NHS
North Central London
Clinical Commissioning Group

NHS North Central London Clinical Commissioning Group Primary Care Commissioning Committee Terms of Reference

1. Introduction

1.1 The Primary Care Commissioning Committee ('Committee') is established in accordance with the Constitution of NHS North Central London Clinical Commissioning Group ('CCG'). It is a committee of the Governing Body to exercise Primary Care commissioning functions, as delegated to the CCG by NHS England under 13Z of the National Health Service Act 2006 (as amended) ('NHS Act 2006').

1.2 These Terms of Reference set out the membership, remit, responsibilities and reporting arrangements of the Committee.

2. Statutory Framework

2.1 In accordance with its statutory powers under section 13Z of the NHS Act 2006 NHS England has delegated the exercise of the functions specified in section 3 below to the CCG for its geographical area.

2.2 Arrangements made under section 13Z of the NHS Act 2006 may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.

2.3 Arrangements made under section 13Z of the NHS Act 2006 do not affect the liability of NHS England for the exercise 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 2006 including:

No.	Statutory Duty	Section of NHS Act 2006
1.	Management of Conflicts of Interest	14O
2.	Duty to promote the NHS Constitution	14P
3.	Duty to exercise its functions effectively, efficiently and economically	14Q
4.	Duty as to improvement in quality of services	14R
5.	Duty in relation to quality of primary medical services	14S
6.	Duties as to reducing inequalities	14T
7.	Duty to promote the involvement of each patients	14U
8.	Duty as to patient choice	14V
9.	Duty as to promoting integration	14Z1
10.	Public involvement and consultation	14Z2

2.4 In respect of the delegated functions from NHS England, the CCG will need to exercise those functions in accordance with the relevant provisions of section 13 of the NHS Act 2006 including:

No.	Statutory Duty	Section of NHS Act 2006
1.	Duty to have regard to impact on services in certain areas	13O
2.	Duty as respects variation in provision of health services	13P

2.5 The Committee is established by the Governing Body in accordance with Schedule 1A of the NHS Act 2006.

2.6 The Committee 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 role of the Committee is to carry out the function relating to the commissioning of primary medical services under section 83 of the NHS Act 2006. The Committee will make decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts, including but not limited to the following activities:

- Decisions in relation to Enhanced Services;
- Decisions in relation to Local Incentive Schemes (including the design of such schemes)
- Decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices;
- Decisions about 'discretionary' payments;
- Decisions about commissioning urgent care (including home visits as required) for out of area registered patients;
- The approval of practice mergers;
- Planning primary medical care services in the area, including carrying out needs assessments;
- Undertaking reviews of primary medical care services;
- Decisions in relation to the management of poorly performing GP practices and 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);
- Management of delegated funds;
- Premises costs directions functions;
- Co-ordinating a common approach to the commissioning of primary care services with commissioners across the CCG where appropriate; and
- Such other ancillary activities that are necessary in order to exercise the Delegated Functions.

3.2 In performing its role the Committee will exercise its management of the functions in accordance with the Delegation and the Delegation Agreement that the CCG has entered into with NHS England. The Delegation and the Delegation Agreement sit alongside these Terms of Reference.

3.3 The Committee will have due regard to any relevant Quality and Safety issues which may arise as agreed by Committee members.

3.4 In performing its role the Committee will act within the powers delegated to it by NHS England.

3.5 Decisions made by the Committee will be binding on NHS England as long as decisions are made within the scope of the powers delegated to it.

3.6 In performing its role Committee members will act in good faith towards each other, work collaboratively, review evidence, share information, provide objective expert input and endeavour to reach a consensus and collective view.

4. Membership

4.1 The Committee shall have a lay and executive majority.

4.2 The Committee shall comprise of the following voting members:

- 4.2.1 A Governing Body clinician;
- 4.2.2 The Governing Body Registered Nurse;
- 4.2.3 An independent GP;
- 4.2.4 The Governing Body Lay Member with responsibility for patient and public involvement;
- 4.2.5 The Governing Body Lay Member with General Portfolio;
- 4.2.6 Executive Director of Performance and Assurance;
- 4.2.7 Executive Director of Clinical Quality;
- 4.2.8 A director of finance.

4.3 The roles referred to in the list of voting members above describe the substantive roles and any equivalent successor roles and not the individual title or titles.

4.4 The list of voting members is set out in Schedule 1. Schedule 1 does not form part of these Terms of Reference and may be amended or updated without the need to formally amend the Terms of Reference.

