



Clinical Commissioning Group

Dorset Primary Care Commissioning Committee

Terms of Reference

Terms of reference – NHS Dorset CCG 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 Dorset CCG (the CCG). The delegation is set out in Schedule 1.
3. The CCG has established the NHS Dorset 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.
4. It is a committee comprising representatives of the following organisations:
 - NHS Dorset CCG

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 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).

8. 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

9. The Committee is established as a committee of the Governing Body of NHS Dorset CCG 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 Dorset, 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 NHS Dorset CCG, which will sit alongside the delegation and terms of reference.
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:
 - (a) To plan, including needs assessment, primary medical care services in Dorset
 - (b) To develop and oversee the implementation of a Primary Care Strategy;

- (c) To secure the provision of comprehensive and high quality primary medical services in Dorset
- (d) To co-ordinate a common approach to the commissioning of primary care services generally;
- (e) To make decisions on investment on the infrastructure of Primary Medical Services, to ensure adequate and high quality provision as well as value for money for the public.
- (f) To undertake reviews of primary medical care services in Dorset;
- (g) To manage the budget for commissioning of primary medical care services in Dorset.

Geographical Coverage

17. The Committee will cover the NHS Dorset CCG area.

Membership

18. The Committee shall consist of:

- (a) 2 Primary care lead GPs and one further GP Member of the Governing Body;
- (b) Two Lay Members;
- (c) The Accountable Officer;
- (d) The Chief Finance Officer;
- (e) the Director of Service Delivery;
- (f) the Director of Nursing and Quality;

19. The Committee shall at all times have a lay and executive majority.

20. The membership will meet the requirements of the Group's Constitution.

21. The Chair and vice Chair of the Committee shall be Lay Members of the Group. In the absence of the Chair and vice Chair any executive member may be appointed by members to chair a meeting.

22. The current Chair and vice Chair of the Joint Primary Care Commissioning Committee of the CCG shall be the first Chair and vice Chair of the Committee

23. The appointment process for future Chair and Vice Chair will be determined by the Governing Body at the time of any future appointment or reappointment.

24. The Committee shall extend to the following individuals a standing invitation to join the Committee as non-voting attendees:
 - a) A Local HealthWatch representative; and
 - b) A representative from the relevant Health and Wellbeing Board
 - c) A representative from NHS England.
 - d) An LMC representative
 - e) A representative of the Public Health function of any relevant Local Authority
25. The Committee can require the attendance at any of its meetings of any officer of the Group as required.
26. The Committee may request the attendance at any of its meetings of one or more of its Members' practice managers and practice nurses or any other Locality Lead who is not a member of the Committee.

Meetings and Voting

27. The Committee will operate in accordance with the CCG's 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 7 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.
28. The Committee shall adopt the Standing Orders of the Group insofar as they relate to the:
 - a) Notice of meetings;
 - b) Handling of meetings;
 - c) Agendas;
 - d) Circulation of papers; and
 - e) Conflicts of interest.
29. 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

30. The quorum shall be one third of the total number of members and the Chair, including at least one GP Member.

Frequency of meetings

31. The Committee shall meet no less than four times per year. Meetings of the Committee:
32. Shall, subject to the application of paragraph 18.2, be held in public.
33. 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.
34. 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.
35. 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.
36. 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 Committee in which event these shall be observed.
37. The Secretary and the General Counsel ("Secretariat") of the Group shall service the Committee.
38. The Secretariat to the Committee will:
 - 38.1 Circulate the action notes of the Committee with 3 working days of approval of draft minutes by the Chair to all members.
 - 38.2 Present the minutes and action notes to the Wessex Area Team of NHS England and the Governing Body of the Group.

39. 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.
40. The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.
41. Members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution.
42. The Committee will present its minutes to Wessex Area Team of NHS England and the Governing Body of NHS Dorset CCG following each meeting for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 27 above.
43. The CCG will also comply with any reporting requirements set out in its constitution.
44. It is envisaged that these Terms of Reference will be reviewed from time to time, 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

The Committee is authorised to determine matters within its remit where those matters involve expenditure up to the limit delegated to the Accountable Officer under the Scheme of Delegation, relating to expenditure within the NHS. Where the expenditure involved exceeds these sums the Committee is authorised to make representations to the Governing Body in respect of those matters.

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 of Standing Financial Instructions of any of the members, the Delegation will prevail.

[Allowance for consultation with members of CCGs / public]

Procurement of Agreed Services

[The detailed arrangements regarding procurement will be set out in the delegation agreement. Please refer to the *Next Steps in primary care co- commissioning document* for further guidance on this.]

Decisions

45. The Committee will make decisions within the bounds of its remit.
46. The decisions of the Committee shall be binding on NHS Dorset CCG.
47. The Committee will produce an executive summary report which will be presented to the Wessex Area Team of NHS England and the Governing Body of NHS Dorset the CCG periodically for information.

Schedule 1 – Delegation

Draft Delegation Agreement – to be completed by NHS England.