

TERMS OF REFERENCE
Capital Working Group

Document Control		
Title	Terms of Reference for Capital Working Group	
Document Reference		
Responsible Person	Associate Director of Primary Care	
Date of Approval		
Approved By	Primary Care Commissioning Committee	
Author	David Armstrong	
Date Created	21/02/2024	
Date Last Amended	27/09/2023	
Version	V 0.1	
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Publish on Public Website		No
Constitutional Document		No
Requires an Equality Impact Assessment		No
Amendment History		
Version	Date	Changes
0.1	24/04/23	Original draft 2023/24
0.2	21/02/2024	Review for 2024/25

Purpose	
1.1	<p>Produce a General Practice infrastructure and prioritised investment plan, as part of the wider ICB infrastructure strategy, for agreement by the Primary Care Commissioning Committee.</p> <p>Ensure that the plan responds to strategic priorities such as the delivery of Integrated Neighbourhood Care and operational priorities such as premises improvements.</p>
1.2	Provide expert advice and recommendations on all capital matters relating to services for the Primary Care Commissioning Committee.
1.3	Make decisions as articulated within the decision-making matrix (appendix one), or as delegated to them by the Primary Care Commissioning Committee

Scope	
2.1	The Capital Group may make decisions in accordance with the agreed decision making matrix and will provide expert advice on General Practice infrastructure capital and revenue items.

2.2	<p>The group is responsible for producing a General Practice (encompassing Primary Care Networks) strategic infrastructure plan across the ICB, using the principles of one public estate wherever possible.</p> <p>The group is responsible for the development and implementation of a prioritised investment plan, aligned to the strategic infrastructure plan with investments in General Practice Digital (GPIT) and Capital Grants (Improvement Grants).</p>
2.3	<p>The group is responsible for the review and recommendation to approve all General Practice premise developments that have an impact upon the revenue costs of the ICB. This includes lease renewals, new leases, relocations, closures, extensions and periodic notional and cost rent increases as well as one off issues such as supporting practices with other premises related investments such a Stamp Duty Land Tax and or legal / professional fees.</p>

Roles and Responsibilities

3.1	<p>Inform the strategic direction for the investment of General Practice capital across the ICB, ensuring Strategic Infrastructure plans are aligned to the available capital in the most efficient and effective manner.</p> <p>Make capital investment recommendations to the Primary Care Commissioning Committee to approve Project Initiation Documents (PIDs), Business Cases and Grant Applications.</p> <p>Seek final authorisation from the NHS England NW Director of Finance for all capital investments in Primary Care in accordance with the delegation agreements.</p> <p>Ensure all PIDs, Business Cases and Grant Applications are fully assessed and reviewed, including all technical and financial aspects prior to making recommendations to the Primary Care Commissioning Committee.</p> <p>Maintain a clear pipeline of capital schemes and their status, identifying all practices and schemes that are in the pipeline, prioritising each scheme, and providing an update at each meeting on their progress.</p> <p>Ensure there is a work plan to ensure all General Practice lease renewals are reviewed and align with the Strategic Infrastructure plans, to ensure leases are only ever renewed for premises identified as a strategic hold.</p> <p>Ensure that the group oversees any practice or PCN proposals to adopt a new lease, proposals must be presented and reviewed in full and be supported by an appropriately detailed PID / Business Case.</p> <p>Ensure all premises changes which have a direct & or indirect recurrent revenue impact are reviewed, and recommendations are provided to the governance groups on each case, all cases must be supported by the broad base of Primary Care Place leads, Primary Care Finance team and the Estates team. Examples of which will include but not limited to: changes to the practices occupancy of a building, changes to the practice premises ie relocations, extensions, improvements, sale & lease backs) All proposals first being reviewed by the Primary Medical Services sub group to ensure that the requirements of the primary medical services regulation and policy book are fully met, and all the required patient and public engagement has occurred.</p> <p>Ensure all advise given and recommendation are in-line with all relevant guidance and regulations including, but not limited to, NHS Premises Cost Directions, ICB</p>
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	<p>Scheme of Delegation, GP IT Operating Model, building regulation and planning requirements.</p> <p>Agree and implement the criteria for the prioritisation of Capital investments (IT and Estates) across L&SC.</p> <p>Ensure all applications by practices to fund additional or exceptional costs for Stamp Duty Land Tax and Legal Fees are reviewed, ensuring they're fully aligned to the Premises Directions, align to the Strategic Infrastructure plans, and make recommendations to fund or reject applications to the Primary Care Commissioning Committee.</p> <p>Ensure the group receives and reviews all Notional Rent Reviews provided by the District Valuation Office, review each change, understand the financial consequences, and make appropriate recommendations to approve or not.</p> <p>All action and decisions must be aligned to the decision matrix.</p> <p>To identify and review risks on the Corporate Risk Register which relate to the remit of the group, escalating significant risks to the PCCC and support the PCCC as requested to manage and monitor specific risks.</p> <p>To review the NHS England Assurance Framework on a quarterly basis to ensure compliance and providing PCCC with annual assurance, non-compliance to be escalated to PCCC as identified.</p> <p>To consider and act on any relevant feedback from internal audits</p>
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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.
4.3	Capital investments on Improvement Grants should have the revenue decision pre-approved by the Medical Group.
4.4	All decisions must be as per the agreed decision-making matrix (appendix 1)

