

SOUTHAMPTON, HAMPSHIRE, ISLE OF WIGHT AND PORTSMOUTH CCGS (SHIP) PRIORITIES COMMITTEE

TERMS OF REFERENCE

1. INTRODUCTION

- 1.1. The Priorities Committee operates as an advisory body to the eight Clinical Commissioning Groups [CCGs] across SHIP. Its role is to provide them with evidence based, carefully considered recommendations to inform the commissioning policies of the constituent CCGs.

2. FUNCTIONS OF THE PRIORITIES COMMITTEE

Aim

- 2.1. To make recommendations, using the agreed Ethical Framework and taking into account stakeholder views, to SHIP CCGs on the appropriateness of commissioning and funding of selected healthcare interventions (e.g. specific treatments, procedures and care pathways).

Objectives

- To receive and scope potential topics to be considered by the Committee
- To receive evidence appraisals and service reviews, as agreed by the Committee
- To take account of relevant expert and patient perspective
- To consider the information they receive, in accordance with the SHIP Ethical Framework
- To develop recommendations on commissioning policy, with regards to the topics presented to the Committee, to be then considered by the constituent CCGs
- To provide reports on advice issued and activity to commissioning organisations on a regular basis

3. MEMBERSHIP AND PROCESS

Roles and responsibilities of committee members

- 3.1. The overall role of all members is to actively contribute to the discussions and recommendations of the Committee. All members should have a named deputy of similar standing and expertise; all are expected to attend training relating to the Priorities Committee role, as required. Employed members should have this role included in their job description/ job plan. The Committee members are recruited as:
- (a) Members representing NHS organisations. They should have sufficient authority and standing to ensure fully informed recommendations are developed that command the confidence of their organisations. These members are also responsible for communicating recommendations and any relevant issues back to their organisations.

AND

- (b) Members performing specialist advisory roles, due to their background or expertise in a particular area; for example clinical, public health, finance, contracting/IFRs, pharmaceutical

- 3.2. All members and observers attending a Priorities Committees will be asked to declare any conflict of interest to the Committee secretariat (annually) or to the Committee Chair, in a meeting.

Membership

- 3.3. The Priority Committee will draw its membership from the following sources:
- Independent Chair
 - Up to two members per member CCG. These members will supply the following specialist knowledge:
 - CCG Executive with commissioning responsibility
 - CCG Executive with finance responsibility
 - Lay members
 - Pharmaceutical Advisor
 - Special adviser in Public Health
 - Medical Director of an NHS provider organisation:
 - Legal / ethics advisor
 - Contracting/IFR Advisor

Chairing of Committee

- 3.4. The Priorities Committee will have an independent Chair and a named deputy Chair. The Chair will be agreed by the Chairs of the relevant CCGs and will have an agreed job description. The Deputy Chair will be a Priorities Committee member, elected by the Committee members.

Quoracy

- 3.5. The Priorities Committee meetings will be considered quorate if, as a minimum, the following members (or their deputies) are present:
- representation from at least six of the eight Clinical Commissioning Groups
 - one Director of Commissioning **or** Director of Finance
 - at least two GPs
 - one Specialist in Public Health
 - one lay member

- 3.6. A non-quorate meeting will not have power to take decisions, but may still make recommendations on topics discussed. Their “draft recommendations” will be circulated via e-mail to all Committee members, seeking a majority approval. If no consensus can be reached in this manner, then that item will be re-considered at the next quorate Priorities Committee meeting.

Decision-making

- 3.7. The Committee’s recommendations are made by a consensus of voting members, at a quorate meeting. On occasions, a vote is taken; a simple majority decides. In the event of no majority, the Chair has the casting vote.

4. MEETING LOGISTICS

- 4.1. The Priorities Committee will meet bi-monthly, However, if it is clear in advance that a meeting will not be quorate, the meeting may be cancelled. Meeting location will usually be in Southampton.
- 4.2. The meetings will be managed and administered by the Priorities Committee secretariat, who are responsible for generating the agenda and sending out papers for each Priorities Committee meeting. The papers will be distributed to Committee members five working days in advance of each meeting. The Priorities Committee secretariat will also circulate papers to an agreed list of non-member recipients, for information.
- 4.3. The Chair has executive authority to finalise the agenda.
- 4.4. Minutes will be drafted by the Priorities Committee secretariat and reviewed by at least one Committee member who has been delegated this responsibility the Committee. Draft minutes will be circulated to and approved at the next quorate meeting.
- 4.5. The arrangements with, and functions of ,the Priorities Committee secretariat in supporting the work of the Priorities Committee are set out in a Service Level Agreement, agreed with the lead CCG on behalf of the SHIP CCGs.

5. GOVERNANCE AND RELATIONSHIP WITH COMMISSIONING ORGANISATIONS

- 5.1. The Committee's core function is to provide CCGs with evidence-based recommendations on commissioning priorities and policies, using the agreed SHIP Ethical Framework.
- 5.2. The CCGs fund the infrastructure and provide operational support to the Committee and are core members of the Priorities Committee.
- 5.3. Committee members who are representatives of commissioning or provider organisations are responsible for making decisions and recommendations at the Committee on behalf of their organisation and for reporting back, through appropriate routes, to their organisation.
- 5.4. CCG representatives are responsible for ensuring Committee commissioning recommendations are taken to appropriate decision-making groups for discussion and for formal adoption.
- 5.5. Reports on the operation and activity of the Priorities Committee should be taken to appropriate senior groups within each organisation at least annually. It is for each CCG to determine the group/committee which should receive reports from the Priorities Committee.

30 June 2014