

NHS England
and
**NHS Greater Huddersfield
Clinical Commissioning Group**

**Primary Care Commissioning
Committee**

Terms of Reference

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Guidance and advice: Terms of reference produced using the NHS England Model terms of reference for delegated commissioning arrangements.

Change History

Version No.	Changes Applied	By	Date
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1. Introduction

- 1.1 NHS England has invited Clinical Commissioning Groups (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. NHS Greater Huddersfield CCG has applied for full delegation of the primary medical services commissioning functions.
- 1.2 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 Greater Huddersfield CCG. The delegation is set out in Schedule 1.
- 1.3 The CCG has established the 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.

2. Statutory Framework

- 2.1 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.
- 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 NHS England 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 as 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:
 - (a) Duty to have regard to impact on services in certain areas (Section 13O)
 - (b) 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 NHS Greater Huddersfield CCG in accordance with Schedule 1A of the NHS Act.

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

3. Roles and Responsibilities of the Committee

3.1 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 medical care services in Greater Huddersfield, 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 NHS Greater Huddersfield CCG, which will sit alongside the delegation and terms of reference.

3.3 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.

3.4 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.

3.5 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 breach/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.
- Making decisions on 'discretionary' payment (e.g. returner/retainer schemes).

3.6 The CCG will also carry out the following activities:

- Plan, including needs assessment, primary medical care services in Greater Huddersfield.
- Undertake reviews of primary medical care services in Greater Huddersfield.
- Coordinate a common approach to the commissioning of primary care services generally.
- Have oversight and review the financial plans for primary medical care services in Greater Huddersfield.
- Take procurement decisions in respect of primary medical services. These shall be in line with statutory requirements and guidance, the CCG's Constitution and Standing Orders and the Delegation Agreement between NHS England and the CCG.

4. Membership

4.1 The Committee shall consist of:

Core membership:

- Lay member leading on patient and public involvement
- Lay member leading on audit, governance and conflict of interest
- Lay member leading on finance and remuneration
- Secondary Care Specialist **or** Registered Nurse
- Two practice representatives from the Governing Body
- Chief Officer
- Chief Finance Officer (or nominated deputy)
- Chief Quality & Nursing Officer (or nominated deputy)

Required attendees:

- Head of Primary Care Support & Development (or nominated deputy)
- Head of Contracting & Procurement (or nominated deputy)
- Representative of NHS England
- Independent Medical Advisor

4.2 Other individuals shall be required to attend according to the business being considered by the Committee.

4.3 The Committee may invite such other person(s) to attend all or any of its meetings, or part(s) of a meeting, in order to assist it in its decision-making and in its discharge of its functions as it sees fit. Any such person may speak and participate in debate, but may not vote.

4.4 The Committee will invite the following to appoint a representative to attend its meetings and participate in the way described in paragraph 5.3:

- Health & Well-Being Board
- Local Healthwatch
- Local Medical Committee
- Patient Group Representative

4.5 Substitutions

Committee members with substitutes listed above may be substituted by that person only. For a substitution to take effect, the Chair of the Committee shall be notified in advance of the meeting. The substitution will be recorded in the minutes.

4.6 Chairing

The Chair and Vice Chair of the Committee will be appointed from the Lay Member: PPI and Lay Member: Finance and Remuneration.

5. Meetings and Voting

5.1 The Committee will meet monthly, with additional meetings scheduled if

required.

5.2 The Committee shall adopt the [Standing Orders](#) of NHS Greater Huddersfield CCG insofar as they relate to the:

- (a) Notice of the Meetings
- (b) Handling of Meetings
- (c) Agendas
- (d) Circulation of papers

5.3 Conflicts of Interest

If any member has an interest, financial or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and act in accordance with the CCG's [Conflicts of Interest Policy](#) and [Constitution](#).

