Agenda

Part 1
Meeting held in public

Meeting title: **Northern CCG Joint Committee**

Date: **Thursday 7 March 2019**
Time: **2.00pm – 3.00pm**
Location: **The Durham Centre, Belmont, Durham, DH1 1TN**

Item		Lead	Time	Paper
01	Welcome, apologies and declarations of conflicts of interest in relation to the agenda	Chair	2.00-2.05	Enclosure 01
02	Minutes and action log of previous meeting – 10 January 2019 02.1 Minutes 02.2 Actions	Chair	2.05-2.10	Enclosure 02
03	Matters arising from the previous meeting, to include (from action log) - Specialised Services Place Based Commissioning	Chair	2.10-2.15	Verbal
	Items for discussion			
04	Review of Northern Treatment Advisory Group (NTAG) Terms of Reference / receive Annual Report (deferred from previous meeting)	Gavin Mankin Nicola Bailey	2.15 2.30	Enclosure 03
05	Governance update – remit of the Joint Committee	Chair	2.30-2.40	Enclosure 04
06	Feedback from 'Integrated governance regional meeting'	Chair	2.40-2.50	Verbal
	Items for information			
	No items			
07	Questions from members of the public relating to specific items on the agenda	Chair	2.50-2.55	Verbal
08	Any other business	Chair	2.55-3.00	Verbal
	Date and time of next meeting: 2 May 2019 **2.00pm – 5.00pm** **The Durham Centre, Belmont, Durham DH1 1TN**			

Representatives of the press and other members of the public are excluded from part 2 of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1 (2)) Public Bodies (Admission to Meetings) Act 1960

Northern CCG Joint Committee

Future meetings
2019

Date	Time	Venue
Thursday 2 May 2019	2.00 – 5.00pm	The Durham Centre
Thursday 4 July 2019	2.00 – 5.00pm	The Durham Centre
Thursday 5 September 2019	2.00 – 5.00pm	The Durham Centre
Thursday 7 November 2019	2.00 – 5.00pm	The Durham Centre

Northern CCG Joint Committee Offcial Enclosure 01

Register of Interests as at 25 February 2019

			Type of Interest							
Name	**Current position(s) held in the CCG(s)**	**Declared Inerest (name of the organisation and nature of business)**	**Financial Interes**	**Non-financial Professional**	**Non-financial Personal**	**Indirect**	**Nature of interest**	**Is the interest direct or indirect**	**Date declared**	**Action taken to mitigate risk**
Mark Adams	Accountable Officer for Newcastle Gateshead CCG and North Tyneside CCG	Newcstle Gateshead CCG	ü				Accountable Officer	direct	Nov-17	Will declare at meetings as required
		North Tyneside CCG	ü				Accountable Officer	direct		Will declare at meetings as required
		Beverley Park Leisure Ltd	ü				Director	direct		Not relevant to CCG role
		GLSKR.com Ltd	ü				Director	direct		Will declare at meetings as required
Nicola Bailey	Chief Officer Durham, Darlington and Tees CCGs	Conflict of interest relating to Chief Officer role across five CCGs	ü				Chief Officer	direct	Nov-18	The person declaring the financial interest will not take part in any decision making relating to that area of financial interest. They will be asked to leave any meeting where that area is being discussed.
Vanessa Bainbridge	Accountable Officer for Northumberland CCG	Northumbria Healthcare NHS T	ü				Accountable Offier Northumberland CCG/Northumbria Healthcare NHS Trust - Dual role with CCG Accountable Officer and Northumberland County Council as DASS – declarations and interest in Local Authority business Employment basis is with Northumbria Health Care NHS Foundation Trust	direct	Dec-17	Declaring an interest with current CCG role which is applicable for joint committee
Mark Dornan	Clinical Chair for Newcastle Gateshed CCG	Newcastle Gateshead CCG	ü				Assistant Clinical Chair Governing Body member Executive Committee Chair	direct	Feb-18	Will be declared at meetings where relevant
		Teams Medical Practice	ü				Partner and GP Trainer	direct		
		Academic Health Science Network		ü			Governing Body Member	direct		
		Gateshead Community Based Care	ü				Teams Medical Practice is a member	direct	Sep-18	
		Branch End Practice, Stocksfield	ü				Wife is GP Partner	indirect		

Stewart Findlay	Chief Officer Durham, Darlington and Tees CCGs	Bishopgate Medical Practice, Bishop Auckland	ü				Part owner	direct	Nov-18	The person declaring the financial interest will not take part in any decision making relating to that area of financial interest. They will be asked to leave any meeting where that area is being discussed.
		NECS Shadow Customer Board		ü			Member	direct		The person declaring the non-financial professional interest will not take part in any decision making relating to the area of interest being declared, may take part in decision making if appropriate.
		North Durham CCG				ü	Daughter is employed as Commissioning and Development Lead	indirect		Any conflict of interest declared in relation to an indirect interest will be considered on a case by case basis depending on the discussions taking place at the time.
		Conflict of interest relating to Chief Officer role across five CCGs	ü				Chief Officer	direct		The person declaring the financial interest will not take part in any decision making relating to that area of financial interest. They will be asked to leave any meeting where that area is being discussed.
David Gallagher	Accountable Officer for Sunderland CCG	Sunderland CCG	ü				Chief Officer	direct	May-18	Will declare at meetings as appropriate
		Specsavers Peterlee		ü			Daughter is Store Manager	indirect		
David Hambleton	Accountable Officer for South Tyneside CCG	South Tyneside CCG	ü				Chief Executive	direct	Nov-17	Will declare all interests within meetings as appropriate and exclude myself from
		North of England Commissioning Support		ü			Wife employed by NECS	indirect		
Neil O'Brien	Clinical Chief Officer Durham, Darlington and Tees CCGs	Cestria Health Centre, Chester le-Street	ü				GP Partner	direct	Nov-18	The person declaring the financial interest will not take part in any decision making relating to that area of financial interest. They will be asked to leave any meeting where that area is being discussed.
		Cestria Health Centre, Chester le-Street	ü				Cestria provides intermediate level service in ear, nose and throat, dermatology and minor surgery and palpations in which I financially benefit from	direct		The person declaring the financial interest will not take part in any decision making relating to that area of financial interest. They will be asked to leave any meeting where that area is being discussed.
		Chester-le-Street Health Ltd (GP Federation)				ü	Cestria is a member of	indirect		Any conflict of interest declared in relation to an indirect interest will be considered on a case by case basis depending on the discussions taking place at the time.

