


<b>Title of paper:</b>	<b>Surrey Priorities Committee</b>
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<b>Meeting:</b>	Governing Body
<b>Date:</b>	19 <sup>th</sup> December 2014
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<b>Exec Lead:</b>	Karen Parsons, Chief Operating Officer

<b>Purpose</b>	To Agree	
	To Discuss	
	To Note	

### Development

The Surrey Priorities Committee operates only as an advisory body. The Committee has agreed Terms of Reference, Policy development and communications roadmap, Ethical framework and Work programme for the financial year. These are set out below.

### Executive Summary and Key Issues

The aim of the committee is to make recommendations to clinical commissioning groups on the appropriateness of commissioning and funding of healthcare interventions (e.g. specific treatments, procedures and care pathways), using the agreed Ethical Framework and taking into account clinical views.

David Clayton-Smith has been appointed as independent lay person Chair. Dr Jonathan Inglesfield has been appointed as Vice Chair.

It is the responsibility of each CCG's nominated representative (or the individual sitting on the Priorities Committee on their behalf) to make recommendations to their internal governance committees following meetings of the Priorities Committee. Each CCG governance committee will also be sent an annual report of activity – including reviews undertaken, policies produced, and any post-implementation feedback.

<b>Agenda item</b>	19
<b>Attachment</b>	16

The Priorities Committee will initiate / consider policy in response to the implications of NICE guidance and other evidence.

The Committee has a standing membership but may invite relevant experts to provide evidence as is deemed necessary, and will be informed by a range of partner organisations.

The resulting policies will be considered during local IFR triage and by the IFR Panel.

An ethical framework has been adopted in order to ensure that policy revisions are considered by the Priorities Committee in accordance with a coherent structure, to promote fairness and consistency in decision-making. The framework includes a ninth principle to capture the requirement that resulting policies should not compromise the degree of responsibility that individuals have to safeguard themselves from preventable health conditions.

The Priorities Committee have agreed a work programme, which is based upon the commissioning and clinical priorities by Surrey CCGs, and topics submitted by Priorities Committee members.

### **Recommendation(s):**

To note

### **Attachments:**

Appendix 1 Surrey Priorities Committee Terms of Reference

Appendix 2 IFR Policy and Comms Roadshow

## **Implications for wider governance**

### **Quality and patient safety**

These processes are central to quality and patient safety for groups with

### **Patient and Public Engagement**

As set out in the relevant appendix

### **Equality Duty**

<b>Agenda item</b>	19
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Relevant policies are assessed for equality impact

