

## Northumberland Primary Care Co-Commissioning Committee

This meeting will be held at 1200 on 16 December 2015  
Corn Exchange, Town Hall, Morpeth

### AGENDA

Item	Topic	Enc.	Lead
1	Welcome and questions on agenda items from the public		J Guy
2	Apologies for absence		J Guy
3	3.1 Declarations of conflicts of interest (agenda items) 3.2 Quoracy*		J Guy
4	Minutes from the previous meeting 4.1 Matters Arising	✓	J Guy
5	Operational  5.1 Harbottle surgery update 5.2 Rothbury practice relocation	✓ ✓	C Keen J Ross
6	Strategic  6.1 Delegated Commissioning 6.2 Northumberland Vanguard models of care presentation	✓	J Ross J Ross
7	Any other business		
8	Date and time of next meeting: 17 February 2016, Town Hall, Morpeth		S Young

\* 3 members, including at least one member from NHS England and one member from NHS Northumberland CCG



# Northumberland Clinical Commissioning Group

## Meeting of the NHS Northumberland Primary Care Co-Commissioning Committee

Held at 1200 on 21 October 2015, Town Hall, Morpeth.

### Present:

Janet Guy (Chair)  
Karen Bower  
Julie Ross  
Denise Jones

Lay Chair Northumberland CCG  
Lay Governor Northumberland CCG  
Chief Operating Officer  
NHS England

### In attendance:

Steve Brazier  
Stephen Young

Chair of Audit Committee  
Strategic Head of Corporate Affairs

### NPCCC/15/9 Agenda item 1 - Welcome and questions on agenda items from the public

Janet Guy welcomed all members to the meeting.

### NPCCC/15/10 Agenda item 2 – Apologies for absence:

Apologies were received from Christine Keen.

### NPCCC/15/11 Agenda item 3.1 – Declarations of conflicts of interest and quoracy

There were no declared interests on agenda items and the meeting was quorate.

### NPCCC/15/12 Agenda item 4 – Minutes of the previous meeting

The minutes were accepted as a true record of the meeting.

### Matters arising

5.3: Legal position on NPC. The legal advice received by NHS England was to ask the provider (NPC) to confirm information in respect of a number of the contract sub-clauses. Janet Guy sought confirmation that the request for legal advice covered the issue that directors of NPC were also the contract holders; Denise Jones said that this had been requested and appropriate advice had been received.

**Action NPCCC/15/9/1 - Denise Jones to write to NPC to seek the required further clarification.**



6.1: Patient testing panel feedback: Stephen Young advised that the panel wrote to the presenters about the importance of improved access to primary care, co design, rurality and communication improvements between healthcare providers.

## **Agenda item 5 Operational**

### **NPCCC/15/13 Agenda item 5.1 Harbottle surgery update**

Denise Jones described the headlines of the Harbottle surgery update and NHS England is advocating the following three phase process:

- Dispersal of patients – this has now been completed.
  - There were 210 patients not registered (as at 16 October 2015). Patients have now received three letters about the dispersal.
  - The vulnerable patients identified by the Harbottle practice have been allocated to neighbouring practices. This affected 80 patients (including cancer and palliative care patients). The allocation of patients to a particular practice does not remove the patients' choice; they can still choose an alternative practice e (if they live in the practice boundary) or choose to deregister entirely.
- Bringing services to Harbottle as an interim measure, for 12 months.
  - From 20 October 2015, 2 sessions of GP and 2 sessions of nursing cover at the Harbottle site are being provided, by Rothbury practice.
  - Dispensary services are being sought at present and options are currently being discussed at the NHS England operational group.
  - Out of boundary patients have been incorporated into the Rothbury list and will be provided a home visiting service.
  - Bellingham practice is also providing services in Otterburn. Bellingham practice has advised they do not believe there is additional capacity required as they have sufficient GP appointments, they will keep this under review and let NHS England know if there are any issues.
- Securing a long term sustainable solution for Harbottle.
  - There will be a 12 month period to secure a sustainable solution. This will begin with a service review that considers the capacity in the area and the options that are available. This will be tabled at a future committee for consideration.
  - NHS England will then undertake engagement and consultation on the options.

Single handed practice issues:

- Karen Bower asked why the potential problems were not anticipated in such a small service. Denise Jones said that the situation in Harbottle was a very rare occurrence. When the practice approached NHS England in July and wanted to provide notice; at that point, they were not signalling an inability to deliver a safe service. Over the following weeks, it became apparent that there were issues about whether services could be safely delivered.
- Karen suggested NHS England could consider (nationally) an annual review



programme of single handed practices to scrutinise the way in which practices are working and ensure any problems are anticipated and mitigated.

