

Appendix A

Lancashire & South Cumbria Integrated Care Board Primary Care Commissioning Committee Terms of Reference

1. CONSTITUTION

- 1.1. The Primary Care Commissioning Committee (the Committee) is established by the Integrated Care Board (the Board or ICB) as a committee reporting to the Board in accordance with its Scheme of Delegation and Reservation and is subject to any directions made by NHS England (NHSE) or by the Secretary of State.

2. PURPOSE OF THE COMMITTEE

- 2.1. The Committee has been established to enable collective decision-making on the review, planning and procurement of primary care services in relation to primary medical services, community pharmacy, primary dental and primary ophthalmic services and as part of the ICB's statutory commissioning responsibilities across Lancashire & South Cumbria under delegated authority from NHS England.
- 2.2. In performing its role, the Committee will exercise its functions in accordance with the agreement entered into between NHS LSC and NHS England.
- 2.3. The committee will provide oversight and assurance of effective primary care services across the ICBs four places.
- 2.4. Whilst exercising its role the committee will:
- Ensure all delegated primary care functions are effectively managed
 - Promote a culture of continuous improvement and innovation with regards to clinical service delivery, effectiveness and patient experience
 - To maintain oversight of contractual and financial performance of primary care contracts
 - To maintain oversight of the procurement of primary care contracts
 - Ensure delegated commissioning decisions made by the relevant contracting group are made in-line with national legislation and policy
 - To review and monitor risks on the Board Assurance Framework and Corporate Risk Register which relate to Primary Care Contracts or the effective and safe delivery of Primary Care services
 - Ensure sufficient engagement has taken place prior to making any decision

2.5. The Committee will provide regular assurance updates to the Board in relation to activities and items within its remit.

2.5.1. The Committee's remit covers the contracting and financial oversight of:

- All delegated primary care commissioning functions as defined by the Delegation Agreements
- all enhanced/locally commissioned primary care services

2.5.2. The Committee takes accountability in ensuring delegated primary care commissioning decisions are made in-line with national policy and legislation. The committee and associated contracting groups, shall carry out the functions to the commissioning of primary care services under The NHS Act 2006, namely:

- Primary Medical Services, under part 4
- Pharmaceutical Services, under part 7
- Dental Services, under part 5
- Ophthalmic Services, under part 6

As defined by the Delegation Agreement

2.5.3. These functions are further defined in the decision-making matrix for each function.

2.5.4. The committee does not hold responsibilities for functions retained by NHS England for example performers list concerns

2.5.5. The committee does not undertake a role in relation to transformation of services or development and oversight of the ICBs primary care strategy.

2.5.6. Primary Care quality assurance (including serious incidents and complaints) will remain with the ICB's Quality Committee.

2.5.7. The committee shall only make decisions where it is satisfied sufficient place engagement has taken place.

2.6. In carrying out its role, the Committee will be supported by four contracting sub-groups:

- Primary Medical Services sub-group
- Pharmaceutical Services sub-group
- Dental Services sub-group
- Eye Health Services sub-group

3. DELEGATED AUTHORITY

- 3.1. The Primary Care Commissioning Committee is a committee of the ICB. The Board has delegated authority to the committee as set out in the Scheme of Reservation and Delegation and may be amended from time to time.
- 3.2. The Primary Care commissioning committee holds only those powers as delegated in these Terms of Reference as determined by the ICB Board.

