

ANNEX 6
DORSET CLINICAL COMMISSIONING GROUP
JOINT PRIMARY CARE COMMISSIONING COMMITTEE
TERMS OF REFERENCE

Introduction

1. Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting 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. One option available was that NHS England and CCGs would jointly commission primary medical services.
2. The NHS England and the Group's joint primary care commissioning committee (the Committee) is a joint committee with the primary purpose of jointly commissioning primary medical services for the people of Dorset.

Statutory Framework

3. The 2006 Act provides, at section 13Z, that NHS England's functions may be exercised jointly with a CCG, and that functions exercised jointly in accordance with that section may be exercised by a joint committee of NHS England and the CCG. Section 13Z of the 2006 Act further provides that arrangements made under that section may be on such terms and conditions as may be agreed between NHS England and the CCG.

Role of the Committee

4. The role of the Committee shall be to consider and strategically plan for the future of Primary Care through the development of a Primary Care Strategy for Dorset and
5. Carry out the functions relating to the commissioning of primary medical services under section 83 of the 2006 Act except those relating to individual GP performance management, which have been reserved to NHS England

This includes the following activities:

- 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).

6. **In performing its role the Committee will exercise its management of the functions in accordance with ~~the any~~ agreement entered into between NHS England and the Group, which will sit alongside the delegation and terms of reference. –[This is the proposed agreement to deal with such as information sharing, resource sharing, contractual mechanisms for service delivery (and ownership) and interplay between contractual and performance list management].**

Geographical coverage

7. The Committee will comprise NHS England Wessex, and the Group. It will undertake the function of jointly commissioning primary medical services for Dorset.

Membership

8. The Committee shall consist of:

6 Locality representatives, two from each cluster with at least one from each cluster being a GP. Practice managers may be locality representatives;

- Two Lay Members;
- The Accountable Officer;
- The Chief Finance Officer;
- the Director of Service Delivery;
- the Director of Quality;
- Three representatives of NHS England (Wessex Area Team), being:
 - Director of Commissioning or delegated Deputy,
 - Head of Primary Care Commissioning or delegated Deputy,
 - Director of Nursing/Director of Finance or delegated Deputy.

9. The Committee shall at all times have a lay and executive majority.

10. The membership will meet the requirements of the Group's Constitution.

11. The Chair and vice Chair of the Committee shall be Lay Members of the Group. In the absence of the Chair and vice Chair any executive member may be appointed by members to chair a meeting.

12. The Committee shall extend to the following individuals a standing invitation to join the Committee as non-voting attendees:
 - a) A Local HealthWatch representative; and
 - b) A representative from the relevant Health and Wellbeing Board.
13. The Committee can require the attendance at any of its meetings of any officer of the Group as required.
14. The Committee may request the attendance at any of its meetings of a representative of the public health function of any relevant Local Authority, an LMC representative, one or more of its Members' practice managers and practice nurses or any other Locality Lead who is not a member of the Committee.

Meetings and Voting

15. The Committee shall adopt the Standing Orders of the Group insofar as they relate to the:
 - a) Notice of meetings;
 - b) Handling of meetings;
 - c) Agendas;
 - d) Circulation of papers; and
 - e) Conflicts of interest.
16. To enable an equal number of votes for each of the constituencies to the Committee, each constituency (NHS England and NHS Dorset CCG) shall appoint a representative member to vote on behalf of his or her constituency. That vote shall be cast in accordance with majority wishes within that constituency. In the event of a tie in voting the following shall apply:

For matters relating to the statutory functions of a constituency, that constituency shall have a casting vote;
For all other matters the chair shall have a casting vote.