### **Finance and resources**

No specific issues

### **Workforce**

No specific issues

### **Information Governance**

No specific issues

### **Conflicts of interest**

No specific issues

### **Communications Plan**

As set out in Appendix 2

### **Legal or compliance issues**

This area of work is closely scrutinised for legal challenge

### **Risk and Assurance**

No specific issues



## Surrey Priorities Committee Terms of Reference

Attachment 1
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Agreed

<b>Title</b>	Surrey Priorities Committee Terms of Reference
<b>Date approved</b>	__/__/2014 by the Surrey Priorities Committee
<b>Date ratified by CCG Governing Bodies</b>	__/__/2014 by NHS East Surrey CCG __/__/2014 by NHS Guildford and Waverley CCG __/__/2014 by NHS North West Surrey CCG __/__/2014 by NHS Surrey Downs CCG __/__/2014 by NHS Surrey Heath CCG
<b>Summary</b>	<p>The Surrey Priorities Committee comprises representatives of the Surrey Clinical Commissioning Groups Collaborative, which includes: East Surrey CCG, Guildford and Waverley CCG, North West Surrey CCG, Surrey Downs CCG, and Surrey Heath CCG. It includes the breadth of CCG representation, but as individuals providing their specialist knowledge on behalf of all organisations, rather than being present as an organisational representative per se.</p> <p>The Surrey Priorities Committee operates only as an advisory body, and as such does not require any delegated authority from the aforementioned statutory bodies.</p> <p>The Surrey Priorities Committee will make recommendations based on the available evidence presented on clinical and cost effectiveness that each CCG Governing Body can consider.</p>
<b>Aim</b>	To make recommendations to clinical commissioning groups on the appropriateness of commissioning and funding of healthcare interventions (e.g. specific treatments, procedures and care pathways), using the agreed Ethical Framework and taking into account clinical views.
<b>Objectives</b>	<ul style="list-style-type: none"> <li>• To receive evidence appraisals and service reviews as agreed by the Committee</li> <li>• To take account of relevant expert advice and patient perspectives</li> <li>• To consider the information received in accordance with the agreed Ethical Framework</li> <li>• To develop recommendations on commissioning policy for consideration and adoption by clinical commissioning groups</li> <li>• To identify potential topics to be considered by the Committee</li> <li>• To review progress against the agreed work programme.</li> </ul>
<b>Membership</b>	<ul style="list-style-type: none"> <li>• Lay Chair</li> <li>• 5 clinicians (GP), one from each of the 5 CCGs.</li> <li>• 5 managers one from each of the 5 CCGs to include representation from:             <ul style="list-style-type: none"> <li>○ CCG Chief Officer</li> <li>○ CCG Chief Finance Officer</li> <li>○ CCG Commissioning lead</li> <li>○ CCG Quality lead</li> </ul> </li> <li>• Secondary Care consultant</li> <li>• IFR Team representative</li> <li>• Medicines management team representative</li> <li>• Healthwatch representative</li> </ul>

## Surrey Priorities Committee Terms of Reference

Agreed

Title	Surrey Priorities Committee Terms of Reference
	<ul style="list-style-type: none"> <li>• CCG Lay Governance Member representative</li> <li>• 2 Surrey Public Health Consultants</li> <li>• IFR Manager</li> </ul> <p>Each CCG will nominate their own representatives (and named deputies)</p>
Chair	<ul style="list-style-type: none"> <li>• The Surrey Priorities Committee shall select an independent lay person (living within the Surrey CCGs catchment area) as its Chair.</li> <li>• The Chair will be agreed by the Chairs of the Surrey CCGs Collaborative and will have an agreed job description. The Deputy Chair will be a Surrey Priorities Committee clinical member, elected by the Committee members by a simple show of hands.</li> <li>• A lay person is an individual who is not a healthcare professional (i.e. an individual who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002) or as otherwise defined in regulations</li> <li>• The Vice Chair will preside over meetings when the Chair is unable to attend.</li> <li>• The chair will have a fixed term of office of 3 years and re-election will be at the discretion of the Surrey Priorities Committee.</li> <li>• The Vice Chair will have a fixed term of office of 2 years and re-election will be at the discretion of the Surrey Priorities Committee.</li> <li>• All members will have the opportunity to nominate a member for election to the position of Vice Chair</li> <li>• Nominations for the position of Vice Chair must be made by members of the Surrey Priorities Committee in writing and must be in the hands of the Secretary for the Surrey Priorities Committee at least 7 days before the meeting.</li> </ul>
Secretary	Surrey CCGs Collaborative Business Manager or representative
Attendance	In the event that a member of the Surrey Priorities Committee is not available to attend a meeting, they shall be entitled to nominate a deputy to attend in their place, providing that such deputy will have an equivalent level of authority.
Advisors (in attendance)	Only members of the Surrey Priorities Committee have the right to attend meetings. However, other individuals, including external advisers, administrative support, legal representatives, and occasional students where there is a clear development opportunity to meet business needs, may be invited to attend for all or part of any meeting as and when appropriate.
Relationships	The Surrey Priorities Committee will have a close working relationship with the Hampshire Priorities Committee and Director of Public Health. It will also engage with neighbouring Priorities Committees, Directors of Public Health, the Surrey CCGs Collaborative Strategy Group, local provider organisations, local area teams of NHS England, Public Health England and other stakeholders as required.
Quorum	The Surrey Priorities Committee will be quorate where at least the following are in attendance: <ul style="list-style-type: none"> <li>• Chair (or their nominated delegate)</li> <li>• 3 clinicians (or their nominated clinical delegates/senior nurses)</li> <li>• 1 CCG Chief Finance Officer (CFO)</li> <li>• 1 member of each CCG (or their nominated delegate)</li> </ul>

