

**NHS Harrogate and Rural District  
Clinical Commissioning Group (HaRD CCG)**

**Primary Care Commissioning Committee (PCCC)**

**Terms of Reference**

**1.0 Introduction**

- 1.1 Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting CCGs to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary medical care commissioning functions. One option available was that NHS England would delegate the exercise of certain specified primary care commissioning functions to a CCG.
- 1.2 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 Harrogate and Rural District CCG. The delegation is set out in Schedule 1.
- 1.3 The CCG has established the Harrogate and Rural District 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.
- 1.4 It is a committee comprising representatives of the following organisations:
- Harrogate and Rural District CCG
  - NHS England
  - Health and Wellbeing Board (non-voting attendee)
  - Healthwatch (non-voting attendee)
  - North Yorkshire Local Medical Committee - Harrogate Division representative (non-voting attendee)

**2.0 Statutory Framework**

- 2.1 NHS England has delegated to the CCG authority to exercise the primary care commissioning functions set out in Schedule 2 in accordance with section 13Z of the NHS Act.
- 2.2 Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between the Board and the CCG.
- 2.3 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) (see para 15);
- e) Duty in relation to quality of primary medical services (section 14S) (see para 15);
- 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).

2.4 The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those set out below:

- Duty to have regard to impact on services in certain areas (section 13O);
- Duty as respects variation in provision of health services (section 13P).

2.5 The Committee is established as a committee of the Governing Body of Harrogate and Rural District CCG in accordance with Schedule 1A of the “NHS Act”.

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

### **3.0 Role of the Committee**

3.1 The Committee has been established in accordance with the above statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary care services Harrogate and Rural District under delegated authority from NHS England.

3.2 In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and Harrogate and Rural District CCG, which will sit alongside the delegation and terms of reference.

3.3 The functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers. In addition there will be a focus on ensuring the longer term development and sustainability of primary care services locally, considering issues such as workforce, training and changing models of care.

3.4 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.

3.5 This includes the following:

- 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);
- Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers; and
- Making decisions on ‘discretionary’ payment (e.g., returner/retainer schemes)
- The above functions to be carried out with due regard to duties in relation to quality as set out in paragraph 7d and 7e.

3.6 The CCG will also carry out the following activities:

- To plan, including needs assessment, primary [medical] care services in Harrogate and Rural District;
- To undertake reviews of primary [medical] care services in Harrogate and Rural District;
- To co-ordinate a common approach to the commissioning of primary care services generally;
- To manage and budget for commissioning primary [medical] care services in Harrogate and Rural District.

#### **4.0 Geographical Coverage**

4.1 The Committee will comprise the Harrogate and Rural District.

#### **5.0 Membership**

5.1 The Committee shall **comprise of:**

##### **Voting Members**

- Secondary Care Doctor HaRD CCG
- Lay Member Governance HaRD CCG
- Lay Member PPE HaRD CCG
- Chief Officer HaRD CCG \*
- Chief Finance Officer HaRD CCG \*
- Director of Transformation and Delivery HaRD CCG \*
- Director of Quality and Governance / Executive Nurse HaRD CCG \*
- 3 GP representatives from the HaRD CCG Governing Body

- NHS England Representative

\*nominated deputies are permitted but only with prior agreement of the Chair

### **Non-Voting Members**

- Health Watch representative
- North Yorkshire and York Health & Wellbeing Board  
North Yorkshire Local Medical Committee - Harrogate Division  
representative

5.2 The Chair of the Committee shall be the Secondary Care Doctor of the Governing Body.

5.3 The Vice-Chair of the Committee shall be the Lay Vice Chair of the Governing Body.

### **6.0 Meetings and Voting**

6.1 The Committee will operate in accordance with the CCG's Standing Orders and the Committees Terms of Reference. The Secretary to the Committee will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than 5 days before the date of the meeting. When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he shall specify.

6.2 Each 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

### **7.0 Quorum**

7.1 Where the GP committee members are not excluded from voting by a conflict, the committee shall be quorate as follows:

- 2 Lay Members / Secondary Care Doctor
- 2 Executive Officers (nominated deputies are permitted but only with prior agreement of the Chair)
- GP Member
- NHS England representative

7.2 Where the GP members ARE excluded from voting by a conflict, the committee shall be quorate as follows:

- 2 Lay members / Secondary Care Doctor
- 3 Executive Officers (nominated deputies are permitted but only with prior agreement of the Chair)
- NHS England representative

### **8.0 Conflict of Interest**

8.1 Where a member has, or becomes aware of, an interest in relation to a matter subject to action or decision of the committee, the interest must be considered as a potential conflict and is subject to the provisions of the CCGs Constitution and the CCGs Conflicts of Interest policy.

- 8.2 The member must declare the interest as early as possible and shall not participate in the discussions.
- 8.3 The Chair will have the power to request that member to withdraw until the Committee's consideration has been completed. Because of matters of quoracy, arrangements should be made in advance to enable the alternate member to be present.
- 8.4 If the Chair is conflicted, then arrangements must be made in advance of the meeting for one of the other Committee members to Chair and for the alternate to also be present.

## **9.0 Frequency of meetings**

- 9.1 The committee shall meet bi-monthly (minimum 4 times per year) with dates circulated to committee members. If required initially the Chair may consider more frequent meetings to be required.
- 9.2 Meetings of the Committee shall:
- a) be held in public, subject to the application of 23(b);
  - 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.
- 9.3 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.
- 9.4 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 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.
- 9.5 The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.
- 9.6 Members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution.
- 9.7 The Committee will present its minutes to the Governing Body of Harrogate and Rural District CCG at the next appropriate meeting for information, including the minutes of any sub- committees to which responsibilities are delegated under paragraph 27 above.
- 9.8 The CCG will also comply with any reporting requirements set out in its constitution.

9.9 It is envisaged that 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.

#### **10.0 Attendance**

10.1 Minimum attendance of 75% of meetings is required annually and Members but not miss more than 3 meetings consecutively.

#### **11.0 Accountability of the Committee**

11.1 Responsibility of this Committee is outlined within the Harrogate and Rural District Clinical Commissioning Group's Constitution and specifically the Scheme of Reservation and Delegation.

11.2 The Committee is accountable to the Governing Body of the Harrogate and Rural District Clinical Commissioning Group. The minutes of the Committee will be formally recorded and presented to the Governing Body at the earliest practicable meeting.

11.3 The Committee is responsible for both overseeing the management of primary care delegated budgets and ensuring decisions made do not exceed the primary care delegated budget.

11.4 The Committee will ensure that patient/public consultation is considered and undertaken when appropriate to aid decision making.

#### **12.0 Procurement of Agreed Services**

12.1 The Committee will ensure that Procurement, Patient Choice and Competition (No. 2) Regulations 2013 are followed.

12.2 No contracts for NHS healthcare services will be awarded where conflicts or potential conflicts of interests affect or appear to affect the integrity of the award.

#### **13.0 Decisions**

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

13.2 The decisions of the Committee shall be binding on NHS England and Harrogate and Rural District CCG.

13.3 An executive summary of decisions made by the committee will be included in the presentation of the minutes to the Governing Body of Harrogate and Rural District of the CCG (as described in paragraph 30) for information.

<b>Reviewed by:</b>	NHS HaRD CCG Primary Care Commissioning Committee
<b>On:</b>	4 May 2017
<b>Review date:</b>	May 2018
<b>Approved by:</b>	NHS Harrogate and Rural District CCG Governing Body
<b>Approval date:</b>	1 June 2017