Northern Treatment Advisory Group

North East and North Cumbria Medicines Optimisation Sub-Committee (NTAG)

Interim Terms of Reference

Issue date: 19th July 2022
Version number: 1

REVISION DATE	ACTIONED BY	SUMMARY OF CHANGES	VERSION	APPROVAL

1. Vision

'To improve the health of the North East and North Cumbria population through the effective and equitable use of medicines and treatments'.

2. Aims and objectives

NTAG is the designated North East & North Cumbria ICS Prescribing and Medicines Optimisation Sub-Committee.

The aim of the NTAG is to lead medicines excellence across the North East and North Cumbria (NENC) supporting the commissioning of patient orientated outcomes by viewing medicines and treatments as an investment in improving health and wellbeing rather than a cost.

Medicines optimisation is getting the right medicine to the right person at the right time. It is key to optimising the health of our population and to addressing health inequalities.

The NENC Medicines Optimisation Sub-Committee (NTAG) will:

1. Promote the most efficient and cost-effective use of medicines to support clinical, enviromental and financial sustainability. This should always include the consideration and promotion of non-medicine options as appropriate e.g. education and/or lifestyle changes as the start point.
2. Provide advice and make recommendations on the optimal and safe use of medicines for the benefit of the NENC Health economy.
3. By supporting the NENC Medicines Committee, NTAG will provide strategic operational leadership to the North East & North Cumbria ICS on the commissioning or decommissioning of medicines and devices.
4. Advise the North East and North Cumbria Integrated Care System (NENC ICS) on the clinical and cost-effectiveness of new and existing treatments together with associated clinical guidelines and pathways supporting their use, thereby ensuring equitable access to a clinically defined and appropriate range of treatments for the relevant patient population.
5. Consider position statements, recommendations and guidelines produced by the Regional Medicines Optimisation Committees (RMOCs) for adoption regionally.
6. To identify opportunities for de-prescribing and reducing expenditure on interventions of low clinical value.
7. Take a strategic view of medicines optimisation, co-ordinating cross-sector support and engagement with the public, patients, commissioners, providers and clinicians to improve outcomes, reduce harm, and encourage a longer-term, patient-centred approach to medicines optimisation focusing on the effective investment in improving health and wellbeing
8. Improve the quality and safety of medicines and medical device use across the NENC system by setting high quality outcomes standards, and monitoring and reporting against these standards to NENC Medicines Committee, with the aim of reducing unwarranted

clinical variation, improve outcomes, and reduce health inequalities across the population.

9. Promote quality improvement with better utilisation of data and analytics, through uniform implementation of agreed data collation platforms and a NENC medicines optimisation dashboard.
10. Monitor adoption of national, regional and NENC guidance/recommendations by the three NENC Area Prescribing Committees, and escalating to the NENC Medicines Committee if further action is required.
11. Collaborate with the three NENC Area Prescribing Committees on the wider implementation of NTAG recommendations, and the sharing of best practice across the NENC ICS.
12. NTAG will further integrate and collaborate with other ICS medicines optimisation boards across the North East and Yorkshire via the North East and Yorkshire Regional Medicines Optimisation Committee (RMOC NEY), enhancing the medicines optimisation agenda through the sharing of best practice, or highlighting interventions which would benefit from regional or national support.

NTAG will prioritise the following for review/action:

- Medicines, medical devices or clinical guidelines/pathways which are likely to have significant commissioning or a high financial impact across all ICS localities and may require a full pathway review.
- NTAG will only consider those medical devices with the potential for a medium to high cost impact, offer an alternative option to a medicine in the current treatment pathway, with the potential for variations in access across the ICS, and where there may be high patient demand/potential for large numbers of patients being prescribed the device.
- Medicines and device issues which are common to a number of ICS localities where a consistent ICS level position statement would be of benefit.
- Ensuring national and RMOC guidance is adopted across the ICS and to take on an assurance role to the Medicines Board.
- Tariff excluded drugs where homecare issues or regional procurement may require consideration.
- High to moderate cost drugs provided via a tertiary centre.
- Unjustifiable inequality of access to a medicine across the NENC ICS.