5. Membership	
5.1	<p>The group shall consist of the following members:</p> <p>Associate Director Primary Care (Chair)</p> <p>Head of Delivery Assurance or Delivery Assurance Senior Manager (Vice Chair)</p> <p>Place based- Strategic Estates Lead x 3</p> <p>Primary Care Commissioning Lead representative- Blackpool, Lancashire (North), South Cumbria</p> <p>Primary Care Commissioning Lead representative- Lancashire (Central)</p> <p>Primary Care Commissioning Lead representative- Blackburn with Darwen, Lancashire (East)</p> <p>Out of Hospital Digital Lead</p> <p>Head of Primary Care Finance</p>

	<p>The following people will be in attendance: Local Medical Committee Estates Delivery Lead - NHS England Head of Digital Technology- NHS England NHS Property Services representative Other technical support as required.</p>
5.2	The group may co-opt other members as appropriate
5.3	Administrative support shall be provided from the delivery assurance team

6. Quorum

6.1	<p>The group shall be quorate with the following attendance: Associate Director Primary Care or Head of Delivery Assurance Finance Lead One x Strategic Estates Lead One x Primary Care Commissioning lead Digital representation (for digital items only)</p>
6.2	Members are expected to attend 9 meeting per financial year or send a deputy

7. Frequency of Meetings

7.1	Meetings will be held monthly.
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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 and an action and decision log will be captured at each 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.
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 • Expressions of Interest and Pipeline review • Review of any capital or revenue investment proposals

9. Governance and Reporting

9.1	<p>The Capital Infrastructure Working Group shall report to the Primary Care Commissioning Committee on a monthly basis using the Triple A report (Alert/Advise/Assure)</p> <p>The Capital Infrastructure Working Group are also accountable to the NHS England: Northwest Primary Care Capital Investment Steering Group to whom all investment decision made by the ICB must be reported to seek final authorisation for all capital investments.</p>
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10. Conflicts of Interest	
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10.1	Individuals who are members of the sub-group will comply with the sub-group'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 and copies of the minutes will be sent to the Corporate Programmes and Governance Manager for the purpose of maintaining the register of interests.
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. Copies of these notifications should be sent to the Corporate Programmes and Governance Manager.
10.4	Where a member of the sub-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	
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11.1	These Terms of Reference and membership will be reviewed annually.
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TERMS OF REFERENCE
Pharmaceutical Services Group

