Northern Treatment Advisory Group

Minutes of meeting held on 16th May 2023, 9-11am

Virtual online meeting via Microsoft Teams

Present:

Position		Lead	Voting Member	Jan 2023	March 2023	May 2023
Chair		Dr Claire Bradford *Medical Director, ICB*	Yes	✓	✓	Janet Walker
Secretary		Gavin Mankin, Principal Pharmacist – Medicines Management, Regional Drug & Therapeutics Centre (Newcastle)	No	✓	✓	✓
Provider hospital trusts clinical representative	**Mental Health Trust**	*Tim Donaldson* *Chief Pharmacist* *Northumberland Tyne & Wear NHS Trust*	Yes	*X*	✓	Richard Morris
	South Tees Hospitals	*Dr Andrew Lloyd* *Consultant Anaesthetist and Chair of South Tees D&T*	Yes	*Tracy Percival*	✓	✓
	Newcastle Hospitals	*Dr Simon Hill* *Consultant in Clinical Pharmacology & Therapeutics and Clinical Toxicologist*	Yes	*Apols*	✓	✓
		Mr Matthew Lowery *Formulary and Audit Pharmacist*	Yes	✓	✓	✓
	Northumbria Healthcare	*Dr Matthew Grove* *Consultant Rheumatologist, Northumbria Healthcare Foundation Trust*	Yes	*Apols*	✓	✓
	South Tyneside & Sunderland Foundation Trust	*Mr Robert Lapham* *Formulary Pharmacist Sunderland Royal Hospital*	Yes	✓	✓	✓
Primary Care	**General medical practitioners**	*Dr James Carlton* *GP, County Durham*	Yes	*X*	✓	✓
		Dr Janet Walker *General Medical Practitioner, Tees Valley*	Yes	*X*	✓	See above
	Medicines management	*Helena Gregory* *Medicines Optimisation Pharmacist and Clinical Quality Team Lead* *North Cumbria*		✓	*Apols*	*Apols*
	Finance	*Charles Welbourn* *Finance Director (North Cumbria)*		✓	*Apols*	✓
Quality & Safety ICS representative		*Vacant*	Yes	*X*	*X*	*X*
Patient representative		*Jim Welch*	Yes	*Apols*	✓	✓
Public Health		*Dr Toks Sangowawa* *Clinical Advisor/Locum Consultant in Public Health, South Tyneside MBC* *Clinical Advisor IFR North*	Yes	✓	✓	✓
Local Authority Pharmacist (1 representing all stakeholder local authorities)		*Jo Linton* *Public Health Pharmacy Adviser* *Stockton and Hartlepool*	Yes	✓	✓	✓
AHSN		*Helen Seymour* *NENC AHSN Medicines Optimisation Workstream Lead*	Yes	✓	✓	✓
NECN Clinical Network		*Robin Mitchell* *Clinical Director, NENC Clinical Networks*	Yes	✓	*Apols*	✓
LPC (1 representing all stakeholder LPCs)		*Vacant*	Yes	*X*	*X*	*X*

LMC (1 representing all stakeholder LPCs)		*Rachel McMahon*	Yes	✓	*Apols*	✓
Stakeholder APC (Chair+Sec)	**County Durham & Tees Valley APC**	*Rupert Smith* *GP Prescribing Lead,* *Tees Valley*	No	*X*	*X*	*X*
	North of Tyne, Gateshead and North Cumbria APC	*David Campbell* *Chief Pharmacist* *Northumbria Healthcare Foundation Trust*	No	*Susan Turner*	*Susan Turner*	*Susan Turner*
	South Tyneside & Sunderland APC	*Colin Bradshaw* *GP Prescribing Lead* *South Tyneside*	No	*Hayder Quershi*	*X*	*Hayder Quershi*

In attendance:

- Dan Newsome – Principal Pharmacist – Medicines Management, RDTC

The meeting was quorate.

Members were welcomed to the meeting.

Part 1 – General business

1) Apologies for absence

Apologies were received from: Helena Gregory, David Campbell, Tim Donaldson, Chris Williams, Ian Morris.

2) Declarations of interest

No declarations were received prior to the meeting on receipt of the agenda, and when the Chair invited any declarations of interest to be made none were declared.

3) Draft minutes March 2023 meeting

The group approved the minutes of the 21st March 2023 NTAG meeting.

