NHS
North East and North Cumbria

North East and North Cumbria Integrated Care Board

Northern Treatment Advisory Group (NTAG)

Minutes of the meeting held on 18th March 2025 9am-11.30am via Microsoft TEAMS

Present:

Position	Lead		Voting Member	Jan 2025	March 2025
Chair	*Dr Chris Jewitt Clinical Lead for Prescribing and Medicines Management NENC ICB*		Yes	✓	✓
Secretary and Professional Secretary Guidelines and Pathways Group	*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
	Mental Health Trust Consultant	*TBC*	*Yes*	X	X
	Consultant	*Dr Andrew Lloyd Consultant Anaesthetist and Chair of South Tees Hospital NHS Foundation Trust D&T*	*Yes*	✓	✓
	Consultant	*Dr Simon Hill Consultant in Clinical Pharmacology & Therapeutics and Clinical Toxicologist, NuTH*	*Yes*	X	✓
	Trust Chief Pharmacist	*Jamie Harris Chief Pharmacist County Durham & Darlington NHS Foundation Trust*	*Yes*	✓	Apols
	Pharmacist	*Al Green*	*Yes*	Apols	✓

		Formulary Pharmacist Northumbria Healthcare Foundation Trust			
Primary Care (2 x GP, 2 x MO Pharmacist)	**GP**	*Dr Fadi Khalil ICB Clinical Lead with prescribing (Sunderland place)*	*Yes*	✓ (till 10am)	X
	GP	*Dr Helen Andrews GP Clinical Editor North ICP*	*Yes*	✓	✓
	MO Pharmacist	*Kate Huddart Head of Pharmacy and Medicines (Central)*	*Yes*	Apols	✓
	MO Pharmacist	*Angela Dixon Head of Pharmacy and Medicines (Tees Valley)*	*Yes*	✓	Helena Gregory
Paediatric representative	*Dr Yincent Tse Consultant Paediatric Nephrologist, Great North Children's Hospital*		*Yes*	✓	✓
Finance representative	*Charles Welbourn Finance Director (North Cumbria)*		*Yes*	✓ (till 10.30am)	Apols
Patient representative	*Jim Welch*		*Yes*	✓	✓
Public Health	*Dr Toks Sangowawa Clinical Advisor/Locum Consultant in Public Health, South Tyneside MBC Clinical Advisor IFR North*		*Yes*	Apols	✓
Local Authority Pharmacist (1 representing all stakeholder local authorities)	*Jo Linton Public Health Pharmacy Adviser Stockton and Hartlepool*		*Yes*	✓	Apols
Health Innovation Network - NENC	*Helen Seymour Health Innovation Network - NENC Medicines Optimisation Workstream Lead*		*Yes*	✓	✓
LPC (1 representing all stakeholder LPCs)	*Rob Pitt*		*Yes*	Apols	✓
LMC (1 representing all stakeholder LPCs)	*Rachel McMahon*		*Yes*	✓	✓
Nursing representative			*Yes*	Claire Barron	Claire Barron
Chair of Formulary Working Group	*Shafie Kamaruddin Consultant County Durham & Darlington NHS Foundation Trust*		*Yes*	✓	✓
Professional Secretary of Formulary Working Group	*Matthew Lowery Formulary Pharmacist, NuTH*		*Yes*	✓	Alan Green

Chair of Guidelines and Pathways Group	*Matthew Grove Consultant Rheumatologist, Northumbria Healthcare Foundation Trust*	*Yes*	✓	✓

In Attendance: Stephen Erhorn (RDTC) in attendance supporting the professional secretary.
Richard Glennie – observing as potential new LMC rep.

Item 1 **Welcome and Introductions**
The Chair welcomed colleagues to the meeting.

Item 1 **Apologies for Absence**
Charles Welbourne, Angela Dixon (Helena Gregory in attendance), Matthew Lowery, Jo Linton, Jamie Harris.

Item 1 **Declarations of Interest**
NENC SCG Ciclosporin in adults (non-transplant) indications - M Grove = author plus clinician who use this SCG - Can receive the report and attend the meeting because there is no information included in the paper that could influence or benefit any conflicted member.