4. MEMBERSHIP AND ATTENDANCE

- 4.1. The Board will agree the membership of the committee and the Chair of the ICB will approve the members. Other members of the committee need not be members of the Board, but they may be.
- 4.2. When determining the membership of the committee, active consideration will be made to equality, diversity and inclusion.
- 4.3. The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

4.4. Members

- Lay Member (Chair of Committee)
- Lay Member (Vice Chair of Committee)
- Medical Director [\(clinical\)](#)
- ICB Partner Member for Primary Medical Services* [\(clinical\)](#)
- Director of Primary Care
- Director of Communications and Engagement
- Director of Quality Assurance and Safety [\(clinical\)](#)
- Primary Care Nurse [\(clinical\)](#)
- Chief Pharmacist [\(clinical\)](#)
- Head of Delivery and Assurance
- Finance Lead for Primary Care
- [Chief of Strategy, Commissioning and Integration \(clinical\)](#)

*GPs can and should be members of the PCCC so long as conflicts of interest are managed. The PCCC will be constituted to have a lay and executive majority. This ensures that the meeting will be quorate if the GP member must withdraw from the decision-making process due to conflicts of interest.

For the reasons set out below, GP members will **not** take part in any decision-making ~~or~~ where decisions are in relation to Pharmaceutical delegated functions.

~~* voting members must not be engaged in the delivery of primary medical or pharmaceutical services.~~ NHS England Pharmacy Manual states that the following persons must be barred from taking part in decision-making on applications for inclusion in a pharmaceutical list or a dispensing doctor:

- A person who is included in a pharmaceutical list or is an employee of such a person.
- A person who assists in the provision of pharmaceutical services under Chapter 1 or Part 7 of the NHS Act 2006.
- A person who is an LPS chemist, or a person who provides or assists in the provision of LPS.
- A person who is a provider of primary medical services
- A person who is a member of a provider or primary medical service that is a partnership, or a shareholder in a provider of primary medical services that is a company limited by shares.
- A person who is employed or engaged by a primary medical services provider.
- A person who is employed or engaged by an alternative provider medical services contractor in any capacity relating to the provision of primary medical services.

4.5. Regular Participants

4.6. The committee will invite individuals to be participants ~~or~~ at its meetings in order to inform its decision-making and the discharge of its functions as it sees fit.

4.7. Participants will receive advance copies of the notice, agenda and papers for meetings and may be invited, at the discretion of the Chair to ask questions and address the meeting but may not vote.

4.8.

- Healthwatch Representative
- Clinical advisor for Ophthalmic Services
- Clinical advisor for Dental Services
- Clinical advisor for Pharmaceutical Services
- Associate Medical Director(s)
- Associate Director Primary Care- Blackpool, Lancashire (North), South Cumbria
- Associate Director Primary Care- Lancashire (Central)

- Associate Director Primary Care- Blackburn with Darwen and Lancashire (East)

4.8.1. those participants must not be conflicted by the decisions due to be made during the meeting.

4.8.2. other subject matter experts may be invited

4.9 Part 2 meetings may take place where due to a confidential nature the item requires restricted membership. Where such a meeting is called, only members may attend the meeting and no named deputies will be permitted.

5. MEETING QUORACY AND DECISIONS

5.1. The Primary Care Commissioning Committee shall meet on at least a bi-monthly monthly basis. Additional meetings may be convened on an exceptional basis at the discretion of the committee Chair.

5.2. Quoracy

5.2.1. There will be a minimum of six members present and must include the following members

- Chair, ~~and~~/or Vice Chair
- One of the three director members
- Senior Finance Lead for Primary Care (or nominated deputy)
- At least ~~the Medical Director or ICB Partner Member (PMS) or the Primary Care Nurse~~ onetwo clinically qualified members

5.2.2. Where members are unable to attend, they should ensure, in agreement with the chair, that a named and briefed deputy is in attendance who is able to participate on their behalf. This should be in exceptional circumstances.

5.3. Decision making and voting

5.3.1. Decisions will be taken in according with the Standing Orders. The committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

5.3.2. Only members of the committee (or nominated Finance deputy) may vote. Each member is allowed one vote and a majority will be conclusive on any matter.

5.3.3. Where there is a split vote, with no clear majority, the Chair of the committee will hold the casting vote. The result of the vote will be recorded in the minutes.

