Buckinghamshire Clinical Commissioning Group
East Berkshire Clinical Commissioning Group
Oxfordshire Clinical Commissioning Group
Berkshire West Clinical Commissioning Group

STANDARD OPERATING PROCEDURES

Thames Valley Priorities Committee

This document sets out the standard operating procedures for topic identification, selection, review methodology and review evaluation that together form the major part of the work of the Thames Valley Priorities process. It should be read in conjunction with the terms of reference for the Priorities Committee.

TVPC ToR July 2019 updated v1.2.docx

OBJECTIVES

1. To ensure that the priorities support service informs the Clinical Commissioning Groups' clinical and financial health improvement responsibilities.

2. To ensure that the topics selected add value to the commissioning process by combining both proactive and reactive topic selection through an annual meeting of a Working Group to enhance prioritisation decisions in a context of tight financial control.

PROCESS

1. Work programme and timing

1.1 A Working Group comprising representatives from the Thames Valley Clinical Commissioning Groups decides the work programme for the Priorities Committee at an annual meeting.

1.2 The Working Group reports to the Accountable Officers of the Thames Valley Clinical Commissioning Groups through the Lead Officer for the Priorities Committee, and aims to achieve a work programme balanced between strategic topics identified proactively from the Thames Valley Clinical Commissioning Groups' operational and QIPP plans, and in-year topics submitted by way of topic request forms to the Priorities Committee meetings.

1.3 Draft Operational Plans and QIPP plan topics will be considered by the Working Group to identify commonality for potential topic request work-up. In-year topic requests may be submitted to the Priorities Committee prior to the meeting, on a rolling basis, in order to give time for each committee member to consult with their stakeholders.

1.4 A process flow chart is appended to this document.

2. Topic Identification Process

2.1 The Clinical Commissioning Group members of the Priorities Committee are responsible for establishing links with all relevant commissioning groups and processes within their Clinical Commissioning Group (CCG) and will consult with stakeholders through their specific structures (committees and meetings) and processes.

2.2 Each Priorities Committee member is responsible for:

- Identifying the relevant committees \ groups within their CCGs
- Establishing links with each including raising awareness of the Priorities Committee processes
- Regular liaison with to identify and work up potential topics for Working Group's annual meeting, and on a rolling basis to submit topics to the Priorities Committee, as required by their stakeholders

2.3 Potential topics may also emerge from working with the clinical networks and senates and the wider integrated care system. These topics should be submitted for consideration at the annual Working Group meeting via CCGs' representatives on the Priorities Committee.

2.4 NHS England's commissioning responsibilities: Specialised Commissioning

- Prescribed services for which Specialised Commissioning has responsibility are excluded from the Priorities Committee work programme and hence this service specification.

3. Topic Workup

3.1 The Working Group will receive notification of topics to consider at its annual meeting via CCG Priorities Committee members after consultation with their CCG stakeholders and liaison with the senates and clinical networks as necessary. A process for submitted topics using the required forms will be available from the Service Provider.

3.2 As part of a rolling programme, the Priorities Committee will review topic request that arise in-year, a process for submitting topics using the required forms will be available from the Service Provider. The CCG Priorities Committee member(s) presenting the topic will ensure that the topic is clearly expressed as a clear question against the topic selection criteria.

3.3 Assessment of topics for the Priorities Committee work programme will include consideration of a number of factors that may include:

1. Resource impact/savings potential/disinvestment opportunity/affordability
2. Population impact and local health care priorities/inequalities
3. Disease severity
4. Claimed therapeutic benefit
5. National policy and guidance
6. Risk of not reviewing

3.4 The process for agreeing potential topics identified by CCGs and Topic Request Forms is described in the Appendix 2 to this document.

3.5 The Service Provider will provide support to CCGs with regard to the Topic Identification process and completion of forms as required.

4. Topic Selection

The topic selection criteria will use the same domains as set out at paragraph 3.3 above.

4.1 The Service Provider will provide support to CCG Priorities Committee members on the completion of Topic Request forms.

4.2 A final assessment of each topic will be agreed and recorded by the Working Group at its annual meeting or by the Priorities Committee in-year.

4.3 The work programme to be undertaken by the Service Provider will be based on the agreed topics and communicated to CCGs.