Noted that have received confirmation from ICB Governance Team that NTAG minutes can be published on the NTAG website.

ACTION: Secretary to submit January 2023 minutes to NENC Medicines Committee.

4) Matters arising not on the agenda

Noted that the ICB are reviewing the membership of all committees in the proposed NENC medicines governance structure. Nominations have now been received and are being reviewed by the ICB. Current NTAG membership may change in light of nominations received. A communication will be sent out by ICB confirming membership of the committees.

5) Action log

Gabapentinoids for intractable itch with severe burns

Recommendation supported at April 2023 NENC Medicines Committee and awaiting publication of decision on NENC ICB website.

Teriparatide use outside of NICE guidance as per NOGG

April 2023 NENC Medicines Committee: The committee considered the recommendations made by NTAG at their March 2023 meeting. The committee was unable to support the recommendation made by NTAG concerning the use of teriparatide outside NICE guidance as per NOGG 2021 guidelines. It asked that further information pertaining to the cost impact and benefit of this use be returned to the Medicines Committee with full costed NENC osteoporosis pathway. No further action for NTAG.

Formulary applications

- Tacalcitol lotion for psoriasis vulgaris
- Trifarotene cream for acne
- Ciclosporin 1mg/mL (0.1%) eye drops (Verkazia®)
- Botulinum toxin for hernia
- Dihydroartemisinin/piperaquine phosphate (Eurartesim®) for malaria

Recommendations supported at April 2023 NENC Medicines Committee and awaiting publication of decision on NENC ICB website.

NENC regional guidance on SGLT2 inhibitors

Recommendation supported at April 2023 NENC Medicines Committee and awaiting publication on NTAG website.

NENC ICB position statement non-palliative care use of opiates

Recommendation supported at April 2023 NENC Medicines Committee and awaiting publication on NTAG website.

Single ICS formulary – approval

RAG recommendation supported at April 2023 NENC Medicines Committee subject to wider consultation across NENC. Work by NECS to populate single ICS formulary is underway.

RDTC monthly formulary amendments – NICE TA/MHRA Drug Safety Updates – January 2023

Recommendations supported at April 2023 NENC Medicines Committee and awaiting publication of decision on NENC ICB website.

APC Decision Summaries

o CD&T APC January 2023
o ST&S APC February 2023
o NoTGNC January 2023

Recommendations supported at April 2023 NENC Medicines Committee and awaiting publication of decision on NENC ICB website.

Guideline for the Management of Osteoporosis

Draft on today's agenda under AOB.

Review of NTAG recommendation on sodium oxybate (Xyrem®) in the management of narcolepsy with cataplexy in adult patients in light of RMOC position statement

Secretary to request audit from NuTH and STHFT in 12 months' time and present this to NTAG. Final recommendation now published on ICB website following approval of January 2023 ICB Executive.

Glucagon (Ogluo®) for hypoglycaemia

No response received from NENC Diabetes Network so agreed to remove as an NTAG action. If Diabetes Network wished product to be considered they should submit a formulary application.

6) Appeals against previous NTAG decisions

Nil received since last meeting.

7) NTAG Annual Report 2022/2023

NTAG Annual Report for 2022/23 was presented to and approved by the group.

ACTION: Secretary to send NTAG Annual Report 2022/23 to NENC ICB.

Part 2 – Formulary and RAG

8) RDTC monthly formulary amendments – NICE TA/MHRA Drug Safety Updates – February + March 2023

The RDTC Monthly Formulary Amendments – NICE TA/MHRA Drug Safety Updates – February and March 2023 were presented to NTAG to make a recommendation to the NENC Medicines Subcommittee on the formulary status and approval of medicines contained within these documents.

NICE TAs published in February 2023

- All ICB-commissioned NICE TAs published in February 2023 are not expected to have a significant cost impact and expected to fall below the £250,000 threshold of the ICB Director of Medicines and Pharmacy.
- Been out for 4-week consultation via NTAG website:
- The comments received were presented to NTAG. Responses received from:
    - South Tees Trust
    - South Tyneside and Sunderland Trust
    - Northumbria Trust
    - CDDFT
    - North Cumbria Trust – via separate email – no barriers to implementation raised. Note: vutrisiran only available from one centre in London
- No response from:
    - Gateshead Trust
    - North Tees Trust
    - NuTH
- All those who responded agreed with the suggested RAG status in the RDTC Monthly Formulary Amendments February 2023 document.
- Of all the responses received, only barriers raised to implementation by Trusts who responded were for TA863 Somatrogon:
    - STHFT – internal issue as unsure if the 30-day timescale will be met as the specialist nurse for this area has retired and returned to work on a limited working hours basis.
    - STSFT - Trust Paediatricians are asking why not Green+; they might have replied separately or via a Network. No other related communications received. To note: growth hormone is commissioned as RED drug via homecare in the NENC.

