

## Primary Care Operational Group (PCOG)

### Terms of Reference

<b>Document Status and Version</b>	Version 3.0
<b>Developed by</b>	Primary Care Operational Group
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<b>Approving Committee / Group</b>	Primary Care Commissioning Committee
<b>Date Approved</b>	

Revision History			
Version	Version Date	Summary of changes	Next review
3.0	18/10/2017	Recognition of full delegation responsibilities and role of group in assurance, risk management and support for the implementation of the GPFV	October 2018
2.0	15/01/2016	No change	January 2017
1.0	11/12/2015	Initial terms of reference drafted following co-commissioning arrangements and set up of joint primary care commissioning Committee	December 2016

## **1. GOVERNANCE**

- 1.1 The Primary Care Commissioning Committee (The Committee) has directed that a Primary Care Operational Group (The Group) is established to provide operational management level co-ordination, assurance and support to the proceedings of the Committee in support of full delegation and the delivery of the Primary Care strategy.
- 1.2 The Group will therefore oversee the implementation of a primary care strategy and plan, deliver on agreed policies and decisions, be responsible for the operational management of the day to day primary care business and be responsible for the management of Primary Care risks.
- 1.3 The Group will bring together the Wessex Primary Care Area team (NHS England), the Local Medical Committee (LMC) and all the relevant Clinical Commissioning Group (CCG) teams and functions (membership defined in section 3)
- 1.4 The terms of reference shall be reviewed annually by The Group and The Committee, and any resulting changes to the terms of reference or membership of the group shall be approved by the Committee.
- 1.5 A register of potential conflicts of interest will be opened and any updates communicated to the corporate office of the CCG.

## **2. REMIT AND FUNCTIONS**

- 2.1 To co-ordinate all the relevant functions of the CCG in relation to the delegated commissioning functions of primary care;
- 2.2 To monitor the quality and effectiveness of primary care provision;
- 2.3 To ensure that the Committee business is adequately supported and delivered;
- 2.4 To facilitate effective communications between stakeholders across the CCG, NHSE and LMC;
- 2.5 To support the implementation of Dorset CCG's primary care strategy and plan, managing implications associated with implementation;
- 2.6 To inform and plan agendas for the Committee meetings and follow up matters arising;
- 2.7 To make decisions against policy and / or make recommendations for decision making to The Committee concerning primary care contractual and commissioning issues;
- 2.8 To hold financial oversight of the primary care budget and awareness of financial implications and risks when making recommendations to the Committee;
- 2.9 To ensure that corporate messages and communications related to primary care in Dorset are consistent and appropriate;

- 2.10 To monitor risks associated with the delivery of primary care services and the delivery of the primary care strategy and ensure measures are put in place to manage these risks;
- 2.11 To understand, scrutinise and assure all aspects relating to primary care with regards to quality, safety, financial, resilience of practices and delivery of services and strategic plans;
- 2.12 To help manage risks associated with all aspects of primary care.

### **3. MEMBERSHIP**

3.1 The Group will consist of:

- CCG Deputy Director of service delivery (Chair)
- CCG Head of Primary Care
- CCG Principal Primary Care Lead
- CCG Assistant Director of Finance
- CCG Primary Care Quality Lead
- CCG Chief Pharmacist
- CCG Head of Business Intelligence
- CCG Workforce Lead
- CCG Senior Primary Care Lead
- Others by invite

3.2 Attendance in an advisory capacity

- NHS England representative
- Local Medical Committee representative

### **4. ATTENDANCE AND QUORUM**

4.1 The Group can request the attendance of any officer of the CCG as required.

4.2 The Group may request attendance from a representative of the patients and the public.

4.3 Meetings can proceed if they have a PCOG Chair, a CCG Primary Care Lead, a CCG Quality Lead, and 2 other representatives.

### **5. FREQUENCY**

5.1 The PCOG shall meet monthly in advance of The Committee meetings.

### **6. REPORTING**

6.1 Minutes of each meeting will be recorded.

- 6.2 Recommendations made outside of policy will be taken to The Committee.
- 6.3 All recommendations will undergo quality, financial, system wide implication assessment and contractual scrutiny and assurance before submission to the Committee.
- 6.4 Appendix A illustrates the Governance Structure and links.

**APPENDIX A: PCOG GOVERNANCE STRUCTURE**

**Key:**

