Northern Treatment Advisory Group

Minutes of meeting held on 17th September 2024, 9am-10.30am

Virtual online meeting via Microsoft Teams

Present:

Position		Lead	Voting Member	Mar 2024	May 2024	July 2024	Sept 2024
Chair		*Dr Chris Jewitt Prescribing and LTC Clinical Lead (North)*	Yes	✓	✓	✓	✓
Secretary		*Gavin Mankin, Principal Pharmacist – Medicines Management, Regional Drug & Therapeutics Centre (Newcastle)*	No	✓	✓	✓	✓
Provider hospital trusts representative (2 x consultant, 2 x pharmacy plus Mental Health	**Mental Health Trust Chief Pharmacist**	*Chris Williams Chief Pharmacist Tees Esk & Wear Valleys NHS Foundation Trust*	Yes	✓	Richard Morris	Richard Morris	Richard Morris
	Mental Health Trust Consultant	*TBC*	*Yes*				
	Consultant	*Dr Andrew Lloyd Consultant Anaesthetist and Chair of South Tees Hospital NHS Foundation Trust D&T*	*Yes*	✓	✓	✓	Apols
	Consultant	*Dr Simon Hill Consultant in Clinical Pharmacology & Therapeutics and Clinical Toxicologist, NuTH*	*Yes*	✓	✓	Apols	Apols
	Trust Chief Pharmacist	*Jamie Harris Chief Pharmacist County Durham & Darlington NHS Foundation Trust*	*Yes*	✓	✓	✓	Rachel Smith
	Pharmacist	*Al Green Formulary Pharmacist Northumbria Healthcare Foundation Trust*	*Yes*	✓	Arooj Hussain	✓	✓
Primary Care (2 x GP, 2 x MO Pharmacist)	**GP**	*Dr Fadi Khalil ICB Clinical Lead with prescribing (Sunderland place)*	*Yes*	X	✓	Apols	✓
	MO Pharmacist	*Kate Huddart Head of Pharmacy and Medicines (Central)*	*Yes*	✓	✓	Juliet Fletcher	✓
	MO Pharmacist	*Angela Dixon*	*Yes*	Helen O'Neil	✓	✓	✓

		Head of Pharmacy and Medicines (Tees Valley)					
Paediatric representative		*Dr Yincent Tse Consultant Paediatric Nephrologist, Great North Children's Hospital*	*Yes*	Resigned	Resigned	Resigned	
Finance representative		*Charles Welbourn Finance Director (North Cumbria)*	*Yes*	Apols	Apols	Resigned	✓
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*	✓	✓	Apols	Apols
Health Innovation Network - NENC		*Helen Seymour Health Innovation Network - NENC Medicines Optimisation Workstream Lead*	*Yes*	Apols	✓	✓	✓
LPC (1 representing all stakeholder LPCs)		*Rob Pitt*	*Yes*	X	✓	✓	✓
LMC (1 representing all stakeholder LPCs)		*Rachel McMahon*	*Yes*	Paul Evans (from 10.07am)	Paul Evans	✓	✓
Nursing representative							Claire Barron
Chair of Formulary Working Group		*Shafie Kamaruddin Consultant County Durham & Darlington NHS Foundation Trust*	*Yes*	✓	Apols	✓	Apols
Professional Secretary of Formulary Working Group		*Matthew Lowery Formulary Pharmacist, NuTH*	*Yes*	✓	✓	✓	✓
Chair of Guidelines and Pathways Group		*Matthew Grove Consultant Rheumatologist, Northumbria Healthcare Foundation Trust*	*Yes*	✓	✓	✓	✓
Professional Secretary Guidelines and Pathways Group		*Susan Turner Pharmacist, NECS*	*Yes*	Apols	✓	✓	✓

The meeting was quorate.

Members were welcomed to the meeting.

Stephen Erhorn (RDTC) in attendance supporting the professional secretary.

Part 1 – General business

1) Apologies for absence

Apologies were received from: Jamie Harris, Andy Lloyd, Shafie Kamaruddin, Jo Linton, Simon Hill

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 none were declared relating today's agenda items.

3) Draft minutes July 2024 meeting

The group approved the minutes of the 16th July 2024 NTAG meeting.