NICE TAs published in March 2023

- All ICB-commissioned NICE TAs published in March 2023 are not expected to have a significant cost impact and expected to fall below the £250,000 threshold of the ICB Director of Medicines and Pharmacy.
- Been out for 4-week consultation via NTAG website.
- The comments received were presented to NTAG. Responses received from:
    - South Tees Trust
    - South Tyneside and Sunderland Trust
    - Northumbria Trust
    - CDDFT
    - NuTH
    - Tees Valley
    - North Yorkshire
- No response from:
    - Gateshead Trust
    - North Tees Trust
    - North Cumbria Trust
- All those who responded agreed with the suggested RAG status in the RDTC Monthly Formulary Amendments February 2023 document except for:
    - TA875 – Semaglutide for obesity – some felt strongly that a Green+ or shared care status was more appropriate than the suggested Red status – suggest a formulary RAG decision is deferred on TA875 – Semaglutide until a date for launch of the product is known in the UK and the outcome of discussions on provision of weight management services across the NENC is known.
- Of all the responses received, only barriers raised to implementation were for the following NICE TAs:
    - TA871: Eptinezumab for preventing migraine (30-day NICE TA) – same block contract/commissioning issues as with other Mabs for migraine raised. These have all been flagged to the ICB for resolution, noting that ICB will not be able to implement this TA with the 30-day deadline across the ICB. Noted that some Trusts are partially compliant in that it is available to patients with chronic migraine but not episodic migraine due to current block contract.

NTAG agreed with the suggested formulary status for each drug with a NICE TA published in February and March subject to a decision being deferred on TA875 – Semaglutide for obesity, and until the product is launched in the UK and the outcome of commissioning discussions on provision of weight management services across is the NENC is known.

ACTION: Secretary to send recommendations to June 2023 meeting of NENC Medicines Subcommittee and then ICB Executive for final sign off.

9) Formulary applications

Otinova® ear spray

The formulary application from STSFT was presented to NTAG. An RDTC formulary tool publication produced for Otinova® was also presented.

Otinova® has a greater concentration of acetic acid within it compared to EarCalm® (8% vs. 2%). Otinova® also has 1.8% aluminium which claims to reduce the risk of resistance.

Otinova® is a larger bottle (15ml) compared to EarCalm® (5ml) and is cheaper comparatively when pack size taken into account.

Otinova® is a a medical device compared to the current product on the formulary EarCalm® which is licensed as a medicine.
NTAG agreed to recommend not to add to formulary as no published good quality clinical evidence directly comparing Otinova® to EarCalm® and supporting claim that differences in formulation offer a therapeutic advantage over EarCalm®. Is available OTC to purchase as an option if required.

Itulazax
The formulary application from NuTH was presented to NTAG. Itulazax is indicated in adult patients for the treatment of moderate-to-severe allergic rhinitis and/or conjunctivitis induced by pollen from the birch homologous group. Itulazax is indicated in patients with a clinical history of symptoms, despite use of symptom-relieving medication, and a positive test of sensitisation to a member of the birch homologous group (skin prick test and/or specific IgE).
Itulazax 12 SQ-Bet® has been requested for addition to the formulary by the adult immunology service at Newcastle Hospitals on the grounds that:

- Itulazax 12 SQ-Bet® is the only sublingual immunotherapy (SLIT) product for tree pollen with a UK licence.
- In addition to being licensed, Itulazax 12 SQ-Bet® is more straightforward for patients as it is a single dose without any up-dosing period, potentially improving compliance.
- Both Oralvac® and Itulazax are typically used as a 3-year course, with once daily administration. The two treatments have not been compared in any head-to-head clinical trials, but strength of evidence of efficacy for Itulazax is considered to be stronger.

NTAG reviewed the evidence presented in the application. NuTHs have estimated 3 new patients will start each year for 3 years' treatment at £1,169.75 per patient.
NTAG agreed to recommend approval as a RED drug as Itulazax (SLIT) is a licensed product, unlike the SLIT or SCIT options currently in use.

