

AGENDA ITEM NO: 6.0.

Meeting Title/Date:	Primary Care Commissioning Committee - 4 April 2019		
Report Title:	Primary Care Commissioning Committee Terms of Reference		
Paper Prepared By:	K Hudson	Date of Paper:	27 March 2019
Executive Sponsor:	K Parkinson	Responsible Manager:	K Hudson
Committees where Paper Previously Presented:	N/A		
Background Paper(s):	N/A		
Summary of Report:	The report provides a copy of the updated Terms of Reference for the Primary Care Commissioning Committee which is included within the CCG Constitution.		
Recommendation(s):	The Committee are asked to note the contents of the report.		
			Please Select Y/N
Identified Risks: (Record related Assurance Framework or Risk Register reference number)			N
Impact Assessment: (Including Health, Equality, Diversity and Human Rights)			N
Strategic Objective(s) Supported by this Paper:			Please Select (X)
Better Health - improve population health and wellbeing and reduce health inequalities			X
Better Care - improve individual outcomes, quality and experience of care			X
Delivered Sustainably - create an environment for motivated, happy staff and achieve our control total			X
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**NHS MORECAMBE BAY CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE OF THE
GOVERNING BODY
TERMS OF REFERENCE**

1.0. INTRODUCTION

- 1.1. On 1 May 2014, NHS England invited Clinical Commissioning Groups (CCGs) to submit expressions of interest to expand their role in primary medical care commissioning.
- 1.2. 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 within these Terms of Reference to NHS Morecambe Bay CCG.
- 1.3. NHS Morecambe Bay CCG has established the Primary Care Commissioning Committee (Committee) which will function as a corporate decision-making body for the management of the delegated functions and to exercise the delegated powers.
- 1.4. The Committee is a committee of the NHS Morecambe Bay CCG Governing Body in accordance with Schedule 1A of the NHS Act.

2.0. STATUTORY FRAMEWORK

- 2.1. The CCG will exercise the functions delegated by NHS England in accordance with the relevant provisions of section 13 of the NHS Act.
- 2.2. 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:
 - a) Management of conflicts of interest (section 14O);
 - b) Duty to promote the NHS Constitution (section 14P);
 - c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);
 - d) Duty as to improvement in quality of services (section 14R);
 - e) Duty in relation to quality of primary medical services (section 14S);
 - f) Duties as to reducing inequalities (section 14T).
 - g) Duty to promote the involvement of each patient (section 14U).
 - h) Duty as to patient choice (section 14V);
 - i) Duty as to promoting integration (section 14Z1);
 - j) Public involvement and consultation (section 14Z2).
- 2.3. The CCG will also need, in respect of the delegated functions from NHS England, to specifically exercise those set out below:

- a) Duty to have regard to impact on services in certain areas (section 130).
- b) Duty as respects variation in provision of health services (section 13P)

2.4 The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

3.0. **ROLE OF THE COMMITTEE**

3.1. 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. This includes the following:

- a) GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
- b) Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);
- c) Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- d) Decision making on whether to establish new GP practices in an area;
- e) Approving practice mergers; and
- f) Making decisions on ‘discretionary’ payment (e.g., returner/retainer schemes).

3.2. The CCG will also carry out the following activities:

- a) Engagement to enhance development and improvements
- b) To plan, including needs assessment, primary medical care services in the NHS Morecambe Bay CCG area;
- c) To undertake reviews of primary medical care services in the NHS Morecambe Bay CCG area;
- d) To co-ordinate a common approach to the commissioning of primary care services generally;
- e) To manage the budget for commissioning of primary medical care services in the NHS Morecambe Bay CCG area;
- f) Facilitate a culture of openness and probity around the local commissioning of GP services;
- g) Demonstrate that the CCG and member practices are acting fairly and transparently and that final commissioning decisions are made in ways that preserve the integrity of the decision making process;
- h) Receive CQC reports pertaining to GP practices commissioning services in the NHS Morecambe Bay CCG area, and receive assurance from the practice that any actions highlighted by the CQC are being addressed.

- 3.2. In performing its role, the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and NHS Morecambe Bay CCG, which will sit alongside the delegation and terms of reference.
- 3.3. 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.

4.0. **GEOGRAPHICAL COVERAGE**

- 4.1. The Committee will undertake the function of commissioning primary medical services for the NHS Morecambe Bay CCG geographic area.

