

Primary Care Commissioning Committee

Terms of Reference

Purpose of the committee

The aim for the Walsall CCG Primary Care Commissioning Committee is to commission primary care medical services for the people of Walsall registered within the Walsall CCG member practice geographical area.

The NHS is under unprecedented pressures to balance the delivery of high quality care from a reduced budget. Walsall CCG recognise that primary care has a key role in achieving this. Walsall CCG will commission primary care services to transform its primary care needs and deliver preventative community based care which is necessary to improve the health and wellbeing of the people in and around Walsall.

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 Walsall CCG. The delegation is set out in Schedule 1.

The CCG has established the Walsall CCG Primary Care Commissioning Committee ("Committee"). The Committee will function as a corporate decision making body for the management of the delegated functions and exercise of the delegated powers

Statutory framework

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:

- 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)

The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those in accordance with the relevant provisions of section 13 of the NHS Act.

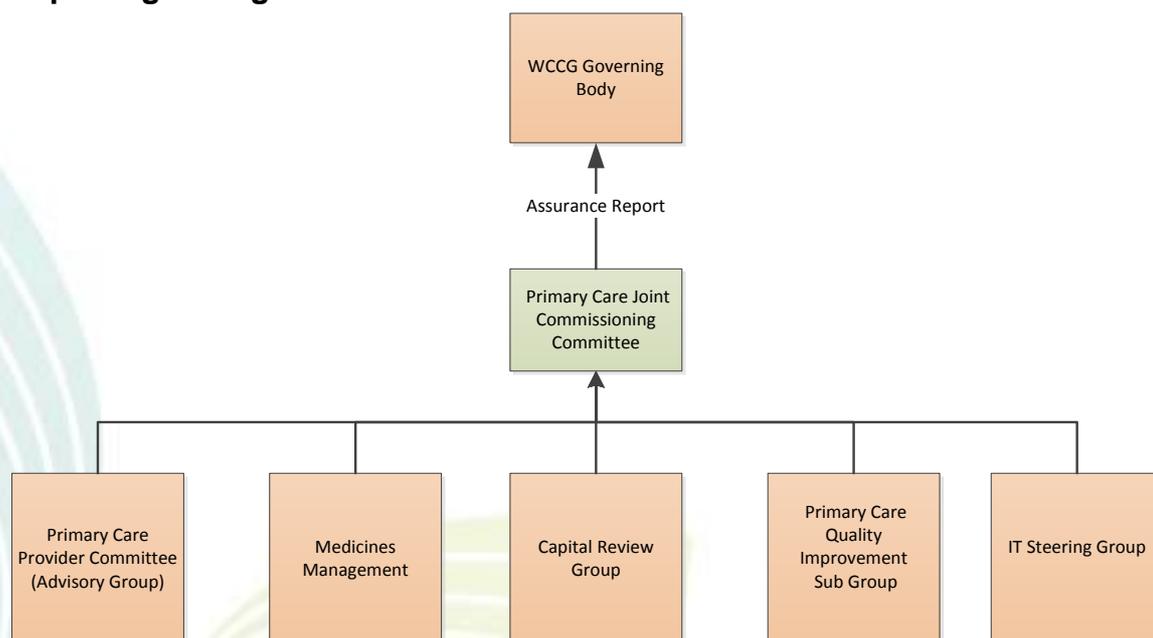
The Committee is established as a Committee of the Walsall CCG Governing Body in accordance with Schedule 1A of the “NHS Act”.

The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

Geographical coverage

The Committee’s remit will comprise the commissioning of services for the Walsall CCG responsible population.

Reporting arrangements



All subgroups of the Primary Care Commissioning Committee shall submit their minutes under the consent agenda including their management of any conflicts of interest. The Primary Care Commissioning Committee will approve the TOR of all its sub groups.

