DRAFT TERMS OF REFERENCE FOR ARMED FORCES CLINICAL REFERENCE GROUP

KEY FUNCTIONS

- Top Level clinical and user advice in clinical commissioning decisions
- Synthesis of specialist advice (from Specialist CRGs) and its application to specifically identified population
- Provision of general advice on:
    - Non Specialised services
    - Integration (especially of pathways) between:
        - Different commissioning arrangements
        - Different provider arrangements
        - Interface from in-service/and NHS Services

FUNCTIONS OF CRGs

- Senior Clinical Advisory Group
- Support bids (more than 20 Individual Funding Requests, in-year and annual service reviews) for service developments to Clinical Priorities Advisory Group.
- To obtain expert advice on non-specialised commissioning areas
- To produce and support the production of the Commissioning Products required by the Medical and Operations Directorates:
    - Commissioning Policies
    - CQUIN Plans
    - QIPP Plans
    - Etc.
- Interface with other commissioning groups (e.g. CCGs, Primary Care Commissioning,)

NON FUNCTIONS

- Not to advise on specialist commissioning areas (done by specialist CRGs)

PRINCIPLES TO BE ADOPTED

1. National (England) Coverage.
2. Balance of representing the Patients, Commissioners and the Institutions that care for the specialist population.
3. Multi-disciplinary

ROLES AND RESPONSIBILITIES

- To provide a forum where a collective knowledge on clinical service delivery and issues for the armed forces population can be shared and provided to NHS England's Clinical Priorities Advisory Group Direct and Direct Commissioning Committee).
- To provide a mechanism for increased participation and advice from clinicians, other professionals, and stakeholders in policy setting across the health community.

- To enable clinicians to develop a joint understanding of the financial management of the health budget for this population.
- To provide a vehicle for clinicians to champion reform in health care delivery.
- To provide clinical leadership for strategic decisions about changes in health service pathways of care.
- To work in collaboration with other Clinical Commissioners nationally, to ensure optimum use of resources and sharing of best practice.

MEMBERSHIP

A. Independent Chair – A Medically qualified individual whose main employment is done is with NHS patients[1], an experienced Clinical Chair and history of multi-disciplinary commissioning.
B. NHS England Representation (to cover all 12 Clinical Senate Areas):
    a. Administration:
        i. National Support Centre and 3 (Lead AT) regional representatives
    b. Senates – up to 12 reps:
        i. At least 30% must be from non-Lead ATs
        ii. Clinical Expertise in the following areas:
            1. Public Health (from Local Authority?)
            2. General Medical Practice
            3. Mental Health
            4. Musculoskeletal
            5. Surgery
            6. ENT
            7. Clinical Commissioning (e.g. PCT or CCG representatives – especially from areas with high levels of Armed Forces population)

C. Ministry of Defence:
    a. SG/JMC Representative
    b. Defence Consultant Advisors:
        i. Primary Care (GP)
        ii. MSK
        iii. ENT
        iv. General Surgery
        v. Mental Health
    c. Defence Public Health
    d. Defence Primary Care
    e. Defence Recovery
    f. SPVA Medical Advisor

C. Patient or Carer Experience Members:
    a. Charities (e.g. Royal British legion, Combat Stress, , etc.)
    b. Service Users
    c. Carers/Partner
    d. Chain of Command/ Personnel Branch

[1] And whose main employer is serving NHS patients

D. Professional Organisations:
    a. Nurse
    b. Psychologist
    c. AHP / Clinical Scientist
    d. Pharmacist
E. On Call support from:
    a. Specialist CRGs
    b. AHP/Specialist Relevant to Area Under discussion

MEETINGS

Meetings will seldom be other than virtual, but where meetings are needed expenses will be paid. There are expected to be fewer than four of these virtual formal meetings per year but regular e-mail correspondence will be expected.

REMUNERATION

CRGs members will not be paid positions.