

Commissioning Learning Set Leads Group

Date agreed: 27/2/13

Date ratified by Governing Body:



Terms of Reference

V1.1 (27 February 2013)

1 Purpose and scope

1.1 The principal role of the CLS Leads Group (CLG) is to plan, direct, guide and review the development and delivery of the CLS work. The Group will aim to create an open and trusting environment in the CLSs for peer support and learning, influencing and challenging clinical behaviour and discussing commissioning issues and training needs. It will also act as a conduit of information from NHS West London CCG Governing Body to the CLSs and vice versa. The CCG will work with the CLSs so that they understand and support the delivery of QIPP and have a sound understanding of their commissioning and prescribing budgets and how they perform in comparison to other primary medical care service providers and CLSs.

2 Responsibilities

2.1 The scope of the group will include:

- Providing appropriate support to CLS facilitators and speakers prior to meetings; ensuring that they have the resources and information necessary to carry out their role;
- Ensuring that the CLSs are provided with the appropriate budget and referral/ activity data in time for CLS meetings;
- Identifying the learning and support needs of the CLSs and developing and implementing a programme to meet them;
- Identifying any clinical governance issues and hot topics with the CLS members and feeding this back to the CCG Board;
- Agreeing with the respective CLS facilitators and WLCCG Board a 12 month work plan with clear targets and outcomes;
- Reviewing the work plan and identifying and mitigating any risks, issues or threats as they arise; Where they are not able to be mitigated reporting them to the CCG Board;
- Ensuring that each practice is represented at CLS meetings by a lead GP and Practice Manager;
- Ensuring that a CLS Reporting sheet and an Attendance Register are completed and returned promptly each month; keeping a record of attendance over the course of the year;
- Communicating and engaging in an interactive way with CLS members so that they have the opportunity to fully participate in meetings;
- Ensuring the objectives and work of the CLSs are in line with that of the CCG's constitution.
- Maintaining a CLS Action log and feeding this back to the CLS groups on a regular basis; regularly circulating CLS newsletters to members by email or through the extranet site;
- Encouraging members to complete feedback and self-referrals forms at each meeting.

3 Chair

3.1 The Chair of the meeting will be the clinical lead member of the WLCCG Board. The sub-committee will also agree a Vice Chair.

4 Membership and attendance

4.1 Membership of the group comprises the following people:

- Facilitators for each of the 5 CLSs;

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- Up to two convenors of the CLSs;
- Locality Manager(s); and
- Managing Director and Vice-Chair of CCG.

The Chair of the CLS Leads Group must be a CCG Governing Board member.

4.2 Other WLCCG board members and external partners will be invited to attend the Sub-committee as and when required.

5 Quoracy

5.1 At least three members, two of whom should be clinicians.

6 Secretary

6.1 The Locality Manager(s) will work with the Chair to develop agendas, prepare reports, invite relevant external contributions and take notes and record all meetings.

7 Frequency of meetings

7.1 The meetings will normally be held on a monthly basis, unless the group decides otherwise.

8 Accountability, reporting and constitution

8.1 The CLS Leads Group is accountable to the Governing Body, and will advise and report to the CCG Governing Body through monthly reports, outlining attendance, feedback from members, clinical governance issues and hot topics, and any trends, issues or actions that arise from CLS meetings.

9 Conduct and operation of committee

9.1 The secretary will prepare an agenda for meetings and will collate papers and circulate them to members and attendees no less than five days before the meeting. The Minutes will be agreed by the group at the following meeting.