

PRIMARY CARE COMMISSIONING COMMITTEE

TERMS OF REFERENCE

1. Introduction

- 1.1 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.
- 1.2 In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England [and NHS Improvement](#) has delegated the exercise of the functions specified in Schedule 2 to these Terms of Reference to NHS Hull CCG.
- 1.3 The CCG has established the NHS Hull 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.
- 1.4 It is a committee comprising representatives of the following organisations:
 - i NHS Hull CCG
 - ii Hull City Council

Representatives from the following organisations, without voting rights, are also present:

- i NHS England [and NHS Improvement](#)
- ii Healthwatch Hull
- iii The Humberside Group of Local Medical Committees
- iv Hull Health and Wellbeing Board

2. Statutory Framework

- 2.1. NHS England [and NHS Improvement](#) 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.
- 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 Board and the CCG.

2.3 Arrangements made under section 13Z do not affect the liability of NHS England and NHS Improvement 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).

2.4 The CCG will also need to specifically, in respect of the delegated functions from NHS England and NHS Improvement, exercise those in accordance with the relevant provisions of section 13 of the NHS Act.

2.5 The Committee is established as a committee of the governing body of NHS Hull CCG in accordance with Schedule 1A of the “NHS Act”.

2.6 The members acknowledge that the Committee is subject to any directions made by NHS England and NHS Improvement or by the Secretary of State.

3. Role of the Committee

3.1 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 Kingston upon Hull, under delegated authority from NHS England and NHS Improvement.

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 NHS Improvement and NHS Hull 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. This includes the following:

- i) GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breach/remedial notices, and removing a contract);

- ii Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);
- iii Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- iv Decision making on whether to establish new GP practices in an area;
- v Approving practice mergers;
- vi Making decisions on ‘discretionary’ payment (e.g., returner/retainer schemes); these decisions will be in line with The General Medical Services Statement of Financial Entitlements (Amendment) Directions 2019
- vii Currently commissioned extended primary care medical services;
- ix Newly designed services to be commissioned from primary care;
- x. Approving and supporting the development of Primary Care Networks in line with NHS England Guidance;
- xi. The Network DES including Network Agreement, DES specifications, Network funding including Network Engagement Funding, Network Administration Payment, ~~Workforce~~ Additional Roles Reimbursement and Clinical Lead funding.

3.5 The Committee will also monitor the following CCG activities:

- i To plan, including needs assessment, primary [medical] care services in Kingston upon Hull;
- ii To undertake reviews of primary [medical] care services in Kingston upon Hull;
- iii To maintain an overview of a common approach to the commissioning of primary care services generally. This includes having due regard to the work of the Planning and Commissioning Committee;
- iv To help manage the budget for commissioning of primary [medical] care services in Kingston upon Hull;
- v To support development of the primary care workforce.

3.6 The Committee will seek an opinion prior to reaching a decision, where appropriate, from the Planning and Commissioning Committee on items of mutual interest to both committees and where decision making responsibility rests with the Committee.

3.7 The Committee will provide an opinion where appropriate to the Planning and Commissioning Committee on items of mutual interest to both committees where decision making responsibility rests with the Planning and Commissioning

Committee. Examples include services commissioned from community ~~pharmacy~~ pharmacies and community optometrists.

- 3.8 The Committee will receive regular assurance reports from the Primary Care Quality and Performance Sub-Committee regarding the quality and performance of primary [medical] care services.

4. Geographical Coverage

- 4.1 The Committee will cover the area served by NHS Hull CCG.

5. Membership

- 5.1 The Committee shall comprise the membership set out at Schedule 1.
- 5.2 Members are required to attend scheduled meetings. Attendance will be monitored throughout the year and any concerns raised with the Chair and relevant Member.
- 5.3 Any changes to the membership of the Committee must be approved by the CCG governing body.
- 5.4 The Chair and Vice Chair of the Committee shall be appointed by the CCG governing body. The Chair shall be a Lay Representative of the CCG governing body. In which case the term “Chair” is to be read as a reference to the Chair of the Committee as the context permits, and the term “member” is to be read as a reference to a member of the Committee also as the context permits.

6. Meetings

- 6.1 Meetings shall be administered in accordance with the CCG’s Constitution, Standing Orders and Prime Financial Policies.
- 6.2 The Committee shall meet not less than bi-monthly and on other such occasions as agreed between the Chair of the Committee and the Chair of the CCG governing body. The frequency of meeting should be such as to ensure the Committee achieves its annual work-plan.
- 6.3 The Strategic Lead - Primary Care will ensure the Committee is supported administratively, and will ensure the adherence to the CCG’s Standing Orders, specifically in relation to:
- i. Notice of Committee meetings;
 - ii. Operation of Committee meetings;
 - iii. Preparation of Committee agendas;
 - iv. Circulation of Committee papers; and
 - v. Management of conflicts of interest.

- 6.4 The Committee shall meet in public, save for when they resolve to exclude the public from a meeting (whether for the whole or part of the proceedings) as they determine 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.
- 6.5 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.
- 6.6 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.
- 6.7 The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

7. Voting

- 7.1 Members will work collaboratively to reach decisions by consensus and agreement wherever possible. Where exceptionally this is not possible, the following arrangements will apply.
- i Each Member shall have one vote.
 - ii The Committee shall reach decisions by a simple majority of Members present, but with the Chair having a second and casting vote if necessary.

