Agenda

Part 1
Meeting held in public

Meeting title: **Northern CCG Joint Committee**

Date: **Thursday 12 March 2020**
Time: **2.00pm – 2.50pm**
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 – 9 January 2020 02.1 Minutes 02.2 Actions	Chair	2.05-2.10	Enclosure 02
03	Matters arising from the previous meeting	Chair	2.10-2.15	Verbal
	Items for decision			
04	Governance update: (i) Appointment of lay members (ii) Appointment of Chair (iii) Terms of Reference		2.15-2.25	Verbal Verbal Paper to follow
05	Provision of Medication for Localised Community Outbreaks of Influenza in the Out of Season Period	Janet Walker	2.25-2.35	Enclosure 03
	Items for information			
06	NTAG annual report	Chair	2.35-2.40	Enclosure 04
	Items for discussion			
07	Questions from members of the public relating to specific items on the agenda	Chair	2.40-2.45	Verbal
08	Any other business 08.1 Academic Health Science Network (AHSN) vacancy	Chair Mark Dornan	2.45-2.50	Verbal Verbal
	Date and time of next meeting: 14th May 2020 **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

2020

Date	Time	Venue
Thursday 12 March 2020	2.00 – 5.00pm	The Durham Centre
Thursday 14 May 2020	2.00 – 5.00pm	The Durham Centre
Thursday 9 July 2020	2.00 – 5.00pm	The Durham Centre
Thursday 10 September 2020	2.00 – 5.00pm	The Durham Centre
Thursday 12 November 2020	2.00 – 5.00pm	The Durham Centre

Northern CCG Joint Committee Offcial Enclosure 01

Register of Interests as at 27 February 2020

			Type of Interest						
Name	**Current position(s) held in the CCG(s)**	**Declared Inerest (name of the organisation and nature of business)**	**Financial Interest**	**Non-financial Professional**	**Non-financial Personal**	**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 and Northumberland CCG	Newcastle Gateshead CCG	ü			Accountable Officer	direct	Jul-19	Will declare at meetings as required
		North Tyneside CCG	ü			Accountable Officer	direct		Will declare at meetings as required
		Northumberland 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	Medicine and urgent care at Newcastle hospitals			ü	Daughter is an Assistant Directorate Manager	indirect	Jul-19	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	Jul-19	
		Conflict of interest relating to Chief Officer role across five CCGs	ü			Chief Officer	direct	Nov-18	
Amanda Bloor	Accountable Officer for Harrogate & Rural District CCG Hambleton, Richmondshire and Whitby CCG Scarborough and Rydale CCG	Harrogate & Rural District CCG Hamblton, Richmondshire and Whitby CCG Scarborough and Rydale CCG	ü			Accountable Officer	direct	Feb-19	Will declare at meetings as required
Mark Dornan	Clinical Chair for Newcastle Gateshed CCG	Newcastle Gateshead CCG	ü			Clinical Chair Governing Body member Executive Committee Chair	direct	Jul-19	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		
		Inner West Gateshead Primary Care Network	ü			Teams Medical Practice is a member	direct		

		Branch End Practice, Stocksfield	ü			Wife is GP Partner	indirect	Jan-20	
		Hadrian Alliance Federation, Northumberland	ü			Wife's practice is a member	indirect		
		Inner West Northumberland Primary Care Network	ü			Wife's practice is a member	indirect		
Stewart Findlay	Chief Officer Durham, Darlington and Tees CCGs	Bishopgate Medical Practice, Bishop Auckland	ü			Part owner	direct	Jul-19	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				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	Nov-19	Will declare at meetings as appropriate
		Academic Health Science Network		ü		Governing Body Member	direct		
		Specsavers Peterlee		ü		Daughter is Store Manager	indirect		
Caroline Gitsham	Chair of NHS South Tees CCG	South Tees CCG	ü			Chair	direct	Aug-19	Will declare at meetings as appropriate
		Caroline L Gitsham Consulting Ltd	ü			Sole owner	direct		
		Humankind	ü			Trustee	direct		
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 discussion when required
		North of England Commissioning Support		ü		Wife employed by NECS	indirect		

Neil O'Brien	Accountable Officer for Durham Dales, Easington and Sedgefield CCG Darlington CCG North Durham CCG South Tees CCG Hartlepool and Stockton on Tees CCG	Cestria Health Centre, Chester le-Street	ü			GP Partner	direct	Jul-19	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	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 Primary Care Network	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.
		Chester-le-Street Health Ltd (GP Federation)				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)				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
		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	Hambleton, Richmond and Whitby CCG	ü			Chair	direct	Jul-19	Declare before discussion and exclude from decision voting
		Topcliffe Surgery	ü			GP	direct		
		Hambleton South Primary Care Network	ü			Practice is a member of the Network	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			
		Sunderland East Primary Care Network	ü			Practice is a member of the Network			
		NHS England	ü			GP Appraiser			