ACTION: Secretary to submit July 2024 minutes to NENC Clinical Effectiveness and Governance (CEG) Subcommittee.

4) Matters arising not on the agenda

Nil.

5) Action log

RDTC monthly formulary amendments – NICE TA/MHRA Drug Safety Updates – April + May 2024 + other formulary amendments

Sent to August 2024 Medicines subcommittee and all approved. Decision summary in process of being published on NTAG website. ITEM NOW CLOSED.

Cellulitis Diagnosis and Management in Ambulatory Adults in primary care; Supporting Information - NENC ICB

Sent to August 2024 Medicines subcommittee and approved. In process of being published on NTAG website. ITEM NOW CLOSED.

Regional Headache Guideline – updated

All approved. Now published on NTAG website. ITEM NOW CLOSED.

Formulary status and shared care for transplant drugs

ML to confirm what Trusts are doing in the NENC with regard to their renal patients, and to lead on developing a single NENC shared care guideline covering solid organ transplants for those patients on transplant drugs who continue to be managed under shared care arrangements.
ML to also review the wording on the formulary.

NENC Position statement on iron supplementation for iron deficiency anaemia

Sent to August 2024 Medicines subcommittee and approved. In process of being published on NTAG website. ITEM NOW CLOSED.

North of Tyne Gateshead & North Cumbria Urinary Continence Enablement Products and Devices Formulary

To go to Oct 2024 NENC CEG for final sign off as inadvertently missed August 2024 Medicines subcommittee.

Non-medicine related clinical guidelines

New ICB CEG with incorporates NENC Medicines Subcommittee will meet from October 2024 in the alternate months to NTAG. All clinical guidelines/pathways which have impact across the primary/secondary care interface to come under remit/process of Medicines Guidelines Group from November 2024 which will be renamed NENC Clinical Guidelines and Pathways Group, and continue to be a subgroup of NTAG. ITEM NOW CLOSED.

Denosumab

Draft NENC shared care guideline for denosumab based on guideline/pathway from North Cumbria is in progress and will shortly being going out for consultation on the NTAG website.

KH has picked up denosumab and LES funding issue with ICB. Noted that meeting scheduled for June 2024 to look at all issues around shared care within the ICB was held which included LMC representation.

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

KH contacted NHSE to confirm arrangements for indemnity but they have no answer. Agreed to close action from NTAG perspective as taken as far as we can. ITEM NOW CLOSED.

NENC Riluzole SCG

KH has picked up inclusion of riluzole in GP LES as part of ongoing work in the NENC to review current LES around shared care drugs. Agreed to close action from NTAG perspective as ICB Exec setting up a task and finish group within the ICB to look at commissioning of shared care drugs. ITEM NOW CLOSED.

iPORT audit data

Have now shared audit report with VBC group. So all NTAG actions now complete. ITEM NOW CLOSED.

NENC DNP List and Low Priority Prescribing MO opportunities

Formulary Group to started to develop a draft DNP list for consultation.

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 – June + July 2024 + TA990 + TA998

The RDTC Monthly Formulary Amendments – NICE TA/MHRA Drug Safety Updates – June + July 2024 + TA990 + TA998 were presented to NTAG to make a recommendation to the NENC Clinical Effectiveness and Governance (CEG) Subcommittee on the formulary status and approval of medicines contained within these documents.

NICE TAs published in June 2024

- Been out for 4 week consultation via NTAG website.
- Had responses from:
    - TEWV
    - Northumbria Trust
    - STHFT

    - QE Gateshead
    - Tees Valley place
- No respond from:
    - North Tees Trust
    - North Cumbria Trust
    - STSFT
    - CDDFT
    - CNTW
    - NuTH
- All those who responded agreed with the suggested RAG status in the RDTC Monthly Formulary Amendments June 2024 document.

NICE TAs published in July 2024

- Been out for 4 week consultation via NTAG website.
- Had responses from:
    - QE Gateshead
    - Tees Valley Place
    - TEWV
    - South Tees Trust
- No respond from:
    - South Tyneside & Sunderland Trust
    - North Tees Trust
    - North Cumbria Trust
    - CNTW
    - NuTH
    - CDDFT
- All those who responded agreed with the suggested RAG status in the RDTC Monthly Formulary Amendments July 2024 document.