For further guidance on what medicines and medical devices NTAG will consider please see "Appendix: What treatments will NTAG consider?".

The group will ensure that, for the indication under consideration, treatments due to receive a technology appraisal from the National Institute for Health and Care Excellence (NICE) within six months of the next NTAG meeting date, and treatments which have already been subject to a NICE technology appraisal for the indication under consideration, will not be considered further by NTAG unless deemed essential due to specific clinical circumstances or important new information.

The group will prioritise for appraisal treatments and clinical pathways that have potential to present: Significant problems in evidence appraisal; a significant financial impact for the ICS;

existing or potential variations in use and access across the ICS that are not justified or desirable on clinical, therapeutic, or equitable grounds.

Treatments which are not appraised by NTAG may instead need to be considered locally by, for example, an area prescribing committee or similar. These would be expected to be low-impact agents.

3. Accountability

In the interim NTAG will be accountable to the NENC Integrated Care Board
NTAG will communicate via sharing of minutes and collaborate through its membership with:

- County Durham & Tees Valley APC
- North of Tyne, Gateshead and North Cumbria APC
- South Tyneside and Sunderland APC
- NENC Primary Care Prescribing Forum
- NENC Senior Pharmacy Managers

Recommendations from NTAG have advisory status only currently.

The responsibility for the funding of medicines/devices, and pathways considered by NTAG lies with the NENC ICB as the statutory commissioning organisation. An exception exists for treatments which are not High Cost drugs or otherwise excluded from the 'payment-by-results' tariff, as defined by the Department of Health for England. The funding of these treatments will be the responsibility of NHS provider and acute care trusts whilst a patient is under their care and with respect to agreed discharge and follow-up arrangements.

5. Membership

The NTAG membership is drawn from across the NENC Health Economy, and is structured to provide a balanced group, representative of the whole economy and its population. Nominees will be sought and approved by the Chair to ensure maximum health economy representation and will be designed to ensure an integrated pharmacy and medicines optimisation approach is delivered across NENC. Nominees will be sought and approved by the Chair to ensure maximum health economy representation and as far as possible a mix of pharmacists, finance, commissioning, and clinicians including Place and Provider Medical leads. All positions will be reviewed on three-year tenure.

Those nominated will need to include the following roles:

- Interim Lead Pharmacist – North East and North Cumbria ICS (Chair)
- GP Prescribing lead
- Secondary Care Clinician
- APC Chair or nominated deputy from each of the three NENC APCs
- ICS Commissioning representation
- ICS finance representation

- Secondary Care Chief Pharmacist
- Public Health representative
- Mental Health representative (nominated member from Mental Health Trusts)
- Lay representative
- LMC representative
- LPC representative
- NECS MO lead
- Local Authority Pharmacist (representing all stakeholder local authorities)
- NENC Clinical Network representative
- ICS Quality & Safety representative
- Chairs of permanent sub-groups to NTAG

NB where possible membership of the NTAG and the APCs/subgroups should not overlap significantly in order to ensure a fair decision-making and appeals process however it is recognised that this may not always be possible.

No member may occupy two of the above roles at the same meeting.

Current membership is listed in appendix B.

5.1 Role of the Chair and Vice Chair

The Chair is appointed by the ICS Medical Director and has particular responsibility for providing effective leadership. The Chair is responsible for ensuring that the minutes of meetings, produced by the Secretariat, and any reports to the NENC Integrated Care Board accurately record the decisions taken, and, where appropriate, the views of individual Committee members have been taken into account. The chair is also responsible for managing conflicts of interest in the meeting and decision making process.

The Chair will provide input to ensure that a fair representation on the committee from across NENC is achieved whenever possible.

