NHS
Heywood, Middleton and Rochdale
Clinical Commissioning Group

Clinical Commissioning Committee

Date of Meeting:	06 September 2013
Agenda Item:	2.2
Subject:	TAG Terms of Reference and Process Review Panel
Reporting Officer:	Dr Andrew Bracegirdle
Aim of Paper:	To provide the CCC with updated Terms of Reference for the Treatment Advisory Group and request the CCC approve these Terms of Reference.

Governance	**Meeting Date**	**Objective/Outcome**
CCG Governing Body	Select date of meeting.	Approved
Audit Committee	Select date of meeting.	Click to Select
Clinical Commissioning Committee	05 April 2013	Click to Select
Finance Performance and Risk Committee	Select date of meeting.	Click to Select
Quality and Safety Committee	Select date of meeting.	Click to Select
Remuneration Committee	Select date of meeting.	Click to Select
Locality Engagement Group	Select date of meeting.	Click to Select
Health and Wellbeing Board	Select date of meeting.	Click to Select
Other	Click here to enter text.	

CCC Resolution Required:	For Information Only
Recommendation	The CCC is asked to approve the Terms of Reference for the Treatment Advisory Group and Process Review Panel.

Link to Strategic Objectives	**Contributes to:** (Select Yes or No)
Improve health and wellbeing and reduce local health inequalities.	Yes
Commission high quality, safe, personalised, effective and continuously improving services.	Yes
Embed meaningful engagement with patients, and member practices	Yes
Build an effective and innovative commissioning infrastructure.	Yes
Be a high performing CCG and use our available resources innovatively.	Yes
Develop the CCG to display the CCG values and behaviours.	Yes

Risk Level: (To be reviewed in line with Risk Policy)	Select RAG Status
Comments (Document should detail how the risk will be mitigated)	Click here to enter text.

Finance Content:	No
Financial content signed off by:	Not applicable

	Completed:
Clinical Engagement taken place	Yes
Patient and Public Involvement	Yes
Equality Impact Assessment / Human Rights Assessment completed	No

Executive Summary

Terms of Reference describe the purpose and structure of a group.

The purpose of the Treatment Advisory Group and Process Review Panels are to enable the CCG to make decisions regarding individual applications for treatment that are not routinely commissioned by the CCG, in line with the CCG's Treatment Advisory Group Policy.

The CCC is asked to approve the Terms of Reference for the Treatment Advisory Group and Process Review Panel.

NHS
Heywood, Middleton and Rochdale
Clinical Commissioning Group

TREATMENT ADVISORY GROUP PANEL & PROCESS REVIEW PANEL

TERMS OF REFERENCE

VERSION CONTROL			
V0.1	Draft 1 Submitted to TAG Panel 12/07/2010 for comment	Helen Lewis-Parmar	13th July 2010
V0.2	Draft with amendments discussed by TAG Panel	Helen Lewis-Parmar	20th July 2010
V0.3	Draft with TAG Panel amendments ratified by TAG	Helen Lewis-Parmar	22nd July 2010
V0.4	Additions following recommendations from EMT	Helen Lewis-Parmar	25th August 2010
V0.5	Final changed agreed by PCT Chair and CEO	Helen Lewis-Parmar	23rd September 2010
V0.6	Agreed by PCT Board subject to the inclusion of flowchart detailing further courses of redress/appeal		24th November 2010
V1.0	Flowchart appended and agreed by PCT Chair		
V1.1	Revision for interim transitional arrangements for 2012/13 for CCC	Helen Lewis-Parmar	January 2012
V1.2	Revision following initial CCC feedback	Helen Lewis-Parmar	Feb 2012
V1.3	Revision following TAG Feedback and review of process	Helen Lewis-Parmar	March 2012
V1.4	Revision to paragraph 3.6 following feedback from CCC on 02/11/2012	Rachel McDonald	November 2012
V1.5	Revision included; removal of reference to PCT, inclusion and reference to GMCSU, inclusion of a confidentiality section	Laura Fletcher	30 August 2013

Related Procedural Documents: Effective Use of Resources Policy

Review Date: March 2013

1. Scope

1.1 These terms of reference concern the responsibilities of the Treatment Advisory Group (TAG) Panel and the Process Review Panel.