Tinidazole 500mg tablets (unlicensed)
The formulary application from CDDFT was presented to NTAG. It requested for non-response to standard treatment for trichomonas as per the United Kingdom National Guideline on the Management of Trichomonas vaginalis (2014). Previously available as licensed tablet but discontinued in April 2021.
NTAG agreed to recommend approval as a RED as no licensed formulation available and as a last option for the treatment resistant Trichomonas vaginalis.

ACTION: Secretary to send recommendations to June 2023 meeting of NENC Medicines Subcommittee and then ICB Executive for final sign off.

10) Other formulary amendments:

- **Hydromol bath and shower emollient (CNTW request)**

CNTW pharmacy colleagues have been approached by tissue viability nurses working across CNTW NHS Trust to request the addition of Hydromol Bath and Shower emollient to the joint formulary.
A review of Moisture-Associated Tissue Damage (MASD) guidelines has been conducted within the Trust in a bid to standardise products used. As part of this review other local trusts have been approached to determine that most use Hydromol ointment or QV cream melted into water; however, some services also use Hydromol Bath and Shower to avoid sink plugging.

It is suggested that Hydromol Bath and Shower emollient would be more appropriate for CNTW service users for the following reasons:

- Inappropriate to carry bowls of water down corridors when patient activity is high.
- The sinks are of an anti-flood design and therefore lock out when a quarter full.
- The temperature of the water is controlled to prevent scalds and therefore existing emollient products do not melt readily.
- Risk of sink plugging due to emollient build-up.
- Patients can be aggressive or challenging; subsequent slip risks when Hydromol ointment or QV cream is mixed with water.
- Concerns around ingestion risk with semi-solid emollients and fire-hazard.

NTAG agreed to recommend addition of Hydromol Bath and Shower emollient to chapter 13 of the NENC formulary for use by secondary care tissue viability services for MASD when use of Hydromol ointment or QV cream is not appropriate on safety grounds.

ACTION: Secretary to send recommendations to June 2023 meeting of NENC Medicines Subcommittee and then ICB Executive for final sign off.

11) NHSE Specialised Commissioning Circulars

A list of NHSE Specialised Commissioning Circulars published since January 2023 was circulated for information. The formulary will reflect the NHSE Specialised Commissioning Circulars.

12) Baricitinib for patients hospitalised due to COVID-19 (adults and children aged 2 years and over)

An NHS England template clinical access policy for Baricitinib in the Treatment of Patients Hospitalised Due to COVID-19 was presented to NTAG to consider adoption of this policy by the NENC ICB.

Under pandemic-specific arrangements, NHS England led the development of UK-wide clinical policies in response to the evolving evidence base and availability of therapeutics to treat COVID-19.

All published COVID-19 commissioning policy statements were marked as 'interim', on the assumption they would be superseded by the final NICE Multiple Technology Appraisal, the first part of which was published as TA8781 on 29th March. The MTA process covers many of the medicines used to treat COVID during the pandemic. It does not, however, cover baricitinib. This is solely because baricitinib has fallen outside the scope of the MTA following Eli Lilly's announcement that they no longer plan to pursue a licence in Europe.

Prior to this, in its draft guidance, NICE had indicated a positive recommendation for baricitinib on the basis of both clinical and cost effectiveness, pending it securing a marketing authorisation. Eli Lilly's decision means that any use of baricitinib in the treatment of COVID-19 remains off-label.

Baricitinib is used, often in combination with other medicines, for individuals hospitalised due to COVID-19. Evidence suggests an additive effect (i.e., it is not simply an alternative to the other medicines currently used in this indication). Its use continues to be strongly recommended, alone or in combination with IL-6 inhibitors like tocilizumab and dexamethasone, in the treatment of severe or critical COVID-19 by the World Health Organization (WHO). In addition, the NICE COVID-19 rapid guideline continues to recommend baricitinib in the treatment of adults in hospital with COVID-19 who require supplemental oxygen, are having or have completed a course of corticosteroids (unless

contraindicated) and have no evidence of infection that might be worsened by baricitinib. Furthermore, the NICE COVID-19 rapid guideline provides a conditional recommendation for baricitinib in children aged 2 to 18 in hospital with COVID-19 with the same criteria.