		County Durham and Darlington NHS Foundation Trust (CDDFT)				ü	Wife employed at CDDFT	indirect		Any conflict of interest declared in relation to an indirect interest will be considered on a case by case basis depending on the discussions taking place at the time.
		Conflict in relation to being Accountable Officer across five CCGs	ü					direct		The person declaring the financial interest will not take part in any decision making relating to that area of financial interest. They will be asked to leave any meeting where that area is being discussed.
Charles Parker	Chair for Hambleton, Richmond and Whitby CCG	Conflict in relation to being Accountable Officer across five CCGs	ü				Chair	direct	Jan-18	Declare before discussion and exclude from decision voting
		Topcliffe Surgery	ü				GP	direct		
		South Tees NHS Foundation Trust	ü				GP in A&E	direct		
Ian Pattison	Clinical Chair for Sunderland CCG	NHS Sunderland CCG	ü				Clinical Chair	direct	May-18	Will declare at meetings as appropriate
		Southlands Medical Group	ü				GP Partner			
			ü				Practice is a member of the Sunderland GP Alliance			
		NHS England	ü				GP Appraiser			
				ü			Wife is a locum GP	indirect		
Boleslaw Posmyk	Chair for Hartlepool and Stockton CCG and Darlington CCG	NHS Hartlepool and Stockton C	ü				CCG Chair/salary	direct	Nov-17	Interests will be declared at meetings as required
		NHS Darlington CCG	ü				CCG Chair/salary	direct	Sep-18	
		Havelock Grange GP Practice	ü				Profit share	direct	Nov-17	
							Income from owned practice premises			
		HAST GP Federation	ü				Interest via practice shareholding in federation	Indirect		
		Rockcliffe Court Surgery, Hurworth	ü				Salaried GP	direct	Sep-18	
David Rogers	Medical Director / Interim Accountable Officer for North Cumbria CCG	NHS North Durham CCG	ü				Medical Director / Interim Accountable Officer	direct	Dec-17	Will declare at meetings as appropriate

Jon Rush	Chair for North Cumbria CCG	NHS North Cumbria CCG	ü				Chair	direct	Jan-18	Where there is a relevant decision required at the Joint Committee that affects my role as Chair of the Safeguarding Board and could deem to be a potential conflict, I will declare it and then decide what role I take in the decision making. Bearing in mind I am at the meeting in 2 roles: 1. Chair of North Cumbria CCG – which does not affect my role in Redcar 2. Chair of the joint committee – which could impact on my role but not be particularly impactive as all the decisions need to be unaminous so the chair vote does not come into particular significance
		Redcar and Cleveland Safeguarding Children Board			ü		Independent Chair - role is to hold to account all relevant statutory	direct		
Richard Scott	Clinical Chair for North Tyneside CCG	North Tyneside CCG	ü				Clinical Chair	direct	Apr-18	Will comply with the Standards of Business Conduct and Declarations of
		Marine Avenue Medical Centre, Whitey Bay (GP Practice)	ü				GP Partner and GP trainer; member of CCG Council of Practices	direct		
		Tyne Health (North Tyneside GP Federation)	ü				that is a shareholder of TyneHealth. Practice Manager is a director of TyneHealth	direct		
		Northumbria Healthcare FT			ü		Wife works as a District Nurse for Northumbria Healthcare FT	indirect		
David Shovlin	Director	NHS Northumberland CCG	ü				West Locality Director & Director for Unplanned Care	direct	Feb-18	Will declare at meetings as appropriate
		Vocare, Provider of out of hours GP services	ü					direct		
		Northumbria Healthcare NHS Trust	ü				Hospital Practitioner in Cardiology	Direct		

		Burn Brae Medical Group	ü				GP Partner	direct		
		HPCA, provider of extended hours GP access	ü				Member practice	direct		
Jonathan Smith	Clinical Chair for Durham Dales, Easington and	Durham Dales, Easington and Sedgefield CCG	ü				Clinical Chair	direct	Dec-17	All interests will be declared at meetings as appropriate
		Silverdale Family Practice, South Hetton	ü				GP Partner	direct		
		Council of Members, Durham Dales, Easington and Sedgefield CCG	ü				Representative for Silverdale Family Practice	direct		
		Academic Health Science Network		ü			Director	direct		
		South Durham Health Federation	ü				Member	direct		
Janet Walker	Clinical Chair for South Tees CCG	CCG Clinical Chair	ü				Clinical Chair	direct	Jan-18	Declaration recorded in CCG DoI and GB members aware for internal and external related business and discussions.
		Manor House Surgery, Normanby, Middlesbrough	ü				GP Partner (Practice business partnership , provider of primary care services)	direct		
Matthew Walmsley	Chair for South Tyneside CCG	Chair	ü				Chair	direct	Feb-18	Declaration and withdrawal
		Health and Wellbeing Board		ü			Vice Chair	direct		
		Marsden Road Health Centre	ü				Partner	direct		
		Houghton Medical Group	ü		ü		Wife is a Partner	indirect		
Non voting members										
Stephen Childs, Managing										Non-voting member
Ken Readshaw, Lay member	C:\Users\ gillian.stanger\ Desktop\DOI member	Hambleton Richmondshire Whitby CCG	ü				Governing Body member	direct	Jan-18	Non-voting member
		Scarborough and Ryedale CCG	ü				Governing Body member	direct		
		The Wensleydale School and sixth form			ü		Governing Body member	direct		

		Charlton Highdale Parish meeting			ü		Responsible financial officer	direct		
		University of York	ü				Spouse is project manager for TB and tobacco	indirect		
Feisal Jassat	Governing Body lay member	North Durham CCG	ü				Governing Body lay member	direct	Jan-18	Non-voting member
		Durham Dales, Easington and Sedgefield CCG	ü				Governing Body lay member	direct	Aug-18	
		Wheels 2 Work Project - supporting people into work with transport option- motorbikes			ü		Trustee	direct	Aug-18	
		Investing in Children County Durham			ü		Trustee	direct	Sep-18	
Jon Connolly	Chief Finance Officer for North Tyneside CCG and Northumberland CCG	North Tyneside CCG	ü				Chief Finance Officer	direct	Feb-19	Non-voting member
		Northumberland CCG	ü				Chief Finance Officer	direct		

Northern CCG Joint Committee

10 January 2019 /2.00 – 3.15pm / The Durham Centre

Part 1 - Meeting held in public

Present

CCG members		
Mark Adams	MA	NHS Newcastle Gateshead CCG and NHS North Tyneside CCG
Nicola Bailey	NB	NHS Darlington CCG NHS Hartlepool and Stockton on Tees CCG NHS North Durham CCG NHS Durham Dales, Easington and Sedgefield CCG NHS South Tees CCG
Vanessa Bainbridge	VB	NHS Northumberland CCG
Mark Dornan	MD	NHS Newcastle Gateshead CCG
David Gallagher	DG	NHS Sunderland CCG
David Hambleton	DH	NHS South Tyneside
Neil O'Brien	NO'B	NHS Darlington CCG NHS Hartlepool and Stockton on Tees CCG NHS North Durham CCG NHS Durham Dales, Easington and Sedgefield CCG NHS South Tees CCG
Charles Parker	CP	NHS Hambleton, Richmond and Whitby CCG
Ian Pattison	IP	NHS Sunderland CCG
Boleslaw Posmyk	BP	NHS Hartlepool and Stockton CCG and NHS Darlington CCG
David Rogers	DR	North Cumbria CCG
Jon Rush (Chair)	JR	NHS North Cumbria CCG
Richard Scott	RS	NHS North Tyneside CCG
Jonathan Smith	JS	NHS Durham Dales, Easington and Sedgefield CCG
Janet Walker	JW	NHS South Tees CCG