1.2 The two terms of reference are presented within the same document due to the interactions between the two groups. Specifically, the role of the Process Review Panel is to ensure that the Treatment Advisory Group Panel has complied with its terms of reference, and particularly with the laid down decision making process.

1.3 These terms of reference have been updated to reflect the patients' right, articulated in the NHS Constitution, to expect local decisions about the funding of medicines and other treatments to be made rationally and to reflect the experience of operating the CCG's Effective Use of Resources Policy. Individuals also have the right to have that decision explained where the local NHS decides not to fund a drug or treatment.

1.4 The TAG process will ensure that each request for individual funding is considered in a fair and transparent way, with decisions based on the best available evidence and in accordance with the CCG commissioning principles.

2. Purpose

2.1 The purpose of the Treatment Advisory Group and Process Review Panels are to enable the CCG to make decisions regarding individual applications for treatment that are not routinely commissioned by the CCG, in line with the CCG's Treatment Advisory Group Policy.

2.2 Individual funding requests are generally of two types:

- Requests for funding for treatments for medical conditions where the CCG has no established commissioning policy (as shown by CCG policy or the treatments which are approved for routine funding in service agreements).
- Requests for funding for treatments for medical conditions where the CCG does have an established commissioning policy for that condition but where the requested individual treatment is not in the CCG policy or does not meet the criteria set out in the policy.

Requests in the first category will be considered against the tests of clinical effectiveness, cost effectiveness and affordability. For requests in the second category there also needs to be a demonstration of exceptional clinical circumstances.

2.3 The CCG has in place alternative arrangements to make decisions regarding individual applications for treatments (usually placements) for patients with funded nursing care or continuing care needs. The CCG has joint arrangements in place with Rochdale Metropolitan Borough Council to make decisions regarding individual applications for treatment (usually placements) for patients with mental health needs, learning disabilities and children. Such placements are usually excluded from the scope of the TAG and Process Review Panels.

2.4 The mechanism of individual case funding will not be used to introduce new technologies or drugs. These will take place within the established planning framework of the NHS to ensure equity of provision and consideration against identified priorities.

TREATMENT ADVISORY GROUP PANEL

3. Membership and Quorum – Treatment Advisory Group Panel

3.1 The voting membership shall comprise:

- Three General Practitioners nominated by the Clinical Commissioning Group Governing Body
- Nurse nominated by the Clinical Commissioning Group Governing Body
- Public Health representative nominated by the Director of Public Health
- Representatives of the CCG Chief Officer
- Representative of Medicine Management
- Representative of the Patient Advice and Liaison Service
- Patient Representation

3.2 The following shall also attend to support the decision making process at Panel meetings:

- Representatives of Director of Finance
- Representatives of the GM CSU Contracting Team
- Administrative staff

The supporting members will not hold voting rights.

3.3 Each member of the panel or other attendee may nominate a deputy to attend when they are unable to do so and exercise voting rights on their behalf where applicable as decided by the Panel member for whom they are deputising.

3.4 The voting members of the Panel will elect a standing Chair who should be a clinical professional. The majority of decisions are expected to be reached by consensus however in the event of a vote being taken that results in a tie, the chair shall have casting vote. A Vice Chair can also be elected by the group. This individual should be a clinical professional and able to deputise for the Chair.

3.5 The panel may co-opt additional members (with or without voting rights as deemed necessary) when required, particularly when specialist expertise is needed and may establish as subgroup to deal with decisions that may include co-opted members. Where a person is to be co-opted onto the panel for the purpose of participating in any of its meetings the decision to co-opt that individual (along with whether or not he or she may have voting rights) shall be put to a vote of the regular voting members at the start of the relevant meeting.

3.6 The panel is made up of representatives of professions who provide direct care to patients (e.g. doctors, nurses, allied health professionals, social workers) and representatives of support services (e.g. accountants, managers, public health advisors). Some members of the panel can represent both groups (e.g. be a doctor and a public health advisor). The panel will be quorate when at least four individuals with voting rights are present and when, between them there are at least three representatives of professions that provide direct care and at least one representative of support services. In the normal course of events, patient representation will form part of the quoracy of the group, however, it is recognised that attendance may not always be possible and this should not prevent or delay

the business of the group. The Chair will decide if the business of the group may be undertaken in the absence of patient representation.

