SALFORD CCG COMMISSIONING PANEL TERMS OF REFERENCE

With effect from 1 April 2014

1. Introduction

1.1 The Commissioning Panel reviews requests for funding for treatments not currently covered by commissioning arrangements or for treatments excluded from those arrangements, in accordance with the CCG's Effective Use of Resources (EUR) policy.

1.2 The Greater Manchester EUR Operational Policy describes NHS Salford CCG's overarching EUR policy and the role of Individual Funding Request (IFR) panels within that policy. The Commissioning Panel is NHS Salford CCG's Individual Funding Request (IFR) panel.

2. Purpose

2.1 The Commissioning Panel will meet monthly to review requests for funding for treatments not currently covered by commissioning arrangements or for treatments excluded from those arrangements.

2.2 When reaching a decision the Panel shall have regard both to individual factors and the collective effect of all such factors when viewed in the aggregate. The panel will normally adopt a consensus approach to decision making where unanimous view cannot be reached on an individual request. In the event of a vote being taken that results in a tie, the chairman shall have a casting vote.

2.3 The panel will consider requests on an individual named basis for treatments either not covered by commissioning arrangements or where a treatment is specifically excluded from those arrangements.

2.4 The panel will be responsible for assessing the clinical effectiveness of the procedure and then the cost effectiveness of the requested treatment based on the evidence available to them at the time. For requests where a treatment is excluded from commissioning arrangements the panel will review the evidence to determine whether or not the request under consideration is exceptional and should therefore have access to that treatment funded by the NHS.

2.5 In addition the panel will:

- consider and make recommendations in relation to relevant Greater Manchester EUR clinical policies,
- consider and make recommendations in relation to the delivery of the EUR operational policy by the Commissioning Support Unit.

3. Membership

3.1 The voting membership shall comprise:

- CCG Effective Use of Resources Clinical (GP) Lead - Chair

- GPs nominated by the CCG Executive Team
- Nurses nominated by the CCG Executive Team
- Officers nominated by the CCG Executive Team
- Public Health representative nominated by the local Director of Public Health
- Other local clinicians (e.g. therapist) nominated by the CCG's EUR lead

3.2 At least 4 members of the panel should be present, two must be clinically qualified and one of those must be medically qualified.

4. Administrative Support

4.1. Meetings will be arranged and resourced by the CCG and managed by their nominated lead officer.

4.2. Preparation of agendas and all request papers, recording the outcomes of the meeting, taking any actions arising and ensuring letters are sent to the requesting clinician and patient within agreed timescales is the responsibility of the GMCSU EUR team on behalf of the CCG.

4.3. Ensuring a suitable venue is available is the responsibility of the CCG lead for IFR.

5. Chairs Action / Urgent Decisions

5.1 In clinically urgent situations a request may be considered in advance of the panel using the mechanism agreed in the GM EUR Operational Policy/Standard Operating Procedures.

6. Training of IFR Panel Members

6.1 Training of IFR panel members is the responsibility of the CCG but will be supported by the GMCSU EUR team.

6.2 Members should attend at least 4 meetings per year to maintain continuity and expertise.

7. Confidentiality

7.1 All requests will treated as highly confidential as the majority will contain sensitive and/ or clinical information.

7.2 Papers will be sent to members via either registered post or a secure e-mail service, e.g. NHS.net.

7.3 Consent will be obtained from the patient prior to the meeting.

7.4 All confidential papers will be gathered for shredding at the end of the meeting.

8. Reporting

8.1 To report to the CCG's Commissioned Services Quality Group on a regular basis.

8. Review

8.1 These terms of reference will be reviewed annually or sooner if there are relevant changes in legislation or local/national guidance.

SALFORD CCG PROCESS REVIEW PANEL TERMS OF REFERENCE

With effect from 1 April 2014

1. Introduction

1.1 The Process Review Panel is convened when a patient or clinician requests a review of a decision taken by the Commissioning Panel.

