

Title of paper:	Primary Care Committee		
Author:	Justin Dix, Governing Body Secretary		
Exec Lead:	Karen Parsons, Chief Operating Officer		
Date:	27 th February 2015		
Meeting:	Governing Body		
Agenda item:	22	Attachment:	15
For:	Information		
Executive Summary:			
<p>The primary care committee has met in shadow form on two occasions. Copies of the minutes are attached (the January minutes are still draft).</p> <p>The attached draft terms of reference allow for co-commissioning with NHS England when this is agreed. At the moment the committee will continue to meet without the proposed Part B.</p> <p>The requirement to meet in public should be noted as this is a significant difference to other Governing Body Committees.</p>			
Compliance section			
Please identify any significant issues relating to the following			
Risk Register and Assurance Framework	Failure of primary care commissioning is on the CCG risk register		
Patient and Public Engagement	This is built in to the terms of reference		
Patient Safety & Quality	The clinical safety of primary care services will form part of the committee's broad remit. Further work will need to be built into subsequent developments to ensure that issues such as incident reporting are fully incorporated and any overlaps with the work of the quality committee are clear.		

Financial implications	None at this stage but there are potential financial risks going forward.
Conflicts of interest	This is a central issue relating to primary care commissioning and the membership of the committee is designed to ensure that there is much scrutiny and management of potential conflicts of interest as possible. The CCG's COI policy has been re-written and will be subject to NHS England approval in due course.
Information Governance	No specific issues
Equality and Diversity	No specific issues
Any other legal or compliance issues	The compliance framework continues to develop as above. Amendments to the CCG's constitution have been undertaken that address potential co-commissioning arrangements.
Accompanying papers (please list): Minutes of November and January meetings. Proposed terms of reference.	
Summary: What is the Governing Body being asked to do and why? NOTE the minutes and AGREE the terms of reference.	

Primary Care Committee

Terms of Reference

1. Introduction

The Primary Care Committee (the committee) is established in accordance with these terms of reference. These set out the membership, remit, responsibilities and reporting arrangements of the committee.

The Committee is authorised by the Governing Body to oversee the development of Primary Care Clinical Networks and approve the plans for the improvement and development of Primary Care Service provision in Surrey Downs on behalf of the Governing Body. The Committee shall report to the Governing Body.

The committee will include a “PART B” component which will be the Committee responsible for Joint Co-Commissioning with NHS England South East. Terms of reference for PART B meetings will be appended to these terms of reference once formal arrangements have been agreed.

2. Remit and responsibilities of the Committee

- i. Oversee the development and implementation of the CCG’s Primary Care Strategy.
- ii. In relation to list-based primary care service improvements, formally approve Primary Care Network business bases and plans, acting on the behalf of and delegated by the Governing Body.

The work up activities will be through a core Executive Committee membership team. The Executive Committee will own the delivery actions and the core team will ensure that the Executive Committee is not conflicted in carrying out its remit.

- iii. Receive reports and assurance from the SDCCG Executive Committee on the progress to develop and embed new Primary Care Networks in Surrey Downs.
- iv. Provide updates & assurance to the Governing Body on progress in delivering the

Primary Care strategy.

- v. The committee will oversee the management of the delegated functions and responsibilities under Joint Co-Commissioning arrangements with NHS England South East, taking the lead on decisions on operational Primary Care matters. These responsibilities will be undertaken in a separate “PART B” of meetings with separate Terms of Reference.
- vi. Develop effective and collaborative working with local Networks, GP Practices, NHSE and wider Local Health Economies where relevant, promoting a high levels of inter-organisational working and collaboration
- vii. Identify where this work crosses with other relevant work streams and ensure effective collaboration.

