

## Minutes of meeting held on 16<sup>th</sup> January 2024, 9am-11.30am

### Virtual online meeting via Microsoft Teams

Present:

Position	Lead	Voting Member	Sept 2023	Nov 2023	Jan 2024
<b>Chair</b>	Dr Janet Walker <i>Medical Director, ICB</i>	Yes	✓	Dr Chris Jewitt <i>Prescribing and LTC Clinical Lead (North)</i>	Dr Chris Jewitt <i>Prescribing and LTC Clinical Lead (North)</i>
<b>Secretary</b>	Gavin Mankin, Principal Pharmacist – Medicines Management, Regional Drug & Therapeutics Centre (Newcastle)	No	✓	✓	✓
<b>Provider hospital trusts representative (2 x consultant, 2 x pharmacy plus Mental Health)</b>	<b>Mental Health Trust Chief Pharmacist</b> <i>Chris Williams Chief Pharmacist Tees Esk &amp; Wear Valleys NHS Foundation Trust</i>	Yes	✓	✓	✓
	<b>Mental Health Trust Consultant</b> <i>TBC</i>	Yes			✓
	<b>Consultant</b> <i>Dr Andrew Lloyd Consultant Anaesthetist and Chair of South Tees Hospital NHS Foundation Trust D&amp;T</i>	Yes	Tracy Percival	✓	✓
	<b>Consultant</b> <i>Dr Simon Hill Consultant in Clinical Pharmacology &amp; Therapeutics and Clinical Toxicologist, NuTH</i>	Yes	Apols	✓	✓
	<b>Trust Chief Pharmacist</b> <i>Jamie Harris Chief Pharmacist County Durham &amp; Darlington NHS Foundation Trust</i>	Yes	✓	✓	✓
	<b>Pharmacist</b> <i>Al Green Formulary Pharmacist Northumbria Healthcare Foundation Trust</i>	Yes	✓	✓	✓
<b>Primary Care (2 x GP, 2 x MO Pharmacist)</b>	<b>GP</b> <i>Dr Fadi Khalil ICB Clinical Lead with prescribing (Sunderland place)</i>	Yes	✓	✓	✓
	<b>GP</b> <i>Dr Chris Jewitt Prescribing and LTC Clinical Lead (North)</i>	Yes	✓	See above	See above
	<b>MO Pharmacist</b> <i>Kate Huddart Head of Pharmacy and Medicines (Central)</i>	Yes	✓	✓	✓
	<b>MO Pharmacist</b> <i>Angela Dixon Head of Pharmacy and Medicines (Tees Valley)</i>	Yes	✓	✓	✓

<b>Paediatric representative</b>	<i>Dr Yincant Tse Consultant Paediatric Nephrologist, Great North Children's Hospital</i>	Yes	Apols	Apols	Apols
<b>Finance representative</b>	<i>Charles Welbourn Finance Director (North Cumbria)</i>	Yes	✓	✓ (until 11am)	✓ (until 11am)
<b>Patient representative</b>	<i>Jim Welch</i>	Yes	✓	Apols	Apols
<b>Public Health</b>	<i>Dr Toks Sangowawa Clinical Advisor/Locum Consultant in Public Health, South Tyneside MBC Clinical Advisor IFR North</i>	Yes	✓	✓	✓
<b>Local Authority Pharmacist (1 representing all stakeholder local authorities)</b>	<i>Jo Linton Public Health Pharmacy Adviser Stockton and Hartlepool</i>	Yes	Apols	✓	✓ (from 9.54am)
<b>AHSN</b>	<i>Helen Seymour NENC AHSN Medicines Optimisation Workstream Lead</i>	Yes	✓	✓	✓
<b>LPC (1 representing all stakeholder LPCs)</b>	<i>Rob Pitt</i>	Yes			✓
<b>LMC (1 representing all stakeholder LPCs)</b>	<i>Rachel McMahon</i>	Yes	✓	✓	✓
<b>Chair of Formulary Working Group</b>	<i>Shafie Kamaruddin Consultant County Durham &amp; Darlington NHS Foundation Trust</i>	Yes	Apols	✓	Apols
<b>Professional Secretary of Formulary Working Group</b>	<i>Matthew Lowery Formulary Pharmacist, NuTH</i>	Yes	✓	✓	✓
<b>Chair of Guidelines and Pathways Group</b>	<i>Matthew Grove Consultant Rheumatologist, Northumbria Healthcare Foundation Trust</i>	Yes	✓	✓	✓
<b>Professional Secretary Guidelines and Pathways Group</b>	<i>Susan Turner Pharmacist, NECS</i>	Yes	✓	✓	✓

