

NHS South West London Clinical Commissioning Group

Primary Care Commissioning Committee

Terms of Reference

DRAFT

Document management

Revision history

Version	Date	Summary of changes
0.1	Pre 05/09/19	Comments as per tracker
0.2	06/09/19	Amendments as per tracker

Reviewers

This document must be reviewed by the following people:

Reviewer name	Title/responsibility	Date	Version
Governance Lay Members			
SMT			
Chairs			
LMC			

Approved by

This document must be approved by the following people:

Name	Signature	Title	Date	Version

1. Introduction

- 1.1. 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 of the Delegation Agreement to these Terms of Reference to South West London CCG (hereby known as the CCG).
- 1.2. The CCG Primary Care Commissioning Committee (hereby known as the Committee) is established as a Committee of the CCG Governing Body (hereby known as the Governing Body) in accordance with Schedule 1A of the “NHS Act”.
- 1.3. The Committee will exercise the delegated powers as outlined in these Terms of Reference.
- 1.4. The ongoing relationship the Committee will have with NHS England will be revised on an ongoing basis, though is currently outlined as in Schedule 2 of the Delegation Agreement.
- 1.5. The Committee, in common with all CCG Governing Body Committees is formally accountable for furnishing the Finance and Audit Committees with the formal reports it requires to assure the Governing Body that Primary Care Co-Commissioning is being effectively governed and managed.
- 1.6. The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

2. Statutory Framework for the CCG

- 2.1. NHS England has delegated to the CCG authority to exercise the primary care commissioning functions set out in Schedule 2 of the Delegation Agreement in accordance with section 13Z of the NHS Act.
- 2.2. Arrangements made under section 13Z may be on such Terms and Conditions (including terms as to payment) as may be agreed between the NHS England Commissioning Board and the CCG.
- 2.3. 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:
 - 2.3.1. Management of conflicts of interest (section 14O);
 - 2.3.2. Duty to promote the NHS Constitution (section 14P);
 - 2.3.3. Duty to exercise its functions effectively, efficiently and economically (section 14Q);
 - 2.3.4. Duty as to improvement in quality of services (section 14R);
 - 2.3.5. Duty in relation to quality of primary medical services (section 14S);

- 2.3.6. Duties as to reducing inequalities (section 14T);
- 2.3.7. Duty to promote the involvement of each patient (section 14U);
- 2.3.8. Duty as to patient choice (section 14V);
- 2.3.9. Duty as to promoting integration (section 14Z1);
- 2.3.10. Public involvement and consultation (section 14Z2).

2.4. The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those set out below:

2.5. Duty to have regard to impact on services in certain areas (section 13O);

2.6. Duty as respects variation in provision of health services (section 13P)

3. Role of the Committee

- 3.1. The overall scope of the Committee includes those primary care co-commissioning functions formally delegated by NHS England to the CCG as a new CCG function from 1st April 2016.
- 3.2. 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.
- 3.3. 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.
- 3.4. 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.
- 3.5. This includes the following:
 - 3.5.1. GMS, PMS and APMS contracts; taking contractual action such as issuing breach/remedial notices, and removing a contract;
 - 3.5.2. Ratification of newly designed Local Incentive Schemes (LISs) on the recommendation of the relevant Borough Committee of the CCG.
 - 3.5.3. Ratification of newly designed local incentive schemes as an alternative to the Quality Outcomes Framework (QOF) on the recommendation of the relevant Borough Committee of the CCG.
 - 3.5.4. Decision making on whether to establish new GP practices in an area on the recommendation of the relevant Borough Committee of the CCG;
 - 3.5.5. Approving practice mergers on the recommendation of the relevant Borough Level Committee of the CCG; and

3.5.6. Making decisions on 'discretionary' payments where Standard Operating Procedures do not exist on the recommendation of the relevant Borough Committee of the CCG.

3.6. The Committee is accountable for exercising the agreed delegated functions from NHS England; these functions operate at practice level and not at individual Primary Care Contractor level.

4. Exclusions

4.1. Control of primary care (core contracts and discretionary such as LISs) budgets is delegated from the CCG to individual Borough Committees and as such is not within the remit of the Committee. As such, Borough Committees can develop local incentive schemes as per local strategy.

4.2. Design, development and delivery of borough-level primary care strategies is not within the remit of the Committee, with all such matters the responsibility of individual Borough Committees.

5. Geographical Coverage

5.1. The Committee will comprise of decisions relating to primary care within South West London, defined as the six boroughs within South West London.

