Clinical Policy Recommendation Committee Terms of Reference

Purpose

The Clinical Policy Recommendation Committee exists to enable the Integrated Care Board (ICB) for Devon to discharge its responsibilities for making local decisions about the funding of medicines and treatments in the NHS.

The commissioning organisation has a legal duty to have in place arrangements for making decisions and adopting policies on whether particular health care interventions are to be made available for patients for which the commissioner is responsible. This duty includes the requirement to provide a written statement of the reasons for a general policy on whether a specific intervention is to be made available.

Role

To make policy recommendations to the ICB Executive Committee, or appropriate group with delegated authority, for ratification following discussion of the clinical effectiveness, cost effectiveness and budgetary impact issues.

Responsibilities

- To make recommendations to the ICB Executive Committee, or appropriate group with delegated authority, on whether specific treatments represent good value, appropriate, evidence-based choices for adoption into primary care treatment plans via the formulary and clinical management pathways.
- To provide a written rationale for the determination of commissioning decisions and recommendations.
- To establish processes for the dissemination of commissioning decisions and recommendations, including the publication of decisions on publicly accessible websites.
- To make recommendations for commissioned services in the context of non-alignment with non-mandatory National Institute for Health and Care Excellence (NICE) guidelines.

- To note reports from the NICE planning processes on the commissioning implications of published Technology Appraisals and Clinical Guidelines.
- To note reports from the Devon Formulary Interface Group.

Membership

The committee will consist of a voting membership supported by a wider advisory membership. The committee includes lay membership to ensure the public interest is reflected in decision making.

Voting members:

- Registered Clinical Professionals from Primary Care appointed by the ICS
- Registered Clinical Professionals from Secondary Care appointed to the committee

There should be a minimum of eight appointed voting members in the membership of the committee to provide adequate resilience, ensuring quoracy can be maintained.

Advisory members:

- Lay Public Members (x2)
- Nursing and Quality (x1)
- Contracting (x1)
- Devon ICB Deputy Director - Clinical Effectiveness (x1)
- Devon ICB Chief Pharmacist - Primary Care (x1)

Chair

A Chair shall be nominated by the ICS Medical Director.

It is the role of the Chair of the Committee to confirm that the members have all the relevant competencies in order for the Committee to undertake the business on the agenda. The committee membership will reflect the descriptions provided in the Local decision-making Competency Framework of the National Prescribing Centre (now part of the National Institute for Health and Care Excellence (NICE)), whilst recognising that the scope of the Clinical Policy Recommendation Committee extends beyond that of medicines. Members will be expected to contribute the competency sets summarised in Appendix 1.

Quorum

The quorum will consist of half of the members being present to include a minimum of four voting members. The chair will ascertain who the voting members are before transacting committee business.

Attendance and deputies

Voting members may nominate deputies, who should be current, non-lay, advisory members of the committee. A deputy can only deputise for one voting member at any given meeting.

Deputies may also attend the committee to represent members in a non-voting capacity. It is the responsibility of the committee member to ensure that the deputy is appropriately briefed and possesses the required competencies.

When the Chair anticipates being absent, they will nominate an existing committee member to deputise for that meeting. Otherwise the committee will nominate a Chair from those committee members present on the day.

Committee members are expected to aim to attend all meetings. Attendance will be monitored on a rolling annual basis by the secretariat and any identified low attendance (less than ⅔) highlighted to the Chair to follow up with the member. Attendance should not be less than 50% of meetings.

Follow up will be at the Chairs discretion but will take into consideration such matters as the reasons for non-attendance, any issues with fulfilling the role, and the nomination of a suitable deputy for planned non-attendance.

Administration

The frequency of meetings shall be determined by need, but it is expected that there will be six meetings per year.

Meetings may be held face-to-face or virtually via Microsoft Teams.

A secretariat from the Clinical Effectiveness Team will provide administrative, professional and technical support such as taking minutes, recording and following up administrative actions, and presenting scientific and professional assessments to the committee.

Minutes will be produced and published on the website following approval at the subsequent meeting.

Declarations of Interest

All members of the committee and attendees will be expected to complete a declaration of interests. The Chair will consider these and ensure that declarations are made known to the committee members to indicate the nature and extent of any potential conflicts of interest.