In attendance: Dr Cath Monaghan – new Tees Valley Medical Director.

The meeting was quorate.

Members were welcomed to the meeting.

## **Part 1 – General business**

### **1) Apologies for absence**

Apologies were received from: Shafie Kamaruddin, Yincant Tse

## 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 the following were declared:

- Matthew Grove – denosumab RAG review as prescriber of the drug plus author of draft NENC osteoporosis guidelines so secluded himself from decision making on this item.

## 3) Draft minutes November 2023 meeting

The group approved the minutes of the 21<sup>st</sup> November 2023 NTAG meeting subject to the word “not” being under the inhaler formulary applications item raised under AoB.

**ACTION: Secretary to submit November 2023 minutes to NENC Medicines Subcommittee.**

## 4) Matters arising not on the agenda

Nil.

## 5) Action log

RDTG monthly formulary amendments – NICE TA/MHRA Drug Safety Updates – Aug + Sept 2023 + other formulary amendments

Sent to December 2023 Medicines subcommittee and all approved. Decision summary now published on NTAG website. ITEM NOW CLOSED.

RDTG Medicine Value Bulletins • Emollient bath and shower preparations • Paracetamol 250mg/5ml oral suspension

Emollients message activated on Optimise Rx. Paracetamol 250mg/5ml suspension – no action as yet taken other than to remind prescribers to prescribe appropriately. ITEM NOW CLOSED.

Teriparatide formulary application for use outside of NICE guidance – cost impact assessment

Sent to December 2023 Medicines subcommittee and recommendation not to approve formulary application accepted. Decision summary now published on NTAG website. ITEM NOW CLOSED.

AHSN/Renal Network project proposal - Facts CKD Gateshead

Sent to December 2023 Medicines Subcommittee and Medicines Subcommittee acknowledged this pilot project and wished to receive regular project updates. ITEM NOW CLOSED.

NoTGNC Urinary catheter formulary

Sent to December 2023 Medicines subcommittee and all approved. Decision summary now published on NTAG website. ITEM NOW CLOSED.

NTAG terms of reference

Chair emailed secondary care NTAG members to seek a Vice-Chair for NTAG.

*Post-meeting: Matthew Grove agreed to take on role of NTAG Vice-Chair. ITEM NOW CLOSED.*

NENC osteoporosis guideline – review of Denosumab RAG status

Included in November 2023 Formulary Working Group Recommendations and on today's NTAG agenda.

### Non-medicine related clinical guidelines

Ewan Maule to pick up with Neil O'Brien as this is currently a gap in ICB process.

### RDTC Medicine Value Bulletins • Metformin 1g immediate release • Methylphenidate modified release • Promethazine • Acetylcysteine vs carbocisteine

Metformin 1g immediate release – removed from formulary.

Acetylcysteine – added to formulary and respiratory network guidance available.

Methylphenidate modified release – to be discussed at March 2024 formulary working group meeting.

ITEM NOW CLOSED.

## **6) Appeals against previous NTAG decisions**

Nil received since last meeting.

