

Primary care co-commissioning: joint committee with NHS England

Proposed revised terms of reference – 20 October 2015

Preamble

The CCG has formed a primary care co-commissioning committee jointly with NHS England, according to these terms of reference, which is known as the 'joint committee'. The other seven CCGs in North West London have formed the equivalent joint committee with NHS England.

The CCG's joint committee will meet regularly to discuss and take decisions on local primary care issues.

In addition to meeting locally, where there are common strategic issues to be discussed across North West London in cases where a shared approach would be beneficial, the joint committees are able to meet in common, instead of holding eight separate meetings. A 'meeting in common' effectively means that all eight joint committees will meet at the same time and place, to the same agenda, and be presided over by a single meeting chair (agreed by consensus) for the purpose of managing the meeting. It is important to note that each CCG's joint committee retains individual decision-making authority when meeting in common.

At all times, the CCG and NHS England are committed to ensuring that the public voice is reflected in the decisions taken through primary care co-commissioning. This is enabled firstly through the membership of the joint committee and secondly through the intrinsic approach taken to the development of key areas of business to be dealt with, as per the NHS operating framework which requires public and patient engagement. To further support engagement, the NWL CCGs are liaising with local Healthwatch committees about the establishment of a North West London Healthwatch group. This will provide a dedicated forum in which Healthwatch is able to contribute to co-commissioning, as well as to other transformation programmes across North West London.

Terms of reference

Purpose	<p>The CCG has entered into joint arrangements known as 'primary care co-commissioning', with NHS England, which are designed to enable the CCG to better influence the development of local primary care.</p> <p>Primary care co-commissioning will enable the CCG to ensure that primary care acts as a driver for ambitious plans to transform the local health and care economy, both locally and across North West London.</p>
Vision	<p>The shared vision for primary care co-commissioning places GPs at the centre of organising and coordinating care for people, seven days a week, through both individual practices and practice networks. By aligning this work with transformation work across North West London, co-commissioning is designed to achieve the following outcomes for patients:</p> <ul style="list-style-type: none">• Services that are joined up, coordinated, and easily navigated, with more

	<p>services available closer to people’s homes;</p> <ul style="list-style-type: none"> • High quality out-of-hospitals care; • Improved health outcomes, equity of access, reduced inequalities, and better patient experiences; and • Enhanced local patient and public involvement in developing services, with a greater focus on prevention, staying healthy, and patient empowerment. 																																																																				
<p>Functions and duties</p>	<p>The joint committee is the commissioning body that decides how GP services are going to be delivered locally. Decisions will be taken jointly between the CCG and NHS England, including in the areas shown in the table below. The table also shows in which areas decisions can be taken outside the joint committee according to standing operating procedures (approved policies) and where urgent decisions, as defined in NHS England’s London-wide operating model, might be required.</p> <table border="1" data-bbox="440 792 1401 1417"> <thead> <tr> <th>Name</th> <th>Function</th> <th>Joint committee decisions needed</th> <th>Decision possible with approved policy</th> <th>Potential need for urgent decisions</th> </tr> </thead> <tbody> <tr> <td rowspan="9">Determination of key decisions or requests</td> <td>List closure</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Practice mergers / moves</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Boundary changes</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Securing services through APMS contracts</td> <td></td> <td></td> <td></td> </tr> <tr> <td>PMS (reviews, etc.)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Discretionary payments</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Remedial and breach notices</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Contract termination - e.g. death / bankruptcy / CQC</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Contractual changes (contentious / important)</td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2">Financial Processes</td> <td>Ensuring budget sustainability</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Management accounting</td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="4">Strategy and Policy</td> <td>Securing quality improvement</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Developing and agreeing outcome framework – e.g. LIS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Securing consistent population based provision of advanced and enhanced services</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Premises plans, including discretionary funding requests</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>To support its work, the committee will develop and adopt an operating model, which will set out the detailed decision-making processes required to support effective co-commissioning, to be referenced and evidenced as part of each of the relevant business areas dealt with at the meetings. The table above is taken from NHS England’s London-wide operating model.</p> <p><u>Joint committees’ meeting in common</u></p> <p>The NWL CCGs have agreed that decisions on issues affecting more than one CCG will normally be taken at the meeting in common. These will relate mostly to longer-term strategic issues relevant across NWL. These issues will be identified by the NWL CCGs’ staff and NHS England, who will co-ordinate the business to be dealt with at the local meetings and the meetings in common. Local meetings will also be able to pass decisions up to the meeting in common where they consider this to be appropriate.</p>	Name	Function	Joint committee decisions needed	Decision possible with approved policy	Potential need for urgent decisions	Determination of key decisions or requests	List closure				Practice mergers / moves				Boundary changes				Securing services through APMS contracts				PMS (reviews, etc.)				Discretionary payments				Remedial and breach notices				Contract termination - e.g. death / bankruptcy / CQC				Contractual changes (contentious / important)				Financial Processes	Ensuring budget sustainability				Management accounting				Strategy and Policy	Securing quality improvement				Developing and agreeing outcome framework – e.g. LIS				Securing consistent population based provision of advanced and enhanced services				Premises plans, including discretionary funding requests			
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The following additional detail has been agreed by the North West London CCGs with NHS England and Londonwide LMCs:

