

## Treatment Function Maintenance Group (TFMG) TERMS OF REFERENCE

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### 1. Primary Aim of the Group

To maintain the list of Treatment Functions, The Health and Social Care Information Centre (HSCIC) needs to obtain expert help from professionals working in relevant fields. The members of this group will work in healthcare capacities, from the Department of Health, specialist units of The HSCIC itself and from the Data Dictionary service of NHS Connecting for Health (CFH).

The TFMG will provide an independent review of candidate Treatment Functions to assess their suitability for inclusion on the list of Treatment Functions based on pre-existing acceptance criteria, on an annual basis, to align with the SUS release cycle.

### 2. Objectives of the Group

- To consider and approve new, or changes to existing, Treatment Functions. These may be the result of:
  - changes to the main specialty (resulting from changes to legislation)
  - policy initiatives e.g. Payment by Results (PbR)
  - requirements from NHS and other users.
- To suggest suitable codes.

### 3. Support Structure

The group will be chaired by a clinical expert and have an allocated person from the HSCIC SUS/HES Data Quality and Support Services team CDS Maintenance role working alongside them. Administrative support will be provided by SUS/HES Support Services.

The SUS/HES Data Quality and Support Services team is responsible for co-ordinating, facilitating and supporting the TFMG, including logging change requests from stakeholders and users, monitoring relevant legislation and submitting change requests to the TFMG for consideration, approval and suggestion of suitable codes. The SUS/HES Data Quality and Support Services team is also responsible for the submission of changes to ISB HaSC.

### 4. Membership

Membership of the group will be representative with at least a quarter of members being NHS frontline staff (for example 5 out of a group of 20), and incorporate a geographical spread.

To be in quorum, at least 6 members of the group must be present including the Chair or a Vice Chair and at least one NHS representative.

If an arranged meeting is not quorate, the meeting will still go ahead, provided that the Chair is present. Decisions will be made on a virtual basis, which would be confirmed at a later meeting in a quorum state.

It is the responsibility of participating organisations to ensure that they are adequately represented. Deputies may attend meetings as required.

## 5. Conducting business

The list of Treatment Functions will be reviewed and updated on an annual basis.

The necessity/ requirements for Group engagement, either actual or virtual, will be assessed on an individual basis and will be primarily dependent upon elements pertinent to amendments and maintenance.

There will be one annual meeting of the TFMG per year, with Leeds decided as the most suitable place for future meetings. Business will be conducted virtually by email/phone during the year.

Meeting dates will be notified at least 4 weeks (8 weeks if necessary and where Clinicians are involved) in advance of the proposed meeting date. In consultation with the Chair, agenda items and papers will be prepared by the HSCIC SUS/HES Data Quality and Support Services team. Papers will be circulated not less than 5 working days prior to the meeting date except in exceptional circumstances. Minutes and action points will be prepared by SUS/HES Data Quality and Support Services, and issued to the Chair for approval 5 working days after the meeting.

Proposed new Treatment Function codes will be submitted to the Treatment Function maintenance Group meeting with full named Policy Support, proposed TFC code, defined TFC name, defined TFC description, completed acceptance criteria feedback and either a completed standard clinical champion letter of support or a clinical champion attending the TFMG meeting.

The decisions of the Group will be reported, via the SUS/HES Data Quality and Support Services, to the Operational Management Team (OMT).