3.8 A programme of induction and ongoing training will be in place for all panel members and other individual members who regularly deputise for members of the panel.

3.9 The executive leadership for TAG will be decided by the CCG Governing Body.

4. Accountability – TAG Panel

4.1 To make decisions on individual applications for treatment that are not routinely commissioned in line with the CCG's Treatment Advisory Group Policy.

4.2 To oversee the development and implementation of systems and processes within the CCG and GMCSU EUR Team that supports the Treatment Advisory Group Policy.

4.3 To make proposals to the CCG regarding services that should be routinely commissioned.

5. Responsibility – TAG Panel

5.1 To take account of:

Relevant policy and guidance, including from the following sources:

- Clinical Commissioning Group Governing Body
- Effective Use of Resources Policy
- National Institute for Health and Clinical Excellence (NICE)
- National Service Frameworks
- Department of Health
- Association of Greater Manchester CCGs
- The Strategic Health Authority
- Greater Manchester Medicines Management Group Pre NICE Prescribing Policy
- Greater Manchester and Cheshire Cancer Network
- Any other relevant body that the panel accepts as being of appropriate standing

Relevant decisions made by NHS HMR. The TAG Panel may by discretion have regard to similar decisions made by other CCGs, subject to the understanding that such decisions are not centrally collated and others CCGs may have funding priorities and/or eligibility criteria which differ from those locally..

Information from relevant health and social care professionals (taking into account the qualifications, experience and interests of those providing the information) and specifically for individual cases:

- The patient's GP
- The patient's consultant where relevant
- The referring clinical professional, where relevant
- The treating clinical professional where relevant
- Any other relevant clinical professional involved in the patient's care

Evidence concerning the clinical and cost-effectiveness of treatments, including:

- The risks and benefits for patients of that treatment
- The reliability of any evidence presented
- Potential alternative treatments

Any statement or representation from, or on behalf of the patient. The TAG Panel is not required to invite patients to be present (although it may do so) but it should

ensure that it has sufficient evidence to consider whether exceptional circumstances are applicable.

5.2 To take no account of:

- Psychological factors raised by patients and other parties
- Social issues raised by patients and other parties[1]

5.3 To consider any application for a treatment which has a direct impact on the patient's appearance a cosmetic application and consequently take account of whether the patient is extremely disfigured by their condition or whether their appearance is within the normal range/ not significantly different to the general population of patients with that condition at the same stage in line with CCG Effective Use of Resources Policy.

5.4 To ensure all requests for funding are acknowledged within three working days outlining the process the CCG follows and will include a patient information leaflet where available.

5.5 To ensure that an effective triage process is in place and operated by the GM CSU EUR Team such that all applications are either referred to the Panel or dealt with appropriately. Information on the outcome of the triage process needs to be provided in writing within five working days.

5.6 To offer the patient the opportunity to provide information to the TAG Panel in a written statement and / or documented face-to-face meeting with representatives of the CCG should this be required or is requested by the patient. Patients may bring someone along to provide informal support. Notes of such meetings should be shared with the patient, to give them an opportunity to comment before them being submitted to the TAG Panel. It is expected that clinicians making a request will inform patients that they are able to submit evidence to the TAG Panel should they wish. This will also be explained in the Patient Information Leaflet.

5.7 To ensure that reasonable efforts are made to validate all information provided by the patient.

5.8 To ensure all relevant health and social care professionals involved, including in every case the patient's GP, are offered an opportunity to provide supporting information.

5.9 To ensure, where the CCG requests details of exceptional clinical circumstances, the request is submitted to the main clinician involved in the patient's care.

5.10 To ensure sufficient information is obtained to reach a rational decision on each case. Where additional information is requested at the TAG Panel, then the expected timeline and subsequent process are outlined in writing within three working days.

5.11 A written decision shall be issued in each case outlining the rationale for the decision reached.

5.12 When reaching a decision the TAG Panel shall have regard both to the individual factors and the collective effect of all such factors when viewed in aggregate.

5.13 To act as the Effective Use of Resource Panel which reaches a decision on each case, and/or identify, an individual and/or group to reach a decision.