Lay members (non-voting)	
Feisal Jassat	FJ
Ken Readshaw	KR

In attendance

Stephen Childs	SC	North of England Commissioning Support (NECS)
Jon Connolly	JC	North Tyneside CCG
Dan Jackson	DJ	NHS Sunderland CCG
Gillian Stanger	GS	North of England Commissioning Support (NECS)

Members of the public

A Bailey	Ranbaxy
Laura Bell	EMIS Health
David Dover	EMIS Health
Amy Fishburn	DAC Beachcroft LLP
Sarah Foster	DAC Beachcroft LLP
S Hall	Takeda
James Heels	EMIS Health
Carolyn Smith	Pfizer
Steve Sullivan	Bayer

Minutes	Action
01 Welcome, apologies and declarations of conflicts of interest in relation to the agenda	
Welcome and introductions were carried out. Apologies were received from David Shovlin, Northumberland CCG. The Committee's register of Interests was received.	
02 Minutes and action log of previous meeting (6 September 2018)	
The minutes of the meeting held on 6 September 2018 were accepted as an accurate record, noting the correct initials against the names of Feisal Jassat (FJ) and Ken Readshaw (KR). The action log was updated.	
03 Matters arising from the previous meeting	
There were no matters arising from the previous meeting.	
04 Collaboration with the Academic Health Science Network (AHSN) North East North Cumbria	
Mark Dornan (MD) presented the report and gave a brief overview of the AHSN, its key work programmes and the opportunities for greater engagement and growth. It was noted that there were currently two CCG places available on the AHSN Board. Janet Walker (JW) volunteered to become a member and Stephen Childs (SC) suggested that NECS could undertake a membership role on behalf of CCGs and this would need to be checked out with the Board. The Committee agreed: (i) To nominate Janet Walker and a NECS representative to be members of the AHSN Board. (ii) To note the key work programmes in the AHSN and explore opportunities for greater engagement. (iii) CCGs to consider accessing the Technology Transfer Funding (details of which had been previously circulated)	
05 Review of Northern Treatment Advisory Group (NTAG) Terms of Reference / receive Annual Report	
This item was deferred.	
06 Local non-executive community networks	
Feisal Jassat (FJ) presented the paper and noted that Cumbria and the North East (CNE) had been successful in its application for funding to develop a local Integrated Care System (ICS) network for lay members and non-executive directors. Match-funding had been secured from the communications budget. The Committee received an update on progress, noting that a project team had been established to develop a co-ordinated approach to a Lay Member Network and avoid duplication (reference an event being planned in March by Sir John Burn for Chairs and Lay Members) The Committee received the report.	
07 Governance update	
The Chair started discussions by referring to the scope of the Committee, how it fitted in to the emerging ICS and the need to produce an annual report.	

07.1 **New Accountable Officer arrangements for the South CCGs** The new arrangements for the south CCGs were noted, with Neil O'Brien (NO'B) as Accountable Officer, Nic Bailey (NB) and Stewart Findlay (SF) as Chief Officers and four Chairs from the five CCGs (Jonathan Smith (JS) for Durham Dales, Easington and Sedgefield CCG, Janet Walker (JW) for South Tees CCG, Boleslaw Posmyk (BP) for Darlington and Hartlepool and Stockton CCGs and David Smart (DS) for North Durham CCG).	
07.1 Review of Terms of Reference (ToR) It was acknowledged that inevitably the Joint Committee's ToR would need to change to take account of the above changes to membership, ICS governance and the lack of any legislation, the need for clarity around delegated decision-making (noting anxieties and the need for assurance around governance), the need for a workplan and the recently publicised Long Term Plan. However, it was recognised that timing was an issue and more information was needed on the emerging direction of travel. The Committee agreed that a small working group should be established to be representative across CNE and Dan Jackson (DJ) would email members to seek representatives to join the group.	DJ
08 Primary Care Research Strategy	
Jonathan Smith (JS) presented the report which confirmed that all 12 CCGs had now confirmed that they were signed up to the Primary Care Research Strategy. The process had been undertaken via email. The Committee received the report for information.	
09 Questions from members of the public relating to specific items on the agenda	
James Heel from EMIS Health asked a question in relation to the Academic Health Science Network (AHSN) and how the Committee saw EMIS Health as a collaborative partner to implement new innovations. Mark Dornan (MD), in his capacity as Senior Responsible Officer (SRO for Digital Care) referred to the suppliers workstream and would speak to James outside of the meeting regarding the required process.	
10 Any Other Business	
There was no other business.	

Representatives of the press and other members of the public were excluded from part 2 of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1 (2)) Public Bodies (Admission to Meetings) Act 1960

Date and time of next meeting:

Thursday 7 March 2019
2.00pm
The Durham Centre

Joint CCG Committee for Cumbria and the North East – Action log (completed actions shown in be greyed out section)

	Date of Action	Action captured	Owner	Timescale	Progress	Outcome
1	6.9.18	**Specialised Commissioning Strategy Group** Provide supporting information seeking volunteers for CCG representatives from each ICP area. RC to review what out-of-hospital provider representative role might involve and circulate information to members to consider nominations. RC to link in with CCG PPI members across the region to seek a representative	Robert Cornall/ all to respond	14.9.18	Update provided by Robert Cornall 13.12.18 – There is a meeting with the Trusts and Commissioners involved on 17 December which will agree next steps and these actions will then be finalised. Meeting had taken place and a note of the key points would be obtained. Notes on agenda 07.03.19	
2	11.1.19	**Review Terms of Reference** Establish working group to review ToR – email CCGs for representatives to join group.	DJ	Not specified		

Completed actions

	Date of Action	Action captured	Owner	Timescale	Progress	Outcome
Completed actions						
1	3.5.18 (NCCGF meeting)	**Better care for heart attacks** Feed back from event involving involve Cardiology colleagues, commissioners and the CVD Network.	DG	July meeting (Joint Committee)	Update 5.7.18.DG to feed back to DJ following Cardiology event to take place on 3.10.18. Event on cardiology pathway to take place December – DG to feedback following this. Update 10.1.19 – Two events had taken place 'Let's talk cardiology' and end-stem pathway re-design. DG would circulate the report. Report circulated 11.1.19.	**Complete**
2	6.9.18	**Cancer Alliance - Communications and engagement for integrated health and care** CG to circulate briefing on requirements for a CCG to take the lead and work with the Alliance on the engagement aspects of developing a sustainable model for breast services for future delivery.	Chris Gray/ all to respond	14.9.18	Report to be considered in part 2 of the 10.1.19 meeting. Noted that David Rogers is SRO for Cancer and Neil O'Brien is lead for breast cancer.	**Complete**

Northern Treatment Advisory Group: 4th Annual Report, June 2018

Chairman's foreword

NTAG has continued to meet regularly as a forum of experts to ensure that consistent and considered recommendations are made to Clinical Commissioning Groups on the adoption of new treatment pathways for patients in the North East, North Cumbria and parts of North Yorkshire.

