Expert Working Group Terms of Reference
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Expert Working Group (EWG)
Terms of Reference

July 2016

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# Version History

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<th>Version</th>
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<tr>
<td>1.0</td>
<td>November 2015</td>
<td>Changes made following the three yearly clinical engagement review to include supporting NHS England and NHS Improvement on costing and national reimbursement</td>
<td>NCO</td>
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<td>1.2</td>
<td>April 2016</td>
<td>Changes made to the process of EWG Chair when there is more than one Clinical Lead representative within a single EWG</td>
<td>NCO and Clinical Chair of EWGs</td>
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<td>1.3</td>
<td>July 2016</td>
<td>Changes made to membership of the EWG to include relevant clinical specialisms have appropriate representation</td>
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1. Background

Healthcare Resource Groups (HRGs) are standardised groupings of clinically similar treatments which consume common levels of healthcare resource.

The National Casemix Office (NCO) develops and maintains dynamic casemix groupings, including HRG4 and HRG4+. The HRG classification itself has a two-fold remit:

- To support the Service in understanding the how and the why of care provided to patients; how local provision differs from that of others, via benchmarking, and the reasons behind different practice and provision; and to what extent services can be reconfigured to better meet current and future patient need.

- To support the Department of Health (DH), NHS England (NHSE) and NHS Improvement (NHSI, formerly Monitor) with regards to costing and national reimbursement. This enables the allocation of healthcare funding to reflect the complexities associated with patient mix and treatment across the NHS more effectively, as well as facilitating the establishment of national comparisons with regards to performance and efficiency.

The updated HRG4+ classification serves as a response to the changing clinical and organisational landscape, beginning to meet the requirements of specialised service policy and providers especially, as well as incorporating lessons learned from international experience and best practice.

HRG4+ enables accurate and consistent articulation of clinical, financial and political stakeholder requirements. The final phase was completed for inclusion in Reference Costs 2014/15.

2. Operational and Support Structure

The position of NCO Clinical Chair of EWGs will be elected by the Expert Working Group (EWG) clinical leads and will represent the National Casemix Office EWGs in policy and strategic forums.

Each EWG will have a designated clinical chair.

Each EWG will have a lead Casemix Design Consultant, and potentially other Casemix support where required. Administrative support will be provided at each meeting, where necessary.

Every three years we will carry out a review of our clinical engagement. This will allow us to re-affirm nomination of all clinical leads and revisit membership of the group. It also gives the Royal Colleges, Associations, Societies and professional bodies the opportunity to re-affirm their nomination or nominate new representation.

Following this review, if there is more than one clinical lead representation within a single EWG, the chair will be selected by EWG members at the first meeting, whether face-to-face or virtual. This will be the first order of business on the agenda.
3. **Primary aim of the Expert Working Group**

To develop casemix groupings, the NCO needs to obtain expert advice and guidance from a variety of professions within the Service. This involvement is fundamental in ensuring that the content of both existing and new casemix classifications not only reflects the full breadth of healthcare delivery, but also remains clinically and financially robust. The EWG will not only focus on providing specialist input to aid the NCO in the implementation phase of HRG4+, but will also act as a source of advice and consultation on questions received from the Service with regards to its use.

In addition, the EWG will advise on future evolutions of the casemix classification to support an expansion in scope and an improvement of the inter-operability of the classification itself.

4. **Objectives of the Expert Working Group**

- To ensure that the NCO is working in line with current and emerging clinical practice, utilising design ideas which are well-structured, fair and consistent;

- To advise on the enhancement of casemix classifications to a point where they:
  - Are technically robust
  - Fit-for-purpose in line with the principles of the Design Framework
  - Suitable for submission by the NCO to the Standardisation Committee for Care Information (SCCI)
  - Are in a position to be endorsed and supported by all relevant professional bodies;

- To assist in future developments regarding the use and implementation of clinical datasets to augment the casemix classification and support new models of service provision and integration;

- To provide expert help and advice to the NCO regarding:
  - Relevant aspects of casemix classifications that are being maintained or developed
  - Decisions relating to the revision and maintenance of existing HRGs and the creation of new ones
  - The resolution of outstanding queries concerning the use of HRGs
  - The development of an impartial, transparent and replicable performance appraisal mechanism for HRGs
  - The Service and policy impact of proposed changes to HRG design;

- To share ideas and good practice within the group and with the NCO.
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- To provide clinical advice to NHS England and NHS Improvement regarding the:
  - Reference Costs information used as a base input to the price-setting process for a specific financial year.
  - Relativities between proposed national prices for a specific financial year, to ensure that the price relativities between HRGs are reflective of the resources required to deliver care.

