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.

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Role: Secretary, NTAG

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