



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 Appeals Panel**

### **Purpose**

The Appeals Panel has been established by the CCG Boards to consider formal appeals against Case Review Committee (CRC) decisions.

The role of the Appeals Panel is to consider whether:

- The decision making process was followed appropriately and the CRC met the required standards set out in the policy.
- The decision made by the CRC was unreasonable in light of the available evidence and individuals circumstances.
- The CRC took into consideration immaterial factors.
- Any other relevant factor in relation to the case.

### **Accountability**

The Panel is accountable to the Board and has delegated responsibility from the Board to consider Appeals in accordance with the IFR policy and to take decisions accordingly, in line with its Terms of Reference.

### **Membership**

Membership of the Appeals Panel is as follows:

- Nominated CCG Lay Member x 2 (one to Chair)
- Director of Public Health or designated PH consultant
- GP x 2 nominated by the CCG Boards
- Operations Director

Administrative support to the meetings of the CRC will be provided by the CSU and will be in attendance only with no voting rights.

As a matter of principle, none of the above members will simultaneously be members of the Case Review Committee or have taken part in the original decision-making related to cases going to that Appeals Panel. This will ensure that the Appeals Panel is undertaking an objective assessment of the decision-making undertaken for an individual case by the CRC.

### **Frequency of meetings**

The Appeals Panel will be convened when necessary to consider appeals against CRC decisions. The date will usually be set as soon as possible after a request has been received but within maximum of 4 weeks.

## **Process**

- Individuals wishing to appeal against a CRC decision must notify the CSU administrator of their intention, in writing, within three months of the date of the CRC meeting. All appellants will be given information about the Patient Advice Liaison Service (PALS) and the Independent Complaints Advocacy Service (ICAS) for additional support.
- The Appeals Panel will consider whether the original decision of the Case Review Committee followed due process (see below – Role and key tasks).
- The individual requesting the appeal and/or their clinician does not have the right to attend the Appeals Panel meeting in person. All evidence to be considered must be submitted in writing.
- The CSU will provide the Appeals Panel with a case summary and papers from the case file. It is important to note that the Appeals Panel will not consider new information in support of a case. If new information becomes available, the Case Review Committee will be asked to reconsider the case in the light of this.
- Information or guidance may be requested by subject experts if appropriate and the decision deferred until the “expert” information has been received.
- Following the Appeals Panel decision, patients still have the right to complain under the Complaints Procedure.

## **Role and key tasks**

The role of the Panel is to ensure that the CCGs’ policy and process has been applied appropriately by the Case Review Committee.

The Appeals Panel will adopt the following approach:

- A review of information considered by the Case Review Committee in reaching their original decision.
- Did the CCGs correctly follow their own procedures and policy?
- Were all relevant facts taken into account when the decision was made?
- Consider the decision of the CRC that exceptionality was not demonstrated.
- Consider whether that decision is consistent with CCGs exceptionality policy and was reasonable on the basis of the information supplied by the appellant in the first instance.
- Consider if there are sufficient grounds for overturning that decision on the basis that clinical exceptionality has been demonstrated.

## **Quoracy**

In order to be quorate, each meeting of the Panel shall be attended by at least three of the members. At least one of these attendees shall be a clinician (primary care or public health).

Deputies may be permitted at the discretion of the Chair.

## **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.

## **Outcomes of Appeals**

If the Panel finds that the decision of the CRC was correct, ie that exceptionalism was not demonstrated, they will dismiss the appeal.

If the Panel finds that some aspect of the CCGs' procedure or policy was not followed, the Panel will assess the significance of the procedural breach and decide on the appropriate action. This will not automatically result in the Appeal being upheld.

If the Panel finds that important facts were not taken into account, they may refer the case back to Case Review Committee for re-consideration.

The decision of the Appeals Panel will be recorded, together with the reasons. Appeals Panel decisions will be communicated to the appellants within 5 working days.

Appellants who remain dissatisfied with the outcome of the Appeals process may pursue their case through the formal complaints procedure.

The CSU will submit monthly reports to the CCG Boards, including the updated position on cases approved at Case Review Committee and at Appeals Panel.

## **Feedback from the Appeals Panel to CRC**

Where the Appeals Panel does not uphold a decision made by the Case Review Committee, it is usual for:

- A statement to be made back to the CRC outlining why the original decision was not upheld.
- A note made of any key principle or process that is expected to be applied in the future.