The membership of NTAG will nominate a Vice Chair who will be responsible for chairing the committee meetings and providing leadership if the Chair is unavoidably absent or is not able to chair the meeting due to conflict of interest for specific items on the agenda.

Where further approval or ratification of NTAG decisions is required the Chair or Vice Chair may be required to facilitate discussions with and present the paper to the relevant authorising committee/board.

5.2 In Attendance (no voting rights)

Non-voting members may be invited on a regular or ad hoc basis from the following groups or any other groups as required.

- Experts, mostly with clinical or academic background, may be invited to meetings or sessions of meetings on an ad-hoc basis to provide opinion, information and evidence on specific matters.
- NENC Communications lead

- Representatives of working groups or authors of documents which are tabled on the agenda who have been invited to present their item and to answer any questions the committee may have.

Representatives from the Regional Drug and Therapeutics Centre (RDTC) will be present to provide support to the group. They will be non-voting members.

5.3 Expected behaviours of members

All members attending NTAG or subgroups to represent an organisation or present a paper do so in a professional capacity, and all participants should be treated with courtesy, respect and consideration.

Participants should only speak when they are invited to by the Chair and should raise a hand to be recognised as having something to say. A person should not be interrupted while speaking or asking a question.

All speakers are asked to be clear and concise, as NTAG and its subgroups have busy agendas, and are required to work within the allocated agenda time.

5.4 Deputy Arrangements

When not able to attend, members must send a deputy to participate and vote on their behalf, with the exception of Lay members. Each member must nominate a deputy at the start of the appointment period. Deputies must have similar expertise and be of similar level of seniority as the member they substitute. Where a member is representing a professional group (e.g. Chief Pharmacist) then the deputy would also need to be from the same professional group but not necessarily the same organisation.

5.5 Role of Individual Members (and deputies)

- Represent the views of their constituent organisations and/or professional groups
- Have authority to make clinical recommendations/decisions on behalf of their constituent organisations and professional groups.
- Ensure that decisions taken by committee are communicated to their organisation and local health economy.
- Ensure feedback from constituent organisations is received by the committee, including any specific concerns regarding patient safety, commissioning issues or other practical considerations.
- Commit to attend meetings regularly and liaise with the nominated deputy to ensure consistent attendance.
- Commit to work outside meeting where required, including training to assure competency in line with NICE local decision-making competency framework.
- Attend meetings prepared having read all documents and having liaised with others prior to the meeting, and ready to contribute to the debate.
- Declare any financial or personal conflicts of interest at the start of each meeting and adhere to the NTAG declarations of interest policy.
- Review the terms of reference bi-annually
- An internal annual membership review may take place and the chair may request members to stand down in the event that they are no longer compliant with the role requirements.

- Members may resign from the committee at any time by communicating this to the Chair or professional secretary.

5.6 Role of the secretariat/support function

The secretariat provided by the RDTC will coordinate the agenda, minutes and actions and ensure that governance processes are adhered to, and that the committee does not exceed its terms of reference.

Communications between the committee and stakeholders in relation to outputs will generally be through the Secretariat, except where it has been agreed that an individual member should act on the committee's behalf.

6. Confidentiality

All members and attendees agree to keep detailed discussions confidential to allow free and full debate to inform unencumbered decision-making. Discretion should be used when discussing meetings with non-attendees and papers should not be shared without agreement of the chair or professional secretary, to ensure confidentiality is maintained.

7. Declaration of interests

Members of the committee must declare their relevant personal and non-personal interests in line with NHSE guidance (Managing Conflicts of Interest in the NHS). Members are asked to inform the Secretariat and Chair prior to each meeting of any change in their relevant interests. The minutes of each meeting will record declarations of interest, and whether members took part in the discussion and decision making. An annual register of interests will be published on the NTAG website. (This is in addition to any registers published by organisations)

The Chair or Vice Chair should not have a personal interest in any agenda item under discussion. If the chair or vice chair have an interest in a matter under discussion they will absent themselves from discussions and nominate another chair for that agenda item.

