



Medway Clinical Commissioning Group

Terms of reference for a Primary Medical Care Commissioning Committee ("the Committee")

Introduction

1. The Committee is a committee with the purpose of enabling NHS Medway CCG ("**the CCG**") to exercise expanded primary medical care commissioning functions in conjunction with the NHS England South East ("**the Sub Region**").
2. Each of the CCG and Sub Region has established their own Primary Medical Care Commissioning Committee for the purpose of jointly commissioning primary medical services for the people of Medway ("**the Purpose**"). These committees will operate as committees-in-common for the achievement of the Purpose.

Statutory Framework

3. The National Health Service Act 2006 (as amended) ("**NHS Act**") provides, at section 13Z, that NHS England's functions may be exercised jointly with a CCG. Section 13Z of the NHS Act further provides that arrangements made under that section may be on such terms and conditions as may be agreed between NHS England and the CCG. The Sub Region and CCG have agreed that they will exercise certain functions jointly through committees-in-common.

Role of the Committee

4. The role of the Committee shall be to carry out the functions with the Sub Region relating to the commissioning of primary medical services under section 83 of the NHS Act except those relating to individual GP performance management, which have been reserved to NHS England.
5. This includes the following activities which fall within the range of responsibilities of the Committee:
 - 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);

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- 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).
6. In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between the Sub Region and the CCG which will sit alongside the delegation and terms of reference.

Membership

7. The Committee shall consist of:
- a) Lay Member for Public and Patient Involvement (Chair)
 - b) Lay Member for Governance (Deputy Chair)
 - c) Chief Clinical Accountable Officer
 - d) Any other Governing Body Elected GP member or Clinical Adviser
 - e) Chief Operating Officer or nominated Deputy (Executive)
 - f) Company Secretary (Executive)
 - g) A representative from the Medway Health and Wellbeing Board.
8. Non-voting attendees may include a HealthWatch representative to whom a standing invitation is extended.

Quorum

9. A minimum of one half of the members shall constitute a quorum provided that a Lay and Executive majority is maintained.
10. 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).

Secretary

11. The Company Secretary or their nominee will act as Secretary to the Committee.

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12. Meetings of the Committee, other than those regularly scheduled as above, shall be summoned by the Secretary of the Committee at the request of the Chair.
13. Unless otherwise agreed, notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed and supporting papers, shall be forwarded to each member of the Committee and any other person required to attend no later than three working days before the date of the meeting.
14. The secretariat to the Committee will:
 - a) Circulate the minutes and action notes of the committee within five working days of the meeting to all members.
 - b) Present a summary report of the minutes and actions to the next meeting of the governing body of the CCG and provide a copy to the Sub Region.

Meetings

15. Meetings of the Committee will be held a minimum of four times per annum and:
 - a. Shall, subject to the application of 15(b), be held in public.
 - 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.
16. 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.
17. The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.
18. Members of the Committee shall respect confidentiality requirements as set out in the Standing Orders referred to above unless separate confidentiality requirements are set out for the committee in which event these shall be observed.
19. 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 NHS England and CCGs in primary medical services co-commissioning.

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Conduct of the Committee

20. Except as outlined above the Committee will be conducted in accordance with the CCG's Constitution, Standing Orders and Standards of Business Conduct and Managing Conflicts of Interest Policy.