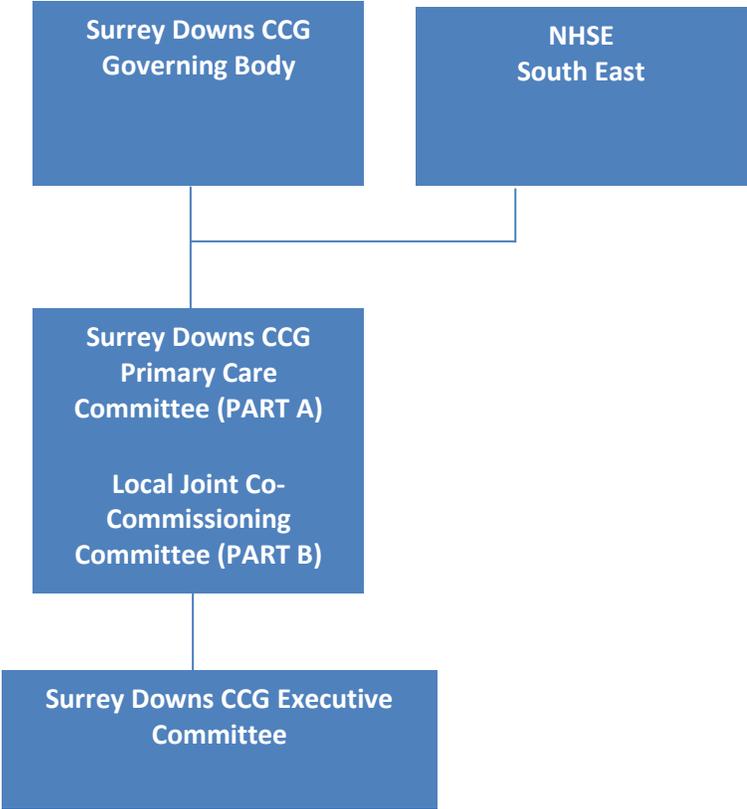
3. Governance and Accountability

The committee (PART A) is accountable to the CCG Governing Body as shown in the diagram below.

Approved minutes of the meetings will be regularly submitted to the Governing Body. The Governing Body will agree the boundaries of delegated authority required to deliver the agreed outputs and responsibilities. This will include but not be limited to:

- i. Approval of Primary Care Development Plans and Business Cases.
- ii. Decisions over operational matters where these are within specific delegated authority

Governance & Accountability Overview



4. Relationship with the SD CCG Governing Body

The minutes of the Committee will be formally recorded and be submitted to the Governing Body to note.

The Committee will report annually to the Governing Body in respect of the fulfilment of its functions in connection with these terms of reference.

5. Membership

The Committee (PART A) will be chaired by one of the Governing Body Lay Members for Governance. A vice chair will also be nominated from the remaining membership. The vice chair will undertake the responsibilities of the chair in cases where a conflict of interest is declared by the chair.

All members of the Committee shall have individual and collective responsibility to work towards achieving the objectives of the committee.

Primary Care Committee (PART A Membership)

Members Name	Designation
Peter Collis (Chair)	Governing Body Lay Member for Governance
Claire Fuller	Governing Body Chair
Miles Freeman	Chief Officer
Karen Parsons	Chief Operating Officer
tbc	Lay Member for Patient and Public Involvement
tbc	Surrey CCG lay member representative
Ruth Turner	Independent Clinician
tbc	Independent Practice Nurse
In Attendance	Designation
Richard Simon	Head of Programme Management
Jules Wilmhurst-Smith	Primary Care Programme Lead
tbc	LMC Representative
Attendance as Required	Designation
Matthew Knight	Chief Finance Officer

6. Secretary/Administration

The role of Secretary to the Committee will be resourced by Surrey Downs CCG. The duties of the Secretary will include:

- i. Agreement of the agenda with the Chair of the committee with the collation and circulation of meeting papers

- ii. Taking the minutes and keeping a record of matters arising and issues to be carried forward

7. Quorum

The meeting shall be chaired by the Chair or the Chair's representative one of whom must be present. The quorum shall be three Members, or their representatives, in addition to the Chair.

