

**NHS SOMERSET
INTEGRATED CARE BOARD**

EVIDENCE BASED INTERVENTIONS (EBI) PANEL

TERMS OF REFERENCE (TOR)

Evidence Based Interventions (EBI) Panel Terms of Reference (TOR)

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DOCUMENT CHANGE HISTORY		
Version	Date	Comments
V1.4/1.5	2006/2007/2008	Review by ETC
V2d	May 2014	Review by the IFRP
V2e	April 2016	Review by the IFRP
V2f	September 2017	Review by the IFRP
V2g	November 2017	CEC approved name change to Evidenced Based Interventions Panel (EBI), CCG house styled, inclusion of Head of EBI
V2f	August 2022	Removed reference to SCCG, replace with ICB
V3b	November 2022	Review and Update of whole document
V4	October 2023	Replacement of Somerset logo
V4a	November 2023	Update wording for clinically urgent application under point 13
V4b	April 2024	Amendment of job title within section 4: Membership of Panel. Replacement of logos
V4b1	September 2024	Point 7 Quoracy inclusion of anonymised case notes
2425.v4c	January 2025	Annual review - removal of out-of-date links. Approved EBIP January 2025

1. Standard Operating Procedure Statement

NHS Somerset ICB will work, within available resources, to comply with the evidence-based interventions EBI guidance and individual funding requests IFR guidance as set out by NHSE.

[B2087-Standard-operating-procedures-individual-funding-requests-February-2023.pdf \(england.nhs.uk\)](#)

2. Equality and Health Inequalities Statement

The EBI Panel will have due regard to the NHS public sector equality and health inequalities duty act [Equality Act 2010: guidance - GOV.UK \(www.gov.uk\)](#)

3. Purpose of the Panel

The Evidence Based Interventions (EBI) Panel is a permanent sub-group of the NHS Somerset Integrated Care Board (ICB). The panel considers individual requests for commissioned and non-commissioned ICB interventions and treatments. All requests are considered in a fair, consistent, and transparent way, with decisions based on the available clinical evidence presented by the treating clinicians and in line with ICB commissioning principles.

4. Membership of the Panel

The Panel will consist of:

Chair	NHS Somerset ICB/ EBI Clinical Lead
Deputy Chair	GP NHS Somerset ICB
One or two Clinicians with general practice experience	Inclusive of the Chair and Deputy Chair
Public Health Consultant or nominated registrar	Somerset Council
Chief Pharmacist/ nominated representative	NHS Somerset ICB
Director of Contracting or nominated representative (Contracting Manager)	NHS Somerset ICB
Chief Nursing Officer Quality and Nursing or nominated representative	NHS Somerset ICB
Quality Improvement Patient and Public Voice member representative	NHS Somerset ICB
Head of Evidence Based Interventions	NHS Somerset EBI Team
Deputy Lead Evidence Based Interventions (non-voting) - responsible for ensuring that the panel is consistent in process and decision making and operates according to the Terms of Reference	NHS Somerset EBI Team
Administrative Support (non-voting) – responsible for panel meeting minutes and recording decisions undertaken by the panel	NHS Somerset ICB EBI Team
An expert in a specialist area	As and when appropriate

4.1 In attendance

For particularly complex cases, other individuals, with clinical, pharmacy or commissioning expertise and skills who are unconnected with the requesting provider, may also be invited to participate in a Panel meeting.

- Public Health trainees can contribute to the work of the EBI Panel as part of their training and attend panel meetings as non-voting members.
- A clinical member of the Panel will introduce the case to the other members of the panel.
- Clinical members of the EBI Panel who have had any clinical involvement with an individual case cannot be part of the Panel meeting for that request.
- The administrator will record the decision of the EBI Panel against each of the questions in the Decision Framework Document

5. Frequency

The EBI Panel will meet regularly, normally once per month, but at least every 2 months. These meetings will be arranged in advance at the beginning of each calendar year.

The Chair and the Evidence Based Interventions Deputy Lead will draw up the agenda.

Agendas and papers will be circulated at least 3 working days in advance of each meeting.

Minutes of the Panel meetings shall record both the decisions taken and shall note the clinical evidence viewed to reach a decision.

6. Voting Rights

EBI Panel members will seek to reach decisions by consensus where possible, but if a consensus cannot be achieved, decisions will be taken by a majority vote with each panel member present having an equal vote. If the panel is equally split, then the Chair of the Panel will have the Casting vote.

7. Quoracy

The Panel will be quorate if three of the core members, plus the Chair, are Present. The three should include a Deputy Director (or nominated representative) and one other clinical member.

8. Documentation

EBI cases will be entered onto the EBI service database by the administrator. It is the responsibility of the EBI Deputy Lead to manage all requests received and correspondence relating to each case as per the EBI commissioning policy.

9. Authority

The ICB grants the authority to the EBI panel to process Individual funding applications.

10. Accountability

The EBI panel is accountable to the Quality Committee of the ICB.

11. Reporting and Monitoring

The administrator will take minutes and record the decision of the EBI Panel against each case reviewed.

The EBI Deputy Lead will take minutes of the meeting should administrative support be unavailable.

12. Training and Support

All members of the EBI panel will undergo induction training to gain a clear understanding of the principles for EBI decision making and interpretation of clinical evidence and clinical exceptionality. Legal considerations and case law will be covered in brief.

All members will receive a decision-making framework doc. to support the principles for decision-making.

13. Clinically Urgent Applications

An application is considered urgent where a patient faces a substantial risk of significant harm or death if a decision is not made before the next scheduled meeting of the EBI Panel. Clinical urgency relates to clinical evidence supplied by the applicant.

All NHS providers must take all reasonable steps to minimise the need for urgent funding applications.

Clinical urgency to review an EBI funding application cannot arise as the result of a failure by the Clinical Team - where a patient's expectations to receive a specific treatment has been raised.

Where a clinical urgent decision needs to be made to authorise treatment for an individual patient outside of the Commissioner's normal policies, and the panel cannot collectively reach a decision in the 5-day timeframe, the decision will be made by one of the senior staff delegated to make this decision (the Authorised Officers).

The Authorised officers delegated to make decisions within the Panel are:

- The Chair of the Evidence Based Interventions Panel
- The Deputy Chair of the Evidence Based Interventions Panel
- Chief Pharmacist

The Authorised Officers shall, as far as possible and within the constraints of the clinical urgent situation, follow the terms of reference set out above in making the decision.

When a 'clinically urgent' decision has been made this will be reported and recorded at the next Evidence Based Interventions panel meeting.

14. Guiding Principles

- All members must commit to regular attendance of the Panel,
- Suitably briefed nominated deputies should be identified where possible to ensure that the group is always quorate.
- Meetings should encourage open, honest, and challenging debate. Decisions should be reached by consensus where possible. Where there is a difference of opinion, a majority decision will be made, and this will be recorded in the minutes. In circumstances where there is no majority, the Chair shall have one additional casting vote.

15. Review of Terms of Reference

The Terms of Reference of the Panel will be reviewed annually