



NHS Newbury and District Clinical Commissioning Group  
NHS North and West Reading Clinical Commissioning Group  
NHS South Reading Clinical Commissioning Group  
NHS Wokingham Clinical Commissioning Group

## **Terms of Reference Case Review Committee**

### **Purpose**

Berkshire West CCGs Case Review Committee (CRC) has been established as a committee of the CCG Boards, to deal with funding requests for individual patients.

The circumstances in which cases will be considered by the CRC are set out in the CCG's policy statement related to Individual Funding Requests.

### **Responsibility**

The CRC has delegated responsibility from the CCG Boards for decision making in accordance with this policy and its Terms of Reference where:

- a) the evidence base of clinical effectiveness of a particular treatment is low for the general population and therefore it is not routinely commissioned.
- b) only patients who meet specific criteria will derive benefit from an intervention.

### **Membership**

The CRC will include (all are voting members of the Committee):

- CCG Lay Member x 2 (one to Chair)
- Consultant in Public Health - Health Care Priorities
- GP representative x 2 nominated by the CCG Boards
- Operations Director
- Member of the medicines Management Team.

Administrative support to the meetings of the CRC will be provided by the CSU, in attendance only with no voting rights. The CRC will be chaired by one of the Lay Members.

### **Frequency of meetings**

CRC will meet at least monthly. Additional meetings may be scheduled more frequently if needed, as indicated by request caseload and at the discretion of the CCGs.

Where necessary for reasons of expediency, virtual meetings will be carried out by telephone, fax or email as necessary. These are not normally a substitute for routine meetings of the CRC but will be used only in unavoidable circumstances so as not to compromise the pace of decision-making for urgent individual cases. In such circumstances a decision will be taken on a consensus view; with the

final decision endorsed by the Chair of the CRC and confirmed by the membership for the record.

### **Training**

The Committee members will undertake regular training to ensure they remain up to date with key requirements, policies and general information in relation to good practice with decision-making of IFRs.

New members of the Committee will complete an appropriate induction prior to having voting rights.

### **Quoracy**

In order to be quorate, meetings of the Committee must be attended by a minimum of four of the members. Two of these attendees should have a clinical background and at least one of these should be a GP.

Deputies for members of the committee will not usually be permissible to ensure appropriately trained and experienced personnel are available to make informed decisions.

### **Voting arrangements**

The CRC Chair will have the casting vote in the event of a tied vote.

### **Role and Key Tasks**

The role of the CRC is to:

- To consider individual funding requests put to the Committee in accordance with its terms of reference
- Consider if the CCGs' full requirements for statement of clinical exceptionality – as defined in the policy – have been demonstrated within the case submitted for consideration of funding
- Undertake its decision-making about the IFR in line with the CCGs' Ethical Framework
- Ensure it is consistent in its decision making

### **Process**

- All patient-level information will be dealt with in confidence by members of the CRC. This will entail adhering to strict confidentiality practices in relation to the transmission of data and in the way in which information on cases is handled, both written and verbally.
- Anonymised patients' case summaries will be sent to the CRC members in advance of the meeting.
- The CRC will consider each request in the context of the relevant policy where this exists or as a "treatment not routinely commissioned" where there is no explicit policy.
- The request will be considered on the basis of patients' exceptional clinical circumstances. These are the only circumstances in which decision to fund can be taken.
- Where there appears to be no evidence that the clinical circumstances of the patient's case are exceptional when compared with other patients who have the same or a substantively similar condition, funding will not be approved.

- Information or guidance may be requested by subject experts if appropriate and the decision deferred until the “expert” information has been received.
- Members of CRC who have an interest to declare with regard to a particular patient or clinical condition will identify themselves and will be excluded from the discussion of that case. This will include a personal or professional interest in the case.
- If the requesting clinician or patient is unhappy with the CRC decision they have two options open to them:
  - a) If the doctor or patient feels that they have further relevant information available which has not been considered by the CRC, they may ask the CRC to reconsider the case specifically in the light of this further information. This may be undertaken at the CCGs’ discretion and depending upon the CCGs Operations Directors / Public Health team agreeing that the additional information is relevant to the exceptionality case.
  - b) If the doctor or patient feels that all the relevant information was available to the CRC Panel when the decision was made, but they remain unhappy with the decision, they may ask for it to be reviewed by the Appeals Panel.
- There is no right of attendance by the requesting clinician, the patient or their representative at the CRC.

### **Outcomes of CRC meetings**

The CCGs will communicate CRC decision and the supporting outline reasons in writing to both the referring clinician and the patient, normally within five working days.

### **Role of the CSU**

- The CSU will manage a process for receiving IFRs
- The CSU will maintain a log of all requests, outcomes of the CRC and Appeals Committee and a correspondence log.
- The CSU will prepare papers for the CRC and Appeals Committee, liaising with all relevant parties as required
- The CSU will prepare letters to patients and referring clinicians for signature by the Committee Chair.
- The CSU will provide administrative support to the committee meetings.