NENC Denosumab SCG - M Grove = author plus clinician who use this SCG - Can receive the report and attend the meeting because there is no information included in the paper that could influence or benefit any conflicted member.

NENC Guidance on 7-day prescriptions and monitored dosage systems - Rob Pitt = LPC rep and community pharmacist - Can receive the report and attend the meeting taking part in the discussion but must refrain decision due to financial interest.

Item 1 **Quoracy**
The meeting was quorate.

Item 2 **Minutes of the previous meeting held on 21st January 2025**
The minutes from the January 2025 meeting were accepted as a true record.

ACTION:
Secretary to submit January 2025 minutes to NENC Clinical Effectiveness and Governance (CEG) Subcommittee.

RESOLVED:
- Members approved the January 2025 NTAG Minutes.

Item 2 **Action log**
The action log was reviewed and will be updated to reflect the following:

RDTC monthly formulary amendments – NICE TA/MHRA Drug Safety Updates – October + November 2024 + TA1022 + TA1025 + other formulary amendments
Sent to February 2025 NENC CEG and all approved. Now published on

NTAG website and formulary been updated. ITEM NOW CLOSED.

NENC Formulary RAG Classification Guidance
Sent to February 2025 NENC CEG and all approved. Now published on NTAG website.
Confirmed all Trust issue 28 days supply of GREEN+ drugs following initiation – though still waiting to hear from NCIC.
ITEM NOW CLOSED.

Bupropion for resistant depression – information sheet
Sent to February 2025 NENC CEG and all approved. Now published on NTAG website. ITEM NOW CLOSED.

NENC COPD Guideline
Sent to February 2025 NENC CEG and all approved. Now published on NTAG website. ITEM NOW CLOSED.

NENC Prescribing Guideline for Management of Stoma (Colostomy, Ileostomy and Urostomy) in adult patients
Sent to February 2025 NENC CEG and all approved. Now published on NTAG website. ITEM NOW CLOSED.

NENC Guidelines: Self-Monitoring of Blood Glucose and Ketones in Diabetes – technical update
Sent to February 2025 NENC CEG and all approved. Now published on NTAG website. ITEM NOW CLOSED.

NENC Guidelines for the recognition and management of non-IgE cow's milk protein allergy (CMA) in infants
Sent to February 2025 NENC CEG and all approved. Now published on NTAG website. ITEM NOW CLOSED.

NENC SGLT2i Tops Document - technical update
Sent to February 2025 NENC CEG and all approved. Now published on NTAG website. ITEM NOW CLOSED.

NENC Hydroxychloroquine SCG – technical update
Sent to February 2025 NENC CEG and all approved. Now published on NTAG website. ITEM NOW CLOSED.

NENC Lithium SCG
Sent to February 2025 NENC CEG and all approved for mental health. Now published on NTAG website. ITEM NOW CLOSED.
RDTC working with neurology on the inclusion of cluster headache as indication in the NENC Lithium SCG in the future. Clarifying the dose range and therapeutic level range for this indication.

NENC Sulfasalazine, Leflunomide and Mycophenolate DMARD SCGs
Sent to February 2025 NENC CEG and all approved. In process of publication on NTAG website. ITEM NOW CLOSED.

NoTGNC Lanreotide and octreotide - Information for Treatment of

Adults with acromegaly or neuroendocrine tumours in Primary Care
Sent to February 2025 NENC CEG and removal from NoTGNC APC website approved. ITEM NOW CLOSED.

Shared care
On reflection no amendment to form required because if this form is used to request shared care, then point about getting the correct clinical details is probably unnecessary as this form covers it. ITEM NOW CLOSED.

Denosumab
Shared care guideline on today's agenda for approval. ITEM NOW CLOSED.

NENC DNP List and Low Priority Prescribing MO opportunities
On today's NTAG agenda for approval. ITEM NOW CLOSED.

CKD underserved communities' collaboration
Project approved by NENC ICB Exec at their meeting on the 4th March 2025. ITEM NOW CLOSED.

