



**Proposed revisions to
Clinical Reference
Groups:
Guide to 30 day
engagement period**

NHS England INFORMATION READER BOX**Directorate**

Medical	Commissioning Operations	Patients and Information
Nursing	Trans. & Corp. Ops.	Commissioning Strategy
Finance		

Publications Gateway Reference: 04706

Document Purpose	Consultations
Document Name	Proposed Revisions to Clinical Reference Groups
Author	NHS England, Specialised Commissioning
Publication Date	09 February 2016
Target Audience	Clinical Reference Group chairs and members, NHS England specialised commissioning staff, registered stakeholders of CRGs, Medical Royal Colleges, industry, patients, carers and other organisations with an interest in specialised commissioning
Additional Circulation List	
Description	This document sets out proposed changes to the way Clinical Reference Groups within specialised commissioning will operate and to their membership.
Cross Reference	N/A
Superseded Docs (if applicable)	N/A
Action Required	Feedback and comments on the proposals
Timing / Deadlines (if applicable)	Deadline for responses: 5pm on 10 March 2016
Contact Details for further information	Fraser Woodward Head of Communications (Specialised Commissioning) Area 3A, Skipton House 80 London Road SE1 6LH 0113 824 9734

Document Status

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the intranet.

Proposed revisions to Clinical Reference Groups in specialised commissioning

Version number: 1

First published: February 2016

Prepared by: Commissioning Operations (Specialised Commissioning)

Classification: OFFICIAL

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities

Contents

Contents	4
1. Background	5
2. Proposed Revisions.....	6
3. Internal Medicine NPOC	6
4. Cancer NPOC	7
5. Mental Health NPOC.....	7
6. Specialised Surgery, Trauma and Rehabilitation NPOC	7
7. Women and Children NPOC	8
8. Blood and Infection NPOC	8
9. Engagement process.....	8
10. Reporting on the engagement process and next steps.....	10

1. Background

- 1.1. NHS England is responsible for commissioning £14 billion of specialised services to meet a wide range of health and care needs. These include a range of services from renal dialysis and secure inpatient mental health services, through to treatments for rare cancers and life threatening genetic disorders.
- 1.2. Clinical advice and leadership is vital to the success of improving the commissioning of specialised services across the NHS.
- 1.3. Clinical Reference Groups (CRGs) are an integral part of this and bring together groups of clinicians, commissioners, public health experts, patients and carers. They use their specific knowledge and expertise to advise NHS England on the best ways that specialised services should be provided.
- 1.4. CRGs lead on the development of clinical commissioning policies, service specifications and quality dashboards. They also provide advice on innovation, conduct horizon scanning, advise on service reviews, identify areas of unexplained clinical variation and guide work to reduce variation and deliver value.
- 1.5. CRGs, through their Patient and Public Voice (PPV) members, also help ensure that any changes to the commissioning of specialised services are co-produced with and involve patients and the public.
- 1.6. All the CRGs, with the exception of the cross cutting medicines management CRG, are grouped around and report into, one of six National Programme of Care (NPOC). Further details on the current arrangements for CRGs and the NPOCs they are aligned to, can be found on the [NHS England website](#).
- 1.7. NHS England has listened to feedback from CRG members and wider stakeholders on how the current system is working through workshops for chairs and PPV members held over the past 18 months. We have also listened to feedback from CRG members and wider stakeholders through the [Investing in Specialised Services](#) public consultation in 2015.
- 1.8. As a result of this feedback and in order to ensure a greater alignment of clinical advisory structures across NHS England focussed on our agreed priorities and addressing the challenges set out in the [Five Year Forward View](#), NHS England is proposing to make some changes to the way CRGs operate and to their membership. The proposals build on the changes to the National Clinical Director roles recently announced.
- 1.9. We are now keen to hear the views of CRG chairs, members and wider stakeholders on the proposals and are embarking on a 30 day period of stakeholder engagement.

2. Proposed Revisions

- 2.1. Additional resources have been identified for CRGs to support the work of the groups. Budgets will be allocated for increased administration support, holding meetings, planning engagement events and forming working groups.
- 2.2. The CRG Chairs will become a formal NHS England appointment with remuneration at one Programmed Activity (four hours a week). A recruitment process will be launched refreshing the chair for each CRG. All current CRG Chairs will have the option of applying in competition with new applicants for a three year appointment. All chairs will be accountable to the National Programme of Care Clinical Lead.
- 2.3. Patient and Public Voice members of CRGs will be eligible for involvement payments in recognition of their contribution to the work of their CRG where they are not supported by an organisation. This brings the position for CRGs in line with other strategic PPV roles across specialised commissioning and will initially be subject to a maximum of four days a year per PPV member. Travel and subsistence expenses for PPV members will continue to be paid in line with existing [NHS England policy](#).
- 2.4. To ensure work dovetails with the revised operating model for specialised commissioning, NHS England will simplify the operation of CRGs. The clinical membership will be reduced from 14 'senate' clinical members to four regional clinical members, and PPV membership will change from four to two individuals. The affiliated membership, including organisations such as Colleges and Societies, will remain at up to four members.
- 2.5. All current clinical and PPV members have the option of applying in competition with new applicants for a three year appointment. The regional clinical members and affiliated members will continue to be supported by their organisations and will not be remunerated.
- 2.6. NHS England will continue to make use of sub groups and working groups to supplement the expertise of CRG members where further specialised expertise is required (for example when developing a clinical policy for a rare condition).

3. Internal Medicine NPOC

- 3.1. The Internal Medicine NPOC will focus its work over the next three years with eight clinical reference groups:
 - Specialised Respiratory expands to include cystic fibrosis.
 - Hepatobiliary and Pancreas.
 - Specialised Endocrinology.
 - Vascular Disease.
 - Cardiothoracic Services, brings together cardiology, cardiac surgery and pulmonary hypertension into a single group.