- Janet sought clarification about single handed practices and the way in which the services are contracted and whether there were additional regulations and checks on single handed practitioners. All contracts are managed in the same way – with no exceptions made for single handed practices.
- Karen sought clarification about the impact on Rothbury practice ability to deliver the services. Julie Ross and Denise Jones both confirmed the practice had increased its GP capacity to deliver the services in Harbottle.

#### Consultation and engagement:

- Whilst the longer term solution will be based on the service review's options, public engagement throughout the process is essential. Further discussion between NHS England and the CCG will take place during November. A plan for the overall engagement work will be brought to the committee in December.

***Action NPCCC/15/13.1 – NHS England to liaise as required with the CCG and present the engagement plan to the December 2015 committee.***

- The long term future solution, once designed, will need to be secured through an appropriate procurement route.

#### Operational issues:

- At present the two sessions are both in the morning and on the two days of the week where there is a bus service to Rothbury. Members of the public at the CCG's Annual Public Meeting (APM) raised periodicity and timing issues.

***Action NPCCC/15/13.2 - Julie Ross to write to NHS England, providing CCG APM feedback, and seeking confirmation that, in response, the sessions being delivered will be reviewed and adjusted if possible***

- Vulnerable patients being allocated to Rothbury: There have been some issues raised by the public querying the use of patient identifiable information.
- An attendee at the APM had said that not all out of boundary patients had received letters, Denise said she would check that.

***Action NPCCC/15/13.3 - Denise Jones to clarify the communication with patients living outside existing practice boundaries.***

#### NPCCC/15/14 Agenda item 5.2 Laburnum CQC report

Denise described the headlines of the CQC report. The practice was visited in July and the report published in September. The practice has been rated as 'requires improvement'. The following points were raised:

- Staff DBS checks were not undertaken, there had been no employment checks of



staff recently employed; there was no system of indemnity insurance checks.

- Processes were not followed in respect of checking the expiry date of medicines.
- No fire drills have been undertaken at the practice within the last 12 months.
- The last training infection control training had taken place in 2012.
- Patients reported difficulty in getting a routine appointment; the complaint leaflet does not direct patients appropriately if they are dissatisfied with the practice response to a complaint.

NHS England has asked the practice to submit an action plan. All actions must be complete by the end of November 2015.

Julie Ross confirmed the CCG considered the report and has asked if the practice needed further CCG support (which it did not). The CCG understands from the practice that all actions are in hand.

Karen Bower queried page 21 and the note that 'the GPs aimed to become members of the Royal College of General Practitioners and for the practice to achieve RCGP accreditation and asked if the GPs and the practice need this assurance to continue to practice?

***Action NPCCC/15/14.1 Denise Jones to check GP registration requirements in this respect and update the December 2015 committee meeting.***

Julie Ross confirmed the CCG will continue to support the practice and ensure the recommendations have been implemented.

### **NPCCC/15/15 Agenda item 5.3 – Delegated functions self-certification 2015/16**

Stephen Young confirmed the CCG will be submitting a primary care co-commissioning self-certification to the NHS England area team by 23 October 2015. This will cover quarters 1 and 2 and will be submitted to the NHS England central team by the end of October 2015.

The completed assurance document will be circulated to all members of the committee for consideration and approval.

***Resolved – Self certification submitted 23 October 2015.***

### **Agenda item 6 Strategic**

#### **NPCCC/15/16 Agenda item 6.1 Delegated commissioning update**

The deadline for submission of the expression of interest in delegated commissioning is 6 November 2015.

The CCG is currently seeking a mandate from its membership to proceed. Stephen Young has written a position statement, which has been shared with all practices. Member practices have been asked to report their views to the CCG by 23 October 2015.



Members of the committee noted the national letter encouraging CCGs to engage with delegated commissioning.

**NPCCC/15/17 Agenda item 7 Any other business**

There were no items of other business.

**NPCCC/15/18 Agenda item 8 Date and time of next meeting**

16 December 2015 at 1200.



## **Northumberland Primary Care Co-Commissioning Committee**

**16 December 2015**

**Agenda Item: 5.1**

**Harbottle surgery update**

**Sponsor: Christine Keen**

***Members of the Northumberland Primary Care Commissioning Committee are asked to:***

- 1. Agree that all appropriate actions have been taken to date**
- 2. Agree the forward communications plan**

### **Background**

Dr Miah was a sole proprietor of Harbottle Surgery with a PMS agreement providing essential, additional and enhanced services to a registered list of 834 patients (or 1186.77 weighted patients as at 01 July 2015) from Harbottle Surgery, Harbottle, Northumberland. As previously reported to the Northumberland Primary Care Co-Commissioning Committee Dr Miah was having difficulty in providing access to services to patients, unfortunately these issues were not resolved and this resulted in the closure of the practice with effect from 28 August 2015.

