

**DORSET CLINICAL COMMISSIONING GROUP  
JOINT PRIMARY CARE COMMITTEE  
TERMS OF REFERENCE**

**1. CONSTITUTION**

- 1.1 The Joint Primary Care Committee (the Committee) is established in accordance with the NHS Dorset Clinical Commissioning Group's (the CCG) Constitution, Standing Orders and Scheme of Delegation. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the group's Constitution and Standing Orders. The Committee has no executive powers other than those specifically delegated in these Terms of Reference.
- 1.2 The terms of reference shall be reviewed by the Governing Body, and any resulting changes to the terms of reference or membership of the Committee shall be approved by the Governing Body.

**2. MEMBERSHIP**

- 2.1 CCG members of the Committee shall be appointed by the Governing Body and may include individuals who are not members of the Governing Body. Initial membership shall comprise:
- 6 Locality Chairs, two from each cluster, one of whom shall be Chair (appointed by the Governing Body)
  - CO
  - CFO
  - Director of Service Delivery
  - Director of Quality
  - The Local Area Team (the LAT) may appoint up to six members. LAT members shall be appointed by the LAT.
- 2.2 A quorum shall be one member from the CCG and one member from the LAT.

**3. ATTENDANCE**

- 3.1 The Committee can require the attendance of any officer of the CCG as required.
- 3.2 The Committee may request attendance from a representative of the Public Health function of the relevant Local Authorities, an LMC Representative, one or more Practice Managers and a Practice Nurse.
- 3.3 The Secretary and General Counsel shall service the Committee.

**4. FREQUENCY**

- 4.1 The Committee shall meet a minimum of four times per year, but will meet more often, as required. Meetings will not be held in public.

## **5. AUTHORITY**

- 5.1 The Committee is authorised by the Governing Body and the LAT to consider and determine matters within its remit and to make recommendations to the Governing Body and/or the LAT as appropriate.
- 5.2 The CCG and the LAT should each have a right of veto in respect of matters to be determined by the Committee.

## **6. REMIT AND FUNCTION**

- 6.1 The remit and function of the Committee are to:

- 6.1.1 Support the Governing Body and LAT in developing and implementing its vision and strategic direction through:

- 6.1.1.1 Developing a Primary Care Strategy for Dorset;

- 6.1.1.2 Recommending short, medium and long term primary care direction and vision;

- 6.1.1.3 Developing Primary Care in Dorset leading to delivery of the Clinical Service Review Better Together initiative and Urgent Care Review;

- 6.1.1.4 Providing a voice for Primary Care in Dorset;

- 6.1.1.5 Providing clinical leadership to inform strategy;

- 6.1.1.6 Interpreting national and local policy to inform strategic direction and determine local implementation;

- 6.1.1.7 Informing regional thinking and policy from a primary care perspective;

- 6.1.1.8 Promoting patient and public involvement and local community engagement and partnership working;

- 6.1.2 Support the Governing Body and LAT in commissioning a comprehensive and equitable range of high quality, efficient and responsive Primary Care services within allocated resources by:

- 6.1.2.1 Providing a clinical perspective to inform decision making;

- 6.1.2.2 Identifying opportunities for dis-investment to facilitate delivery of the CCG's strategic aims;

6.1.2.3 Being clinical champions and innovation leads for primary care commissioning and service improvement;

6.1.3 Support the Governing Body and Local Area Team delivery of clinical effectiveness and governance through:

6.1.3.1 Support of the Audit and Quality Committee in discharging the CCG'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;

6.1.3.2 Providing Primary Care support including Equality and Diversity, Organisational Development, Strategic leadership, workforce issues and education and training.

6.1.4 Support communication with partners and stakeholders through:

6.1.4.1 Supporting and promoting effective partnership working, including joint planning and commissioning, with other NHS organisations, local authorities and the voluntary and independent sectors;

6.1.4.2 Maintaining effective communication and engagement with front-line health care professionals.

## **7. REPORTING**

7.1 Minutes of each meeting will be recorded submitted to the Governing Body at its next meeting after those minutes have been formally approved by the Chair of the meeting unless otherwise decided by the Committee.

7.2 The Committee will report to the Governing Body annually on its work in support of the Governance Statement, specifically commenting on the fitness for purpose of the assurance framework, the completeness and extent to which risk management is embedded in the organisations, the integration of governance arrangement, and the Committee's own report on compliance with its Terms of Reference.

## **8. SUB-COMMITTEES**

8.1 The Committee may establish sub-committees for specific areas of work.

8.2 Where it does so it will keep sub-committee arrangements under regular review to ensure relevance and effectiveness.

8.3 Minutes of any sub-committees will be presented to the Committee as soon as they have been approved by the relevant sub-committee.