5. Scoping

There are two situations in which further scoping of a topic may be required before the Working Group / Priorities Committee can make a final decision on inclusion in the work programme. These are:

5.1 The nature of the intervention is such that either an increase (investment) or decrease (disinvestment) in activity is likely to have a knock-on effect on other parts of the patient pathway (either upstream or downstream from the intervention). Where this effect is likely to be significant, there may be additional interventions that should be reviewed on a similar timescale to the 'index' intervention.

5.2 In some cases, it can be unclear whether a topic is a significant pressure to one or more CCGs and/or whether there is sufficient published evidence available to enable evaluation against the 'clinical effectiveness' criterion in the *Ethical Framework*. Further information on these issues is required before Working Group / Priorities Committee can make a decision on inclusion in the work programme.

7. Pathway review

It is envisaged that the Working Group / Priorities Committee will increasingly focus on service redesign and innovation as a core activity of its priority work, owing to the significant number of services now designated as 'prescribed services' and are the responsibility of specialised commissioning. The Working Group / Priorities Committee will commission the service provider to undertake pathway reviews which will address QIPP opportunities and will comprise:

i) patient pathway diagram – usually based on relevant pathways in *Map of Medicine* or similar national guidance;

ii) identification of key points on the pathway related to the index topic and generation of possible questions for an evidence based review;

iii) identification of additional key points in the pathway likely to be impacted by changes resulting from the index topic – generation of possible questions at each point;

iv) identification of key policy drivers applicable to the pathway (NICE guidance, etc)

v) identification of high quality evidence relating to the specified questions (NICE guidance, Health Technology Assessments, Cochrane Systematic Reviews, etc). [*NB at this stage these will simply be referenced (not reviewed/appraised) as a guide to the strength of evidence likely to be available*.]

vi) a pathway diagram, annotated with questions and with policy and evidence references appended will then be circulated to all Priorities Committee members. Comments, additions and prioritisation of suggested questions will be sought against a deadline and further work undertaken to review the QIPP opportunities (clinical variation).

8. Consultation

8.1 The Service Provider will consult with appropriate local clinicians in advance of Priorities Committee meetings to ensure their views are taken into account in any policy or care pathway development. Clinicians will also be invited to attend a meeting of the Priorities Committee where the policy or care pathway is being discussed to present their views in person.

8.2 A public view, as necessary, will be sought through Thames Valley HealthWatch organisations and other appropriate lay bodies to provide a conduit for the public's views on priority setting to be taken into account.

8.3 The Priorities Committee will make recommendations to the Thames Valley Clinical Commissioning Groups regarding the need for public engagement or full public consultation on each policy or care pathway proposal.

8.4 Clinical Commissioning Group members of the Priorities Committee are responsible for undertaking consultation within their organisation regarding policy recommendations from the Priorities Committee, ensuring these are considered by their Governing Bodies in a timely manner and the decisions made reported back to the Priorities Committee.

9. Making recommendations

The Priorities Committee will consider the evidence review provided, and the advice of clinical and other specialists, in the context of the Ethical Framework, and aim to reach a consensus recommendation. If a consensus cannot be reached, then the Chair will call for a vote from those members with voting rights. Please see the Priorities Committee *Terms of Reference* for further information.

EVIDENCE REVIEW METHODOLOGY

A key feature of the reviews undertaken is that they are usually completed within a four month time frame (excluding scoping, including consultation time) thereby providing timely guidance for commissioners on topics that are a current cost pressure for CCGs.

A traditional systematic review typically utilises the 'gold standard' methodology developed by The Cochrane Collaboration. However, using this methodology, it takes 18 months to 3 years to complete a review. As this timescale would not support CCGs' need to respond to immediate pressures, an alternative 'rapid review' methodology will be utilised as follows:

1. identification of the topic and formulation of the question(s) to be addressed by the review;
2. bullet point summary of main points;
3. background context on the intervention, its place in the treatment pathway and relevant comparators;
4. overview of the relevant national policy framework, including guidance from NICE, Royal Colleges and Department of Health as appropriate
5. epidemiology;
6. appraisal of evidence of clinical effectiveness;
7. appraisal of evidence of cost effectiveness;
8. safety profile;