30 day TA - NICE TA990 - Tenecteplase for treating acute ischaemic stroke - July 2024

- Been out for 2 week consultation via NTAG website.
- All those who responded agreed with the suggested RAG status of RED.
- No cost impact expected.
- Approved by ICB Director of Medicines and Pharmacy on 29.8.24 as 30 day TA.

30 day TA - NICE TA998 - Risankizumab for treating moderately to severely active ulcerative colitis - Aug 2024

- Currently out for consultation on NTAG website for 2 weeks.
- Proposed as a RED drug.
- A cost comparison suggests risankizumab has similar costs to ustekinumab. Using NICE's cost-comparison methods, risankizumab only needs to cost less or have similar costs to 1 relevant comparator to be recommended as a treatment option. So risankizumab is recommended by NICE.
- NICE expect the resource impact of implementing the recommendations in England will be less than approximately £8,800 per 100,000 population.

NTAG agreed with the suggested formulary status for each drug with a NICE TA published in June + July 2024 + TA990 + TA998 as the per the "Suggested action for APC" column in the attached Monthly Formulary Amendments Documents from the RDTC.

ACTION: Secretary to send recommendations to the October 2024 meeting of the NENC Clinical Effectiveness and Governance (CEG) Subcommittee for final sign off.

8) Other formulary amendments – July 2024 Formulary Working Group

- The comments received were reviewed by NTAG. Had responses from:
    - QE Gateshead
    - South Tyneside and Sunderland Trust

  - South Tyneside and Sunderland Trust
  - NEY CYP diabetes network
  - Cardiac Network CRM group
  - NuTH paediatrics
  - GP x 3
  - Northumbria Trust
  - STHFT
  - TEWV
  - CDDFT
- No respond from:
  - North Tees Trust
  - North Cumbria
- All those who responded agreed with the suggested RAG status with exception of:
  - Phosphate retention enemas – proposed to change from GREEN to RED. Suggestion from consultation (3 x comments all Durham based) is remains as GREEN. Change to RED came from NoTGNC Constipation Guidelines Jan 2023 which states "Phosphate retention enema: NOT recommended in primary care".
    Note these are classified as Pharmacy medicines and are available OTC.
  - First Line DOAC choices – make clear this for new patients only and no active switching should take place unless on clinical grounds for an individual patient.
  - Trurapi® (Insulin aspart biosimilar) – proposed to be to be as the first choice insulin aspart preparation for new patients. Multiple comments received objecting to this particularly from paediatrics.
  - Testosterone Undecanoate 1g/4ml – proposed to remove brand from formulary entry now generic available.

NTAG agreed with the suggested formulary status for each of the remaining drugs as the per NENC July 2024 Formulary Working Group - Miscellaneous Formulary amendments with the following changes:

- **Phosphate enemas – to remain as GREEN on the formulary as widely prescribed in primary care with no issues and are available over the counter.**
- **First Line DOAC choices – agreed to that first choices should be generic apixaban and generic rivaroxaban but make clear this is for new patients only and no active switching should take place unless on clinical grounds for an individual patient. NTAG noted the current price concession for apixaban and the impact this might have on drug budgets, which may require a further review of DOAC choices in the future but any review would be done in full consultation with stakeholders. With an switching to save money on the drug budget need to be mindful of the costs associated with doing the switch in practice and any impact on patients.**
- **Trurapi® (Insulin aspart biosimilar) – decision deferred to allow further discussions particularly with NENC CYP Diabetes Network.**
- **Testosterone Undecanoate 1g/4ml – agreed to remove brand from formulary entry now generic available, and confirmed that adult plus paediatric endocrinology have no objections to this. The generic and the branded product Nebido® appear to be identical.**

ACTION: Secretary to send recommendations to the October 2024 meeting of the NENC Clinical Effectiveness and Governance (CEG) Subcommittee for final sign off.

9) NHSE Specialised Commissioning Circulars

A list of NHSE Specialised Commissioning Circulars published since July 2024 was circulated for information. The formulary will reflect the NHSE Specialised Commissioning Circulars.

