Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

Commissioning Policy Review Group Terms of Reference

1. Introduction

BNSSG CCG is responsible for making the best use of the NHS funds allocated to us to meet the health needs of our local population. The demand for services is greater than the resources available and therefore we have to prioritise the use of funds carefully. Our approach is to prioritise commissioning treatments, operations or drugs that are most effective in meeting the health needs of the population. Commissioning policies play an important role in enabling us to address our responsibilities and protect people from harm.

The Commissioning Policy Review Group (CPRG) is a sub-group of the BNSSG CCG Commissioning Executive. These terms of reference set out the membership, remit and responsibilities and reporting arrangements of the Group.

CPRG has no executive powers and is authorised by the BNSSG CCG Commissioning Executive to act within its terms of reference.

2. Remit and Responsibilities

CPRG shall carry out the following on behalf of the BNSSG CCG Commissioning Executive:

- Contribute to the development of commissioning policies in line with the BNSSG CCG Commissioning Policy Development Process at Appendix 1. This includes consideration of the equality and quality impact assessments
- Review draft commissioning policies and recommend draft commissioning policies for further work where necessary
- Recommend commissioning policies to BNSSG CCG Commissioning Executive for approval
- Review of the impact of commissioning policies on activity, resources and outcomes after their implementation and make recommendations for changes
- Use the BNSSG CCG Ethical Framework for Decision Making in the course of delivering its responsibilities (Appendix 2)

3. Membership

The members of CPRG described in the table below.

Organisation	Role

Organisation	Role
BNSSG CCG	Independent Secondary Care Doctor (Chair)
BNSSG CCG	Clinical Chair (Deputy Chair)
BNSSG CCG	Medical Director – Clinical Effectiveness
BNSSG CCG	GP Clinical Lead for Commissioning Policy Development and Exceptional Funding
BNSSG CCG	GP Clinical Leads / Locality Leadership Group clinical member x3
BNSSG CCG	Clinical Lead for Referral Support Service
BNSSG CCG	Clinical member of Quality Team
BNSSG CCG	Medicines Optimisation
-	Lay Member
Mental health service provider	Senior clinical representative
Community services providers	Senior clinical representative (one to represent all)
University Hospitals Bristol NHS Foundation Trust	Senior clinical representative
North Bristol NHS Trust	Senior clinical representative
Weston Area Health NHS Trust	Senior clinical representative
Public Health from one of Bristol City Council, North Somerset Council or South Gloucestershire Council	Public Health consultant

Members of CPRG can send a nominated deputy to the meeting. These individuals must be able to operate with full authority over any issue arising at the meeting.

4. In attendance

Members of the BNSSG CCG Commissioning Policy Development team
BNSSG Head of Contracts – Acute

CPRG may also invite guests to attend to present information and / or provide the expertise necessary for CPRG to fulfil its responsibilities.

5. Quoracy

The meeting will be quorate with attendance of the following:

- Chair or Deputy Chair
- BNSSG CCG GP clinical/commissioning leads x3
- Senior clinical representative from acute trust x1
- Public Health consultant

6. Administration

Members of the BNSSG CCG Commissioning Policy Development team will administer the meetings. This will involve:

- Issuing the agenda and papers for the meeting at least two weeks before the meeting
- Taking minutes as an accurate record of decisions made at the meeting. Minutes from meetings will be issued in draft form to members of CPRG two weeks after the meeting
- Ensuring that recommendations made by CPRG are taken to the next available BNSSG CCG Commissioning Executive meeting for them to consider approving

7. Frequency of meetings

CPRG will meet a minimum of four times per year with additional meetings taking place as required. At least four meeting dates will be set at the beginning of the financial year. As much notice as possible will be given to members of CPRG for any additional meetings.