### **Progress**

NHS England reported the following three phase plan to deal with the Harbottle situation to the Primary Care Co-Commissioning Committee in October 2015:

- **Immediately necessary measures to secure continuity of care and adequate access for patients previously registered at Dr Miah's practice.** As discussed at the last Primary Care Co-commissioning Committee, NHS England has ensured that there is no detriment to patient access to services and treatment to the patients in Harbottle and the surrounding areas. Following a dispersal of the patient list a number of patients were identified as particularly vulnerable and these patients were allocated to other providers of primary medical services for the purposes of ensuring continuity of care. It was also identified that a number of patients resided in an area which was not covered by any other practice boundary, NHS England put in place an agreement with Rothbury practice to register these patients and further agreements with other local practices are also in the process of being agreed. Therefore, clear arrangements for primary medical care are now in place for all patients.
- **Interim arrangements to secure the continued provision of primary medical services to Harbottle and surrounding areas while prospective long-term models of care are identified.** Rothbury Practice are currently providing 4 sessions per week (2 GP, 2 Nurse-Led) at Harbottle. Services are being provided on a Tuesday and Thursday morning. Outstanding action in relation to interim

measures is the dispensary/pharmaceutical services to patients. The current position is:-

- A review of existing pharmacy services in the area has been completed to ensure patients in Harbottle have access to the medicines they need.
  - Most patients have registered with other surgeries and in some cases those surgeries will be dispensing practices and can provide medicines.
  - A letter is to be sent to all affected patients, giving them full details of pharmacy provision, particularly giving details of local pharmacies and their contact details should patients wish to enquire about services such as home deliveries.
  - A local medicines collection service is currently being worked through and is expected to be in place over the coming weeks.
  - The branch surgery service currently runs in Harbottle and NHS England are currently in negotiations regarding the possibility of patients having access to pharmacy dispensing services at the village hall site. Any developments in this respect would be communicated to patients as soon as possible. The GP on duty at the Harbottle branch has a supply of acute medicines to meet the emergency needs of patients
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- **A long-term model of care.** NHS England, along with the Northumberland Clinical Commissioning Group, will now be considering the future solution for primary care services in the Harbottle area. A full service review is currently in development. NHS England has commissioned the North East Commissioning Support Services (NECs) to undertake an engagement exercise with patients. The engagement timeline is at Appendix 1.



[www.therothburypractice.co.uk](http://www.therothburypractice.co.uk)

**ON PRACTICE LETTER HEAD**

**PLEASE INSERT HOUSEHOLD ADDRESS**

Dear Household,

**Proposed relocation of Rothbury GP practice to Rothbury community hospital**

As you may be aware, the patient population of the practice has expanded over the last few months and years and we are now really struggling with space. Our current GP premises are becoming increasingly unfit for purpose with limited access to ground floor clinical rooms being a constant concern.

Alongside this, the GP practice strives to be able to provide a clinical service from treatment rooms that comply with the best health and safety and infection control regulations. This is proving difficult from a 200 year old listed building that was initially designed for residential use. In addition, there is no reserved car parking available at our current location.

We are proposing to move the practice to Rothbury community hospital; built in 2008 this would provide a purpose built modern environment. The community hospital site has the capacity to accommodate the co-location of the GP surgery and also provides future opportunity for expansion if necessary. All of the clinical space and facilities would be on the ground floor so it is accessible for all.

Our GPs would be co-located with community nurses, physiotherapists, dieticians and other hospital staff which will further improve integration between primary care (the GPs) and secondary care (the hospital).

By developing GP services at the community hospital, our patients would not only have improved accessibility and car parking but they will also receive care in an environment that is fit for purpose.

We are very keen to hear your thoughts on the proposed relocation and you can contact us by email at [NORCCG.RothburyPractice@nhs.net](mailto:NORCCG.RothburyPractice@nhs.net) or in writing for the attention of the practice manager at the above address.

We will be holding drop-in sessions at Jubilee Hall on Friday 11 December (11am to 4pm) and at Rothbury community hospital on Thursday 14 January (4pm to 7pm), where you can let us know your thoughts.

