Wandsworth Clinical Commissioning Group

Clinical Effectiveness and Medicines Management Group (CEMMaG)

Minutes of the meeting held on 17th September 2014

(final version approved by CEMMaG 26/11/2014)

Present:

Dr Lillian Awere, GP and LMC representative, Wandsworth	(LA)
Shaneez Dhanji, GP Prescribing Support Pharmacist	(SD)
Rajiv Dhir, Senior Prescribing Advisor, WCCG	(RD)
Dr Rod Ewen, GP, WCCG Board Member and CEMMaG Chair, WCCG (Chair)	(RE)
Alastair Johnston, Clinical Effectiveness Lead, WBC Public Health	(AJ)
Andy Lyons, Clinical Governance Manager, Wandsworth CCG	(AL)
Dr Ash Paul, Consultant in Public Health Medicine, WBC	(AP)
Barbara Willerton, Patient/Public representative, Wandsworth HealthWatch	(BW)

Apologies: received from Nicola Bamford and Nick Beavon (NB). 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 at Wandsworth Town Hall. The minutes of the previous meeting in June were accepted as a true and accurate record without further amendment. ***Action:* *AJ to circulate the Minutes of the June 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:
	• The meeting proposed that draft CEMMaG minutes should be sent to the Integrated Governance Committee (IGC) as soon as possible after each meeting, rather than waiting for them to receive final approval at the following CEMMaG meeting as was currently the practice. Any subsequent amendments could be notified later if necessary. ***Action: AJ to ensure that draft CEMMaG minutes are sent to IGC as soon as possible from now on.***
	• Infection Control in Primary Care – Nick Beavon has confirmed that Carolyn Spence is the Infection Control Nurse for the SWL CCGs. Nick now receives communications directly from Carolyn and will inform CEMMaG of any relevant information.
	• Re the treatment pathway for adult patients with immune thrombocytopenic pupura (ITP), the meeting noted the following subsequent to discussion with CCG and NHS England commissioners:
	    ○ The prescribing costs for these drugs (Rituximab, Eltrombopag and Romiplostim) for this indication are the responsibility of the CCG, and they will not be paid for via NHS England specialist commissioning
	    ○ the use of these drugs would need to be recorded by the Acute Trust and notified to WCCG commissioners similarly to other PbR-excluded drugs. Because of the clinical urgency surrounding their use, the Trust would not be required to seek prior approval before using them, and the IFR route

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	should not be used. ○ This raised a financial risk for the CCG, which should be notified, quantified and recorded on the WCCG Risk register ***Action: Nick Beavon (NB) to co-ordinate responses to the above re ITP***
2.	**Advent of generic sildenafil - implications for GP prescribing** Prescribing restrictions were removed for generic sildenafil from 1st August 2014. RD presented the draft position statement and prescribing support tool in relation to generic sildenafil. The meeting felt that the following points should be included in the Position Statement: • emphasise that GPs should prescribe generic sildenafil for clinical reasons only (i.e. in cases of erectile dysfunction); • mention that GPs should restrict the amounts prescribed to a supply adequate for 2 months based on discussion with the patient, and bearing in mind the potential for abuse given the street value of the drug; • note that all PDE-5 inhibitors currently supplied to patients under private prescription should only be prescribed for clinical reasons. ***Action: RD/NB to amend the position statement accordingly and then bring to next CEMMaG meeting for final approval.***
3.	**Position Statement on lower dose Vitamin D** RD presented this position statement and highlighted that the CCG faced significant and mounting costs in providing vitamin D drug therapy. The position statement stipulated that such drugs should be used primarily to treat deficiency and insufficiency rather than being prescribed to patients on prescription for maintenance. The Meeting agreed that such prescribing practices would bring Wandsworth CCG's prescribing of maintenance treatment in line with other prescribing guidance both nationally and with other CCGs in SW London. Furthermore, after treatment for vitamin D deficiency and insufficiency, all patients should be advised how to maintain adequate levels through lifestyle and diet, and if necessary through the purchase of low-dose vitamin D supplements. These supplements are available from community pharmacies over-the-counter, health food shops and supermarkets at minimal price, although in certain circumstances they could be prescribed by the GP. The meeting approved the position statement, and felt that Wandsworth prescribing practices need to be brought in line with this advice with urgency. In addition, the Group considered that practices should be advised not to follow-up the treatment by re-testing their patients for vitamin D deficiency. ***Action: RD/NB to amend position statement accordingly, and submit to CCG Management Team, then bring to next CEMMaG meeting for final approval. Prescribing team to consider informing GPs of the 'direction of travel' in the interim.***
4.	**Stroke Prevention in Atrial Fibrillation position statement for 2015** SD presented this position statement, which had been updated from the previously approved version in accordance with NICE guidance CG180 published in June 2014. Associated issues such as the impact of increasing use of NOACs for stroke prevention in atrial fibrillation (AF) on prescribing costs was discussed, as well as the implications in terms of redesigning the AF care pathway. This position statement was approved by CEMMaG. ***Action:*** • ***SD/NB to produce final version of position statement and publicise this to GPs via the Prescribing Bulletin.*** • ***SD/NB to send copy to AJ who would publicise via the Primary Care Clinical Effectiveness Bulletin.*** • ***SD/NB to ensure that IGC notes the cost pressures of using NOACs.***

