

**NHS DORSET CLINICAL COMMISSIONING GROUP**  
**GOVERNING BODY MEETING**  
**PROPOSED CHANGES TO GOVERNANCE STRUCTURE**

<b>Date of the meeting</b>	16/07/2014
<b>Author</b>	CG Lakeman, Governing Body Secretary and General Counsel
<b>Sponsoring Board Member</b>	T Goodson, Chief Officer
<b>Purpose of Report</b>	To obtain approval to changes to the Committee structure including a Primary Care Committee and changes to the Clinical Commissioning Committee.
<b>Recommendation</b>	The Governing Body is asked to: <b>Approve:</b> <b>a)</b> The creation of a Primary Care Committee <b>b)</b> The Terms of Reference for that committee <b>c)</b> A change of membership of the Clinical Commissioning Committee to include all clinicians who are members of the Governing Body and all CCP Chairs together with existing executive members. <b>d)</b> A change in the annual programme so that Governing Body and Clinical Commissioning Committee Meetings alternate, with workshops remaining as existing.
<b>Stakeholder Engagement</b>	Engagement with GB members at April workshop and through the Task and Finish Primary Care Group.
<b>Previous GB / Committee/s, Dates</b>	N/A

**Monitoring and Assurance Summary**

<b>This report links to the following Assurance Domains</b>	<ul style="list-style-type: none"> <li>• Quality</li> <li>• Engagement</li> <li>• Outcomes</li> <li>• Governance</li> <li>• Partnership-Working</li> <li>• Leadership</li> </ul>		
<b>I confirm that I have considered the implications of this report on each of the matters below, as indicated:</b>	<b>Yes</b> [e.g. ✓]	<b>Any action required?</b>	
		<b>Yes</b> Detail in report	<b>No</b>
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework / Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal / Regulatory	✓	✓	
People / Staff	✓	✓	
Financial / Value for Money / Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓

Initials : CGL

## 1. Introduction

- 1.1 The need for the interests of Primary Care to be represented within the CCG has been recognised. This coupled with the opportunity to put forward proposals to NHS England to undertake a greater role in primary care has facilitated the changes proposed by this paper.

## 2. Report

- 2.1 Following a Governing Body Workshop, a number of GPs within the CCG met to review membership of the existing governing entities within the CCG, the frequency of meetings and the possibility of a new group to focus on matters within primary care. The broad consensus of the meeting was as follows:

1. That there should be a new committee to address primary care issues.
  2. That the Governing Body should remain as currently constituted and should meet every other month.
  3. That the Clinical Commissioning Committee should meet in the intervening months and should include all CCP Chairs, all 13 Locality Representatives, the Secondary Care Member the Chief Officer, the Chief Finance Officer, the Director of Service Delivery, the Director of Quality and be chaired by the CCG Chair for the purposes of continuity and the avoidance of conflict. A representative of Public Health should be invited to attend.
  4. The Primary Care Committee should consist of 6 Cluster Representatives (2 from each cluster), the Chief Officer, the Chief Finance Office, the Director of Service Delivery, the Director of Quality and should be chaired by one of the Cluster Representatives (to be appointed by the Governing Body). An LMC representative, one or more Practice Managers, a practice nurse, a local authority representative and a public health representative may be invited to attend.
- 2.2 The publication of the letter from NHS England dated 9 May 2014 inviting CCGs to submit proposals for co-commissioning was received after GPs met to consider the creation of a Primary Care group. However soundings from the wider membership were taken at the membership event held on the 11 June 2014 with the membership in favour of initially influencing primary care decisions and in due course making decisions jointly with the Area Team.
- 2.3 This decision to move to make decisions jointly with the Area Team effectively means that the PCC will be a committee of similar influence to the CCC and as such should include the CO and CFO as members.
- 2.4 GPs were in favour of the existing "Blandford" meeting becoming a Locality Forum with the same attendees as currently invited.
- 2.5 Appendix 1 contains the proposed draft Terms of Reference for the Primary Care Committee on the basis that it will sit jointly with representatives from

NHS England for decision making purposes where CCG members are likely to be conflicted.

- 2.6 It is likely that all GP members would be conflicted in connection with the decisions which may benefit either their practice or practices as a whole. Executive members are unlikely to be conflicted. Area Team representatives are unlikely to be conflicted. Anticipating that the Area Team may not be able to field an equal number of members, provision has been made for them to appoint up to six members to sit on the committee. In recognition of these difficulties and that the Area team may only be able to field one or two members, it is proposed that the quorum for the meetings is reduced to one from the CCG and one from the Area Team but with a right of veto for the Area Team and the CCG. Whilst it is unlikely that this would ever need to be used it will provide comfort for both constituencies that decisions that either side is fundamentally opposed to, will not be passed.
- 2.7 Whilst the attached Terms of Reference have been drafted on the basis of our current knowledge of co commissioning proposals, they may need to be further amended going forward in the light of developments.
- 2.8 In any event, the constitution will need to be amended to incorporate a Primary Care Committee. In the interim, until that amendment is made, any committee that is established will need to make recommendations to either the Governing Body and/or the Area Team for decisions to be made.

### **3. Conclusion**

- 3.1 The Governing Body is asked to approve matters set out at 2.1, 1 – 4, and
- 3.2 Appoint GPs to membership of the committee ( two from each cluster).

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<b>APPENDICES</b>	
<b>Appendix 1</b>	<b>Joint Primary Care Committee Terms of Reference</b>