

## Terms of Reference – Isle of Wight Primary Care Committee

### 1. INTRODUCTION

- 1.2 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.
- 1.3 In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated Primary Medical Care commissioning functions.
- 1.4 The CCG has established the Isle of Wight CCG Primary Care 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.
- 1.5 It is a committee comprising representatives of the following organisations:
- i. Isle of Wight CCG – Lay, Executive and Clinical Members of the Governing Body and senior management.
  - ii. Isle of Wight Council –representative from the Isle of Wight Health and Well-being Board (non-voting)
  - iii. Healthwatch Isle of Wight (non-voting)
  - iv. NHS England (non-voting)

### 2. STATUTORY FRAMEWORK

- 2.1 NHS England has delegated to the CCG authority to exercise the primary medical care commissioning functions in accordance with section 13Z of the NHS Act.
- 2.2 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.
- 2.3 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).

2.4 The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those set out below:

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

2.5 The Committee is established as a committee of the Governing Body of Isle of Wight CCG in accordance with Schedule 1A of the “NHS Act”.

2.6 The members of the CCG and its Governing Body acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

### **3. ROLE OF THE COMMITTEE**

3.1 The Committee has been established in accordance with the above statutory provisions to enable the members to make decisions on the review, planning, commissioning and procurement of primary medical care services on the Isle of Wight, under delegated authority from NHS England.

3.2 In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and Isle of Wight CCG, which will sit alongside the delegation and terms of reference.

3.3 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 the following:

- i. 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);
- ii. Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);
- iii. Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- iv. Decision making on whether to establish new GP practices in an area;

- v. Approving practice mergers; and
- vi. Making decisions on 'discretionary' payment (e.g., returner/retainer schemes).

3.4 The CCG will also carry out the following activities

- i. Strategic planning in respect of primary medical care
- ii. Commissioning and procuring services from primary medical care
- iii. Assisting NHS England in relation to the improvement of the quality of primary care medical services
- iv. Oversight of budget and quality management in respect of primary medical care
- v. Integrating health services as defined by the overarching CCG strategies and programmes of work

## 4. GEOGRAPHICAL COVERAGE

4.1 The Committee will comprise the Isle of Wight CCG as defined within the CCG Constitution.

## 5. MEMBERSHIP

5.1 The Committee shall consist of:

- i. A Governing Body Lay Member (Chair)
- ii. The Accountable Officer / Chief Officer
- iii. The Chief Finance Officer
- iv. The Director of Quality and Clinical Services
- v. The Head of Primary Care and Corporate Business
- vi. The Governing Body Nurse
- vii. The Isle of Wight Director of Public Health

5.2 The Chair of the Committee shall be a Lay Member of the Isle of Wight Governing Body (but not the Lay member for Governance).

5.3 The Vice Chair of the Committee shall be the Governing Body Nurse.

5.4 The non-voting attendees at the committee will include:

- i. A representative from Isle of Wight HealthWatch
- ii. A representative of the Isle of Wight Health and Wellbeing Board
- iii. The GP Governing Body representative

- iv. A CCG Clinical Lead for primary care
- v. NHS England Wessex representative

## **6. MEETINGS AND VOTING**

- 6.1 The Committee will operate in accordance with the CCG'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 five working 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.
- 6.2 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. However, the aim of the Committee will be to achieve consensus wherever possible.
- 6.3 Deputies may attend the meeting in the absence of members, but may not vote or be included in quorum numbers unless formal acting up arrangements are in place.
- 6.4 The frequency of the meeting will be as necessary but a minimum of four times a year. Arrangements for virtual decisions on low risk recommendations will be agreed at meetings to ensure timely decisions.
- 6.5 Meetings of the Committee:
  - i. Shall, subject to the application of 6.6(ii), be held in public.
  - ii. 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.
- 6.6 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.
- 6.7 The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.
- 6.8 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.

- 6.9 Members of the Committee shall respect confidentiality requirements as set out in the Standing Orders referred to above.
- 6.10 The Committee will present its minutes to the Wessex Area Team of NHS England and the Governing Body of Isle of Wight CCG at each meeting for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 8.5 above.
- 6.11 The CCG will also comply with any reporting requirements set out in its constitution.
- 6.12 It is envisaged that these Terms of Reference will be reviewed from time to time, reflecting experience of the Committee in fulfilling its functions – initially one year and then on a regular basis. NHS England may also issue revised model terms of reference from time to time.

## **7. ACCOUNTABILITY OF THE COMMITTEE**

- 7.1 The Isle of Wight Primary Care Committee is a delegated committee of the Clinical Commissioning Group Governing Body, and its powers are set out in the CCG's Constitution, including revised Standing Financial Instructions and Standing Orders.

## **8. PROCUREMENT OF AGREED SERVICES**

- 8.1 Arrangements for procurement of services will follow the Standing Financial Instructions and Standing Orders of the Clinical Commissioning Group. These reflect the arrangements within the CCG's constitution and the delegation agreement with NHS England. The Committee will adhere to these arrangements.

## **9. DECISIONS**

- 9.1 The Committee will make decisions within the bounds of its remit.
- 9.2 The decisions of the Committee shall be binding on NHS England and Isle of Wight CCG.
- 9.3 The Committee will produce an executive summary report which will be presented to the Wessex Area Team of NHS England and the Isle of Wight CCG at each meeting for information.