Document Control		
Title	Terms of Reference for the Pharmaceutical Services Group	
Responsible Person	Head of Delivery Assurance	
Date of Approval	8 June 2023	
Approved By	Primary Care Commissioning Committee	
Author	Amy Lepiorz and Max Harrison	
Date Created	25 February 2022	
Date Last Amended	13 th March 2024	
Version	V1.1	
Review Date	May 2025	
Publish on Public Website		No
Constitutional Document		No
Requires an Equality Impact Assessment		No
Amendment History		
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
1.1	08/06/23	Approved by the Primary Care Commissioning Committee
1.2	13.03.24	Revised wording in Quorum section and addition in relation to virtual decision making

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

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

Roles and Responsibilities

3.1	<p>Make decisions in accordance with the decision making matrix or as delegated to it by the Primary Care Commissioning Committee</p> <p>Provide expert advice on matters outside of its delegated authority that are due to be considered by the Primary Care Commissioning Committee</p> <p>Monitor the delivery of pharmaceutical and local pharmaceutical services and locally commissioned/enhanced services</p> <p>Ensure the delivery of high quality, evidence-based service provision through contract monitoring.</p> <p>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)</p> <p>To ensure consistency in advice given and action taken where the Pharmacy Manual and regulations allows for 'local discretion'</p> <p>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</p> <p>Ensure any service gaps or low uptake of new service initiatives are discussed with the Local Professional Network (LPN).</p> <p>Work in collaboration with the LPN.</p> <p>Work in collaboration with the Local Representative Committees</p> <p>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</p> <p>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</p> <p>To review the NHS England Assurance Framework on a quarterly basis to ensure compliance and providing PCCC with annual assurance, non-compliance to be escalated to PCCC as identified.</p> <p>To consider and act on any relevant feedback from internal audits</p> <p>To ensure any decision made are in line with agreed allocated service lines within budgets</p>
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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
4.3	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. Any such decisions will be recorded and taken to the following formal meeting for information.

5. Membership

5.1	<p>The group shall consist of the following members: 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> <p>The following people will be in attendance: Delivery Assurance Team members Quality Representative Clinical Adviser LRC representative LPN representative Finance Representative Associate Medical Director Primary Care</p>
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: Associate Director Primary Care or Head of Delivery Assurance/ Delivery Assurance Senior Manager Delivery Assurance Senior Manager or Delivery Assurance Manager Lay Member Primary Care Commissioning Lead representative</p>
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	The meeting shall have the following standard agenda items: 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.
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TERMS OF REFERENCE
Primary Medical Services Group

Document Control		
Title	Terms of Reference for Primary Medical Services Group	
Responsible Person	Head of Delivery Assurance	
Date of Approval	8 June 2023	
Approved By	Primary Care Commissioning Committee	
Author	Amy Lepiorz and Sarah Danson	
Date Created	25 February 2022	
Date Last Amended	14 March 2023	
Version	V 1.2	
Review Date	May 2025	
Publish on Public Website		No
Constitutional Document		No
Requires an Equality Impact Assessment		No
Amendment History		
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	21/04/22	Full revision to align with the newly established Primary Care Commissioning Committee ToR
1.1	08/06/23	Approved by the Primary Care Commissioning Committee
1.2	14/03/24	Revised wording in Quorum section and addition in relation to virtual decision making

7. Purpose	
1.1	The Group will provide expert advice and recommendations on commissioning matters relating to delegated primary medical services for the Primary Care Commissioning Committee
1.2	It will make decisions as articulated within the decision making matrix or as delegated to it by the Primary Care Commissioning Committee

8. Scope	
2.1	The group's remit covers decision making and expert advice on the delivery assurance of delegated primary medical services.