The joint committees will review and agree the framework by which contract and contract performance management will be undertaken. A memorandum of understanding between the joint committee, performance directorate and contracting team will make explicit the duties and responsibilities of all parties in contract and performance management. NHS England will conduct routine contract management of GMS, PMS and APMS contracts as before, together with offering and monitoring delivery of Directed Enhanced Services. Where issues are identified, this will include liaison with practices, development of appropriate action or improvement plans, and then monitoring delivery of these plans. The joint committee will receive aggregate reports on this routine contract and performance management.

Where necessary, the NHS England contracting team will prepare and present papers with recommendations to the joint committee for individual practice sanction for non-delivery of its contractual obligations. This includes making the case for a sanction (with the gathering of appropriate data), plus liaison with the provider and representative organisations. These individual cases might be considered in private session. GP members of the joint committee will not be part of the decision-making process about individual contracts.

The joint committee will have no part in individual practitioner performance management, revalidation and appraisal processes relating to being included on the National Performers List.

The joint committee will be required to implement NHS England policy (for instance, the PMS review and MPIG redistribution) and also to action national changes to contracts negotiated with the GPC. The joint committee is also empowered to undertake additional work required to meet the needs of their local populations. This includes designing local incentive schemes as an alternative to QOF, designing new extended scope services (locally commissioned services), and enhancing locally agreed contract terms to deliver the out-of-hospital agenda.

CCGs' involvement with contract and performance management through co-commissioning is aligned with their existing roles, given their statutory duty to support NHS England to improve the quality of primary care.

LMCs will be fully consulted on all aspects of these developments.

<p>Membership</p>	<p>The joint committee comprises the following voting members:</p> <ul style="list-style-type: none"> • CCG non-audit lay member; • CCG lay audit committee chair; • CCG chair; • CCG additional GP; • CCG accountable officer; • CCG managing director / chief operating officer; • CCG chief financial officer or deputy chief financial officer; • CCG secondary care governing body member; • CCG nurse governing body member; • NHS England director of primary care commissioning (London); • NHS England director of commissioning and operations (NW London); • NHS England Head of primary care (NW London); • NHS England assistant medical director (London); and • NHS England medical director (NW London). <p>Committee members may nominate a suitable deputy when necessary. All deputies should be fully briefed and the secretariat informed of any agreement to deputise so that quoracy (see below) can be maintained.</p> <p>The deputy chair of the audit committee (or in exceptional circumstances, another lay member from the CCG) may deputise for the lay audit committee chair and may represent more than one CCG.</p> <p>No person can act in more than one role on the joint committee, meaning that each deputy needs to be an additional person from outside the joint committee membership.</p> <p>Governing body papers detailing joint committee decisions will list the members and deputies present.</p>	
<p>The chair</p>	<p><u>Joint committee meeting (local only)</u></p> <p>The CCG's non-audit lay member (or deputy) will chair local meetings of the joint committee.</p>	<p><u>Joint committees' meeting in common</u></p> <p>The joint committees shall elect a chair to preside over the meetings in common. This role does not possess any additional voting rights: when the joint committees are meeting in this format, the chair of each joint committee (see below) retains the same degree of authority as when the joint committees meet locally.</p>

