

Primary Care Commissioning Committee

Terms of Reference

1.0 INTRODUCTION

- 1.1 Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting CCGs to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary medical care commissioning functions. One option available was that NHS England would delegate the exercise of certain specified primary care commissioning functions to a CCG.
- 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 in Schedule 2 to these Terms of Reference to NHS Portsmouth CCG. The delegation is set out in Schedule 1.
- 1.3 The CCG has established the NHS Portsmouth CCG Primary Care Commissioning Committee ("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.
- 1.4 It is a committee comprising voting representatives of the following organisations:
 - NHS Portsmouth CCG

With invites to be in attendance (non-voting) from:

- NHS Portsmouth CCG
- Portsmouth City Council
- Healthwatch Portsmouth

2.0 STATUTORY FRAMEWORK

- 2.1 NHS England has delegated to the CCG authority to exercise the primary care commissioning functions set out in Schedule 2 in accordance with section 13Z of the NHS Act.
- 2.2 Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between the NHS England Board and the CCG.
- 2.3 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:

- Management of conflicts of interest (section 14O);
- Duty to promote the NHS Constitution (section 14P);
- Duty to exercise its functions effectively, efficiently and economically (section 14Q);
- Duty as to improvement in quality of services (section 14R);
- Duty in relation to quality of primary medical services (section 14S);
- Duties as to reducing inequalities (section 14T);
- Duty to promote the involvement of each patient (section 14U);
- Duty as to patient choice (section 14V);
- Duty as to promoting integration (section 14Z1);
- Public involvement and consultation (section 14Z2).

2.4 The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those set out below:

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

2.5 The Committee is established as a committee of the Governing Board of NHS Portsmouth CCG in accordance with Schedule 1A of the “NHS Act”.

2.6 The members of the CCG and its Governing Board acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

2.7 The CCG has entered into a Delegation Agreement with NHS England setting out obligations upon the CCG in respect of the exercise of the delegated functions (“Delegation Agreement”). One such obligation is for the CCG to establish a committee to exercise the delegated functions (clause 7.3 of the Delegation Agreement), and the establishment of this Committee discharges that obligation.

3.0 RESPONSIBILITIES

3.1 The Committee has been established in accordance with the above statutory provisions to enable the members to make decisions on the review, planning and procurement of primary care services in Portsmouth under delegated authority from NHS England. Decisions will be made within the context of the overall commissioning strategy of NHS Portsmouth CCG.

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 Portsmouth 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.

3.4 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.

3.5 This includes the following:

- 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);
- Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers; and
- Making decisions on ‘discretionary’ payment (e.g., returner/retainer schemes).

3.6 The CCG will also carry out the following activities:

- a) To undertake strategic planning, (including local needs assessment) of primary medical care services in Portsmouth and the identification of key objectives for delivery
- b) To ensure meaningful engagement of patients and the public in decision making
- c) To undertake reviews of primary medical care services in Portsmouth
- d) To co-ordinate a common approach to the commissioning of primary care services
- e) The development and investment in primary care services as a core CCG responsibility, affording primary care equal weighting with other sectors
- f) To ensure access to consistently high quality care, with improved health outcomes, equity of access and reduced health inequalities
- g) To manage the budget for commissioning of primary medical care services in Portsmouth
- h) Will work directly with the Clinical Strategy Committee to integrate primary care matters into the CCGs planning processes as appropriate