8. Reporting Requirements

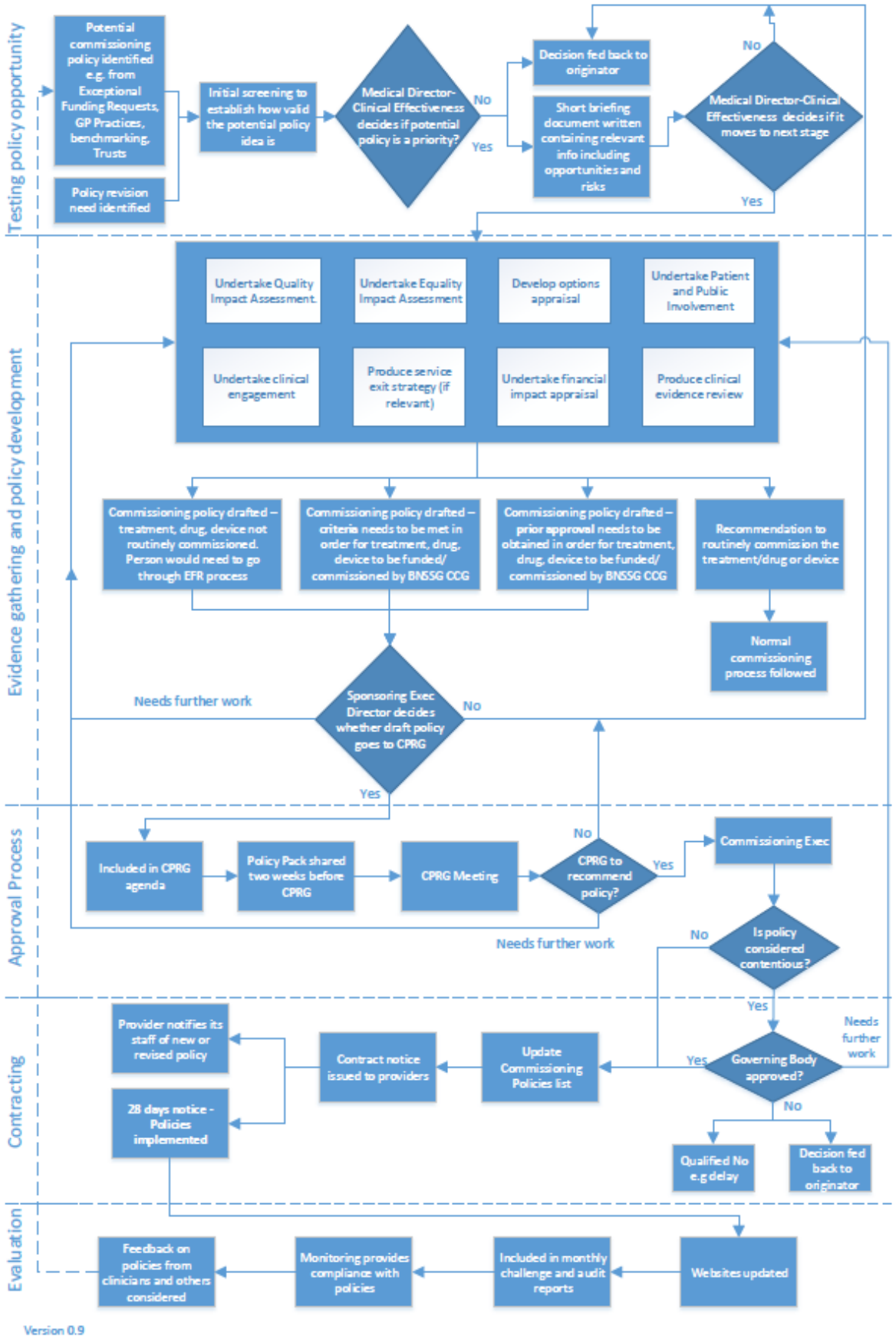
CPRG reports into the BNSSG CCG Commissioning Executive which is a sub-committee of the BNSSG CCG Governing Body.

9. Review of Terms of Reference

These terms of reference will be reviewed annually.

Adwoa Webber, Head of Clinical Effectiveness
14 March 2019

Appendix 1 – Commissioning Policy Development Process



Appendix 2 – BNSSG CCG Ethical Framework for Decision-Making

Ethical Framework for Decision-Making

22 January 2019

Shaping better health

Introduction

Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (BNSSG CCG) wants to demonstrate that the way it makes commissioning decisions is consistent across all levels of commissioning. These include decisions for our population and decisions for individuals. We have developed this Ethical Framework for Decision-Making to describe the principles that will underpin how commissioning decisions are made.