		Grainger Medical Group, Newcastle	ü			Wife is a 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	NHS North Cumbria 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 could deem to be a potential conflict, I will declare it and then decide what role I take in the decision making.
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 Interest Policy
		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	direct		
		Northumbria Healthcare FT			ü	Wife works as a District Nurse for Northumbria Healthcare FT	indirect		
		Whitley Bay Primary Care Network	ü			Practice is a member of the Network	direct	1.7.19	

Jonathan Smith	Clinical Chair for Durham Dales, Easington and Sedgefield CCG	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		
		North Easington Primary Care Network	ü			Prcatice is a member of	direct	7.11.19	
		South Durham Health Federation	ü			Member	direct	Dec-17	
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		
		Houghton-le-Spring Scout District			ü	Chair/Trustee	indirect	Aug-19	
		South Tyneside (South) Primary Care Network	ü			Practice is a member; Practice partner is a Clinical Director	direct	Aug-19	
		South Tyneside Health Collaboration	ü			Practice is a member; Practice partner is a Board member	direct	Aug-19	
		Wawn Street Surgery	ü			GP Practice provides clinical and managerial services to	direct	Aug-19	
		Sunderland Coalfields Primary Care Network			ü	Wife's practice is a member	indirect	Aug-19	
		Sunderland GP Alliance			ü	Wife's practice is a member	indirect	Aug-19	
Non voting members									

Stephen Childs, Managing Director of NECS		C:\Users\gillian.stanger\Desktop\Stephen						Jul-19	Non-voting member
Ken Readshaw, Lay member	Governing Body member	nondshire Whitby CCG	ü			Governing Body member	direct	Aug-19	Non-voting member
		Scarborough and Ryedale CCG	ü			Governing Body member	direct		
		The Wensleydale School and sixth form			ü	Governor	direct		
		Charlton Highdale Parish			ü	Responsible financial officer	direct		
		Health Accommodation Trust			ü	Trustee	direct		
		University of York	ü			Spouse is project manager for TB and tobacco at York University	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	
Kate Hudson	Chief Finance Officer for South Tyneside CCG	South Tyneside CCG	ü			Chief Finance Officer	direct	Feb-20	Non-voting member

Northern CCG Joint Committee

9 January 2020 /2.00 – 2.40pm / The Durham Centre

Part 1 - Meeting held in public

Present

CCG members		
Joe Corrigan	JC	NHS Newcastle Gateshead CCG
David Gallagher	DG	NHS Sunderland CCG
Caroline Gitsham	CG	NHS South Tees CCG
David Hambleton	DH	NHS South Tyneside
David Jones	DJ	NHS Newcastle Gateshead CCG
Neil O'Brien	NO'B	NHS Darlington CCG NHS Durham Dales, Easington and Sedgefield CCG NHS Hartlepool and Stockton CCG NHS North Durham CCG NHS South Tees CCG
Charles Parker	CP	NHS Hambleton, Richmond and Whitby CCG
Boleslaw Posmyk	BP	NHS Darlington CCG NHS Hartlepool and Stockton 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
Graham Syers	GS	NHS Northumberland CCG
Matthew Walmsley	MW	NHS South Tyneside CCG

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

In attendance

Stephen Childs	SC	North of England Commissioning Support (NECS)
Gayle Dolan	GD	Public Health England
Penny Gray	PG	NHS England and NHS Improvement
Dan Jackson	DJ	NHS Sunderland CCG
Mark McGivern	MMcG	Public Health England
Gillian Stanger	GSt	North of England Commissioning Support (NECS)

Minutes	Action
01 Welcome, apologies and declarations of conflicts of interest in relation to the agenda	
The Chair welcomed everyone to the meeting and introductions were made. Apologies were received from Mark Adams (NHS Newcastle Gateshead CCG, Northumberland CCG and North Tyneside CCG), Jon Connolly (North Tyneside CCG), Mark Dornan (Newcastle Gateshead CCG), Ian Pattison (Sunderland CCG) and David Rogers (North Cumbria CCG) The Committee's register of Interests was received.	

