

Primary Care Commissioning Committee

Terms of Reference

1. Purpose

In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), a formal delegation agreement has been issued by NHS England to empower NHS Nottingham North and East CCG to commission primary care medical services for the people of Nottingham North and East.

The CCG has established the NHS Nottingham North and East CCG Primary Care Commissioning Committee (“Committee”) in accordance with the CCG’s Constitution. The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.

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 the duties shown at Appendix A of these Terms of Reference.

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 subject to any directions made by NHS England or by the Secretary of State.

2. Status

The Committee is established in accordance with the CCG’s Constitution and as a committee of the CCG’s Governing Body.

The Governing Body has authorised the Committee to create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee’s membership. The Committee shall determine the membership and terms of reference of any such task and finish sub-groups.

The Primary Care Commissioning Committee may meet ‘in-common’ with the Primary Care Commissioning Committee Committees of NHS Nottingham City CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG.

3. Role of the Committee

The Committee has been established in accordance with the above statutory provisions to enable the committee to make collective decisions on the review, planning and procurement of primary care services in Nottingham North and East CCG, 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 the CCG, which will sit alongside the delegation and the 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:

- a) 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);
- b) Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);
- c) Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- d) Decision making on whether to establish new GP practices in an area;
- e) Approving practice mergers and/or closures; and
- f) Making decisions on ‘discretionary’ payments’ (e.g., returner/retainer schemes).

The Committee will also assure itself on the effective management of delegated primary care commissioning arrangements; more specifically, the planning, commissioning and procurement, and contract oversight of primary medical services.

The Committee will also assure itself that effective arrangements are in place to manage the delegated budget for primary care medical services.

4. Membership

The membership of the Committee shall consist of the following:

- Lay Member (Chair)
- Lay Member (Deputy Chair)
- Independent GP Advisor
- Accountable Officer
- Chief Finance Officer
- Chief Operating Officer
- Chief Nurse
- Director of Primary Care

In attendance

There will be a standing invitation to the following to offer representation in a non-voting capacity on the Committee:

- Locality GP Representative
- Healthwatch Nottingham and Nottinghamshire
- Nottinghamshire County Health and Wellbeing Board

- Primary Care Contracting Team of NHS England

Other CCG officers may be invited to attend meetings when the Committee is discussing items that fall within their areas of expertise and/or responsibility.

5. Chair and Deputy

The Lay Member (Chair) will chair the meeting, with the Lay Member (Deputy Chair) deputising in their absence.

6. Quorum

The Committee will be quorate with a minimum of five members, to include at least one Lay Member, either the Accountable Officer or Chief Finance Officer and one Clinical Member.

Any issues of quoracy resulting from declared interests should be managed in line with the CCG's arrangements for managing conflicts of interest. All such arrangements must be recorded in the Committee's minutes.

To ensure that the quorum can be maintained (due to apologies being sent or during items where members are excluded due to a conflict of interest), members of the Committee are able nominate a suitable deputy to attend a meeting of the Committee that they are unable to attend, to speak and vote on their behalf. Members of the Committee are responsible for fully briefing their nominated deputies and for informing the secretariat so that the quorum can be maintained.

For the sake of clarity, no person can act in more than one capacity when determining the quorum.

If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

7. Decision-making arrangements

The aim of the Committee will be to achieve consensus decision-making wherever possible.

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

The decisions of the Committee shall be binding on NHS England and NHS Nottingham North and East CCG.

8. Urgent Decisions

On occasion, the Committee may be required to take urgent decisions. An urgent decision is one where the requirement for the decision to be made arises between the scheduled monthly meetings of the Committee and in relation to which a decision must be made prior to the next scheduled meeting.

Where an urgent decision is required a supporting paper will be circulated to Committee members by the secretary to the Committee.

The Committee members may meet either in person, via telephone conference or communicate by email to take an urgent decision. The quorum, as described in section 6, must be adhered to for urgent decisions.

A minute of the discussion (including those performed virtually) and decision will be taken by the secretary to the Clinical Commissioning Executive Group and will be reported to the next meeting of the Clinical Commissioning Executive Group for formal ratification.

9. Frequency of meetings

Meetings of the Primary Care Commissioning Committee will be scheduled on a monthly basis and the Committee will meet, as a minimum, on a bi-monthly basis.

Meetings of the Primary Care Commissioning Committee, other than those regularly scheduled above, shall be summoned by the secretary to the Committee at the request of the Chair.

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 (Admissions to Meetings) Act 1960 as amended or succeeded from time to time.

10. Secretariat and Conduct of Business

Agendas and supporting papers will be circulated no later than three working days in advance of meetings and will be distributed by the secretary to the Committee.

Any items to be placed on the agenda are to be sent to the secretary no later than five working days in advance of the meeting. Items which miss the deadline for inclusion on the agenda may be added on receipt of permission from the Chair. The Primary Care Commissioning Committee agenda will be agreed with the Chair prior to the meeting.

11. Minutes of Meetings

Minutes will be taken at all meetings, presented according the corporate style, and circulated to members of the Committee. The minutes will be ratified by agreement of the Committee at the following meeting.

The Chair of the Committee will agree minutes if they are to be submitted to the Governing Body prior to formal ratification.

When requested, the Committee will also produce an executive summary report to be presented to NHS England for information.

12. Conflicts of Interest Management

At the beginning of each formal meeting, members will be required to declare any personal interest if it relates specifically to a particular issue under consideration. If the existence of an

interest becomes apparent during a meeting then this must be declared at the point at which it arises. Any such declaration will be formally recorded in the minutes for the meeting.

All declared interests are required to be managed in line with the requirements of the CCG's Constitution and Conflicts of Interest Policy including in relation to any further participation in discussions/decisions.

13. Reporting Responsibilities

The Committee will report to the Governing Body through regular submission of minutes from its meetings. Any items of specific concern will be the subject of a separate report.

14. Review of Terms of Reference

These Terms of Reference will be formally reviewed on an annual basis but may be amended at any time in order to adapt to any national guidance as and when issued.

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Appendix A

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).