This framework is not a decision-making tool nor is it the process for decision making. The principles should not be used as a checklist or criteria to be met before a decision can be made.

Context

BNSSG CCG is responsible for commissioning (identifying and understanding need, planning and buying services) healthcare on behalf of our population. We receive a fixed budget from the government to do this and have a legal duty to stay within our budget. We commission services that are provided by primary, secondary and tertiary care organisations within the NHS, as well as services provided by the independent sector and community, voluntary and social enterprise sector. We also commission some services jointly with other CCGs and Bristol City Council, North Somerset Council and South Gloucestershire Council.

Our finite resources, and the legal obligation to stay within our budget, mean that we need to have an approach that strikes the right balance between commissioning healthcare that meets the needs of our population overall and taking account of the differing needs of particular individuals. We try to ensure that our resources are used to provide the greatest benefit the largest number of people. We cannot fund all types of healthcare that might be requested for our population and, as a result, difficult decisions have to be taken to determine priorities. The fact that we may take a decision not to commission a service to meet a specific healthcare need because our resources are limited does not mean, therefore, that we have failed to fulfil our statutory obligations.

Purpose

The purpose of the Ethical Framework for Decision-Making is to describe the principles that will guide how BNSSG CCG:

- Makes commissioning decisions on behalf of and with its population
- Is consistent across all levels of commissioning from strategic planning through to deciding on individual funding requests and meeting the requirements of the NHS Constitution
- Makes it clear to the public that we have a framework within which we make decisions

How 'Ethics' have been used to establish the principles

We have taken into account ethical considerations in deciding the principles that we have included in this framework:

- Helping people to make their own decision (for example, by providing important and relevant information) and respect those decisions noting that this does not require us to fund a specific treatment
- The moral importance of 'doing good' to others
- Seeking not to harm people
- Time and resources do not allow every person to have the 'best possible' treatment or service. People in similar situations should normally have access to similar health care. When deciding what level of health care should be available for one group, we need to take into account the effect that will have on other groups.

Principles for decision making

Each of the principles will be considered equally and each of the principles will be given fair consideration. This means that **all** the principles will be considered and all principles have equal 'weight'.

Principle 1 – Rational

Decision-making is rational and based upon a process of reasoning which involves:

- Being logical in the way reason is applied to reach a decision
- Ensuring that the decision is based on available evidence of clinical effectiveness
- Ensuring that the decision is based on the available, different types of evidence of whether or not something 'works' and is safe. Types of evidence include research studies, case studies and service user and clinician insight.
- Making a realistic appraisal of the likely benefits and harms to the population of Bristol, North Somerset and South Gloucestershire and patients and service users
- Weighing up all relevant factors, including risks and costs to all relevant organisations and also to the people that we serve
- Taking account of the wider political, legal and policy context
- Ensuring individuals involved in decision-making are appropriately skilled and trained

The people involved have an obligation to seek out evidence to inform their decisions. The most current high quality evidence and national guidance should be considered, alongside the local context regarding the way that care is currently provided. When evidence is absent or thin, but change needs to be made, evidence about the impact of the changes should be collected to inform improvement and ongoing decision making.

The approach to assessing the validity and credibility of evidence should be broad but maintain high standards of critical appraisal. Both qualitative and quantitative evidence should be taken into account and given appropriate weight. Expert opinion should be sought where appropriate.

Outcome measures should be considered in terms of their importance to patients. This is particularly significant in the treatment of illness where no cure can be expected and in palliative care. Rational decisions will weigh up likely outcomes, the wider contexts in which treatments can be provided, the implications for service delivery, clinical pathways and the scale and nature of benefits, costs and risk.

Decisions should be made on careful consideration of the trade-offs between costs and benefits, both in the short and long term.

Principle 2 – Inclusive

Decisions should be arrived at through a fair and non-discriminatory process that:

- Reinforces the concept of equality of opportunity of access to healthcare
- Ensures patient and public insight is considered in decision-making
- Balances the rights of individuals with the rights of the wider community

Decision-making should not discriminate on characteristics which are irrelevant to health conditions and the how effective a treatment is.