## **Part 2 – Formulary and RAG**

### **7) RDTC monthly formulary amendments – NICE TA/MHRA Drug Safety Updates – October + November 2023**

The RDTC Monthly Formulary Amendments – NICE TA/MHRA Drug Safety Updates – October + November 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 October 2023

- Been out for 4 week consultation via NTAG website.
- The comments received were reviewed by NTAG. Had responses from:
  - NuTH
  - QE Gateshead
  - South Tyneside & Sunderland Trust
  - Durham SICB
  - Northumbria Trust
  - STHFT
  - LMC
  - TEWV
- No respond from:
  - North Tees Trust
  - North Cumbria Trust
  - CNTW
- All those who responded agreed with the suggested RAG status in the RDTC Monthly Formulary Amendments October 2023 document with the exception of:
  - TA919 - Rimegepant for treating migraine (acute) - proposed as GREEN+ and some support for this. Suggestion be classed as GREEN instead which is supported by regional headache/neurology MDT. This is because acute treatment where 2 triptans have failed is best placed in primary care (GREEN status) as Headache Specialists in secondary care would not normally see patients requiring changes in acute treatment alone or in episodic migraine as frequently. If the status is GREEN+ then this may lead to an unnecessary delay in patients accessing effective and appropriate acute treatment as well as adding to significant waiting times for an OPD specialist opinion or adding unneeded pressure onto call telephone services/ advice and guidance systems. GPs currently manage acute treatment with triptans without specialist advice which have more contraindications than rimegepant and should have

the skills to be able to oversee this prescription acutely. Specialist services also do not have capacity to take on prescribing of this agent. Could ask for regional headache pathway to be updated to include Rimegepant to support positioning in pathway and provide guidance on what classes a triptan failure.

- TA924 Tirzepatide for treating type 2 diabetes – suggested be classed as GREEN for lower strengths and GREEN+ for doses greater than 5mg. This is due to the increased costs of the higher strengths whilst not providing significant increased benefits to glucose control and therefore reducing the cost effectiveness of the medication at higher strengths. By having the lower strengths at GREEN it will prevent inequity of access that would be caused by differing pathways for specialist diabetes care across NENC. Noted other GLP1s on the formulary are GREEN drugs for all strengths.
- TA922 Daridorexant for treating long-term insomnia - proposed as GREEN+ or GREEN. The NICE guidance recommends training for primary care prescribers before prescribing this medicine. It is not clear which organisation is expected to provide and fund this training. NICE expect the providers to mainly be GPs and therefore it may be difficult to give a RAG of anything other than GREEN. However GREEN status may not be suitable because:
  - this is a completely new class of drug with unknown long-term effects (NICE guidance shares no outcome data beyond 3 months of treatment).
  - other drugs for insomnia (eg melatonin) are currently GREEN PLUS on the formulary. GREEN PLUS for Daridorexant would be consistent with the RAG status for melatonin.
  - the training requirements for GPs to be able to safely initiate this medication are inappropriate to prioritise within current capacity - NICE estimate that 2 hours of training time will be required for each GP prior to prescribing daridorexant.

Noted that NHS England looking to commission a digital form CBTi nationally in the next couple of months.

Though it is not known to be harmful/addictive there are concerns that this may become the new benzodiazepine problem for the future.

Clinicians from the two secondary care sleep clinics in the NENC (NuTH and STHFT) suggest GREEN+ initially for 12 months to allow them to gain experience with use of the drug.

- Anastrozole's marketing authorisation now includes a new indication of primary prevention of breast cancer in postmenopausal women at moderate or high risk. The new indication mirrors the pre-existing NICE guideline recommendation. The licence variation has been secured to provide more confidence in the use of the medicine in this preventative indication and support more equitable uptake. Anastrozole was previously recommended by NICE CG146 in 2017 for this this indication, but was unlicensed. Noted anastrozole was already frequently used in this indication and in the NENC is initiated by the Centre of Life for this indication as GREEN+ drug.

