

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 NHS Norfolk & Waveney CCG. The delegation is set out in Schedule 1.
3. The CCG has established the Norfolk & Waveney 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

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 does 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.
8. The Committee is established as a committee of the NHS Norfolk & Waveney CCG Governing Body 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 Norfolk & Waveney, 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 the 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:
 - 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;
 - i. decisions about 'discretionary' payments;
 - ii. 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;
 - j. approval of the process for submitting and approving business cases for PMS Monies and the approval of the business cases for PMS Monies.
 - k. review, redesign and decommissioning of existing Local Enhanced Services; and
 - l. review and design of primary care dashboard.
15. In performing its role, and in particular when exercising its commissioning responsibilities, the committee shall take account of:
- a) The recommendations of the clinical executive and other Governing Body committees;
 - b) The needs assessment and plan for primary medical care services in the areas covered by NHS Norfolk & Waveney CCG including the resilience of general practice providers;
 - c) Reviews of primary medical care services in the area covered by the CCG;
 - d) The co-ordination of a common strategic and operational approach to the commissioning of primary care services generally including supporting developments in respect of integration with providers and local authority services including co-location of services;
 - e) The management of the budget for commissioning of primary medical care services in the area covered by the CCG;

Geographical Coverage

16. The geographical coverage will comprise the area covered by NHS Norfolk & Waveney CCG.

Membership

17. The Committee shall consist of:

Members Part 1 and Part 2

- Lay Member who leads on primary care
 - Lay Member who leads on financial performance
 - Chief Finance Officer or the Deputy Chief Finance Officer
 - Registered Nurse
18. The Chair of the Committee shall be the Lay Member who leads on primary care.
 19. The Vice Chair of the Committee shall be the Lay Member who leads on finance.

In attendance Part 1 and Part 2

- Chief Nurse or Associate Director of Nursing and Quality
- Director of Strategic Commissioning
- representative from the Norfolk & Waveney Local Medical Committee
- A representative from East local team of NHS England or their deputies
- Associate Director of Primary Care or an Associate Director for PCN Development.
- Head of Medicines Optimisation
- A Healthcare Professional Governing Body member drawn from Member Practices.
- Two Practice Managers drawn from Member Practices.

In attendance Part 1 invitation only

- Norfolk Healthwatch representative
- Suffolk Healthwatch representative
- Norfolk Health and Wellbeing Board representative

- Suffolk Health and Wellbeing Board representative

Meetings and Voting

20. The Committee will operate in accordance with the CCG's Standing Orders. The Secretary to the Committee will be responsible (or delegate where appropriate) for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than 5 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/they shall specify.

21. An urgent decision is defined as a decision that must be taken by the Committee before the next scheduled meeting of the Committee.
 - i) If there is an urgent decision to be made, then in the first instance an emergency meeting of the Committee should be called following the procedure set out below.

 - ii) If an urgent decision needs to be made before an emergency meeting can be arranged then the Chair has the mandate to make that decision provided he/she has consulted with as many Committee members as possible but in any event at least 1 Executive member.

 - iii) Urgent decisions made will be put on the agenda of the next ordinary Committee meeting and will be formally noted in the minutes.

 - iv) The Committee or any three members of the Committee can call an emergency meeting of the Committee by giving all members at least seven (7) days' notice.

 - v) Committee members may participate in emergency meetings by the use of telephone, video conferencing facilities and/or webcam where such facilities are available (subject to the approval of the Chair). Participation in a meeting in any of these manners shall be deemed as presence in person at the meeting.

 - vi) The accidental omission to give notice of a meeting to or the non-receipt of notice of a meeting by any person entitled to receive notice shall not invalidate proceedings at that meeting.

22. 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

23. The quorum will comprise three voting members of the Committee one of which to be the Chief Finance Officer or their nominated deputy.

Frequency of meetings

24. The Committee shall meet according to business requirements, but is expected to meet a minimum of four times per year. For the avoidance of doubt, the Committee can meet more than this.
25. Meetings of the Committee shall:
 - a) be held in public, subject to the application of 25(b) below;
 - 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. Where a sub-committee is established the Chair of the sub-committee will be a Lay Member of the CCG.
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 Standards of Business Conduct.
30. The Committee will present its minutes to East local team of NHS England and the Part 1 minutes to the Governing Body of the CCG for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 27 above.
31. The CCG will also comply with any reporting requirements set out in its constitution.
32. It is envisaged that these Terms of Reference will be reviewed annually, 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

33. This Committee is accountable to the Governing Body and NHS England.
34. Budget and resource accountability arrangements and the decision-making scope of the Committee will be in line with those detailed in these Terms of Reference and in the delegation agreement.
35. 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 SFI of any of the members, the Delegation will prevail.
36. Any proposed changes must be approved by the Governing Body before they take effect. These terms of reference will be reviewed at least once per annum. The review date will be included in the CCG's Governance Handbook which can be found at www.norfolkandwaveneyccg.nhs.uk

Procurement of Agreed Services

37. Procurement of agreed services will take place in line with the arrangements set out in the delegation agreement and other associated guidance.

Decisions

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

39. The decisions of the Committee shall be binding on NHS England and the CCG.

Schedule 1 – Delegation by NHS England

- 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 GP Access Fund; and
- h) such other ancillary activities that are necessary in order to exercise the Reserved Functions;