Patient numbers are expected to be very small (less than 2 per week across the ICB).

NTAG agreed to recommended adoption of this NHS England template clinical access policy for Baricitinib in the Treatment of Patients Hospitalised Due to COVID-19 in the NENC.

ACTION: Secretary to send recommendation to June 2023 meeting of NENC Medicines Subcommittee and then ICB Executive for final sign off.

13) IQoro® device

NTAG Secretariat have received six enquires from NENC ICS MO teams over the last 12 months for this device and NTAG now asked to make a recommendation to facilitate equitable access across the NENC. Three requests from North of Tyne, one from North Cumbria and two from Tees Valley. All requests appear to be for hiatus hernia and at least 75% of enquiries appear to be due to patient requests to GP. There has been no formal request from specialists to consider a position on this device.

The IQoro® product is a neuromuscular training device, also known as an oral screen. When used along with an associated exercise regime, known as IQoro® training, it has been advocated to strengthen the muscles of the oropharynx, oesophagus and diaphragm. This could potentially reduce the symptoms of conditions such as hiatus hernia and dysphagia. IQoro® has been advocated for treatment of stroke-related dysphagia, hiatus hernia, as well as snoring, sleep apnoea and speech issues.

IQoro® is a CE marked class 1 medical device with an in-use life of one year during active use, although it is not clear whether treatment must be continued long-term or repeated periodically to maintain effect. It was launched in 2018.

IQoro® was added to the Drug Tariff in May 2022 at a cost of £121 per device. It can also be privately purchased via the company website for £145.The NICE Medtech innovation briefings for IQoro®, published in 2019, stated that the cost was £116 per unit excluding VAT and that discounts are available for bulk purchases.

NICE has produced two Medtech innovation briefings which were presented to NTAG:

- IQoro® for stroke-related dysphagia (MIB175)
- IQoro® for hiatus hernia (MIB176) (nice.org.uk)

It is also indicated for a number of other conditions, including non-stroke dysphagia, sleep apnoea & snoring.

The device may be used in a hospital, community, or home setting. In most cases, the exercise is done by the patient after initial training by a healthcare professional. A carer can help if the patient lacks upper limb mobility or dexterity.

There is limited evidence available to support the use of IQoro® currently. All studies to date include small numbers of participants and appear to have been co-authored by the patent holder, with inadequate or even no control or placebo group: there is a distinct lack of high quality, large, randomised studies.

The number of patients for whom this may be suitable is unknown. Estimates range from 33-55 patients per 100,000 for stroke rehabilitation alone, which would equate to up to around 1,800 patients per year in the NENC.
Using the costs above, the total cost impact could be £217,800 based on one device per patient in the NENC for stroke rehabilitation alone. These may be offset by reduced costs for enteral feeding, PPI prescribing, and/or surgical intervention but this is not supported by the evidence.

NTAG agreed to recommend that the IQoro® device should not be prescribed on prescription in the NENC. There is limited objective evidence available and a distinct lack of high quality, large, randomised studies to support the use of IQoro® for any indication currently. The effect of IQoro® compared with NHS standard care or spontaneous improvement is unclear.

ACTION: Secretary to send recommendation to June 2023 meeting of NENC Medicines Subcommittee and then ICB Executive for final sign off.

Part 3 – Pathways and clinical guidelines

14) NENC decision aid for DOACs for atrial fibrillation – due review

At the June 2022 meeting, NTAG approved an NENC Decision Aid for DOACs in AF produced in collaboration with the NENC Cardiovascular Clinical Network. This has a review date of June 2023. NTAG was asked to consider if this NENC decision aid for DOACs for atrial fibrillation is still needed, and if so, advise on the process for renewing it.

The decision aid was produced in response to the NHS England operational note on commissioning recommendations following a national procurement for DOACs (Published January 2022). This document advised clinicians to prescribe edoxaban as first-line DOAC therapy.

The GP contract IIF indicators were announced two months after NHS England entered into a national procurement agreement with several manufacturers – including those of edoxaban – with the aim that savings made would allow more patients to be diagnosed and treated. These GP contract IIF indicators are no longer in the GP contract as of April 2023, so the financial incentive for PCNs to switch existing DOAC patients to edoxaban has now gone, except for achieving savings in drug costs for the ICB.

