

Berkshire West CCG

Primary Care Commissioning Committee Terms of Reference

April 2018

Terms of reference – Primary Care Commissioning Committee

Introduction

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.
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 West Berkshire CCG. The delegation is set out in Schedule 1.
3. The CCG has established the Berkshire West 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.

Statutory Framework

5. 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.
6. 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.
7. Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCGs acknowledge 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);

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- 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).
8. 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).
9. The Committee is established as a committee of the Governing in accordance with Schedule 1A of the “NHS Act”.
10. 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

11. 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 the Berkshire West area, under delegated authority from NHS England.
12. In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and the CCG, which will sit alongside the delegation and terms of reference.

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13. 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.
 14. 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.
 15. 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).
 16. The CCG will also carry out the following activities:
 - ensure that high-quality integrated services are commissioned within resources available to meet the needs of the Berkshire West population, taking into account equality and diversity issues.
 - take responsibility for decisions made relating to the strategic programme for primary care. (the GPFV Transformation Programme) and ensure this interfaces effectively with broader Integrated Care System development.
 - interface with the work of the other CCG Programme Boards to ensure robust processes are in place for commissioning services from primary care and to support the development of new provider and contracting models.
 - support the governing bodies of the CCG by being accountable for the successful delivery of all projects within the strategic programme for primary care services.
 - develop further the CCGs’ strategy for primary care through the local GP Forward View Implementation Plan and ensure this is reflected in the strategic programme for primary care. The programme should reflect the views of the CCG member practices and of the public, building on the direction of travel set out in the CCGs’

5-year Strategic Plan, the CCGs' Primary Care Strategy and now the local GP Forward View Implementation Plan

- develop a work programme, and review progress at each meeting.
- develop and review business cases for services to be developed in primary care and make recommendations to the Finance Committee for investment funding to take these forward.
- establish and monitor the portfolio of primary care projects to take forward the strategic programme, including:
 - develop, review and monitor the programme plan
 - receive highlight and exception reports on each of the projects
 - ensure risk is managed effectively by each project lead/manager and that, collectively, all programme risks are reviewed and recorded on appropriate risk registers, ensuring that mitigation plans are in place and escalation of risks comply with CCG strategy and policies
 - ensure projects stay within the agreed programme and project brief, including but not limited to, changes to scope, plan, benefits and budget
 - review end of stage and project closedown reports before submission to the Governing Body and the Finance Committee
 - ensure post-project evaluation of impact on activity, workforce and KPIs, including appropriate dissemination of lessons learned within projects - across the representative organisations
- have oversight of all Primary Care budgets
- support the development of primary care services as a key component of an enhanced out-of-hospital sector, including supporting new and collaborative provider models and employing new contractual approaches as appropriate
- take a lead role in developing plans for new investment in primary care
- oversee the development and implementation of quality monitoring and improvement processes in order to meet the CCGs' statutory duty to improve the quality of primary care services and deliver further responsibilities . This will include review and design of any new local incentive scheme as an alternative to QOF. Work with the CCGs' Quality Committee to monitor contract performance (GMS, PMS and APMS) and take contractual action where necessary (i.e. issuing breach/remedial notices)