<p>Voting</p>	<p>The committee will aim to make decisions by consensus wherever possible. Where this is not achieved, a voting method will be used. The voting power of each individual present will be weighted so that each party (CCG and NHS England) possesses 50% of total voting power.</p> <p>In cases where a vote has not determined an outright decision, the chair will have a second and deciding vote.</p> <p>Subsequent to the final vote being carried by the committee and recorded by the secretariat, each party, i.e. NHS England and the CCG, retains the right to exercise an overriding veto in respect of any functions within their respective statutory obligations.</p>	
<p>Quorum</p>	<p>The joint committee can take decisions with a quorum of:</p> <ul style="list-style-type: none"> • one lay member; • one CCG officer; • one NHS England officer; • one GP; and • a second clinician. <p>At least two permanent (i.e. not deputy) members shall be present.</p> <p><i>If all GPs present are conflicted and thus precluded from voting, the quoracy requirement for a GP will be suspended for the relevant decision(s).</i></p> <p><u>Joint committees' meeting in common</u></p> <p>For the purpose of the joint committees' meetings in common, the same person may be counted towards the quorum for more than one CCG joint committee but cannot count more than once for an individual joint committee.</p>	
<p>Non-voting advisors</p>	<p>At all times, non-voting advisors have full speaking rights. They will receive papers at the same time as joint committee members.</p> <p>The joint committee may call additional experts to attend on an ad hoc basis.</p> <p>Health and Wellbeing Board</p> <p>The Health and Wellbeing Board is entitled to send a representative to all meetings of the joint committee to act as a non-voting advisor.</p> <p><u>Joint committee meeting (local only)</u></p> <p>The joint committee is able to appoint any number of non-voting advisors to inform discussions at its local meetings. The joint committee will determine which, if any, of these advisors should attend parts of local joint committee meetings otherwise reserved for voting members only.</p>	<p><u>Joint committees' meeting in common</u></p> <p>Healthwatch</p> <p>The NWL Healthwatch forum (see preamble) is invited to elect two representatives (one from the CWHHE Collaborative of CCGs and one from the BHH Federation of CCGs) to attend the joint committees' meeting in</p>

		<p>common as non-voting advisors. This is proposed as an alternative to representation from each local Healthwatch committee.</p> <p>Londonwide Local Medical Committees (LLMCs) Londonwide LMCs is invited to nominate two representatives to attend the joint committees' meeting in common as non-voting advisers, representing GPs as providers and performers (GP status) and bringing local and clinical expertise to discussions.</p> <p>The LLMCs' non-voting advisors are invited to attend parts of the meetings in common otherwise reserved only for voting members, though the joint committees do reserve the right to reserve time solely for voting members when required.</p> <p>Strategy and Transformation</p> <p>The Director of Strategy and Transformation from the NWL Collaboration of CCGs is a non-voting advisor to the joint committees' meetings in common.</p> <p>The CWHHE CCGs' Director of Compliance, or their nominated representative, and the BHH CCGs' Head of Governance are non-voting advisors to the joint committees' meetings in common.</p>
<p>Frequency of meetings</p>	<p><u>Joint committee meeting (local only)</u></p> <p>The joint committee will meet monthly, or as required.</p>	<p><u>Joint committees' meeting in common</u></p> <p>The joint committees will meet in common quarterly, or as required.</p>
<p>Operation of the joint committee</p>	<p>The secretariat function for the joint committee will be provided by:</p> <ul style="list-style-type: none"> the North West London CCGs' shared staff for the joint committees' meetings in common; and the CCG staff for the joint committee's local meetings. 	