#### NICE TAs published in November 2023

- Been out for 4 week consultation via NTAG website (Closed Mon 15.1.2024).
- Suggest approve as per suggested RAG status in the RDTC Monthly Formulary Amendments November 2023 document.
- No barriers to implementation were raised.

**NTAG agreed with the suggested formulary status for each drug with a NICE TA published in October and November 2023 as the per the “Suggested action for APC” column in the attached Monthly Formulary Amendments Documents from the RDTC with the following changes:**

- **TA919 - Rimegepant for treating migraine (acute) – agreed to add to formulary as a GREEN drug in this indication, with link to TA919 and ask for an updated NENC Regional Adult Headache guideline. To be added to formulary once the NENC the headache pathway is updated to incorporate this agent to provide guidance to primary**

care prescribers looking to initiate. This is because condition principally managed in primary care and as such patients would not routinely be referred to a specialist at the point in the pathway that NICE have placed this agent.

- TA924 Tirzepatide for treating type 2 diabetes – add all strengths to the formulary as GREEN drugs. This gives it the same status as other GLP1s on the formulary. A position and place in therapy is being sought from the NENC Diabetes Network.
- TA922 Daridorexant for treating long-term insomnia – add to formulary as GREEN+ and review in 12 months with audit date from Sleep Clinic at NuTH.

**ACTION:**

- Secretary to send recommendations to February 2024 meeting of NENC Medicines Subcommittee for final sign off.
- Secretary/KH to seek position and place in therapy of Tirzepatide for treating type 2 diabetes from the NENC Diabetes Network.
- ML to liaise with neurology re an updated NENC Regional Adult Headache guideline to include Rimegepant for acute migraine.

**8) Other formulary amendments - November 2023 Formulary Working Group**

- Been out for 4-week consultation via NTAG website.
- Had responses from:
  - Northumbria Trust
  - South Tyneside and Sunderland Trust
  - Tees Valley sICB
  - North Tyneside sICB
  - GP in Durham sICB
  - North Cumbria sICB
  - North Cumbria Trust
  - TEWV
  - QE Gateshead
- No respond from:
  - North Tees Trust
  - NuTH
  - STHFT
- All those who responded agreed with the suggested RAG status with the exception of:
  - Gliclazide MR – suggested removed from formulary due to cost differential to standard tablets. Was on previous CD&T APC Do Not Prescribe List and ST&S formulary stated not to be used first line. In the last 7 months across all SICBLs in NENC 47414 unique identified patients have been prescribed gliclazide of which 2085 received a MR version – such a formulary change has significant work load issues for primary care.
- Gelclair/Caphosol – current status is RED but STSFT requested this is changed to GREEN+. As specialist Head and Neck cancer centres, patients may have to travel long distances for reviews and therefore may not have sufficient regular face to face contact with secondary care in order to maintain repeated issues of these items. Some consultations are done remotely and so opportunity to dispense medications is not there. Any medications sent out to patient would be via standard mail services (the volumes required of these medications would mean very large and bulky deliveries) or via hospital transport (at some cost given the large distances potentially involved). In post-radiotherapy patients, in particular, mucositis may occur/persist for several weeks after course of radiotherapy completed and may not have sufficient regular face to face contact with secondary care in order to maintain repeated issues of these items. In discussion agreed no reason clinically for these to be RED.
- Denosumab – proposed change from GREEN+ to AMBER SC. Strong support for both Green+ or AMBER SC following consultation. Historically GREEN+ across NENC except South Tyneside & Sunderland where it was AMBER SC. Within previous STS APC was GREEN+ in South Tyneside and AMBER SC in Sunderland.

Suggested move to AMBER SC across NENC as suggested denosumab probably fits more with a shared care drug but this is strongly opposed by North Cumbria. North Cumbria have a comprehensive GREEN+ drug information leaflet/pathway which covers many of aspects of shared care guideline.

Not all Trusts in position to give 1st dose which creates a barrier to share care. Nothing in SPC or NICE TA204 around who should prescribe/administer the first dose.