The group has continued to make recommendations to ensure clinically effective treatments are adopted locally and ensuring the best use of NHS resources for the delivery of patient care. Members of NTAG have contributed to the development of the North Regional Medicine Optimisation Committee (RMOC). NTAG has also been included in the sub-regional pathway to consider the adoption of RMOC guidance for its member CCGs.

I would like to thank the members of NTAG and the expert advisors who contribute to the detailed treatment appraisals for the work they have done on this important and complex agenda.

Dr Ian Davidson,
Medical Director
NHS North Durham Clinical Commissioning Group

Appraisal and Recommendations

During the financial year 2017/18 the group produced 4 new recommendations and re-reviewed 3 previous NETAG recommendations. As per the groups terms of reference the group has concentrated on non-NICE high cost specialist drugs or treatments. The group is also increasingly being asked to issue recommendations on prescribable devices. These are often more complex there is no clear evidence of benefit for patients, as the clinical data available does not have to be as rigorous as licensed medicines. See table for further details. There continue to be referrals directly from the IFR panels, this link is key in establishing a good process for review of drugs or treatments that are being requested frequently (>5) across the region. Often the drugs and treatments for which requests are made are unlicensed and there are no national guidelines or recommendations available to guide use. Where the evidence is not clear criteria have been developed to aid IFR panels in their decisions.

The group is also keep to develop a good relationship with specialists and hopes to add to the data available for some treatments by encouraging audit and review of less commonly used treatments. This year the group has facilitated the development of treatment protocols/criteria for use for Qutenza®,Pitolisant and continuing treatment with Sodium Oxybate.

All recommendations are based upon proven clinical outcomes, value for money and affordability.

Title	Recommendation
FreeStyle Libre Flash Glucose Monitoring System.	NTAG endorses the Regional Medicines Optimisation Committee (RMOC) position statement on the NHS prescribing of Freestyle Libre® Flash Glucose Monitoring System of the 1st November 2017. NTAG recommends Freestyle Libre® as an option for glucose monitoring in Type 1 diabetic patients only in the North East and Cumbria for patients who fulfil the RMOC criteria for the device.
Qutenza®(capsaicin) cutaneous patch for neuropathic pain (Updated)	Recommended as per treatment pathway and as a fourth line treatment option.
Rituximab Biosimilars for Rheumatoid Arthritis	Recommended as an option for use in adults where the originator product (MabThera®) would normally be prescribed for new and existing patients.
Sodium Oxybate for narcolepsy with or without cataplexy in adults (updated)	Recommended in adult patients who have received and benefited from treatment with sodium oxybate as commissioned by NHS England. i.e. continuing treatment for those >19 years old
Pitolisant (Wakix®) for the treatment of narcolepsy with or without cataplexy in adults	Not recommended (Currently under review)

Paliperidone long acting injection (Xeplion®) and Paliperidone 3 monthly injection (Trevicta®) Janssen-Cilag for schizophrenia (updated)	Recommended the use of Paliperidone LAI and 3-monthly injection as per its licensed indications and as outlined in the updated Guidance on the Use of Antipsychotic Long-acting Injections in the North of England.
Liraglutide (Saxenda®) for the treatment of obesity.	Not recommended.

All of the above recommendations and their associated appraisal documents can be accessed via the NTAG website.

Membership

The group is now well established and. Representation has been drawn from throughout NHS North East & Cumbria, both geographically and strategically (i.e. primary and specialist care, providers and commissioners.)

Patient representation has been difficult to achieve due to the specialist nature of drugs or treatments reviewed by NTAG however other avenues for patient input will be explored if necessary.

Work plan

The majority of appraisals have been conducted following a referral or request to the group by APCs or IFR panels, with a minority identified prospectively through horizon scanning processes. The current work plan is available on the website and is updated following each meeting should any changes be made. The group also continues to receive requests to re-review old NETAG recommendations that are now out of date.

Further information

This is the 4th annual report for NTAG and covers the period of April 2017 to March 2018.

The group will review its remit following the establishment of Regional Medicines Optimisation Committees (RMOCs) however currently the RMOCs have a slightly different remit to NTAG with NTAG concentrating on the review of high cost drugs and treatments.

The NTAG website serves as the primary source of information for NTAG. However further details can be provided by the professional secretary:

Contact:
Gavin Mankin
Professional Secretary - NTAG
Principal Pharmacist – Medicines Management
Regional Drug and Therapeutics Centre
(hosted by the Newcastle upon Tyne Hospitals NHS Foundation Trust)
16-17 Framlington Place
Newcastle upon Tyne
NE2 4AB
Phone: 0191 2137855
Email: gavin.mankin@nhs.net

Northern (NHS) Treatment Advisory Group

Scheme of Delegation and Terms of Reference:

1. Purpose of the Group

1. The purpose of the Northern (NHS) Treatment Advisory Group (NTAG) is to advise member commissioning organisations on the clinical and cost-effectiveness of new and existing treatments, thereby ensuring equitable access to a clinically defined and appropriate range of treatments for the relevant patient population.
2. The geography of NTAG encompasses all CCGs within the North East and North Cumbria regions plus Hambleton, Whitby & Richmondshire CCG.
3. NTAG has been established to collaboratively agree on and to collectively advise the relevant member clinical commissioning groups (CCGs) on which new and existing non-NICE and non-specialised (NHS England) treatments, including non-drug treatments, should be made available for their patient populations.
4. To consider new drug recommendations made by the Regional Medicines Optimisation Committees (RMOCs) for adoption regionally.
5. Treatments which are specifically excluded from the remit of the group:
    a. Treatments which are the responsibility of NHS England via specialised commissioning arrangements, including most cancer drugs and related treatments.
    b. Treatments for indications which have been subject to a NICE technology appraisal or for which technology appraisal guidance is expected within six months of the next scheduled NTAG meeting.
6. NTAG has remit to consider existing treatments and therefore potentially identify opportunities for reducing expenditure on interventions of low clinical value.
7. NTAG will prioritise the following for review:
    - Drugs which are likely to have significant commissioning issues (very expensive or require a full pathway review)
    - Tariff excluded drugs where home share issues or regional procurement may require consideration.
    - High to moderate cost drugs provided via a tertiary centre.
8. NTAG will be the source of evidence of effectiveness and of an agreed regional position on the treatments which it considers and appraises.