02 Minutes and action log of previous meeting (7 November 2019)	
The minutes of the meeting held on 7 November 2019 were accepted as an accurate record. The action log was updated.	
03 Matters arising from the previous meeting (and action log)	
03.1 Governance update **(a) Lay members** The Chair noted that both Feisal Jassat and Ken Readshaw would be standing down as lay members of the Committee. On behalf of the Committee, he thanked them both for their support and work over the last two years. **Action: Chair and GSt to set up an appropriate selection process for the appointment of two new lay members.** **(b) Chair** The Chair informed the Committee that his position as Chair of North Cumbria CCG is currently under review as it expires at the end March. This could impact on his role as Chair of the Committee. He may be in a better position to update the Committee by the March meeting. **Decision: The role of Chair of the Joint Committee would be considered at the March meeting.** **(c) Terms of Reference** There was a brief discussion about the various structural changes in CCG's that would need to be reflected in the TOR. **Decision: A revised TOR would be considered at the March meeting**	Chair/GSt Chair/GSt Chair/GSt
04 Use of antivirals for flu prophylaxis and treatment	
The Committee discussed the paper which noted that CCGs had been asked to review their position on the use of antivirals for flu prophylaxis and treatment and reach a consensus position. CCG Accountable officers had asked their respective medical directors to review this with a view to reaching agreement across North East North Cumbria (NENC). The Committee noted the following: - Whether CCGs would want to commission a separate service or whether this is seen within the core general practice function. - The lack of a clear evidence base - The difference between 'in season' and 'out of season' and the NICE guidance which suggests the use of antivirals for prophylaxis where there is an outbreak of flu in care homes. In season the Chief Medical Officer declares the start of the flu season and antivirals can be prescribed using P10 prescription but this is not done consistently as GPs have different views as to whether this is within their remit. Outside flu season antivirals cannot be prescribed using a P10 prescription. They can, however, still be prescribed as they are in the British National Formulary (BNF) but community pharmacies will not dispense them. - Issues relating to the stock of antivirals (insufficient to cover an entire care home) - Issues relating to out-of-hours response – Newcastle Gateshead CCG had agreed a pragmatic solution to this issue and used out of hours providers GATDOC and Vocare to provide this service both in and out of hours as part of its wider support for primary care in dealing with winter pressures. It was noted that these services have already been mobilised due to a number of outbreaks in care homes and that the response had worked effectively. It was the intention of the CCG to continue with the service in-season.	

Northumberland CCG had also agreed to use Vocare. - Evidence relating to a reduction in the numbers of days of symptoms relating to the use of antiviral treatment in vulnerable populations but the belief that this is not a compelling efficacy argument - North Yorkshire's stance that it would not provide an out-of-hours service which was supported by the Local Medical Committee - Implications of commissioning a service – access, safe prescribing, consent etc. - Last year's collective decision not to commission the service, albeit it was for GPs to decide whether they would prescribe antivirals - The use of a drug whose efficacy is questionable with adverse side effects - Whether it would be possible to develop a pragmatic joint decision making tool which says we will make every effort to discuss with our patients whether this drug is right for them and a solution to out-of-hours providers - North Cumbria's point that access to antiviral prophylaxis or treatment through implementation would be the plan rather than the emergency plan - The possibility of developing a decision making tool and evidence in order to give prescribers the ability to prescribe, recognising where there may be variation within a single care home which could be a challenge as to where responsibility lay. - The unexpected workload on primary care whose perception was that this was a public health issue - The point that enhanced care home would be in the Primary Care Network (PCN) specification for next year and whether there would be an opportunity to reach a collective approach through that mechanism - The point that if this was the right thing to do for patients and we were invested in supporting primary care in the event of surge, then how it should be resourced, recognising the pragmatic solution reached by some CCGs using out of hours providers as described above The Chair summarised and noted - The limited evidence base for efficacy - This is a commissioned service that we do already via General Practice to prescribe in hours in normal flu season and there was no appetite to commission a new service on the basis that prophylaxis is prescribed for other things - It was for individual clinicians and practices based on their training and expertise to make that decision to prescribe in hours in normal flu season The Committee then considered next steps: **Decision:** **(i) To support CCG medical directors in working with public health colleagues to develop a population health perspective decision tool that will support prescribers in the use of anti-viral on an individual patient basis within the context of a care home outbreak in season out of hours and in line with NICE recommendations. When this is completed and approved by the CCGs it will then sit alongside the local plans.** **(ii) To ask CCG medical directors to look at arrangements to support primary care out of season** -	DG to co-ordinate response to (i) and (ii)
05 Questions from members of the public relating to specific items on the agenda	
There were no members of the public present at the meeting.	
06 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 12th March 2020
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	9.1.20	**Lay members** Set up appropriate selection process for the appointment of two new lay members.	Chair/GSt	asap		
2	9.1.20	**Use of antivirals for flu prophylaxis and treatment** To co-ordinate a decision making tool and out of season response for the CCG's	DG	12.3.20		