1.2 The Greater Manchester EUR Operational Policy describes NHS Salford CCG's overarching EUR policy and the role of Process Review Panels (PRPs) within that policy.

2. Purpose

2.1. The Process Review Panel will meet on an ad-hoc basis when a patient or clinician acting on their behalf has appealed a panel decision and they have submitted no new evidence in support of their request that needs further consideration by the Commissioning Panel.

2.2. The panel will meet in private but the patient and or a representative will be asked to attend to ensure that their views are fully accounted for. If the patient or their representative give written consent the panel can be conducted solely on the basis of documents and written representations (i.e. without the patient or their representative being present).

2.3. Where, in the course of the Process Review, a new fact or submission emerges that was not known to the Commissioning Panel the Process Review Panel shall determine its materiality and whether it is of sufficient significance that it raises a realistic prospect that the Commissioning Panel may have come to a different decision if it had been aware of it. In such circumstances the Process Review Panel shall refer the matter back to the Commissioning Panel.

2.4. The panel shall normally 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 CCG shall have the opportunity to make a closing statement.
- The patient (or his/her representative) 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.

2.5. 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 Effective use of Resources Policy;
- Decide that the Commissioning Panel did not follow due process, and therefore return the case to the Commissioning Panel to enable due process to be followed, with any instructions about the process.

The decision of the Process Review Panel and the rationale for its decision shall be fully recorded.

2.6. The panel will adopt a consensus approach to decision making where a unanimous view cannot be reached. If consensus cannot be reached on any point the decision of the chairperson will be final.

2.7. The panel will consider each stage of the process that the request has gone through to ensure that all reasonable attempts have been made to find relevant evidence of effectiveness and that all aspects of the request have been considered in the round.

2.8. The panel should assure itself that all stages of the process have been recorded.

2.9. The panel is there to decide if due process has been followed and to identify any areas where further consideration needs to be made if any.

2.10. It is not the role of the Process Review Panel to make a further funding decision or overturn the Commissioning panel decision; however, it may return the request to the Commissioning panel to address any issues identified following the process review.

2.11. Panels may consider more than one request at a time provided there is sufficient time for each request to be dealt with fully.

2.12. Only one Process Review may be held for each funding request.

3. Membership

3.1. The Process Review Panel will be made up of up to 5 members of the CCG's Governing Body or other representatives of the Governing Body identified by the Chair of the Governing Body.

3.2. Two members of the Process Review Panel will normally be lay members, one of whom will normally chair the meeting.

3.3. Two members of the Process Review Panel will normally be clinical leads (i.e. GPs).

3.4. The quorum for the Process Review Panel shall be three members, of which at least one will normally be a lay member.

3.2. All CCG process review panel members must not have been involved in any of the IFR decision making stages.

4. Administrative Support

4.1. Meetings will be arranged and resourced by the CCG and managed by their nominated lead officer.

4.2. Preparation of agendas and all request papers, recording the outcomes of the meeting, taking any actions arising and ensuring letters are sent to the requesting clinician and patient within agreed timescales is the responsibility of the GMCSU EUR team on behalf of the CCG.

4.3. Ensuring a suitable venue is available is the responsibility of the CCG lead for IFR.

5. Training of Process Review Panel Members

5.1. Training of IFR panel members is the responsibility of the CCG but will be supported by the GMCSU EUR team.

5.2. CCG process review panel members should ensure that they have received adequate and appropriate training or relevant experience.

6. Confidentiality

6.1. All appeals will treated as highly confidential as the majority will contain sensitive and/or clinical information.

6.2. Papers will be sent to members via either registered post or a secure e-mail service (NHS net).

6.3. Consent will be obtained from the patient prior to the meeting.

6.4. All confidential papers will be gathered for shredding at the end of the meeting.

7. Review

7.1 These Terms of Reference will be reviewed annually or sooner if there are relevant changes in legislation or local/national guidance.