4.0 GEOGRAPHICAL COVERAGE

4.1 The Committee will comprise the area of NHS Portsmouth CCG as defined in the CCG’s Constitution.

5.0 MEMBERSHIP

5.1 The Committee shall comprise of the following voting members:

- Three lay member representatives from the Governing Board
 - One registered nurse lay representative from the Governing Board
 - One secondary care specialist doctor lay representative from the Governing Board
 - Chief finance officer
 - Chief operating officer
 - Chief strategic officer
 - Director of Primary care
 - Clinical Executive lead for Primary Care
- 5.2 The Chair of the Committee shall be the lay member with responsibility for primary care
- 5.3 The Vice Chair of the Committee shall be a lay representative from the Governing Board (clinical or non-clinical)
- 5.4 In addition the following will be invited to the meeting as non-voting attendees:
- Director of Quality and Commissioning
 - Clinical Executives from the Governing Board
 - Practice Managers Representative from the Governing Board
 - Director of Public Health, Portsmouth City Council
 - Chief Executive, Portsmouth City Council
- 5.5 A standing invitation will be offered to a member of Healthwatch in a non-voting capacity. It is recognised that they may choose not to attend.
- 5.6 In addition, the Chair reserves the right to invite other clinical members and non-clinical officers of the CCG (including those hosted by other organisations providing services to it e.g. other CCGs, Local Authority or CSU) to attend the meeting as required to provide expert Clinical and/or non-clinical advice/input to the Committee as required. These attendees will be non-voting.
- 5.7 The CCG will notify NHS England of all Committee meetings at least seven days in advance of such meetings and representatives from NHS England will be entitled to attend at their discretion. This is an obligation upon the CCG under the Delegation Agreement (clause 9.3).

6.0 MEETINGS AND VOTING

- 6.1 The Committee will operate in accordance with the CCG's Standing Orders. The Secretary to the Committee will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than 5 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.

- 6.2 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.
- 6.3 The Committee will operate in accordance with the CCGs Standard of Business Conduct Policy including in respect of conflicts of interest management.
- 6.4 In line with the Standards of Business Conduct Policy where a member (either voting or in attendance) has a potential conflict of interest then the chair of the meeting will determine whether they can remain the meeting and whether they are therefore excluded from decisions only or discussions as well for the specific item of business being transacted.

7.0 QUORUM

- 7.1 The quorum for a meeting of the Committee shall be four members, and must include at least one lay member.
- 7.2 The committee must be quorate when any decisions are made or any votes taken.

8.0 FREQUENCY OF MEETINGS

- 8.1 The meetings of the Committee shall be held at least four times per annum and shall be open to the public. Additional meetings of the Committee may be held on an exceptional basis at the request of the Chair, supported by two members of the Committee.
- 8.2 Meetings of the Committee shall:
- a) be held in public, subject to the application of 23(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.
- 8.3 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.

- 8.4 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..
- 8.5 The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.
- 8.6 Members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution
- 8.7 The Committee will present its minutes to NHS England (Wessex) and the Governing Board of NHS Portsmouth CCG following each meeting for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 8.4 above.
- 8.8 The CCG will also comply with any reporting requirements set out in its constitution.
- 8.9 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.

9.0 ACCOUNTABILITY OF THE COMMITTEE

- 9.1 The Committee, on behalf of the Governing Body will make recommendations for the annual Primary Care budgets. The budgets will be approved by the Governing Board.
- 9.2 Decisions will be made in accordance with the CCGs' Scheme of Delegation.
- 9.3 For the avoidance of doubt, in the event of any conflict between the Terms of Reference of this Committee and the Standing Orders and Prime Financial Policies of the CCG, the latter will prevail.
- 9.4 The Committee shall have due regard to the legal responsibilities of the CCG:
- As set out in paragraph 2.3 and;
 - The duties under the Equality Act 2010, including those relating to the public sector equality duty.

10.0 PROCUREMENT OF AGREED SERVICES

- 10.1 The detailed arrangements for procurement of agreed services are set out in the Delegation Agreement.

11.0 DECISIONS

- 11.1 The Committee will make decisions within the bounds of its remit.
- 11.2 The decisions of the Committee shall be binding on NHS England and NHS Portsmouth CCG.
- 11.3 The Committee will produce an executive summary report which will be presented to NHS England – South (Wessex) and the Governing Board of NHS Portsmouth CCG at each meeting for information.

This version approved by:	Governing Board
Date Approved:	20 January 2016
Next Review due:	3 years

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Schedule 1: Scheme of Delegation

Available on request

Schedule 2: Delegated Commissioning Functions

Delegated commissioning functions are as follows:

- 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);
- Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers; and
- Making decisions on ‘discretionary’ payment (e.g., returner/retainer schemes).

Delegated commissioning arrangements exclude individual GP performance management (medical performers’ list for GPs, appraisal and revalidation). NHS England will retain responsibility for the administration of payments and list management.

Schedule 3: List of members – Primary Care Commissioning Committee

The Committee shall comprise of the following voting members:

- Three lay member representatives from the Governing Board
- One registered nurse lay representative from the Governing Board
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