Completed actions

	Date of Action	Action captured	Owner	Timescale	Progress	Outcome
Completed actions						
1	7.11.19	**Chair's term of office** CCGs to confirm in writing that they are in agreement in extending the Chair's term of office until March 2020.	AOs	15.11.19	All confirmed	Complete
2	7.11.19	**North East and North Cumbria Prescribing Forum** To include the forum's reporting arrangements in the Joint Committee's workplan.	Chair	December 2019	Included	Complete

Northern CCG Joint Committee

Date of meeting: 12 March 2020

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

Title of report:
Provision of Medication for Localised Community Outbreaks of Influenza in the "Out of Season" Period.

Purpose of report:
This paper covers the options for the provision of medicines once patients have been assessed for antivirals within an "out of season" outbreak, by the CCG nominated provider. Across the ICS area this assessment will be done by a range of different types of healthcare professionals including nurse prescribers and GPs.

There has been a mixed approach to commissioning the medication supply in the ICS area and these have often been in response to outbreaks that have happened in a care home setting. As a result there are a number of different systems already in place so would therefore benefit from streamlining into a single process which would allow central co-ordination, and the ability to draw on supplies across the whole ICS area if the need arose due to multiple outbreaks.

It does not cover the specific treatment choices across North East and north Cumbria for Influenza.

Recommendations:
The Joint Committee is recommended that for the provision of antivirals in the out of season period to:

1. Agree that the management of localised community outbreaks of influenza in the out of season period is a "system wide" issue rather than just primary care (as increased cases in primary care will have a detrimental impact on admissions)
2. Agree the use of Patient Specific Directions rather than Patient Group Directions
3. Agree to widening discussions with secondary care colleagues to see how trusts could be used as a hub for holding stock (with a view to having one per ICP area)
4. To enable resilience, agree to the principle of a single process so any hub can support an outbreak anywhere in the Integrated Care System (ICS).
5. Agree to work with the Public Health England (PHE) to agree the use of their stock as part of the initial response to a suspected outbreak, with agreement that this will be replaced if used.

Is the paper for (please tick):

Decision-making	X
Information Sharing	
Discussion	

Actions required by Northern CCG Joint Committee:

1. To discuss and agree recommendations

Appendices: **Attached at end of paper**
Sponsor: **David Gallagher/Janet Walker**
Report Author: **Ian Morris, Senior Clinical Services Manager, NECS**
Date: **25th February 2020**

Provision of Medication for Localised Community Outbreaks of Influenza in the "Out of Season" Period

Introduction

In June 2017 Dr David Geddes , NHS Head of Primary Care Commissioning, wrote to Clinical Commissioning Groups regarding the management and prescribing for localised community outbreaks of influenza in the out of season period. (see Appendix 1 , or https://www.england.nhs.uk/wp-content/uploads/2017/06/localised-community-outbreaks-influenza-out-of-season-letter.pdf)

The letter stated

"Outside of times when the Chief Medical Officer and Chief Pharmaceutical Officer has advised that seasonal influenza is circulating, general practitioners are unable to prescribe antivirals under the General Medical Services regulations and alternative local commissioning arrangements need to be made".

The response to a community outbreak can be split into a number of steps and in June 2017 NHSE provided a template procedure to compliment the letter (see appendix 2) supported by a "Frequently Asked Questions Document" (see appendix 3). Both of these documents can be found at the following links:

https://www.england.nhs.uk/publication/localised-community-outbreaks-of-influenza-in-the-out-of-season-period-template-procedure/

https://www.england.nhs.uk/primary-care/primary-care-commissioning/primary-care-resources/influenza-out-of-season-faqs/

This paper covers the options for the provision of medicines once patients have been assessed for antivirals within the outbreak, by the CCG nominated provider. Across the ICS area this assessment will be done by a range of different types of healthcare professionals including nurse prescribers and GPs.

Discussion

During times when surveillance data suggests that influenza is circulating in the community the Chief Medical Officer issues an alert which allows the prescribing of antivirals via GMS regulations on FP10 prescription at NHSE expense. Outside of this time, when circulating levels are lower, outbreaks can still occur yet arrangement for prescribing and dispensing needs to be commissioned at a local level and utilise routes other than an FP10 prescription.

As mentioned in the introduction, this paper covers the prescribing and dispensing of medicines once the assessment has been done.

Since the issuing of the letter from Dr Geddes, there has been a mixed approach to commissioning the medication supply in the ICS area and these have often been in response to outbreaks that have happened in a care home setting. As a result there are a number of different systems already in place so would therefore benefit from streamlining into a single process which would allow central

co-ordination, and the ability to draw on supplies across the whole ICS area if the need arose due to multiple outbreaks.