9. current activity/prescribing levels across systems (where relevant). Including analysis of variations in practice (e.g. by funnel plot); with specification of any diagnostic or procedure codes used.
10. modelling of potential activity and cost impact (positive or negative) resulting from investment/disinvestment in the intervention;
11. identification of relevant implementation issues (e.g. resource and capacity issues);
12. identification of possible ethical, particularly equity issues, including a formal Equality Analysis (which will be carried out once a final policy has been agreed); important in guiding the Priorities Committees to a decision which will be compliant with equality legislation.
13. discussion and conclusion which addresses the questions posed at the start of the review;
14. suggested policy options for consideration by Priorities Committee.
15. consultation with CCGs, primary care and secondary/tertiary providers using agreed standard 'cascade' contact list and consultation template. *NB The consultation process does not extend to any other bodies, including pharmaceutical companies, manufacturers of devices, or patient groups.*
16. responses to consultation included in full in appendix to review paper;
17. references to all documents used in the review;
18. detailed search strategy.

2. Evidence search. This will be carried out by experienced knowledge officers/service provider deriving search terms from the agreed review questions.

3. Selection of evidence of clinical effectiveness. The reviewer will follow the hierarchy of evidence as follows:

   - where meta-analyses and systematic reviews, or national clinical guidelines (based on systematic literature reviews) are identified in the literature search, these will form the basis of the review. Randomised controlled trials published since the systematic reviews will also be included.
   - where no meta-analyses or systematic reviews have been published; randomized controlled trials will be sought and included.
   - where no randomized trials are available; other controlled trials will be sought and included;
   - in the absence of controlled studies; case series will be identified. Depending on the numbers and type available, a decision to limit these, for example on the basis of size and/or whether or not they were prospective; will be taken by the review author.
   - review of abstracts and study inclusion as above will be done by the paper author only.

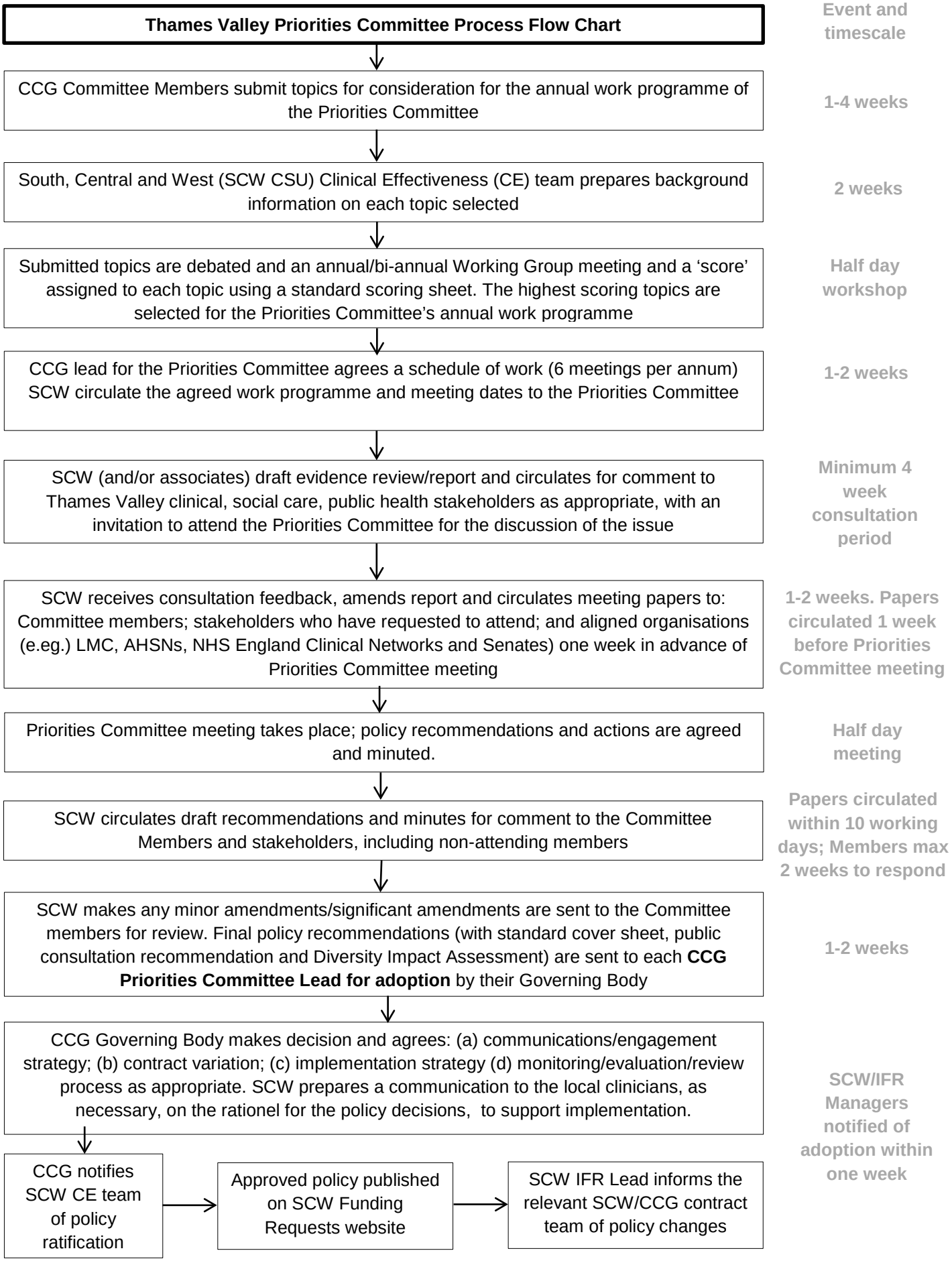
4. Quality Assurance: Internal peer review. Prior to the consultation phase, each review will be subject to peer review by a senior member of the Service Provider review team who has not been involved in the draft stage. The consultation phase also acts as an extended peer review.