The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to the above details

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- ensure that robust processes are in place for the CCG to commission services from primary care, including current Community Enhanced Service (CES) and Directed Enhanced Service (DES) arrangements
 - review regularly the capacity of primary care (GMS/PMS and APMS) and make recommendations, as appropriate, for the establishment of new GP practices and any associated practice mergers or other developments
 - progress extended access in primary care as part of the 7-day enabling work stream of the Berkshire West Integration Programme
 - develop the primary care workforce including new roles and models
 - consider how the CCG should link with other contractor groups, in particular through the Local Professional Networks
 - ensure the strategic programme for primary care is linked with the following Programme Boards and committees:
 - Quality Committee
 - Planned Care, Urgent Care, Long-term Conditions, and CMMV (Children's, Maternity, Mental Health, and Voluntary) Programme Boards regarding priorities with a primary care component, and the commissioning arrangements which will underpin these
 - The Berkshire West Integration Programme, including the frail elderly pathway, the seven-day working enabling work stream and the Locality Integration Steering Groups.
 - The Berkshire West Integrated Care System and associated governance structures.
 - The Digital Transformation Programme Board, in particular with regard to aspects of this group's work which relate to GPIT.
 - Primary care development within the CCG.
 - agree terms of reference for any subgroups or project groups and to ensure that subgroups and project groups deliver on key tasks
 - respond to information from patient focus groups and questionnaires which will inform the work of the Primary Care Commissioning Committee
 - develop the strategy and priorities from the perspective of service users and carers, and to ensure that an equality impact assessment is undertaken for all newly-developed services.

The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to the above details.

Geographical Coverage

17. The Committee will comprise the geographical locality area that covers;

- Newbury & District
- North & West Reading
- South Reading
- Wokingham

Membership

18. The Committee shall consist of:

Voting Members:

Lay Member (Chair)

Lay Member

CCG GP Leads (x 2)

Chief Officer

Nurse Director (Deputy Chair)

CFO/Deputy Chief Finance Officer

Non-voting attendees

Operations Directors

Director of Primary Care

CCG Practice Manager Representative(s) - **tbc**

Primary Care Co-Commissioning Managers (x 2)

GP Alliance Provider Leads (x 2)

Practice Nurse Representative

Local Medical Committee Representative

Healthwatch Representatives (x 3)

LPC representative

Health and Wellbeing Board Representative (x 3)

Additional members may be co-opted as required, for example to advise on matters specific to a particular locality.

19. NHS England may also attend in a non-voting capacity.

20. The Chair of the Committee shall be a lay member (governance), but will exclude the Audit Committee Chair for reasons of good governance and probity.

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21. The Vice Chair of the Committee shall be another lay member of the Governing body or the Governing body Registered Nurse.
 22. Eligible lay members will be invited to join the Committee on an annual basis. In the event of more lay members coming forward that are required, the members concerned will be asked to outline the expertise that they would bring to the role and the remaining voting members would then vote. The Chair will also be confirmed on an annual basis through a similar voting process if required.
 23. Members of the Committee have a collective responsibility for the operation of the collaborative 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. Roles and responsibilities of members are described in more detail in the supporting document at Annex A.
 24. Members of the Committee shall respect confidentiality requirements as set out in the Standing Orders referred to above unless separate confidentiality requirements are set out for the joint committee in which event these shall be observed.
 25. The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

Meetings and Voting

26. The Committee will operate in accordance with the standing orders of Berkshire West CCG in so far as they relate to the;
 - a) Notice of meetings;
 - b) Handling of meetings;
 - c) Agendas;
 - d) Circulation of papers
 - e) Conflicts of Interest (as detailed below)
27. Decision-making will be by consensus in the first instance. Should a vote however be required the following provisions will apply.
 - Each voting member has a single vote
 - The Chair will have a casting vote.

Management of Conflicts of Interest

28. The Primary Care Commissioning Committee will work to ensure that any potential conflicts of interest are managed in a robust and transparent manner and in accordance with NHS England guidance.
29. The meetings of the Primary Care Commissioning Committee will be held in public, and Members must declare any interests at the start of each meeting. Members declaring an interest must exclude themselves from any part of the decision-making process in relation to the agenda item in question including from discussion of that item on request of the Chair.
30. The joint 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.
31. It is envisaged that the majority of the business will be covered in the meeting held in public but there may also be a need for a confidential second meeting to be held in closed session to manage the conflicts of interest associated with making contractual decisions with regard to primary care.
32. 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.
33. Members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution or Standing Orders.

