

**Minutes of the Meeting of the Clinical Effectiveness Group  
held on Wednesday April 1<sup>ST</sup> 2009 at Wimbledon Bridge House at 3pm in room 3**

**Present:** Josephine Ruwende- Consultant in Public Health Medicine, Chair  
 Amanda Cranston-Consultant in Public Health  
 Katie Hunter-SHO Public Health  
 Fiona Hicks-Clinical effectiveness Manager  
 Nick Beavon-Public Health pharmacist  
 - Mick Sanders-Clinical Effectiveness facilitator  
 Donald Roy- Lay Member  
 David Finch-Medical Director

**In Attendance:** Ted Poulter – Physical Activity Lead

		<b>ACTION</b>
<b>09/15</b>	<b>Minutes of the Previous Meeting</b>  The minutes of the meeting held on 05/02/09 were agreed as a correct record.	
<b>09/16</b>	<b>Matters Arising- Revised Terms of Reference (minutes 09/04)</b>  GP attendance at CEG remains an issue regarding attendance as GP's not remunerated for attendance unless they are members of the PEC. Representation from clusters required if the group is to take responsibility for medicines management and improve implementation of NICE guidance in primary care Representation from Mental Health Trust remains a problem, MS reports that contacts have been made and that the MH Trust Improving Clinical Practice Committee is revising its terms of reference. JR to liaise with Ben Nereli re representation.  JR to identify an individual to develop and introduce Electronic templates for GP's and the EMIS system	<b>NB to e-mail PBC leads</b>  <b>JR to liaise/meet with Ben Nereli to arrange adequate representation</b>
<b>09/17</b>	<b>Revised Terms of reference</b>  Agreed to introduce the Medicines management function into the Clinical effectiveness group to become the Clinical effectiveness and Medicines Management Group. NB/JR. This will include: Horizon scanning new, disseminating Guidelines/NPSA recommendations to GPs (NB) To report on quality issues, KSF and standard procedures (FH) Discussion surrounding who captures data and reports relevant to primary care, (NB to discuss with Kirsty) .Discussion around LES specs, this appears to be ad hoc led by individuals with interest in a specific area rather than being led as part of a comprehensive process, A flow chart route needs to be developed	<b>JR to amend TOR and report back at next CEG</b>

		<b>ACTION</b>
<b>09/18</b>	<p><b>NICE Implementation Policy</b></p> <p>Agreed by the group and to be taken forward to PEC</p>	<p>JR to take to PEC for approval</p>
<b>09/19</b>	<p><b>Baseline assessments</b></p> <p>Presentation from Ted Poulter.</p> <p><b>Mental Health Wellbeing In Older People PH 16</b> The PCT is largely compliant with the guideline. It was identified that the range of services on offer could be coordinated in a more effective way to ensure that GP's have a comprehensive list of options for potential referral. It was suggested that a <b>comprehensive mapping and audit of services to be performed as a stock taking exercise.</b></p> <p><b>Promoting Physical Activity for children and young people PH17</b> The PCT is fully compliant with guidance but further user involvement from young people required to tailor the programme to their preferences. <b>No further reporting required.</b></p> <p><b>PH18 Needle and Syringe programmes.</b> Largely compliant, NB to discuss with Anne Middleton and seek clarification about 24 hour service provision within WPCT.</p>	<p>Ted Poulter</p> <p>Ted Poulter</p> <p>NB</p>
<b>09/20</b>	<p><b>LATEST NICE GUIDANCE</b></p> <p>TA 167 Abdominal Aortic Aneurysm -Endovascular Stent Grafts JR reported that this could have increased financial implications following the introduction of Abdominal Aortic Aneurysm Screening</p> <p>CG 82 Management of schizophrenia It is recommended that all patients with schizophrenia should have their risk of cardiovascular disease assessed annually.</p> <p>TA168, <a href="#">Influenza - zanamivir, amantadine and oseltamivir (review)</a> DF queried the difference between this and previous guidance.</p> <p>PH 19 Management of long-term sickness and incapacity for work</p> <p>It was noted that it would be difficult to make the implementation of NICE guidance mandatory without incentivisation but the PCT could facilitate this by developing templates of clinical guidelines to include on EMIS or upload onto the intranet, include drug recommendations on <i>Scriptswitch</i>, and send out in key recommendations relevant to general practice in the Prescribing newsletter and NICE summaries.</p> <p>No further action required on other guidance</p> <p><b>Smoking Cessation Prescribing Guidance (NB)</b> Guidance developed by Mary Boucher was discussed by the group. The main recommendations needed to be presented as a flowchart which reflects first/second/third line prescribing preferences.</p>	<p>AC will ensure that this is included in the Vascular Risk assessment protocols</p> <p>NB to make the differences very clear giving a definitive guide to GP's and other prescribers</p> <p>HR to be requested to undertake a baseline assessment MS</p> <p>JR/NB</p> <p>NB to amend</p>

**ACTION**

The revised guidelines will be circulated to GP s via the prescribing and also shared with the smoking Cessation teams.

**Breastfeeding with Thrush (NB)**

NB asked to develop guidance for non medical prescribers as licence for Miconazole gel removed in children under 4 months and Fluconazole not recommended for breast feeding mothers, this represents established and considered best practice. Information leaflet for mothers revised and literature suggests that both are safe.

JR asked NB to develop a robust paper in order to proceed with recommendations to prescribe and advise the use of off label medicines in this instance. NB to report back next CEG

**WPCT policy on Aesthetic surgery. (JR)**

Agreed by CEG

**Minimally invasive surgery for uterine fibroids (JR).**

Policy adopted.

**09/21 Any Other Urgent Business**

None

**09/22 Date of Next Meeting**

To confirm that the next meeting will be held on 03/06/09 at 3pm in Wimbledon House

NB to submit paper at next CEG

To be included in WPCT version of ECI which will be going to PEC for approval

Approved as a correct record:

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

**Date:** .....