Clinical Priorities Advisory Group: Terms of Reference
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Terms of Reference

Issue Date: TBN

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Prepared by: Clinical Director Specialised Services
1 Constitution

1.1 The Board hereby resolves to establish a Sub-Committee of the Direct Commissioned Services Committee (a committee of NHS England Board) to be known as the Clinical Priorities Advisory Group. The Committee is a non-executive committee and as such has no delegated authority other than specified in these Terms of Reference.

2 Delegated Authority

2.1 The Committee has the following delegated authority:

- The authority to obtain outside legal or other independent professional advice and to secure the attendance of non-members with relevant experience and expertise if it considers this necessary
- The authority to exclude deliberations over services that are outside of the scope of prescribed and directly commissioned services of NHS England.
- The authority to make clinical prioritisation recommendations for specialised services (Appendix One – CPAG Decision Making Framework; Appendix Two – CPAG Prioritisation Framework).

3 Accountability

3.1 NHS England Directly Commissioned Services Committee

3.2 NHS England Quality and Clinical Risk Committee

4 Objective

4.1 To provide an expert recommendation to the Directly Commissioned Services Committee on the commissioning of services, treatments and technologies where there could be a substantial change in service provision. CPAG considers which of these should be prioritised for investment. Such change will include a call on resources as defined by clinical effectiveness, cost effectiveness, appropriateness and relative priority of new and existing treatments / services. This recommendation is achieved by following the principles and criteria of a decision-making framework.
If treatment is of unproven effectiveness, poor cost effectiveness or of low overall priority to NHS England, the group will advise under what circumstances the treatment should be made available to patients.

4.2 As and when appropriate, CPAG engages with other NHS commissioners and stakeholders, such as clinical commissioning groups (CCGs), and calls on sources of sound evidence from outside the NHS, professional bodies, and other relevant organisations.

4.3 CPAG is not a decision-making body but it makes formal recommendations to the NHS England about the commissioning of services

5 Duties

5.1 The process of priority setting by CPAG should be designed to be open, transparent and consistent. It will use systematic methodology, an evidence-based approach and wider engagement within the process (and in accord with legislation and regulations).

5.2 CPAG will deliver its objective by:

5.2.1 Receiving and reviewing commissioning recommendations from each of the single operating teams that provide direct commissioning.

- Specialised Services recommendations will be submitted from the Specialised Services Oversight Group which in turn has received recommendations from one of five national Programme of Care Boards who have received proposals from one of the national Clinical Reference Groups.

- Secondary Care Dental Services recommendations will be submitted from the Dental Steering Group.

- Health and Justice recommendations will be submitted from Health and Justice Oversight Group

- Armed Forces Health recommendations will be submitted from the Armed Forces Oversight Group

- Primary Care recommendations will be submitted from (TBC)
5.2.2 Adopting a decision-making framework that provides an appropriate consideration of rare diseases (Appendix One). This framework supports a systematic approach to decision making, focused on patients’ needs and based on clearly defined evaluation criteria.

5.2.3 A full briefing on the available financial resources through the annual planning round or released by productivity savings.

5.2.4 Considering which services/technologies should be prioritised for investment; this includes services/technologies already commissioned by NHS England and services that have not previously been commissioned by NHS England.

5.2.5 Reporting to the Directly Commissioned Services Committee demonstrating that the process to reach the decision has:

- The support of the clinical body as represented by the Clinical Reference Group;
- Has been developed with public and patient engagement to a level commensurate with the impact of the decision;
- Has included public sector equality duty considerations;
- Has been informed by clarity of the evidence base;
- An identified financial resource to deliver implementation;
- Is consistent with the other commissioning policies of NHS England.

6 Permanency

6.1 The Sub-Committee is a permanent Committee.

7 Membership

7.1 The Chair is appointed by the NHS England Medical Director through a public appointment process.

7.2 All members are appointed by the NHS England Clinical Director, Specialised Services on behalf of the Chair. Membership and Terms of Reference are approved by the Directly Commissioned Services Committee.
7.3 Members are selected for their expertise even when they may be affiliated to specific stakeholder groups. As such, they are appointed as individuals to fulfill their role on the committee and it is expected that in their role as a member they will act in the public interest.

7.4 Where applicable, members are proposed for appointment to the NHS England Clinical Director, Specialised Services by other bodies or organisations to which they are affiliated. Some members will be appointed following a public process. Details on appointment mechanism are outlined in the table below:

<table>
<thead>
<tr>
<th>Members</th>
<th>Proposed by</th>
<th>Appointments confirmed by</th>
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<tbody>
<tr>
<td>Chair</td>
<td>Public Appointments Process</td>
<td>NHS England Medical Director</td>
</tr>
<tr>
<td>Vice Chair</td>
<td>NHS England Board. Non-executive member of the Board</td>
<td>NHS England Medical Director</td>
</tr>
<tr>
<td>Clinical Director Specialised Services</td>
<td>Ex officio</td>
<td>Ex officio</td>
</tr>
<tr>
<td>Head of Specialised Commissioning</td>
<td>Ex officio</td>
<td>Ex officio</td>
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<tr>
<td>Deputy Medical Director, NHS England</td>
<td>NHS England Medical Director</td>
<td>NHS England Medical Director</td>
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<tr>
<td>CCG Accountable Officer</td>
<td>National Director of Commissioning Development</td>
<td>NHS England Clinical Director, Specialised Services</td>
</tr>
<tr>
<td>Representative from Public Health England</td>
<td>Chief Operating Officer Public Health England</td>
<td>NHS England Clinical Director, Specialised Services</td>
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<tr>
<td>Representative from Public Health Commissioning</td>
<td>Head of Public Health, Justice and Armed Forces Health</td>
<td>NHS England Clinical Director, Specialised Services</td>
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<tr>
<td>Representative from Armed Forces Health</td>
<td>Head of Public Health, Justice and Armed Forces Health</td>
<td>NHS England Clinical Director, Specialised Services</td>
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<tr>
<td>Representative from Health and Justice</td>
<td>Head of Public Health, Justice and Armed Forces Health</td>
<td>NHS England Clinical Director, Specialised Services</td>
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<tr>
<td>Position</td>
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<td>Services</td>
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<tr>
<td>Representative from Primary Care</td>
<td>Head of Primary Care Commissioning</td>
<td>NHS England Clinical Director, Specialised Services</td>
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<tr>
<td>Representative from Secondary Dental Services</td>
<td>Head of Primary Care Commissioning</td>
<td>NHS England Clinical Director, Specialised Services</td>
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<tr>
<td>National Finance lead for specialised services</td>
<td>NHS England Director of Finance</td>
<td>NHS England Clinical Director, Specialised Services</td>
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<tr>
<td>Regional Medical Director</td>
<td>NHS England Medical Director</td>
<td>NHS England Clinical Director, Specialised Services</td>
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<tr>
<td>Regional Director of Commissioning</td>
<td>NHS England Director of Commissioning</td>
<td>NHS England Clinical Director, Specialised Services</td>
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<tr>
<td>Regional Director of Nursing</td>
<td>NHS England Director of Nursing</td>
<td>NHS England Clinical Director, Specialised Services</td>
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<tr>
<td>Patient and Public Voice Members (4)</td>
<td>Public Appointment Process led by Patients and Information Directorate</td>
<td>NHS England Clinical Director, Specialised Services</td>
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<tr>
<td>Health Economist</td>
<td>Public Appointment Process</td>
<td>NHS England Clinical Director, Specialised Services</td>
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<td>Medical Ethicist</td>
<td>Public Appointment Process</td>
<td>NHS England Clinical Director, Specialised Services</td>
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7.5 Parity of Esteem

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<th>Category</th>
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<tr>
<td>Clinical</td>
<td>7</td>
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<tr>
<td>Patient and Public Voice, Economics and Ethics</td>
<td>8</td>
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<tr>
<td>Commissioner &amp; Finance</td>
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7.6 The Chair and members of the committee will be appointed for a period of up to three years, with the exception of those who sit on the advisory group by virtue of their individual institutional roles. The specific period of appointment may vary for each member to allow a gradual renewal of the membership over time.

7.7 The Chair will receive a remuneration package in line with that received by Non-Executive Directors of NHS England.

7.8 Patient and Public Voice members will receive a small remuneration for their attendance at meetings in addition to the reimbursement of expenses. Other posts are not remunerated, although all members can claim travel and subsistence allowances at the standard NHS rates.

8 In Attendance (not members and no voting rights)

8.1 Head of Clinical Effectiveness (secretariat)

8.2 Public Health Lead Clinical Effectiveness

8.3 Portfolio Director Acute

8.4 Portfolio Director Highly Specialised

8.5 Portfolio Director Mental Health

8.6 National Pharmacy Lead

8.7 National Programme Director for relevant agenda items

9 Role of the Chair and Vice Chair

9.1 The Chair is appointed through a public appointments process and has particular responsibility for providing effective leadership. In addition, the Chair is responsible for ensuring that the minutes of meetings, produced by the Secretariat, and any reports to NHS England accurately record the decisions taken, and, where appropriate, the views of individual Committee members have been taken into account. Once agreed by the Chair, the aim will be to publish the minutes on NHS England’s website as outlined in the procedural rules document.
9.2 The Chair has an active role in liaising with the relevant proposing bodies and organisations to ensure that the appropriate member candidates are proposed for appointment by NHS England Clinical Director, Specialised Services, on behalf of the Chair. In particular, the Chair will provide input to ensure that a fair representation on the committee of different regions across England is achieved whenever possible.

9.3 The Chair of the committee and NHS England Medical Director will nominate a Vice Chair from among the members, responsible for chairing committee meetings and providing leadership if the Chair is unavoidably absent or is not able to chair the meeting due to conflict of interest for specific items on the agenda.