Any change to AMBER SC would also require change to local funding arrangements for shared care across the NENC to ensure denosumab was included in the list of funded shared care drugs.

**NTAG agreed with the suggested formulary status for each drug as the per NENC November 2023 Formulary Working Group - Miscellaneous Formulary amendments with the following exceptions:**

- **Gelclair/Caphosol – agreed to change to GREEN+ on formulary across the NENC then this allows for GPs to prescribe for mucositis that may occur/persist post-radiotherapy course being completed. Trusts could then still retain supply/prescribing in-house then if they wished. Not to be added to long-term repeat prescription.**
- **Denosumab – agreed to recommend change to AMBER SHARED CARE from GREEN+ due concerns around monitoring requirements, and safety including after discontinuation therefore more suited to shared care. To remain GREEN PLUS until a shared care guideline has been produced. Shared care guideline to be worded to allow North Cumbria model of initiation and review to continue.**
- **Glicazide MR – agreed to remove from formulary with communication that this applies to new patients only so no active switch for existing patients.**
- **LMWH – add a note regarding pre-operative bridging be added to formulary as this historically caused issues and potential delays in treatment e.g. state" Pre -operative bridging is supplied by secondary care".**

**ACTION:**

- **Secretary to send recommendations to February 2024 meeting of NENC Medicines Subcommittee for final sign off.**
- **MG to develop NENC shared care guideline for denosumab based on guideline/pathway from North Cumbria and liase with North Cumbria.**
- **KH to pick up denosumab and LES funding issue with ICB.**

## **9) NHSE Specialised Commissioning Circulars**

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

## **Part 3 – Pathways and clinical guidelines**

### **10) NENC Position Statement on Branded Generics**

A NENC Position Statement on Branded Generics was presented to NTAG. Similar versions of guideline previously approved in North of Tyne, Gateshead & North Cumbria plus Sunderland & South Tyneside.

It has been out for 4 week's consultation via NTAG website, and all comments received have been reviewed by the group of clinicians that produced this guideline with no changes required. The guideline was supported by the NENC Medicines Guidelines Group in November 2023.

**NTAG agreed to recommend to the NENC Medicines Subcommittee approval of the NENC Position Statement on Branded Generics.**

**ACTION: Secretary to send recommendation to February 2024 meeting of NENC Medicines Subcommittee for final sign off.**

#### **11) Finerenone for treating chronic kidney disease in people with type 2 diabetes**

A new NENC Finerenone for treating chronic kidney disease in people with type 2 diabetes guideline was presented to NTAG. It has been developed to support implementation of the NICE TA on finerenone in this patient population.

It has been out for 4 week's consultation via NTAG website, and all comments received have been reviewed by the group of clinicians that produced this guideline with no changes required. The guideline was supported by the NENC Medicines Guidelines Group in January 2024.

**NTAG agreed to recommend to the NENC Medicines Subcommittee approval of the NENC Finerenone for treating chronic kidney disease in people with type 2 diabetes guideline.**

**ACTION: Secretary to send recommendation to February 2024 meeting of NENC Medicines Subcommittee for final sign off.**

### **Part 4 – Shared care**

#### **12) NENC Riluzole SCG for patients under Middlesborough MND centre**

A new NENC Riluzole shared care guideline for patients under the care of the Middlesborough MND centre was presented to NTAG. The national shared care guideline for riluzole was published by RMOC/NHS England in July 2022. The previous County Durham and Tees Valley shared care guideline for riluzole is now past its review date.

There are two centres treating these patients in the NENC:

- NuTH – treat as RED drug as supplied via homecare and no wish to change.
- STHFT – treated as AMBER SC drug under an existing share care guideline.

Therefore not possible to harmonise formulary RAG status across the NENC.

This shared care guideline is currently out for four week's consultation via NTAG website until 25th January 2025 and as replaces an existing shared care guideline which is only used for patients under Middlesborough MND centre in the NENC no significant comments are expected.

