

Terms of Reference for Primary Care Commissioning Committee

1. Introduction

The Governing Body has established the NHS South Tees CCG Primary Care Commissioning Committee ('the Committee'). The Committee will function as a corporate decision making body for the management of the delegated functions and the exercise of the delegated powers in line with the NHS South Tees CCG's Constitution.

2. Statutory Framework

- a. The Committee will operate within the legal framework for NHS South Tees CCG. In accordance with its statutory powers under Section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions specified in Schedule 2 to these Terms of Reference to NHS South Tees CCG.
- b. Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.
- c. Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:
 - i. management of conflicts of interest (section 14O);
 - ii. duty to promote the NHS Constitution (section 14P);
 - iii. duty to exercise its functions effectively, efficiently and economically section 14Q);
 - iv. duty as to improvement in quality of services (section 14R);
 - v. duty in relation to quality of primary medical services (section 14S);
 - vi. duties as to reducing inequalities (section 14T);
 - vii. duty to promote the involvement of each patient (section 14U);
 - viii. duty as to patient choice (section 14V);
 - ix. duty as to promoting integration (section 14Z1);
 - x. public involvement and consultation (section 14Z2).
- d. The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those set out below:
 - i. duty to have regard to impact on services in certain areas (section 13O);
 - ii. duty as respects variation in provision of health services (section 13P)
- e. The Committee is established as a formal committee of the Governing Body in accordance with Schedule 1A of the NHS Act.

3. **Role of the Committee**

- a. The Committee has been established in accordance with the above statutory provisions to enable the members to, for example, make collective decisions on the review, planning and procurement of primary care services in the South Tees area, under delegated authority from NHS England.
- b. The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act, but may be extended subject to approval from the Governing Body.
- d. The Committee has delegated authority from the Governing Body to make decisions relating to primary care on its behalf. This authority extends to decisions that require expenditure/investment including those above £200k. All financial decisions must be in line with the primary care delegated budget, or other funds delegated by the Governing Body for a specific purpose.
- e. In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and the CCG which will sit alongside the delegation and terms of reference.
- f. The functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.

4. **Responsibilities**

The responsibilities of the Committee include the following:

- i. general practice commissioning;
- ii. decisions in relation to GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breach/remedial notices, and removing a contract);
- iii. decisions in relation to newly designed enhanced services ('Local Enhanced Services' and 'Direct Enhanced Services');
- iv. decisions in relation to local incentive schemes, including the design and implementation of such schemes;
- v. Decision making on whether to establish new GP practices in an area;
- vi. approving practice mergers and de-mergers, and
- vii. decisions on practice closures (in consultation with NHS England);
- viii. making decisions on 'discretionary' payment (eg. returner/retainer schemes).
- viii. general practice budget management;
- ix. planning primary medical care services, including carrying out needs assessments;

- x. undertaking reviews of primary medical care services;
- xi. responsibility for GP practice contract management and performance
- xii. decisions in relation to the management of poorly performing GP practices (excluding any decisions in relation to the performers list)
- xiii. decisions in relation to Premises Costs Directions Functions:
 - Making payments in relation to recurring premises costs (such as rent);
 - Premises developments or improvements.

4.1 The Chair of the Committee shall draw to the attention of the Governing Body any issues that require disclosure to the relevant statutory body, or require executive action.

5. **Geographical Coverage**

The Committee will undertake the function of commissioning primary medical services for the population of South Tees.