Frequency

34. Meetings will be held quarterly in public with quarterly Operational Group meetings held the month prior to the Committee Meeting. The Terms of Reference of the Operational Group mirror these Terms of Reference. There will also be an informal

information sharing meeting on months when neither group meets involving primarily the GP leads and the primary care team.

Secretariat

35. The Committee will be supported by the Primary Care Team Administrator whose responsibilities will include:
- Presentation of the minutes and action notes to the Director of Primary Care (Programme Lead) on behalf of the Governing Body.
 - Circulation of the minutes and action notes of the committee within 5 working days of the meeting to all members
 - Coordinate submission of Agenda items to the Director of Primary Care (Programme Lead) in line with agreed timescales
 - Circulation of the agenda and related papers five (5) working days before the date of the meeting

Quoracy

36. The meeting will be quorate if at least 50% of voting members are present and able to vote, including at least:
- The Chief Officer, Chief Finance Officer or Nurse Director
 - One lay member
37. Under the Terms of Reference, deputies should be designated to attend in the absence of a voting member. Deputies should be fully briefed to be able to participate in discussion and given delegated authority for any decision making. Alternatively, where appropriate members' views may be sought by email and reported verbally at the Committee meeting.

Accountability of the Committee

38. Decisions - The Committee will make decisions within the bounds of its remit. The decisions of the Committee shall be binding on NHS England and Berkshire West CCG
39. Decisions will be published by Berkshire West CCG (except in circumstances where publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted)
40. Where there is a need for urgent decision-making between meetings, this will be undertaken by email with decisions made by the Chair, Chief Officer, Nurse Director, CCG GP Lead representatives if not conflicted and, where appropriate, the Chief Finance Officer. This will be on an exceptional basis and all decisions will be brought to the next Committee meeting for ratification through the standing Contractual Actions report.
41. Standard operating procedures reflecting the NHS England Policy Book for Primary Medical Services and other relevant documents may be put in place to allow routine decisions to be made outside of the Committee as appropriate. Any such decisions will be brought to the next Committee meeting for ratification through the standing Contractual Actions report.

Reporting

42. The Primary Care Commissioning Committee is directly accountable to NHS England and to the Governing Body, and additionally to the Finance Committee for financial investment matters. The Chair of the Primary Care Commissioning Committee will ensure that the NHS England (South Central), Governing Bodies and the Finance Committee receive a Chair's report after each meeting in accordance with the CCGs' governance framework.
43. The reports will provide assurance that the strategic programmes are delivering to plan, time, quality and budget and that all risks and issues are being identified and mitigated. The reports will be structured in such a way as to enable relevant sections to be passed to other committees and groups for consideration, in particular to the Joint Quality Committee and to the IM&T Steering Group. The reports will also form the basis of reporting into the broader ICS programme reporting around workstreams being led by this Committee.

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44. The Primary Care Commissioning Committee will also submit reports into the oversight structure for the Berkshire West Integration Programme as appropriate.
 45. In addition, CCG Primary Care Lead GPs and Practice Manager Representatives will report back to the CCG Executive Teams and their respective Council of Members, as set out in the Roles and Responsibilities document at Annex A.
 46. The Primary Care Commissioning Committee will also look to receive feedback and progress reports from each of these, including regular updates from each CCG Primary Care Lead GP and/or Practice Manager representative.
 47. The Governing Body shall require at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.

Review

48. The Terms of Reference will be reviewed annually and may be amended by mutual agreement between NHS England (South Central) and the Berkshire West CCG at any time to reflect circumstances which may arise.

Equality Statement

49. The Committee will ensure that these terms of reference are applied in a fair and reasonable manner which does not discriminate on such grounds as race, gender, disability, sexual orientation, age religion or belief.

Procurement of Agreed Services

50. The detailed arrangements regarding procurement will be set out in the Delegation Agreement.
51. The CCG will review its Standing Financial Instructions and Standing Orders to ensure that are sufficient in the context of delegated commissioning.
52. 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.

