

NHS Scarborough and Ryedale Clinical Commissioning Group

Primary Care Co-Commissioning Committee Terms of Reference

Version Number	3
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Approved by	Governing Body
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TERMS OF REFERENCE AMENDMENTS

Amendments to the Terms of Reference will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Author/Editor	Nature of Amendment	Approved By	Date
1.0	Accountable Officer (Chief Officer)	None	Governing Body	
2.0	Associate Director of Corporate Services	Addition of 3 rd Lay Member to the Committee	Primary Care Co-Commissioning Committee	October 2016
2.1	Associate Director of Corporate Services	Amendment that the Vice Chair should not be the Lay Member who is Chair of A&G Committee	Primary Care Co-Commissioning Committee	June 2017

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 Scarborough & Ryedale CCG. The delegation is set out in Schedule 1. (to be completed following final agreement)
3. The CCG has established the NHS Scarborough & Ryedale 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 Scarborough & Ryedale CCG
 - Local GPs
 - North Yorkshire County Council (Health and Wellbeing Board)
 - Local Medical Committee
 - Healthwatch

Statutory Framework

5. NHS England has delegated to the CCG authority to exercise the primary care commissioning functions set out in Schedule 2 (to be completed following final agreement) 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. [insert details as relevant]

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

9. The Committee is established as a committee of the NHS Scarborough & Ryedale Governing Body 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 Scarborough and Ryedale, 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 Scarborough & Ryedale 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 Scarborough and Ryedale CCG;
 - b) To undertake reviews of primary [medical] care services in Scarborough and Ryedale CCG;
 - c) To co-ordinate a common approach to the commissioning of primary care services generally;
 - d) To manage the budget for commissioning of primary [medical] care services in Scarborough and Ryedale CCG.

Geographical Coverage

17. The Committee will comprise the NHS Scarborough & Ryedale CCG geographical coverage.

Membership

18. The Committee shall consist of:

- Chair - Lay member for Patient and Public Engagement
- Vice Chair - Lay member
- Executive Role- Chief Officer
- Executive Role- Chief Finance Officer
- Executive Role- Executive Nurse
- Lay member for Audit and Governance
- Governing Body GPs
- Primary Care Manager
- Associate Director of Corporate Affairs
- NHSE Primary Care Commissioning Representative

19. The Chair of the Committee shall be the Lay Member identified/appointed through expressions of interest invited from CCG Governing Body Lay members with appropriate skills and appointed through interview process where the panel will include an Executive Officer, GP and other nominated representatives.

20. The Vice Chair of the Committee shall be a Lay Member and should not be the Chair of Audit and Governance Committee.

21. A standing invitation to representatives of the following organisation where membership will be without voting rights:

- Local Medical Committee
- Healthwatch
- North Yorkshire County Council (Health and Wellbeing Board)
- Practice Nurse

Meetings and Voting

22. The Committee will operate in accordance with the CCG's Standing Orders. The Executive Assistant 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 3 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.

23. 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

24. The Committee will be deemed to be quorate when a minimum of 5 members, 4 of which must be not be GP representatives including the Chair and/or Vice Chair is present. A member who is present at the meeting but is conflicted out of a particular agenda item will not contribute to the quoracy of the meeting for the duration of that agenda item.

Frequency of meetings

25. Frequency of meetings will be weekly for the first month and then as agreed by the Committee.
26. 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.
27. 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.

28. 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..
29. The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.
30. Members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution
31. The Committee will present its minutes to North Yorkshire & Humber Area Team of NHS England and the governing body of NHS Scarborough & Ryedale CCG each month for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 27 above.
32. The CCG will also comply with any reporting requirements set out in its constitution.
33. 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 Primary Care Commissioning Committee is accountable to the Governing Body of NHS Scarborough & Ryedale CCG.

The Committee is authorised by the Governing Body to consider and determine matters within its remit, as set out in the scheme of delegation, and to make recommendations to the Governing Body as appropriate.

The Committee will be responsible for the management of the Primary Care Commissioning budget and accountable to the Governing Body.

The Committee will, where appropriate, make arrangements to consult with members of the CCG and/or the public on relevant matters in line with CCG policies.

Procurement of Agreed Services

The Committee will have delegated authority to consider and make recommendations to the Governing Body to procure the following services:

- 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 (LES)' and 'Directed Enhanced Services' (DES))
- Design of local incentive schemes as an alternative to the Quality and Outcomes Framework (QOF)
- The ability to establish new GP practices in an area
- Approving practice mergers and
- Making decisions on 'discretionary' payments (e.g. returner/retainer schemes)

The commissioning arrangements of the Committee will exclude individual GP performance management (medical performers list for GPs, appraisal and revalidation)

NHS England will be responsible for the administration of payments and list management.

Decisions

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

35. The decisions of the Committee shall be binding on NHS England and NHS Scarborough & Ryedale CCG.

36. The Committee will produce an executive summary report which will be presented to Yorkshire & Humber Area Team of NHS England and the governing body of NHS Scarborough & Ryedale CCG each month [could be longer period] for information.