Devon Integrated Care Board

Primary Care Commissioning Transition Committee

Terms of Reference

1. Introduction

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 Devon Integrated Care Board (ICB).

1.2. The Devon ICB has established the Primary Care Commissioning Transition 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, supporting the transition to primary care commissioning operating in the same way as other commissioning.

2. Statutory Framework

2.2. NHS England has delegated to the ICB authority to exercise the primary care commissioning functions in accordance with section 13Z of the NHS Act.

2.3. Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between the Board (NHS England) and the ICB.

2.4. Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the ICB 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).

2.5. The ICB 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.

2.6. The Committee is established as a committee of the Devon Integrated Care Board in accordance with Schedule 1A of the "NHS Act".

2.7. The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

3. Role of the Committee

3.1 The Committee is required to oversee the smooth transition of all types of primary care commissioning such that it is integrated with other ICB systems and processes, paying particular attention to the following changes:

- The delegation of commissioning of primary care pharmaceutical, dental and optical services from NHSEI
- The transition of commissioning process for primary medical care into the overall commissioning process of Devon ICB, and
- Developing the enhanced role of localities in developing and supporting primary care.

3.2 As these transitions reach sufficient maturity to ensure full integration of primary care decisions in localities and pan system decision making, the committee's role will be reviewed.

3.3 The Committee will also carry out the following activities:

- To plan, including needs assessment, primary care services in Devon
- To undertake reviews of primary care services in Devon
- To co-ordinate a common approach to the commissioning of primary care services generally
- To manage the budget for commissioning of primary care services in Devon
- To assure a successful transition for the commissioning of primary dental, pharmaceutical and optical services from NHSEI.

3. Much of the responsibility of the committee is delegated to Primary Care Operational Group (PCOG).

3.4 The specific obligations of the PCOG with respect to the delegated functions are set out in section 6 and schedule 2 of the Delegation Agreement and include:

- Decisions in relation to the commissioning, procurement and management of GMS, PMS and APMS contract including:
    a. the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breach / remedial notices, and removing a contract)
    b. Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”)
    c. Local incentive schemes as an alternative to the national Quality Outcomes Framework (QOF) (including the design of such schemes)
    d. Discretionary’ payments (e.g., returner/retainer schemes)
    e. Commissioning urgent care for out of area registered patients.

3.5 Planning the primary medical services provider landscape in Devon, including considering and taking decisions in relation to:

a. The establishment of new GP practices (including branch surgeries) in the area, and the closure of GP Practices
b. Approving practice mergers
c. Managing GP practices providing inadequate standards of patient care, ensuring patients receive appropriate care
d. The procurement of new Primary Medical Services Contracts
e. Dispersing the lists of GP practices
f. Agreeing variations to the boundaries of GP practices
g. Co-ordinating and carrying out the process of list cleansing in relation to GP practices.

3.6 Decisions in relation to the management of poorly performing GP Practices including, without limitation, decisions, and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list).

3.7 Decisions in relation to the pharma Directions Functions.

3.8 The PCOG will review operational contractual issues impacting on primary care delivery working within approved frameworks and decision-making authority from the PCCTC. This includes operational decisions pertaining to the Devon ICS primary medical care commissioning budget and making strategic recommendations to PCCTC. Decisions and information from PCOG will be relayed to PCCTC in the Private Deputy Director's report.

3.9 In securing the provision of comprehensive and high quality primary medical services in Devon, the committee will carry out the following activities:

- Assure a comprehensive Primary Care service is planned, commissioned, and delivered, initially overseeing the commissioning. Assure primary medical services for the population of Devon, co-ordinating a common approach to the commissioning of primary care services
- Contribute to the development of the primary care strategy, ensuring recommendations are in line with the Integrated Care System's Health and Care Strategy,
- Oversee the implementation and delivery of the primary care strategy and work plan
- Review the commissioning budget for primary medical services in Devon
- Advise on decisions on investment on the infrastructure of primary medical services, to ensure adequate and high-quality provision as well as value for money for the public.
- Undertake reviews of primary medical services in Devon, including primary care and quality performance
- Monitor patient safety, clinical effectiveness and patient experience using a quality improvement framework
- Provide oversight across a number of functions, including but not limited to: Primary Care Workforce; Primary Care Premises; Primary Care Information Management and Technology (IM&T); Primary Care Networks
- Escalate issues to the Devon ICB which need further discussion or decision making.

- Discuss and/or make recommendations relating to a full range of primary dental, ophthalmic and community pharmaceutical services, prior to transition to an Integrated Care System (ICS).
- Understand the requirements on taking on further delegated primary care functions, including due diligence, contract transfer, governance and staffing requirements
- Oversee the transition programme and ensure development of the committee and sub-groups in relation to the wider remit

4. Geographical Coverage

4.1 The Committee will cover the NHS Devon ICS area

5. Membership

5.1 The Committee shall consist of:

- Non-Executive Member for Primary Care (Chair)
- Non- Executive Member for Patient and Public Engagement (Vice Chair)
- Primary Care Partner Member on ICB
- Executive Director with responsibility for Primary Care
- Chief Finance Officer or nominated deputy
- Chief Medical Officer
- Chief Nursing Officer or nominated deputy
- Deputy Director of Out of Hospital Directorate with responsibility for Primary Care
- Clinical Strategic Lead for Primary Care
- One nominated Public Health Representative (HSA)
- Provider Collaborative Representative
- Patient Representative (PPG Chair from one of the practices)
- Representative of LCP management

In Attendance

- Devon Local Medical Committee representative
- Devon Healthwatch representative
- ICB Contracting representative
- ICB communications representative
- NHSE/I SW Regional Head of Primary Care, until delegation complete – to be determined to ensure coverage of pharmacy/optometry/dentistry

- Collaborative GP Board representatives, ideally 3, 1 GP, 1 nursing and 1PCN manager to ensure geographical spread of primary care perspective

5.2 The Chair and Vice Chair of the Committee shall be ICB Non-Executive Members (as described in point 16 above).

5.3 The Chair of the Committee may co-opt any clinicians, executive or managing directors, nominated deputies and lead managers as appropriate and particularly, when the committee is discussing areas of risk or operation that are the responsibility of that attendee.