The cost of treatment is relatively inexpensive with a course of oseltamivir (Tamiflu) costing approx. £7.71 - £15.41 depending on strength, although agreements to cover the cost of dispensing may need to be agreed.

Prescribing Models:

As an FP10 prescription cannot be used, the prescribing must be done using a Patient Specific Direction (PSD) , which is similar to a private (non-NHS) prescription, and can be written for a single patient or for a group of patients who require the same medication and dose (as long as the patient is specifically named on the PSD). In this case arrangements can be made for the drug to be supplied but the cost is covered at a local level by the commissioner.

An alternative route of prescribing which has been considered is the Patient Group Direction (PGD). In this case the medication and dose is listed, but the patient is not specifically named; instead the patient criteria (including symptoms) are listed and any patient who meets these criteria can be supplied with the named drug and dose. The PGD however is only intended where specific patients cannot realistically be named ahead of needing treatment (i.e. in large scale vaccination campaigns).

In the case of prescribing in community outbreaks of influenza, patients have already been assessed by a GP so the Patient Specific Direction route is the most appropriate model, as the prescriber will identify the need for treatment at the time they are assessed. (See appendices 4 for an example PSD).

Dispensing Models

Once the Patient Specific Direction has been issued the focus will turn to being able to obtain the medication for the named patients. As the assessment of patients is likely have been done in a single visit there is the option to include all of the patient names on a single PSD and this to be passed to a provider of dispensing services to action. In general there are two options to commission supply - either from secondary care providers or from community pharmacy.

Secondary Care:

Across the ICS area there are a number of trusts with arrangements in place to hold existing stocks of antivirals on behalf of Public Health England (PHE) to be called up on at times of a suspected pandemic outbreak. As detailed in the FAQ document from NHSE, PHE is able to agree the use of this stock for local outbreaks subject to prior agreement and on the understanding that these will be replaced if used (see Appendix 3 or https://www.england.nhs.uk/primary-care/primary-care-commissioning/primary-care-resources/influenza-out-of-season-faqs/) . Having such an arrangement in place could also lend itself to using a standard approach across the ICS for holding stocks in secondary care so they can be accessed in an identical manner irrespective of where they are drawn upon.

There are a number of Advantages and Disadvantages to this approach which are listed below:

Advantages	Disadvantages
On call pharmacy arrangements already in place	Community outbreaks may be seen as a primary care issue
24/7 access possible if required	Funding for stock and cost for supply service may require additional resources
Allows process to be managed within "the system" without the need for external contracting arrangements	Storage may be an issue
Storage space and stock control	Would require a change in on call arrangements
Easy, safe access	
Possibility to arrange delivery to site where required	
Easier to arrange a standardised process from a small number of hubs across the region	
Small number of staff needed to manage process across ICS	

Primary care (community pharmacy):

In some CCG areas arrangements have been made with individual community pharmacies to hold stocks of antivirals. These can work well at a local level but the different approaches and the number of different providers can mean that ensuring consistency is difficult.

Advantages	Disadvantages
Local arrangement can allow a bespoke agreement to meet local need	Funding for stock and cost for supply service may require additional resources
Enhances the range of services provided by community pharmacies	Storage may be an issue in some small pharmacies
	On call arrangements not in place in many areas so would need developing
	Delivery may not be an option
	There may be a range of different providers (via different companies) meaning a standard process may be difficult to agree
	Some pharmacies do not have a regular pharmacist so consistency may be an issue
	24/7 access may not be an option
	Will require additional contracting

From the two options above there may be merit in developing a single process, utilising a number of key trusts to hold stocks to allow a consistent approach across the ICS area. This would allow a system wide approach meaning trusts can cross cover if needed and support anywhere in the region subject to it having sufficient stock. If this process utilised those sites which already hold PHE stocks this would also help with stock rotation and may mean that stock only needs to be purchased if was

used (although it is likely that initial PHE stock holding would be insufficient to give enough cover for a large nursing home so additional stock holding may be needed).

Recommendation:

The CCG forum is recommended that for the provision of antivirals in the out of season period to:

1. Agree that the management of localised community outbreaks of influenza in the out of season period is a "system wide" issue rather than just primary care (as increased cases in primary care will have a detrimental impact on admissions)
2. Agree the use of Patient Specific Directions rather than Patient Group Directions
3. Agree to widening discussions with secondary care colleagues to see how trusts could be used as a hub for holding stock (with a view to having one per ICP area)
4. To enable resilience, agree to the principle of a single process so any hub can support an outbreak anywhere in the ICS.
5. Agree to work with the PHE to agree the use of their stock as part of the initial response to a suspected outbreak, with agreement that this will be replaced if used.