4.5 Committee members may nominate deputies to represent them in their absence and make decisions on their behalf.

5. Attendance

5.1 The following people shall be invited to attend Committee meetings as standing attendees:

5.1.1 A patient representative;
5.1.2 Primary Care Contracting and Commissioning Team representative(s);
5.1.3 A Public Health representative from a Health and Wellbeing Board;
5.1.4 Healthwatch Representative(s);
5.1.5 LMC Representative(s);
5.1.6 CCG Borough Directorate representatives.

5.2 Attendees at Committee meetings are non-voting.

5.3 The list of standing attendees is set out in Schedule 1. Schedule 1 does not form part of these Terms of Reference and may be amended or updated without the need to formally amend the Terms of Reference.

5.4 The roles referred to in the list of standing attendees above describe the substantive roles and any equivalent successor roles and not the individual title or titles.

5.5 Attendees may nominate deputies to represent them in their absence

5.6 The Committee may invite or allow additional people to attend meetings as attendees. Attendees may present at Committee meetings and contribute to the relevant Committee discussions but are not allowed to participate in any formal vote.

5.7 The Committee may invite or allow people to attend meetings as observers. Observers may not present at Committee meetings, contribute to any Committee discussion or participate in any formal vote.

5.7 The Committee may call additional experts to attend meetings on a case by case basis to inform discussion.

6. Chair and Vice Chair of the Committee

6.1 The Committee Chair shall be a Governing Body Lay Member. The Committee Chair shall not be the Chair of the Audit Committee nor the Conflicts of Interest Guardian.

6.2 The Vice-Chair of the Committee shall be a Lay Member. The Committee Vice-Chair shall not be the Chair of the Audit Committee nor the Conflicts of Interest Guardian.

7. Quoracy

7.1 The Committee will be considered quorate when there is a lay and executive majority and when at least the following voting members are present:

- One Lay Member;
- One officer member;
- One clinician.

7.2 If the clinician referred to in clause 7.1 above is conflicted on a particular item of business they will not count towards the quorum for that item of business and a non-conflicted clinician will be appointed or co-opted in their place.

7.3 If any representative is conflicted on a particular item of business they will not count towards the quorum for that item of business. If this renders a meeting or part of a meeting inquorate a non-conflicted person may be temporarily appointed or co-opted to satisfy the quorum requirements.

7.4 In some very rare circumstances all clinicians may be conflicted and therefore it may not be possible to co-opt or appoint a non-conflicted clinician to satisfy the quorum requirements. In this case the Committee Chair may dis-apply the requirement to have a clinician present in clause 7.1 above and deem the meeting quorate upon the agreement of all of the Lay Members on the Committee.

8. Voting

8.1 Each voting member of the Committee shall have one vote with resolutions passing by simple majority. In the event of a tied vote the Committee Chair shall have the casting vote.

9. Decisions

9.1 The Committee will make decisions within the bounds of its remit.

9.2 Decisions of the Committee will be binding on NHS England as long as decisions are made within the scope of the powers delegated.

9.3 There are circumstances where time-critical decisions need to be made and it is not possible and/or reasonably practicable and/or a good use of resources to hold a physical meeting in sufficient time. In these circumstances decisions may be made virtually using the protocol for virtual decision making.

9.4 In addition to the general authority set out in clause 9.3 above due to the nature of primary care commissioning the Committee recognises that some urgent and immediate decisions may need to be made outside of Committee meetings and that the use of the protocol for virtual decision making is not appropriate. The Committee may therefore delegate urgent and immediate decisions that need to be made outside of Committee timescales in accordance with clauses 9.5 – 9.6 and 9.9 below.

9.5 Urgent decisions requiring a response within 24 hours will be made collectively by the following people or their nominated deputies:
- 9.5.1 The Committee Chair;
- 9.5.2 A non-conflicted clinician;
- 9.5.3 The Executive Director of Performance and Assurance.

9.6 Immediate decisions requiring a response within 2 weeks will be made at a Committee meeting where practicable or by the protocol for virtual decision

making. Where this is not practicable the following people or their nominated deputies will collectively make the decision:

9.6.1 The Committee Chair;
9.6.2 A non-conflicted clinician;
9.6.3 The Executive Director of Performance and Assurance.

9.7 Due to the nature of primary care commissioning the Committee recognises that the following non-contentious, low risk, decisions may be made outside of Committee meetings by those listed in clause 9.8 below:

- Requests to add or remove a partner;
- Retirement of a partner and adding of a new partner;
- Partnership changes- 24 hour retirement;
- Opening of a patient list;
- Increases in practice boundaries.

