

Individual Case Review Panel - Terms of Reference

Purpose

The Individual Case Reviews Panel has been set up between Chiltern Clinical Commissioning Group and Aylesbury Vale CCG to support collaborative working and decision making that improves health outcomes for the patients and public in Buckinghamshire. Specifically the Individual Case Review Panel proposes to:

- To deal with individual funding requests in accordance with the joint CCGs policy statement on Individual Funding Requests and these terms of reference where:
 - The evidence base of clinical effectiveness for a particular treatment is low for the general population and therefore is not routinely commissioned
 - Only patients who meet specific criteria will derive benefit from an intervention
 - The condition to be treated is rare or exceptional within the general population and the patient pathway is not routinely commissioned
- Consider if the CCGs' full requirement for statement of clinical exceptionality as defined in the policy, has been demonstrated within the case submitted for consideration of funding
- Undertake its decision making in line with the Ethical Framework adopted by the CCGs
- Be consistent in its decision making
- Identify and consider new treatments and priorities for future commissioning

It is a sub-group of the Commissioning for Quality Committee with delegated authority via the representative executive team members that attend on behalf of each CCG.

Members

The Individual Case Review Panel, where all members have an equal vote, will include:

- A Non-Exec Director from each CCG, one of which will act as Chair
- A GP representative with delegated authority from each CCG
- Either Chief Finance Officer (Chiltern CCG) or Director of Operations and Performance (AVCCG), by prior agreement for each meeting
- A Member of Medicines Management Team

Members are expected to attend 75% of meetings per year. Deputies will not generally be allowed but permission can be sought from the Chair.

Governance

The Individual Case Review Panel will report to, and be held to account by, Chiltern CCG and Aylesbury Vale CCG, through the Commissioning for Quality Committee as a delegated sub-group of both CCGs. The Panel will adopt the Nolan Principles and Standards of Business Conduct for NHS Staff in conducting all its business.

The Panel will be quorate to make decisions if a minimum of four members is present, and meets the following requirements:

- An exec team member of each CCG (or their representative with delegated authority)
- Two attendees with a clinical background, of which at least one should be a GP.

The Panel will have delegated authority to take decisions within the scope of these Terms of Reference once agreed by exec teams of both CCGs on the basis that:

1. decisions will be made by consensus wherever possible. Where this is not possible, a vote will be taken with a simple majority carrying the motion with the chair having a second, casting vote in the event of a tie; **and**
2. that representatives of both CCGs are in agreement with the decision. Where there is lack of agreement between the CCGs, the decision must be referred back to both exec teams for immediate resolution.

Under these Terms of Reference, the Individual Case Review Panel will delegate authority to the members of the Clinical Triage Panel who will act as a sub-group of the ICRP and whose purpose is to triage out applications that do not meet existing policies. The Clinical Triage Panel shall consist of:

- 2 GPs, one from each CCG
- A senior medicines management Representative
- Individual Funding review Manager from CSU

Reporting

The Individual Case Review Panel will provide quarterly reports to its parent committees in each CCG on the wait time to review, the numbers of cases approved and rejected, the spend committed and any 'new' types of procedures approved.

Key Processes, Duties and Responsibilities

- All patient-level information will be dealt with in confidence by members of the ICRP. 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 ICRP members in advance of the meeting by the CSU IFR Team.
- The ICRP 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 from subject experts if appropriate and the decision deferred until the "expert" information has been received.
- Members of ICRP 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. Where this can be foreseen and will affect quoracy, deputies with delegated authority should be substituted. Where this is not foreseeable, and the panel will become inquorate, the Chair will seek the view of a suitable alternative person outside the meeting and advise the Panel of the outcome.
- If the requesting clinician or patient is unhappy with the ICRP decision they have two options open to them:
 - a) If the clinician or patient feels that they have further relevant information available which has not been considered by the ICRP, they may ask the ICRP to reconsider the case specifically in the light of this further information and forward the information to the IFR Team.
 - b) If the clinician or patient feels that all the relevant information was available to the ICRP Panel when the decision was made and they consider there was failure in process, they may ask for the decision to be reviewed by the Appeals Panel.
- There is no right of attendance by the requesting clinician, the patient or their representative to the ICRP.

Outcomes of ICRP meetings

The CSU IFR Team on behalf of the CCGs will communicate ICRP decisions and the supporting outline reasons in writing to the referring clinician, normally within five working days of the date of the Care Review Committee meeting.

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 ICRP and Appeals Committee and a correspondence log.
- The CSU will prepare papers for the ICRP and Appeals Panel, liaising with all relevant parties as required.
- The CSU will prepare letters to the referring clinicians for signature by the Committee Chair, if necessary.
- The CSU will provide administrative support to the Case Review Committee and Appeals Panel meetings.
- The CSU will collate funding requests from all customer CCGs and highlight new treatment requests that need to be considered for priority setting.

Meeting Arrangements

The Individual Care Review Panel will normally meet as required, potentially once a month.

Where necessary for reasons of expediency, virtual meetings will be carried out by videoconferencing, telephone, fax or email. In such circumstances a decision will be taken on a consensus view; with the final decision endorsed by the Chair and confirmed by the membership for the record.

Notes of the meeting, action points and detail of decisions taken will be recorded by CSU and produced and circulated within five (5) working days of the meeting.

Review

These Terms of Reference will be reviewed in June 2014.

Date of Acceptance

22 July 2013 for Aylesbury Vale CCG

11 July 2013 for Chiltern CCG

Document Version

Date	Version Number	Description of Changes	Edited by
12th July 2013	1.0	Dates of Acceptance Added	NL

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