Dr Janet Walker, Tees Valley CCG

Ian Morris, North of England Commissioning Support

February 2020

Appendix 1

OFFICIAL

Gateway Ref No: 06880

Clinical Commissioning Groups

Primary Care Commissioning
Medical Directorate
NHS England
Room 4W56 Quarry House
Leeds
LS2 7UE

Telephone: 0113 825 1943
Email address:
david.geddes@nhs.net

12 June 2017

Dear Colleague,

RE: Localised community outbreaks of influenza in the out of season period

Localised community outbreaks of influenza have the potential to cause significant illness among exposed persons in at-risk groups. NICE Technology Appraisal Guidance (TAG) on the use of neuraminidase Inhibitors (such as oseltamivir and zanamivir, herein referred to as "antivirals") recommends that these medicines are used in such situations.

Local Public Health England Centre Health Protection Teams (PHE Centre HPTs) routinely receive reports of such outbreaks, assess these and if indicated recommend the use of antivirals for exposed persons in at-risk groups. However outside of times when the Chief Medical Officer and Chief Pharmaceutical Officer has advised that seasonal influenza is circulating, general practitioners are unable to prescribe antivirals under the General Medical Services regulations and alternative local commissioning arrangements need to be made.

To fulfil the need to respond to localised outbreaks in this out-of-season period, NHS Clinical Commissioners (NHSCC) and its members have worked with NHS England to develop and approach whereby CCGs will commission appropriate primary care clinicians to respond to these outbreaks, by assessing exposed persons for the antiviral treatment or prophylaxis and completing a patient specific direction for this purpose. This may need to occur both during and outside of normal working hours, as for optimal benefit, antivirals must be supplied within a narrow time period from onset of symptoms, as per NICE TAG 158 and 168. There are no fixed dates for the out-of-season period since the duration of influenza activity varies from year to year, as monitored by national surveillance.

Additional detail on the needs of such a response, are provided in the template procedure.

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Please note that commissioners need to ensure antiviral supply either from local PHE antivirals stocks, which may be accessed out of season (where these are available) and on the basis of the CCG funding replacement stock. Alternatively, CCGs could make arrangements for a local pharmacy to hold antiviral stock outside of the main influenza season, in order to supply this quickly). CCGs may also wish to consider the scale at which the commissioned service will operate in the context of likely demand.

For your convenience, we also include a template procedure for you to adapt according to your local commissioning plans. We would be grateful if you would make contact with your PHE Centre HPT about local arrangements by 5th July 2017. If you already have existing locally commissioned arrangements for assessment, authorisation and supply of antivirals outside of the General Medical Services regulations, then these may continue.

If you have further questions on commissioning a local response, then please contact: england.primarycareops@nhs.net

Yours sincerely

Dr David Geddes
Head of Primary Care Commissioning
GMC no. 3253722

Appendix 2

Localised community outbreaks of influenza in the out of season period

Template Procedure

A. Report of acute respiratory illness from a localised community setting (e.g. care home, residential schools for disabled children and young people, etc.) received by Public Health England Centre Health Protection Team (PHE Centre HPT).

B. PHE Centre HPT investigates this report to verify if this meets the criteria of an outbreak of influenza-like illness (ILI), as per national guidance. Duty Consultant in PHE Centre HPT considers the risk assessment for the verified ILI outbreak and makes recommendation as to whether antivirals are required for the outbreak response. If this is recommended, the PHE Centre HPT will determine if this needs to be considered for either the whole institution or only part of the institution, in addition to any staff in influenza at-risk groups. Note that the PHE Centre HPT does not provide the list of exposed persons itself.

C. PHE Centre HPT uses its routine mechanisms to provide infection control advice. In addition, existing local arrangements for swabbing of symptomatic persons (if not already addressed) remain unchanged.

D. PHE Centre HPT contacts the CCG/CCG-nominated provider, to provide information on the location of the outbreak, the approximate number of individuals that need to be assessed for antivirals within the outbreak, and the details for the relevant contact person within the affected institution. The contact details for activating this response are **[CCG to enter here]**.

E. *Either* PHE Centre HPT duty consultant will authorise use of PHE antivirals for emergency use, if the hospital pharmacy holding this stock has prospectively agreed to participate in this response.
Or The CCG will make use of locally commissioned arrangements for holding a sufficient stock of antiviral medicines to respond to out-of-season outbreaks (for example, at a community pharmacy).