Antipsychotics RAG status
Noted that was discussed at January 2025 meeting of ICB Medicines Safety Group. To be discussed at ICB Medical Directors meeting at the end of March 2025.

Pharm Industry projects front cover
Helen Seymour still to finalise Pharm Industry projects front cover with all fields from ICBP006 Policy.

Item 3 **Appeals against previous NTAG decisions**
Nil received since last meeting.

RESOLVED:
- Members received for information.

Formulary and RAG

Item 4 **RDTC monthly formulary amendments – NICE TA/MHRA Drug Safety Updates – December 2024 + January 2025**
The RDTC Monthly Formulary Amendments – NICE TA/MHRA Drug Safety Updates December 2024 + January 2025–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. No significant comments were raised during the consultation requiring discussion by NTAG.
All ICB commissioned NICE TAs published in December 2024 and January 2025 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 with the exception of the following:
TA1026: Tirzepatide for managing overweight and obesity. NTAG

reviewed the cost estimate presented and noted the difficulties in producing accurate local costing used the NICE TA costing template until more detail is available on the additional cohorts of patients to receive tirzepatide post 180 days from the date of the NICE TA publication.
NTAG noted the current postcode lottery in the provision of specialist weight management services via secondary care in the NENC.
NTAG discussed the provision of tirzepatide for inpatients within mental health.

ACTION:
Secretary to send recommendations to the April 2025 meeting of the NENC Clinical Effectiveness and Governance (CEG) Subcommittee for final sign off.

Alan Green to ask FWG to review NENC formulary position on naltrexone for gambling as per NICE NG248.

RESOLVED:
NTAG agreed to make recommendation to the NENC Clinical Effectiveness & Governance Subcommittee on the formulary status and approval of medicines with a NICE TA issued in December 2024 and January 2025 as per the "Suggested action for APC" column in the attached Monthly Formulary Amendments Documents from the RDTC.
For TA1026: Tirzepatide for managing overweight and obesity agreed to recommended adding indication to formulary with a RED formulary status to facilitate prescribing in specialist weight management services (interim status until NHSE commissioning policy is published and more detail is available on ICB weight management strategy) with some additional wording to the NENC formulary to say for first 90 days tirzepatide will only be available through specialist weight management services. NHS NENC is developing an implementation plan to make tirzepatide available in primary care. NICE have published the TA with a 90-day implementation for specialist weight management services (SWMS) and 180 days for other services. Once the roll-out to primary care begins and the necessary services are in place the RAG status will be reviewed. NTAG agreed to recommend that RED status should also apply to secure inpatients within mental health units.

No changes planned for semaglutide for obesity so it can remain as a RED drug.

NTAG agreed to ask FWG to review NENC formulary position on naltrexone for gambling as per NICE NG248.

Item 5 **Other formulary amendments – January 2025 Formulary Working Group**

Been out for 4-week consultation via NTAG website. The comments received were reviewed by NTAG. Had responses from:

- QE Gateshead
- TEWV
- Northumbria Trust

No respond from:

- North Tees Trust
- North Cumbria
- CDDFT
- NuTH
- South Tyneside and Sunderland Trust
- STHFT

All those who responded agreed with the suggested RAG status.
The comments received around the formulary wording for dihydrocodeine and the reasons for the change were discussed. Lack of awareness in primary care around restrictions on the use of codeine during breastfeeding was discussed. NTAG agreed for prescribers to use their clinical judgement as to if to continue/what to prescribe 14 days after discharge following delivery/c-section. The FWG are reviewing the formulary status of dihydrocodeine for other indications and are minded to recommend that remains RED.
NTAG noted that no significant cost impact expected from any of the recommendations.

ACTION:
Secretary to send recommendations to the April 2025 meeting of the NENC Clinical Effectiveness and Governance (CEG) Subcommittee for final sign off.

KH to flag in next MO bulletin to primary care the restrictions on the use of codeine during breastfeeding.