9.8 The following people or their nominated deputies may collectively make the non-contentious, low risk decisions set out in clause 9.7 above:

9.8.1 The Committee Chair;
9.8.2 A non-conflicted clinician;
9.8.3 The Executive Director of Performance and Assurance.

9.9 Decisions made outside of Committee meetings will be reported to the Committee at the next Committee meeting. This may be in a public or private part of the meeting depending on the nature of the business and the decision(s) made.

10. Secretariat

10.1 The Secretariat to the Committee shall be provided by the Corporate Services Directorate.

11. Frequency of Meetings

11.1 The Committee will meet bi-monthly or as otherwise agreed by the Committee.

12. Notice of Meetings

12.1 Notice of a Committee meeting shall be sent to all Committee members no less than 7 days in advance of the meeting.

12.2 The meeting notice shall contain the date, time and location of the meeting.

12.3 Where Committee meetings are to be held in public the date, times and location of the meetings will be published on the CCG’s website.

13. Agendas and Circulation of Papers

13.1 Before each Committee meeting an agenda setting out the business of the meeting will be sent to every Committee member no less than 7 days in advance of the meeting.

13.2 Before each Committee meeting the papers of the meeting will be sent to every Committee member no less than 7 days in advance of the meeting.

13.3 If a Committee member wishes to include an item on the agenda they must notify the Committee Chair via the Secretariat no later than 7 days prior to the meeting. The decision as to whether to include the agenda item is at the absolute discretion of the Committee Chair.

14. Minutes and Reporting

14.1 The minutes of the proceedings of a meeting shall be prepared by the Secretariat and submitted for agreement at the following Committee meeting.

14.2 The approved minutes will be presented to the NHS England area team. They will also be presented to the Governing Body.

15. Meetings Held in Public

15.1 Meetings of the Committee shall be held in public unless the Committee resolves to exclude the public from a meeting. In which case the meeting, in whole or in part, may be held in private. The Committee may also exclude non-voting attendees and observers. Meetings or parts of meetings held in public will be referred to as 'Meeting Part 1'. Meetings or parts of meetings held in private will be referred to as 'Meeting Part 2.'

15.2 Attendees, observers and the public may be excluded from all or part of a meeting at the Committee's absolute discretion whenever publicity would be prejudicial to the public interest by reason of:

- 15.2.1 The confidential nature of the business to be transacted; or
- 15.2.2 The matter is commercially sensitive or confidential; or
- 15.2.3 The matter being discussed is part of an on-going investigation; or
- 15.2.4 The matter to be discussed contains information about individual patients or other individuals which includes sensitive personal data; or
- 15.2.5 Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings is to be discussed;
- 15.2.6 Other special reason stated in the resolution and arising from the nature of that business or of the proceedings; or
- 15.2.7 Any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time; or
- 15.2.8 To allow the meeting to proceed without interruption, disruption and/or general disturbance.

16. Questions from the Public and Deputations

16.1 The Committee may receive questions from the public at its absolute discretion in line with the CCG's protocol for public questions which is available on the CCG's website.

16.2 The Committee may receive, at its absolute discretion, Deputations from members of the public or interested parties to make the Committee aware of a particular concern or concerns they have.

16.3 Any Deputations should be sent to the Committee secretariat who will pass it to the Chair for consideration.

16.4 Any Deputations must be received by the Committee secretariat at least three working days before a Committee meeting is due to take place to be eligible to be heard at that Committee meeting. However, where it is not possible to comply with this deadline due to the papers of the meeting being published later or due to a public holiday the Deputations must be submitted within a reasonable time.

16.5 Any Deputations not received within this time will not be eligible to be heard at that Committee meeting. However, on a strictly case by case basis there may be times where it would be highly beneficial to the Committee's business to waive this requirement due to the relevance or content of the Deputations. In these circumstances the Chair may do so on a case by case basis and without setting any precedents of future or further waivers.

16.6 Any Deputations must take the form of a written request together with a statement setting out what the Deputation is about. If any Deputation fails to set out this information it will be rejected.

16.7 Any Deputations which are not relevant to the Committee's business will be rejected

16.8 The Chair may accept or reject any relevant and properly completed Deputations on a strictly case by case basis at his/her absolute discretion and without setting any precedents for future or further decisions.