5.14 To ensure that patient and relevant health/social care representatives are informed of the decision of the TAG Panel and the reason(s) for it.

5.15 To ensure the patient has the opportunity to have an informal face-to-face meeting with representatives of the CCG when this is requested to explain the reason(s) behind the decision. Patients attending informal face-to-face meetings will be provided with a copy of the section within the minutes concerning their decision and will be given the opportunity to bring along someone to provide support. A

[1] North West PCT Alliance Medicines and Treatments Group: Describing exceptionality for funding panels April 2009

copy of the relevant evidence used by the TAG Panel will not usually be provided for informal face-to-face meetings. Patients will if they wish, be provided with an opportunity to review their file at the informal face-to-face meeting. Notes of such meetings will be shared with the patient, to give them an opportunity to comment. Where decisions are reached to not support the request GM CSU will ensure the patient and relevant health/social care professionals are informed of the Review Process.

5.16 To ensure appropriate records are kept of all correspondence and contacts (e.g. telephone calls, emails etc).

5.17 To agree and deliver a plan to increase patient and public involvement in the process.

5.18 To ensure appropriate cases are developed and submitted into the CCG overall planning process.

5.19 To take appropriate instructions from the Process Review Panel and, in the event of an application being sent back to the TAG Panel to reconsider the application within one month or such shorter period as the Process review Panel may otherwise direct.

5.20 To ensure a process for the reconsideration of evidence by the TAG Panel following the submission of substantial additional evidence, for example, issue of new NICE Guidance or demonstration of new clinical exceptionality. The Chairperson/nominated deputy has the final decision as to whether new evidence constitutes sufficient reason for the reconsideration of the individual funding request by the TAG Panel.

6. Confidentiality

6.1 All cases and appeals will be treated as highly confidential due to the nature and the sensitive clinical information contained.

6.2 GM CSU will ensure that patient consent is obtained prior to pursing additional supporting information from clinicians who have provided or are being asked to, provide care. Patient consent will not be routinely sought if all required information is available upon receipt of the request. The CCG will assume that implied consent has been given once a request is received for healthcare purposes. (moved from section 5)

6.3 Patients should be advised that all matters made known to the TAG Panel will be treated in confidence and not made known to others beyond GMCSU EUR Team and the CCG and its advisors without their consent. (moved from section 5)

6.4 Papers will be sent to Panel members either via registered post or a secure email service.

7. Term of Delegated Powers – TAG Panel

7.1 The TAG Panel has delegated responsibility from the Clinical Commissioning Committee.

8. Frequency of meetings – TAG Panel

8.1 The TAG Panel shall normally be held on a monthly basis.

8.2 The Chairperson of the TAG Panel may call extraordinary meetings at his/her discretion.

7.3 The assessment and processing of urgent requests will follow local policy. The Chairperson can sanction quorate decision making via email in exceptional circumstances.

9. Reporting- TAG Panel

9.1 The TAG Panel will report to the Clinical Commissioning Committee.

9.2 Reporting will be on a regular rotational basis to the Clinical Commissioning Committee. Reports will be delivered by the Chairperson or other delegated member of the TAG Panel.

9.3 Other reporting will be by exception via the Chairperson or other delegated member of the TAG Panel.

9.4 An annual report will be produced by the TAG Panel for the Clinical Commissioning Group Governing Body.

PROCESS REVIEW PANEL

10. Membership and Quorum - Process Review Panel

10.1 The Process Review Panel will be made up of the three individuals from either of the following:

- Non-Executive Directors of the CCG Governing Body.
- GPs nominated by the Clinical Commissioning Group Governing Body.

An independent clinical advisor will be co-opted as required to support the decision making process. This individual will not have voting rights.

10.2 No member of the Process Review Panel should have had prior involvement with, or any other interest in, the case under consideration.

10.3 The panel will be provided with a note-taker.

10.4 Prior to the start of the hearing the panel will appoint a chairman from amongst its members.

11. Accountability – Process Review Panel

11.1 To review decisions made by the TAG Panel and consider whether the decision under review was made in accordance with the decision-making process set down in the TAG Panel's terms of reference.

12. Responsibility – Process Review Panel

12.1 To ensure except in cases of emergency, a Process Review shall be conducted within 28 working days of the date upon which the CCG receives a request for such a Review.

