

Clinical Council for Eye Health Commissioning

Terms of reference

Purpose

To act as the national clinical voice for eye health in England, advising commissioners, providers, clinicians and policy-makers in health, social care and public health on all matters related to improving the eye health of their populations.

Scope

Bringing together the leading patient and professional bodies involved in eye health, the Council will focus on priority issues related to the commissioning of eye health services, including social care and ophthalmic public health. The Council's advice will be based on the best evidence available and independent of any commercial interests.

Main functions

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

- provide the unified clinical voice for eye health;
- provide national clinical leadership for eye health;
- work in partnership with patients, commissioners, NHS networks, government and policy makers to drive improvements in eye care, co-produce eye care policy and understand the implications of health policies for eye care;
- highlight systemic problems in the delivery of eye health and work with partners on solving them.

Membership

The Council will consist of the following organisations/sector:

- Royal College of Ophthalmologists - 4 nominees
- College of Optometrists – 3 nominees
- Optical Confederation - 2 nominees to include a representative of the Local Optometric 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
- Third Sector (represented by the Royal National Institute of Blind People) - 1 nominee
- Vision 2020 UK – 1 nominee
- Faculty of Public Health – 1 nominee
- Association of Directors of Children's Services/ Association of Directors of Adult Social Services – 1 nominee

Alternates may on occasion attend meetings.

The Council will co-opt members with additional expertise as required.

Accountability

Unless co-opted as an expert adviser, members of the Council will be representatives of the body or sector which nominates them and should represent and report back to that body/sector.

Term of Office

Committee members will serve for a period of two years, renewable for a maximum of three terms. Each representative organisation will set its own internal processes for selecting nominees who are able to contribute to the main functions of the Council.

Chairman

The first Chairman will be nominated by the Royal College of Ophthalmologists, thereafter the Chairman will be voted for by the members. The Chairman shall serve for a period of two years, renewable for a maximum of three terms.

Working methods

The Council will work on evidence and operate by consensus and will ensure that its advice reflects the combined expertise of its constituent bodies.

The 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. However, the Council will always try to resolve any conflicts in an amicable way.

The membership of the Council has been determined to ensure that there is an appropriate weighting between various interests should any issue become the subject of a vote.

The Council will deliberate on issues that are common to all members of the Council. Any other matters eg specialised commissioning, will be managed outwith the scope of the Council by the appropriate organisation(s).

The Royal College of Ophthalmologists and College of Optometrists will provide the secretariat for the Committee by agreement between the two organisations.

Managing conflicts of interest

The Council will have a published conflicts of interest policy applying to both individuals and organisations. This will include a requirement for declarations of interest to be made clear on all items and a register of nominees' interests to be maintained.

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 Council will respond to relevant issues as they arise or if asked to do so by the NHS or Department of Health.

Fees and Expenses

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

Review

The Council will review its purpose, aims and outputs every three years (or more frequently if circumstances change) to consider whether its role is still relevant and, if so, the terms of reference will be reviewed/revised at the same time. The terms of reference are subject to the decision-making rules set out above.