

TERMS OF REFERENCE
Pharmaceutical Services Group

Document Control		
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Version	Date	Changes
0.1	25/02/22	Original draft for comment
0.2	19/05/22	Revised to align with the Primary Care Contracting Group ToR
0.3	25/05/22	Revised to align with the Primary Care Contracting Group ToR
0.4	26/05/22	Revised risk wording
0.5	15/06/22	Revised decision making matrix
1.0	24/04/23	Full revision to align with the newly established Primary Care Commissioning Committee ToR

1. Purpose	
1.1	The group will provide expert advice and recommendations on commissioning matters relating to delegated pharmaceutical and local pharmaceutical services
1.2	It will make decisions as articulated within the decision making matrix or as delegated to it by the Primary Care Commissioning Committee

2. Scope	
2.1	The group's remit covers decision making and expert advice on the delivery assurance of delegated pharmaceutical and local pharmaceutical services.

3. Roles and Responsibilities	
3.1	<ul style="list-style-type: none"> • Make decisions in accordance with the decision making matrix or as delegated to it by the Primary Care Commissioning Committee • Provide expert advice on matters outside of its delegated authority that are due to be considered by the Primary Care Commissioning Committee

	<ul style="list-style-type: none"> • Monitor the delivery of pharmaceutical and local pharmaceutical services and locally commissioned/enhanced services • Ensure the delivery of high quality, evidence-based service provision through contract monitoring. • Ensure that all advice given and action taken on contractual issues are in-line with the pharmaceutical and local pharmaceutical regulations, the NHSE Pharmacy Services Manual, Public Contract regulations, the ICB's Standing Financial Instructions (SFIs) • To ensure consistency in advice given and action taken where the Pharmacy Manual and regulations allows for 'local discretion' • Identification and management of contract performance or quality issues, escalating concerns to the Primary Care Commissioning Committee (PCCC), Quality Committee or Finance and Performance Committee as relevant • Ensure any service gaps or low uptake of new service initiatives are discussed with the Local Professional Network (LPN). • Work in collaboration with the LPN. • Work in collaboration with the Local Representative Committees • Any other items that are appropriate in respect of delegated pharmaceutical and local pharmaceutical services and locally commissioned/enhanced services quality, performance, contracting and finance issues • To identify, and review risks on the Corporate Risk Register which relate to the effective and safe delivery of pharmaceutical services, escalating significant risks to the PCCC and support the PCCC as requested to manage and monitor specific risks • To complete and review the quarterly assurance framework • To ensure any decision made are in line with agreed allocated service lines within budgets
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4. Decision Making and Voting	
4.1	The group will aim to make decisions by consensus wherever possible.
4.2	Where consensus is not achieved a decision will be made by a simple majority of members with the Chair having a casting vote. The Chair may escalate any matters to the Primary Care Commissioning Committee, the Quality Committee or Finance and Performance Committee

5. Membership	
5.1	<p>The group shall consist of the following members:</p> <ul style="list-style-type: none"> • Associate Director Primary Care (Chair) • Head of Delivery Assurance (Vice Chair) • Delivery Assurance Senior Manager • Delivery Assurance Manager • Lay Member for Pharmacy • Primary Care Commissioning Lead representative - Blackpool, Lancashire (North), South Cumbria • Primary Care Commissioning Lead representative - Lancashire (Central) • Primary Care Commissioning Lead representative - Blackburn with Darwen, Lancashire (East)

	<p>The following people will be in attendance:</p> <ul style="list-style-type: none"> • Delivery Assurance Team members • Quality Representative • Clinical Adviser • LRC representative • LPN representative • Finance Representative • Associate Medical Director Primary Care
5.2	The group may co-opt other members as appropriate in agreement with the PCCC
5.3	No member of the group shall be engaged in the provision of primary medical, pharmaceutical or local pharmaceutical services
5.4	Administrative support shall be provided from the delivery assurance team

6. Quorum	
6.1	<p>The group shall be quorate with the following attendance:</p> <ul style="list-style-type: none"> • Associate Director Primary Care or Head of Delivery Assurance • Delivery Assurance Senior Manager or Delivery Assurance Manager • Lay Member • Primary Care Commissioning Lead representative
6.2	Where a member cannot attend they should send a nominated deputy which should be by exception. The group's administrator will ensure that the nominated deputies are included in the group's register of interest.

7. Frequency of Meetings	
7.1	Meetings will be held at least monthly

8. Meeting arrangements and administration	
8.1	The agenda and supporting papers will be circulated at least five working days prior to the meeting.
8.2	All papers should be received by the appointed administrator to the group a minimum of seven working days in advance of the meeting.
8.3	Items that are late but urgent and important for circulation outside of the above can be done so with approval from the Chair.
8.4	Full minutes alongside an action and decision log will be captured at each meeting and circulated prior to the next meeting
8.5	A triple A report of the meeting will be produced within 7 days of the meeting. Once approved by the chair the report will be sent to the Primary Care Commissioning Committee at its next available meeting
8.6	The meeting shall have administrative lead
8.7	<p>The meeting shall have the following standard agenda items:</p> <ul style="list-style-type: none"> • Declarations of interest • Contractual/market entry decisions • Contract delivery assurance report

9. Governance and Reporting	
9.1	Following each meeting, the group shall report to the next available Primary Care Commissioning Committee meeting.
9.2	For strategic significance, regular reviews by the group's Chair will be undertaken to ensure matters are reported at the appropriate level.
9.3	The Chair of the Primary Care Commissioning Committee will hold quarterly reviews with the group Chair.
9.3	Any matters which may result in a breach in a pharmacy's terms of service or result in a fitness to practise issue should be escalated to the Primary Care Commissioning Committee

10. Conflicts of Interest	
10.1	Individuals who are members of the group will comply with the ICB's standard of business conduct policy including the requirements for declaring conflicts of interest.
10.2	In order to facilitate this process, 'Declarations of Interest' will be a standing item on all agendas. Any interested declared, and how these are managed should be sent to the PCCC administrator for inclusion on the corporate register.
10.3	All new declarations of interest must be notified to the Chair within 28 days of a member taking office of any interest requiring registration, or within 28 days of a change to a member's registered interest.
10.4	Where a member of the group has a conflict of interest, this must be brought to the Chair's attention before, if possible, or at the start of, or during, the meeting. The conflict should also be recorded in the minutes of the meeting. The Chair will be required to decide upon the individual's contribution and involvement in the meeting.

11. Review of Terms of Reference	
11.1	These Terms of Reference and membership will be reviewed annually.