ANNEX A

PRIMARY CARE COMMISSIONING COMMITTEE OF BERKSHIRE WEST CLINICAL COMMISSIONING GROUPS

Committee roles

The Primary Care Commissioning Committee has the primary purpose of commissioning primary medical services for the people of Berkshire West under delegated arrangements agreed with NHS England. The Committee meets in public quarterly as an Operational Group on the intervening months.

General roles and competencies:

All members of the Committee, however nominated, must have previous experience of working in a collective decision-making group and a track record of securing or supporting improvements for patients or the wider public. They must demonstrate:

- a commitment to commissioning services in such a way as to improve outcomes and deliver best value-for-money for the taxpayer
- an understanding of effective governance, accountability and stewardship of public money
- an understanding of and a commitment upholding, NHS principles and values as set out in the NHS Constitution.
- knowledge of primary care commissioning processes or a willingness to acquire the knowledge required to make decisions
- a commitment to delivering sustainable and enhanced primary care provision for patients as set out in our local Primary Care Strategy.

Roles of individual members:

Chair/Deputy Chair (Voting, all meetings):

Selected on an annual basis in accordance with the arrangements described in the Committee's Terms of Reference.

Key aspects of role:

- Chairing meetings in such a way as to ensure that the governance and decision-making processes set out in the Committee's Terms of Reference are followed and conflicts of interest are managed appropriately.
- Receiving questions from members of the public in accordance with CCG processes.
- Contributing to discussions and voting on primary care commissioning decisions.
- Holds delegated authority to vote on primary care commissioning decisions on behalf of the Governing Body.
- Sign-off Chair's report to the Governing Body and interim reports to the CCGs' Finance Committee as appropriate. Sign-off Annual Report to the Governing Body.

Second Lay Member (Voting, all meetings):

Selected on an annual basis in accordance with the arrangements described in the Committee's Terms of Reference.

Key aspects of role:

- Providing additional oversight of governance arrangements including processes for managing conflicts of interest and voting on decisions.
- Contributing to discussions and voting on primary care commissioning decisions.

CCG GP Leads (Voting, all meetings):

Nominated on an annual basis by the CCG Governing Body.

Key aspects of role:

- Hold delegated authority to vote on primary care commissioning decisions on behalf of the CCG's Governing Body.
- Providing a clinical perspective on issues discussed and proposed approaches.
- Responsible for establishing two-way flow of information between the Committee and their locality's Council of Members, and for ensuring that local issues and views are brought to the Committee's attention and fed into discussions as appropriate.

Practice Manager representatives (Non-Voting, all meetings):

Nominated on an annual basis by the Governing Body but does not have to be a Governing Body member.

Key aspects of role:

- Contributing generally to Committee discussions.
- Providing a practice management 'sense check' on proposed commissioning approaches.
- Supporting two-way flow of information between the Committee and locality's Councils of Members, ensuring that local issues and views are brought to the Committee's attention and fed into discussions as appropriate.

CCG Directors (Voting, all meetings):

Identified in accordance with Committee Terms of Reference.

Key aspects of role:

- Hold delegated authority to vote on primary care commissioning decisions on behalf of the CCG Governing Body.
- Supporting flow of information between Committee and the CCG Governing Body.
- Ensuring Committee processes reflect broader CCG governance arrangements and appropriate linkages are in place with other bodies.
- Providing expert input into discussions in relation to own lead areas e.g. finance, quality.
- Overseeing governance arrangements, decision-making processes and the management of conflicts of interest.
- In the case of the Nurse Director, act as Deputy Chair on occasions when the Lay Chair is unable to attend.

Directors of Operations (Non-Voting, all meetings):

Identified in accordance with Committee Terms of Reference.

