

**NHS Gloucestershire Clinical Commissioning Group**

**Primary Care Commissioning Committee Terms of Reference**

**Introduction**

1. NHS England has delegated authority to the Gloucestershire CCG (GCCG) for the commissioning of primary care as set out in Schedule 2 in accordance with section 13Z of the NHS Act. The detail of the powers of delegation is due to be published by NHS England in January 2015.
2. The GCCG acknowledges that, in addition to the statutory duties set out in Chapter A2 of the NHS Act that it already complies with, it must comply with the following as regards primary care:
	1. duty to have regard to impact on services in certain areas (section13O); and
	2. duty as respects variation in provision of health services (section 13P).
3. The GCCG has established the Primary Care Commissioning Committee (Committee) as a committee of the GCCG Governing Body, in accordance with Schedule 1A of the “NHS Act,” to manage primary care.
4. The members of the GCCG acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

## Aim of the Primary Care Commissioning Committee

1. The purpose of the Committee is to manage the delivery of those elements of the primary care healthcare services delegated by NHS England to the GCCG working within the context of the overall CCG Plan. The aim will be to deliver to the people of Gloucestershire, on behalf of the GCCG, services that are of high quality, clinically effective and safe, within available resources. This will be delivered through a culture of openness supported by sound governance arrangements.

## Membership

1. The Committee shall consist of the following seven voting members, with actual membership included at Schedule 3:
* Lay Vice Chair or their designated deputy
* Lay Member for Patient and Public Engagement (PPE)
* Lay Member for Governance Accountable Officer or their designated deputy
* Chief Finance Officer or their designated deputy
* Executive Nurse and Quality Lead or their designated deputy
* Governing Body Registered Nurse
1. The Chair of the Committee shall be the Vice Chair (appointed from the existing Governing Body three lay members), and excludes the Audit Committee Chair for reasons of good governance and probity. This appointment will be the responsibility of the Governing Body.
2. In the event that the Vice Chair is unable to attend, the Lay Member for PPE shall chair the meeting.
3. The Lay Member for PPE shall be the other lay member or the Governing Body Registered Nurse.
4. The Committee will invite the following as non-voting attendees:
* A Governing Body GP
* A HealthWatch representative
* A Health and Wellbeing Board representative
* NHS England Area Team
1. The Committee may invite any person to attend meetings to provide advice and/or expertise as required.

## Secretary

1. The Committee secretary shall be the Associate Director of Corporate Governance.

## Quorum

1. Five members of the Committee must be present for the quorum to be established including:
* at least two individuals being the lay members or the Governing Body Registered Nurse; and
* the Accountable Officer or the Chief Finance Officer or their designated deputies.

## Meetings and Voting

The Committee will operate in accordance with the GCCG’s Standing Orders. The 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 days before the date of the meeting.

1. The Committee shall meet bi-monthly.
2. The Chair of the Committee may convene additional meetings as required.
3. 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.
4. Members of the Committee shall respect confidentiality requirements as set out in the CCG’s Constitution
5. 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.
6. The minutes of the Committee meetings shall be circulated by the Chair as soon as is practicable after the meetings to which they relate to all members of the Committee.
7. Meetings of the Committee shall:
8. be held in public; and
9. 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.

## Remit and responsibilities of the Committee

1. 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.
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 Gloucestershire CCG. This includes delegated responsibility for the following, working within the context of the CCG Strategy:
3. The award of GMS, PMS and APMS contracts. This includes: the design of PMS and APMS contracts; and monitoring of contracts;
4. Locally defined and designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);
5. Making decision regarding local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
6. Procurement of new practice provision;
7. Discretionary payment (e.g., returner/retainer schemes);
8. Approving practice mergers;
9. Primary Care Estates Strategy;
10. Premises improvement grants and capital developments;
11. Contractual action such as issuing breach/remedial notices and removing a contract; and
12. Reporting details of 22a – i to the Governing Body.
13. The Committee shall report on and make recommendations to the Governing Body on the following:
14. Primary medical care strategy for Gloucestershire;
15. Planning primary medical care services in Gloucestershire (including needs assessment);
16. The Committee may delegate some 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. The Committee may not delegate the procurement of services to any individual or sub-committee.

## Financial Accountability

1. The Committee’s authority for procuring services is covered in the GCCG’s scheme of delegation and financial instructions.

## Relationship with the Governing Body and Sub-Committees

**Relationship with the Governing Body**

1. The Committee has delegated authority for the commissioning of some primary care services as outlined in para 22a-i.
2. The Committee shall make recommendations to the Governing Body for the primary care services and functions listed at para 23a-b.
3. The minutes of each meeting of the Committee shall be formally recorded and retained by the Clinical Commissioning Group. The minutes shall be submitted to the Governing Body for information. The Chair of the Committee shall report the outcome and recommendations of the committee to the next available Governing Body meeting.

**Relationship with Sub-Committees**

1. The NHS Gloucestershire Primary Care Operational Group (PCOG) shall undertake the operational management, implementation and oversight of the nationally defined primary care contracts and the primary care workstreams. In addition the PCOG will also monitor complaints and quality.
2. The Primary Care Operational Group sub-committee shall report to the Committee and submit the minutes of their meetings to the Committee for review.

## Policy and best practice

1. The Committee shall have regard to current good practice, policies and guidance by the National Commissioning Board, GCCG and other relevant bodies.

## Conduct of the Committee

1. The Committee shall conduct its business in an open and responsive manner and in accordance with these terms of reference and the GCCG’s governance arrangements.