> Arising because GPs seeing patients who have presented with vitamin D deficiency, although appear to be otherwise healthy. There is confusion about normal levels and appropriate treatment options. Recommendations – Prescribing team to work on evidence based protocol. <b>Action: AM, ADA and SP to work together on this and bring back to the next meeting.</b>																								
09/10	<b>Somatropin shared care guidelines</b> Each individual PCT takes to Medicine Groups for approval. Epsom and Kingston have approved. Trying to get shared guidelines across sector - all acute trusts are in favour.																								
09/11	<b>Approved Research projects</b> Comments please to Amy Scammell.																								
09/12	<b>Proposed dates for 2010/11</b> <table border="1" data-bbox="244 1458 1474 1742"> <thead> <tr> <th>Date</th> <th>Time</th> <th>Room</th> </tr> </thead> <tbody> <tr> <td>Feb 4<sup>th</sup></td> <td>3-5pm</td> <td>3</td> </tr> <tr> <td>8<sup>th</sup> April</td> <td>3-5pm</td> <td>1</td> </tr> <tr> <td>3<sup>rd</sup> June</td> <td>3-5pm</td> <td>1</td> </tr> <tr> <td>5<sup>th</sup> August</td> <td>3-5pm</td> <td>1</td> </tr> <tr> <td>7<sup>th</sup> October</td> <td>3-5pm</td> <td>1</td> </tr> <tr> <td>9<sup>th</sup> December</td> <td>3-5pm</td> <td>1</td> </tr> <tr> <td>10<sup>th</sup> Feb 2011</td> <td>3-5pm</td> <td>1</td> </tr> </tbody> </table>	Date	Time	Room	Feb 4 <sup>th</sup>	3-5pm	3	8 <sup>th</sup> April	3-5pm	1	3 <sup>rd</sup> June	3-5pm	1	5 <sup>th</sup> August	3-5pm	1	7 <sup>th</sup> October	3-5pm	1	9 <sup>th</sup> December	3-5pm	1	10 <sup>th</sup> Feb 2011	3-5pm	1
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Approved as a correct record:

**Signed:** .....  
 Chairman

**Date:** .....