

West London CCG's Primary Care Commissioning Committee

Terms of Reference

1 Purpose and statutory framework

- 1.1 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 West London CCG.
- 1.2 The CCG has established the West London 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.
- 1.3 Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.
- 1.4 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).
- 1.5 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, such as regards impact on services in certain areas and variation in provision of health services.
- 1.6 The Committee is established as a committee of the Governing Body of West London CCG in accordance with Schedule 1A of the "NHS Act".
- 1.7 The Committee is formally accountable for furnishing the Finance and Audit Committees with the formal reports it requires to assure the CCG Governing Body that Primary Care delegation is being effectively governed and managed. It will additionally report to the Quality Committee in order that the CCG's approach to quality is consistent and can be understood alongside the CCG's other areas of commissioning responsibility.

2. Secretariat

- 2.1 The CCG will provide secretariat support to the Committee including preparation and distribution of papers, the taking of minutes and facilitating agendas. Additionally, the secretariat will support

the pro-active and careful management of conflicts of interest, in accordance with the CCG's conflicts of interest management policy.

- 2.2 The secretariat will be responsible for supporting the Chair in the management of the Committee's business and for drawing the Committee's attention to best practice, national guidance as it emerges, and other relevant documents as appropriate.
- 2.3 A record of actions and decisions will be circulated by the secretariat to the Committee within five working days. The minutes/notes as agreed by the Committee Chair, will be circulated to attendees of the Committee at the latest within 15 working days of each Committee meeting.

3. Frequency and notice of meetings

- 3.1 The Committee will typically convene monthly and in public.
- 3.2 Papers will be issued no later than five working days before each meeting. The dates of the meetings and papers will be available on the CCG's website.
- 3.3 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.

4. Authority and reporting

- 4.1 The Committee is established under West London Clinical Commissioning Group's constitution as a committee of the Governing Body and will make decisions within the bounds of its remit.
- 4.2 The Committee will present its minutes and an executive summary report to NHS England London Region and the Governing Body for information.
- 4.3 There is a statutory requirement that the Committee publishes a register of its decisions, outlining the management of any Conflicts of Interest. This shall be made available via the CCG's website.
- 4.4 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 agreement entered into between NHS England and West London CCG, are recorded in a scheme of delegation, are governed by appropriate terms of reference and reflect appropriate arrangements for the management of conflicts of interest.

5. Membership

Voting members (lay and executive majority)

- Governing Body Lay Member, West London CCG (Chair)
- Governing Body Lay Member, West London CCG (Vice Chair)
- CCG Managing Director/Chief Operating Officer, West London CCG, or their deputy
- CCG Chief Finance Officer, or their deputy
- Non-conflicted clinicians x 2 (secondary care doctor / nurse / out-of-area GP / allied health professional)

Non-voting members

- NHS England representative
- Three elected Governing Body members, West London CCG
- Heads of Primary Care (CCG; seconded NHSE staff)
- Public Health borough representative
- Local authority representative of borough Health and Wellbeing Board
- HealthWatch borough representative
- Local Medical Committee representative

No person who is a practising GP in the CCG area may be a voting member of the Committee.

6. Quoracy, voting and confidentiality

- 6.1 The quorum shall comprise of a minimum of three voting members and include at least one lay member, one CCG officer and one clinician.
- 6.2 The Committee shall have a non-conflicted majority at all times.
- 6.3 Each voting 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.
- 6.4 Members of the Committee, with agreement from the Chair, may send a designated deputy with full authority if they cannot attend in person.
- 6.5 Members of the Committee shall respect confidentiality requirements as set out in the CCG Constitution or Standing Orders.

7. Remit and responsibilities

- 7.1 The Committee recognises that the rationale for NHSE's delegation of primary care medical services commissioning to the CCG is to increase quality, efficiency, productivity and value for money, and to remove administrative barriers, which in turn will serve to strengthen and stabilise general practice.
- 7.2 In performing its role, the Committee will exercise its management of the functions in accordance with its terms of reference, delegation of authority and the agreement entered into between NHS England and West London CCG.
- 7.3 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. This includes the following:
 - a. 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);
 - b. Providing assurance to the Governing Body and NHS England on quality, performance and finance of all services commissioned from primary care which incorporate the delegated funding and funding from the core CCG allocation (for example prescribing, incentive schemes and local primary care contracts).

- c. Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);
 - d. Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
 - e. Decision making on whether to establish new GP practices in an area;
 - f. Approving practice mergers; and
 - g. Making decisions on ‘discretionary’ payment (e.g., returner/retainer schemes).
 - h. Agreeing and monitoring a financial plan and budget; risk assessment, performance framework and annual workplan.
- 7.4 The CCG will also carry out the following activities, in collaboration with other NWL CCGs:
- a. To plan, including needs assessment, primary medical care services in the [name] area;
 - b. To undertake reviews of primary medical care services in the [name] area;
 - c. To co-ordinate a common approach to the commissioning of primary care services generally;
 - d. To manage the budget for commissioning of primary medical care services in the [name] area;
- 7.5 The Committee is accountable for exercising the agreed delegated functions from NHS England. The agreed delegated functions are set out in Schedule 2. NHSE retains the responsibility for individual practitioner performance whilst the CCG will have responsibility for practice contract performance.

8. Governance structure and effectiveness

- 8.1 The Committee will be responsible for seeking assurance in order that strategy, commissioning, performance, quality and finance considerations guide and inform effective primary care medical services commissioning.
- 8.2 The Committee will ensure, on behalf of the Governing Body, the effective design and delivery of primary care medical services to meet the needs of our local population, in line with the CCG’s long-term strategic objectives, as expressed in the Sustainability and Transformation Plan (STP) for the borough and for North West London.
- 8.3 The Committee shall remain the decision-making committee for all areas within its remit, whilst taking due account of any recommendations and reviews that may from time to time be provided by other committees of the CCG’s Governing Body.
- 8.4 The Committee may appoint ad-hoc members to advise it on specific matters within its terms of reference from time to time as appropriate.
- 8.5 The Committee shall review its own effectiveness after its first six months and annually thereafter, and submit any proposed changes to its terms of reference to the Governing Body for ratification.

9. Sub-structure

The joint committee may establish local task and finish groups as required (which will operate as non-decision making working groups); these will be properly constituted with terms of reference approved by the Committee. Where appropriate, existing committees will be reviewed and refreshed to support the effective delivery of the new functions of this Committee.