2. Scheme of Delegation

1. NTAG is collaborative arrangement between member primary care commissioning organisations and the appropriate NHS healthcare providers.
2. Treatment recommendations from NTAG have advisory status only. However all member commissioning organisations have agreed that the default status of treatment recommendations will be acceptance as treatment policy unless specifically and explicitly stated otherwise.
3. NTAG is accountable to the relevant CCGs but is answerable to CCG Chief Officers via the Northern CCG Joint Committee.
4. The responsibility for the funding of treatments considered and appraised by NTAG lies with the individual statutory commissioning organisations; Clinical Commissioning Groups. An exception exists for treatments which are not High Cost drugs or otherwise excluded from the 'payment-by-results' tariff, as defined by the Department of Health for England. The funding of these treatments will be the responsibility of NHS provider and acute care trusts whilst a patient is under their care and with respect to agreed discharge and follow-up arrangements.
5. The following terms of reference are intended to provide the mandate for the establishment and operation of NTAG. Any amendments to this Scheme of Delegation and Terms of Reference must be formally approved by the CCG Chief Officers via the Northern CCG Joint Committee.

3.0 Terms of Reference

1. Managerially, and for operational purposes, NTAG is a voluntary collaboration between the relevant commissioners and providers.
2. NTAG will serve its member organisations as an expert collaborative advisory body. The group will conduct full and thorough treatment appraisals and publish treatment recommendations for new and existing treatments. Appraisals will be based on clinical evidence of therapeutic efficacy and safety, cost-effectiveness, patient-specific factors, healthcare service implications, and affordability.
3. The group will ensure that, for the indication under consideration, treatments due to receive technology appraisal from the National Institute for Health and Care Excellence (NICE) within six months of the next NTAG meeting date, and treatments which have already been subject to a NICE technology appraisal for the indication under consideration, will not be considered further by NTAG unless deemed essential due to specific clinical circumstances or important new information.
4. The group will produce treatment appraisal reports in advance of each meeting. Applications for treatment appraisals may therefore need to be prioritised by the group's officers. Appraisals will be advertised publicly and open to contributions and consultations with interested and appropriate parties.
5. The group will co-ordinate its work plan in accordance with existing NHS bodies and structures, for example by working with the Regional Drug and Therapeutics Centre in Newcastle and identifying new treatments using resources from UK Medicines Information (UKMi) and the Medicines and Prescribing Centre at NICE.
6. The group will, amongst other treatments, be permitted to appraise: licensed drugs; new indications for existing drugs; new combinations of drugs; other licensed or approved, new or novel non-drug technologies (i.e. CE marked devices); treatments with associated protocols describing the delivery of such treatments; unlicensed treatments; licensed treatments for use outside of their product license ('off-license' use).
7. The group will only consider unlicensed medicines, and licensed medicines for unlicensed indications, only if supported with a robust evidence base.
8. The group will prioritise for appraisal treatments which have potential to present either: Significant problems in evidence appraisal; a significant financial impact to member organisations, individually or collectively; existing or potential variations in use and access across member organisations which are not justified or desirable on clinical, therapeutic, or equitable grounds.

9. The group will specifically consider treatments for rare conditions for which there may be a small number of patients across all member organisations, for example orphan drugs as defined by the European Medicines Agency.
10. Treatments which are not appraised by NTAG may instead need to be considered locally by, for example, an area prescribing committee or similar.
11. The group will seek to obtain feedback and data regarding the implementation of, and adherence to, its treatment recommendations.
12. The secretary will communicate the group's operational details (work plan, minutes, etc.) and treatment recommendations to all relevant interested parties.
13. The group may recommend opportunities to disinvest treatments and associated healthcare services where appropriate and based on clinical evidence, cost-effectiveness analyses, safety, clinical governance, and updated NICE recommendations.
14. The group will be mindful of and seek to identify when it may be more appropriate for a treatment to be used within the context of a clinical study. In such cases the group must also be mindful to ensure that suitable exit strategies are in place for patients when such studies are terminated.
15. The group will prepare advice when requested and where relevant on the content of public relations statements.

3.1 Operational Procedures
3.1.1 Membership

The membership of NTAG will consist of 14 voting members and one non-voting member; the secretary. The officers (Chair, Deputy Chair and Secretary) will be appointed by CCG Chief Officers via the Northern CCG Joint Committee. Each member will be supported by at least one deputy representative to ensure that attendance at meetings is comprehensive.

- *Six representatives appointed by CCG Chief Officers via the Northern CCG Joint Committee.* To include at least three registered general medical practitioners, one senior medicines optimisation lead, one CCG executive finance or operational or similar director, and one CCG executive chief officer or similar.
- *Six provider clinical representatives*: To include one representative each from City Hospitals Sunderland; South Tees Hospitals Trust; Newcastle upon Tyne Hospitals Trust; Northumbria Healthcare NHS Trust and North Cumbria Hospitals (shared); one district general hospital trust representative; and one mental health trust representative. At least one of the provider representatives should also be a chief pharmacist or similar.

- *One Public Health representative*
- *One Patient / Lay representative*
- *Secretary,* commissioned by CCG Chief Officers via the Northern CCG Joint Committee.

The chair and deputy chair will be appointed by CCG Chief Officers via the Northern CCG Joint Committee from amongst their six representative members.

The membership will be constructed with regard to achieving a balanced representation of the group's geographical reach.
The membership will maintain, either directly or indirectly, links with the appropriate specialised commissioning team(s).

3.1.2 In Attendance (non-voting)

- Co-optees, as required and agreed by NTAG members.
- Support staff, as required at specific meetings.
- The Chair, with the general approval of the group, may invite others to attend and contribute to specific meetings if required.
- Third-party representation to accompany a specific treatment appraisal is not normally expected except at the point of appeal.

3.1.3 Individual Responsibilities

1. Regular attendance and participation at NTAG meetings and arranging a suitable deputy if the primary member cannot attend.
2. Members are requested to consider, as best as possible with the available evidence and information, the potential budget impact of any treatment being appraised, both with respect to their own organisation or field of practice, and with respect to the wider health economy within the relevant catchment.
3. NHS trusts and other relevant NHS member organisations will be informed of NTAG recommendations by the secretary of NTAG within seven days of the relevant NTAG meeting.
4. All group members and those asked to comment on work produced by the group will be required to declare any sources that present a potential conflict of interest and abide by the relevant regulations and guidelines in that respect. Persons who request NTAG to appraise a treatment, and persons supporting that request, are also expected to declare any potential sources that may present a conflict of interest.