This new shared care guideline was approved by NENC Medicines Guidelines Group on 9th January 2024 subject to no significant consultation comments being received.

NTAG discussed and agreed that the RAG status should be harmonised to AMBER Shared Care across the NENC as should not have different RAG status across the ICB especially as this is a drug which is nationally recommended for shared care with a national shared care guideline available. This then allows NuTH to prescribe riluzole under share care arrangements if they so wished.

Noted that riluzole not specifically included in LES for shared care in Tees and this will be picked up under ongoing in the NENC to review current LES around shared care drugs.

**NTAG agreed to recommend to the NENC Medicines Subcommittee approval of the NENC Riluzole shared care guideline for patients and to recommend to the NENC Medicines Subcommittee that primary care request completion of shared care documentation for existing riluzole share care patient when patient next comes for annual review at GP practice so that there is phased approach.**



**ACTION:**

- **Secretary to send recommendations to February 2024 meeting of NENC Medicines Subcommittee for final sign off.**
- **KH to pick up inclusion of riluzole in GP LES as part of ongoing work in the NENC to review current LES around shared care drugs.**

**13) NENC Amiodarone SCG – technical update**

The national shared care guideline for amiodarone was published by RMOC/NHS England in July 2022 and a NENC amiodarone SCG based on national SCG was approved via NTAG in October 2023.

In October/November 2023 RDTC was asked to undertake a piece work on behalf of the north of England to review and maintain the previously published NHS England shared care guidelines which included amiodarone and dronedarone. After continuing to seek answers it became clear that there was no plan to maintain and update these at a national level.

The RDTC has just completed a review/update of the dronedarone and amiodarone shared care guidelines to update them with the latest content from SPCs, MHRA Drug Safety Updates and the national drug monitoring tool. The updates have the support of the NENC Cardiac Network.

The suggestion is that as the new versions from the RDTC are technical updates that they just now go to NTAG in January 2024 and the NENC Medicines Subcommittee in February 2024 for approval to replace the existing NENC versions.

**NTAG agreed to recommend to the NENC Medicines Subcommittee that the updated NENC amiodarone shared care guideline be approved.**

**ACTION: Secretary to send recommendation to February 2024 meeting of NENC Medicines Subcommittee for final sign off.**

**14) NENC Dronedarone SCG – technical update**

The national shared care guideline for dronedarone was published by RMOC/NHS England in July 2022 and a NENC amiodarone SCG based on national SCG was approved via NTAG in June 2023.

In October/November 2023 RDTC was asked to undertake a piece work on behalf of the north of England to review and maintain the previously published NHS England shared care guidelines which included amiodarone and dronedarone. After continuing to seek answers it became clear that there was no plan to maintain and update these at a national level.

The RDTC has just completed a review/update of the dronedarone and amiodarone shared care guidelines to update them with the latest content from SPCs, MHRA Drug Safety Updates and the national drug monitoring tool. The updates have the support of the NENC Cardiac Network.

The suggestion is that as the new versions from the RDTC are technical updates that they just now go to NTAG in January 2024 and the NENC Medicines Subcommittee in February 2024 for approval to replace the existing NENC versions.

**NTAG agreed to recommend to the NENC Medicines Subcommittee that the updated NENC dronedarone shared care guideline be approved.**

**ACTION: Secretary to send recommendation to February 2024 meeting of NENC Medicines Subcommittee for final sign off.**

### **15) Updated NENC share care templates**

The NENC shared care template has been updated to reflect the format of the new North of England shared care guidelines maintained by the RDTC. The content of the template is essentially the same as the national NHS England shared care guidelines but some rows have been re-ordered to make it easier and quicker to find essential information, Proposed to use the same format for those shared care guidelines produced for the North of England by the RDTC, and those that are not maintained by the RDTC.