8. Conflicts of Interest

The committee will oversee the implementation of the CCGs Primary Care Strategy which seeks to strengthen both commissioning and provider relationships in General Practice. The Strategy aims to develop a dialogue with Primary Care as a provider, one that is aligned to but separated from primary care's commissioning role.

It is recognised that conflicts of interest may arise. As advised by NHS England guidance (2014)¹ the CCG maintains a register of interests for ALL GPs not just those on the Governing Body² and updates the Governing Body register at every GB meeting.³

At each meeting committee members or those in attendance and taking part in discussion will have the opportunity to declare an interest in items on the agenda or during discussion as the need arises.

Declarations will be noted in the minutes and the Chair will be responsible for ensuring that good decisions are taken.

9. Frequency of Meetings

The Committee shall normally meet on a monthly basis. The Committee will receive the agenda and papers no less than five working days before each meeting.

The frequency of the meetings may be amended by the committee and the Terms of Reference will be revised to reflect such amendments.

10. Review of the Terms of Reference

The Terms of Reference shall be reviewed as necessary.

¹ <http://www.england.nhs.uk/wp-content/uploads/2014/12/man-confl-int-guid-1214.pdf>

² <http://www.surreydownscgg.nhs.uk/component/jdownloads/finish/9-publications/12-130517-register-of-interests?Itemid=0>

³ http://www.surreydownscgg.nhs.uk/component/docman/doc_download/175-140613-register-of-interests?Itemid=



Surrey Downs Clinical Commissioning Group

Meeting: Primary Care Committee

Date and time: 19th December 2014, 11.00am

Present

Peter Collis
Miles Freeman
Dr Claire Fuller
Karen Parsons
Dr Ruth Turner

In attendance

Justin Dix (minutes)
Richard Simon

MINUTES

1. Apologies for absence

There were no apologies for absence. Dr Ruth Turner, from the Guildford and Waverley area, was welcomed as the external GP member to the committee.

PCC191214/001

2. Declaration of interests

There was a discussion about potential conflicts of interest and the status of salaried vs partner GPs. It was agreed that this issue would be kept under close review. At this stage it did not prevent Dr Fuller from being a member of the committee.

PCC191214/002

Dr Ruth Turner introduced herself as an independent GP locum who was formerly a partner at Cranleigh Medical Practice in Guildford and Waverley CCG. She is also a director of Procure Health Ltd a GP Federation provider company formed from practices in the Guildford and Waverley CCG area.

PCC191214/003

3. Minutes of the last meeting

As this was the first meeting there were no previous minutes.

PCC191214/004

4. Rationale for the committee

Karen Parsons spoke to this item. The intention was to have service specifications and funding for primary care services agreed by a committee that was able to achieve some independent oversight. There would also be a focus on broader strategy and investment.

PCC191214/005

Dr Fuller noted that GPs discussing this at the Executive were conflicted when discussing these and some other issues. The CCG had had a complex history in terms of previous provider models that caused Governing Body GPs to be conflicted and this committee was a way of managing such conflicts. Effectively this committee was acting on behalf of, and in place of, the full Governing Body which would be conflicted in dealing with primary care related matters.

PCC191214/006

5. Draft terms of reference

These were noted. Peter Collis invited comments. It was noted that these had been extensively developed with Richard Simon's input. They needed updating in respect of some key changes to personnel. The CCG's constitution would need to be formally amended to allow for the establishment of the Committee.

PCC191214/007

Peter Collis welcomed the draft but felt there were some issues about the relationship and different functions of this committee and the Executive. It was acknowledged that both committees' terms of reference needed to be reviewed side by side. This committee should not be managing the activity involved but providing some oversight.

PCC191214/008

It was acknowledged that the overall scheme of delegation needed to make it clear what the functions of different committees were and to avoid any confusion.