6. Membership

6.1. The Committee shall consist of:

6.1.1. Voting members

- 6.1.1.1. Chair – Lay Member
- 6.1.1.2. Lay member (Vice Chair)
- 6.1.1.3. GP Lead for Primary Care
- 6.1.1.4. 2x CCG Executive Directors
- 6.1.1.5. Independent (non-SWL) GP

6.1.2. Non-voting attendees:

- 6.1.3. HealthWatch representative
- 6.1.4. Londonwide LMC representative or Merton, Sutton, Wandsworth representative
- 6.1.5. Surrey & Sussex LMC representative
- 6.1.6. Place based representative (Croydon)
- 6.1.7. Place based representative (Kingston)
- 6.1.8. Place based representative (Merton)

- 6.1.9. Place based representative (Richmond)
- 6.1.10. Place based representative (Sutton)
- 6.1.11. Place based representative (Wandsworth)
- 6.1.12. SWL Primary Care Contracting Team
- 6.1.13. Primary Care representatives from Borough level as appropriate

6.2. The Chair of the Committee shall be a CCG Governing Body Lay Member, who should not be the Chair of the Audit Committee.

6.3. The Vice Chair of the Committee shall be a CCG Governing Body Lay Member, who could be the Chair of the Audit Committee.

6.4. The Committee may appoint ad-hoc members to advise it on specific matters within its terms of reference from time to time as appropriate.

6.5. There will be an annual review of the Committee's membership to support its efficient functioning.

7. Conflicts of Interest

7.1. Conflicts of Interests will be managed in accordance with the Constitution that outlines the current policy; 'Standards of Business Conduct and Managing Conflicts of Interest Policy'.

7.2. Where a Committee member has, or may have, a conflict of interest, arrangements will be put into place to manage that conflict of interest in accordance with the Constitution and the Conflicts of Interest Policy.

8. Meetings and Voting

8.1. The Committee will operate in accordance with the CCG's Constitution and Standing Orders. The Secretary to the Committee will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than five calendar 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.

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

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

8.4. Each voting 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.

8.5. 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.

8.6. Meetings of the Committee:

8.6.1. shall be held in public, subject to the application of 32(b);

8.6.2. may resolve to exclude the public and non-voting attendees 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.

9. Quorum

9.1. The Committee will be Quorate with three of the six voting members in attendance, with at least one Lay member present. Where a voting or other non-voting members have a conflict of interest they may be excluded from the agenda item decision. The Chair may ask them to be part of the discussion before the decision is made.

10. Confidentiality

10.1. Members of the Committee shall respect confidentiality requirements as set out in the CCG Constitution or Standing Orders.

11. Frequency of meetings

11.1. There is an expectation there will be at least six meetings will be held in public over the financial year. The Chair can request additional meetings where required.

11.2. Where the Chair determines there is insufficient business to be conducted at the Committee, a meeting may be cancelled providing five working days notice is given.

12. Urgent Decision Making

- 12.1. The Committee has a statutory duty to make a range of decisions relating to the commissioning of primary care medical services.
- 12.2. In the vast majority of cases these decisions can be made by the committee as part of business as usual. However, there may be occasion, when an urgent situation arises that requires a decision or actions to be agreed either immediately or before the next Committee takes place.
- 12.3. Urgent Decision Making (UDM) meetings, in person or via teleconference, can be called by the chair (or vice-chair in their absence) or designated deputy. Wherever possible members will be given five working days notice.
- 12.4. A minimum of two voting members of the Committee must be present in person or on the teleconference, one of whom should be a CCG Governing Body Lay Member for it to be quorate.
- 12.5. A meeting will be convened by the Committee Chair (or Committee Vice-Chair in their absence) and an Executive Director or designated deputy. Consultation will be made with the Committee Vice-Chair and all other available members of the Committee unless in exceptional circumstances where a time delay cannot be permitted. If other Committee members are not consulted they will be informed at the earliest possible time.
- 12.6. All decisions will be reported at the next available Committee meeting.

13. Other Matters

- 13.1. 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.
- 13.2. The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

14. Reporting

- 14.1. The Committee will present its agreed minutes and an executive summary report to the Governing Body, following each meeting, for information, including the minutes of any sub-committees to which responsibilities are delegated.
- 14.2. There is a statutory requirement that the Committee publishes a register of its decisions, outlining the management of any Conflicts of Interest.

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

15. Review of Terms of Reference

15.1. 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.