

TFMG – Treatment Function Maintenance Group - Terms of Reference

Information and technology
for better health and care

TERMS OF REFERENCE

1. Primary Aim of the Group

To maintain the list of Treatment Functions, NHS Digital needs to obtain expert help from professionals working in relevant fields. The members of this group will work in healthcare capacities, from the NHS England and NHS Improvement, specialist units of NHS Digital itself, including the NHS Data Model and Dictionary and Information Representation Services. The TFMG will provide an independent review of candidate Treatment Functions to assess their suitability for inclusion based on the 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 main specialties and professions (resulting from changes to legislation)
 - policy initiatives e.g. National Tariff Payments System
 - 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 NHS Digital SUS+/Secondary Care team in a Commissioning Data Sets (CDS) Maintenance role working alongside them.

Administrative support will be provided by SUS+/Secondary Care. The SUS+/Secondary Care 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+/ Secondary Care team is also responsible for the submission of changes to the Data Coordination Board (DCB).

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 will incorporate a geographical spread. To be in quorum, at least 6 members of the group must be present including the Chair or deputised individual, NHS Digital representative, NHS England and NHS Improvement representative 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 regularly in response to requests for change and normally updated to be synchronous with national classification changes, e.g. International Classification of Diseases (ICD).

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.

Business will be conducted virtually by the agreed Collaboration Tool during the year (currently MS Teams), with physical attendance at meetings (usually held in Leeds, Yorkshire) optional. Members will be notified of meeting dates at least 8 weeks in advance of the proposed meeting. In consultation with the Chair, agenda items and papers will be prepared by the NHS Digital SUS+/Secondary Care team. Papers should be circulated 5 working days prior to the meeting date except in exceptional circumstances. Minutes and action points should be prepared by SUS+/Secondary Care and issued to the Chair for approval 5 working days after the meeting.

Proposed new Treatment Functions will be submitted to the Treatment Function Maintenance Group meeting with full named Policy Support, proposed Treatment Function name, code and definition, and completed acceptance criteria feedback including a clinical champion letter of support. The TFMG encourages the attendance of a clinical champion at the TFMG meeting when a new Treatment Function is being proposed.

The Main Specialty list will be updated and referenced in the NHS Data Dictionary and usually this should be consistent with the Statutory Instrument.

Retirements of Treatment Functions and Main Specialties should normally be synchronised with the update cycle. However, impacts on time series analysis and the practicality of making updates to the submitted list in CDS should also be considered.

The decisions of the Group will input into [updates to the DCB0028 standard](#).