Could you please make sure that everyone in your household that is a patient at the Rothbury practice is aware of the proposed move.

Kind regards

INSERT SIGNATURE

**Trine Bonsnes**  
**Practice Manager**

## **Northumberland Primary Care Co-Commissioning Committee**

**16 December 2015**

**Agenda Item: 5.2**

**Rothbury practice relocation**

**Sponsor: Julie Ross**

### ***Members of the Northumberland Primary Care Co-Commissioning Committee are asked to:***

- 1. Consider the engagement programme planned for the Rothbury practice relocation.**
- 2. Set a principle of 'financial neutrality' of a like for like practice move, in terms of the revenue expenses arising from a relocation in respect of rent and rates reimbursement paid to the practice.**

### **Background**

Facilities within the 200 year old listed building are unsuitable for the extending patient list, with lack of reserved car parking and limited access to ground floor clinical services. The patient population of Rothbury practice has also expanded significantly over the last few months as a result of the Harbottle practice closure, placing even further pressures on the facility. For some time, the practice has been negotiating a move to the Rothbury Community Hospital site.

### **Discussion**

The practice has identified appropriate co location within Rothbury community hospital which is a purpose built (2008) modern environment, providing the opportunity for further expansion should the practice require. All clinical services would be based on the ground floor providing good physical accessibility to patients. Additionally, the GPs from Rothbury would be co-located with other services further improving integration with both primary and secondary care. The work to create a primary and acute care system in Northumberland, through the Vanguard programme, would advocate the co-location of primary and secondary care services in Rothbury.

Rothbury practice has provided individual households with letters outlining the proposal and inviting patients to two drop in sessions to share thoughts. The two drop in sessions will take place on Friday 11 December and Thursday 14 January. This will provide opportunity for patients to comment on the proposals.

The CCG may wish to consider that any support for the relocation of the practice to the community hospital is on the proviso that it is cost-neutral to NHS England and subsequently to the CCG. The practice should be informed that support for the relocation is subject to them not expecting to receive any additional rent or rates reimbursement above that which is already reimbursed to the practice for its current space.

### **Recommendation**

The Committee is asked to consider the engagement planned with the population served by Rothbury practice and to receive further reports based on that engagement.

The committee is also asked to set a principle, to be applied to all relocations in future that like for like practice moves should not incur additional costs to the commissioner, through the rent and rates reimbursement calculations.

Appendix 1 Practice letter to households of 1 December 2015.

**Terms of reference for the Northumberland CCG Primary Care Commissioning Committee**

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## **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 Northumberland CCG. The delegation is set out in Schedule 1.

3. The CCG has established the NHS Northumberland CCG Primary Care Commissioning Committee ("the 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 Northumberland CCG
- Northumberland County Council
- Healthwatch Northumberland

## **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 NHS England 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:

- Management of conflicts of interest (section 14O);
- Duty to promote the NHS Constitution (section 14P);
- Duty to exercise its functions effectively, efficiently and economically (section 14Q);
- Duty as to improvement in quality of services (section 14R);
- Duty in relation to quality of primary medical services (section 14S);
- Duties as to reducing inequalities (section 14T);
- Duty to promote the involvement of each patient (section 14U);
- Duty as to patient choice (section 14V);
- Duty as to promoting integration (section 14Z1);

- 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 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 Northumberland, 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 Northumberland 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 delegated 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, but is not limited, to 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 (eg returner/retainer schemes).

16. The CCG will also carry out the following activities:



- To plan, including needs assessment, primary medical care services in Northumberland;
- To undertake reviews of primary medical services in Northumberland;
- To co-ordinate a common approach to the commissioning of primary medical care services generally;
- To manage the budget for commissioning of primary medical care services in Northumberland

## Geographical Coverage

17. The geographical area covered by NHS Northumberland Clinical Commissioning Group is the area covered by Northumberland County Council.

## Membership

18. The Committee shall consist of:

- CCG Lay Chair (or a Lay Governor nominated by him/her) (Chair of the committee).
- One other Lay Governor (vice chair of the committee).
- The CCG Chief Operating Officer or a nominated director.
- The CCG Chief Finance Officer.
- The Chair of the Local Medical Committee.

19. A standing invitation will be made to specified partners in a non-voting capacity, namely:

- Northumberland Health and Wellbeing Board.
- Healthwatch Northumberland.

20. The Chair of the Committee shall be the CCG's Lay Chair who is appointed in accordance with the CCG's Standing Orders.