3.2 Organisation of NTAG

1. NTAG will usually schedule four meetings per annum with provision to call unscheduled meetings at short notice (no less than two weeks) if an urgent issue requires resolution and cannot wait until the next scheduled meeting.
2. To be quorate at least 7 out of 14 nominated representative positions must be present.
3. To be quorate at least four of the six commissioning representatives must be present and this must include a CCG executive member and, where a drug treatment is under consideration, a medicines management representative. In addition three out of the six provider representatives (one of these to be mental health when a mental health drug is being discussed) must be present.
4. In addition a public health representative must be present for any treatment which has, or is likely to have, an appreciable impact on population health metrics. The chair of the meeting will determine whether any treatment meets this requirement. If a representative cannot attend the meeting, views will be sought via email prior to the meeting.
5. In the event that a meeting is not quorate under the requirements of paragraphs 2-4 (section 3.2), the chair will decide if the meeting will progress and which agenda items will remain or will be omitted. If a treatment recommendation is made at a meeting which is not quorate the secretary will ensure that:
    a. Any recommendation is only communicated publicly after the minimum requirements for quoracy (paragraphs 2-4, section 3.2) have been met via post-meeting communications
    b. Any communication of recommendations formulated in such a manner will state that the meeting was not quorate at which the recommendation was made
6. To carry a vote in terms of collective recommendations a majority of at least one is required. In the event of a tied vote, the meeting's chair will have the deciding vote.
7. The NTAG work plan is arranged by the secretary following requests and submissions from interested parties and appropriate prospective treatment identification. Members may also advise the secretary on the work plan.
8. Treatment appraisal reports will be available to members at least seven days prior to the relevant meeting.
9. It is expected that provider trusts will use their own internal clinical and pharmaceutical systems to screen applications that are suitable for consideration by NTAG as opposed to more locally based decisions. Once NTAG has accepted a treatment for appraisal this treatment should not be considered by any local groups within the NTAG membership.

10. Appeals against recommendations must be made in accordance with the defined appeals process, available from the secretary.
11. The secretary will maintain and retain records of the proceedings, recommendations and other business of NTAG, including minutes of meetings and more detailed appraisal reports.
12. The secretary will produce and publish a summary of each treatment recommendation which will be made available to all interested parties and member organisations.
13. The secretary will ensure that documents pertaining to NTAG such as treatment appraisal reports, recommendation summaries, minutes of meetings and other documents are available in the public domain without undue delay. The secretary and the group must have regard to and respect commercial interests and personal information and achieve a suitable balance.

Author: G Mankin

Role: Secretary, NTAG

Date: updated November 2018

Northern CCG Joint Committee

Date of meeting: 7 March 2019

Does paper need to be circulated before the agenda goes out (ie earlier than 10 working days prior to the meeting) (please circle): **No**

Title of report: Review of Northern Treatment Advisory Group (NTAG) Terms of Reference

Purpose of report (brief description):

NTAG is proposing the following changes to its Terms of Reference:

- Change references to Northern CCG Forum to Northern CCG Joint Committee to reflect changes in structure regionally.
- Remove reference to Northern Clinical Senate.
- Update geography covered by NTAG to include North Cumbria CCG and Hambleton, Whitby & Richmondshire CCG.
- Make reference to NTAG role in being the route for adopted for RMOC new drug recommendation regionally as agreed by the December 2017 Regional CCG Forum.

NTAG also seeks confirmation and clarity on its accountability arrangements in light of changing NHS structures and accountability/decision making processes within the region. We would like to seek the view of the Northern CCG Joint Committee was to whether there is still a place and role for NTAG in light of the creation of Regional Medicines Optimisation Committees, and if so some clarity on the remit of NTAG.

Recommendations:

Is the paper for (please tick):

Decision-making	ü
Information Sharing	
Discussion	ü

Actions required by Northern CCG Joint Committee:

- To confirm if there is see a place and role for NTAG in light of changing NHS structures and accountability/decision making processes within the region.
- To confirm the accountability arrangements for NTAG.
- To approved the update NTAG Terms of Reference

Sponsor: Dr Ian Davidson (Chair of NTAG)
Report Author: Gavin Mankin (Professional Secretary of NTAG)
Job Title:
Date: 10th Dec 2018

Join our Journey

North East and North Cumbria

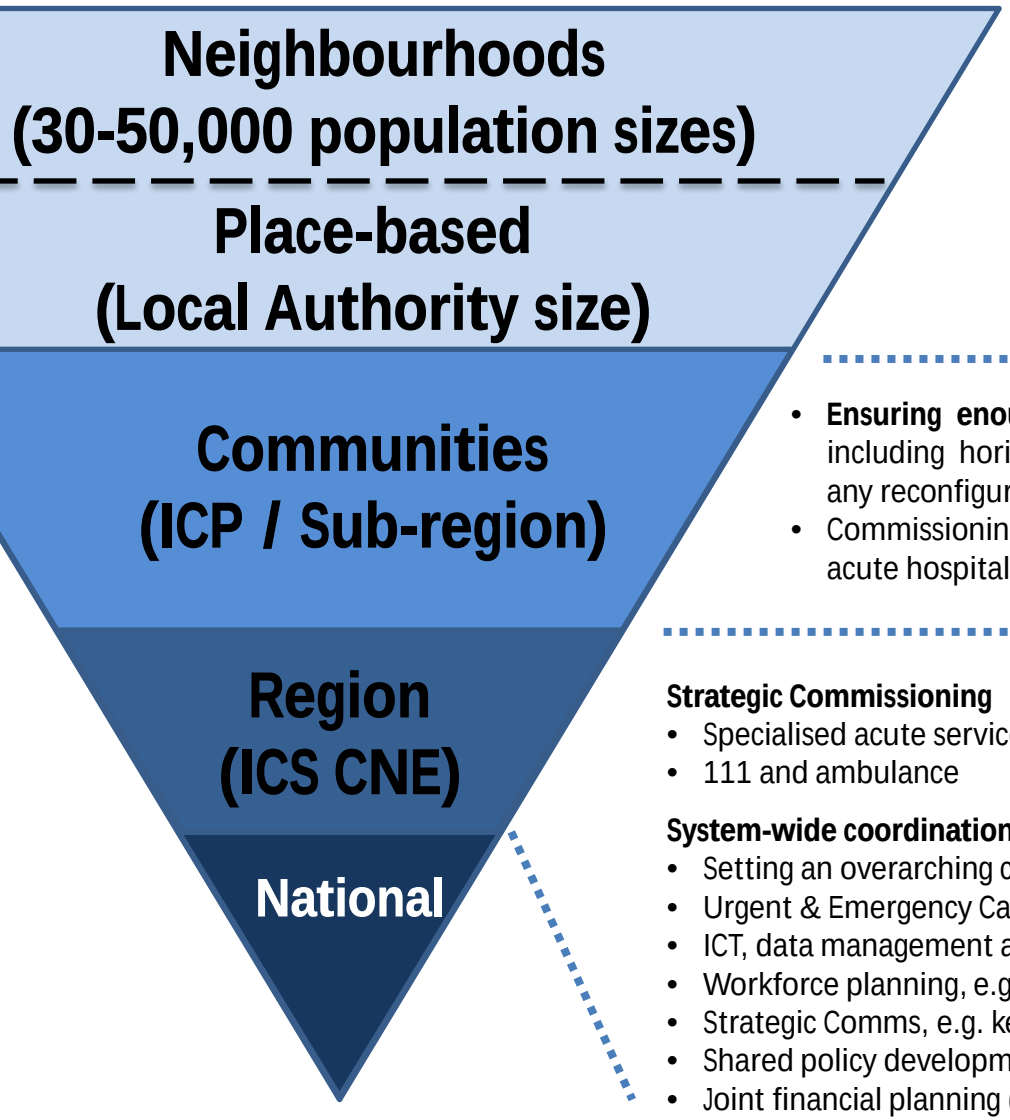
Review of Joint CCG Committee Remit

7 March 2019

Join our Journey

North East and North Cumbria

"Do the right things at the right level with the right partners"