6. **Membership**

- a. The Committee shall have a lay/exec majority and will consist of:
 - 2 Lay Members (Committee Chair and Vice-Chair)
 - Chief Officer
 - Chief Finance Officer
 - Secondary Care Doctor
 - Executive Nurse (or nominated deputy)
 - Senior CCG Manager responsible for primary care commissioning
 - A minimum of one Governing Body GP (non-voting)
 - NHS England representative (non-voting)
- b. The role of Committee Chair and Committee Vice-Chair will be undertaken by a lay member/person.
- c. To ensure effective management of actual or potential conflicts of interest, GPs will withdraw from the meeting as requested to do so by the Chair of the Committee.
- d. Other CCG officers, employees, practice representatives and Commissioning support Unit officers may be invited to attend all or part of meetings of the Committee to provide advice or support particular discussions from time to time.
- e. A standing invitation will be made to specified partners in a non-voting capacity. This includes the meeting in public and in-committee meetings. Invitations will be made to:
 - HealthWatch representatives;
 - Middlesbrough Health and Wellbeing board representative;
 - Redcar and Cleveland Health and Wellbeing Board representative;
 - Local Medical Committee representative.

Those invited to attend will not be entitled to vote.

The membership will meet the requirements of NHS South Tees CCG's Constitution.

7. **Meetings and Voting**

- a. The Committee will operate in accordance with the CCG's Standing Orders insofar they relate to the:
- Notice of meetings;
 - Handling of meetings;
 - Agendas
 - Circulation of papers, and
 - Conflicts of interest.
- b. Each member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of members present but with the Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to reach a decision by a consensus agreement.

8. **Quorum**

The quorum would be 50% of the voting members of the Committee and must have a lay member/executive majority which includes:

- Chief Officer or Chief Finance Officer
- Executive Nurse (or Deputy) or Secondary Care Doctor.

9. **Frequency and operation of meetings**

- a. The Committee will aim to meet monthly, but no less than 4 times per year.
- b. Meetings of the Committee shall:
- i. be held in public (subject to the application of 9b(ii));
 - ii. the Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.
- c. Declarations of interest and declarations of any gifts & hospitality will be an agenda item at each meeting. All declarations of interest and gifts & hospitality and resulting actions will be recorded in the Minutes.
- d. Everyone attending a meeting will be required to declare any interest they have in any agenda item as soon as it becomes apparent. The Chair will determine whether the individual should withdraw from the meeting, the discussion and/or voting.
- e. Similarly, if another member of the Committee is aware of an interest that has not been declared by the conflicted individual, then this should be raised with the Committee Chair and appropriate action taken.
- f. Conflicts of interest should be declared and managed in accordance with the CCG's Standards of Business Conduct and Conflicts of Interest Policy. The definition of conflicts of interest is as defined by current statutory guidance.

- g. If in doubt, the individual concerned should assume that a potential conflict of interest exists and consult with the Head of Governance and/or the CCG's Conflicts of Interest Guardian.
- h. Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective vote.
- i. The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the CCG's Constitution.
- j. Members of, and those attending, the Committee shall respect confidentiality requirements as set out in the CCG's Standing Orders and Standards of Business Conduct Policy.
- k. The Committee will present its minutes to the CCG's Governing Body and to the NHS England (Cumbria & the North East sub region) for information and will also comply with any reporting requirements set out in the CCG Constitution.
- l. The Committee will make decisions within the bounds of its remit. The decisions of the Committee will be binding on the CCG and NHS England.
- l. The Committee will produce an executive summary report which will be presented to the Governing Body and NHS England no less than twice a year for information.

10. **Review of Terms of Reference**

These Terms of Reference will be formally reviewed on an annual basis, or as required reflecting experience from the Committee in fulfilling its functions or changes in guidance and/or legislation.

October 2015

Approved by NHSE December 2015

Governing Body review – March 2016

Governing Body review and approval– May 2016

Update to Committee – Col, financial delegation, in-committee involvement – 15.2.2017

Governing Body review – March 2017

Governing Body review – November 2017

NEXT REVIEW – November 2018

Schedule 1 – Delegation to the Committee

POLICY AREA	DELEGATION OF:	DELEGATED TO
Commissioning and contracting for clinical services	<p>Make decisions and approve actions in relation to the commissioning of primary care services; operating within the agreed Terms of Reference for the Committee.</p> <p>Financial delegation of primary care related expenditure including expenditure in excess of £200k. All financial decisions must be in line with the primary care delegated budget, or other funds delegated by the Governing Body for a specific purpose.</p>	Primary Care Commissioning Committee