8. Quorum arrangements

The quorum is reached when at least two thirds of voting members are present. An appropriate spread of members' interests is also required for the quorum to be valid. It is advisable that, at least one provider member, one commissioner member, one chief financial officer or deputy and a sufficient presence of members with an appropriate clinical knowledge need to be present.

A meeting that starts with a quorum present shall be not be deemed to have a continuing quorum in the event of the departure of voting members, therefore making it less than two thirds quorate. In the event of a challenge, the remaining members may choose to adjourn the meeting or to continue the meeting and ratify the decisions in the next meeting or via email between meetings.

The final judgement on whether the meeting is quorate will reside with the Chair.

If a meeting is not quorate all decisions/recommendations taken at that meeting must be ratified by the absent members prior to implementation via email.

9. Voting arrangements

It is recognised that there are very few occasions when recommendations are not unanimous and therefore the requirement for the group to vote may not be necessary. If there are conflicting opinions within the group, the recommendation will be put to a majority vote of quorate members present who are eligible to vote. An appropriate spread of stakeholder representation and members' interests is also required for the vote be valid. Abstentions are not considered when determining the majority.

10. Frequency of meetings

In order to maximise attendance NTAG will meet on alternate months, however the Chair has the right to convene extraordinary meetings when considered necessary, to remain flexible to clinical and service requirements, and take chairs action in exceptional circumstances. A record will be kept of members' attendance at the meeting via the minutes.

12. Agenda setting

NTAG invites topics for consideration within its remit as defined here, from across the whole NENC system. The group at the start of each financial year following the annual horizon scanning review will agree a work plan, but capacity will be retained to accept topics in year. All items will be prioritised and assessed for suitability and relevance to the group by the professional secretary and the Chair prior to them being discussed by the subgroup.

13. Publishing of agenda and minutes

The committee will make agendas and papers available one week prior to meetings to membership either via email.

Meeting minutes and actions from the meeting will be sent to members for final approval within two weeks of the meeting, and following approval at the next NTAG meeting they will be published to the NTAG website.

14. Publishing of statements and recommendations

All outputs will be shared on the NTAG website, and will be reflected in the ICS formularies

and associated guidance. Final decisions made by NTAG will be published to the website and shared through a bulletin to the system pharmacy and medicines optimisation leads for onward dissemination within their organisations within three weeks of the meeting.

This bulletin will be shared with the ICS Medicines Committee, in addition to any formal papers for submission at the next ICS Medicines Committee meeting.

15. Appeals

All appeals must comply with the **NTAG appeals policy** available from the NTAG website. The grounds on which an appeal can be made are outlined within this document. Appeals will in the first instance be sent to the professional secretary of the NTAG. Appeals can only be made by NHS Healthcare Professionals within the region covered by the NTAG or by a clinician outside of the region who has responsibility for a patient registered within the above region and for the indication or use for which the NTAG or its subgroups considered the treatment.

16. Pharmaceutical Industry

NTAG will not accept requests from the pharmaceutical industry to attend meetings or to present information to group members. Ways in which the group will engage with the Industry are defined within the **NENC ICS pharmaceutical engagement policy**.

Applications for review, from the pharmaceutical industry cannot be accepted as all appeals must come from NHS health care professionals working within NENC to ensure that they are in line with the needs of the local population.

Date TOR Agreed: 19th July 2022

Review Date: September 2022

Appendix A: NENC Medicines Optimisation Subcommittee (NTAG) decision making framework

Framework for agreeing policies at NTAG through the ethical framework

The purpose of an ethical framework is to:

•Provide a coherent structure for discussion, ensuring all important aspects of each issue are considered

• Promote fairness and consistency in decision making from meeting to meeting and with regard to different clinical topics

• Provide a means of expressing the reasons behind the decisions made.