PCC191214/009

The committee did have decision making powers and this potentially did conflict with Peter Collis' role as chair of the Audit Committee and this should be noted in the revised terms of reference.

PCC191214/010

Action Richard Simon

A future co-commissioning committee with NHS England might also require these terms of reference to be amended, possibly establishing Part 1 and Part 2 sections of the meeting to manage different aspects of the agenda.

PCC191214/011

6. Items for urgent decision

INR

PCC191214/012

Dr Fuller explained that this testing process was a service which was widely provided but standards were variable across the CCG patch. Several members of the Executive Committee were conflicted in discussing this as practising GPs. It was agreed this would need to come back to a subsequent meeting.

Prime Minister's Challenge Fund

PCC191214/013

Karen Parsons noted that there was widespread support amongst practices for applying to this in line with accepted local plans for primary care development. This could include more appropriate paediatric access and development of community medical teams. It would also help to develop the organisational maturity of primary care networks and the areas they needed to focus on such as IT.

Miles Freeman noted that the CCG had to support practice applications in a way that took account of sustainability and CCG strategy into account. PCC191214/014

It was noted that there was a choice between individual locality bids or one overarching bid. There would be clarity on this over the next few days. PCC191214/015

There was a potential beneficial impact on the CCG's financial recovery plan resulting from this work and in overall terms it would be a positive development for both practices and the CCG. It was hoped that this wave of funding would be more specifically targeted at CCG areas that would benefit most. PCC191214/016

It was noted that there was a focus on access, standards, and new models of care and potentially a significant level of funding was available. There would be a meeting with the Area Team early in January to look at the detail. The deadline for applications was close of business on the 16th January. PCC191214/017

It was agreed that the Executive would meet on the 13th and produce a summary for virtual endorsement by this committee. PCC191214/018

Action Miles Freeman

Joint Commissioning PCC191214/019

Karen Parsons gave an update on GP voting which had resulted in a mixture of responses. The majority at around 56% were in favour of joint commissioning. This did not constitute a mandate for the required constitutional amendment for which 75% was required. PCC191214/020

Dr Fuller said that she would like an extraordinary meeting of the membership practices in January that included the Local Medical Committee. There had been some discord as a result of the different messages coming out of the LMC in recent weeks and it was felt that these needed to be addressed and resolved directly with the membership. PCC191214/021

Action Dr Fuller / Justin Dix

Miles Freeman said that this needed to be presented as a constitutional issue about how the CCG conducted its business without a minority of practices producing obstacles to change. PCC191214/022

Karen Parsons noted that this needed to be resolved as practices did look to the CCG to address issues such as premises, and this did either need to be legitimised or stepped back from. PCC191214/023

7. Future meeting dates

Agreed to meet again at 10.00 on the 30th January for a one hour meeting. This would mean moving the Audit Committee to meet from 11.00 to 1.00 and the Governing Body Seminar to take place from 1.30 to 4.30 PCC191214/024

Action Justin Dix

8. Any other business

There was no other business

PCC191214/025

Meeting: Primary Care Committee

Date and time: 10am, 30th January 2015

Present

Peter Collis (Chair)
Ruth Turner
Claire Fuller

In attendance

Julian Wilmshurst-Smith
Richard Simon
Justin Dix
Liz Clark (item 7)

1. Apologies for absence

Apologies were received from Miles Freeman

PCC30-01-15/001

2. Declaration of interests

There were no known conflicts relating to the agenda other than INR where Dr Fuller would remain in the room but not take part in the discussion unless asked for an opinion.

PCC30-01-15/002

3. Minutes of the last meeting

These were agreed as an accurate record

PCC30-01-15/003

4. Matters arising and action logs

191214/18 - PMs Challenge Fund – it was clarified that the practices submitted three bids covering Epsom, East Elmbridge and Dorking respectively. The CCG supported the developmental work, which was focused on six areas, the two main service areas being 8 to 8 working (mandatory) and Community Medical Teams. The latter was focused on more appropriate management of community beds and community pathways, linking to multi-agency review where appropriate. The enabling aspects of the bid were information sharing, organisational development of the networks, practice website development, and enhance access to medical records online (over and above the contractual requirements). The outcome should be known in February.

