

CLINICAL POLICY ADVISORY GROUP (CPAG)

Terms of Reference

Authority and Accountability

These Terms of Reference, which must be published on the Derby & Derbyshire Medicines Management website, set out the membership, the remit, responsibilities and reporting arrangements of the Clinical Policy Advisory Group (CPAG) and may only be changed with the approval of the ICB sub-Committee, the Population Health and Strategic Commissioning Committee (PHSCC). CPAG is a sub-committee of and accountable to the ICB.

1. PURPOSE

- 1.1 The Clinical Policy Advisory Group (CPAG) (“the Committee”) is established by the Population Health and Strategic Commissioning Committee (PHSCC).
- 1.2 CPAG (“The Committee”) is a strategic, local decision-making committee, with responsibility for promoting appropriate, safe, sustainable, rational and cost-effective clinical policies to be used across Derby & Derbyshire to improve outcomes and equity of access for Derbyshire patients.
- 1.3 The Committee reports to the Population Health and Strategic Commissioning Committee of Derby and Derbyshire ICB (“the ICB”). CPAG will make decisions, updates and amendments to clinical policy for the ICB under delegated authority of PHSCC. If significant resource allocation is required, then after taking advice from Finance, who attend, the committee will subsequently refer the matter in consultation with PHSCC to the relevant Finance and Estates Committee.
- 1.4 The Clinical Policy Advisory Group (CPAG) will report to the Population Health and Strategic Commissioning Committee (PHSCC) which is a Non-Executive Member led Sub Committee of the ICB Board and its members, including those who are not members of the ICB Board, are bound by the Standing Orders and other policies of the ICB.
- 1.5 The Committee will also have links to the East Midlands Strategic Commissioning Group (EMSCG)/Multiple Integrated Care Systems (MICS) and the Joint Area Prescribing Committee (JAPC). One member of CPAG represents EMSCG/MICS.

2. DUTIES AND RESPONSIBILITIES OF CPAG

The Committee will contribute to the delivery of the four aims of ICSs:

- Improve outcomes in population health and healthcare

- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Support broader social and economic development

1	To agree policies that aim to achieve the best possible evidence-based improvement in health outcomes for the population of Derbyshire ensuring they are equitable, safe, sustainable, appropriate, functional and efficient.
2	To be a consultee and to review implications of pathways and their impact on CPAG policies and support other functions of the ICB (and wider health system) to develop policies underpinning workplans/outputs.
3	To ensure that policies, including the Evidence Based Interventions (Formally 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 ICB, 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 ICB 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 ICB 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/collaborative policy development.
9	To ensure appropriate evaluation is in place for new and existing investments (e.g., IPGs/MTGs/DTGs/MIBs).
10	To ensure that the ICB 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 ICB, e.g., Planned Care, Long Term Conditions, Contracts, Business Intelligence, Primary Care Commissioning, Quality etc.
14	To maintain an annual work programme, ensuring that all matters for which it is responsible for are addressed in a planned manner, with appropriate frequency across the year.
15	To respond to requests from PHSCC or other groups (e.g. Strategic Intent) where clinical policies require development or modification.
16	Members of CPAG need to follow, and have read the ICBs Ethical Decision Framework which is to ensure and; <ul style="list-style-type: none"> • provide a coherent framework for decision-making promote fairness and consistency in decision-making. • provide clear and comprehensive reasons behind decisions that have been taken.
17	To ensure appropriate stakeholder engagement, CPAG provider leads for UHDBFT and CRHFT, will be expected to take an active role in the process by ensuring that the appropriate clinicians are contacted in a timely manner. This includes, managing engagement on occasions where the clinicians are non-responsive. To facilitate this, leads will be copied into reminder emails sent by the CPD team after 3 weeks, as part of the 4 week timeframe.

