



Terms of reference – Ipswich and East Suffolk CCG Primary Care Commissioning Committee

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 Ipswich and East Suffolk CCG. The delegation is set out in Schedule 1.
3. The CCG has established the Ipswich and East Suffolk CCG 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.
4. It is a committee comprising representatives of the following organisations:
 - Ipswich and East Suffolk CCG
 - NHS England
 - Suffolk Local Medical Committee (LMC)
 - Health Watch

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 the Board 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:
 - 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).
8. The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those in accordance with the relevant provisions of section 13 of the NHS Act
 - 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 Ipswich and East Suffolk CCG 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 Ipswich and East Suffolk, 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 Ipswich and East Suffolk 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 increased co-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 the following:¹
 - 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).

¹ For a glossary of terms refer to appendix A

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

- a) To plan, including needs assessment, primary medical care services in Ipswich and East Suffolk;
- b) To undertake reviews of primary medical care services in Ipswich and East Suffolk;
- c) To co-ordinate a common approach to the commissioning of primary care services generally; including supporting developments in respect of integration with providers and local authority services including co-location of services;
- d) To manage the budget for commissioning of primary medical care services in Ipswich and East Suffolk.

Geographical Coverage

17. The Committee will comprise the Ipswich and East Suffolk CCG.

Membership

18. The Committee shall consist of:

CCG Lay member for Patient and Public Engagement
CCG Lay member for Governance
CCG Lay member
CCG Accountable Officer (or their nominated deputy)
CCG Chief Finance Officer (or their nominated deputy)
CCG Chief Operating Officer (or their nominated deputy)
CCG Chief Contracts Officer (or their nominated deputy)
Secondary Care Clinician

(Non-voting attendees considered to hold significant influence are listed as follows:

NHS England representative,
Local General Practitioner,
Health Watch representative,
Health and Wellbeing Board representative,
Representative of the LMC).

19. Others can be invited to attend for some or all of the meeting according to the needs of the committee.
20. The Chair of the Committee shall be the CCG Lay member for Patient and Public Engagement.
21. The Vice Chair of the Committee shall be the CCG Lay member.

Meetings and Voting

22. 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 5 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.
23. 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.

Quorum

24. A quorum shall comprise at least four members, two of whom shall be CCG Lay Members and at least 2 CCG Chief Officers.

Frequency of meetings

25. The committee will meet regularly in person or virtually in order to ensure timely decision making.
26. 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.

- c) Where the Committee considers it appropriate for confidential clinical, commercial and contractually sensitive discussions to take place, the attendees will be restricted to voting members only.
27. 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.
 28. 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..
 29. The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.
 30. Members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution.
 31. The Committee will present its minutes to NHS England Midlands and East and the governing body of NHS Ipswich and East Suffolk CCG bi-monthly for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 27 above.
 32. The CCG will also comply with any reporting requirements set out in its constitution.
 33. 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

34. Budget and resource accountability arrangements will follow the standard practices established for directorate budgets as governed by the regulations in the Scheme of Reservation and Delegation and Prime Financial Policies (previously known as the Standing Financial Instructions.) Decisions on allocation of funds to support commissioning of practice configuration decisions are made by the committee membership within the limits and Executive Director authorities noted within the Scheme of Reservation and Delegation.
35. The Committee will have a delegated limit of £250,000 for contracting and procurement. Decisions above this level will need to be approved by the Governing Body, with the quoracy and voting arrangements of the Governing Body in respect of primary care commissioning adjusted in accordance with the CCG's Constitution.
36. For the avoidance of doubt, in the event of any conflict between the terms of the Delegation and Terms of Reference and the Standing Orders of Standing Financial Instructions of any of the members, the Delegation will prevail.
37. Decisions may from time to time be made following consultation with the full CCG membership via the CCG Members' meetings and/or the public following best practice for the conduct of public consultations.

Procurement of Agreed Services

38. The detailed arrangements regarding procurement will be set out in the delegation agreement.

Decisions

39. The Committee will make decisions within the bounds of its remit.
40. The decisions of the Committee shall be binding on NHS England and Ipswich and East Suffolk CCG.
41. The Committee will produce an executive summary report which will be presented to NHS England Midlands and East and the governing body of Ipswich and East Suffolk CCG bi-monthly for information.

Schedule 1 – Delegation (to be added)

Appendix A

Glossary of Terms

APMS	Alternative Provider Medical Services - An alternative contract to General Medical Service (GMS) or Personal Medical Services (PMS) for providers of health care.
CCG	Clinical Commissioning Group - After the 2012 NHS and social care act, the Government created hundreds of CCG's to replace the Primary Care trusts (PCT). The CCG'S primary responsibilities include commissioning health care services for patients (see definition for 'commissioning' below), and to act as a point of contact for the public in both informing them of new healthcare models, and receiving feedback. At the core of the decision making process of the CCG is the governing body, which is a committee made up of Health care professionals (for definition of governing body see below)
DES	Directed Enhanced Services - Schemes that CCGs are required to establish or to offer contractors the opportunity to provide, linked to national priorities and agreements.
GB	Governing Body - Makes sure that the CCG runs effectively, efficiently, economically and with good governance. It exists to serve patients, give confidence to the public, support clinicians and is accountable to NHS England.
GMS	General Medical Services - The name used in the United Kingdom to describe the medical services provided by General Practitioners (GPs or family doctors) who, in effect, run private businesses independently contracting with the NHS. The contract under which they work is known as the General Medical Services Contract .
LES	Local Enhanced Services - Schemes agreed by CCGs in response to local needs and priorities, sometimes adopting national service specifications.
PPGs	Patient Participation Groups - Are groups of patients registered with a surgery who have no medical training but have an interest in the services provided. The aim of the PPG is to represent patients' views and cross barriers, embracing diversity and to work in partnership with the surgery to improve common understanding.
Primary Care	Is the day-to-day health care given by a health care provider for e.g. a GP. Typically this provider acts as the first contact and principal point of continuing care for patients within a health care system and coordinates other specialist care that the patient may need.
PMS	Personal Medical Services - A locally-agreed alternative to General Medical Service (GMS) for providers of general practice.
QoF	The Quality and Outcomes Framework - Is a system for the performance management and payment of general practitioners in the NHS. It was introduced as part of the new (GMS) contract in April 2004, replacing various other fee arrangements.