F. CCG-commissioned service will provide a clinician to assess exposed persons for antiviral treatment or prophylaxis. The clinician will complete a patient specific direction (PSD) for those individuals who require antivirals, and the PSD will be sent to the relevant pharmacy (a copy should be retained by the care home). The CCG-commissioned clinician provides contact information to the institution if there any queries

to be addressed regarding the clinical assessments they have made. This clinician should also have a process for ensuring that patients' GPs are aware of any antivirals which have been authorised in this way.

G. The pharmacy dispenses the antivirals for named patients and transports these medicines to the affected institution. Costs for all these activities are funded by the local CCG as agreed in advance with the individual pharmacy. The process for clinical assessment and dispensing of antivirals needs to be completed within 48 hours of onset of symptoms in the last case (36 hours if zanamivir is used).

H. For governance purposes, a summary (by risk group and patient/carer status) of the number of individuals who have been assessed and the number supplied with antiviral treatment or prophylaxis should be provided by the clinician or pharmacy (as appropriate) to the PHE Centre HPT.

I. If any exposed person develops ILI symptoms while on antiviral prophylaxis, this should be reported to the CCG-commissioned clinician by the contact person at the affected institution (via the contact details provided in point F). If this clinician suspects ILI, they should recommend the exposed person is switched to a course of treatment-dose antivirals. If further antivirals are needed for this purpose for the exposed person, then this will require a further PSD. This should also be reported by the clinician to the PHE Centre HPT, so that swabbing can be arranged as per existing local mechanisms.

J. The PHE Centre HPT follows its existing procedures for reporting, follow-up and closure of the localised outbreak.

Appendix 3

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Localised community outbreaks of influenza in the out of season period – frequently asked questions

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Localised community outbreaks of influenza in the out of season period – frequently asked questions

Localised community outbreaks of influenza in the out of season period – frequently asked questions

How frequent are localised community out-of-season influenza outbreaks?

In previous years, there have been approximately 30-40 care home outbreaks in England prior to the CMO and CPhO alert authorising the prescribing of antivirals in primary care. These figures rely on voluntary reporting, which may be incomplete.

Can GPs be commissioned to do this?

This is possible, if commissioned as a local enhanced service. However, the CCG needs to ensure that arrangements are available for the whole population and not just those registered to a specific practice.

What hours does this need to operate in?

Any commissioned service needs to be able to operate both in and outside of normal working hours, as a localised community outbreak can occur at any time. If antivirals are recommended, they need to be provided as soon as possible (within 36-48 hours, depending on the precise medicine required). Therefore, if an outbreak was identified over a weekend, it may not be practical to wait until the following Monday to arrange the response.

Why do we need a pharmacy supply?

If the CMO/CPhO has not currently advised that GPs may prescribe antivirals, many community pharmacies or their wholesalers may not maintain stock of antivirals, due to the lower consumption of these medicines at these times. However, when these medicines are needed, they need to be supplied within very short timescales, and so there will not be time to try and source medicines from different suppliers. Some CCGs have commissioned small-scale arrangements for local community pharmacies to hold antivirals year-round to avoid this problem.

Can we use the PHE HPT stocks?

The PHE HPT antivirals stocks consist of limited amounts of antivirals, intended for local use in avian influenza incidents. They are held in the pharmacies of a small number of acute trusts on a voluntary basis to support emergency public health needs relating to avian influenza incidents. The exact locations of these supplies are not in the public domain. These trusts do not receive any funding for this purpose and therefore some are only able to dispense the antivirals in relation to these avian influenza incidents. Some trusts may not have the resources to dispense antivirals for localised seasonal influenza outbreaks and so alternative local pharmacy arrangements will be needed. If a trust pharmacy does agree to dispense antivirals for a localised seasonal influenza outbreak, on receipt of a PSD, then it will charge any associated costs (including supply costs and replacement of the PHE stock) to the CCG where the outbreak is occurring. For contractual reasons, the PHE HPT antiviral must be replaced, as it was not purchased for routine NHS use. In addition, the final decision to release the PHE HPT stock rests with the duty HPT consultant. It should be noted that use of the HPT antiviral stocks in localised community outbreaks is only intended for urgent out of season use; these stocks are not configured to support influenza activity during the season.

What is the PHE Centre HPT role?

The HPT role is to identify outbreaks of influenza-like illness and provide public health advice in relation to these, including a recommendation for use of antivirals as an outbreak response. HPTs do not undertake prescribing for these outbreaks and the individual clinical assessment and prescribing for patients needs to be undertaken by a clinician, as arranged by the local CCG.