	<p>In both cases, the secretariat is responsible for giving notice of meetings and distributing an agenda and supporting papers to each member and non-voting advisor no later than seven days before any meeting. The secretariat will also:</p> <ul style="list-style-type: none"> • circulate the minutes of the joint committee; and • present these minutes to NHS England and the CCG. 		
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<p>Public input into, and transparency of, decision-making</p>	<p>The joint committee will demonstrate its transparency to local people, as well as the CCG and NHS England, by:</p> <ul style="list-style-type: none"> • meeting in public, both when meeting locally and when meeting in common; • including representation from Healthwatch, the Health and Wellbeing Board, and LLMCs; • publishing its papers; • publishing these terms of reference; • publishing minutes for the CCG and the public domain; • publishing any joint strategies agreed; and • complying with NHSE guidance and with generally accepted principles of good governance. <p>Information regarding the work of the joint committee will be made available to the public through the CCG website.</p> <p>Members of the public will be able to observe all of the joint committee's meetings (both local meetings and meetings in common) and to submit in advance of each meeting questions related to the agenda items, which will be addressed during proceedings.</p> <p>For those aspects of business which would be prejudicial to the public interest by reason of their confidential nature, the joint committee may resolve to exclude the public for the duration of the relevant discussion/s.</p> <p>The joint committee may reserve part of its meetings (both local meetings and meetings and in common) for voting members only.</p>		

<p>Managing conflicts of interest</p>	<p>The joint committee will manage conflicts of interest through its lay/executive majority and appointment of a lay chair.</p> <p>All members will provide an entry for the CCG's register of interests.</p> <p>Any additional declarations relevant to agenda items will be made during meetings.</p> <p>Any GP member or advisor to the joint committee will not participate in the relevant discussion, decision, or vote in which he or she has a direct conflict of interest, and shall leave the room for the duration of the item.</p> <p>All members shall act in accordance with their own organisation's conflict of interest policy and code of conduct.</p>
<p>Terms of reference review</p>	<p>These terms of reference will be formally reviewed by NHS England and the CCG after three months of operation and then in April of each year, following the year in which the joint committee is created, in order for any necessary changes to be made. They may be amended by mutual agreement between the parties at any time to reflect changes in circumstances.</p> <p>There will be no move to delegated co-commissioning without the explicit approval of the CCG's member practices.</p>
<p>Self-evaluation of the joint committee and its meeting in common with other joint committees</p>	<p>The joint committee shall, at least annually, review its own performance and membership. This review will reflect experience of the joint committee in fulfilling its functions and the wider experience of NHS England and the CCG in co-commissioning.</p>
<p>Process for reaching agreement</p>	<p>All parties are committed to working together in a collaborative way.</p> <p>Where decisions are required, agreement shall be reached by demonstrable consensus of all non-conflicted members. The secretariat shall ensure that any members, who have a conflict of interest in the outcome of any particular decision, shall leave the room for the duration of the relevant discussion and shall not participate or be present for the decision, which shall be recorded by the secretariat. The secretariat shall determine in advance of the meeting which members will be eligible to vote on which items for decision. Members of the joint committee are required to inform the chair and secretariat of all potential conflicts of interest, real and perceived, at the earliest opportunity.</p> <p>In the event that the non-conflicted voting members are unable to reach a clear consensus at the end of discussion, the decision shall be reached by an open vote. The numbers of weighted votes (which equate as above to 50% NHSE / 50% CCG, split between the number of members present from each organisation) shall be recorded and announced by the secretariat.</p> <p>At all times, the CCG will act in accordance with the terms of its constitution and</p>

	<p>NHS England will act in accordance with the terms of its establishment.</p> <p>No decision outcome shall impede any organisation in the fulfilment of its statutory duties.</p>
Withdrawal from joint co-commissioning	<p>Withdrawal from co-commissioning may be through mutual agreement between the CCG and NHS England, with six months' notice given to all parties.</p>