

## Primary Care Committee

### Terms of Reference

<b>Version</b>	2
<b>Implementation Date</b>	19 <sup>th</sup> January 2017
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<b>Approved By</b>	Primary Care Committee
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## **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 1 to these Terms of Reference to NHS St Helens CCG. Schedule 2 outlines those functions currently reserved for NHS England.
2. The CCG has established the Primary Care Committee which will function as the corporate decision making committee for the management of the delegated functions and the exercise of the delegated powers.

## **STATUTORY FRAMEWORK**

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:
  - 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).

4. The CCG will, 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).

## **ROLE OF THE COMMITTEE**

5. The Committee is established as a Committee of the CCG in accordance with Schedule 1A of the "NHS Act".
6. The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.
7. 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 as part of the CCG's statutory commissioning responsibilities in St Helens under delegated authority from NHS England.

8. In performing its role, the Committee will exercise its management of the functions in accordance with the agreement entered into between the CCG and NHS England. The agreement will sit alongside the delegation and terms of reference in accordance with the CCG constitution.
9. 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.
10. The role of the Committee shall be to oversee the functions relating to the commissioning of primary medical services under section 83 of the NHS Act. 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;
  - 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).

The CCG's Primary Care Committee will also carry out the following activities:

- To plan, including needs assessment, for primary care services in St Helens and to support planning at scale in the STP for primary care
  - To undertake risk reviews of primary care services
  - To co-ordinate a common approach to the commissioning and delivery of primary care services
  - To manage the budget for commissioning of primary care services, either under delegation from NHSE for the primary care allocation, or under delegation from the Governing Body for primary care budgets funding from the CCG programme allocation.
11. The Committee will ensure the delivery of the CCG's Primary Care strategy including implementing the GP Forward View through robust contractual arrangements with general practices and appropriate developmental support.
  12. The Primary Care Quality & Operations Group (operating as a sub- Committee of the Primary Care Committee) will oversee the contract, quality and performance management of primary care contracts (General Practice in the first instance), within St Helens. This Group will report directly to the Primary Care Committee, carrying out such functions as allocated to it by the Primary Care Committee. The Primary Care Committee will agree the annual Work Plan of the Group.

## **ADDITIONAL REMIT AND RESPONSIBILITIES OF THE PRIMARY CARE COMMITTEE**

13. To review and agree service specifications and contractual proposals for all CCG commissioned services from primary care providers.
14. To ensure contract proposals achieve health improvement and value for money
15. To oversee quality and safety of services delivered in primary care
16. Ensure that conflicts of interest have been mitigated in line with the CCG Conflict of Interest Policy.
17. The Committee will ensure the appropriate management of risks in relation to primary care. The Primary Care Quality & Operations Group will monitor risks on a regular basis and will present all primary care risks to the Primary Care Committee for review on a quarterly basis.

## **MEMBERSHIP**

18. The membership shall consist of the following voting members:
  - CCG Lay Chair
  - Lay Member for Audit, Finance and Governance (Deputy Chair)
  - Lay Member for Patient and Public Involvement
  - CCG Clinical Chief Executive or Deputy Chief Executive
  - Director of Public Health (representing local authority)
  - Associate Director Primary Care (Chair, Operational Group)
  - CCG Chief Nurse
  - Chief Finance Officer or Deputy CFO
  - Secondary Care Doctor
  - GP Governing Body Members

### **In attendance by invitation:**

- Healthwatch nominated representative
- LMC representative
- People's Board representative

## **MEETING AND QUORACY**

19. The Committee will operate in accordance with the CCG's Standing Orders.
20. 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 no later than 7 days before the date of the meeting. When the Chair of the Committee deems it necessary in light of urgent circumstances to call a meeting at short notice, the notice period shall be such as is specified.
21. Notification of meetings and meeting papers will be published on the CCG website.

22. The Committee will make decisions by consensus; should this not be possible the Chair may require a revised proposal. Should the Chair determine a vote be necessary, each voting member of the Committee shall have one vote subject to the Chair's determination regarding conflicts of interest. The Committee shall reach decisions by a simple majority of members present, the Chair having a casting vote.
23. The Chair shall be the Lay Chair of the CCG; the Deputy Chair will be one of the Lay Members.
24. The quoracy shall be such that the voting members of the Lay and Executive representatives are in a majority to the GP membership. The Chair shall ensure that the quoracy complies with this rule and stand down, if necessary, one or more of the GP members. At least 50% (7) voting members must be present including 1 Lay Member (Chair), 1 Executive and 1 GP member.
25. GP members will be required to make a full declaration of interests including any prejudicial interests prior to each meeting. The Chair shall ensure that GP members act in accordance with the CCG Conflicts of Interest Policy as to the restrictions placed on their role in decision-making.
26. The Committee shall be held in public.
27. The Chair 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.
28. Member of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide expert objective expert input to the best of their knowledge and ability and endeavour to reach a collective view in the best interests of the CCG's responsibilities and its patients.
29. 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 and adhere to arrangements for managing conflicts of interest.
30. Members of the committee shall respect confidentiality requirements as set out in the CCG constitution.
31. The Committee will present its minutes to the CCG Governing Body. Minutes will also be presented to the NHS England Area Team as requested.
32. The committee meeting dates will be communicated well in advance of the meeting date and the arrangements for public attendance clear and transparent.

## **DECISIONS**

33. The Committee will make decisions within the bounds of its remit.
34. The decisions of the Committee shall be binding on NHS England and the CCG.
35. The Committee will produce an executive summary report which will be presented to NHS England local office and the Governing Body of the CCG following each meeting for information.
36. 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 of Standing Financial Instructions of any of the members, the Delegation will prevail.

## SCHEDULE 1 – DELEGATED FUNCTIONS

- A. Decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts, including but not limited to the following activities:
  - I. decisions in relation to Enhanced Services;
  - II. decisions in relation to Local Incentive Schemes (including the design of such schemes);
  - III. decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices;
  - IV. decisions about 'discretionary' payments;
  - V. decisions about commissioning urgent care (including home visits as required) for out of area registered patients;
- B. The approval of practice mergers;
- C. Planning primary medical care services in the Area, including carrying out needs assessments;
- D. Undertaking reviews of primary medical care services in the Area;
- E. Decisions in relation to the management of poorly performing GP practices and including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list);
- F. Management of the Delegated Funds in the Area;
- G. Premises Costs Directions functions;
- H. Co-ordinating a common approach to the commissioning of primary care services with other commissioners in the Area where appropriate; and
- I. Such other ancillary activities as are necessary in order to exercise the Delegated Functions.

## **SCHEDULE 2 – RESERVED FUNCTIONS**

- A. Management of the national performers list;
- B. Management of the revalidation and appraisal process;
- C. Administration of payments in circumstances where a performer is suspended and related performers list management activities;
- D. Capital Expenditure functions;
- E. Section 7A functions under the NHS Act;
- F. Functions in relation to complaints management;
- G. Decisions in relation to the Prime Minister’s Challenge Fund; and
- H. Such other ancillary activities that are necessary in order to exercise the Reserved Functions;