

# Clinical Policies Forum – Terms of Reference

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## 1. Accountability

The Clinical Policies Forum (CPF) for Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) is accountable to the Integrated Performance and Assurance Committee (IPAC), which is a sub-committee of the CCG Governing Body.

## 2. Objectives

- Provide clinical policy advice to IPAC, in relation to new treatments or treatments considered to be of low priority.
- Consider and advise on existing treatments or services where the CCG may wish to disinvest.

## 3. Purpose/Duties

### 3.1 The Forum will:

- Advise on the priorities given to new and existing treatments/services and which treatments or services should be funded.
- Carry out regular review of existing policies when new clinical evidence becomes available or as requested by commissioners and providers.
- Advise on new treatments for clinical effectiveness, cost effectiveness, appropriateness and relative priority.
- Consider existing treatments or services from which the CCG could disinvest to maintain treatment provision within the cost envelope.
- Advise on the financial implications of NICE guidance on existing CPF policies and on the local health system.
- Ensure one point of contact for clinicians who wish to submit requests for changes to the countywide low priorities list, threshold policies and position statements.
- Provide Forum advice to, specifically, IPAC.
- Receive and evaluate non drug business cases and advise on appropriateness as and when required.

### 3.2 Public involvement is crucial. The Forum's processes should be open and widely understood. Information in an accessible form should be made widely available on:

- Membership of the Forum.
- How it operates.
- How to submit requests to the Forum.
- The principles on which Forum decisions are based.
- How decisions are communicated.

The above information can be accessed on the Cambridgeshire and Peterborough Clinical Commissioning Group's web site: <http://extranet.cambridgeshireandpeterboroughccg.nhs.uk/health-professionals-homepage/clinical-policies-and-thresholds/> or by request to the Clinical Policies Forum Secretary: email [CAPCCG.clinpolicies@nhs.net](mailto:CAPCCG.clinpolicies@nhs.net).

#### **4. Method of Working**

4.1 This is a multidisciplinary body that will meet on a regular basis (bimonthly – 6 meetings per year), to consider healthcare/clinical policy issues. The CPF is not a decision-making body but makes recommendations on clinical policy to IPAC. The process of priority setting should adopt the following characteristics:

- Open.
- Systematic and explicit methodology.
- Transparency.
- Consistency.
- Evidence based approach.
- Wider consultation.
- Ensure NHS resources are used fairly for patients who will benefit the most and within the limits of the resources available to the CCG.

4.2 The Forum will work with CCG contracting and commissioning teams to determine clinical priorities, treatment effectiveness, cost effectiveness and affordability at a strategic level and to review current policies and priorities in-year to ensure effective use of funding within the cost envelope.

#### **4.3 Escalation Process – Identification of Risks Relating to NICE Guidance**

Members of the Forum who identify a risk to the CCG or a provider, relating to Technology Appraisals or other NICE Guidance will report these to the Secretary of the Forum. Should the Forum decide that this is a risk to quality or financial governance that requires escalation the Secretary of the Forum will inform the Head of Quality Assurance or Director of Finance, who will report this risk through the Clinical, Contracting and Quality Review (CCQR) process. Should the risk require escalation through the contracting process, the Secretary of the Forum will inform the relevant contract leads for escalation through the contracting process.

#### **4.4 Voting Arrangements**

4.4.1 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 their vote only when the majority is not achieved by the other voting members and when their vote can be deciding.

4.4.2 Co-opted members and those in attendance at the meeting to present on an item or to observe do not have voting rights.

4.4.3 Approved notes of CPF meetings will be provided to IPAC.

4.4.4 A regular written report on the work of the Forum and its recommendations will be provided to IPAC and onward reporting to CCG Governing Body.

## **5. Membership**

- 5.1 The membership of the Forum should be representative of primary, secondary and mental health care. It needs to include public representatives and ensure geographical spread. The suggested membership is as follows:
- 3 GP members.
  - 3 Hospital Consultant/Specialist members.
  - 1 Mental Health Care member (attends when issues of direct relevance are under discussion).
  - Up to 3 allied health professional members.
  - 3 Patient Forum representatives (lay members)
  - 2 General Lay Members.
  - 1 CCG Commissioning member
  - 1 CCG Clinical representative.
  - 1 Public Health member.
  - 1 Ethicist member.
  - 1 Healthwatch Cambridgeshire and Peterborough.
- 5.2 The Chair and members of the Forum will be appointed by invitation or by application for a period of up to three years and can apply for reappointment.
- 5.3 Members of the Forum will observe the highest standards of impartiality, integrity and equity in relation to the advice they provide.
- 5.4 Abide by the principles of collective responsibility and stand by the recommendations of the Forum.
- 5.5 The Forum can co-opt members as and when it sees fit in order to inform its work.
- 5.6 Members must attend a minimum of 4 meetings per year (66%). If a constituent member is unable to attend a meeting, members are urged to delegate a representative to attend on their behalf – deputies must have a similar expertise and be of a similar level of seniority as the member they substitute. Where time permits, delegate attendance should be notified to the Forum Secretary in advance of the meeting.
- 5.7 Patient Forum Members and Lay Members will receive reimbursement of travel expenses for their attendance at meetings in accordance with the CCG's policy for reimbursement of expenses to patient representatives.

## **6. Role of the Chair and Vice Chair**

- 6.1 The Chair and Vice Chair are Forum members elected by a majority vote of the Forum to stand for 3 years (as per 5.2 above) and can submit themselves for re-election immediately after the end of their term of office. The Chair and Vice Chair should be a balance of clinical and lay membership.
- 6.2 The Chair is responsible for ensuring that the notes of meetings, produced by the Secretary of the Forum are an accurate record of decisions taken and, where appropriate, the views of the Forum members have been recorded accurately.
- 6.3 The Deputy Chair will be responsible for chairing Forum 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.

## **7. Declarations of Interest**

- 7.1 Members of the group are asked to complete a Conflict of Interest Form annually which is then retained by the Secretary of the Forum.
- 7.2 Forum members will declare their relevant personal and non-personal interests to the Secretary before each meeting and in addition will also be asked by the Chair at the beginning of each meeting to declare any conflicts of interest relating to any specific agenda items when they are discussed. The notes of each meeting will record declarations of interest.

## **8. Quoracy**

- 8.1 The meeting will be considered quorate if 7 voting members of the Forum membership are present, this should include 2 lay members and 3 clinicians (2 of whom must be a GP member). Lay members are classified as the following: General Lay Members (2) or Patient Forum members (3).
- 8.2 Where a meeting is deemed as one third quorate and a Forum member departs before the completion of business of the meeting, making it less than quorate, the remaining members may choose to adjourn or continue the meeting and ratify the decisions at the next meeting or by Chairman's Action following a consensus of opinion sought by email.

## **9. Review**

The terms of reference of the CPF will be reviewed on an annual basis.

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**Approved by CPF: 11 May 2021**  
**Approved by IPAC: 29 June 2021**  
**Review date: June 2022**

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