RESOLVED:
NTAG agreed to make a recommendation to the April 2025 NENC CEG as per the January 2025 Formulary Working Group - Miscellaneous Formulary amendments “Suggested action for APC” column” with updated dihydrocodeine formulary entry as follows:
To retain current RED status with the following updated wording:
Dihydrocodeine is only approved for use in antenatal from 36 weeks and postnatal patients immediately postdelivery / c-section where adequate pain relief has not been achieved using paracetamol and NSAIDs. Commencing during in-patient admission with up to 14 days prescribed and dispensed on discharge as a take home medication.

Item 6 **NHSE Specialised Commissioning Circulars**

A list of NHSE Specialised Commissioning Circulars published since January 2025 was circulated for information. The formulary will reflect the NHSE Specialised Commissioning Circulars.

RESOLVED:

- Members received for information.

Pathways and Clinical Guidelines

Item 7 **NENC Guidance on 7-day prescriptions and monitored dosage**

systems

A new NENC Guideline on 7-day prescriptions and monitored dosage systems was presented to and recommended for approval by NTAG. It was recommended for approval at the February 2025 NENC Clinical Guidelines & Pathways Group following NENC wide consultation. Comments received during the consultation have been reviewed by the authors and changes made as a result. Authors have met with LPC to discuss their specific concerns/comments.
Noted that focus in document is on clinical content and not financial arrangements for community pharmacy. It provides a framework to consider when 7-day scripts may be appropriate.
NTAG noted the financial/funding impact of 7-day scripts for MDS on community pharmacy and that this was outside control of ICB as an issue with national pharmacy contract.
The ICB MO team will be producing an implementation plan once the guidance is approved.
It will replace existing versions from previous NENC APCs.

ACTION:

Secretary to send to the April 2025 meeting of the NENC Clinical Effectiveness and Governance (CEG) Subcommittee for final sign off flagging up the financial impact issue on community pharmacy.

RESOLVED:

NTAG agreed to recommend approval to the April 2025 meeting of the NENC Clinical Effectiveness and Governance (CEG) Subcommittee flagging up the financial impact issue on community pharmacy.

Item 8 **Vitamin D Guidance**

A new NENC Vitamin D guidance in adults was presented to and recommended for approval by NTAG. It was recommended for approval at the February 2025 NENC Clinical Guidelines & Pathways Group following NENC wide consultation. Comments received during the consultation have been reviewed by the authors and changes made as a result. It will replace existing versions from previous NENC APCs.

ACTION:

Secretary to send to the April 2025 meeting of the NENC Clinical Effectiveness and Governance (CEG) Subcommittee for final sign off.

RESOLVED:

NTAG agreed to recommend approval to the April 2025 meeting of the NENC Clinical Effectiveness and Governance (CEG) Subcommittee subject to the following changes being made:

- Page 1 – Insufficient box – amend to: “(e.g. colestyramine…)
- Page 1 – Self care box – amend to: Self-Care * Maintenance dose - Colecalciferol 800 units (20 microgram) to 2000units (50 microgram) daily
  Pharmacies, health food shops and supermarkets sell various products in various strengths.
  *Exception: Vitamin D may be prescribed for people with

osteoporosis or chronic condition/surgery that results in deficiency or malabsorption.
- Page 1 – Do not prescribe box – amend to page 2 instead of page 3.

Item 9 **Unscheduled Bleed on HRT British Menopause Society guidelines summary for GPs and NCA GYNAECOLOGY Urgent Suspected Cancer Referral form**

Item deferred as still requires agreement on changes post March 2025 Clinical Guidelines & Pathways Group meeting.

Shared care

Item 10 **NENC SCG Ciclosporin in adults (non-transplant) indications**

A new NENC SCG for Ciclosporin in adults (non-transplant) indications was presented to and recommended for approval by NTAG. It was recommended for approval at the March 2025 NENC Clinical Guidelines & Pathways Group following NENC wide consultation. Comments received during the consultation have been reviewed by the authors and changes made as a result. It will replace existing versions from previous NENC APCs. It mirrors the content where possible of the DMARD SCGs for non-transplant indications that have recently been approved in the NENC. It also mirrors the recommendations for monitoring frequency in primary care in current ciclosporin SCGs in the NENC.