10 Role of the secretariat

10.1 The Secretariat is provided by NHS England's Clinical Effectiveness Team. The Secretariat is responsible for ensuring that the committee does not exceed its terms of reference.

10.2 Communications between the committee, NHS England and other stakeholders in relation to CPAG business will generally be through the Secretariat, except where it has been agreed that an individual member should act on the committee's behalf.

11 Public services values for members

11.1 Members must at all times:

- Observe the highest standards of impartiality, integrity and objectivity in relation to the advice they provide;

- Abide by the principle of collective responsibility, stand by the recommendations of the committee and not speak against them in public;

- Be accountable for their activities and for the standard of advice they provide to NHS England;

- Act in accordance with NHS England policy on openness, and comply fully with the Code of Practice on Access to Government Information and any relevant legislation on disclosure of information.
11.2 Comply with the requirements outlined in this as well as other relevant governance documents, and ensure they understand their duties, rights and responsibilities, and that they are familiar with the functions and role of the committee and any relevant statements of policy.

11.3 Act in accordance to the principles and values set out in the NHS Constitution for England.

12 Declaration of interests

12.1 Members of the committee must declare their relevant personal and non-personal interests at the time of their appointment. For a definition of personal and non-personal interests please refer to NICE Guidance relating to declarations of interest. An interest is relevant if it has occurred in the last twelve months or if it is a current or planned involvement with the industry. Members are asked to inform the Secretariat before each meeting of any change in their relevant interests. The minutes of each meeting will record declarations of interest, and whether members took part in discussion and decision-making.

12.2 The Chair or Vice Chair should not have a personal interest in any agenda item under discussion. If the chair or vice chair have an interest in a matter under discussion they will absent themselves from the room and nominate another chair for that agenda item.

13 Individuals in attendance and observers

13.1 Officers from the Department of Health and NHS England in limited number can attend sessions of the committee’s meetings.

13.2 Experts, mostly with clinical or academic background, may be invited to meetings or sessions of meetings on an ad-hoc basis to provide opinion, information and evidence on specific matters.

13.3 In all cases individuals in attendance do not contribute towards the quorum and cannot move, second or vote on motions.
14 Quorum arrangements

14.1 The quorum is reached when at least two thirds of the members are present. An appropriate spread of members’ interests is also required for the quorum to be valid. It is advisable that, at least one Region member, two Patient and Public Voice members and a sufficient presence of members expert in relevant specialist areas need to be present.

14.2 A meeting that starts with a quorum present shall be not be deemed to have a continuing quorum in the event of the departure of voting members, therefore making it less than two thirds quorate. In the event of a challenge, the remaining members may choose to adjourn the meeting or to continue the meeting and ratify the decisions in the next meeting.

14.3 The final judgement on whether the meeting is quorate will reside with the Chair.

15 Deputy arrangements

15.1 When not able to attend, members may send a deputy to participate and vote on their behalf, with the exception of Patient and Public Voice members as well as other members appointed through a public process or by personal nomination. Each member must nominate a deputy at the start of the appointment period. In case the nominated deputy is also unable to attend the meeting, the member will not be able to send any other person on his/her behalf. Deputies must have similar expertise and be of similar level of seniority as the member they substitute.

16 Voting arrangements

16.1 Members should normally aim to arrive at decisions by a consensus. Where consensus cannot be reached, a simple majority of the present voting members (excluding the Chair) is required. Abstentions are not considered when determining the majority. The Chair will cast his/her vote only when the majority is not achieved by the other voting members and when his/her vote can be deciding.
17 Frequency of meetings

17.1 It is planned for the full committee of CPAG to meet monthly depending on business needs. The Chair has the right to convene extraordinary meetings when considered necessary, to remain flexible to clinical and service requirements, and take chairs action in exceptional circumstances. A record will be kept of members’ attendance at the meeting via the minutes.

18 Publishing of agenda and minutes

18.1 The committee will make agendas available prior to meetings on NHS England website. The minutes will be published to members within one week of the meeting and submitted to the Directly Commissioned Services Committee along with recommendations.

19 Publishing of statements and recommendations

19.1 The committee will provide advice in writing to the Directly Commissioned Services Committee as required. Where a situation is urgent, oral advice may have to be given but will be followed up by written confirmation of the advice. Advice will be in terms that can be understood by a member of the public and will explain the reasoning on which the advice is based.

19.2 Advice given may be made public by the committee as soon as reasonably practicable following NHS England decisions. Reasons for privacy will be consistent with the principles of Freedom of Information legislation.

20 Openness

20.1 The Chair to present a written report to the next Directly Commissioned Services Committee detailing:

- Attendance at the meeting;
- The matters considered by the meeting;
- The recommendations to the Committee;
- The exercise of any delegated authority;
• Any matters the meeting specifically wished to draw to the attention of the Committee;

• The minutes approved at the meeting to be attached to the report for information (redacted in accordance with the Freedom of Information Act as required.)