

CLINICAL COUNCIL

FOR EYE HEALTH COMMISSIONING

Clinical Council for Eye Health Commissioning

Terms of reference 2019

Purpose

To provide evidence-based national clinical leadership, advice and guidance to policy-makers and those commissioning and providing eye health and care services in England.

Role

To bring together the leading patient and professional bodies involved in eye health, the Council's role is strategic and advisory, focusing on priority issues related to the commissioning of eye health, social care and public health services. The Clinical Council's advice is based on the best evidence available and independent of any professional or commercial interests.

Main functions

To draw on the expertise of its members, singularly and collectively to:

- provide national, representative clinical leadership and advocacy for eye health and care;
- provide evidence-based advice and guidance to:
 - inform NHS policy and strategies for planning, commissioning and provision of eye health and care services
 - highlight systemic problems in the delivery of eye health and care services and priorities for solutions to address them
- work in partnership with commissioners, providers, government and NHS organisations, local authorities and patients to drive improvements in delivery and organisation of eye health and care services.

Membership

The Clinical Council will consist of representatives from the following Member Organisations

- Royal College of Ophthalmologists – 4 nominees
- College of Optometrists – 3 nominees
- Optical Confederation – 2 nominees to include a representative of the Local Optical Committee Support Unit (LOCSU)
- British and Irish Orthoptic Society – 1 nominee
- Royal College of General Practitioners – 1 nominee
- Royal College of Nursing (Ophthalmic Section) – 1 nominee
- Association of British Dispensing Opticians – 1 nominee
- Royal National Institute of Blind People – 1 nominee
- Vision UK – 1 nominee
- Faculty of Public Health – 1 nominee
- Association of Directors of Adult Social Services – 1 nominee
- International Glaucoma Association – 1 nominee
- Macular Society – 1 nominee

Attendees: NHS England – 3 representatives

The Clinical Council may co-opt members with additional expertise as required for specific tasks or contributions to deliver its main functions.

Term of Office

Clinical Council members are expected to serve for a period of two years, renewable at the discretion of the Member organisation, but with the expectation that they would plan to refresh their representation on Council after a maximum of three terms.

Each member organisation sets its own internal processes for selecting nominees who are able to contribute to the main functions of the Clinical Council.

Chair

Clinical Council members are eligible for election after serving one term (2 years). The Chair is elected by the Clinical Council members. The Chair shall serve for a term of two years which is renewable, subject to further nomination, for a maximum of two terms.

Vice-Chair

Clinical Council members are eligible for election after serving one term (2 years). The Vice-Chair is elected by the Clinical Council members. The Vice-Chair shall serve for a two-year term, which is renewable subject to further nomination for a maximum of two terms.

Working methods

The Clinical Council will operate through evidence-based consensus to ensure that its advice reflects the combined expertise of its constituent bodies.

The Clinical Council will endeavour to arrive at all decisions by unanimous agreement but when this is not possible, the view of the majority will prevail and will be adhered to by all members. Where differences arise, these shall be recorded in the meetings of meetings for transparency.

The Clinical Council shall meet a minimum of twice a year.

Governance and Accountability

Members of the Clinical Council are representatives of the body or sector which nominates them and responsible for reporting and accountability to that body/sector.

Member organisations to provide details on:

- Their internal arrangements for receiving and acting on reports from their representatives to the Clinical Council
- How Clinical Council functions, activity and outputs are incorporated into their operational processes, and disseminated to their professional membership.

Secretariat

The Royal College of Ophthalmologists and College of Optometrists to provide the secretariat for the Clinical Council by agreement between the two organisations.

Managing conflicts of interest

The Clinical Council will publish a conflicts of interest policy applying to both individuals and organisations. A register of members' interests to be maintained with a requirement for declarations of interest to be flagged prior to discussion on conflicted items.

Outputs

Members will agree a rolling twelve-month work programme of activities and desired outcomes, and progress will be reported on annually. In addition, the Clinical Council will respond to relevant issues as they arise or if asked to do so by NHS England, other NHS bodies, or the Department of Health and Social Care.

Fees and Expenses

Members are not paid fees. Expenses will be claimed from the nominating organisation in accordance with their own protocols in force at the time.

Review

These terms of Reference shall be reviewed in one year. Agreement on these being subject to the decision-making rules set out above.

Date: November 2018

Date of next review: November 2019