5.0. **MEMBERSHIP**

- 5.1. The membership will meet the requirements of NHS Morecambe Bay CCG's constitution.
- 5.2. The Committee shall consist of the following voting members:
- Lay Member with responsibility for Patient and Public Involvement (Chair);
 - Lay Member with responsibility for Quality and Performance (Vice Chair);
 - Chief Officer;
 - Chief Finance Officer;
 - Chief Operating Officer;
 - Secondary Care Doctor for the CCG Governing Body;
 - Chief Nurse.
- 5.3. Additional non-voting invitations to the Committee will be made in the following cases:
- a) The CCG will identify an Executive GP, who will act as a non-voting Clinical Advisor to the Joint Committee;
 - b) A General Practice Representative
 - c) CCG Officers as required;
 - d) A representative from NHS England Lancashire & South Cumbria Area Team;
 - e) Healthwatch Lancashire;
 - f) Healthwatch Cumbria;
 - g) Health and Wellbeing Board Lancashire;
 - h) Health and Wellbeing Board Cumbria.
- 5.4. The Committee may call additional experts and representatives from other organisations to attend meetings on an ad hoc basis to inform discussions.
- 5.5. Deputies are acceptable by prior approval from the Chair.

6.0. MEETINGS

- 6.1. The Committee will operate in accordance with the CCG's Standing Orders insofar as they relate to the:
- a) Notice of meetings;
 - b) Handling of meetings;
 - c) Agendas;
 - d) Circulation of papers;
 - e) Conflicts of interest.
- 6.2. The Secretariat for the Committee will be provided by the Corporate Affairs Manager. The Corporate Affairs Manager will be responsible for:
- a) Giving notice of meetings;
 - b) Provision of an agenda and supporting papers to each member representative no later than 7 days before the date of the meeting. (When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he shall specify);
 - c) Circulate the minutes and action notes of the Committee with 3 working days of the meeting to all members;
 - d) Present the minutes and action notes to the Lancashire & South Cumbria Area Team of NHS England and the governing body of NHS Morecambe Bay CCG.
- 6.3. Meetings will be held at least quarterly. The Chair of the Committee may arrange extraordinary meetings at their discretion.
- 6.4. Meetings of the Committee shall:
- a) be held in public, subject to the application of 7.4(b);
 - b) 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.
- 6.5. 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 view.
- 6.6. 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 parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.

- 6.7. Members of the Committee shall respect confidentiality requirements as set out in the CCG's Standing Orders unless separate confidentiality requirements are set out for the Committee in which event these shall be observed.
- 6.8. The Committee will present its minutes to Lancashire & South Cumbria Area Team of NHS England and the governing body of Morecambe Bay CCG including the minutes of any sub-committees to which responsibilities are delegated.
- 6.9. The CCG will also comply with any reporting requirements set out in its constitution.

7.0. **VOTING**

- 7.1. 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 achieve consensus decision-making wherever possible.

8.0. **QUORUM**

- 8.1. In order for the Committee to be quorate, there must be at least 4 voting members present including a lay member.

9.0. **DECISIONS**

- 9.1. The Committee will make decisions within the bounds of its remit and in accordance with the Constitution, Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies approved by the Governing Body. Decisions may include, but are not restricted to:
 - a) Infrastructure funds;
 - b) Relocation costs;
 - c) Extended access schemes;
 - d) Enhanced contracts;
 - e) Primary care support schemes;
 - f) Boundary changes;
 - g) GP IT;
 - h) Procurements;
 - i) Savings and efficiency schemes, eg, prescribing.
- 9.2. The decisions of the Committee shall be binding on NHS England and NHS Morecambe Bay CCG.
- 9.3. The secretariat will produce an executive summary report which will be presented to the Lancashire & South Cumbria Area Team of NHS England and the governing body of NHS Morecambe Bay CCG at least annually.

9.4. Emergency Powers and Urgent Decisions – where an emergency or urgent decision needs to be executed in the period between the scheduled meetings, in agreement with the chair (or in their absence the vice chair) the following will be circulated to the committee:

- a) The details in respect of the decision required
- b) The response required and associated timescales
- c) Communicate the outcome with the committee members
- d) Seek the chairs (or vice chairs) approval to empower the named representative from the CCG to implement the action.

Where a consensus cannot be achieved through this process the casting vote will be with the committee chair.

All decisions will be reported to the Committee at its next meeting by the Chair (or Vice Chair) with a full explanation regarding:

- a) What the decision was
- b) Why it was deemed an emergency or urgent decision (required to be made in the period between the scheduled meetings)
- c) What was the majority view of the members of the committee
- d) How the decision was implemented

A record of the above will form part of the minutes of the next scheduled meeting, following the emergency powers/urgent decision being made.

10.0. **REVIEW OF TERMS OF REFERENCE**

10.1. It is envisaged that these Terms of Reference will be reviewed from time to time, reflecting experience of the Committee in fulfilling its functions. NHS England may also issue revised model terms of reference from time to time.

11.0. **LOCAL MEDICAL COMMITTEE**

11.1. The Committee recognises the Local Medical Committee as the representative body which represents GPs and Practices in relation to the provision of primary care services.

11.2. The CCG will consult with the Local Medical Committee (or a Practice's nominated representative) on contractual matters which affect the provision of services by GPs and Practices.