The Ethical Framework is especially concerned with the following:

1.1 Equity

NENC MOS believes that health care should be allocated justly and fairly on the basis of clinical need and the capacity of a cohort of patients to benefit from a proposed treatment and in such a way that seeks to maximise the welfare of patients generally within the budget available.

NENC MOS will assess health needs according to patients' capacity to benefit from health care. Thus, it will not be bound to achieve equal shares but will distribute resources within the population according to need, and the imperative to reduce health inequalities. Treatment will not be recommended solely because a patient or clinician requests it. Similarly, a treatment of very little benefit will not be commissioned on the sole ground that it is the only treatment available. This is necessary to ensure that resources are used to provide the greatest health benefit to the population of NENC as a whole.

1.2 Evidence of clinical and cost effectiveness

NENC MOS will seek to obtain the best available evidence of clinical and cost effectiveness. It will promote treatments for which there is good evidence of clinical effectiveness in improving the health status of patients. It will not recommend treatment that is shown to be ineffective or which cannot be shown to be effective i.e. where evidence is lacking or inconclusive. Patient support for a treatment will not necessarily be taken as evidence of clinical effectiveness. Expert opinion, on its own and without supporting evidence, is unlikely to constitute sufficient evidence to justify recommending a new treatment. The quality of any studies will be considered in giving weight to their recommendations. Reliable evidence will usually be required from good quality, rigorously appraised studies and where possible will only published information will be used, however on occasion it may be necessary to consider evidence from other sources.
NENC MOS will compare the cost of a new treatment to the existing care provided and to its overall benefit, to the NENC population.

1.3 Cost of treatment

1.3.1 Affordability

NENC MOS is required to consider the budgets of the NENC health economy and not to exceed this, therefore the cost impact of recommendations must be considered in all cases.

1.3.2 Rarity

NENC MOS primarily considers the healthcare of the majority population of NENC. Conditions affecting a small number of people or individual patients will be considered by the individual organisation responsible for the care of those patients.

1.3.3 Opportunity Costs

The cost of treatment is also important because investing in one area of health care inevitably diverts resources from other uses (opportunity costs). Thus independent decisions will be made about cost, cost-effectiveness and opportunity costs.

1.3.4 Needs of the community

Population health is the focus of NENC MOS and it will seek to make decisions which promote the health of the entire community. Whilst NENC MOS is primarily concerned with recommendations relating to medicines and technologies it will always include the consideration and promotion of non-medicine options as appropriate e.g. education, lifestyle changes as the start point. NENC MOS will support effective policies to promote preventive medicine across NENC and via the Health Inequalities subgroup will seek to focus interventions in those populations with the poorest outcomes, with an aim to bring reduce variation in health across NENC.

1.3.5 National Standards

The Department of Health issues guidance and directions to NHS bodies which may give priority to some categories of patient, or treatment. These may affect the way in which health service resources are allocated. NENC MOS will consider National Recommendation and implement as appropriate.

1.4 Sustainability

NTAG will consider sustainability including environmental impact as part of its decision making.

The manufacture, distribution and use of medicines accounts for 25 per cent of the NHS carbon footprint. NENC ICS will be doing all it can to ensure that we are not over-prescribing medicines when there are other alternatives that could be better for patients and at the same time more sustainable for the planet. We should use low carbon alternatives when making decisions about treatments and technologies, and reducing waste of medication, consumables and energy

