

Role Description: Lay Public Member of the Clinical Policy Committee of NEW Devon CCG and South Devon & Torbay CCG

Role:	Lay Public Member of the Clinical Policy Committee
Reports to:	Chair, Clinical Policy Committee
Mentored by:	Head of Clinical Effectiveness
Reimbursement:	Travel and agreed out-of-pocket expenses
Period of appointment:	2 years, or as agreed with the volunteer

1. Introduction

Clinical Policy Committee

Through the Clinical Policy Committee, Northern, Eastern and Western (NEW) Devon Clinical Commissioning Group (CCG) and South Devon and Torbay CCG work together to carry out their responsibilities for making local decisions about the funding of medicines and treatments in the NHS.

The Committee makes recommendations to the CCGs Governing Bodies, or appropriate groups with delegated authority, for approval following clinical discussion of the issues.

The Committee makes recommendations to members of the CCGs on whether specific treatments represent good value, appropriate, evidence based choices for adoption into primary care treatment plans via formularies and clinical management pathways.

The Committee comprises eight GPs with delegated executive authority from the CCGs to make commissioning recommendations (voting members) and ~10 advisory members representing Secondary care, Public Health, Patient Safety and Quality, Clinical Effectiveness and Medicines Optimisation, Contracting and Finance, and the Lay perspective. It is chaired by one of the GP voting members.

Clinical Policy Engagement and Consultation Panel

The Clinical Policy Engagement and Consultation Panel exists to support the CCGs in Devon to determine the need for any further engagement or formal public consultation on clinical policy recommendations made by the Clinical Policy Committee.

A formalised and proportionate approach to consistently consider wider public interest issues provides additional checks to proposals, particularly in the context of the increasingly challenging local financial context.

The panel routinely considers the wider public interest issues to determine the need for any further engagement or formal public consultation, prior to the CCGs taking a final decision on any policy recommendations.

This includes whether the reason for introducing the policy is plausible, whether the output addresses this intent, if the effects on individual patients and carers, the wider consequences on society and the opportunity cost have all been considered, and whether there is knowledge of public concern in relation to the disease and the specific intervention.

The panel comprises eight members from across both CCGs in Devon. The two Lay Public Members of the Clinical Policy Committee and the two Governing Body Lay Members with responsibility for Patients and Public issues are the voting members. They are supported by four members who hold no vote and assist in an advisory capacity, representing Engagement, Communications and Clinical Effectiveness. It is chaired by a Lay Public Member.

2. The Role

The role of Lay Public Member of the Clinical Policy Committee is a voluntary role and involves bringing an understanding of the necessity to balance the healthcare needs of specific patient groups with the requirement to resource a comprehensive health service.

Although their areas of expertise vary, all advisory members of the Clinical Policy Committee have equal status. A key role for Lay Public Members is to ensure that the broader public perspective informs the recommendations that the Committee makes.

The role will include:

- reading papers submitted to the Clinical Policy Committee and participating in Committee discussions;
- attending meetings of the Clinical Policy Committee and any project or working groups for which you volunteer;
- ensuring that the public interest is acknowledged and taken into account in Clinical Policy Committee discussions and when the Committee makes its recommendations;
- sitting on the Clinical Policy Engagement and Consultation Panel as a voting member, and being willing to chair the panel as required;
- taking an objective view, balancing fairness for patients with the condition and their carers, with the use of resources in the population as a whole;
- liaising with CCG Lay Member and Public/Community Representatives network/reference groups and supporting other members to do the same

3. Attributes and Competencies

Lay Public Members are not appointed to act as representatives of a particular organisation but may have experience within a patient or corporate organisation or team and of committee work. An understanding of issues relating to equalities is important.