8. Quoracy / Decision-making

- 8.1 The quorum for meetings shall be six members including a minimum of two lay members.
- 8.2 If a quorum has not been reached, then the meeting may proceed if those attending agree but any record of the meeting should be clearly indicated as notes rather than formal minutes, and no decisions may be taken by the non-quorate meeting of the Committee. Matters requiring a decision in such circumstances can either be referred to the next CCG Board (where it is possible for the Board to remain quorate for the issue to be considered) or subsequent quorate meeting of the Committee.

9. Reporting arrangements

- 9.1 All meetings shall be formally minuted and a record kept of all reports/documents considered.
- 9.2 The reporting arrangements to the CCG governing body shall be through the submission of a written Chair's Report on the progress made and opinion of confidence provided to the next CCG governing body meeting. The report shall,

where necessary, include details of any recommendations requiring ratification by the CCG governing body. The Chair's Report shall also be sent to NHS England and [NHS Improvement – North East and Yorkshire and the Humber](#).

- 9.3 Copies of the Minutes are a standing item on the CCG governing body and shall also be sent to NHS England and NHS Improvement – North East and Yorkshire. The Committee will provide an Annual Workplan to the CCG governing body for approval and an Annual Report.
- 9.4 The meetings of the Committee shall normally be held in public, save for where 6.4 applies. The CCG senior officer with responsibility for corporate governance will be responsible for ensuring that FOI requirements in relation to the Committee are met. The chair of the committee will seek the advice of the senior officer with responsibility for corporate governance in relation to any matters where an exemption as defined within the Freedom of Information Act 2000 is believed to apply.

10 Links and interdependencies

- 10.1 The Primary Care Commissioning Committee will link, in particular, to the following forums:
- i CCG Planning and Commissioning Committee;
 - ii CCG governing body (board);
 - iii CCG Integrated Audit and Governance Committee
 - iv CCG Primary Care Quality and Performance Sub-Committee (a sub-committee of this committee)
 - v CCG Estates Sub-Committee (a sub-committee of this committee)
 - [vi Humber Coast and Vale Primary Care Programme Board](#)

11. Confidentiality and Conflicts of Interest / Standards of Business Conduct

- 11.1 All Members are expected to adhere to the CCG Constitution and Standards of Business Conduct and Conflicts of Interest Policy.
- 11.2 In circumstances where a potential conflict is identified the Chair of the Committee will determine the appropriate steps to take in accordance with the CCG's Conflicts of Interest decision-making matrix. This action may include, but is not restricted to, withdrawal from the meeting for the conflicted item or remaining in the meeting but not voting on the conflicted item.
- 11.3 All Members shall respect confidentiality requirements as set out in the CCG Constitution.

12. Other provisions

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

12.2 The decisions of the Committee shall be binding on NHS England and NHS Improvement and NHS Hull CCG.

12.3 These terms of reference will be formally reviewed not less than annually. NHS England may also issue revised model terms of reference from time to time.

SCHEDULE 1

COMMITTEE MEMBERSHIP

The membership will meet the requirements of NHS Hull Clinical Commissioning Group's constitution.

The Chair of the Committee shall be a Lay Representative of the NHS Hull CCG Governing Body.

The Vice Chair of the Committee shall be a Lay Representative of the NHS Hull CCG Governing Body.

There will be a standing invitation to Healthwatch, the Local Medical Committee and the Health and Wellbeing Board.

Membership of the Committee is determined and approved by NHS Hull CCG governing body and will comprise:

Member (Voting)

NHS Hull CCG

- NHS Hull CCG Governing Body, Lay Representative Strategic Change ~~–Chair~~
- NHS Hull CCG Governing Body, Lay Representative Patient and Public Involvement - ~~Vice~~ Chair
- NHS Hull CCG Accountable Officer
- NHS Hull CCG Chief Operating Officer
- NHS Hull CCG Chief Finance Officer (or nominated senior deputy)
- NHS Hull CCG Director of Integrated Commissioning (or nominated senior deputy)
- NHS Hull CCG Director of Nursing and Quality ~~and Clinical Governance/Executive Nurse~~ (or immediate-nominated senior deputy)
- NHS Hull CCG Governing Body Lay Representative Audit, Remuneration and Conflict of Interest Matters
- NHS Hull CCG Governing Body GP Member(s) without a pecuniary interest
- NHS Hull CCG Governing Body Registered Nurse

Hull City Council

- Hull City Council Director of Public Health (or senior representative from Hull City Council)

Non-voting attendees

- NHS England and NHS Improvement – North East and Yorkshire Representative, Head of Co-Commissioning (Localities) (or nominated senior deputy)
- NHS England and NHS Improvement – North East and Yorkshire Representative, Assistant Primary Care Contracts Manager
- NHS Hull CCG Governing Body GP Members
- Healthwatch Hull Representative - Delivery Manager

- LMC Representative
- NHS Hull Associate Director of Corporate Affairs
- NHS Hull Associate Director of Communications and Engagement
- NHS Hull CCG Strategic Lead - Primary Care
- NHS Hull CCG Head of Commissioning – Integrated Delivery
- NHS Hull CCG Governing Body Practice Manager Representative
- Health and Wellbeing Board Representative – Elected Member

In attendance as and when required

- Commissioning Support Representatives
- Other Officers of the CCG
- Other Officers of NHS England and NHS Improvement – North East and Yorkshire