## Surrey Priorities Committee Terms of Reference

Agreed

Title	Surrey Priorities Committee Terms of Reference
	<ul style="list-style-type: none"> <li>• 1 lay member</li> <li>• 1 Public Health Consultant</li> </ul>
Authority	The Surrey Priorities Committee operates only as an advisory body to the CCG Governing Bodies.
Frequency of meetings	As a minimum, bi-monthly in person
Operation of the committee	The secretary will prepare an agenda for meetings with the chair. The secretary will collate papers and circulate papers to those required to be at the meeting no less than 5 working days before the meeting. Late papers will not be permitted except in exceptional circumstances and at the discretion of the meeting chair. Minutes will be drafted by the Secretary for approval by the chair within 5 working days of the meeting. Once approved by the chair, minutes will be circulated to members for information and action. Minutes will be ratified at the following meeting and signed by the chair.
Duties	<ul style="list-style-type: none"> <li>• To advise the Surrey CCGs on the most effective interventions for health gain within available resources by consideration of: <ul style="list-style-type: none"> <li>○ the implications of appropriate NICE work in progress and publications</li> <li>○ clinical variation and make recommendations for management against need by CCG where this is appropriate at a large population level</li> </ul> </li> <li>• To advise on approaches to optimal access for interventions and treatments within available resources</li> <li>• To be responsive to CCG and national issues</li> <li>• To receive advice from providers, commissioners and professionals as appropriate</li> </ul>
Subgroups	None
Voting Rights	<ul style="list-style-type: none"> <li>• All full members will have voting rights where a vote is required. The Surrey Priorities Committee will aim to reach decisions by consensus opinion wherever possible.</li> <li>• Each Member has one vote and the Chair has the casting vote.</li> <li>• Invited attendees may be asked to leave the meeting before the Committee confirms its recommendations and (where necessary) votes.</li> </ul>
Accountability	The group is accountable to CCG Governing Bodies
Declaration of Interests	Members are asked to declare their interests. The Chair will ensure that a register of interests is established to record formally declarations of interest of Committee members. It is the responsibility of each member to ensure that the information recorded is kept up to date. If a conflict of interest is established, the member shall withdraw from the meeting and play no part in the relevant discussions or decision.
Disagreement	Any member dissatisfied by a decision or recommendation of the Committee may, acting in good faith, give notice by email to the Chair within 2 clear working days after the recommendation is made by the Committee, and the Chair will attempt to reconcile the dissatisfaction.
Reporting responsibilities	The Surrey Priorities Committee will provide a key issues summary report to the Surrey CCGs Collaborative Strategy Group annually and will share the work plan priorities. Members of the Surrey Priorities Committee are expected to share the minutes

## Surrey Priorities Committee Terms of Reference

Agreed

Title	Surrey Priorities Committee Terms of Reference and recommendations as required with their CCG Governing Body.
Governance	<ul style="list-style-type: none"> <li>• The Surrey Priorities Committee Secretary will be responsible for communicating the recommendations to a designated officer of each CCG and also to the Surrey CCGs Collaborative Strategy Group; each CCG will take those recommendations through their internal governance committees including the Governing Body. CCGs should publish ratified policies on their website in accordance with best practice and inform all Provider organisations from which they commission.</li> <li>• The Surrey Priorities Committee Secretary will ensure that an annual summary report of activity (reviews undertaken and policies produced etc) is sent to a designated officer of each CCG.</li> </ul>
Work Programme	The Priorities Committee will set a work programme by considering topics submitted by any of the organisations represented on the Priorities Committee. The Surrey Priorities Committee will consider commissioning priorities for the next round of contracting and agree which topics should be placed on the Priorities Committee work programme, and the relative priority with which these topics should be presented to the Committee.
Conduct of group	The group shall, at least annually, review its own performance, membership and terms of reference. Any significant resulting changes to the terms of reference should be approved by the CCG Governing Bodies.
Terms of Reference Review date	__/__/2015 by the Surrey Priorities Committee