ACTION:

Secretary to send to the April 2025 meeting of the NENC Clinical Effectiveness and Governance (CEG) Subcommittee for final sign off.

RESOLVED:

NTAG agreed to recommend approval to the April 2025 meeting of the NENC Clinical Effectiveness and Governance (CEG) Subcommittee subject to the following changes being made:

- Section 6 – frequency of monitoring amend to: “Typically monthly for the first 12 months. Monitoring frequency can be reduced after 12 months on a case-by-case basis as advised by the specialist team. The exact frequency of monitoring must be communicated by the specialist team in all cases.”

Item 11 **NENC Denosumab SCG**

A new NENC SCG for denosumab in osteoporosis was presented to and recommended for approval by NTAG. It was recommended for approval at the March 2025 NENC Clinical Guidelines & Pathways Group following NENC wide consultation. Comments received during the consultation have been reviewed by the authors and changes made as a result

Agreed previously in January 2024 to change to AMBER SHARED CARE from GREEN+ due concerns around monitoring requirements, and safety including after discontinuation therefore more suited to

shared care. It is GREEEN+ currently largely across the NENC.

ACTION:
Secretary to send to the April 2025 meeting of the NENC Clinical Effectiveness and Governance (CEG) Subcommittee for final sign off.

RESOLVED:
NTAG agreed to recommend approval to the April 2025 meeting of the NENC Clinical Effectiveness and Governance (CEG) Subcommittee subject to the following changes being made:

- Section 7 – ongoing monitoring: amend to "One week after finishing course of vitamin D it is safe to proceed with denosumab."
- Section 7 – ongoing monitoring: amend to "Patients at particular risk of hypocalcaemia (eGFR or creatinine clearance <30ml/min) will require repeat calcium level four weeks after denosumab. These patients should be under the management of secondary care."

Updates from Subgroups

Item 12 **NENC Formulary Working Group**

Verbal update given.
Minutes – January 2025 meeting – received by NTAG for information.

RESOLVED:

- Members received for information.

Item 13 **NENC Clinical Pathways and Guidelines Group**

The draft minutes of the March 2025 meeting of the NENC Clinical Pathways and Guidelines Group were circulated for information.

NTAG noted the following recommendations:

- CD&T sacubitril /valsartan guideline – to retire as no longer needed
- CD&T lidocaine patch guidance – to retire as formulary RAG status under review and at request of County Durham and Tees Valley MO teams. Noted that a new ICB position statement is currently in development, and that the current formulary position is being reviewed.
- NoTGNC The management of patients with swallowing difficulties– to retire as no longer needed as SPS resources now available.
- NoTGNC Toclizumab SCG – to retire as no longer needed. Was only for monitoring, all prescribing was from secondary care.
- Gluten free guidelines – to retire once NENC ICB commissioning position reviewed.

ACTION:
Secretary to send to the April 2025 meeting of the NENC Clinical

Effectiveness and Governance (CEG) Subcommittee for final sign off.

RESOLVED:
Members noted and supported the recommendations above.

Work plan and horizon scanning

Item 14 **RDTC Monthly horizon scanning January + February 2025**

NTAG received the RDTC monthly horizon scanning report for January and February 2025 for information.

NTAG noted that a formulary application for ciclosporin 0.9mg/ml eye drops (Cequa®) was currently pending in the NENC. NTAG also noted that May 2025 FWG will discuss a formulary position on pregabalin prolonged release tablets.

RESOLVED:

- Members received for information.

Item 15 **NENC Medicines Governance Workplan / Tracker**

Current NENC Medicines Governance draft work plan March 2025 circulated for information.

RESOLVED:

- Members received for information.

Other

Item 16 **North East and North Cumbria Do Not Prescribe List**

The NENC ICB Medicines Sub Committee and the Northern Treatment Advisory Group (NTAG) have agreed that a Do Not Prescribe List would support the appropriate use of medicines of limited clinical value as highlighted in the NHSE Medicines Opportunities for 23-24.
A paper to FWG proposed several actions that were accepted, including the addition of a BLACK-NOT APPROVED status to the NENC formulary, and also some changes to the status of many medicines covered by the national guidance. Changes to formulary drug entries have already been previously approve by ICB CEG this just a summary document presented to NTAG summarising all the DNP drugs in one place for information.
NTAG suggested the following changes to the document:

- Move Green+ and AMBER SC items to separate section at the end saying these are approved for limited use as per the NHSE Items not to be routinely prescribed in primary care guidance.
- Benzydamine - clarify that this applies to creams/ointments not mouthwash/oral spray.

