

---

# Terms of Reference for Bury CCG IFR Process Review Panel

---

|  |   |
|--|---|
| <b>Version:</b>                            | 2.1   |
| <b>Ratified by:</b>                        | Clinical Cabinet  |
| <b>Date ratified:</b>                      | 1 <sup>st</sup> October 2014                                      |
| <b>Name of originator / author (s):</b>    | Lisa Williams, GMCSU EUR Team<br>Ian Trafford, NHS Bury CCG       |
| <b>Responsible Committee / individual:</b> | Clinical Cabinet  |
| <b>Date issued:</b>                        | 6 <sup>th</sup> October 2014                                      |
| <b>Review date:</b>                        | September 2015  |
| <b>Target audience:</b>                    | NHS Bury Clinical Commissioning Group Members<br>GPs<br>Providers |
| <b>Impact Assessed:</b>                    | NA  |

## Further information regarding this document

|   |  |
|---|--|
| <b>Document name</b>  | Terms of Reference for Bury CCG IFR Process Review Panel                     |
| <b>Category of Document in The Policy Schedule</b>                          | Governance   |
| <b>Author(s)<br/>Contact(s) for further information about this document</b> | Lisa Williams, GMCSU EUR Team<br>Ian Trafford, NHS Bury CCG                  |
| <b>This document should be read in conjunction with</b>                     | GM Effective Use of Resources Operational Policy                             |
| <b>This document has been developed in consultation with</b>                | IFR Panel Chair<br>CCG Chair   |
| <b>Published by</b>   | NHS Bury Clinical Commissioning Group<br>21 Silver Street<br>Bury<br>BL9 OSN |
| <b>Copies of this document are available from</b>                           | The Corporate PA office  |

## Version Control

| <b>Version History:</b>           |                                      |                              |
|-----------------------------------|--------------------------------------|------------------------------|
| <b>Version Number</b>             | <b>Reviewing Committee / Officer</b> | <b>Date</b>                  |
| <b>0.1 = draft 1</b>              |                                      |                              |
| <b>1.1 = Policy once ratified</b> | Clinical Cabinet                     | 7 <sup>th</sup> May 2014     |
| <b>2.1 = policy once reviewed</b> | Clinical Cabinet                     | 1 <sup>st</sup> October 2014 |

---

# Terms of Reference for Bury CCG IFR Process Review Panel

---

## **Purpose**

The CCG process review panel will meet on an ad-hoc basis when a patient or clinician acting on their behalf has appealed a panel decision and they have submitted no new evidence in support of their request that needs further consideration by the IFR Panel.

The panel will meet in private but the patient and or a representative will be asked to attend to ensure that their views are fully accounted for.

The panel will adopt a majority approach to decision making where a unanimous view cannot be reached. In the event of a split vote the decision of the chairperson will be final.

The panel will consider each stage of the process that the request has gone through to ensure that all reasonable attempts have been made to find relevant evidence of effectiveness and that all aspects of the request have been considered in the round.

The panel should assure itself that all stages of the process have been recorded.

The panel is there to decide if due process has been followed and to identify any areas where further consideration needs to be made if any.

It is not the role of the CCG process review panel to make a further funding decision or overturn the IFR panel decision; however, it may return the request to the IFR panel to address any issues identified following the process review.

Panels may consider more than one request at a time provided there is sufficient time for each request to be dealt with fully.

## **Membership**

The chair of the CCG process review panel will be the lay person representing the CCG provided they have had the necessary training, if not an alternative chair must be agreed prior to the meeting.

Voting members of The Process Review Panel will consist of the following:

- Lay member of the CCG Governing Body.
- General Practitioner member of the CCG commissioning group (not currently a member of the IFR panel).
- A representative of the CCG Governing Body (in addition to the GP Representative).
- The CCG Accountable Officer.

Panel members may cover more than one of these representative functions, e.g. the lay representative could also be the Board representative if one of the Non-Executive Directors is nominated.

All CCG process review panel members must not have been involved in any of the IFR decision making stages.

The Chair of the panel will be determined by the CCG.

In addition to the membership outlined above the chair of the original CCG Individual Funding Panel (or nominated deputy) will attend the Process Review Panel, in a non-voting capacity, to present the case and answer any questions that may arise.

### **Administrative Support**

Meetings will be arranged and resourced by the CCG and managed by their nominated lead officer.

Preparation of agendas and all request papers, recording the outcomes of the meeting, taking any actions arising and ensuring letters are sent to the requesting clinician and patient within agreed timescales is the responsibility of the GMCSU EUR team on behalf of the CCG.

Ensuring a suitable venue is available is the responsibility of the CCG lead for IFR.

### **Quoracy**

All voting members of the Process Review Panel must be present.

### **Training of IFR Panel Members**

Training of IFR panel members is the responsibility of the CCG but will be supported by the GMCSU EUR team.

CCG process review panel members should ensure that they have received adequate and appropriate training.

### **Confidentiality**

All appeals will be treated as highly confidential as the majority will contain sensitive and/or clinical information.

Papers will be sent to members via either registered post or a secure e-mail service (NHS net).

Consent will be obtained from the patient prior to the meeting.

All confidential papers will be gathered for shredding at the end of the meeting.

### **Review**

These terms of reference will be reviewed annually or sooner if there are relevant changes in legislation or local/national guidance.