Decisions should take account of local and societal sensitivities together with information about population need. There should be active attempts to obtain the insight of patients and service users, carers and the wider public and use this in the decision making process to ensure that the perspectives of healthcare providers, people who use services and those who find it difficult to access them are taken into account.

Principle 3 – Take account of the value we will get

We have finite resources and they must be managed responsibly. Investment in one area of healthcare will inevitably mean that resources will have to move away from other areas of healthcare. Decisions should be based on careful consideration of the trade-offs between cost and benefit, both short and long term. These decisions will recognise that complex trade-offs cannot necessarily be reduced to simple cost benefit calculations. We need to balance the impact of cost against other factors such as the impact on the population's health.

Decisions will take account of the outcomes we will achieve (for example population health, quality of health, survival rate, extent of recovery, people's experience, safety) for the resources that we use (for example the amount we pay for a service, salaries, investment in equipment and buildings). This is what we call "value".

Principle 4 – Transparent and open to scrutiny

Decisions and the way they are made should be transparent and easily understood. The information provided to decision makers should be fully documented together with the process followed and the degree of consensus reached.

Principle 5 - Promote health for both individuals and the community

Decisions about things that promote health and avoid people becoming ill will be considered alongside things that will cure illness and other interventions. There may be times when it is appropriate to target specific demographic groups or health issues in order to reduce inequalities in health outcomes.

How will we make decisions?

We will make our most significant decisions by “consensus”. We recognise that there will be reasonable disagreement about how we should allocate resources with a finite budget among those who are responsible for understanding the problem, want to find a just and fair solution and responsible for making a decision. This framework will help us to treat disagreements respectfully so that those affected can sign up to decisions made.

What is consensus decision-making?

It is a way of reaching agreement between all members of a group. Instead of simply voting for an item and having the majority of the group “getting their way”, a group using consensus is committed to finding solutions that everyone actively supports, or at least can live with. This is done by ensuring that all opinions, ideas and concerns are taken into account. The assumption is that every member of the group has a voice worth hearing and that all concerns are reasonable and this is crucial to making good decisions. If a proposal is deeply troubling to even one person, that concern is respected; if it is ignored, the group is likely to make a mistake.

It requires everyone in the group to be committed to common goals that are clearly understood, and to be able to tell the difference between their personal preferences and what will help the group achieve its goals.

Decisions reached by consensus reflect the thoughts and feelings of the group as a whole, rather than just the majority. Effective consensus building results in decisions that have been thoughtfully considered and take into account diverse experience and views.

Why use consensus decision-making?

Consensus involves looking for ‘win-win' solutions that are acceptable to all. It aims to weave together everyone's best ideas and key concerns – a process that often results in surprising and creative solutions, inspiring both the individual and the group as whole.

When will we use consensus decision-making?

A full consensus decision-making process may be most appropriate for:

- Strategic decisions
- Decisions where “the stakes are high”
- Decisions for which a strong, united front is important

A full consensus-building approach may be unnecessary or less appropriate for:
– Operational or tactical decisions
– Decisions which have relatively minor impact or which affect relatively few people

A committee or group should consider and decide whether to use this process in advance of the discussion about a proposal at a meeting. Any member of the committee or group can suggest using consensus decision-making.

The consensus decision-making process

The basic process will be:

1. Hearing or generating a proposal
2. Identifying ideas and concerns from each person in the group
3. Changing the proposal, if necessary, to address people's key concerns and get as much agreement as possible

When the group is ready to make a decision on a proposal at the end of the steps described above, there are four possible responses that an individual in the group could have:
– Agreement: "I support the proposal and am willing to implement it."
– Reservations: "I still have some problems with the proposal, but I'll go along with it."
– Stand-aside: "I can't support this proposal because... but I don't want to stop the group, so I'll let the decision happen without me and I won't be part of implementing it."
– Block: "I have a fundamental disagreement with the core of the proposal that has not been resolved. We need to look for a new proposal."

Blocking should only be used where an individual thinks that a proposal:
– Goes against the core values, aims and principles of the group
– Will seriously endanger the organisation

Blocking should never be based on individual preferences nor where a proposal goes against an individual's interests or ethics.

To be reviewed by: 31 October 2019