

Terms of reference

NHS Great Yarmouth and Waveney 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 Great Yarmouth and Waveney Clinical Commissioning Group (CCG). The delegation is set out in Schedule 1.
3. The CCG has established the NHS Great Yarmouth and Waveney 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.

Statutory Framework

4. 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.
5. 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.

6. 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).

7. 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
 - Duty to have regard to impact on services in certain areas (section 13O);
 - Duty as respects variation in provision of health services (section 13P).

8. The Committee is established as a committee of the NHS Great Yarmouth and Waveney CCG Governing Body in accordance with Schedule 1A of the “NHS Act”.

9. 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

10. 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 Great Yarmouth and Waveney, under delegated authority from NHS England.

11. 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 Great Yarmouth and Waveney CCG, which will sit alongside the delegation and terms of reference.
12. 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.
13. 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.
14. 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).
15. The CCG will also carry out the following activities:
 - a) To plan, including needs assessment, primary medical care services in Great Yarmouth and Waveney;
 - b) To undertake reviews of primary medical care services in Great Yarmouth and Waveney;
 - c) To co-ordinate a common approach to the commissioning of primary care services generally; including supporting developments in respect of integration with providers and local authority services including co-location of services.

- d) To manage the budget for commissioning of primary medical care services in Great Yarmouth and Waveney.

Geographical Coverage

16. The Committee will comprise of the NHS Great Yarmouth and Waveney CCG.

Membership

17. The Committee shall consist of the following voting members:

CCG Lay members x2

CCG Accountable Officer (or their nominated deputy)

CCG Chief Financial Officer (or their nominated deputy)

Director of Contracting (or their nominated deputy)

Director of Commissioning and Quality (or their nominated deputy)

Secondary Care Clinician

General Practitioner (from outside GYWCCG area)

Practice Manager (from outside GYW CCG area)

Local Government member from System Leadership Partnership

18. The Chair of the Committee shall be a Lay Member and the role will be drawn from the pool of lay members (not Audit Committee Chair) attending Governing Body meetings in line with availability and skills and experience in contract management and performance review in respect of delivery of health care services

19. The Vice Chair of the Committee shall be one or other of the Lay Member or Secondary Care Clinician with the role being agreed between the Chair of the committee and the Accountable Officer.

20. Non-voting attendees considered to hold significant influence are listed as follows:

- NHS England
- Local General Practitioners
- Local Registered Nurses working within General Practice
- Health Watch representative
- Patient Participation Group Forum member
- Health and Wellbeing Board representative
- Local Medical Committee representative

Meetings and Voting

21. The Committee will operate in accordance with the CCG's Standing Orders. The Secretary, Director of Contracting, 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 5 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.
22. 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

23. The quorum for any meeting will be a minimum of 4 out of the 9 committee members, with at least 2 Executive members, 2 Lay member / other members

Frequency of meetings

24. The committee will meet bi monthly with additional ad hoc meetings arranged as required. Arrangements for virtual decisions or formal voting on low risk recommendations will be agreed at meetings to ensure timely decisions.
25. Meetings of the Committee shall:
 - a) be held in public, subject to the application of 23(b);
 - b) 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.

26. 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.
27. 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.
28. The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.
29. Members of the Committee shall respect confidentiality requirements as set out in the CCG's Standing Orders.
30. The Committee will present its minutes to NHS England Midlands and East (East) and a summary update by the chair, (excluding practice references and commercially sensitive information) will be made to the governing body of NHS Great Yarmouth and Waveney CCG on a timely basis for information; including the minutes of any sub-committees to which responsibilities are delegated under paragraph 27 above.
31. The CCG will also comply with any reporting requirements set out in its constitution.

Decisions

32. The Committee will make decisions within the bounds of its remit
33. The decisions of the Committee shall be binding on NHS England and NHS Great Yarmouth and Waveney CCG
34. In addition to the minutes and summary report referred to in 30. above, the Committee will produce an executive summary report which will be presented to NHS England Midlands and East (East) and the governing body of Great Yarmouth and Waveney CCG on a timely basis, for information

35. 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

Budget and resource accountability arrangements will follow the standard practices established for directorate budgets as governed by the regulations in the Scheme of Reservation and Delegation and Prime Financial Policies (previously known as the Standing Financial Instructions.) Decisions on allocation of funds to support commissioning of practice configuration decisions are made by the committee membership within the limits and Executive Director authorities noted within the Scheme of Reservation and Delegation.

The Committee will have a delegated limit of £250,000 for contracting and procurement. Decisions above this level will need to be approved by the Governing Body, with the quoracy and voting arrangements of the Governing Body in respect of primary care commissioning adjusted in accordance with section 6.6.3 of the CCG's Constitution.

For the avoidance of doubt, in the event of any conflict between the terms of this Scheme of Delegation and Terms of Reference and the Standing Orders and Prime Financial Policies (previously known as Standing Financial Instructions) of any of the members, the Scheme of Delegation will prevail.

Decisions may from time to time be made following consultation with the full CCG membership via the CCG Members' meetings and/or the public following best practice for the conduct of public consultations.

Procurement of Agreed Services

The detailed arrangements regarding procurement are set out in the delegation agreement.