No formal qualifications are necessary, but the following attributes and competencies are required:

- an understanding of the necessity to balance the healthcare needs of specific patient groups with the requirement to resource a comprehensive health service;
- the ability to advocate balance at decision-making level if there are tensions between patient-centeredness and other considerations;
- a commitment to ensuring that patient outcomes and benefits for patients and/or their carers are retained at the core of decision-making criteria;
- the ability to advocate transparency and openness in all Clinical Policy Committee and Clinical Policy Engagement and Consultation Panel business activities;
- the ability to articulate a balanced, not personal, view on patient and carer and public interest issues;
- the ability to understand the resource allocations and responsibilities devolved to NHS bodies;
- experience of and confidence to work with technical and complex data, and to assess and participate in (sometimes difficult) discussions relating to the commissioning of healthcare, often in the absence of conclusive evidence;
- willingness and confidence to work within formal committee arrangements;
- the time to attend and prepare for the Clinical Policy Committee and Clinical Policy Engagement and Consultation Panel meetings on a regular basis;
- the ability to attend Clinical Policy Committee meetings, usually 6 per year, based in Exeter and up to 3 hours duration;
- the ability to attend Clinical Policy Engagement and Consultation Panel meetings, usually 6 per year, held approximately 2-3 weeks after Clinical Policy Committee meetings, in Exeter or via teleconference and approximately 1 hours duration;
- the ability to communicate via email between meetings.

4. Reporting and supporting arrangements

The role reports to the Chair of the Clinical Policy Committee, and is supported by the Head of Clinical Effectiveness, NEW Devon CCG.

The committee secretariat will provide support to the Lay Public Member by:

- arranging an induction process for new Lay Public Members;
- supporting any specific communication needs required for participation e.g. hearing loop, large print etc.
- giving access to NHS training opportunities where relevant;
- payment of travel and carer replacement costs (please ask to see the CCG policy for more information and detail);
- providing Lay Public Members with relevant information to support their role.

5. Expenses

Expenses will be reimbursed as per the NHS NEW Devon CCG Expenses and Remuneration Policy to cover the cost of travel to meetings and other expenses, such as carer replacement costs. Agreed out of pocket expenses will be clearly defined and agreed between you and NHS NEW Devon CCG.

6. Declarations of Interest or Conflict of Interest

All members, secretariat, guests and clinical specialists are required to complete a declaration of interest prior to Clinical Policy Committee meetings. A record of declared interests is kept by the secretariat and full details are made publicly available in the minutes of the meeting.

All members of the Clinical Policy Engagement and Consultation Panel are also expected to complete a declaration of interest. A publicly available register is maintained. The panel notes whether any additions or amendments to this have been advised at each meeting or whether there are any specific interests to declare relating to the particular items for discussion at that meeting.

Should you foresee any potential conflict between this role and other roles you undertake, we ask that you disclose these and discuss them with your mentor or the committee secretariat. They will advise and if necessary seek guidance from the Chair.

7. Confidentiality

All documents and draft recommendations for commissioning decisions should be treated as strictly confidential, unless outlined as any different at the time of discussion. You may be asked to sign a confidentiality agreement if deemed necessary.

8. Dealing with the Media

All approaches directly from the media should be referred back to the Communications Lead representing NHS NEW Devon CCG.

9. Freedom of Information

Members of the Clinical Policy Committee should consider that created documents and comments on draft documents could be disclosed to the public. Marking documents as 'confidential' does not automatically mean they are exempt from disclosure as defined by the Data Protection Act.

10. Vicarious liability

Whilst you are carrying out this volunteering role, you will have the full protection of NEW Devon CCG. For other roles you undertake, we ask that you disclose these and discuss them with your designated supporting mentor. He or she will advise and if necessary seek guidance from the Accountable Chair.

11. Grievances

In the first instance, please discuss with your supporting mentor. If this is not comfortable for you, then talk to the Patient and Public Involvement Lead for NEW Devon CCG, who will assist you in resolving your grievance.

12. Review of Role Description

It is the responsibility of NHS NEW Devon CCG and the Clinical Policy Committee to routinely review this role description to ensure that it remains consistent and fit for purpose. The post holder will be asked to take part in the review.

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