

SPECIALISED SERVICES CLINICAL PRIORITIES ADVISORY GROUP (CPAG)

TERMS OF REFERENCE (ToR)

Active from January 2020

PURPOSE

1. The Specialised Services Clinical Priorities Advisory Group (CPAG) is a non-executive advisory committee established by the Board to make recommendations to NHS England about which new treatments, services and technologies should be prioritised for inclusion in prescribed specialised services routine commissioning and could be funded by potential discretionary spend within the annual Specialised Commissioning budget allocation.

DELEGATED RESPONSIBILITIES

2. To provide clear and consistent recommendations to Specialised Commissioning and Health & Justice (SCHJ) Strategy and Policy Group on the prioritisation for routine commissioning of clinical services, treatments and technologies that:
 - are within the scope of 'prescribed specialised services' for which NHS England has responsibility for commissioning; and
 - are not being (or expected to be) evaluated by the National Institute for Health and Care Excellence (NICE)
3. To make these recommendations by applying the principles and criteria of the decision-making framework that strengthens the focus on effectiveness and value-for-money for relative prioritisation decisions – as approved by the NHS England Statutory Committee.
4. To provide assurance that the draft clinical commissioning policy or service specification propositions have been developed through the correct process, evidence review, impact assessments, stakeholder engagement and public consultation received from the National Programmes of Care (NPoCs).
5. To observe the highest standards of impartiality, integrity and objectivity in relation to the advice provided. To abide by the principle of collective responsibility, standing by the recommendations of the Group and not speak against them in public.
6. To produce a report explaining the reasons for each CPAG recommendation to the SCHJ Strategy and Policy Group and demonstrating that the process to reach the recommendation has been transparent, has taken account of available guidance, has engaged the public and patients, and has included public sector equality duty considerations.
7. The Rare Disease Advisory Group (RDAG) will provide advice to CPAG on highly specialised treatments, services and technologies to assist CPAG decision-making.

GOVERNANCE

8. CPAG will be accountable and provide recommendations to the SCHJ Strategy and Policy Group. The Chair of this Group approves the ToR and membership (with the exception of the Chair of CPAG who is appointed by the NHS England/Improvement Medical Director).
9. Quoracy is reached when at least a regional medical director for commissioning, a commissioning director (or delegated deputy), a finance director (or delegated deputy) and a Patient and Public Voice (PPV) representative are present.
10. Members should aim to arrive at recommendations 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 their vote only when the majority is not achieved.
11. The Secretariat is provided by NHS England Specialised Commissioning Clinical Effectiveness Team. The Secretariat is responsible, along with the Chair, for ensuring that CPAG operates within its Terms of Reference.

MEMBERSHIP

12. The Chair and members of CPAG will be appointed for a period of up to three years, with the exception of members who sit on CPAG by virtue of their individual institutional roles. The Chair / Members can be re-appointed through a transparent application and interview process.
13. Formal membership:
 - Chair
 - Deputising Chair (during Chair absence)
 - Clinical Programmes Director, Specialised Commissioning
 - Finance Director, Specialised Commissioning
 - Head of Quality Surveillance/Deputy Director of Nursing, Specialised Commissioning
 - Regional Medical Directors of Commissioning (x3)
 - Regional Directors of Commissioning (x2)
 - Public Health England Representatives (x2)
 - Medical Ethicist
 - PPV Members (x4)
14. Additionally, the Chair can invite people with additional expertise / knowledge to support CPAG decision-making to be 'in attendance' at CPAG meeting (i.e. to contribute to meetings, but not have voting rights).

DECLARATIONS OF INTEREST

15. All members of CPAG must declare their relevant personal, non-personal, pecuniary interests or potential ones. An interest is relevant if it has occurred in the last twelve months or if it is a current or planned involvement. The Chair will determine whether any conflict is such as to require the member not to participate in the discussion or the decision-making. The Chair or deputy should not have a personal interest in any agenda item under discussion - they can nominate another appropriate member to act as Chair for a specific item.

ToR REVIEW DATE

16. ToR will next be reviewed in January 2021.

Approved by	
Date:	
Signature:	
Name:	John Stewart
Title:	Director of Specialised Commissioning, NHS England / NHS Improvement (and Chair of the SCHJ Strategy and Policy Group)