- Strengthen place-based clinical leadership
- Accountability and quality of local health services
- Relationships with local public and third sector
- Improved access to primary care
- Development and commissioning of
  - Community Services
  - Health and Social Care integration
  - Local pharmacy services
- Effective engagement with local communities
- Public & political engagement and consultation
  - Health and Wellbeing Boards
  - Overview and Scrutiny committees
  - GP representative bodies

- **Ensuring enough critical mass for vulnerable non-specialist acute services** - including horizontal integration/clinical networking any the management of any reconfiguration as required
- Commissioning, contracting and performance management of non-specialist acute hospital services, in conjunction with place

Strategic Commissioning
- Specialised acute services
- 111 and ambulance

System-wide coordination
- Setting an overarching clinical strategy and clinical standards – arbitrating if required
- Urgent & Emergency Care coordination
- ICT, data management and digital care
- Workforce planning, e.g. recruitment and harmonised training
- Strategic Comms, e.g. key public health messages re prevention
- Shared policy development (VBC/IFRs/Avastin)
- Joint financial planning (TBC as part of the AspirantrProgramme)

Joint CCG Committee remit example from West Yorkshire and Harrogate ICS (2018/19)

Cancer

- Agree new strategic approaches to the commissioning and provision of cancer care, building on the 'Commissioning for Outcomes' work.

Mental health

- Agree a single operating model for the management of acute and psychiatric intensive care unit (PICU) beds across West Yorkshire and Harrogate.
- Agree a standard commissioning approach to acute and PICU services and a commitment to peer review local crisis services to ensure risk and benefit can be clearly understood and managed across West Yorkshire and Harrogate.
- Agree plan for the provision of children and young people inpatient units, integrated with local pathways.

Stroke

Agree configuration of Hyper Acute and Acute stroke services

- Review and approve outline business case. Decide on readiness to consult.
- Review outcomes of consultation.
- Approve full business case
- Consider and approve commissioning approach and approve delivery plan.

Urgent and emergency care

Integrated urgent care services:

- Agree the specification and business case (incorporating future arrangements for NHS 111 and GP out of hours services).
- Agree the commissioning and procurement process to deliver services from 2019 onwards

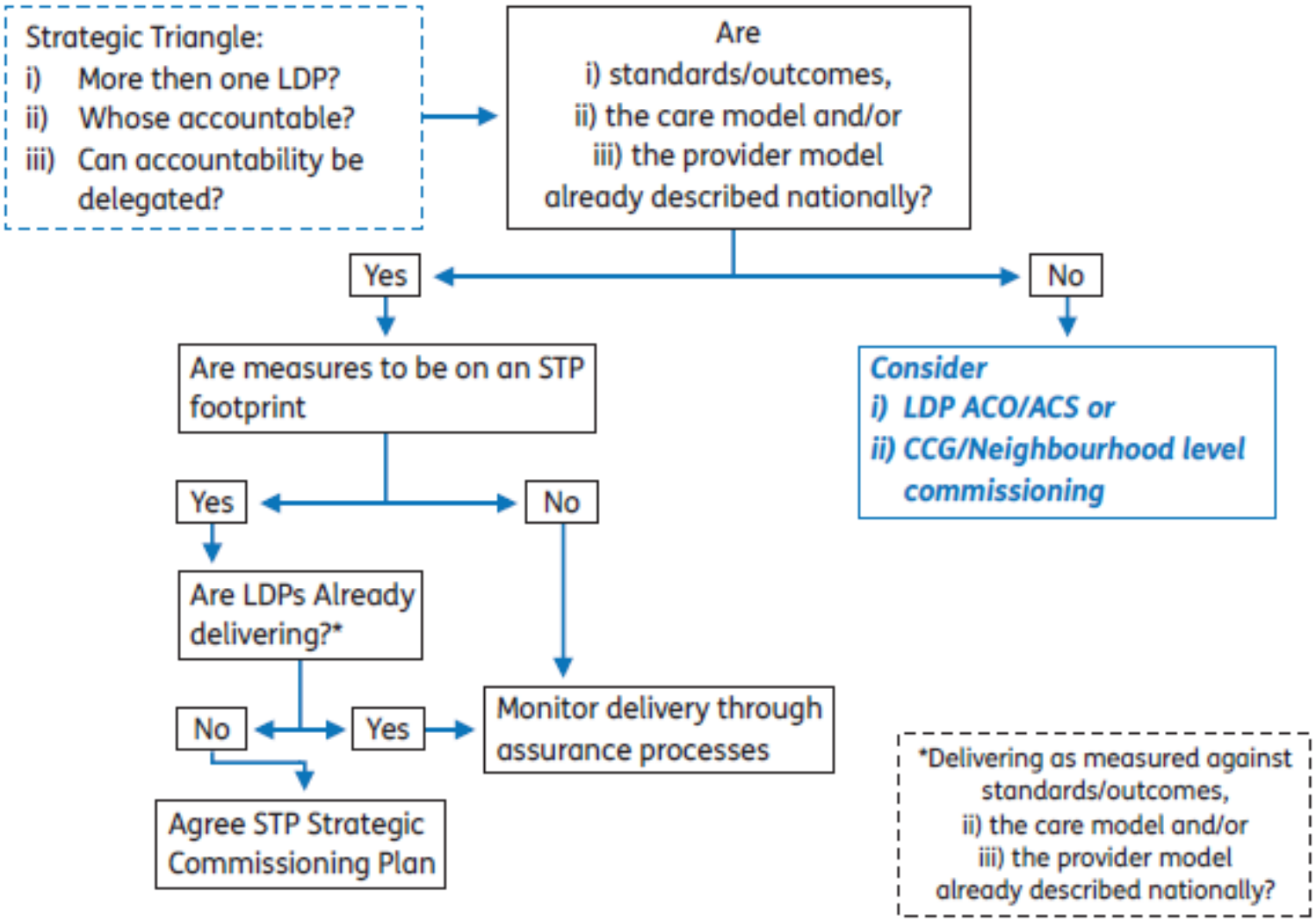
Elective care and standardising commissioning policies