12.2 To ensure in a case of emergency, a Process Review shall be conducted within 10 working days. It shall be for the chairperson of the Process Review to decide whether a request discloses a case of emergency.

12.3 To ensure the parties to a Process Review are:

- The patient by whom, or on whose behalf, the request for a Process Review was made (and, if appropriate, his/her representative); and
- The CCG (which may appear by its representative).

12.4 To ensure the parties are informed of the date set for the Process Review.

12.5 To ensure the Process Review Panel and the parties to the Process Review have access to:

- All papers considered by the TAG Panel relating to the case
- The TAG Panel's decision;
- Any other relevant papers relating to the case
- Any summary prepared by the CCG
- Any statement from those requesting the review.

12.6 To ensure all Process Review Panel papers are circulated prior to the meeting.

12.7 Where, in the course of the Process Review, any fact or submission emerges that were not known to the TAG Panel the Process Review Panel shall determine its material significance and whether the matter should be referred back to the TAG Panel.

12.8 To conduct the Process Review by means of an oral hearing unless the parties give written consent to its being conducted solely on the basis of documents and (if appropriate) written representations.

12.9 To conduct oral hearings in private.

12.10 To follow the following procedure for an oral hearing:

- The CCG shall state its case in the presence of the patient (and, if appropriate, his/her representative).
- The patient (or, if appropriate, his/her representative) shall have the opportunity to ask questions of the CCG.
- The Process Review Panel shall ask any questions of the CCG.
- The patient (or, if appropriate, his/her representative) shall state his/her case in the presence of the CCG.
- The CCG shall have the opportunity to ask questions of the patient (or his/her representative).
- The Process Review Panel shall ask any questions of the patient (or his/her representative).
- The patient (or his/her representative) shall have the opportunity to make a closing statement.
- The CCG shall have the opportunity to make a closing statement.
- In making any closing statement, the parties may not introduce a new matter.
- The parties shall withdraw, and the Process Review Panel shall deliberate in private.

12.11 Patients wishing to attend the oral hearing in person can be accompanied by a supporting friend or relative in addition to any clinical/other representation.

12.12 To make a formal decision as to the process by which a decision was made under the Treatment Advisory Group Policy. The Process Review Panel can either, for each case presented to it decide to either:

- Uphold the decision as having been carried out in accordance with due process as set out in the TAG Panel's terms of reference;
- Decide that the TAG Panel did not follow due process, and therefore return the case to the TAG Panel to enable due process to be followed, with any instructions about the process.

12.13 To ensure the parties are informed of the decision of the Process Review Panel and the reason(s) for it. This information shall be given to the parties in writing within three working days. The patient may also request that the decision is communicated orally.

12.14 To ensure a patient who is aggrieved by the decision of the Process Review Panel is advised of their right to make a formal complaint in that regard through the complaints procedure of the CCG. Any such complaint may touch only upon the means by which the Process Review was conducted and not upon the decision of the Process Review Panel. Please see flowchart appended.

12.15 To ensure only one Process Review Panel is held for each application.

12.16 To ensure an appropriate record is kept of the Process Review.

12.17 As appropriate, to make informal policy recommendations to the TAG Panel or other appropriate forum of the CCG.

13. Term of Delegated Powers – Process Review Panel

13.1 The Process Review Panel has delegated responsibility from the Clinical Commissioning Committee.

14. Frequency of meetings – Process Review Panel

14.1 The Process Review Panel shall meet on an ad-hoc basis as required.

15. Reporting – Process Review Panel

15.1 The Process Review Panel shall report to the Clinical Commissioning Committee.

15.2 The Process Review Panel's reports shall be included within the TAG Panel's regular reports to the Clinical Commissioning Committee.

