

Primary Care Commissioning Sub Committee

Terms of Reference

Version Control

Version Number	Issued to	Date	Comments
0.1	Primary Care Quality Improvement Group	08.10.18	PCQIG TORs amended to reflect Level 3 Delegated Commissioning

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1. Introduction

The Primary Care Commissioning Sub Committee, hereafter referred to as the 'Sub Committee', is established in accordance with Morecambe Bay CCG's constitution, standing orders and scheme of delegation.

These terms of reference set out the membership, remit responsibilities and reporting requirements of the committee and shall have effect as if incorporated into the clinical commissioning groups constitution and standing orders.

2. Purpose and Objectives

Under delegated authority from the Primary Care Commissioning Committee the Sub Committee will:

- a) Manage, in line with level 3 commissioning, the GMS, PMS and APMS contracts. This will include:
 - The review and monitoring of these contracts;
 - Recommend contractual action such as issuing breach/remedial notices, and termination of a contract to Primary Care Commissioning Committee;
 - Implement and monitor newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services");
 - Implement, in line with national guidance, decisions made by the Primary Care Commissioning Committee in relation to establishing new GP practices, list dispersals and practice mergers;
 - Recommend and implement appropriate engagement and communications activity associated with any contract changes.
- b) Oversee the performance of primary care providers (initially General Practice) and provide metric by which to measure quality and performance at practice, locality/ICC and CCG level.
- c) Monitor the delivery of the Morecambe Bay Primary Care Strategy.
- d) Monitor and maintain overview of quality issues and trends in quality issues relating to primary care provision. The Sub Committee will link with the CCG Quality Improvement Committee to ensure that primary care quality information is shared with the wider organisation.
- e) Monitor practice/PCN/ICC level performance in line with primary care locally commissioned services.
- f) Identify areas of high quality provision and performance and provide high level reporting to the Primary Care Commissioning Committee.
- g) The Sub Committee will be responsible for the triangulation of data and information relating to primary care provision.
- h) Oversee the Work Programmes of the CCG Primary Care Commissioning Team
- i) Develop, oversee implementation and monitor a localised primary care performance dashboard/tool

- j) Make decisions on what is acceptable primary care performance and what is classified as primary care underperformance
- k) Monitor and review available quality indicators for Primary Care including Aristotle data, NHSE Primary Care Tool, CSU Primary Care Dashboard and decide as to how any underperformance in terms of quality will be addressed.
- l) Monitor the progress and outcomes of actions taken by primary care providers following quality assurance and improvement visits by the CQC and / or CCG.
- m) Monitor implementation plans and progress of active primary care estates projects across Morecambe Bay CCG area;
- n) Maintain oversight of digital technology application availability and ensure support given to full Bay wide usage.
- o) Maintain oversight of national, regional and local innovation and transformation projects which may impact upon primary care.

The committee will conduct its business in accordance with national guidelines and the Nolan principles of public life. The committee will review its own performance, terms of reference and membership. Any resulting changes to the terms of reference should be approved by the Primary Care Commissioning Committee.

3. Membership, Quoracy and Operation of Meeting

The Sub Committee shall operate as a sub-committee of the Primary Care Commissioning Committee. Members of the Sub Committee will attend in the capacity of their commissioning role within the CCG, where applicable.

The Sub Committee will adhere to the CCG conflicts of interest policy and processes. This will include the request for GPs to leave the room for decisions that may affect General Practice, although GPs will be able to remain in the room for conversations prior to decision. All agenda items where conflicts of interest are applicable will be managed by the vice chair who will act as chair for these items.

The membership shall comprise:

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- MBCCG GP Clinical Executive for Quality (chair)
- MBCCG Head of Primary Care (vice chair)
- GP Alliance representative(s)
- MBCCG Medicines Management representative
- MBCCG Primary Care Commissioning Manager(s)
- MBCCG Quality and Safeguarding representative
- MBCCG Business Intelligence representative
- MBCCG Senior Manager, ICCs and Community Services Development

In attendance:

The Sub Committee may co-opt or seek advice from other representatives/expertise as appropriate and deemed necessary. For example:

- MBCCG GP Practice / ICC representative(s)
- NHS England Primary Care Team
- Local Dental Committee representative
- Local Optical Committee representative
- Local Medical Committee representative
- Local Pharmaceutical Committee representative
- Care Sector representative
- Public Health representative
- Bay Health & Care Partner Representative
- Third sector
- Healthwatch representative

Deputies must be fully briefed and hold the represented members full delegated authority.

Chair of the Sub Committee to be the MBCCG GP Clinical Executive for Quality. The Vice Chair is to be a non-clinical member of CCG in order to manage decisions where clinicians are conflicted.

Further members may be co-opted on a time limited basis as necessary.

The Group shall establish any necessary task and finish groups to progress the duties of the Group.

Quorum

The group will be quorate when at least half of the membership is in attendance including the Chair or Vice Chair and a representative of the GP Alliance.

4. Frequency of Meetings

Meetings shall be held on a monthly basis with extraordinary meetings being called by the Chair if required.

An agenda will be prepared for each meeting and normally sent out 5 working days prior to the meeting. An action log will be kept and updated at each meeting.

Where required task and finish groups will be created to support and deliver key projects as needed.

5. Reporting Arrangements and Accountability

The Sub Committee will report directly to the Primary Care Commissioning Committee and a summary of Sub Committee meeting content will be shared with the Primary Care Commissioning Committee on a quarterly basis.

The Sub Committee will be responsible for monitoring and highlighting high level risks and issues in relation to quality and safety of care in primary care to the MBCCG Primary Care Commissioning Committee and CCG Executive Group as appropriate. This may include sharing of minutes and / or provision of routine reports.

Any recommendation made by the Sub Committee will be shared with the CCG Executive Team for support prior to submission to Primary Care Commissioning Committee for approval.

6. Conflicts of Interest

An up to date register of members' interest will be retained.

Members will be expected to declare any conflicts of interest relating to agenda items at all meetings and the Chair will determine how any conflict will be handled in line with CCG guidelines.

7. Decisions

The Committee will make decisions within the bounds of its remit.

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 virtually:

- 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 agreed action

Where a consensus cannot be achieved through the process the casting vote will be with the Sub Committee chair. All decisions will be reported to the Sub 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 sub 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.

8. Scheme of Delegation

The Sub Committee is accountable to the Primary Care Commissioning Committee. The Sub Committee is able to make recommendations to the Commissioning Committee, CCG Executive Team and Governing Body in relation to Primary Care Commissioning Funding. There is currently no delegated budgetary responsibility for the Sub Committee.

9. Review Date

The Terms of Reference for the Morecambe Bay CCG Primary Care Commissioning Sub Committee will be reviewed on an annual basis or as requested by the Primary Care Commissioning Committee.

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