- Renal Services joins renal dialysis with renal transplantation.
- Specialised Colorectal Services.
- Dermatology and Rheumatology join as a single group

4. Cancer NPOC

4.1. The Cancer NPOC builds a new structure to align to the cancer strategy with five clinical reference groups:

- Radiotherapy. This CRG will include advice for proton beam services.
- Chemotherapy.
- Cancer surgery. This large new CRG will be aligned to the cancer strategy and bring together thoracic surgery, upper gastro-intestinal surgery, sarcoma, central nervous system tumours, specialised urology, and complex head and neck surgery. Working groups will be formed to support service developments.
- Cancer Diagnostics. This CRG brings a specialised focus to an important part of the cancer strategy. PET-CT will be included as a working group as part of this CRG. A stream of work will be built around molecular diagnostics.
- Children and Young People Cancer Services. This CRG brings together paediatric cancer services and teenage and young adult cancer.

5. Mental Health NPOC

5.1. The Mental Health NPOC will focus its work through five CRGs. National leads will be identified for deaf mental health and Tier 4 personality disorder services to support their continued national commissioning:

- Eating Disorders.
- Adult Secure Services. This CRG brings together adult secure services and adult low secure services.
- Children and Adolescent Mental Health Services (CAMHS). This CRG joins CAHMS Tier 4 and CAHMS secure together into one CRG.
- Perinatal Mental Health.
- Gender Identity Services.

6. Specialised Surgery, Trauma and Rehabilitation NPOC

6.1. The Trauma NPOC will focus its work through nine CRGs:

- Rehabilitation and Disability. This CRG brings together complex rehabilitation, spinal cord injury and complex disability equipment.
- Major Trauma expands to include burn care.
- Neurosurgery and Spine. This CRG joins neurosurgery and spinal surgery.
- Neurosciences.
- Adult Critical Care.

- Specialised Orthopaedics.
- Specialised Ophthalmology.
- Specialised Pain.
- Specialised Ear Surgery.

7. Women and Children NPOC

7.1. The Women and Children NPOC will focus its work through nine CRGs. Complex obstetrics will be considered as part of collaborative commissioning:

- Medical Genetics.
- Paediatric Surgery expands to include cleft lip and palate.
- Paediatric Medicine.
- Paediatric Neurosciences.
- Paediatric Cardiac Services.
- Metabolic Disorders.
- Paediatric Intensive Care.
- Neonatal Critical Care.
- Complex Gynaecological Services.

8. Blood and Infection NPOC

8.1. The Blood and Infection NPOC will focus its work through six CRGs:

- Blood and Marrow Transplantation.
- Haemophilia and other Bleeding Disorders.
- HIV.
- Infectious Diseases.
- Haemoglobinopathies.
- Specialised Immunology and Allergy.

9. Engagement process

9.1. NHS England is keen to hear the views of NHS England staff who support the work of CRGs; CRG chairs; clinical and PPV members of CRGs and wider stakeholders on these proposed revisions to CRGs.

9.2. The engagement period will run from Tuesday 9th February 2016 and close at 5pm on Thursday 10th March 2016.

9.3. To support the engagement process, NHS England will be holding a series of webinars (one for each National Programme of Care) to explain the proposed changes and to give CRG members and wider stakeholders an opportunity to comment on the changes and provide feedback. Details of the webinars and how to book a place are available on the events section of the [NHS England website](#).

- 9.4. Comments on the proposed changes can be submitted to NHS England through an online survey in the [NHS England consultation hub](#). Alternatively written submissions can be sent to:

Fraser Woodward
Head of Communications and Engagement
Specialised Commissioning
NHS England
Area 3A, Skipton House
80 London Road
London
SE1 6LH

If you require any help or assistance with your response or have any questions on the process, please call the communications and engagement team in specialised commissioning on 0113 824 9734 or email england.voice-crg@nhs.net

- 9.5. Engagement questions:

- I. Do you have any comments on the proposed revisions set out in section 2 of the engagement guide around the resourcing of CRGs, the remuneration of members or the number of members in each CRG?
- II. Do you have any comments on the proposed revisions set out in sections 3 – 8 of the engagement guide relating to the numbers and remit of the CRGs within each National Programme of Care?
- III. Are there any other changes or revisions that NHS England should consider to the role, function or membership of CRGs?
- IV. Please provide any comments that you may have about the potential impact on equality and health inequalities which might arise as a result of the proposed revisions that we have described?

- 9.6. Responses will be public documents and all, or any part of a response, may be put in the public domain. If it is necessary to refer to any confidential information in your response, it must be included in a separate document which is very clearly marked as confidential on each page. NHS England is governed by the Freedom of Information Act 2000 and Data Protection Act 1998. While we would seek to respect the confidentiality of any information provided, respondents should be aware that we may be obliged to release even confidential information under these Acts. You must therefore ensure that there is a clear lawful basis for submitting any confidential data.

- 9.7. NHS England will not be able to provide individual replies to any submissions unless they relate to the mechanics of accessing and responding to the engagement questions.

10. Reporting on the engagement process and next steps

- 10.1. Following the engagement period, NHS England will review all the feedback received via the online questionnaire and through the webinars. All relevant feedback will be considered and used to inform the implementation of the revisions to the CRGs. NHS England will produce a short report of the feedback received and ensure it is distributed to those that have taken part in this engagement process.
- 10.2. Subject to any changes that may need to be made to the proposals following engagement, it is NHS England's intention to run a recruitment process for the CRG chairs and PPV members in the spring of 2016.
- 10.3. NHS England will also review its registered stakeholder lists to ensure that registered stakeholders are aligned to the most appropriate CRG in the new structure.