PCC30-01-15/004

Other items on the action log were agreed for closure. The council of member's requirement had been replaced by an online voting process.

PCC30-01-15/005

5. Revised draft terms of reference

The terms of reference had been updated as agreed. The issue of the practice nurse was still outstanding. PCC30-01-15/006

Karen Parsons noted that there was an issue with the co-commissioning terms of reference which would need to be picked up under that agenda items. PCC30-01-15/007

Peter Collis noted that the committee was acting on behalf of the Governing Body and therefore any delivery mechanisms should report into the Executive Committee which should report to this committee. This was AGREED. PCC30-01-15/008

Action Richard Simon

There was a discussion about developing specifications and the conflict of GPs, and the role of the Executive in particular the GP members. PCC30-01-15/009

It was agreed to recommend that the Executive should be asked to ensure it can own the delivery of the process prior to submission to this committee, managing conflicts of interest appropriately. PCC30-01-15/010

Item iv should therefore be amended to remove “and Executive Committee as required”. PCC30-01-15/011

There was a discussion about terms of reference and the overlap with co-commissioning. It was agreed as a way forward that there should be a part A for this committee and a Part B for the co-commissioning committee. PCC30-01-15/012

Membership should be changed to include the following: PCC30-01-15/013

- Practice Nurse
- Local Medical Committee (as observer)
- Healthwatch and Health and Wellbeing Board attendance to be subject to further discussion.
- Chief Finance Officer or their nominee in attendance as required

Action Richard Simon

It was also agreed to review meeting schedules to accommodate a pattern of meetings. PCC30-01-15/014

Action Justin Dix

6. Primary Care Standards for INR

Liz Clark attended for this item. The issue had a long history going back to NHS Surrey. The main concern was that although quality had improved this year, there were some outlying practices. PCC30-01-15/015

It was clarified that references to the Executive in the paper should mean this committee. PCC30-01-15/016

Peter Collis asked if the issues were not too detailed and operational for this committee. It was noted that there were clinical, educational and financial issues and a potential loss of income for patients which Liz Clark explained set out in detail.	PCC30-01-15/017
Dr Turner said that as a doctor she felt that the overarching issue was patient safety and that this should be the Governing Body's primary concern. Practices should be operating to an evidence based standard.	PCC30-01-15/018
Karen Parsons asked if improvement plans had been sought from practices. Liz Clark stated that every effort had been made to raise standards without success.	PCC30-01-15/019
There were options such as buddying, moving to alternative first line systems (NOACS) and self-testing. Liz Clarke said that these were viable alternatives but each raised issues around the management of an individual patient's condition.	PCC30-01-15/020
Peter Collis summarised by saying that the overriding issue was patient safety and that whilst options could be offered, the recommendation of the committee was to serve notice on the practices with the exception of Capelfield who had recently improved. Individual notice periods should be based on a clinical review of patient safety issues in each practice.	PCC30-01-15/021
7. Co-commissioning	
As discussed above in terms of the necessary terms of reference. Karen Parsons gave an update on the overall process. GPs had been balloted and had agreed to go ahead with a 76% majority. The draft submissions had been reviewed by the Area Team and revised for formal submission by today's deadline. The CCG's financial position was unlikely to impact. The successful discussions with member practices were noted and the committee commended the Executive for their hard work in securing the necessary agreement.	PCC30-01-15/022
It was noted that the process for practices in terms of communication and invoicing would be much more efficient.	PCC30-01-15/023
It was also noted that there was a recruitment process underway for a Band 8a and a Band 7 to take this work on and manage existing functions.	PCC30-01-15/024
8. Any other urgent business	
There was no other business	PCC30-01-15/025