Each constituency may choose any of the members of the Committee within its constituency to cast its vote.
Within the Group constituency votes shall be allocated as follows:
Each cluster-one vote
Lay Chair-one vote
Lay vice Chair-one vote
Chief Officer-one vote
Chief Finance Officer-one vote
Director of Quality-one vote
Director of Service Delivery-one vote

17. The quorum shall be two members who are representatives of the Group and one member who is a representative of NHS England
18. The Committee shall meet no less than four times per year. Meetings of the Committee:
 - 18.1. Shall, subject to the application of paragraph 18.2, be held in public.
 - 18.2. 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.
19. 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.
20. The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.
21. Members of the Committee shall respect confidentiality requirements as set out in the Standing Orders referred to above unless separate confidentiality requirements are set out for the Committee in which event these shall be observed.
22. The Secretary and the General Counsel ("Secretariat") of the Group shall service the Committee.
23. The Secretariat to the Committee will:
 - 23.1. Circulate ~~the minutes and~~ action notes of the Committee with 3 working days of ~~the meeting~~ approval of draft minutes by the Chair to all members.
 - 23.2. Present the minutes and action notes to the Wessex Area Team of NHS England and the Governing Body of the Group.

Decisions

24. The Committee will make decisions within the bounds of its remit.
25. The decisions of the Committee shall be binding on NHS England and the Group.
26. Decisions will be published by both NHS England and the Group.

27. The Secretariat will produce an executive summary report [\(or the notes referred to at 23.1\)](#) which will be presented to the Wessex Area Team of NHS England and the Governing Body of the Group each month for information.

Key Responsibilities

28. The Committee's key responsibilities are to:
- 28.1.1. support the Governing Body and the Wessex Area Team of NHS England in developing and implementing its vision and strategic direction through:
- a) developing a primary care strategy for Dorset;
 - b) recommending short, medium and long term primary care direction and vision;
 - c) developing primary care in Dorset leading to delivery of the Clinical Service Review Better Together initiative and Urgent Care Review;
 - d) providing a voice for primary care in Dorset;
 - e) providing clinical leadership to inform strategy;
 - f) interpreting national and local policy to inform strategic direction and determine local implementation;
 - g) informing regional thinking and policy from a primary care perspective;
 - h) promoting patient and public involvement and local community engagement and partnership working;
- 28.1.2. support the Governing Body and the Wessex Area Team of NHS England in commissioning and managing a comprehensive and equitable range of high quality, efficient and responsive primary care services within allocated resources by:
- a) providing a clinical perspective to inform decision making;
 - b) identifying opportunities for dis-investment to facilitate delivery of the Group's strategic aims;
 - c) being clinical champions and innovation leads for primary care commissioning and service improvement;
 - d) Designing and monitoring of enhanced services' incentives and GMS, PMS and APMS contracts (except GP Performance Management which is reserved to NHS England).
- 28.1.3. support the Governing Body and Wessex Area Team of NHS England in the delivery of clinical effectiveness and governance through:

- a) support of the Audit and Quality Committee in discharging the Group's responsibility for clinical governance for commissioned services including the monitoring and enforcement of ~~NSFs~~, NICE guidance ~~and Standards for Better Health~~ or other agreed standards;
- b) providing primary care support including equality and diversity issues, organisational development, strategic leadership, workforce issues and education and training;

28.1.4. support communication with partners and stakeholders through:

- a) supporting and promoting effective partnership working, including joint planning and commissioning, with other NHS organisations, local authorities and the voluntary and independent sectors;
- b) maintaining effective communication and engagement with front-line health care professionals.

Review of Terms of Reference

29. These terms of reference will be formally reviewed by the Wessex Area Team of NHS England and the Group in April of each year, following the year in which the Committee is created, and may be amended by mutual agreement between the Wessex Area Team of NHS England and the Governing Body acting on behalf of the Group at any time to reflect changes in circumstances which may arise, including the experience of the Committee in fulfilling its functions and the wider experience of NHS England and CCGs in primary medical services co-commissioning.

Sub-Committees

30. The Committee may establish sub-committees for specific areas of work.
31. Where it does so it will keep sub-committee arrangements under regular review to ensure relevance and effectiveness.
32. Minutes of any sub-committees will be presented to the Committee as soon as they have been approved by the relevant sub-committee.

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