# INDIVIDUAL FUNDING REQUESTS POLICY ROAD MAP

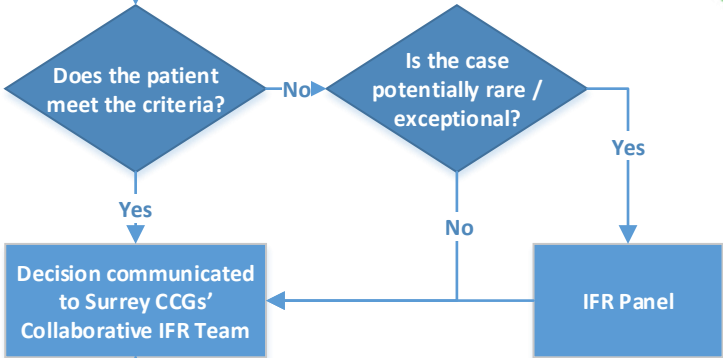
## Individual Funding Requests Process

Individual Funding Request from:

- GPs
- Community Providers
- Acute Trusts
- Private providers

Surrey CCGs Collaborative Individual Funding Requests (IFR) Team

Local CCG Clinical Triage



**4. Implementation**  
 Surrey CCGs' Collaborative IFR Team *publish policy revisions* on online database and notify partners as required.  
 Regular updates on implementation to Priorities Committee.  
 SDCCG Comms share **press lines** as required.

**1. Review**  
 Policy changes initiated by *Surrey CCGs' Collaborative IFR Team* in response to NICE guidance or post-implementation feedback.

**2. Development**  
 Proposed policy revision considered by *Surrey Priorities Committee* and changes incorporated.

**3. Approval**  
 Surrey CCGs' Collaborative IFR Team to liaise with **every CCG representative** to confirm policy amendments approved by respective CCG Governance Committees.

Stakeholder input

- Public Health (Surrey CC)
- Surrey CCGs' Collaborative IFR Team
- NICE Guidance
- Membership practices
- SDCCG Medicines
- Collaborative Strategy Group
- Healthcare Providers
- Hampshire Priorities Committee

# INDIVIDUAL FUNDING REQUESTS COMMUNICATIONS MATRIX

#	What is to be communicated?	Recipient	Sender
1	<b>Requirement for policy review</b>	SD CCG IFR	PH SCC / CCG
1a	<b>Proposed policy revision submitted to Priorities Committee</b>	Meeting Secretary	SD CCG IFR
2	<b>Recommendations of the Priorities Committee</b>	SD CCG IFR	Meeting secretary
2a	<b>Draft revised / amended policy</b>	CCG Governing Body leads CCG Collaborative Strategy Group	SD CCG IFR / SD CCG Comms
3	<b>Confirmation of policy adoption</b>	SD CCG IFR	CCG Governing Body leads
4	<b>Communication of policy revision</b>	General Practices Community providers Acute providers Hampshire and Sussex Priorities Committees Public Health (SCC) NHS England Area Team Medicines Management Team	SD CCG IFR via online database ('PIP')
4a	<b>Draft media lines</b>	All CCG Comms (onward circulation to GPs) PH SCC CCG Governing Body leads	SD CCG Comms
4b	<b>Update on policy implementation / risk reporting</b>	Priorities Committee	SD CCG IFR