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5.	**Position Statement and Patient Information on Omega-3 prescribing** RD presented the draft position statement concerning the prescribing of Omega-3 preparations such as Omacor® and Maxepa® The advice to GPs was <u>not</u> to prescribe such preparations except in certain specific circumstances and on the recommendation of a hyperlipidaemia specialist. Patients currently receiving these preparations on prescription should have this stopped by their GPs. Such patients should be encouraged to achieve the required level of omega-3 fatty acids by dietary means. Similar information was included in the patient information sheet. The meeting suggested that thought should be given to terms used to describe the specialist clinicians involved in recommending omega-3 preparations (e.g. should 'hyperlipidaemia consultant' be used in place of 'hyperlipidaemia specialist'?). These documents were approved pending minor changes. ***<u>Action</u>: RD/NB to produce final version of position statement and publicise this to GPs via the Prescribing Bulletin. RD to send copy to AJ who would publicise via the Primary Care Clinical Effectiveness Bulletin.***
6.	**Triptorelin shared care guideline** RD presented this shared care prescribing guideline 'triptorelin acetate (Gonapeptyl Depot 3.75 mg®, and Decapeptyl SR 11.25 mg®) for central precocious puberty'. This guideline was SW London sector wide, with all CCGs and Acute Services NHS Trusts signed up. The meeting noted that this condition is quite rare. CEMMaG approved the guideline. ***<u>Action</u>: NB to send copy to AJ who would publicise via the Primary Care Clinical Effectiveness Bulletin.***
7.	**Policy for Approving Primary Care Prescribing Rebate Schemes** RD presented Version 1 of the 'Policy for Approving Primary Care Prescribing Rebate Schemes', which had been developed by Nick Beavon (NB) since the last CEMMaG meeting in June. RD thanked all those concerned who had contributed in terms of comments and suggestions in the interim. RD explained the key points from the policy. AL recommended that the final approval of a rebate agreement should not be made by an individual e.g. The Chief Financial Officer or a Director of the CCG as currently suggested by the policy. The decision to approve a rebate scheme should be made by a committee of members that includes senior management, director, non-executive director and a lay member representation. The IGC committee would be an ideal committee to consider rebate scheme requests as this will address the corporate and quality implications of the scheme which must be considered before making a recommendation regarding whether to approve the scheme. Other members agreed with this suggestion. It was therefore recommended that that the policy should be presented with this suggestion and be presented for approval by the Information Governance Committee (IGC). ***<u>Action</u>: NB to produce a final version of the policy and to present this to WCCG Integrated Governance Committee for approval. NB to ensure that the final approved policy is made available to Wandsworth GPs via the WCCG website, and to publicise this policy through other channels as appropriate.***
8.	**NICE Update** AJ presented the NICE Update report covering the guidance published in June, July and August 2014. ***<u>Action</u>: AJ to circulate this NICE Update to Sandra Allingham at WCCG for the attention of the IGC.*** NICE guidance released in this period: • 4 x Clinical Guidelines • 7 x Technology Appraisals • 2 x Medical Technology Guidance • 1 x Diagnostic Technology Guidance • 5 x Quality Standards

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- 1 x Safe Staffing Guideline (new category of guidance).

In addition, the NICE Update report gave advance notice of guidance published in early September (NB to be reported fully in the in the next NICE Update):

- 2 x Clinical Guidelines
- 2 x Quality standards

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. ***Action**: AJ to communicate with the appropriate Clinical Reference Groups leads in order to alert them concerning NICE guidance of relevance to them published during this period.*

The meeting raised a number of issues and made several suggestions regarding implementation of specific NICE guidance:

- CG180 Atrial Fibrillation – ***Action**: (in addition to notifying the CVD CRG) AJ to inform Drs Tom Coffey and Angelique Edwards so that this could be discussed at the St George's Acute Services CQRM. [DONE]*
- CG182 Chronic Kidney Disease. ***Action**: AJ to contact CVD CRG [DONE] and flag up to IGC re financial implications.*
- QS65 Hepatitis B. ***Action**: AJ to flag up to IGC re financial implications.*
- QS69 Ectopic Pregnancy and Miscarriage. ***Action**: AJ to contact Dr Mike Lane asap. [DONE]*

9. Update on Changes in the Role of CEMMaG

RE confirmed that the role and remit of CEMMaG within Wandsworth CCG was still being actively reviewed and that Sandra Iskander was leading on this. There was a question of separating the roles of medicines management and NICE implementation, although a final decision had not been taken. This discussion was being progressed within the CCG, and in conjunction with core members of CEMMaG.

RE announced that he would be retiring from the end of October due to health concerns, and therefore relinquishing his clinical and CCG roles and responsibilities. However, he would be able to chair at least one further CEMMaG meeting in November. The meeting took the opportunity to thank him warmly for his skilful, insightful and dedicated chairmanship of the meeting over the previous four years.

***Action**: All CEMMaG members to engage in discussions as appropriate. AJ to maintain this item on the agenda for November. AJ to book further meetings for January and March 2015, although the format and role of the Group may have changed by then.*

10. Primary Care Clinical Effectiveness Bulletin

AJ presented the latest edition of the SW London PC CE Bulletin (Issue 29) for May to July 2014, which had been distributed to Wandsworth GPs on 14th August.

***Action**: AJ to continue to collate, edit and circulate the PC CE Bulletin to Sandra Allingham at WCCG for the attention of the IGC*

11. Any Other Business: There was no other business.

12. Next meetings:

Time/Date	Room	Location
~~19th Nov 2014, 2pm~~	~~Rm 145, 1st Floor~~	~~Town Hall~~
26th Nov 2014, 2pm	Conference Rm 5, 2nd Floor	Town Hall Extension

Post meeting note: the date of the next CEMMaG meeting has been put back by one week and will now take place on 26th November as mentioned above. Please amend your diaries accordingly.

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