

CCG REPORT COVER SHEET

Meeting Title:	Governing Body in Public	Date: 3 September 2019								
Report Title:	Primary Care Commissioning Committee Overview Report	Agenda Item: 6.2								
Chief Officer:	Dr Mark Sanderson, Medical Director									
Clinical Lead:										
Report Author:	Sharon Fox – Associate Director of Corporate Affairs (CCG Secretary)									
Document Status:	Final									
Report Summary:	This report provides an update to the Governing Body on the work of the Primary Care Commissioning Committee.									
Report Purpose:	<table border="1"> <tr> <td>For Assurance</td> <td></td> <td>For Decision</td> <td></td> <td>For Approval</td> <td></td> <td>To Note</td> <td>X</td> </tr> </table>	For Assurance		For Decision		For Approval		To Note	X	
For Assurance		For Decision		For Approval		To Note	X			
Recommendation:	<p>The Governing Body is asked to endorse the work of the Primary Care Commissioning Committee. Associated papers and minutes are available at the following link: http://www.cambridgeshireandpeterboroughccg.nhs.uk/about-us/governing-body-meetings/primary-care-co-commissioning-joint-committee</p> <p>The Governing Body is asked to ratify the revised Terms of Reference set out at Appendix A to this report.</p>									
Link to Corporate Objective:	Objective 1 – Ensure clear patient voice in everything we do	X								
	Objective 2 – Deliver improvements that make best use of the public pound and save system ‘cost’	X								
	Objective 3 – Use data and information to prove everything	X								
	Objective 4 – Deliver the prioritised performance standards	X								
	Objective 5 – Deliver the six transformation programmes	X								
	Objective 6 – Deliver the CCG Financial Plan	X								
CAF (Strategic Risk) Reference	Description of Risk	Current Risk Score								
CAF 05	Potential for poor quality, safety and patient experience in the services that the CCG commissions in primary, community and integrated care	16 (R)								
NHSE CCG IAF Links	IAF 1 Domain 1 - Better Health	X								
	IAF 2 Domain 2 - Better Care									
	IAF 3 Domain 3 - Sustainability:	X								
	IAF 4 Domain 4 - Leadership									
Resource implications:	None specific									
Chief Officer/ SRO Sign Off:	Dr Mark Sanderson, Medical Director									
Chief Finance Officer Sign Off: (if required)										
Legal implications including equality and diversity assessment:	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 2006 (as amended).									
Conflicts of Interest	In line with the CCG's Conflicts of Interest Policy and Register of Interests									
Report history:	Overview of Primary Care Committee Meeting held on 13 August 2019									
Next steps:	For information									

MEETING: GOVERNING BODY IN PUBLIC

AGENDA ITEM: 6.2 SECTION: GOVERNANCE

DATE: 3 SEPTEMBER 2019

**TITLE: PRIMARY CARE COMMISSIONING COMMITTEE
OVERVIEW REPORT**

**FROM: DR MARK SANDERSON, MEDICAL DIRECTOR
NIKKI PASEK, CCG LAY MEMBER & CHAIR OF
COMMITTEE**

1 ISSUE

- 1.1 This paper provides an overview of the current areas of focus for the Primary Care Commissioning Committee.
- 1.2 The papers for Primary Care Commissioning Committee are available for information on the CCG's website at:

<http://www.cambridgeshireandpeterboroughccg.nhs.uk/about-us/governing-body-meetings/primary-care-co-commissioning-joint-committee/>

2 KEY POINTS TO HIGHLIGHT TO THE GOVERNING BODY

2.1 COMMITTEE TERMS OF REFERENCE

The Committee has approved changes following the annual review of the Terms of Reference and oversight of delivery of the GPFV Funding Methodology Memorandum of Understanding on behalf of the STP. The changes are set out below

Section 3.9: Reference to the Primary Care Operational Group and inclusion of associated Terms of Reference;
Section 3.10: Inclusion of roles and responsibilities relating to the GPFV Funding Methodology Memorandum of Understanding, described in Section 2.2 below; and
Section 5; Revisions to CCG Executive Voting Member roles and in attendance roles.

