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**Norfolk and Waveney Integrated Care Board**

**Clinical Policy Development Group**

**Terms of Reference**

# Background and context

The aim of NHS Norfolk & Waveney Integrated Care Board (N&W ICB) 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 N&W ICB 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.

When formulating, Norfolk and Waveney CPDG will take into account the criteria and thresholds as set out in the Evidence Based Interventions: Guidance for ICBs document first published by NHS England in November 2018.

# Process

The CPDG will use a systematic approach to clinical threshold policy development and review on behalf of N&W ICB (see figure 1 below)

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, Evidence Based Interventions Royal Colleges or similar national/international bodies
* Treatments identified for policy development by N&W ICB or regional bodies
* Benchmarking of activity produced by N&W ICB 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 N&W ICB.

The policy development and/or review will be led by CPDG and will include a collaborative review of evidence plus clinical engagement with local experts including writing a briefing paper and a draft policy. The feedback from clinical consultation will be collated by the administration team and shared with CPDG for discussion and the final draft policy.

Once the CPDG has approved the final draft of the policy, the CPDG administration team will then forward the policy to the relevant stakeholders for engagement, including clinical consultation and ratification by their Planned Care & Medicines Management Group.

When the policy is ratified, the policy will then be published 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.

# Membership and Chair

The membership will include N&W ICB, Public Health, secondary care and CPDG Administration representatives.

N&W ICB will nominate clinical and commissioning representatives.

Secondary care Trusts may provide a clinician alongside Trust management support.

Public Health will provide a Consultant and an Officer.

The CPDG Administration team will 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, NW ICB officers, clinicians.

# Frequency of the Meetings

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The CPDG will meet on a monthly basis.

Figure 1: Process for Clinical Threshold Policy Development -Approval

Develops and approves clinical threshold policies, stakeholder and clinical input

Sends policies and briefing papers to CPDG clinical review group explaining differences + finance/activity impact, Provider engagement (3 acute trusts, primary care).

Review comments received by providers and clinicians and amend policies as required

CPDG

N&W ICB Clinical Policy Admin Team

Following engagements CPDG admin team collate provider and clinician comments and pass back to CPDG for final view.

If policy **not** ratified at PC&MMG refer back to CPDG

CPDG

Provide paper for presentation at Planned Care & Meds Mgt Grp (PC&MMG)

N&W ICB Clinical Policy Admin Team

Policy Approval

Policy ratified at PC&MMG - Admin Clinical Policy Team notified

Providers advised of policy ratification – Link to Policy via Knowledge Management provided within contract – sign off not required.

Provider has 6 week period to operationally implement changes/new policy once notified of ratification

Commissioners, and Provider Management advised of Policy ratification

Request to Knowledge Management to update website

Implementation – within 5 working days

ICB Contracts Team

ICB Clinical Policy Team

Policy uploaded to Knowledge Management

**Date: November 2022**

**Review Date:**

**Policy updated to reflect transfer to N&W ICB July 2022**

**Reference**

<https://www.england.nhs.uk/wp-content/uploads/2018/11/ebi-statutory-guidance.pdf>