5.4 When a committee member is unable to attend, a nominated formal deputy with sufficient authority may attend in their place.

6. Quorum and decision making

6.1 A quorum of the committee shall be when at least 4 members are present.

6.2 The committee will make decisions within the bounds of its remit. Where there is a significant difference of opinion on the way forward, this should be referred to the senior executive team.

6.3 If both the committee chair and vice chair are absent, then the members of the committee will select a chair for that meeting from the members present – this will be overseen by the most senior officer responsible for governance as the Chair needs to be an independent representative of the ICB.

7. Register of Interests

7.1 The Register of Interest will be reviewed at each committee meeting.

7.2 All members or attendees at the Committee are required to declare potential or actual conflicts of interest before items are discussed. There will be a standing agenda item at the beginning of each meeting for this purpose. Even if an interest has been recorded in the register of interests, it must still be declared in meetings where matters relating to that interest are discussed.

8. Frequency of meetings

8.1 The Committee must consider the frequency and timing of meetings needed to allow it to discharge all of its responsibilities, this will normally, but not exclusively, be monthly.

8.2 The committee has agreed that in the interest of expediency, or when there are few items to be discussed, that business of the committee can be conducted by e-mail and the actions/decision will be recorded by the Secretary for purposes of transparency and recording. Where a discussion is required, all members must respond, and the administrator will oversee this to ensure that all members are accounted for.

8.3 Meetings of the Committee shall be held in public, subject to the application of 23(b) 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.

8.4 Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence, and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

8.5 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 parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.

8.6 The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

8.7 Members of the Committee shall respect confidentiality.

8.8 The ICB Team will also comply with any reporting requirements set out in its constitution.

8.9 These Terms of Reference will be reviewed from time to time, reflecting experience of the Committee in fulfilling its functions. NHS England may also issue revised model terms of reference from time to time.

9. Reporting Arrangements

9.1 The Committee Chair shall report formally to the ICB on its proceedings after each meeting on all matters within its duties and responsibilities. The report shall be presented to the public meeting of the ICB. The Committee shall make recommendations to the ICB on any area within its remit where action or improvement is needed

9.2 The Committee will receive reports relevant to its responsibilities from any sub-group or working group as appropriate.

9.3 The Committee will exchange information with other committees within the organisation (including Quality Assurance Committee) as relevant to those committees.

10. Accountability of the Committee

10.1 The Committee is authorised to determine matters within its remit where those matters involve expenditure up to the limit delegated to the Accountable Officer under the Scheme of Delegation, relating to expenditure within the NHS. Where the expenditure involved exceeds these sums the Committee is authorised to make representations to the ICB in respect of those matters. For the avoidance of doubt, in the event of any conflict between the terms of the Delegation and Terms of Reference and the Standing Orders of Standing Financial Instructions of any of the members, the Delegation will prevail.

10.2 The ICB has delegated the following authorities to the Committee:

Primary Medical, Primary Ophthalmic, Primary Dental

The basis of NHS England's general rule for ICB responsibility will continue to be in relation to GP registration to ensure operational continuity. At a minimum, ICB must be identified as responsible for: -everyone who is provided with NHS primary medical services

-everyone who is usually a resident in England and living in the geography of the ICB, even if they are not provided with NHS primary medical services.
ICB will have regard to NHS England guidance on the discharge of their functions.
ICB and NHS England to make arrangements for the provision of primary ophthalmic services. NHS Act 2006 Section 116A Schedule 3(1), para 30
ICB must publish information about such matters as may be prescribed in relation to primary ophthalmic services. NHS Act 2006 Section 116B Schedule 3(1), para 30
ICB must exercise its powers so as to secure the provision of primary medical services. NHS Act 2006 Section 82B Schedule 3(1), para 3
ICB may make arrangements for the provision of primary dental services. NHS Act 2006 Section 99A Schedule 3(1), para 15
ICB and NHS England must publish information about such matters as may be prescribed in relation to the primary dental services. NHS Act 2006 Section 99B Schedule 3(1), para 15

11. Administration

11.1 The Committee and its sub-groups shall be supported administratively by its Administrator. Their duties in this respect will include:

- Agreement of agendas with the Chair and attendees
- Preparation, collation, and circulation of papers in good time
- Taking the minutes and helping the Chair to prepare reports to the ICB
- Keeping a record of matters arising and issues to be carried forward
- Arranging meetings for the Chair
- Advising the Committee on pertinent issues/areas of interest/policy developments
- Advising the Auditor Panel on pertinent issues/areas of interest/policy developments
- Ensuring that action points are taken forward between meetings
- Ensuring that Committee Members receive the development and training they need.

- Providing appropriate support to the Chairperson and Committee Members

11.2 Following each meeting, the Administrator will:

- Maintain an attendance log and follow up as appropriate after each meeting to ensure the Committee adheres to the required frequency of attendance by Members.

- Maintain a log of summary written reports provided to ICB from formal meetings.

12. Review

12.1 The Committee will review its effectiveness at least annually.

12.2 These Terms of Reference will be reviewed at least annually and earlier if required. Any proposed amendments to the terms of references will be submitted to the Board for approval.

END