The Governing Body is asked to ratify the revised Terms of Reference set out at Appendix A to this report.

2.2 CCG ASSURANCE FRAMEWORK AND RISK REGISTER (CAF)

The Committee reviewed the risks set out on the CAF which were pertinent to Primary Care. Any changes proposed have been reflected in the latest version of the CAF which is presented elsewhere on the Governing Body agenda.

2.3 GP RESILIENCE FUNDING TO SUPPORT VULNERABLE PRACTICES

The Committee received a paper setting out the methodology for implementation and distribution of GP Resilience Funding for 2019/20. The Committee noted that applications for funding had been reviewed on 7 August 2019 in line with criteria agreed by the CCG and the Local Medical Committee. The Committee approved the proposed allocations for 2019/20.

2.4 ALTERNATIVE PERSONAL MEDICAL SERVICES (APMS) CONTRACTS FUTURE PLANNING

The Committee received a paper setting out the details of current APMS contracts, their end dates and potential commissioning options for future commissioning of these services. The Committee requested that this remained a regular item on Agendas to ensure robust planning in the future.

2.5 PRIMARY CARE HIGHLIGHTS

The Committee received the report which outlined any emerging risks and issues from the Primary Care Team Work Plan that had been discussed and managed through the Primary Care Operational Group (PCOG). The Committee noted the formal closure of Church Walk Surgery, a branch Site of the Welland General Medical Services (GMS) Contract with effect from 28 June 2019. The Committee approved a 3-month extension to the existing list closure agreement for Queen Edith Surgery. The Committee approved the revised application from the Cambridge City Primary Care Network (PCG) to now include the Cambridge Access Surgery. The Committee approved the assignment of Almond Road Surgery patients to the St Neots PCN for the purpose of accessing all the services and resources attributed to the Primary Care Network Direct Enhanced Service. The Committee noted the updates regarding the Primary Care Investment Plan (Local Enhanced Service / Quality Engagement Framework 2019/20) and the GP Forward View and Transformation Programme Updates. The Committee noted updates regarding Information Technology progress including the GP IT operating Model; the Primary Care Enabling Services; the Lloyd George digitisation; the Health and Social Care Network migration, the NHS App; GP Online Consultations and implementation of Windows 10.

The Committee supported and approved the recommendation to formally merge Cromwell Place Surgery, Cromwell Place Surgery, Cromwell Place, Saint Ives PE27 5JD; and Old Exchange Surgery, East St, Saint Ives PE27 5PB.

The Committee reviewed a merger application to merge Fenland Group Practice (Rainbow D81611 and Doddington) with Priors Field Surgery in Huntingdon. The Committee agreed to request further review of the future requirements of the Branch Location issues and delegated final sign off to

Chair and Medical Director to ensure the local population had continued access and flexible options regarding their local branch.

2.6 PRIMARY CARE QUALITY REPORT

The Committee received the regular primary care quality report which provided an update on quality monitoring across primary care. This provided an update on Care Quality Commission ratings, Friends and Family Test Data, Complaints and Serious Incidents. The Committee noted that the number of data responses to the Friends and Family Testing had reduced significantly and Member Practices were being reminded to use this tool. The Committee noted that the CCG's Quality Team was offering support to Member Practices that were currently rated as Inadequate or Requires Improvement.

2.7 FINANCE REPORT

The Committee received the Month 3 Finance Report which presented an overall year to date underspend of £102k. This was due to Primary Care IT funding and release of the Delegated Commissioning contingency reserve. However, other Primary Care expenditure is showing £1,566k overspend and a forecast overspend of £6,122k which is offset by the delegated commissioning budget.

The Committee noted the key financial risks outlined within the report, work continued to find further mitigations to cover the current risks. These included:

- improving payment processes;
- produce finance handbook for GP Practices with details of reimbursements and timescales;
- more thorough understanding and control of premises costs;
- analysis of locum claims and GP retainer payments;
- Local Enhanced Services and Quality and Engagement Fund options for review; and
- review of Atypical Population claims.