REVIEW

The work of the Priorities Committee, ToR and SOP will be reviewed annually.

February 2014
Updated July 2017
Updated November 2018
Updated May 2020

Appendix 1 Process flow chart



Thames Valley Priorities Committee

Pro forma for topic selection for the Working Group

(Updated August 2018)

Please use this form to identify potential topics that require a review of the evidence and policy development by the Working Group. Please add sufficient detail to facilitate the topic discussion and scoring, which will be used to plan the Priorities Committee work programme.

1. CCG submitting request. Please state.

2. Issue for review. Please outline the issue or problem to be addressed.

Review of single intervention/therapy/policy/element of a care pathway:

Is this a review of current policy?
New policy area for review?

3. Patient group affected and local data.

[eg, frail elderly, people with comorbidities, adults with long term conditions; children with asthma]

How many people across your CCG and STP area are likely to be affected by the health problem/issue associated with the proposed project?

Local data on activity and spend:

4. What are you hoping that the review will achieve?

Please tick √

- *Improved health outcomes*
- *Clinical quality/safer care*
- *Address inequalities in outcomes and/or access to services*
- *Deliver a national policy imperative*
- *Explore an access to intervention threshold*
- *Value for money interventions*
- *Quality of life impact*

For your CCG, is the topic raised to address cost-pressure? *Please tick* √
Probably cost neutral
Moderate cost impact
Significant cost impact (either high cost to achieve OR in terms of savings)

5. CCG priority rating of the topic.

High (review within 2-3 months)/Medium (review within 6 months)/Low (review within 12 months)

6. What is the risk of not addressing the problem that the project relates to?

(e.g. significant variation in practice, significant support for change from clinicians, large number of IFRs, patient demand)

7. Any further information to support the scoping of the topic.

Please consider this request for review by the Clinical Policies Working group:
Signature **(Chief/Accountable Officer/Clinical Chair/Chief Operating Officer)**

Date:

Forward request to: scwcsu.clinicaleffectiveness@nhs.net

Appendix 3.

Thames Valley Priorities Committee – Working Group Meeting
Selection of topics and work programme development; Scoring sheet