**NTAG agreed to recommend to the NENC Medicines Subcommittee that the updated NENC shared care templates be approved.**

**ACTION: Secretary to send recommendation to February 2024 meeting of NENC Medicines Subcommittee for final sign off.**

## **Part 5 - Updates from Subgroups**

### **16) NENC Formulary Working Group**

Verbal update given.

### **17) NENC Medicines Guidelines Group**

The minutes of the January 2024 meeting of the new NENC Medicines Guidelines Group will be circulated post NTAG meeting for information.

## **Part 6 – Workplan and horizon scanning**

### **18) RDTC monthly horizon scanning November and December 2024**

NTAG received the RDTC monthly horizon scanning report for November and December 2024 for information.

- Tirzepatide for obesity – note NICE TA is imminent.
- Slynd® new oral progesterone oral contraceptive now available – await to see if any formulary application is submitted in NDENC.
- Dabigatran and Rivaroxaban – noted generics are on the way though no timescales as yet.

### **19) Work plan**

The group discussed the work plan and nothing new added.

Noted that discussions ongoing about possible updates to the formulary and NTAG recommendation in CGM following the addition of Freestyle Libre 3 to the Drug Tariff as of January 2024.

## **Part 7 - Other**

### **20) RDTC Medicine Value Bulletins – update on NENC implementation**

NTAG received an update on the action taken across the North East & North Cumbria to implement the recommendations contained in these RDTC Medicine Value Bulletins and the savings achieved to date. Noted the ongoing supply issues with methylphenidate preparations to date.

## **21) NENC Penicillin allergy assessment in primary care (for adult patients)**

A new NENC Penicillin allergy assessment in primary care for adult patients guideline was presented to NTAG. It has been produced by the NENC Antimicrobial group and is based on national BSACI guidance for secondary care. Its purpose is to raise awareness of unintended consequences of inaccurate penicillin allergy label in patients, and to provide a framework for prescribers in order to consider potentially de-labelling appropriate patients if safe to do so.

This is an opportunistic piece of work, and this guideline provides a framework those primary clinicians interested in progressing this work. Not intended for all GP practices to be asked to adopt at this stage. Local pathways would need to be determined by local partnership working, if the local hospital Trust were to carry out pen allergy de-labelling clinics.

This a guideline covering adults with a penicillin allergy label. Raising awareness will hopefully lead to much better adverse event recording in both adults and children; and not prompting a primary care clinician to label a patient (adult and child) as allergic to penicillin if there is no true allergy. The ICB antibiotic group would be keen to work in the future with NPAG, to develop this guideline further. It has been out for 4 week's consultation via NTAG website, and all comments received have been reviewed by the group of clinicians that produced this guideline. The guideline was supported by the NENC Medicines Guidelines Group in January 2024 provided made clear that not expected that all GP practices will be expected to implement this but there to provide a framework to do if they wish in partnership with their local Trust.

**NTAG agreed to recommend to the NENC Medicines Subcommittee approval of the NENC Penicillin allergy assessment in primary care for adult patients guideline subject to clarifying indemnity arrangements for primary care as this may not be considered part of core NHS services.**

### **ACTION:**

- **Secretary to send recommendations to February 2024 meeting of NENC Medicines Subcommittee for final sign off.**
- **KH to confirm arrangements for indemnity with authors of guideline at ICB Antimicrobial Group.**

## **NTAG chair's action since last NTAG meeting**

### **22) NoTGNC Urinary catheter formulary – minor update.**

Following approval at the December 2023 NENC Medicines Subcommittee a minor update was approved by NTAG Chair's Action to update a few product codes and add one additional product due to ongoing supply issues.

### **AOB**

No other business was raised, and the meeting concluded.

The date of the next meeting was agreed as 19<sup>th</sup> March 2024 and will be held virtually via Microsoft Teams.

*Minutes produced by G Mankin, Professional Secretary to NTAG, 15<sup>th</sup> January 2024*