3 RECOMMENDATION

3.1 The Governing Body is asked to endorse the work of the Primary Care Commissioning Committee. Associated papers and minutes are available at the following link:

<http://www.cambridgeshireandpeterboroughccg.nhs.uk/about-us/governing-body-meetings/primary-care-co-commissioning-joint-committee>

3.2 The Governing Body is asked to ratify the revised Terms of Reference set out at Appendix A to this report.

Author: Sharon Fox
Associate Director of Corporate Affairs (CCG Secretary)
28 August 2019

Appendix A – PCCC Terms of Reference

Primary Care Commissioning Committee Terms of Reference

1. Introduction

- 1.1 Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting Clinical Commissioning Groups (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 NHS Cambridgeshire and Peterborough CCG. The delegation is set out in Schedule 1.
- 1.3 The CCG has established the NHS Cambridgeshire and Peterborough 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 of the CCG comprising representatives of the following organisations:
 - NHS Cambridgeshire and Peterborough CCG;

2. 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);
- 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).

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

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

2.5 The Committee is established as a Committee of the CCG's Governing Body 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. **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 within the Cambridgeshire and Peterborough CCG area as defined in their Constitution, 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 NHS Cambridgeshire and Peterborough 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.

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:

- 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) Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);
- c) Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- d) Decision making on whether to establish new GP practices in an area;
- e) Approving practice mergers; and
- f) Making decisions on ‘discretionary’ payment (e.g., returner/retainer schemes).

3.6 The CCG will also carry out the following activities:

- a) To plan, including needs assessment, primary medical care services in Cambridgeshire and Peterborough CCG’s area.
- b) To undertake reviews of primary medical care services in Cambridgeshire and Peterborough CCG’s 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 Cambridgeshire and Peterborough CCG’s area.
- f) To take decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts, including but not limited to the following activities:
 - i) decisions in relation to Enhanced Services;
 - ii) decisions in relation to Local Incentive Schemes (including the design of such schemes);
 - iii) decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices;
 - iv) decisions about ‘discretionary’ payments;
 - v) decisions about commissioning urgent care (including home visits as required) for out of area registered patients;
- g) To approve of practice mergers;

- h) To plan primary medical care services in the Area, including carrying out needs' assessments;
 - i) To undertake reviews of primary medical care services in the Area;
 - j) To undertake 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);
 - k) To oversee the management of the Delegated Funds in the Area;
 - l) To oversee Premises Costs Directions functions;
 - m) To co-ordinate a common approach to the commissioning of primary care services with other commissioners in the Area where appropriate;
 - n) To plan the primary care workforce;
 - o) To develop primary care commissioning intentions to support the overall delivery of the system plan;
 - p) To undertake such other ancillary activities as are necessary in order to exercise the Delegated Functions.
- 3.7 In line with the revised NHSE Statutory Guidance: Managing Conflicts of Interest in CCGs, the Committee will be responsible for the commissioning and contracting of new models of care.
- 3.8 Where appropriate, the Committee will also oversee delivery of elements of the CCG Improvement and Delivery Plan that are relevant to its remit.
- 3.9 A Primary Care Operational Group is established to provide operational management level co-ordination, assurance and support to the proceedings of the Committee, in support of full delegation and delivery of the Primary Care Strategy. The Terms of Reference for this Group are attached at **Appendix B**.
- 3.10 The Committee, on behalf of the Cambridgeshire and Peterborough Sustainability and Transformation Partnership (STP), will also:
- a) Oversee the delivery of the expected deliverables regarding the General Practice Forward View (GPFV) spend, as outlined in the GPFV Funding Methodology Memorandum of Understanding. This is set out at **Annex B**. Specifically, the following programmes:
 - Practice Resilience;

GP Retention;
Reception and clerical staff training;
Online consultation; and
Practice Nursing.

- b) Provide assurance to NHS England as requested, that the GPFV funding for 2019/20 and 2020/21 is being spent according to the requirements.
- c) Receive and endorse recommendations from the Primary Care Operational Group on the proposed spending plan 2019/20 and 2020/21.