Develop and agree West Yorkshire and Harrogate commissioning policies, including

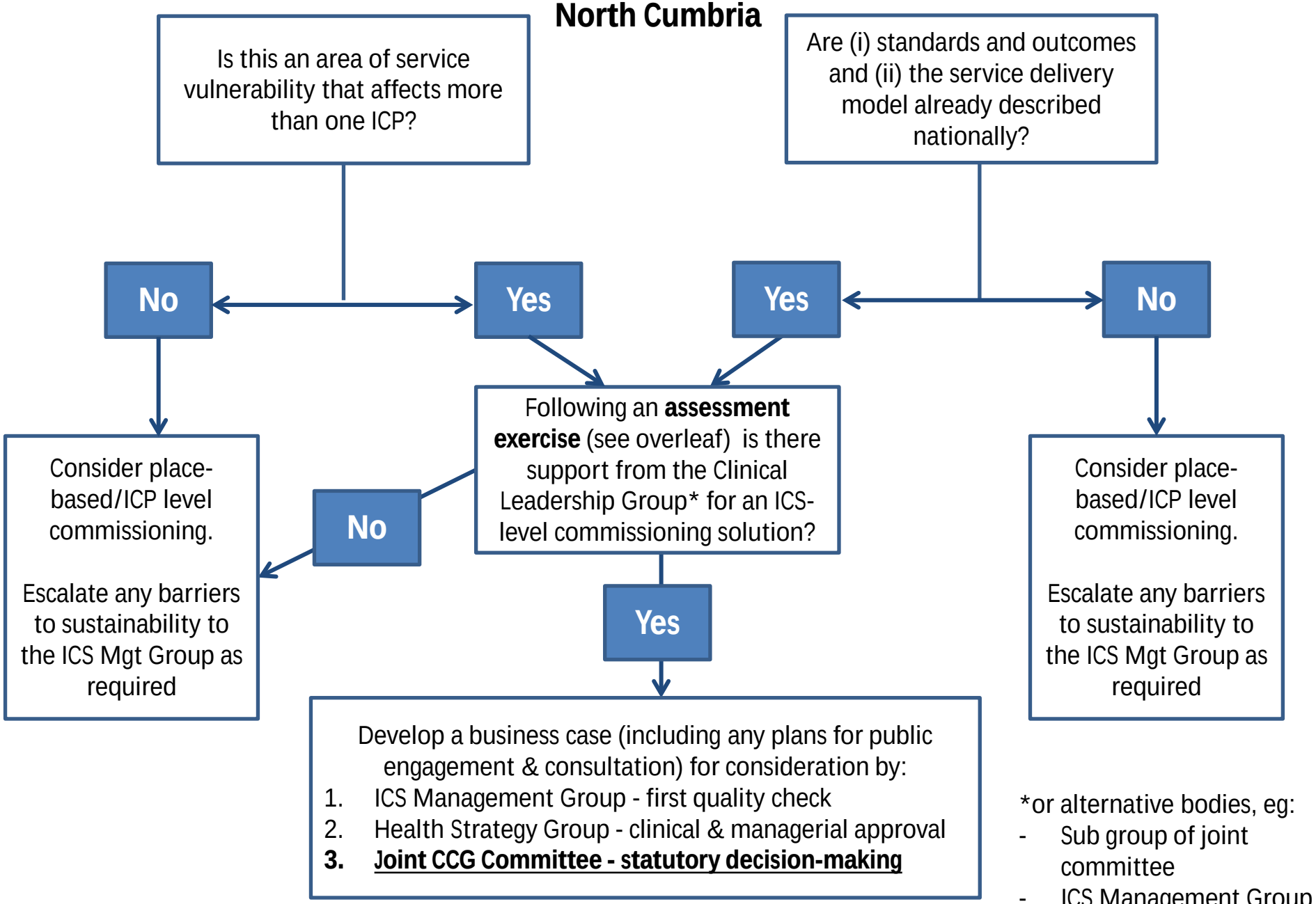
- Pre-surgery optimisation (supporting healthier choices);
- Clinical thresholds and procedures of low clinical value;
- Eliminating unnecessary follow-ups;
- Efficient prescribing.

West Yorkshire and Harrogate
Health and Care Partnership

Lancashire and South Cumbria decision-making framework



Potential flowchart to identify ICS-level commissioning issues in the North East and North Cumbria



*or alternative bodies, eg:

- Sub group of joint committee
- ICS Management Group

Potential scoring criteria (a score between 15-25 would be eligible for consideration by the Committee

Category (details set out in business case)	Very Low 1	Low 2	Mid-scale 3	High 4	Top 5
Contributes to the achievement of ICS aspirations	Proposal does not demonstrate any links to the achievement of ICS outcome aspirations	Proposal would make a limited contribution to he delivery of some ICS outcome aspirations	Proposal would make a contribution to achievement of one ICS objective	Proposal demonstrates a clear contribution to the delivery of more than one ICS objective	Proposal strongly demonstrates a significant contribution to achievement of more than one ICS outcome aspiration
Working at ICS-scale would improve Quality & Safety	Does not provide enough quality evidence.	Weak, but includes some quality evidence.	Reasonable amount of quality evidence.	Adequate amount of quality evidence.	Strong quality evidence base.
Working at ICS scale would deliver significant finance & efficiency gains	Proposal costing does not suggest credible financial savings from commissioning at scale	Proposal calculations and estimated expenditure are weak and doe not detail a breakdown and or forecast of the project expenditure and likely efficiency gains	Proposal outline is viable, achievable and affordable. Includes a breakdown of projected spend and credible forecast savings	Project calculations detailed with breakdown of quarterly expenditure, affordable, viable and achievable, with indication of projected savings.	Proposal would be cost effective with detailed savings expected over project delivery and beyond as a result of expected impact - spreadsheet costing, detailed project expenditure and projected forecast provided attached as appendix.
The risks of working at scale have been considered	Proposal shows no consideration of risk, nor how risk could be managed	Proposal indicates a consideration of risk management and reduction measures	Proposal includes some consideration of risks and includes a strategy, contingency plans for future risk.	Proposal includes a detailed risk register and interdependencies, including the issues that may arise as a result of delivery	Proposal clearly identifies the potential or real risk and proposes mitigating actions (including risks to the health economy)
Contracting & Procurement	Proposal does not clearly identify the implications for contracting, procurement or the implications for existing contractors or decommissioning strategy, nor timelines for procurement process as part of the application and delivery.	Project indicates how services will be impacted, what the current timeline and impact and what services and support would be required as part of the process for delivery.	Project indicates the implication for timelines and how this will be incorporated into the process for delivery.	Project clearly indicates the approach to and options considered as part of the delivery process.	Project clearly identifies the implications for contracting, procurement and the implications for existing contractors and decommissioning strategy, outlining how the contract will achieve real objectives in the appropriate contractual schedules.

Proposed governance flowchart for issues delegated to ICS-level

Stage 4
Formal approval at one or more of these bodies (as required)

- CCG Governing Bodies
- CCG Joint Committee
- FT Boards
- FT Committees in Common

Stage 3
Sign-off from ICS stakeholders

- **Health Strategy Group** (Clinical and Managerial Leadership)

Stage 2
Quality assurance

- ICS Management Group
- Clinical Leadership Group
- Financial Leadership Group

Stage 1
Development of workstream proposals

Questions for consideration

- Is a flowchart more helpful than developing an annual work programme
- Who would be best placed to carry out an assessment of commissioning proposals?
  - Sub group of the Joint Committee
  - Clinical Leadership Group
  - ICS Management Group
  - Other?
- How could the proposed scoring criteria be improved?