

## Primary Care Commissioning Committee

### Terms of Reference

#### Introduction

1. 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 South Lincolnshire CCG. The delegation is set out in Schedule 1.
2. As such the Clinical Commissioning Group has established the South Lincolnshire 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.
3. It is a Committee comprising representatives of the following organisations:
  - South Lincolnshire CCG

It is supported by representatives from the following organisations:

- Central Midlands Local Team NHS England
- Lincolnshire County Council
- Healthwatch
- Lincolnshire Health and Wellbeing Board

#### Statutory Framework

4. 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.
5. Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between the Board and the CCG.
6. 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).

7. 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).
8. The Committee is established as a Committee of the Governing Body of South Lincolnshire CCG in accordance with Schedule 1A of the “NHS Act”.
9. The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

### **Role of the Committee**

10. The Committee has been established in accordance with the above statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary care services in South Lincolnshire, under delegated authority from NHS England.
11. In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and South Lincolnshire CCG, which will sit alongside the delegation and terms of reference.
12. 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.
13. 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.
14. 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).
15. The CCG will also carry out the following activities:
  - To plan, including needs assessment, primary medical care services.
  - To undertake reviews of primary medical care services;
  - To co-ordinate a common approach to the commissioning of primary care services;
  - To manage the budget for commissioning of primary medical care services;
  - To develop and implement integrated commissioning across acute, community and social care services;
  - To develop and continuously improve the quality of commissioned primary medical services;
  - To develop local incentives schemes (as an alternative to QoF) to adapt the primary medical care ‘service offer’ to the needs of local patients;
  - To develop and support ‘vulnerable GP practices’ to ensure the continuity of services to the local population;

- To develop and implement primary care commissioning intentions which address inequalities within the registered and non-registered population;
- To plan and develop the primary care workforce;
- To develop and implement primary care commissioning intentions to prepare primary care to deliver the NHS Five Year Forward View through the Lincolnshire Health and Care review;
- To develop and implement primary care commissioning intentions to deliver the operational plans of the CCG and strategic plans of the relevant 'Unit of Planning' for Lincolnshire;
- To develop federated/network/collaborative arrangements as required to support the health needs of the population and the continuity of primary medical services;
- To develop and implement primary care commissioning intentions to strengthen population-wide prevention, promote self-care and improve access to healthy lifestyle services;
- To develop and commission a wider range of community based multi-specialty services which provide episodic care to the local population;
- To work collaboratively with the Central Midlands Local Team of NHS England to maintain the stability of the AT Direct Commissioning function during 2017/18.

### **Geographical Coverage**

16. The Committee will comprise the area of South Lincolnshire CCG, as defined within the CCG's Constitution.

### **Membership**

17. The Committee shall consist of:

- CCG Three Lay Members (voting)
- CCG Chief Officer (voting)
- CCG Chief Finance Officer (voting)
- CCG Director of Nursing (voting)
- CCG Chief Commissioning Officer (voting)
- CCG Secondary Care Doctor (voting)

In attendance:

- Local Authority Representative from the Health and Wellbeing Board (non-voting)
- Healthwatch Representative (non-voting)
- NHS England Representative (non-voting)

18. The Chair of the Committee shall be the CCG Lay Member, Finance and Primary Care Commissioning.

19. The Vice Chair of the Committee shall be the Lay Member, Patient and Public Involvement.

### **Meetings and Voting**

20. The Committee will operate in accordance with the CCG's Standing Orders. The CCG Corporate Secretary 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 five 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.

21. 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.

22. Members who cannot attend should send a named deputy. Deputies will have the decision-making and voting rights of the person he/she is representing.

### **Quorum**

23. The Quorum shall be a majority of Lay and Executive members in attendance with eligibility to vote (where lay refers to non-clinical).

### **Frequency of meetings**

24. The Committee shall usually meet on a bi-monthly basis.
25. 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.
26. 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.
27. 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.
28. The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.
29. Members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution and Standing Orders.
30. The Committee will present its minutes to Central Midlands Local Team NHS England and the Governing Body of South Lincolnshire CCG each month for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 33 above.
31. The CCG will also comply with any reporting requirements set out in its Constitution.

### **Accountability of the Committee**

32. The Primary Care Commissioning Committee is a Committee of the Governing Body and is accountable for making decisions on review, planning and procurement of primary care services in South Lincolnshire, under delegated authority to the CCG from NHS England.
33. For the avoidance of doubt, in the event of any conflict between the terms of the Delegation and Terms of Reference and the Standing Orders or Prime Financial Policies of any of the members, the Delegation will prevail."

## **Procurement of Agreed Services**

34. The CCG will make procurement decisions as relevant to the exercise of its delegated authority and in accordance with the detailed arrangements regarding procurement set out in the Delegation Agreement.

## **Decisions**

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

36. The decisions of the Committee shall be binding on NHS England and South Lincolnshire CCG.

37. The Committee will produce an executive summary report, which will be presented to Central Midlands Local Team of NHS England and the Governing Body of South Lincolnshire CCG for information.

Updated October 2017

Date approved: .....

Approved by: .....

Date for next review: Six months from date of approval or as and when determined to be appropriate by the Chair of the Committee.

## **Schedule 1: Scheme of Delegation**

**As set out in the CCG's Constitution – Appendix D Scheme of Reservation and Delegation of Powers**

## **Schedule 2: Delegated Commissioning Functions**

- 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 GP performance management (medical performers’ list for GPs, appraisal and revalidation). NHS England retains responsibility for the administration of payments and list management.

## **Schedule 3: List of Members – Primary Care Commissioning Committee**

The Committee shall consist of:

- CCG Three Lay Members (voting)
- CCG Chief Officer (voting)
- CCG Chief Finance Officer (voting)
- CCG Director of Nursing (voting)
- CCG Chief Commissioning Officer (voting)
- CCG Secondary Care Doctor (voting)

In attendance:

- Local Authority Representative from the Health and Wellbeing Board (non-voting)
- Healthwatch Representative (non-voting)
- NHS England Representative (non-voting)

The Chair of the Committee shall be the CCG Lay Member, Finance and Primary Care Commissioning.

The Vice Chair of the Committee shall be the Lay Member, Patient and Public Involvement.