The Chair has responsibility for agreeing how to manage any conflict of interest in the context of the meeting. Possible actions may include, but are not limited to:

- Asking conflicted individuals to leave the meeting when the relevant matter(s) are being discussed.

- Allowing conflicted individuals to participate in some of the discussion but excluding them from developing recommendations and decision-making on the matter(s). For example, this may be appropriate where the individual has important relevant knowledge and experience of the matter(s) under discussion, which it would be of benefit for the meeting to hear.
- Noting the interest but allowing the individual to remain and participate in both the discussion and in any decision-making.

All declarations of interests will be reported in the minutes, along with details of any resulting actions and how any identified conflicts were agreed to be managed within the context of the meeting. A register of all interests will be kept by the committee secretariat.

Observers

The committee is not a public meeting and as such is not open to general members of the public and commercial representatives. Observers are welcomed in their capacity as a healthcare professional, or an individual otherwise involved in supporting the local health community, to enhance their understanding of the committee for the benefit of their role.

Attendance at a committee meeting as an observer is by prior agreement with the secretariat, and it is expected that this would be at the request of, and accompanying, a committee member.

Conduct of business

Decision making will comprise two stages:

- All members of the committee may participate in discussions and debate about the possible outcomes of a commissioning decision.
- Final policy recommendations will be formed through a voting process of the voting members. Where the Chair is a voting member, they have the option to retain their vote or to delegate this. This is to be declared at the start of the meeting. Where a consensus is not apparent the Chair will consider whether further discussion is likely to lead to a consensus before taking a majority view from the voting members to be final. In the absence of a majority view further debate will continue until a majority view can be obtained. At the Chair's discretion a secret ballot may be held.

Decisions will be reached after considering an assessment of the information which is known about the proposed intervention. This will be presented in a standardised format and will present information on:

- The reason for the proposal – clinical need and impact on patient care
- Technical details of the intervention
- Details of the health problem for which the intervention is proposed, including an estimate of likely numbers affected
- National strategic direction
- Evidence supporting efficacy of the intervention

- Information known about the safety of the intervention
- Current service
- Details of stakeholder engagement undertaken in relation to the intervention or service
- Cost effectiveness and resource impact

Where a product contains the same active ingredient and delivers a therapeutically equivalent dosage to an existing formulary product in a cost advantageous manner the formulary team should make proposals to the Formulary Interface Group (FIG) directly about inclusion or exclusion of the product. Deletions from the formulary which would cause a tension with NICE guidance, existing clinical commissioning policy, NHS England policies or result in inequity of access across Devon to specific pharmacologically active therapies should be referred to the Clinical Policy Recommendation Committee.

The diversity of work managed by the committee will require specialist input in order to cover all facets and interests. Therefore clinical specialists and service providers will be invited to attend the committee to present the case for commissioning and contribute to the decision-making process.

Clinical policy decisions are effective from the date of publication.

Appeals

The committee will operate an appeals process in respect of recommendations made by the committee. A panel of people independent of the original decision will be constituted to decide on the validity of the appeal. Appeals which are upheld will be referred back to the committee for reconsideration.

Accountability and Reporting

The committee will make its policy recommendation to the ICB Executive Committee, or appropriate group with delegated authority, for ratification and acceptance as commissioning policy of NHS Devon ICB.

The committee will report to the ICB Executive Committee, or appropriate group with delegated authority.

Review

The Terms of Reference will be reviewed annually.

Appendix 1: Roles and Responsibilities

Specific responsibilities of members of the Clinical Policy Recommendation Committee

Committee Role	Responsible Functions
Chair	**Facilitates decision making process** Agreeing agenda. Ensuring appropriate range of competency exists within the Committee. Draws together differing expertise and opinions. Communicates complex decisions in a manner that reflects Committee responsibility using language understood by all audiences. **Committee (internal) communication** Communicates within the Committee to ensure that relevant views are considered at appropriate points in the meeting. **Deliberation, reasoning and ethical judgment** Ensure clear articulation of reasons for and against a proposal.
All	Engagement in deliberative processes to support ethical judgment in decision making. Understands and questions personal assumptions and assumptions of other members of the committee. Understanding of the organisations' ethical framework. Understands the wide variety of evidence and the role it may play in making judgements.
Voting Members	Engage in and facilitate deliberative processes to support ethical judgement in decision-making. Make a population-based commissioning decision based upon judgment and opinion formed in the deliberative processes. Ensure that commissioning decisions are recognised by the Devon Integrated Care Board.
Deputy Director - Clinical Effectiveness	Understand the assessment of evidence and issues important in the interpretation of clinical evidence and cost effectiveness information. Understands quantitative and qualitative research methodologies. Ability to engage in technical clinical discussions with clinicians. Ability to compare needs and benefits of treatments across groups of patients within the context of the health needs of the population.