Appendix B: NTAG Interim Membership

Position		Voting Member	Lead	Deputy
Chair		Y	Ewan Maule *Interim Integrated Care System Lead Pharmacist for the North East and North Cumbria*	*TBC*
Secretary		N	*Gavin Mankin, Principal Pharmacist – Medicines Management, Regional Drug & Therapeutics Centre (Newcastle)*	
Provider hospital trusts clinical representative (6 incl Hospital Chief Pharmacist)	**Mental Health Trust**	Y	*Tim Donaldson* *Chief Pharmacist* *Northumberland Tyne & Wear NHS Trust*	*Chris Williams* *Chief Pharmacist* *Tees Esk & Wear Valleys NHS Foundation Trust*
	South Tees Hospitals	Y	*Dr Andrew Lloyd* *Consultant Anaesthetist and Chair of South Tees D&T*	*Dr Nik Hitiris* *Consultant Neurologist, South Tees Hospitals NHS Foundation Trust*
	Newcastle Hospitals	Y	*Mr Matthew Lowery* *Formulary and Audit Pharmacist*	*Mr Neil Watson* *Chief Pharmacist*
	Northumbria Healthcare	Y	*Dr Matthew Grove* *Consultant Rheumatologist,, Northumbria Healthcare Foundation Trust*	*TBC*
	South Tyneside & Sunderland Foundation Trust	Y	*Mr Robert Lapham* *Formulary Pharmacist Sunderland Royal Hospital*	*TBC*
Primary Care (6 reps)	**General medical practitioners**	Y	*Dr James Carlton* *GP, County Durham*	*Dr Gayle Thorpe* *GP, County Durham*
		Y	*Sarrah Seldon* *Medicines Optimisation Pharmacist Sunderland*	*TBC*
		Y	*Vacant* *General Medical Practitioner, Tees Valley*	*Vacant* *General Medical Practitioner, Tees Valley*
	Medicines management	Y	*Helena Gregory* *Medicines Optimisation Pharmacist and Clinical Quality Team Lead North Cumbria*	*Ian Morris* *Senior Clinical Services Manager, North of England Commissioning Support (NECS)*
	Finance	Y	*Mr Joe Corrigan* *Chief Finance Officer, Newcastle-Gateshead*	*Claire Sands* *Assistant Finance Officer, Newcastle- Gateshead*
	Commissioning	Y	*TBC*	*TBC*
Quality & Safety ICS representative		Y	*TBC*	*TBC*
Patient representative		Y	*Jim Welch*	
Public Health		Y	*Dr Toks Sangowawa* *Clinical Advisor/Locum Consultant in Public Health, South Tyneside MBC* *Clinical Advisor IFR North*	*Dr Tanja Braun* *Consultant in Public Health Stockton-on-Tees Borough Council* *Clinical Advisor IFR South*
Local Authority Pharmacist (1 representing all stakeholder local authorities)		Y	*Jo Linton* *Public Health Pharmacy Adviser Stockton and Hartlepool*	*Claire Jones* *Public Health Pharmacy Adviser, Public Health Team Durham County Council*

AHSN		*Y*	*Helen Seymour* *NENC AHSN Medicines Optimisation Workstream Lead*	*TBC*
NECN Clinical Network		*Y*	*Robin Mitchell* *Clinical Director, NENC Clinical Networks*	*TBC*
LPC (1 representing all stakeholder LPCs)		*Y*	*TBC*	
LMC (1 representing all stakeholder LPCs)		*Y*	*Rachel McMahon*	*Jane Lothian*
Stakeholder APC (Chair+Sec)	**County Durham & Tees Valley APC**	N	*Rupert Smith* *GP Prescribing Lead,* *Tees Valley*	*Gavin Mankin, Principal Pharmacist – Medicines Management, Regional Drug & Therapeutics Centre (Newcastle)*
	North of Tyne, Gateshead and North Cumbria APC	N	*David Campbell* *Chief Pharmacist* *Northumbria Healthcare Foundation Trust*	*Susan Turner* *Medicines Optimisation Pharmacist* *NECS*
	South Tyneside & Sunderland APC	N	*Colin Bradshaw* *GP Prescribing Lead* *South Tyneside*	*Hayder Qureshi* *Medicines Optimisation Pharmacist* *Sunderland*