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

3. CHAIRMANSHIP

- 3.1 The Chair of CPAG shall be nominated by the Committee.
- 3.2 The Chair will be a core member of the Clinical Policy Advisory Group. The committee will approve the appointment and review on an annual basis.
- 3.3 The Chair will be employed/accountable to the Integrated Care Board.
- 3.4 The Chair will be democratically elected from within the membership of CPAG. The Chair will usually serve for a period of 3 years. All CPAG meetings will be overseen by the Chair and in the Chair's absence, by their appointed deputy. The Chair has responsibility for providing effective leadership of meetings.
- 3.5 The appointed deputy will be drawn from the clinicians employed/accountable to the Integrated Care Board.

4. MEMBERSHIP OF CPAG

- 4.1 Members of the Committee may be appointed from within the Integrated Care System.
- 4.2 Membership of the committee will combine both Voting and Non-voting members and will comprise of:

Core Memberships

Clinical Commissioners

A practicing General Practitioner working across Derby & Derbyshire x 3
 Associate Director of Clinical Policies & Evidenced Based Medicine
 Senior ICB Director e.g. Chief Pharmacy Officer
 Head of Clinical Policies & Evidenced Based Medicine
 Senior Lead Clinical Policy and Evidenced Based Medicine Manager
 Lead Clinical Decisions & Case Manager
 ICB Finance
 ICB Planned Care Representative
 ICB Contracts Representative
 ICB Public Equality & Diversity Representative
 ICB Pharmacy Team Representative

Public Health

Public Health Representative from either Derby City or Derbyshire County Council

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

Open Invitation

University Hospitals of Derby and Burton NHS Foundation Trust

Group Representative

Chesterfield Royal Hospitals NHS Foundation Trust

Group Representative

Derbyshire Community Health Services NHS Trust

Group Representative

LMC*

Derbyshire Local Medical Committee

Derbyshire GP Provider Board (GPPB)

Board Representative

- Additional members will be co-opted for example from clinical networks, specialist services/organisations, social services, and community pharmacy as required according to agenda items under discussion.
- Lay representation have an open invitation to be present at CPAG or their views heard for relevant agenda items.

NB: Group representatives from our main provider Trusts/Boards have an open invitation to be present at CPAG.

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

5. CPAG MEMBERS' 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 ICB 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. DECLARATIONS OF INTEREST, CONFLICTS AND POTENTIAL CONFLICTS

- 6.1 The provisions of Managing Conflicts of Interest: Statutory Guidance for ICBs¹ or any successor document will apply at all times.
- 6.2 Where a member of the committee is aware of an interest, conflict or potential conflict of interest in relation to the scheduled or likely business of the meeting, they will bring this to the attention of the Chair of the meeting as soon as possible, and before the meeting where possible. The Chair will begin each meeting by asking for declaration of relevant interests. If any member has been disqualified from participating in an item on the agenda, by reason of a declaration of conflict of interest, then that individual shall no longer count towards the quorum.
- 6.3 The Chair of the meeting will determine how this should be managed and inform the member of their decision. The Chair may require the individual to withdraw from the meeting or part of it. Where the Chair is aware that they themselves have such an interest, conflict or potential conflict of interests they will bring it to the attention of the Committee, and the Vice Chair will act as Chair for the relevant part of the meeting.

If a member has an actual or potential interest the chair should consider the following approaches and ensure that the reason for the chosen action is documented in minutes or records:

- Requiring the member to not attend the meeting.
- Ensuring that the member does not receive meeting papers relating to the nature of their interest.
- Requiring the member to not attend all or part of the discussion and decision on the related matter.

¹ <https://www.england.nhs.uk/wp-content/uploads/2017/06/revised-ccg-coi-guidance-jul-17.pdf>

- Noting the nature and extent of the interest, but judging it appropriate to allow the member to remain and participate
 - Removing the member from the group or process altogether
- 6.4 Any declarations of interests, conflicts and potential conflicts, and arrangements to manage those agreed in any meeting of the Committee, will be recorded in the minutes.
- 6.5 Failure to disclose an interest, whether intentional or otherwise, will be treated in line with the Managing Conflicts of Interest: Revised Statutory Guidance and may result in suspension from the Committee.
- 6.6 All members of the Committee shall comply with, and are bound by, the requirements in the ICB Constitution, Standards for Business Conduct Policy, the Standards of Business Conduct for NHS staff (where applicable) and NHS Code of Conduct.
- 6.7 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.