Appendix 4

PATIENT SPECIFIC DIRECTION FOR SUPPLY and ADMINISTRATION OF Oseltamivir 75mg capsules
Please supply for below named patients : **Oseltamivir 75mg TWICE a DAY for 5 days**

Address of Patient(s): **Note – this form can be used for a number of patients at the same address**	

Patient Name	Date of Birth

Signature of Prescriber	
Name of Prescriber	
Registration Body	
Professional Registration Number	
Address of Prescriber	
Authorisation Date	
Expiry Date	

Northern Treatment Advisory Group: 5th Annual Report, June 2019

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.

During the year NTAG has reviewed its terms of reference, remit, and accountability arrangements with the Northern CCG Joint Committee in light of changing NHS structures within the region.

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 2018/19 the group produced 5 new recommendations and re-reviewed 4 previous NTAG 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 Pitolisant.

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

Title	Recommendation
Doxylamine/Pyridoxine (Xonvea®) for nausea & vomiting in pregnancy	NTAG does not currently recommend the use of Doxylamine/Pyridoxine (Xonvea®) for the management of nausea & vomiting in pregnancy. This NTAG recommendation will be reviewed in light of publication of a NICE and/or RMOC recommendation, or updated clinical guidelines from the RCOG.The group recognised that current treatment options are unlicensed in pregnancy but felt that guidance from RCOG was sufficient to justify current practice until such time that a national recommendation from RMOC is available, or RCOG guidelines are updated.
i-Port Advance® for use in children and adults with Type 1 diabetes	NTAG recommends the use of i-Port Advance® for use in children and adults with Type 1 diabetes as recommended by specialists for patients that fulfil the agreed criteria.
Actipatch® for management of localised musculoskeletal pain	NTAG does not recommend the use of Actipatch® for management of localised musculoskeletal pain on the NHS.
Erenumab and galcanezumab for prophylaxis of migraine	NTAG does not recommend the use of Erenumab and galcanezumab for prophylaxis of

	migraine.
Pitolisant (Wakix®) for the treatment of narcolepsy with or without cataplexy in adults (updated)	NTAG recommends the use of Pitolisant only in narcoleptic patients with residual severe daytime sleepiness who have an Epworth score of 14 or over if they have already tried modafinil and dexamfetamine or methylphenidate, and where therapy will make a substantial difference to their quality life.
Ferric Maltol for the treatment of iron deficiency anaemia (IDA) in adults without inflammatory bowel disease	NTAG recommends the use of oral Ferric Maltol as an alternative option in adult patients with mild to moderate iron deficiency anaemia who have been unable to tolerate at least two oral ferrous salts due to adverse effects after an adequate trial (e.g. 3 months) and who would otherwise be treated with IV iron. The recommendation to prescribe Ferric Maltol should be made by a secondary care specialist experienced in the management of IDA.
Ferric Maltol in the treatment of iron deficiency anaemia (IDA) in adults with inflammatory bowel disease (IBD).	NTAG recommends the use of oral Ferric Maltol as an alternative option in patients with mild to moderate IDA with IBD who have been unable to tolerate at least two oral ferrous salts due to adverse effects after an adequate trial. The recommendation to prescribe Ferric Maltol should be made by an IBD specialist.
Lycra Garments for the management of cerebral palsy and other neurological or musculoskeletal conditions.	NTAG does not recommend the use of Lycra Garments.
Non-invasive transcutaneous vagus nerve stimulation (nVNS) for treatment of cluster headache and migraine.	NTAG recommends the use of non-invasive transcutaneous vagus nerve stimulation (gammaCore) for the treatment of cluster headache. NTAG does not recommend the use of non-invasive transcutaneous vagus nerve stimulation for the treatment of migraine.

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 continue to be explored on a recommendation by recommendation basis..

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.

Further information

This is the 5th annual report for NTAG and covers the period of April 2018 to March 2019.

The group will continue to 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.

NTAG will review its accountability arrangements as NHS structures change within the region.

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 CCG Joint Committee

Date of meeting: 12 March 2020

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: Northern Treatment Advisory Group (NTAG) Annual report 2018-2019

Purpose of report (brief description):
Attached is an annual report from NTAG.
This is the 5th annual report for NTAG and covers the period of April 2018 to April 2019. During the financial year 2018/19 the group produced 5 new recommendations and re-reviewed 4 previous NTAG recommendations.

Recommendations:
Is the paper for (please tick):

Decision-making	
Information Sharing	√
Discussion	

Actions required by Northern CCG Joint Committee: For information only.

Sponsor: Nicola Bailey
Report Author: Gavin Mankin (Professional Secretary of NTAG)
Job Title: Principal Pharmacist – Medicines Management, Regional Drug & Therapeutics Centre
Date: 17.1.2020
