

CLINICAL POLICY ADVISORY GROUP (CPAG)
TERMS OF REFERENCE

1. STATEMENT OF PURPOSE

CPAG (“The Committee”) is a strategic, local decision-making committee, with responsibility for promoting appropriate, safe, rational and cost-effective clinical policies to be used across Derby & Derbyshire.

The Committee is accountable to the Clinical and Lay Commissioning Committee of Derby and Derbyshire CCG (“the CCG”) with representation from governing body members. There is an expectation that recommendations made by CPAG will usually be implemented. The Committee has no delegated responsibility for resource allocation. If resource allocation is required then the committee will refer the matter on to the Derby and Derbyshire Financial Recovery Group.

The Committee will also have formal links to the East Midlands Affiliated Commissioning Committee (EMACC) and the Joint Area Prescribing Committee (JAPC). One member of CPAG represents Derbyshire at EMACC.

2. OBJECTIVES OF CPAG

1	To agree policies that aim to achieve the best possible evidence based improvement in health outcomes for the population of Derbyshire.
2	To be a consultee and to review implications of pathways and their impact on CPAG policies and support other functions of the CCG (and wider health system) to develop policies underpinning workplans/outputs.
3	To ensure that policies, including the Procedure of Limited Clinical Value (PLCV) policy, are revised prior to expiry and developed in the light of new evidence/NICE/national guidance.
4	To ensure that policies have been through the appropriate process prior to being approved i.e. clinical input from the CCG, evidence based research by Public Health/Clinical Policy manager and consideration given to the financial aspects of the policy.
5	To provide a review of business cases where a policy needs to be developed, as requested by the CCG and to review the clinical effectiveness, financial and evidence where there is the potential for a commissioning policy to change.
6	To horizon scan and assess both clinical quality and financial impact of new clinical NICE publications in consultation with the CCG to determine policy development.
7	To advise on the implementation of relevant NICE guidance and guidelines that concern clinical policy development.
8	To be a point of contact in partnership policy development.
9	To ensure appropriate evaluation is in place for new and existing investments (e.g. IPGs/MTGs/DTGs)
10	To ensure that the CCG appropriately identifies and addresses inequalities for individuals across Derbyshire in policies that are approved.
11	To communicate recommendations and outputs effectively to all relevant member and stakeholder organisations and encourage implementation.
12	To work with equivalent groups in neighbouring health communities on areas of mutual interest.
13	To demonstrate joined-up working with other directorates within the CCG, e.g. Planned Care, Long Term Conditions, Contracts, Business Intelligence, Primary Care Commissioning, Quality etc.

- The approval of pathways and guidance documents including policies on therapies fall outside of the CPAG’s objectives.

3. RULES OF WORKING

1	CPAG will be quorate when at least one-third of the core members are in attendance, including at least one GP and one Public Health representative.
2	Deputies are expected to attend if the appropriate member is unable to do so.
3	Each member will have a nominated deputy.

4	There will be an annual conflicts of interest declaration, at the start of the financial year in April, which will be recorded in a register. It will be the responsibility of the member to declare any change to his/her status at the start of the next CPAG meeting.
5	Chairs should consider any known interests of members in advance, and begin each meeting by asking for declaration of relevant interests.
6	If a member has an actual or potential interest, the chair should consider the following approaches and ensure the reason for the chosen action is documented in minutes or records: (i) Requiring the member to not attend the meeting (ii) Ensuring that the member does not receive meeting papers relating to the nature of their interest (iii) Requiring the member to not attend all or part of the discussion and decision on the related matter (iv) Noting the nature and extent of the interest, but judging it appropriate to allow the member to remain and participate (v) Removing the member from the group or process altogether
7	The Chair will be from a commissioning organisation and not from a provider organisation. The committee will approve the appointment and review on an annual basis
8	CPAG will work according to the processes outlined on the CPAG website
9	CPAG will have oversight of the work plan and actions made by the operational arm of Clinical Policies
10	The Individual Funding Request Group will report quarterly to CPAG with CPAG considering the policy implications of the decisions that are made by this group

4. MEMBERSHIP OF CPAG

Clinical Commissioners

* A practicing General Practitioner working across Derby & Derbyshire x 3

*Director of Medicines Management and Clinical Policies, as Senior Responsible Officer

*Assistant Director of Clinical Policies and Decisions

*Head of Medicines Management and Clinical Policy Decisions

*Clinical Policies and Guidelines Manager as Professional Secretary

*Individual Decisions Manager

*Deputy Chief Finance Officer

*Representation from Planned Care

**Representation from Clinical Quality

*Representation from Contracts

Public Health

*Public Health Representative from either Derby City or Derbyshire County Council

***Denotes core member – NB The committee will nominate a chair and vice chair from the core membership which will be reviewed on an annual basis**

****Clinical Quality have** an open invitation to be present at CPAG and their views sought for relevant agenda items requiring their respective input.

University Hospitals of Derby and Burton NHS Foundation Trust

***Guidelines Group Representation

Chesterfield Royal Hospitals NHS Foundation Trust

***Guidelines Group Representative

Derbyshire Community Health Services NHS Trust

***Guideline Group Representative

****LMC

Derbyshire Local Medical Committee

*** Guidelines Group representatives from our main provider Trusts have an open invitation to be present at CPAG

****LMC will be invited to have their views heard for relevant agenda items

5. CPAG MEMBER'S RESPONSIBILITIES

Members of CPAG are expected to:

1	Commit to attend meetings regularly
2	If unable to attend, nominate a deputy with appropriate authority and experience wherever possible
3	Contribute items for the agenda as appropriate, with supporting material, stated purpose and action required, no later than 7 days before the date of the next meeting
4	Come to meetings prepared, with all documents and contribute to the debate
5	Represent their organisation and/or professional group and take views from CPAG back to their own groups/organisations for comment and then for feeding back responses to CPAG as appropriate
6	Before each meeting, seek and represent the views of their organisation and/or professional groups by consultation
7	Communicate the decisions/advice from CPAG to their own groups/organisations for implementation, e.g. GPs to their CCG prescribing groups/clinical reference groups
8	Declare any conflicts of interest which might have a bearing on their actions, views and involvement in discussions within the committee
9	Consider the impact of any decision on all groups covered by the Equality Act 2010. Where there is a negative impact, every possible action to mitigate that impact must be considered
10	Have sufficient knowledge and understanding of Equality inclusion and Human Rights to ensure relevant aspects are properly considered in any decisions. In particular, this must include an understanding of section 149 of the Equality Act 2010 in order to apply this to the functions of CPAG.

6. REPORTING STRUCTURE

CPAG is accountable to the Clinical and Lay Commissioning Committee (CLCC).

A monthly ratified bulletin will be available on the Clinical Policies Website.

These are sent to the Clinical and Lay Commissioning Committee (CLCC) monthly.

CPAG will contribute to the CCGs annual report.

7. FREQUENCY OF MEETINGS

CPAG will meet on a monthly basis.

The agenda will be sent out to members no later than five days before the meeting.