16.9 If a request is agreed the interested party and/or parties will be invited to a Committee meeting where the Committee will consider the Deputation.

16.10 The Chair may decide how much time to allocate to any Deputations at his/her absolute discretion on a case by case basis and without setting any precedents for future or further decisions on time allocated for Deputations.

16.11 Nothing in this section 16 shall limit, prohibit or otherwise restrict the Committee's powers contained in section 4, 15 or 17 of these Terms of Reference.

17. Confidentiality

17.1 Members of the Committee shall respect the confidentiality requirements set out in these Terms of Reference unless separate confidentiality requirements are set out for the Committee in which event these shall be observed.

17.2 Committee meetings may in whole or in part be held in private as per section 15 above. Any papers relating to these agenda items will be excluded from the public domain. For any meeting or any part of a meeting held in private all members and/or attendees must treat the contents of the meeting and any relevant papers as strictly private and confidential.

17.3 Decisions of the Committee will be published by Committee members except where matters under consideration or when decisions have been made in private and so excluded from the public domain in accordance with section 15 above.

18. Sub-Committees

18.1 The Committee may not delegate any of its powers or decision making to a sub-committee but it may appoint sub-committees and/or working groups to advise it and assist in carrying out its functions.

18.2 Any sub-committees or working groups must abide by the Conflicts of Interest Policy and NHS England statutory guidance for managing conflicts of interest.

19. Conflicts of Interest

19.1 Conflicts of Interest shall be dealt with in accordance with the Conflicts of Interest Policy and NHS England statutory guidance for managing conflicts of interest.

19.2 The Committee shall have a Declarations of Interest Register that will be presented as a standing item on the Committee's agenda. In addition, an opportunity to declare any new or relevant declarations of interest will be listed as a standing item on the Committee's agenda

19.3 The CCG shall ensure appropriate safeguards are in place to maintain the integrity of the role of Conflicts of Interest Guardian.

20. Gifts and Hospitality

20.1 Gifts and Hospitality shall be dealt with in accordance with the Conflicts of Interest Policy and NHS England statutory guidance for managing conflicts of interest.

20.2 The Committee shall have a Gifts and Hospitality Register and Committee members will have an opportunity to declare any new or relevant declarations of gifts and hospitality as a standing item on the Committee's agenda

21. Standards of Business Conduct

21.1 Committee members and any attendees or observers must maintain the highest standards of personal conduct and in this regard must comply with:
21.1.1 The law of England and Wales;
21.1.2 The NHS Constitution;
21.1.3 The Nolan Principles;
21.1.4 The standards of behaviour set out in the CCG's Constitution;
21.1.5 The Standards of Business Conduct Policy;
21.1.6 The Conflicts of Interest Policy
21.1.7 The Counter Fraud, Bribery and Corruption Policy,
21.1.8 Any additional regulations or codes of practice relevant to the Committee.

21.2 The Committee will have access to sufficient resources to carry out its duties and Committee members will be provided with appropriate and timely training and information to allow them to exercise their responsibilities effectively.

22. Review of Terms of Reference

22.1 These Terms of Reference will be reviewed from time to time, reflecting experience of the Committee in fulfilling its functions and the wider experience of the CCG in primary care commissioning.

22.2 These Terms of Reference will be formally reviewed annually in April. These Terms of Reference may be approved, varied or amended by the Governing Body.

Date approved by Governing Body: 23rd April 2020.
Date of next review: 22nd April 2021.

Schedule 1
List of Members and Standing Attendees

This schedule sets out the membership, attendees, Chair of the Committee.

Committee:
The voting members of the Committee are as follows:

Position	Name	Title
Governing Body clinician		
Governing Body Registered Nurse		
Independent GP		
The Governing Body Lay Member with responsibility for patient and public involvement		
The Governing Body Lay Member with General Portfolio;		
Executive Director of Performance and Assurance		
Executive Director of Clinical Quality		
A director of finance		

Chair and Vice Chair:

Position	Name
Chair	
Vice Chair	

Standing attendees
The following are standing attendees at Committee meetings:

Position	Name	Title
A Patient Representative		
A Public Health representative from a Health and Wellbeing Board		
Healthwatch representative(s)		
LMC Representative		

Primary Care Contracting and Commissioning Team Representative(s)		
CCG Borough Directorate Representatives		