5.4 Voting

In line with the CCG's Standing Orders, it is expected that decisions will be reached by consensus. Should this not be possible, then a vote of members will be required, the process for which is set out below:

Majority necessary to confirm a decision – simple majority

Casting vote – Chair

Dissenting views – dissenting views must be recorded in the minutes

5.5 Quoracy

5.5.1 The Committee will be quorate with four members present; this must include:

- Two from: Lay Member (Audit and Governance), Lay Member (Patient and Public Involvement), Lay Member (Finance and Remuneration), Secondary Care Advisor, or Nurse Advisor. This must include the Chair or Vice-Chair.
- At least one of the following: Chief Officer, Chief Finance Officer or Chief Quality and Nursing Officer.

5.5.2 Members of the Committee may participate in meetings by telephone or by the use of video conferencing facilities where they are available and with prior agreement from the Chair. Participation by any of these means shall be deemed to constitute presence in person at the meeting.

5.5.3 Where the meeting is not quorate, owing to the absence of certain members, the discussion will be deferred until such time as a quorum can

be convened. Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interest, the chair of the meeting shall consult with the Accountable Officer on the action to be taken.

5.6 Admission of the Public and Press

5.6.1 Meetings of the Committee shall, subject to the application of 6.6.2, be held in public.

5.6.2 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.

5.7 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.

5.8 Secretariat

Support to the Committee will be provided by the CCG's Governance & Corporate Team. Duties will include:

- Agreement of the agenda with the Chair.
- Circulation of agendas and supporting papers to Committee members five working days prior to the meeting.
- Drafting of minutes for approval by the Chair within five working days of the meeting
- Keeping an accurate record of attendance.
- Matters arising and issues to be carried forward.
- Maintaining an ongoing list of actions, specifying members responsible, due dates and keeping track of these actions.
- Advising the Committee on pertinent areas/issues.
- Enabling the development and training of members.

6. Accountability of the Committee

6.1 The Committee has delegated authority from the Governing Body to make decisions within the bounds of its remit. Specifically:

- Financial plans in respect of primary medical services.
- Procurement of primary medical services.
- Practice payments and reimbursement.
- Investment in practice development.
- Contractual compliance and sanctions.

- 6.2 The decisions of the Committee shall be binding on NHS England and NHS Greater Huddersfield CCG.
- 6.3 The Committee is authorised by the Governing Body to investigate any activity within its terms of reference. It is authorised to seek any information it requires within its remit, from any employee of NHS Greater Huddersfield CCG or member of the Governing Body, and they are directed to co-operate with any reasonable request made by the Committee.
- 6.4 The Committee is authorised by the Governing Body to commission reports or surveys it deems necessary to help fulfil its obligations, within the budget available.
- 6.5 In exceptional cases, the Committee is authorised to obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this necessary. In doing so, the Committee must follow any procedures put in place by the Governing Body for obtaining legal or professional advice. The Governing Body is to be informed of any issues relating to such action.
- 6.6 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.

7. Decisions

- 7.1 The Committee will make decisions within the bounds of its remit.
- 7.2 The decisions of the Committee shall be binding on NHS England and NHS Greater Huddersfield CCG.
- 7.3 The Committee will produce an executive summary report which will be presented to Yorkshire and the Humber Area Team of NHS England and the Governing Body of NHS Greater Huddersfield CCG each quarter for information.

8. Conduct of the Committee

- 8.1 All members will have due regard to and operate within the Constitution of the CCG, Standing Orders, Standing Financial Instructions and other financial procedures.
- 8.2 Members of the Committee will abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct.
- 8.3 Members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution.

8.4 The Committee will undertake an annual self-assessment of its own performance against the terms of reference. Any resulting changes to the terms of reference should be submitted for approval by the Governing Body.

9. Reporting Arrangements

9.1 The Committee shall submit its minutes to Yorkshire and the Humber Area Team of NHS England and the Governing Body of the CCG for information following each meeting. The Chair of the Committee shall draw to the attention of the Governing Body any issues that require disclosure to the full Governing Body, or require executive action.

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