Where advice or information received from EWGs is used by NHS England or NHS Improvement to inform the performance of statutory functions, including the setting of national prices in the national tariff, such advice will not be attributed to individuals on an EWG and any such usage will remain the joint responsibility of NHS England and NHS Improvement.

5. Membership of the Working Group

This section will list members of the specific EWG.

The profile for a EWG is:

1. Clinical Chair of the EWG (also the Clinical Lead where only one exists, or nominated from the Clinical Leads within the EWG where multiple exist)

2. Clinical Lead for each speciality area (the EWG may cover more than one specialism so there may be multiple clinical leads within one EWG)

3. Clinicians nominated by the Clinical Leads

HSCIC NCO Casemix Design Consultant
HSCIC NCO secretariat support, where appropriate

The following may also be represented:

- NHS Finance Representative
- NHS Information Representative
- NHS Nursing Representative
- NHS Commissioning Representative
- NHS Clinical Coding Representative
- NHS Allied Health Professionals
- NHS Community Practitioners
- Policy Teams from national Health Organisations
Notes:

1. The Clinical Lead for each specialty area will be nominated by the appropriate Royal College, Society, Association or professional body.

2. It is the responsibility of the EWG chair to ensure that all relevant clinical specialisms have appropriate representation on the EWG. The NCO will support this process from an operational perspective, where required.

3. Where appropriate, clinicians may be designated as “virtual” members, who would not be expected to attend meetings but would receive all papers and have the opportunity to comment and input.

6. Conducting Business

The necessity/requirements for EWG engagement, via either face-to-face or virtual meetings, will be assessed on an individual basis for each group. Every effort will be made to minimise Service disruption.

Where meetings are necessary, members will be notified at least eight weeks in advance of the proposed meeting date.

In consultation with the Chair, agenda items and papers will be prepared by the NCO team and issued at least five working days prior to the meeting date.

Action points will be prepared by the NCO team and issued to the Chair for approval no longer than ten working days following the meeting, where required.

A quorum of at least three EWG members will be required for decisions to be made, where at least one clinician and three organisations are represented.

Where members are unable to attend meetings, deputies are acceptable. Alternatively, members may provide feedback to the NCO prior to the meeting. Where meetings are not quorate, or where consensus cannot be reached, decisions may be made following the meeting, virtually, or delegated to Clinical Leads for action.

As part of the business of the EWG, members will be sent or presented with data which may be sensitive (though not patient-identifiable). All e-mail communications are encrypted, and must in all cases be treated with the same level of security as other patient-related information. Low number suppression, in line with Hospital Episode Statistics (HES) protocols will be applied. All EWG members
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are bound by NHS Information Governance guidelines in relation to the handling of any sensitive data that they may receive.

It is the responsibility of the EWG members to ensure that the Chairs of any and all relevant Clinical Reference Groups (CRGs) are appraised of existing and planned Casemix Classification developments in their subchapters.

EWG members details will be published on the NCO website, including title, name, profession, place of work and professional body/association representation. Contact details will not be shared with any third parties without prior consent.

7. Resources

EWG members will be provided with claim forms and a copy of the HSCIC’s expenses policy for reimbursement of travelling expenses to and from meetings. Claims will be reimbursed in accordance with this policy.

Where a meeting is convened solely for the purpose of providing advice to NHS England or NHS Improvement then remuneration will be provided by NHS Improvement as per their reimbursement policy.

8. Conflicts of Interest

EWG members are required to declare all conflicts of interest at the start of each meeting. Whilst there are no firm criteria to determine a conflict of interest, there are guidelines. Undertaking work that appears to promote the interests or visibility of an EWG member, their family members, their employer, their associates, or their business or personal interests, places the member in a conflict of interest.

9. Review of the EWG Terms of Reference

The Terms of Reference for each EWG will be reviewed on a three yearly basis. Where appropriate, and in agreement with the NCO Clinical Chair of EWGs and respective EWG(s), supplementary amendments can be made within this timeframe to ensure that they remain as up to date as possible.