



Northern Treatment Advisory Group: 1st Annual Report, April 2015

Chairman's foreword

I am very pleased to report on the successful establishment of NTAG as an authoritative part of the treatment appraisal and decision-making landscape within the Region over the last 14 months.

During the period following the ending of NETAG in 2013 the region had no expert body to advise on the adoption of new treatment pathways and to help ensure a consistent approach to the adoption of new treatments for patients in the North East and Cumbria. The Northern CCG Form recommended the establishment of NTAG to address this deficiency.

I would like to thank my NTAG colleagues for their hard work and commitment to establishing the group and their continuing enthusiasm for what is often a very complex and difficult agenda. I would also like to record special thanks to Will Horsley the former professional secretary of NETAG and Jeanette Stephenson the Head of Medicine Optimisation at NECS for their invaluable assistance in establishing NTAG.

Dr Ian Davidson,
Director of Quality and Safety
NHS North Durham Clinical Commissioning Group

Background

The Northern (NHS) Treatment Advisory Group (NTAG) was formed in February 2014. NTAG continues the work of the former North East Treatment Advisory Group (NETAG) and it brings together clinical expertise, patients and commissioning representatives, to make recommendations on the commissioning of treatments within NHS North East and Cumbria. NTAG is a collaborative arrangement established by the Northern CCG forum to recommend approval, or rejection, of treatments presented to it for consideration. Recommendations are based upon proven clinical outcomes, value for money and affordability.

Remit of the group

The remit of NTAG has been updated to reflect the changes in NHS commissioning structures. NTAG has a remit to consider CCG commissioned treatments only; this includes non-pharmaceutical treatments such as medical devices, and

interventional or surgical procedures. NTAG will not consider specialist treatments that are commissioned by NHS England or treatments for an indication which NICE has already evaluated or for which publication of a NICE technology appraisal is imminent (i.e. within six months of the next scheduled NTAG meeting).

Membership

Representation has been drawn from throughout NHS North East & Cumbria, both geographically and strategically (i.e. primary and specialist care, providers and commissioners), and the group is also seeking patient representation. This provides the group with a wide range of experience and expertise, ensuring fair and comprehensive treatment appraisals. Membership is based broadly on the membership of the old NETAG meetings. A re-review of membership is currently taking place as the group has now been running for over a year. Professional secretarial support to the group is provided by the Regional Drug and Therapeutics Centre (Newcastle) who also help facilitate the work plan and produce the appraisal reports alongside public health colleagues. The support and engagement of key organisations in nominating their representatives is acknowledged, as is the time that existing members have committed to NTAG, often in addition to their existing workload.

Processes

It was recognised early on that re-establishing the functional processes of NTAG was an important task. Drawing on their considerable experience the group provided guidance in shaping these processes. It was agreed that meetings would continue to be quarterly as previously as this had worked well. In addition the following process documents were approved:

- NTAG Terms of reference
- What Treatments will NTAG consider?
- NTAG Ethical Framework
- NTAG Appeals Process
- Declaration of Interests Policy

All of the above documentation can be accessed from the NTAG website.

Website

www.ntag.nhs.uk



The development of a website: was seen as an early priority for the group and the website was launched in September after the 2nd NTAG meeting. The website now serves as the principal point of information for all NTAG communications. A user friendly interface has been developed and the added feature of a news feed allows healthcare professionals to keep up to date with new recommendations issued.

Work plan

The majority of appraisals have been conducted following a referral or request to the group with a minority identified prospectively through horizon scanning processes. An early request for comments on the proposed work plan from local APC's also prevented any potential duplication of workload. The current work plan is available on the website and is updated following each meeting should any changes be made. The group also continues to receive requests to re-review old NETAG recommendations that are now out of date.

Appraisal and Recommendations

In the 14 months since NTAG was re-formed the group has issued eleven new recommendations and associated appraisals; of these eight were not recommended and three were recommended for use.

- Nalmefene (Selincro®) in the management of alcohol dependence. *(not recommended but superseded by NICE TA)*
- Sequential pharmacological therapies in the management of macular oedema secondary to retinal vein occlusion (RVO) *(recommended)*
- Dapoxetine (Priligy®) for Premature Ejaculation. *(not recommended)*
- Rivaroxaban (Xarelto®) for acute coronary syndromes. *(not recommended)*
- High Dose Vitamin and Mineral supplements for the prevention of progression of AMD. *(not recommended)*
- Sativex® for the treatment of non-MS pain. *(not recommended)*
- Biologic drugs for treatment-refractory moderate to severely active ulcerative colitis in younger patients (to avoid colectomy) *(not recommended but superseded by NICE TA)*

- Aripiprazole (Abilify Maintena®) long acting injection for schizophrenia *(recommended)*
- Lurasidone (Latuda®) for the treatment of schizophrenia in adults. *(not recommended)*
- Rituximab for the treatment of Immune (Idiopathic) Thrombocytopenic Purpura *(recommended)*
- Airsonett® laminar flow device for treatment of uncontrolled asthma *(not recommended)*

The group has also issued four updated recommendations and appraisal documents following a change in clinical evidence available; of these three did not change from previously and one drug (paliperidone) is now recommended when previously it was not recommended:

- Ulipristal (Ellaone®) for post-coital (up to 120 hours) contraception. *(recommended post 72 hrs)*
- Bevacizumab (Avastin®) for age-related macular degeneration *(recommended)*
- Verteporfin (Visudyne®) with photo-dynamic therapy for chronic central serous chorioretinopathy *(not recommended)*
- Paliperidone depot injection (Xeplion®) for schizophrenia *(recommended)*

All of the above recommendations and their associated appraisal documents can be accessed via the NTAG website.

Other projects

NTAG was also involved in the evaluation of a budget impact model proposed by a pharmaceutical company. This was referred to NTAG by the North of England Commissioning Support Unit on behalf of CCGs as it was felt that NTAG was best placed to review this kind of economic data.

Further information

This is the first annual report for NTAG and covers the period of 25th February 2014 to 9th April 2015.

The NTAG website serves as the primary source of information for NTAG. However further details can be provided by the professional secretary:

Contact:

Bhavana Reddy,
Head of Prescribing Support,
RDTC
Tel: 0191 213 7855
Email: bhavana@nhs.net