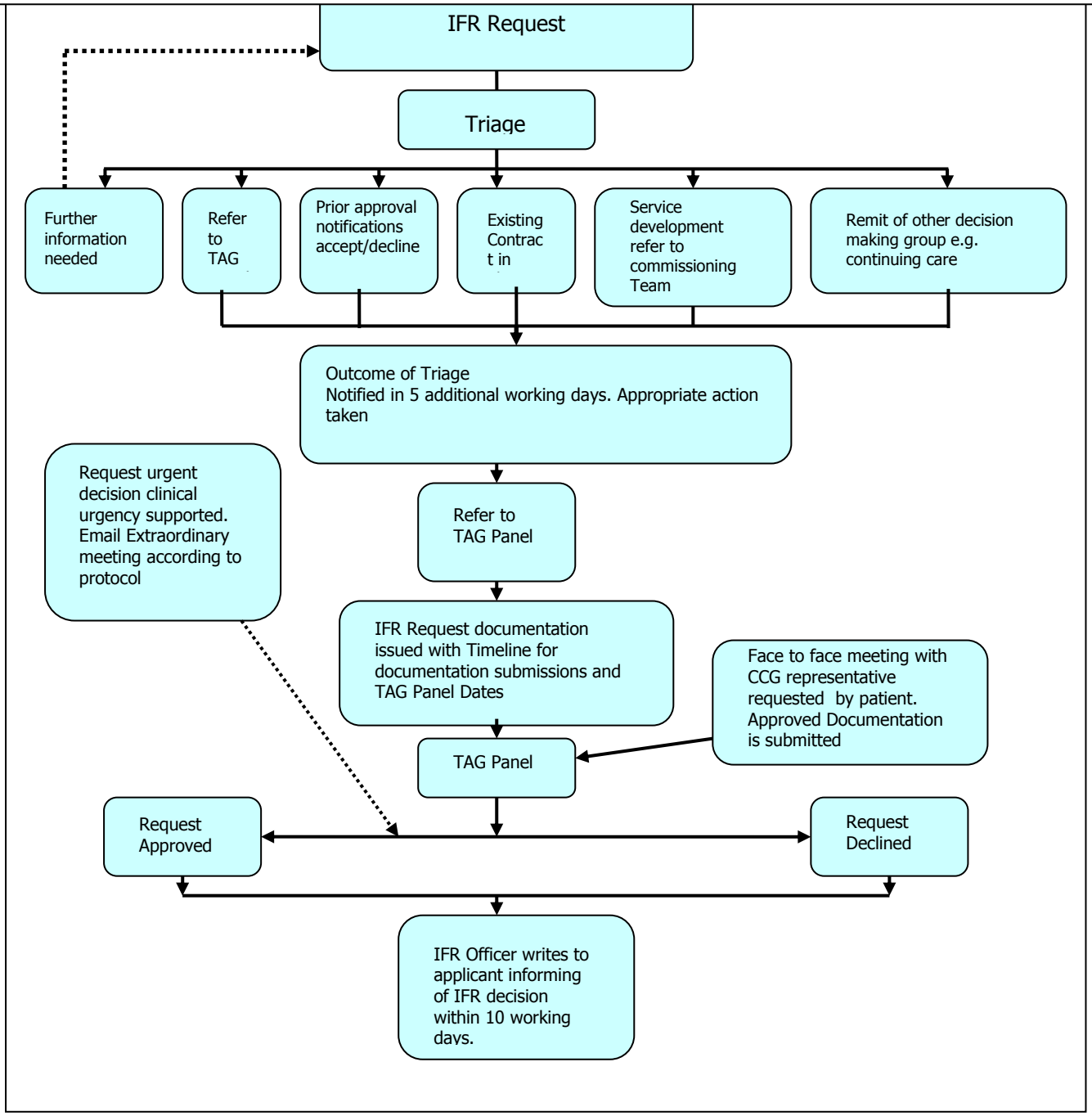
15.3 Other reporting will be by exception via the Chairperson or other delegated member of the Process Review Panel.