Key aspects of role:

- Ensuring that the CCGs' direction of travel with regard to primary care development is appropriately reflected in the business of the Committee and that locality issues are brought to the Committee's attention as appropriate.
- Ensure appropriate linkages are in place between the Committee and the CCGs' other Programme Boards which the Directors of Operations lead. Provide reports as required on workstreams led by other Programme Boards which are integral to the delivery of the Primary Care Strategy, involving members of the Committee in project groups and discussions as appropriate.
- Support discussion of CCG locality issues by providing additional local context and feedback from initial Governing Body discussions.

GP Alliance Provider Leads (Non-voting, all meetings):

Nominated on an annual basis by the BW GP Alliance of Alliances.

Key aspects of role:

- Providing a clinical perspective on issues discussed and proposed approaches.
- Ensuring the GPFV Local Implementation Plan and the associated work programme overseen by the Committee reflects local Alliance priorities for stabilising and developing primary care services.
- Representing the views of the GP Alliances and their member practices in key primary care decisions.
- Enhancing communication between the Committee and local GP practices.

Practice Nurse Representatives (Non-Voting, all meetings):

Nominated on an annual basis by the Governing Body but does not have to be a Governing Body member.

Key aspects of role:

- Contributing generally to Committee discussions.
- Providing a clinical perspective on issues discussed and proposed approaches.
- Supporting a two-way flow of information between the Committee and practice nurses.

CCG Primary Care Team members (Non-Voting, all meetings):

Identified in accordance with Committee Terms of Reference. Includes Director of Primary Care.

Key aspects of role:

- Managing business of Committee including agreeing Terms of Reference, managing governance and decision-making processes, planning meetings and agendas, managing papers, developing and monitoring work programme and overseeing public notification of meetings and publication of papers. Managing reporting processes and building links with other Programme Boards.
- Providing secretariat function at Committee meetings.
- Director of Primary Care and Primary Care Co-Commissioning Manager to bring items to the Committee for discussion and to contribute generally to discussions.

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- Ensuring that the Committee works effectively to deliver the Berkshire West GP Forward View Implementation Plan.

Healthwatch representatives (Non-Voting, all meetings):

Key aspects of role:

- Providing a patient perspective on proposed approaches based on Healthwatch's engagement with patients around primary care issues.
- Advising the Committee on communications and engagement activities and supporting delivery of these as appropriate.
- Presenting issues identified through the work of the Healthwatch organisations to the Committee for consideration.
- Undertaking research as requested to support delivery of the GPFV local implementation plan.
- Establishing a two-way flow of communication between the three Healthwatch organisations and the Committee by seeking views and feedback on matters discussed and feeding these into Committee discussions.

Health and Wellbeing Board Representatives (Non-Voting, public meetings only):

Nominated on an annual basis by the three Health and Wellbeing Boards.

Key aspects of role:

- Working to ensure that the work of the Committee supports delivery of the three local Joint Health and Wellbeing Strategies.
- Acting as a link between the Committee and the Health and Wellbeing Boards; ensuring a two way flow of communication regarding issues being considered and decisions made.
- Ensuring that primary care matters identified by Health and Wellbeing Boards are brought to the Committee for consideration and that Health and Wellbeing Board input is sought on issues identified by the Committee.

LMC representative (Non-Voting, all meetings):

Nominated on an annual basis by the Berkshire Local Medical Committee.

Key aspects of role:

- Providing a GP perspective on proposed approaches based on LMC engagement with local practices.
- Enhancing communication between the Committee and local GP practices.
- Assuring its members that the Committee is following due process and is discharging its responsibilities in accordance with the appropriate GMS/PMS/APMS regulations.

Pharmacy Thames Valley (Non-Voting, public meetings only):

Nominated on an annual basis by the Berkshire Local Pharmaceutical Committee.

Key aspects of role:

- Providing a pharmacy perspective on proposed approaches based on engagement with local pharmacies.
- Supporting implementation of aspects of GPFV local implementation plan.

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- which relate to community pharmacy, in particular around maximising the contribution of community pharmacists as part of the broader primary care workforce.
 - Supporting communication between the Committee and local community pharmacists with regard to pertinent issues.