Part 3 – Pathways and clinical guidelines

10) NENC ICB Emollient Prescribing Guideline and Formulary North East and North Cumbria

A new NENC ICB Emollient Prescribing Guideline and Formulary was presented to and approved by NTAG subject to adding to table 1 that emollient bath additives should no longer be prescribed. It was recommended for approval at the September 2024 Medicines Guidelines Group following NENC wide consultation. This guidance has been adapted from guidance previously available in parts of the NENC.

Formulary options included in line with other guidelines across country. Items include those already on previous local emollient guidance, updated to reflect discontinuations.

ACTION: Secretary to send to the October 2024 meeting of the NENC Clinical Effectiveness and Governance (CEG) for final sign off.

11) Guidelines for the appropriate prescribing of Oral Nutritional Supplementation in the management of adults at risk of undernutrition in primary care

A new NENC ICB Guideline for the appropriate prescribing of Oral Nutritional Supplementation in the management of adults at risk of undernutrition in primary care was presented to and approved by NTAG. It was recommended for approval at the September 2024 Medicines Guidelines Group following NENC wide consultation.

ACTION: Secretary to send to the October 2024 meeting of the NENC Clinical Effectiveness and Governance (CEG) for final sign off.

12) NENC Guideline – Management of Hypomagnesaemia in adults

A new NENC ICB Guideline for the Management of Hypomagnesaemia in adults was presented to NTAG. It was recommended for approval at the September 2024 Medicines Guidelines Group following NENC wide consultation. This guidance has been adapted from guidance previously available in parts of the NENC e.g. County Durham & Tees Valley. No national guidelines available for the monitoring and treatment of acute hypomagnesaemia.

NTAG agreed that further detail around the monitoring requirements, in particular defining which patients require regular monitoring was required before the guideline could be approved. Agreed that if this detail was added then NTAG Chair's Action could be taken for this to move forward for approval.

ACTION: Secretary to send to the October 2024 meeting of the NENC Clinical Effectiveness and Governance (CEG) for final sign off subject to NTAG Chair's approval of required changes to monitoring recommendations.

13) NENC Menopause guidance – updated

NTAG approved the updated version of the current NENC guideline for the Management of the Menopause last approved in October 2023.

This is an update to existing guideline across NENC to take account of the new British Menopause Society unscheduled bleeding on HRT guidance

Updates as follows:

- Link included for NENC ICB osteoporosis guideline
- Change to the recommendation of when to switch from sequential HRT to continuous combined HRT, as per the new British Menopause Society (BMS) guidance (page 2, blue flowchart)
- Change to link of what to do when patients are experiencing unscheduled bleeding on HRT - previously this referred to some local guidance, but now it directs to the new BMS guidance (page 2, when to refer box)
- Link now provided to an appendix at the back of the guidance which includes the BMS tables for dosing of estrogen and the appropriate equivalent progestogen dose (Page 3, formulary box)
- Within the formulary, there is advice about dosing progestogens if a patient is on high dose estrogen, and if an estrogen dose is high dose then this is highlighted, Testim® has been removed from the formulary, and the criteria for use for continuous combined HRT has been updated to match the flowchart on page 2 (Page 3, formulary)
- Under the managing side effects heading, there is now a reference to the new BMS guidance on managing unscheduled bleeding on HRT (Page 4, managing side effects box)
- The references have been updated to include the new BMS guidance
- An appendix has been added to show the new BMS tables for estrogen dose classification and appropriate equivalent progestogen doses.

Updated version approved at September 2024 Medicines Guidelines Group following input from GPs on that group.
Agreed that updated version did not need to go out for NENC consultation as update to existing NENC guideline to reflect new British Menopause Society unscheduled bleeding on HRT guidance.

ACTION: Secretary to send to the October 2024 meeting of the NENC Clinical Effectiveness and Governance (CEG) for final sign off.

14) Abnormal Liver blood test Guidelines NENC Hepatology Network V3.1 – link updated in version on NTAG website

NTAG noted that the link to the patient information leaflet needed updating and so has been updated in version on NTAG website. No other changes made.

Part 4 – Shared care

15) Nil this month.

Part 5 - Updates from Subgroups

16) NENC Formulary Working Group

Verbal update given.
Minutes – July 2024 meeting – received by NTAG for information.

17) NENC Medicines Guidelines Group

The draft minutes of the September 2024 meeting of the NENC Medicines Guidelines Group were circulated for information.