7. QUORACY

- 7.1 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.
- 7.2 Deputies are expected to attend if the appropriate member is unable to do so.
- 7.3 Each member will have a nominated deputy.
- 7.4 A duly convened meeting of the Committee at which quorum is present is competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

8. DECISION MAKING AND VOTING

- 8.1 The Committee will use its best endeavours to make decisions by consensus. Exceptionally, where this is not possible the Chair (or Vice Chair) may call a vote.
- 8.2 Any member where there is a conflict of interest will be excluded from voting for the proposal where there is a conflict.
- 8.3 Only members of the Committee set out at paragraph 4.2.1 have voting rights. Each voting member is allowed one vote and a majority will be conclusive on any matter. Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.
- 8.4 CPAG will help to identify concerns and risks, diagnose and develop actions/improvement plans to mitigate and respond to risks.
- 8.5 Areas where significant resource is identified will require escalation to PHSCC. This can be raised by the finance representative of CPAG, its Chair and/or group consensus.

9. ACCOUNTABILITY

- 9.1 The ICB Board has delegated authority for the oversight, decisions, compliance with the delegation agreement to the PHSCC.
- 9.2 The CPAG holds those powers as delegated in these Terms of Reference as determined by the PHSCC on behalf of the ICB Board.
- 9.3 The CPAG is directly accountable to the PHSCC that is directly accountable to the ICB Board.
- 9.4 The minutes and Bulletin of the CPAG meetings should be formally recorded by the secretary and submitted to the PHSCC.
- 9.5 There may be exceptions where PHSCC will require a detailed report. These include for example significant changes to clinical practice and/or resource requirements, controversial areas such as any potential political or reputational risk.
- 9.6 To act as a point of entry for the local Integrated Care System ensuring that the investments align with the systems goals and result in tangible benefits for patients and healthcare providers e.g., MedTech Mandates
- 9.7 To ensure appropriate evaluation is in place for new and existing investments (e.g., IPGs/MTGs/DTGs/MIBs/HTEs)

10. REPORTING ARRANGEMENTS

The Committee will report to PHSCC following each meeting, confirming all decisions made. The report will include recommendations that are outside the delegated limits of the Committee, and which require escalation to, and approval from the PHSCC.

11. FREQUENCY AND NOTICE OF MEETINGS

- 11.1 The CPAG will meet on a bi-monthly basis virtually (MS Teams) for items that require in-depth discussion.
- 11.2 For those meetings which fall in-between, routine papers will be circulated by email for virtual agreement.
- 11.3 The agenda will be sent out to members no later than five days before the meeting.

12. SUB-COMMITTEES

- 12.1 Committee may delegate responsibility for specific aspects of its duties to sub-committees or working groups. The Terms of Reference of each such sub-committee or working group shall be approved by the Committee and shall set out specific details of the areas of responsibility and authority.
- 12.2 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.

13. ADMINISTRATIVE SUPPORT

- 13.1 The ICB will provide appropriate administration resource to ensure meetings are fully supported and business is conducted efficiently and effectively.
- 13.2 The meetings will have clear decision and justification logs with particular attention paid to noting the declaration and management of any potential or actual conflicts of interest.
- 13.3 CPAG will work according to the processes outlined on the CPAG website.
- 13.4 CPAG will have oversight of the work plan and actions made by the operational arm of Clinical Policies.

14. REVIEW OF TERMS OF REFERENCE

These terms of reference and the effectiveness of the Committee will be reviewed at least annually or sooner if required. Any proposed amendments to the terms of reference will be submitted to the PHSCC for approval.

Reviewed by CPAG: October 2024

Review Date: October 2025