4. Geographical Coverage

- 4.1 The Committee will comprise the area of Cambridgeshire and Peterborough CCG as defined by its Constitution (Cambridgeshire, Peterborough and parts of Hertfordshire and Northamptonshire.)

5. Membership

- 5.1 The voting members of the Committee shall consist of:
CCG Lay Member (Patient and Public Participation) - (Chair)
CCG Lay Member (Assurance) - (Vice-Chair)
CCG Chief Officer
CCG Chief Finance Officer
CCG Chief Nurse
CCG Medical Director
- 5.2 The Chair of the Committee shall be a Lay Member (Patient and Public Participation) of NHS Cambridgeshire and Peterborough CCG.
- 5.3 The Vice-Chair of the Committee shall be a Lay Member Assurance of NHS Cambridgeshire and Peterborough CCG.
- 5.4 Non-Voting Attendees to the Committee shall consist of:

CCG Director of External Affairs and Policy
CCG Associate Director of Primary Care
CCG Associate Director of Corporate Affairs (Secretary to the Committee)
Local Medical Committee Representative
NHS England Representative
STP Integrated Neighbourhood GP Lead
Cambridgeshire Health and Wellbeing Board
Peterborough Health and Wellbeing Board
Cambridgeshire and Peterborough Healthwatch
Retired Cambridgeshire and Peterborough GP or Out of Area GP

6. Meetings and Voting

- 6.1 The Committee will operate in accordance with the CCG's Standing Orders. 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 3 working 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. Quorum

- 7.1 The Quorum shall be four members and must always have one Lay Member (the Chair and/or Vice Chair of the Committee) and CCG Executive Director present.

8. Committee Business

- 8.1 The Committee will be managed by a multi-disciplinary team comprised of the Chief Operating Officer, Medical Director and CCG Secretary.

The Committee will meet at least on a bi-monthly basis.

- 8.2 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.

- 8.3 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.

- 8.4 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.

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

- 8.6 Members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution.
- 8.7 The Committee will present its minutes to East Local Team of NHS England and the governing body of NHS Cambridgeshire and Peterborough CCG for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 7.4 above.
- 8.8 The CCG will also comply with any reporting requirements set out in its Constitution.
- 8.9 It is envisaged that these Terms of Reference will be reviewed from time to time and at least annually, reflecting experience of the Committee in fulfilling its functions. NHS England may also issue revised model terms of reference from time to time.

9. Accountability of the Committee

- 9.1 The Committee is a Committee of the CCG and is accountable for making decisions on review, planning and procurement of primary care services in Cambridgeshire and Peterborough, under delegated authority to the CCG from NHS England
- 9.2 For the avoidance of doubt, in the event of any conflict between the terms of this Scheme of Delegation and Terms of Reference and the Standing Orders of Standing Financial Instructions of any of the members, the Delegation will prevail.

10. Procurement of Agreed Services

- 10.1 The CCG will make procurement decisions as relevant to the exercise of its delegated authority and in accordance with the detailed arrangements regarding procurement set out in the Delegation Agreement set out at **Annex A**.
- 10.2 All decisions will be recorded in the CCG's Register of Procurement Decisions, Primary Care Commissioning Committee section.

11 Decisions

- 11.1 The Committee will make decisions within the bounds of its remit.
- 11.2 Urgent Decisions may be taken by the Chair of the Committee, and CCG Chief Officer, after seeking advice from two other Members of the Committee in line with Quorum requirements set out in Section 7.1. Urgent Decisions will be presented to the next Committee meeting in public for formal ratification.
- 11.3 The decisions of the Committee shall be binding on NHS England and NHS Cambridgeshire and Peterborough CCG.

11.4 The Committee will produce an executive summary report which will be presented to East Local Team of NHS England and the governing body of NHS Cambridgeshire and Peterborough CCG for information.

Approved By: Primary Care Commissioning Committee
Date: 13 August 2019

Ratified By: NHS Cambridgeshire & Peterborough CCG Governing Body
Date:

Review Date: At least annually [See section 8.9 above]

Author: Sharon Fox
CCG Secretary