5.3.4. If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.

6. RESPONSIBILITIES OF THE COMMITTEE

6.1. The responsibilities of the Primary Care Commissioning Committee will be authorised by the ICB Board. It is expected that the Primary Care Commissioning Committee will:

- Hold responsibility for contracting and financial oversight of primary care contracts as articulated
- Hold the following contracting responsibilities:
 - To make delegated primary care commissioning decisions in line with the relevant section of The NHS Act 2006
 - To maintain oversight of the management of decisions made by the relevant contractor groups
 - To ensure contracting plans are consistent with strategic, activity and financial plans
 - To ensure contracting documentation is consistent and in line with national guidance
 - To take overall responsibility in assessing the need for future procurements and/or extensions to existing contracts
 - To consider and manage any contracting concerns escalated to the committee via the relevant sub-groups
 - The committee holds the following financial responsibilities:
 - To assure robust financial budget management of delegated services
 - To consider and recommend clinically supported schemes to support additional core activity within contracted budget levels to the Primary and Integrated Neighbourhood Care Transformation Programme Group
- Hold the following additional responsibilities:
 - To hold and maintain a risks and issues register associated with delegated primary care contractors and escalate risks appropriately in alignment with the ICBs Risk Management Framework.
 - To approve and ensure compliance with the relevant contract sub-groups terms of reference
 - To document all decisions made by the committee
 - The committee should be satisfied that sufficient engagement has taken place prior to making any decisions, this includes but is not

limited to, engagement with place, local representative committees and the public.

7. ACCOUNTABILITY and REPORTING ARRANGEMENTS

- 7.1. The committee is directly accountable to the ICB [executiveBoard](#). The minutes of meetings shall be formally recorded, and a summary report prepared for the next ICB Board. The Chair of the committee shall prepare a report to the board after each meeting and provide a report on assurances received, escalating any concerns where necessary.
- 7.2. The committee will advise the Audit Committee on the adequacy of assurances available and contribute to the Annual Governance Statement.
- 7.3. The committee will receive scheduled assurance report from its sub-groups. Any sub-groups would need to be agreed by the committee.

8. BEHAVIOURS AND CONDUCT

8.1. ICB values

8.1.1. Members will be expected to conduct business in line with the ICB values and objectives. Members of, and those attending, the committee shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy.

8.2. Equality and diversity

8.2.1. Members must demonstrably consider the equality and diversity implications of decisions they make.

9. DECLARATIONS OF INTEREST

- 9.1. All members, ex-officio members and those in attendance must declare any actual or potential conflicts of interest which will be recorded in the minutes. Anyone with a relevant or material interest in a matter under consideration will be excluded from the discussion at the discretion of the Chair.
- 9.2. The committee shall satisfy itself that the ICB's policy, systems and processes for the management of conflicts, (including gifts and hospitality and bribery) are followed by committee members.

- 9.3.** If the Chair has a conflict of interest, then the vice-chair or, if necessary, another member of the committee will be responsible for deciding the appropriate course of action.

10. SECRETARIAT AND ADMINISTRATION

- 10.1.** The committee shall be supported with a secretariat function which will include ensuring that:

- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead;
- Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements;
- Records of members' appointments and renewal dates are held, and the Board is prompted to renew membership and identify new members where necessary;
- Good quality minutes are taken and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept;
- A Summary Report of the minutes, including key discussions, decisions and any areas of concern or assurance is prepared to be presented to the Board;
- The Chair is supported to prepare reports to the Board;
- The committee is updated on pertinent issues/ areas of interest/ policy developments;
- Action points are taken forward between meetings and progress against those actions is monitored.

11. REVIEW

- 11.1.** The committee will review its effectiveness at least annually and complete an annual report submitted to the Board.

- 11.2.** These terms of reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the Board for approval.

- 11.3.** The committee will utilise a continuous improvement approach in its delegation and all members will be encouraged to review the effectiveness of the meeting at each sitting.

Date of approval: ~~March 2023~~October 2023

Date of review: ~~March~~October 2024