Membership

The Committee will be chaired by the Lay member for Commissioning
 The vice chair will be the Lay member for PPI

Core members	Deputy	In Attendance Non voting
Lay member for commissioning		Primary Care Commissioning Mgr
Lay member for PPI		HealthWatch representative
Lay member for audit		Health and Wellbeing Board representative
Secondary care consultant		LMC representative
Chief Finance Officer	Deputy Finance Officer	Head of Quality Assurance
Director of Governance Quality and Safety	Assistant Director Quality and Safety	Head of Contracting and Procurement
	Head of Commissioning	Administrator
Director of Primary Care and Integration	Primary Care Commissioning Mgr	Clinical Executive CTP
Director of Public Health		

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Core members can nominate a deputy to attend on their behalf. The member is responsible for ensuring that the deputy is fully briefed and accountable for decisions made.

Declaration of interests

Core Member	Role	Interest Declared
In Attendance	Role	Interest Declared

Quorum

A minimum of 50% membership which must include:

The Chair or vice Chair

One CCG Director

The Secondary care consultant or Director of Governance Quality and Safety

The attendance of core members will be monitored throughout the year. There is an expectation that members will attend at least 75% of the meetings. Poor attendance will be addressed by the Chair. The overall attendance of the core members for the financial year will be included in the annual report.

Decisions

The Committee:

- a) Will make decisions within the bounds of its remit
- b) The decisions of the Committee shall be binding

Voting

The Committee must be quorate to exercise a vote. Each core member of the Committee shall have one vote. If a nominated representative is deputising for an absent member they will have a vote.

The Committee will make decisions within the bounds of its remit by a simple majority of members present, with the Chair having a second and deciding vote if necessary. Representatives in attendance do not have a vote.

Functions

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 Walsall, 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 Walsall 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.

1. GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breach/remedial notices, and removing a contract);
2. Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);
3. Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
4. Decision making on whether to establish new GP practices in an area;
5. Approving practice mergers
6. Making decisions on ‘discretionary’ payment (e.g. returner/retainer schemes)
7. Developing the quality and performance of primary medical services through contract compliance and monitoring of contracts ensuring contractual and statutory requirements and any key performance indicators are being met by providers
8. Management of the budget for Primary Care Medical Services
9. Administration of contracts eg contract extensions, terminations
10. Review of premises used for the delivery of primary care as per Primary Care Strategy

11. Increased emphasis on preventative services and upstream interventions
12. Improved patient outcomes
13. Demand management and reducing avoidable future NHS costs on acute care for example through Locally Commissioned Services
14. Joined up primary care commissioning and planning
15. Development of integrated primary care models that span the primary care and secondary care divide using population-based local incentive schemes for example
16. Involvement of HWBB, LMC and HealthWatch in primary care commissioning, planning and development
17. Wider patient engagement in developing primary care development plans
18. To receive regular assurance reports from the sub groups and manage the escalation of any unresolved issues.

Meetings

The Committee will meet six times a year in public and four times a year for a development meeting. Additional meetings will be held if necessary.

Meetings of the Committee shall, as a general rule should be held in public, including the decision making and the deliberations leading up to the decision unless the CCG has concluded¹ it is appropriate to exclude the public and or where appropriate, the representatives in attendance.

Work Plan

The Committee will provide an annual work plan.

Reporting

The Chair will provide a regular assurance report, to the Governing Body. The Chair will provide an assurance report to the Audit Committee when requested.

Dispute resolution

The committee has agreed to do all they can to avoid disputes and when they do occur to resolve them swiftly. In the event the committee are unable to resolve a dispute final resolution will lie with the Walsall CCG Accountable Officer.

¹ 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.

Distribution of Minutes

To all committee members; papers may not be copied or distributed further without the written permission of the Chair.