Part 6 – Workplan and horizon scanning

18) RDTC monthly horizon scanning July and August 2024

NTAG received the RDTC monthly horizon scanning report for July and August 2024 for information.

19) NENC Medicines governance work plan

The group discussed the work plan and nothing new added.

Part 7 - Other

20) NICE DG59 - CYP2C19 genotype testing to guide clopidogrel use after ischaemic stroke or transient ischaemic attack

Emma Groves, Pharmacy Lead, North East & Yorkshire Genomic Medicine Service in attendance.

NTAG discussed the NICE DG59 - CYP2C19 genotype testing to guide clopidogrel use after ischaemic stroke or transient ischaemic attack guidance published in July 2024. It noted that work is underway on implementation in the NENC liaising with Trusts and the stroke network. Once a NENC implementation plan/guideline is available to will be taken through the NENC medicines governance process for approval.

NTAG noted that:

- CYP2C19 genotype lab testing is not currently included in the national pharmacogenomics directory and so is not currently commissioned in the NHS.
- NICE are working with NHS England on a national pilot to inform implementation.
- Nowhere in NENC currently offers point of care testing.
- Advice for patients who have had private testing is a risk-benefit decision for the clinician taking into account if the result is valid, assurance of the quality of the test, and thinking about impact on the patient's treatment.
- RCGP have a position statement available on direct-to-consumer testing which may be helpful advice for managing patients who have had private testing.

21) CKD underserved communities collaboration

Julia Newton and Mark Henderson, Health Innovation-NENC in attendance.
Sarah McClosky – NENC Renal Network in attendance.

This project proposal working with the pharmaceutical industry was presented to NTAG to make a recommendation on approval based on the clinical and operational aspects of the project to the NENC Clinical Effectiveness and Governance (CEG).

Health Innovation-NENC have been working with the ICB on the governance/approval process for such projects, and this project is the first test of the proposed process involving NTAG.

To date this project has been presented to and supported by the ICB Long Term Conditions Board.

The following points/questions around the project were raised in the NTAG discussions:

- Increase in need for dialysis for CKD is unsustainable.
- Need the project proposal to outline the patient journey through the project and who will have input into journey and when.
- Project funding from industry will used to fund workforce to deliver the project in the identified areas for the duration of the project. Not asking GP practices to undertake this work within their current workforce and day to day work.
- Concerns raised around bespoke monitoring system for patients in this project and this system sitting outside of current normal GP IT systems.
- What happens at the end of the project requires clarification. How to sustain the legacy of the project? Is the expectation that this is rolled out ICB wide and if so what funding/resources are required from the ICB to do this?
- An existing similar project in Gateshead has not yet started due to a contracting issue with the workforce provider but otherwise the treatment protocols which are similar are all in place.
- Where is the workforce coming from to deliver this project and have their current employers been approached to release them to undertake this project?
- More information required for finance on the potential invest to save opportunity of the project now and in the future.
- Nothing in project proposal on timescales for the project other than it is a 2-year project.
- Virtual clinics as proposed in the project may not be suitable for all patients.
- Need for clarity on how will engage/work with public health as proposed in relation to this project.
- Project itself could lead to inequality across the ICB as may improve outcomes for these patients in three project areas compared to the rest of the ICB.
- Noted that project has no bias as to which SGLT2i (dapagliflozin or empagliflozin) should be prescribed. Local guidelines and NICE guidelines should still be followed to choose the best treatment on an individual patient basis.
- Concerns re GP practice level data being shared with industry sponsor so GPs will wish to review the data sharing agreement.
- Draft updated NENC SGLT2i Top Tips Prescribing Document currently has dapagliflozin as the first choice SGLT2i so will this impact on industry involvement in this project.
- This project proposal appears different to the Gateshead project, in that this is virtual and the Gateshead project is more embedded in GP practices plus Gateshead project covers other interventions e.g. statins, BP control.

Overall NTAG recognised the clinical benefits of undertaking this project but some significant points raised in discussion that need to be addressed before it could consider recommending approval of the project.