The NENC decision aid on DOACs was felt to be the best that could be achieved with clinical engagement from the cardiac network. Accept it is not perfect. Ideally it would have been more comprehensive but that was not achievable. The ask was for guidance from cardiologists as to when you might use a specific DOAC or when edoxaban might not be suitable, and that is what we tried to achieve.

The RDTC comparison table is intended to summarise information from other sources, e.g., BNF/NICE/SPC and is an easier to use quick reference form to help inform clinicians when making a clinical decision. The RDTC comparison documents currently do not undergo any external review or discussion with clinicians, hence the RDTC do not consider them clinical guidelines. RDTC documents are also restricted to the stakeholders who fund our work, hence why on password protected section of RDTC website and not publicly available on other sites (this is similar to what PrescQIPP do with their publications).

Parts of the NENC have signposted clinicians to the NENC Patient Specific Factors to Consider When Choosing a DOAC in NVAF document, the RDTC comparison table, and the Primary Care

Cardiovascular Society document, and are using all three to aid them in their clinical decision-making. NTAG is supportive of these three documents being used to complement each other as necessary.

At present, no change in national guidance other than no longer included in IIF indicators from April 2023.

NTAG noted that generic apixaban is now available but is currently the same price as the original branded product. The availability of the generic is still subject to ongoing legal action.

NTAG agreed to recommend extending the review for a further 12 months and make no changes to document other than:

- to remove the black triangle within the 'renal impairment CrCl 30-50mls/' that is in place for Rivaroxaban as this is no longer required.
- CrCl 15-29 ml row – remove the sentence "Edoxaban is the most widely studied DOAC in the setting of this degree of renal dysfunction" as unclear of the reference to support this and why this was included.

This recommendation allows the NENC to wait and see if apixaban price falls in next 12 months rendering financial savings from NHSE DOAC Operational Note potentially obsolete. Also recognises the varying views of cardiac network between primary and secondary care in the NENC on choice of DOAC and, as a result, that this decision aid in its current form was felt to be the best that could be achieved in the NENC.

ACTION: Secretary to send recommendation to June 2023 meeting of NENC Medicines Subcommittee and then ICB Executive for final sign off.

15) NENC regional guidance on type 2 diabetes

NICE produced an updated guideline for management of T2DM in June 2022. This had several changes, one of the most significant of which was a change in drug therapy and positioning of second-line agents. As a result, there is no current regional or ICS level guidance to support clinicians when prescribing for people with T2DM. Most APCs direct clinicians to the current NICE guidance, which is 59 pages long. Prevalence of T2DM is rising and appropriate and prompt medication treatment has been shown to reduce risks of complications from diabetes. For non-specialists it is vital we have clear guidance for this complex yet relatively common disease to support safe management across the ICS. This proposed guidance offers practical advice in line with NICE on drug choice, dosing, monitoring, cautions and contraindications, and patient information resources. In this way, the NICE guidance has been turned into a user-friendly resource for clinicians seeing this patient cohort every day, where time is at a premium and safety is imperative.

The ICB Director of Medicines & Pharmacy took the paper on NG28 Type 2 diabetes to July 2022 ICB Executive Committee on cost impact of adopting NICE in the NENC. Reported back via email on 12.7.2022 that the paper on costings of NICE NG28 had been approved by NENC ICB Executive Committee.

NTAG agreed to approve use of this guideline across ICS footprint for consistency in advice for medication management in T2DM, noting that the cost impact associated with adoption of updated NICE NG28 was previously approved by the NENC ICB Executive Committee in July 2022.

ACTION: Secretary to send recommendation to June 2023 meeting of NENC Medicines Subcommittee and then ICB Executive for final sign off.

Part 4 – Shared care

16) NENC Dronedarone shared care guideline

A national shared care guideline for dronedarone was published by RMOC/NHS England in July 2022. An NENC working group looking at adoption and implementation for the national shared care guidelines has been meeting since October 2022. It agreed to look at adopting the national shared care guideline for dronedarone as the first one because work was already underway to review the existing shared care guideline in North Tyne, Gateshead and North Cumbria APC. Following approval by the North Tyne, Gateshead and North Cumbria APC in January 2023, the new NoTGNC dronedarone was opened for consultation on the NTAG website in January 2023 for six weeks for its adoption to be considered across the NENC. Consultation closed on 14th March 2023. The comments received were presented to NTAG.

