

Norfolk and Waveney Clinical Policy Development Group

Norfolk and Waveney Clinical Commissioning Groups
Public Health Norfolk County Council
Supported by NEL CSU

Terms of Reference

1 Background and context

The aim of the Norfolk and Waveney Clinical Policy Development Group (CPDG) is to support effective commissioning by developing clinical threshold policies based on the best available evidence, in an open and transparent process.

These policies support the Clinical Commissioning Groups in Norfolk and Waveney to prioritise resource allocation for treatments based on evidence of clinical effectiveness, safety, cost effectiveness and affordability, to ensure finite resources are managed to optimise health outcomes for the population.

This work will support the QIPP and Demand Management programme with the aim that:

“Patients who do not meet the criteria are not referred, hospitals do not treat patients who do not meet the criteria and commissioners only pay for treatment of patients who meet the criteria”. (NHS England, 2014)

Historically the ‘low clinical value treatments’ were referred to as ‘Non Routine Treatment & Treatment Thresholds’ (NRTTT) or ‘Prior Approval Procedures’. To avoid confusion and misunderstanding these policies will now be called ‘Clinical Threshold Policies’.

2 Process

The CPDG will use a systematic approach to clinical threshold policy development on behalf of the five CCGs (see figure 1 below)

2.1 The process will start with the identification of a treatment to develop or review a clinical threshold policy. This will be based on:

- New evidence published by NICE, SIGN, Royal Colleges or similar national/international bodies
- Treatments identified for policy development by CCGs or regional bodies
- Benchmarking of activity produced by CSU and CCG information teams
- A policy is due to be reviewed

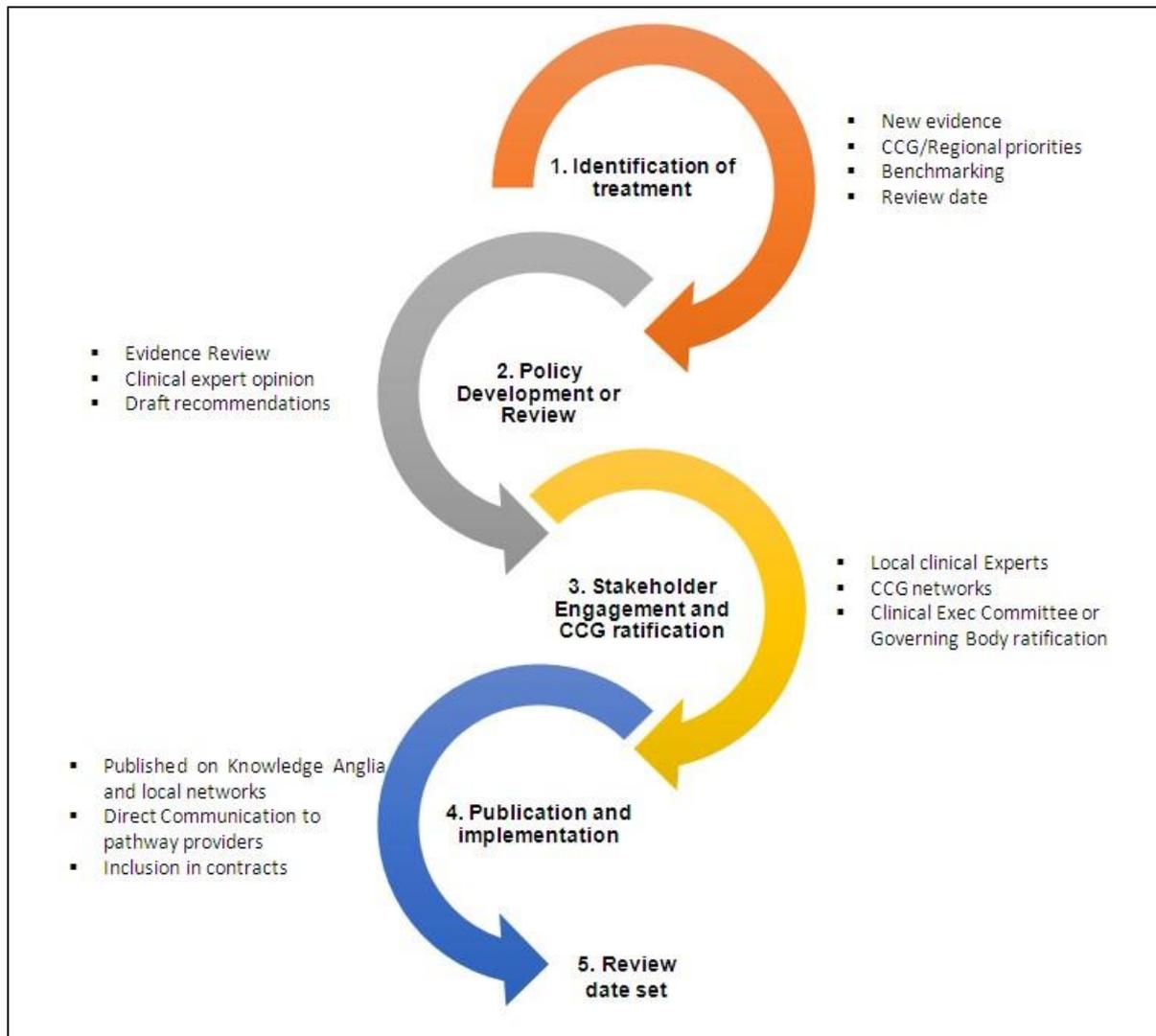
- New treatment approved as part of the service development process, including those triggered by IFR requests, by the CCGs.

2.2 The policy development or review will be led by Public Health on behalf of the CPDG, and will include review of evidence, clinical engagement with local experts, writing a briefing paper and a draft policy. Public Health will also be responsible to collate the feedback from clinical consultation and CPDG discussion and write the final draft policy.

2.3 Once the CPDG has approved the final draft of the policy, CSU will forward the policy to the CCGs for stakeholder engagement, including clinical consultation and ratification by their Clinical Executive Committee and/or Governing Body.

2.4 When the policy is ratified by all the CCGs, the CSU and CCGs will publish the policy on Knowledge Anglia website and local networks/websites, communicate the new policy to primary, community and secondary care providers and include it in their relevant contracts.

Figure 1: Systematic approach to Clinical Threshold Policy Development



3 Membership and Chair

The membership will include CCG, Public Health, secondary care and CSU representatives.

Each of the CCGs will nominate one clinical (usually a GP) and one commissioning representative.

Secondary care will be represented by a clinician nominated by CCG's as appropriate to relevant topics alongside Trust management support.

Public Health will provide a Consultant and an Officer.

The CSU role is to administer and support the CPDG process.

CPDG will select the Chair and Deputy Chair from within its membership.

Members of the CPDG will be able to invite others with the approval of the Chair for observation or specific input, e.g. PH trainees, CCG officers, clinicians.

4 Frequency of the Meetings

The CPDG will meet on a monthly basis.

Date: 14 December 2017

Review Date: 14 December 2018