

Primary Care Committee

TERMS OF REFERENCE

Contact Details:			
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Title:	Chief Officer	Title:	Head of Co-commissioning

Introduction

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.

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.

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).

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).

The Committee is established as a committee of the NHS **Rotherham CCG Governing Body** in accordance with Schedule 1A of the “NHS Act”.

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

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.

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 NHS Rotherham CCG. These are outlined in the accountability section of this document.

The CCG has established the Rotherham CCG Primary Care 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.

It is a committee comprising representatives of the following organisations:

- Rotherham CCG
- NHS England.

Statutory framework

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 Rotherham, under delegated authority from NHS England.

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

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.

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:

- 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).

The CCG will also carry out the following activities:

- To plan, including needs assessment, primary medical care services in Rotherham;
- To undertake reviews of primary medical care services in Rotherham;
- To co-ordinate a common approach to the commissioning of primary care services generally;
- To manage the budget for commissioning of primary medical care services in Rotherham.

Geographical area

The Committee will comprise the Rotherham CCG area.

Responsibilities:

Strategic direction

- To oversee the part of the commissioning plan that relates to Primary Care, including needs assessment for safe and sustainable Primary Care Commissioning
- To oversee the development and agreement of primary care contracts
- To oversee the development of the Primary care workforce
- To identify priorities for consideration by the Local Professional Networks

- To identify priorities for consideration by the PPE & Communications committee
- To consider implications and oversee implementation of issues arising from the national, regional and local reviews
- To make recommendation to the Governing Body on all issues relating to Primary Care Development.

Quality & Performance Management

- To oversee the management of the annual budget for the commissioning of Primary Care services in the relevant area
- To oversee individual contract performance on a regular basis – activity, finance and quality
- To Oversee the Quality Outcome framework (QOF) or local incentive scheme (LIS)
- To agree contract variations and to undertake reviews of primary care services where appropriate, within delegated limits
- To consider contract breaches and appropriate enforcement actions, offering support where appropriate and make recommendation to the Governing Body, on all issues to do with Primary Care Development
- To oversee programme management and delivery of the QIPP programme relevant to primary care
- To oversee the financial management of GP contracts for Core and enhanced services.
- Will recommended the primary care elements of the Commissioning plan
- In partnership with AQuA monitor delivery against range of KPIs relating to quality
- To consider independent reports e.g. CQC, Professional alerts, domestic homicide reviews etc., relating to services commissioned
- In partnership with AQuA consider trends relating to SI's, complaints and MP enquiries relating to services commissioned
- To report to the Governing Body as appropriate on issues that need escalation.
- To produce an annual report summarising quality issues in GP practices in Rotherham

General Issues

- To agree key risks for inclusion in Risk Register for primary care commissioning
- To coordinate issues for/and oversee negotiations with the Representative Body
- The Governing body will receive regular summaries of the work of the ctte through the Corporate Governance report.
- To consider and act on the 'conflict of interest' of General Practitioners with reference to Primary care Commissioning.

Membership:

The membership shall consist of:

- Lay Member (Primary Care)
- Lay Member (Governance)
Deputy - Lay member Patient and Public Engagement
- The Chief Finance Officer
- The Chief Nurse
- The Head of Co-Commissioning

Non-voting members

- The lead SCE-GP with the portfolio for Primary Care
- A second lead SCE-GP
- A member of the GP Members Committee

Chair:

Lay member – Primary Care

Vice chair:

Lay member – Patient & Public Engagement

In Attendance:

- HealthWatch representative
- Health & Wellbeing Board representative
- NHS England
- Head of Primary Care Quality
- Deputy Chief Finance Officer

Meetings and Voting

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. The agenda deadline is 14 days prior to the meeting date. This enables an agenda and supporting papers to be sent 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.

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.

Quorum

- Two Lay Members
- 2 Senior Officers
- 1 GP non-voting Member or appropriate Deputy

Members or appropriate deputies to attend at least 80% of all meetings throughout the year.

Minutes of the meeting are approved at the following meeting and stored on the CCG R:drive in a secure folder under CCG meetings. Minutes of the meeting are distributed to the GP members Committee and Governing Body for information.

The meeting is administered by the Primary Care Contracts Officer or a member of the CCG administrative support team in their absence.

Deputising:

Chief Officer, Chief Finance Officer, Chief Nurse - Any appropriate nominated deputy. Lay Members, Lay Member for Public and patient engagement.
Non-voting GP's – nominated deputy

Frequency of meetings

Monthly and otherwise when required.

Meetings of the Committee shall:

- be held in public, subject to the application of 23(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.

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.

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.

The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

Members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution.

The Committee will present its minutes to the governing body of Rotherham CCG each month for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 27 above.

The CCG will also comply with any reporting requirements set out in its constitution.

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.

Accountability of the Committee

For the avoidance of doubt, in the event of any conflict between the terms of this Scheme of Delegation and Terms of Reference and the Standing Orders of Standing Financial Instructions of any of the members, the latter will prevail.

Procurement of Agreed Services

Rotherham CCG will abide by our statutory responsibilities for all contractual relationships that fall under the Public Procurement Regulations (2006) and any subsequent legislation. This will include any clinical (healthcare) services defined as Part B under the regulations, of which primary care services are included. Rotherham CCG will consider the benefits of introducing choice and competition when re-commissioning any of these clinical services and will, at all times, follow Monitor's substantive guidance around the Procurement, Patient Choice and Competition Regulations for NHS funded services.

Decisions

The Committee will make decisions within the bounds of its remit and decisions will be aligned with the CCGs Commissioning plan.

The decisions of the Committee shall be binding on NHS England and Rotherham CCG. The Committee will produce an annual quality and performance report which will be presented to Audit, Quality and Assurance Committee, NHS England (North) area team of NHS England and Rotherham CCGs Governing body.

Minutes of the meeting will be issued within 3 working days of the meeting and will be supported by a live action log.

A verbal update from the Chair of the Primary Care Committee will be given at the Rotherham CCG Governing Body supported by the minutes each month.

Delegated functions

NHS England has delegated to NHS Rotherham CCG the following functions relating to the commissioning of primary medical services under section 83 of the NHS Act:

- 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.

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.

List of Members

Lay / executive members:

- Lay Member for Primary Care (Chair)
- Lay member for Governance
- Lay member for Public & patient engagement
- Chief Officer / Accountable Officer
- Chief Finance Officer
- Chief Nurse
- Head of Co-Commissioning
- NHS England.

Non-voting member:

- The lead SCE-GP with the portfolio for Primary Care
- A second lead SCE-
- A Member of the GP Members Committee.

In addition to the people stated above, a representative of Healthwatch Rotherham, a Local Authority member of the Health and Wellbeing Board, and other members (co-opted as necessary) will be invited to attend meetings and participate in the decision making discussions of the Primary Care Commissioning Committee as necessary in a non - voting capacity.

Review Date:

Last reviewed: March 2017

Next review: January 2018