

## **Primary Care Commissioning Committee Terms of Reference**

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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 Local Medical Committee
  - Northumberland County Council
  - Healthwatch Northumberland
  - NHS England / NHS Improvement

### **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 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:
  - 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 / NHS Improvement, 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 and NHS Improvement 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 and NHS Improvement.

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 Improvement 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. 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 (e.g. returner/retainer schemes).

In addition the Committee shall ensure that the CCG:

- Plans, including needs assessment, primary medical care services in Northumberland.
- Undertakes reviews of primary medical services in Northumberland.
- Co-ordinates a common approach to the commissioning of primary medical care services generally.
- Manages 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:

- Committee Chair - CCG Deputy Lay Chair (or in his/her absence Lay Governor for Patient and Public Involvement )
- The CCG Chief Operating Officer (or a nominated director).
- The CCG Chief Finance Officer (or a deputy).
- The Chair of the Local Medical Committee (or a deputy)

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

- Northumberland Health and Wellbeing Board.
- Healthwatch Northumberland.
- NHS England and NHS Improvement.
- Medical Director
- Executive Board Nurse
- Service Director for Integration and Transformation

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

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

22. The Medical Director 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 secretarial support will be provided by the CCG's Business Support Team. 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 maintained, 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 NHS Improvement 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 and NHS Improvement 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 / NHS Improvement and NHS Northumberland CCG.

Schedule 1 Delegated commissioning arrangements.

Schedule 2 Delegated functions

Schedule 3 List of members

Approved by	Version	Date	Review Date
Reviewed & approved by PCCC & Governing Body	Versions 1	September 2015	January 2016
Reviewed & approved by PCCC & Governing Body	Version 1.1	January 2016	January 2017
Reviewed & approved by PCCC & Governing Body	Version 2	October 2017	October 2018
Reviewed & approved by PCCC & Governing Body	Version 3	January 2020	January 2021