ACTION:
Secretary to send to the April 2025 meeting of the NENC Clinical Effectiveness and Governance (CEG) Subcommittee for final sign off.

RESOLVED:
NTAG agreed to recommend approval to the April 2025 meeting of the NENC Clinical Effectiveness and Governance (CEG) Subcommittee subject to the agreed changes being made.

Item 17 **NENC ICB position-statement-non-palliative-care-use-of-opiates update Feb 2025**

The North East North Cumbria (NENC) ICB Medicines Committee Position Statement on Prescribing in Persistent Pain was approved in April 2023 with a review date of April 2025.
Updated version circulated to both the regional Opioids and the ICB MO Chronic Pain Portfolio group for comment, and is now presented to NATG. There are no substantive changes to the document and have checked and updated all references and links.

ACTION:
Secretary to send to the April 2025 meeting of the NENC Clinical Effectiveness and Governance (CEG) Subcommittee for final sign off.

RESOLVED:
NTAG agreed to recommend approval to the April 2025 meeting of the NENC Clinical Effectiveness and Governance (CEG) Subcommittee.

Item 18 **Daridorexant for treating long-term insomnia – review 12 months after addition to formulary**

NTAG reviewed the formulary status/use of Daridorexant for treating long-term insomnia now that it has been on the formulary for 12 months.
Daridorexant was added to the formulary are per TA922 in February 2024 as a Green+ drug initially for 12 months to allow specialists to gain experience of the drug.
NTAG agreed Green+ status was appropriate because:

- NICE guidance shares no outcome date beyond 12 months
- New class of drug
- Training required by GPs to prescribe
- Consistent with RAG status for melatonin
- Specialists supported Green+ to ensure used appropriately plus so they could gain experience of the drug. Also would help reinforce use of CBTi first.
- Need to ensure patients reviewed after 3 months and drug stopped if not responded.

NTAG noted that CBTi to date is not commissioned on the NHS across the whole of NENC. Sleepstation® is available on the NHS in some parts of NENC but Sleepio® is not commissioned on the NHS in NENC. We were led to believe that NHSE was going to commission a digital CBTi across England but to date this has not happened. NHSE current position appears to be that it is for ICBs to fund and commission digital therapeutics for insomnia if they wish.
A review of prescribing data shows that one GP practice in County

Durham and four GP practices in Tees Valley are outliers in terms of their volume of prescribing compared to the rest of the NENCV.

ACTION:
KH to ask MO teams investigate why prescribing in Tees Valley and Durham in some GP practices is higher than the rest of NENC.

Secretary to ask specialists in sleep clinics in NuTH and South Tees for any audit data they have.

RESOLVED:
NTAG agreed that the Green+ status remains appropriate to ensure use appropriate and CBTi tried first.
NTAG agreed to ask MO teams investigate why prescribing in Tees Valley and Durham in some GP practices is higher than the rest of NENC.
NTAG agreed to ask specialists in sleep clinics in NuTH and South Tees for any audit data they have.

Item 19 **Chair's action since last meeting**
None since last meeting**.**

Item 20 **Any other business**
Ritlecitinib
Confirmed that NICE TA958 has now been signed off at the February 2025 NENC CEG and the formulary has been updated.

ICB/NHSE changes
NTAG noted that as yet do not know what the impact will be on ICB governance structures and remits for groups/committees following the announcement about changes to ICB/NHSE last week.

The Chair noted that this was Rachel McMahon's last meeting as the LMC representative, and she was thanked for her support to and contributions to NTAG.

CLOSE

The meeting was closed at 11.05 hrs.

Date and Time of Next Meeting: 20th May 2025, 9am-11.30am vis Microsoft Teams