	Understands the appropriate use of data sources used to inform the decision-making process. Understand epidemiological data and its appropriate use in decision making. Ability to assess and compare the needs of individual patients or groups of patients within the overall context of the health needs of the population. Understands and has access to sources of relevant clinical economic and population information including information provided by stakeholders.
Chief Pharmacist – Primary Care	Specialist knowledge on range of procurements and supply systems for medicines. Specialist knowledge on the licensing, legislation and systems governing prescribing, supply and administration of medicines and treatments. Understands the principles and governance arrangements necessary for the safe and effective use of medicines.
Secondary care clinical professionals	Bring an understanding of the general processes of care across the broad range of secondary care clinical specialisms and support services. Understanding of secondary care internal operational mechanisms and how they interface with primary care. Facilitation of communication between the committee and its secretariat with clinical specialists in secondary care. The promotion of secondary care clinical specialist participation in the process of clinical commissioning policy formation. The promotion of commissioning decisions into practice at secondary level and their monitoring.
Contracting	Understands the financial and contractual arrangements across the range of service providers. Assesses the contractual and financial implications of decisions and imbeds the commissioning intent into the contracting processes. Understands the relationship between finance and commissioning. Understands the interdependence of the local health economy and takes into consideration the impact that changes made in one part may have on other parts.
Nursing and Quality	Understands the principles of safe and effective commissioning.

	Understand the governance and safety arrangements that may be necessary to ensure the intervention or service is commissioned appropriately. Ability to summarise succinctly, with underpinning evidence, complex legislative, governance and safety implications to inform decision making. Understands the impact on quality of care, resources and expenditure that a proposal may have. Understands the NHS requirements for engagement with patients and the public and where appropriate the use of formal consultation.
Lay Public Members	Ensures that in all aspects of the Committee business the public interest of the local population is represented in discussion and decision making. Brings an understanding of what patients, carers and the public may consider to be important when considering the advantages, disadvantages and availability of treatments. Ensures an open and accountable debate which is inclusive of all sectors of the community we serve. Brings an appreciation of the benefits to the community as a whole of an inclusive, patient centred local NHS that uses its resources fairly and wisely.
Clinical Effectiveness professional and scientific support	**Assessment of evidence** Scopes the problem to identify best available evidence. Synthesises evidence from a range of standard sources. Maps epidemiology of the disease in question. Assesses impact of different options at individual patient, pathway, and population level. Interprets and presents the clinical and non-clinical evidence so the Group members can understand the process. Writes and presents reports clearly and succinctly using appropriate terminology that the committee can understand. **Financial and commissioning information data** Summarises financial, contractual and performance data. Communicates options and works with commissioning, contracting and finance staff following the meeting to ensure the commissioning intention is realised. **External Communication and engagement** Engagement with stakeholder groups. **Governance and Safety** Assess evidence relating to safe use of the technology. Assess the impact of procurement and supply arrangements.

	Assess the impact on patient adherence with treatment. Presents information in a format understood by decision-making group.
Secretariat	**Administration** Administers the decision-making process to ensure the Committee meets at appropriate times, members have the relevant information, actions and decisions are recorded. Ensuring compliance with legal and ethical responsibilities relevant to local decision making. Information governance, data protection, management of documents and records. Organise agenda, plan meetings, circulate papers, record keeping, post meeting actions. Produce and distribute minutes. Maintain audit trail of documents. Enquiry handling. **Screening Requests** Assessment of topic for suitability for submission to Committee. Identify when written submission is lacking essential information. Knows about the suite of existing commissioning policies. **External Communication and engagement** Engagement with stakeholder groups. Communication of decisions. Handles Freedom of Information (FOI) requests.

(Reference: Local decision-making Competency framework – for groups involved in making local decisions about the funding of medicines and treatment in the NHS, National Prescribing Centre 2012)