Responses received from:

- South Tees Trust
- South Tyneside and Sunderland Trust
- CDDFT
- North Tees – via separate email – no issues with adoption.
- North Cumbria Trust – via separate email – same issues with responsibility for blood monitoring as CDDFT
- Tees Valley subICB
- GP – Cumbria

No response from:

- NuTH
- QE Gateshead
- Northumbria Trust

Only one comment received required action. Currently the NoTGNC dronedarone SCG includes a requirement for the specialist to do bloods every 6 months and annually, with the GP also doing bloods annually. The national SCG template has just the GP doing bloods every 6 months and annually. Agreed to change to reflect the national SCG with results copied to the specialist.

On 21st March 2023, the NENC shared care working group agreed to recommend to NTAG that the draft NENC dronedarone shared care guideline be approved subject to blood monitoring requirements and responsibility for monitoring changing to match those in the national shared care protocol not the version approved previously by NoTGNC APC.

NTAG agreed to recommend approval of this SCG to the NENC Medicines Subcommittee subject to these amendments which is in line with the national SCG for dronedarone.

ACTION: Secretary to send recommendation to June 2023 meeting of NENC Medicines Subcommittee and then ICB Executive for final sign off.

17) NENC Sativex® share care guidelines

The existing share care guidelines for Sativex® from North of Tyne, Gateshead & North Cumbria APC plus South Tyneside & Sunderland APC have been combined into one single SCG for the NENC. Following approval by the NENC Share Care Working Group in March 2023, the new single NENC Sativex® SCG was opened for consultation on the NTAG website for six weeks for its adoption to be considered across the NENC. Consultation closed on 30th April 2023. The comments received were presented to NTAG.
Responses received from:

- NCIC
- STHFT
- STSFT
- NHFT
- Tees Valley subICB
- CNTW – via separate email.

Only three comments received require action:

- In Section 2 it states "Sativex® is intended to be used in addition to the patient's current anti-spasticity medication" - this is a new addition to the previous NoTGNC SCG. The use of the term “current anti-spasticity medication” implies the patient should be taking meds for spasticity in addition to Sativex®. This is not necessarily the case. Can we remove this? – *no, as SPC states Sativex® is intended to be used in addition to the patient's current anti-spasticity medication. NICE NG114 does not state this either way.*
- The NoTGNC previous shared care protocol had more explicit guidance for GPs regarding frequency of prescribing etc. (stated GP to provide monthly prescriptions). Would this still be an expectation, and should this be added to the updated protocol? – *this has now been added.*
- The new document refers to NG220 in the background section, but not NG144 which is perhaps the more appropriate guideline to refer to as contains more detail regarding initiation and titration of the agent. It does, however, reference NG144 in section 15. – agreed to add reference to NG144 in background section.

NTAG agreed to recommend approval of this SCG to the NENC Medicines Subcommittee subject to these amendments, and removal of reference to monitoring under GP responsibilities as no ongoing monitoring by the GP is required.

ACTION: Secretary to send recommendation to June 2023 meeting of NENC Medicines Subcommittee and then ICB Executive for final sign off.

Part 5 – Workplan and horizon scanning

18) RDTC monthly horizon scanning April 2023

NTAG received the RDTC monthly horizon scanning report for April 2023 for information. It noted there was nothing contained within it to add to the current NTAG workplan.

19) Work plan

The group discussed the work plan.

It agreed to add the following topics:

- Regional menopause guideline – agreed to put out for consultation for 4 weeks on the NTAG website.
- iPORT in type 2 diabetes – audit due March 2024.
- Botulinum toxin for hernia – audit due May 2024.

- NHSE Operational Note – blood glucose/ketone test strips and lancets.
- Formulary applications
    - Spironolactone for dermatology.

Standing items (for information only)

20) County Durham & Tees APC minutes – March 2023

Not yet available.

21) North of Tyne, Gateshead and North Cumbria APC minutes – April 2023

Circulated for information.

AOB

NENC Osteoporosis guideline

A draft NENC osteoporosis guideline was presented to NTAG and it was agreed that this should now go out for consultation on the NTAG website before coming back to the next NTAG meeting for approval.

ACTION: Secretary to put NENC Osteoporosis guideline out for 4-week consultation on NTAG website.

No other business was raised and the meeting concluded.

The date of the next meeting was agreed as 18th July 2023 and will be held virtually via Microsoft Teams.

Minutes produced by G Mankin, Professional Secretary to NTAG, 16th May 2023