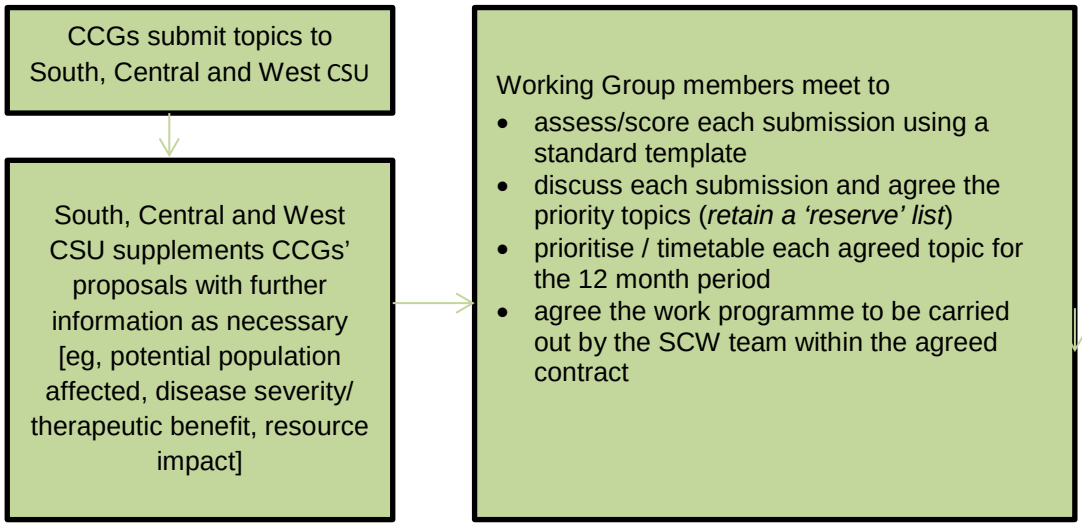
To aid the selection of topics for the Priorities Committee Work Programme, a 'scoring sheet' has been devised to provide a transparent and standardised framework for decision-making.

Topic/Reference No.		
Date discussed by the Working Group		
Dimension	**Score options**	**Circle Score**
Potential scale of impact of evidence review	Single intervention request Supports care pathway improvement Supports large-scale but individual CCG-focused service redesign Supports large-scale pan-CCG transformational change	**0** **2** **5** **10**
No. of CCGs requesting this topic The greater the number requesting a review, the higher priority will be given	No. CCGs requesting review: 1 CCG 2 CCGs 3 CCGs All TV CCGs	 **2** **4** **6** **8**
Patient Population How many people across the Thames Valley area are likely to be affected by the health problem/issue associated with the proposed projectg?	Population affected across the Thames Valley *(2.13 million people):* 0 – 100 (ie, 0 - 5 people per 100,000) 101 – 1,000 (ie, 5 - 50 people per 100,000) 1,000+ (ie, more than 50 people per 100,000)	 **1 – 2** **3 – 4** **5+**
Resource impact Consider whether the input of Priorities Committee review will enable the project to deliver efficiency/disinvestment savings or productivity gains. Cost of implementation in terms of impact on other services or additional services, facilities or staff required, should also be taken into account.	Probably cost neutral Moderate cost impact Significant cost impact (either high cost to achieve OR in terms of savings)	**1** **5** **10**
Disease severity With regard to the disease(s) that the project relates to consider: • life expectancy • how far the individual is away from perfect health • state of health prior to and after treatment • health states that incur social stigma • physical health states that have a significant impact on mental health	Minor quality of life impact, no disability Quality of life impact but no significant mortality Quality of life impact, some morbidity/disability or modest increase in mortality	**1** **2** **3**

Disease severity continued..	Intermediate mortality impact or significant disability or quality of life impact on patient or carers Significant mortality risk or very severe impact on quality of life, very significant morbidity, very significant impact on carers/parents/family, impaired ability to reach full potential	**4** **5**
Claimed therapeutic benefit With regard to the therapeutic improvements the project relates to consider:	Little potential additional therapeutic benefit compared to existing care Moderate potential additional benefit Significant potential additional benefit	**1 – 2** **3 – 4** **5**
Risk of not addressing the problem the project relates to: Consideration of the risk CCGs will be exposed to if they do not undertaken the project	Low risk – no evidence that clinicians or patients are concerned about the problem Moderate risk – low level of demand. • Change requested by individual clinicians (no clinical consensus). • Little evidence of demand by patients High risk – evidence of • significant support for change from clinicians • generating significant number of Individual Funding Requests • 'technology creep' – new costly intervention in routine practice • evidence of significant variation in practice/ health outcomes • topic associated with national policy/ planning guidance/strategic plans • topic associated with reputation risk to CCGs	**1 – 2** **3 – 4** **5+**
Any other factors: *Please provide details of any additional issues that should be taken into account when 'scoring' the topic.*		
	TOTAL SCORE	

Working Group's decision:		
1. Refer to work programme	**2. Decision deferred**	**3. For further scoping**

How work programme decisions will be made



In-year requests

The Working Group will agree a work programme that has flexibility to accept in-year requests. For example, urgent issues may arise through the *Individual Funding Request* (IFR) process, or from newly licensed/approved interventions.