21. The Vice Chair of the Committee shall be the CCG's Lay Vice Chair who is appointed in accordance with the CCG's Standing Orders.

22. The Chief Clinical Officer or a GP Director nominated by him/her will be invited to attend all meetings. To ensure effective management of actual or potential conflicts of interest he or she will withdraw from the meeting as requested to do so by the Chair of the committee. Other CCG Governing Body members, officers, employees and practice representatives may be invited to attend all or part of meetings of the committee to provide advice or support particular discussions.

23. Those invited to attend will not be entitled to vote.

24. The Chief Operating Officer will be the lead officer for the committee, or will nominate a Director to undertake this role.



## Meetings and Voting

25. The Committee will operate in accordance with the CCG's Standing Orders insofar as they relate to the:

- Notice of meetings.
- Handling of meetings.
- Agendas.
- Circulation of papers.
- Conflicts of interest.

26. The Strategic Head of Corporate Affairs, as 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 5 working days before the date of the meeting. When the Chair of the committee deems it necessary in light of urgent circumstances to call a meeting at short notice, the notice period shall be such as he/she will specify

27. 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.

28. The quoracy for the committee is 3 members including:

- At least the Chair or the Lay Governor.
- At least the Chief Operating Officer or the Chief Finance Officer

29. Where a conflict of interest arises which prevents committee members from being involved in the discussion and/or voting on any matters, and/or the quoracy of the meeting or for individual agenda items cannot be maintain, the quoracy of the meeting will be:

- At least the Chair or the Lay Governor.
- At least the Chief Operating Officer or the Chief Finance Officer

## Frequency of meetings

30. The committee will meet at regular intervals and not less than 5 times per year.

31. 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.



32. 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.

33. 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.

34. The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

35. Members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution.

36. The Committee will present its minutes to the Cumbria and North East area team of NHS England and the governing body of NHS Northumberland CCG, at least four times a year at regular intervals, for information including the minutes of any sub-committees to which responsibilities are delegated under paragraph 33 above.

37. The CCG will also comply with any reporting requirements set out in its constitution.

38. 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**

39. The committee will be a committee of the governing body and therefore be accountable to the governing body and subject to the CCG's scheme of reservation and delegation.

## **Procurement of Agreed Services**

40. The CCG will make procurement decisions as relevant to the exercise of its delegated authority and in accordance with the detailed arrangements regarding procurement as set out in the delegated agreement.

## **Decisions**

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

42. The decisions of the Committee shall be binding on NHS England and NHS Northumberland CCG.

Schedule 1 – Delegated commissioning arrangements.



Schedule 2 – Delegated functions  
Schedule 3 - List of members

DRAFT

Clinicians commissioning healthcare  
for the people of Northumberland



## **Northumberland Primary Care Co-Commissioning Committee**

**16 December 2015**

**Agenda Item: 6.1**

**Delegated commissioning**

**Sponsor: Julie Ross**

***Members of the Northumberland Primary Care Co-Commissioning Committee are asked to:***

- 1. Consider the terms of reference for the Primary Care Commissioning Committee (PCCC).**
- 2. Agree to replace the next co-commissioning meeting (due February 2016) with a PCCC development session.**

### **Background**

In November 2015, NHS Northumberland CCG (CCG) expressed a formal interest in the delegation of primary care commissioning from NHS England from 1 April 2016. Up until the budgets and responsibility for primary care commissioning are delegated formally by NHS England, the CCG will reserve the right to withdraw from the expression of interest should unforeseen risks to the CCG emerge during that time.

### **Discussion**

The Chief Operating Officer or Chief Clinical Officer attended each locality meeting in November 2015 to discuss the implications of delegated commissioning. Each locality supported the delegation and the CCG subsequently formally submitted the expression of interest. In December 2015, the director of primary care for NHS England's sub regional team covering the North East and Cumbria confirmed the expression of interest had been provisionally accepted with the following timetable to implementation:

- 17 December: NHS England Board meeting will receive a verbal update on committee's approval of CCGs to proceed and will consider ratification.
- Mid December: Delegation agreement finalised.
- End of December: Approval confirmation letters and delegation agreement sent to CCGs via Regional Directors.
- Mid February: Delegation agreements returned by CCGs.
- Early/Mid-March: Provisional checkpoint with regions in to ensure no shift in risks since application that would jeopardise delegation.
- 1 April: Delegation agreements and delegations sent to CCG signed by NHS England.

### **Recommendation**

The committee are asked to consider and agree the PCCC proposed TORs and commit to a development session being held in February 2016.

Appendix 1: Revised terms of reference.