NTAG also discussed if it was the right route for projects such this to be considered for ICB approval. It recognised the need to good governance process and the need for timely decisions to ensure industry investment in potential projects. NTAG agreed that today's discussions had highlighted the information it needs to make an informed decision on projects such as this, and that a checklist for projects for working with industry to support the NTAG/CEGC approval process was needed.

ACTION: Health Innovation-NENC to come back to November 2024 NTAG meeting with answers to questions raised.

ACTION: KH/Julia Newton to set up meeting to design a checklist for projects for working with industry to support the NTAG/CEGC approval process.

22) NTAG Terms of Reference – updated

With the formation of the new NENC Clinical Effectiveness and Governance (CEG) Subcommittee replacing the current NENC Medicines Subcommittee from October 2024 the NTAG terms of reference have been reviewed and updated.

The following changes have been made to the current NTAG terms of reference from July 2023:

- NTAG terms of reference now in NENC ICB format for terms of reference.
- No changes to membership made other than updating job titles.
- Added the following to remit:
    - Support the identification of relevant commissioning and clinical leads to develop pathways and/or shared care guidelines via NENC Clinical guidelines and pathways group.
    - The scope of NTAG now includes the following:
        - Guidelines and clinical pathways for medicines.
        - Non-medicine related guidelines and clinical pathways involving both primary and secondary care or that are ICS wide.
    - Consult with stakeholders via Locality Leads/Trust Chief Pharmacists on the commissioning implications of its decisions particularly for newly considered pathways or shared care protocols.
    - To review projects proposals from the Health Innovation-NENC on joint working with the pharmaceutical industry from a clinical and operational perspective, and make a recommendation on approval of projects to the NENC Clinical Effectiveness and Governance (CEG) Subcommittee.

Discussion took place that as the remit of NTAG expands particularly around guidelines/pathways need to ensure that NTAG is linked into ICB commissioning teams.

NTAG approved the changes to its terms of reference subject to adding a commissioning representative and nursing representative to the membership. Also noted that looked to find a second GP representative to NTAG.

There was also discussion on how current open consultations on the NTAG website are communicated out to primary care and others. It was noted that current consultations are included in the primary care newsletter from the ICB to raise awareness so that stakeholders can respond if they wish.

ACTION: Secretary to send to the October 2024 meeting of the NENC Clinical Effectiveness and Governance (CEG) for final sign off.

23) North East and North Cumbria ICB - FY 2324 Low priority prescribing Assurance Report

A report was presented to NTAG from the RDTC to highlight the progress made and the further opportunities that could be realised for the NENC system, and to request ongoing whole system efforts to sustain the deprescribing of agents of low clinical value.

NTAG noted that as a first step the formulary status of medicines contained within the national DCLV guidance has been reviewed and updates have been presented to NTAG in September 2024 for approval within all the proposed formulary amendments from the July 2024 NENC Formulary Working Group meeting.
NTAG also noted the ongoing work being undertaken by the ICB Medicines Optimisation Team on this across the North East and North Cumbria.

24) NENC Medicines in Pregnancy Working Group (formerly Valproate Working Group) – Update

Circulated for information.

25) NENC Clinical Pain Network Position Statement on Chronic Pain Guidelines

NTAG approved this position statement and adding it to the NTAG/NENC formulary websites.
The following local guidance will be retired from legacy Area Prescribing Committee (APC) websites in the NENC:
County Durham & Tees Valley

- Pain Pathway - County Durham Care Partnership
- Primary Care Pain Management Guideline - County Durham & Tees Valley CCGs

North of Tyne, Gateshead and North Cumbria

- Nil listed relating to pain

South Tyneside & Sunderland

- Legacy APC website no longer exist

ACTION: Secretary to send to the October 2024 meeting of the NENC Clinical Effectiveness and Governance (CEG) for final sign off.

NTAG chair's action since last NTAG meeting

20) Nil this month.

AOB

GLP-1s for obesity
NTAG members asked for confirmation of what the current ICB position is on prescribing GLP-1s for obesity in primary care.

ACTION: KH to confirm the current ICB position with Ewan Maule and circulate this to primary care.

No other business was raised, and the meeting concluded.

The date of the next meeting was agreed as 19th November 2024 and will be held virtually via Microsoft Teams.

Minutes produced by G Mankin, Professional Secretary to NTAG, 17th September 2024