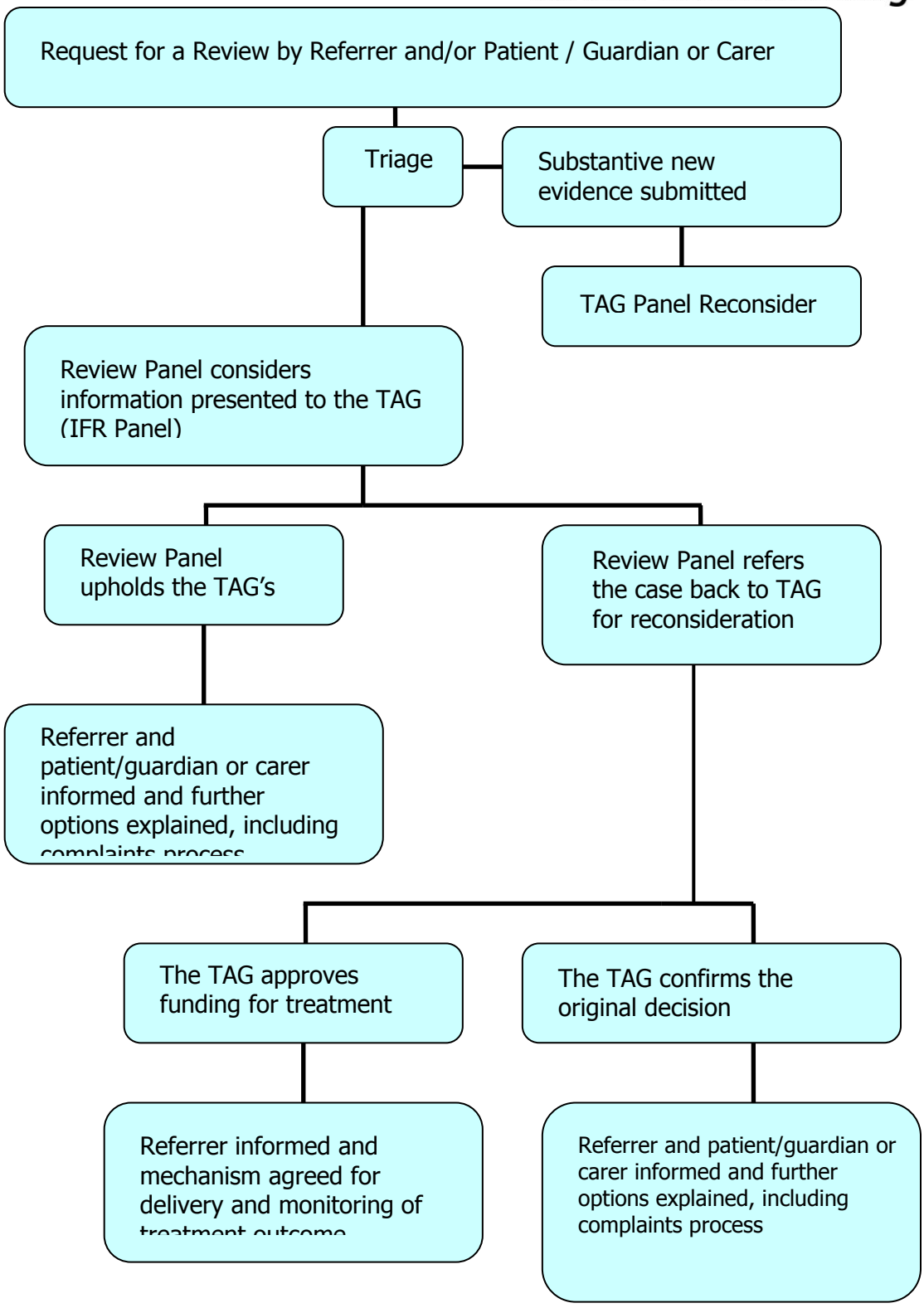
16 Review Date – TAG Panel and Process Review Panel

16.1 These terms of reference will be reviewed by CCG Governing Body twelve months from the date of constitution.

Appendix A1: Flowchart of Treatment Advisory Group process for considering Individual

This TAG process will usually take up to a maximum of 40 working days from receipt of referral to notification of decision to the applicant.
Where, for clinical reasons, a decision is needed more urgently these can be fast tracked but will still follow the same process. All cases will be dealt with in a timely manner in order for the 18 week timelines to be adhered to.




Request for a Review by Referrer and/or Patient / Guardian or Carer
Triage
Substantive new evidence submitted
TAG Panel Reconsider
Review Panel considers information presented to the TAG (IFR Panel)
Review Panel upholds the TAG's
Review Panel refers the case back to TAG for reconsideration
Referrer and patient/guardian or carer informed and further options explained, including
The TAG approves funding for treatment
The TAG confirms the original decision
Referrer informed and mechanism agreed for delivery and monitoring of
Referrer and patient/guardian or carer informed and further options explained, including complaints process