Responsibilities of members

As members each individual is required to bring their unique perspective informed by their expertise and experience and this will support decisions made by the group to ensure that:

- I. The interests of the patients and the community remain at the heart of discussions and decisions
- II. The group acts in the best interests of the local population at all times
- III. Good governance remains central at all times

Members of the committee are required to:

- I. Comply with Governing Body Etiquette
- II. Read all relevant agenda and support documentation.
- III. Comply with the consent agenda when it is used
- IV. Engage with other colleagues to report from meetings and collate feedback for agenda items prior to the meeting.
- V. Notify Chair or Vice Chair if unavailable to attend.
- VI. Nominated representatives must be fully briefed and accountable for decisions made
- VII. Be accountable for ensuring actions assigned are completed and fully reported upon.
- VIII. All members and deputies are required to complete a declaration of interest form. Persons in attendance will be required to declare any interests at the beginning of the meeting by the Chair.
- IX. To inform the chair of any conflicts of interest arising from any agenda items or discussions as they arise in committee
- X. To comply with the paperlite arrangements set out by the committee

Risk Management

The Committee has a responsibility to manage any risks identified that impact on its responsibilities. Each committee will agree key risk triggers aligned to the relevant corporate objectives. The committee will keep a committee risk register to document the management of risk at each meeting which will clarify the risk, the action, the timeframe and the executive ownership. This will be reported in the monthly executive summary report to the Governing Body of Walsall CCG. All risks will be actively managed by the Primary Care Commissioning Committee until the residual risk is deemed tolerable when it will either be closed or tolerated.

The Chair is responsible for ensuring that the:

1. Agenda items are linked to the risk register

2. A risk action plan is completed for the top rated risks (normally not more than 3)
3. register is reviewed to add, amend, close or transfer risks at each committee meeting
4. identified risks relevant to other committees are transferred to its chair
5. assurance report includes any unmitigated risks usually with a rating >6 depending on the risk appetite
6. when the key risk triggers are hit the internal escalation process is followed

Agenda Items

1. Agenda items should be submitted 10 days in advance of the meeting to the designated officer who will subsequently ratify the next agenda with the Chair.
2. The papers for the meeting will be circulated 5 working days before the meeting.
3. Papers are not to be tabled unless agreed by the Chair prior to the meeting.
4. Draft minutes and action notes will be circulated to all members within 5 working days.
5. Committee meetings will take place on a monthly basis initially with a minimum of 10 meetings taking place during the financial year.

Designated Officer

Director Primary Care & Integration

Review

The Governing Body will review these terms of reference annually after initial endorsement.

Conflicts of Interest²

To ensure that any conflict of interest can be appropriately managed and to maintain transparent governance arrangements, all members of the committee must complete a declaration of interest form in line with policy. Any conflicts of interest, perceived or actual, arising from the agenda items will be declared at the start of each meeting. The Chair is responsible for determining the appropriate management of the declared conflict of interest and is responsible, when necessary, for asking relevant members not to take

² All members are required to adhere to the Walsall CCG Management of Conflict of Interest Policy.

part in any discussion by stepping out of a meeting and not to take part in any voting. If this is not possible for example in cases where committee would not be quorate for decision making, then the agenda item should be deferred until an appropriate solution for handling the solution is agreed. If the Chair has a conflict then the vice chair will chair the relevant part of the meeting. The management of any conflicts will be recorded in the minutes. Wherever a conflict of interest may be perceived, the matter must always be resolved in favour of the public interest rather than the individual member.

The conflict of interest guardian is the Audit Chair, who will act as the conduit and safe point of contact for anyone with concerns relating to conflicts of interest and provide independent advice and judgment in the management of conflicts.

Where conflicts of interest are profound and acute the management may require the committee member to step down from the committee either permanently or temporarily.

Confidentiality

Papers that are marked 'in confidence, not for publication or dissemination' shall remain confidential to the members of the committee unless the Chair indicates otherwise. Members, representative or any persons in attendance shall not reveal or disclose the contents of these papers without express permission of the Chair. This prohibition shall apply equally to the content of any discussion during the meeting which may take place on such papers.

Data Protection Act 1998

Committee members will give due regard to the responsibilities of Walsall CCG to comply with Data Protection legislation

Freedom of Information Act 2000

All papers are subject to the Freedom of Information Act. All papers that are exempt from public release under the FOI Act must be clearly marked 'in confidence, not for publication'. These papers may not be copied or distributed outside of the committee membership without the expressed permission of the Chair. FIO exemption 41 (duty of confidence) applies.