

Evidenced Based Interventions Panel Terms of Reference

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V2g	November 2017	CEC approved name change to Evidenced Based Interventions Panel (EBI), CCG house styled, inclusion of Head of EBI

1 OBJECTIVE/PURPOSE

- 1.1 The Evidence Based Interventions Panel is a permanent sub-group of the Clinical Commissioning Group Boards. They have been created in recognition that consideration may need to be given to individual cases when treatment is not routinely funded by the NHS locally.
- 1.2 Collectively these treatments are known as Interventions that are Not Normally Funded (INNF).
- 1.3 The Panels support the process which has been established to ensure that applications to the Commissioner for funding of INNF are considered by a fair and consistent method that is open to scrutiny.

2 ACCOUNTABILITY

- 2.1 The Panels are accountable through the Chair of the Evidence Based Interventions Panel to the Board of the Clinical Commissioning Groups.

3 MEMBERSHIP OF THE PANEL

- 3.1 The Panel (all voting) will consist of:
 - Two general practitioners, one of whom will be the Chair
 - A consultant in Public Health
 - A Medicines Management representative
 - Director of Finance and Acute Commissioning/ nominated representative
 - Lay representative from the Governing Body/delegated representative
 - Head of Evidence Based Interventions
 - Director of Quality and Safety/nominated representative
 - When appropriate an expert in a specialist area
 - Administrative Support (non-voting)
- 3.2 One of the GPs will normally chair the meetings and will have a nominated deputy if unavailable. The panel retains the right to seek specialist advice where appropriate.
- 3.3 Patients and their representatives are not invited to attend these meetings, but are able to present their case by providing a letter, photographs or other supporting information.

4 QUORACY AND FREQUENCY OF MEETINGS

- 4.1 For a Panel meeting to be quorate, a GP and at least three other members

would need to be present.

- 4.2 The Panel will meet regularly, normally once per month, but at least every 2 months. These meetings will be arranged in advance at the beginning of each calendar year.
- 4.3 The Chair and the Evidence Based Interventions Deputy will draw up the Agenda. Agendas and papers will be circulated at least 3 working days in advance of each meeting.
- 4.4 Minutes of the Panel meetings shall be taken and shall record both the decisions taken and the basis on which these decisions have been reached. The Chair will take minutes of the meeting should administrative support be unavailable.

5 URGENT APPLICATION DECISIONS

- 5.1 The Commissioner recognises that there will be occasions when an urgent decision needs to be made to consider approving funding for treatment for an individual patient outside the Commissioner's normal policies. In such circumstances the Commissioner recognises that an urgent decision may have to be made before a panel can be convened. The following provisions apply to such a situation.
- 5.2 An urgent request is one which requires urgent consideration and a decision because the patient faces a substantial risk of significant harm or death if a decision is not made before the next scheduled meeting of the EBI Panel.
- 5.3 Urgency under this policy cannot arise as the result of a failure by the Clinical Team expeditiously to seek funding through the appropriate route and/or where the patient's legitimate expectations have been raised by a commitment being given by the NHS provider to provide a specific treatment to the patient. In such circumstances the Commissioner expects the NHS provider to go ahead with treatment at no cost to the Commissioner.
- 5.4 NHS providers must take all reasonable steps to minimise the need for urgent requests to be made through the EBI process. If clinicians from any NHS provider are considered by the Commissioner not to be taking all reasonable steps to minimise urgent requests to the EBI process, the Commissioner may refer the matter to the NHS provider Chief Executive.
- 5.6 Where an urgent decision needs to be made to authorise treatment for an individual patient outside the Commissioner's normal policies, and the panel cannot collectively reach a decision in the 5 day timeframe the

decision will be made by one of the senior staff delegated to make this decision (the Authorised Officers).

- 5.7 The Authorised officers who have been delegated in the team to make decisions within the team are:
- The Chair of the Evidence Based Interventions Panel
 - The Deputy Chair of the Evidence Based Interventions Panel
 - The Director of Quality and Safety
 - Head of Evidence Based Interventions
- 5.8 The Authorised Officer shall, as far as possible within the constraints of the urgent situation, follow the policy set out above in making the decision. The Authorised Officer shall consider the nature and severity of the patient's clinical condition and the time period within which the decision needs to be taken. The Authorised Officer shall collect as much information about both the patient's illness and the treatment as is feasible in the time available and shall consider the request for funding in accordance with relevant existing commissioning policies.
- 5.9 The Authorised Officer shall be entitled to reach the view that the decision is not of sufficient urgency or of sufficient importance that a decision needs to be made outside of the usual process.
- 5.10 The Authorised Officer shall be entitled to reach the view that the request is, properly analysed, and that where a request is for a service development and so should be refused and/or appropriately referred for policy consideration.
- 5.11 Where the Authorised Officer considers that there is sufficient time to consult members of the EBI Panel before making an urgent decision, the Authorised Officer shall do so and shall take any views into consideration before making a decision.
- 5.12 When an 'urgent' decision has been made this will be reported and recorded at the next Evidence Based Interventions panel meeting.

6 RESPONSIBILITIES

- 6.1 To consider and determine clinically-supported applications for Evidence Based Interventions funding based on evidence of exceptionality, in line with the Commissioner's Evidence Based Interventions Policy.
- 6.2 To ensure a consistent and equitable approach to Evidence Based Interventions requests.
- 6.3 To build up an overall understanding of cases that are being considered

and that may collectively represent a potential need for policy updates to be made, e.g. potential changes to access criteria, areas of potential need that may need to be considered as new service developments in the annual Prioritisation of Resources Process.

- 6.4 To attend Evidence Based Interventions Appeal Panels to provide details of the basis of decisions made, on behalf of the panel (usually undertaken by the public health or commissioning representatives)

7 GUIDING PRINCIPLES

- 7.1 All members must commit to regular attendance of the Panel, as continuity and balance of input to decision making is important. Suitably briefed nominated deputies should be identified where possible to ensure that the group is always quorate. Any substitutions need to be agreed by the panel as appropriate.
- 7.2 All Panel Members should declare any conflicts of interest, in line with appropriate CCG Policies. Any panel member with a conflict of interest will not be involved in the decision making in this case.
- 7.3 As a general rule, individual cases should be considered by the panel within six weeks of receiving full supporting evidence.
- 7.4 Meetings should encourage open, honest, and challenging debate. Decisions should be reached by consensus where possible. Where there is a difference of opinion, a majority decision will be made and this will be recorded in the minutes. In circumstances where there is no majority, the Chair shall have one additional casting vote.