9. Roles and Responsibilities	
3.1	<ul style="list-style-type: none"> • Make decisions in accordance with the decision-making matrix or as delegated to them 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 • Monitor the delivery of primary medical services and locally commissioned/enhanced services • Ensure the delivery of high quality, evidence-based service provision through contract monitoring • Ensure that all decisions taken and advice given on contractual issues are in-line with the General Medical Services and Primary Medical Services Regulations, The NHSE Primary Medical Care Policy and Guidance Manual, Public Contract Regulations, the ICB' Standing Financial Instructions (SFIs) • To ensure consistency in decisions made and advice given where the Primary Medical Care Policy and Guidance 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 • Work in close collaboration with the Local Representative Committee • Any other items that are appropriate in respect of delegated primary medical services and system wide 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 primary medical services escalating significant risks to the PCCC and support the PCCC as requested to manage and monitor specific risks • To review the NHS England Assurance Framework on a quarterly basis to ensure compliance and providing PCCC with annual assurance, non-compliance to be escalated to PCCC as identified. • To consider and act on any relevant feedback from internal audits • To ensure any decisions made are in line with agreed allocated service lines within budgets

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 the Finance and Performance Committee
4.3	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. Any such decisions will be recorded and taken to the following formal meeting for information.

5. Membership	
5.1	<p>The group shall consist of the following members:</p> <ul style="list-style-type: none"> • Director of Primary Care (Chair) • Head of Delivery Assurance (Vice Chair) • Senior Primary Care Commissioning representative- Blackpool, Lancashire (North), South Cumbria • Senior Primary Care Commissioning representative- Lancashire (Central) • Senior Primary Care Commissioning representative- Blackburn with Darwen, Lancashire (East) • Delivery Assurance Senior Manager • Finance Lead • Associate Medical Director Primary Care <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
5.2	The group may co-opt other members as appropriate in agreement with the Primary Care Commissioning Committee
5.3	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"> • Director of Primary Care or Head of Delivery Assurance /Senior Delivery Assurance Manager • Associate Medical Director • Finance Lead • Senior Primary Care Commissioning 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 and 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 PCCC at its next available meeting
8.6	The meeting shall have administrative lead
8.7	The meeting shall have the following standard agenda items: <ul style="list-style-type: none"> • Declarations of interest • Contractual decisions • Contract delivery report
8.8	The group may choose to hold a private meeting of only members where items are deemed sensitive

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.

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.

TERMS OF REFERENCE
Primary Optometric Services Group

Document Control		
Title	Terms of Reference for Primary Optometric Services Group	
Responsible Person	Head of Delivery Assurance	
Date of Approval	8 June 2023	
Approved By	Primary Care Commissioning Committee	
Author	Sarah Danson and Angie Ashworth	
Date Created	13 January 2023	
Date Last Amended	26 May 2023	
Version	V 1.1	
Review Date	May 2024	
Publish on Public Website		No
Constitutional Document		No
Requires an Equality Impact Assessment		No
Amendment History		
Version	Date	Changes
0.1	13.1.2023	Original draft for comment
1.0	24.4.2023	Full revision to align with the newly established Primary Care Commissioning Committee ToR
1.1	08.06.23	Approved by the Primary Care Commissioning Committee

10. Purpose	
1.1	The group will provide expert advice and recommendations on commissioning matters relating to delegated primary care optometric service for the Primary Care Commissioning Committee
1.2	It will make decisions as articulated within the decision-making matrix or as delegated to it by the Primary Care Commissioning Committee

11. Scope	
2.1	The group's remit covers decision making and expert advice on delivery assurance with regards to delegated primary care optometric services.

12. Roles and Responsibilities	
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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 • Monitor the delivery of primary care optometric 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 in regard to the General Ophthalmic Services Regulations, The NHSE Eye Health Policy and Guidance Manual, Public Contract Regulations, the ICB's Standing Financial Instructions (SFIs) • To ensure consistency in advice given and action taken where the Eye Health Policy and Guidance 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 • Work in close collaboration with the Local Representative Committee • Any other items that are appropriate in respect of delegated primary care optometric services and system wide 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 optometric primary care services, escalating significant risks to the PCCC and support the PCCC as requested to manage and monitor specific risks • To review the NHS England Assurance Framework on a quarterly basis to ensure compliance and providing PCCC with annual assurance, non-compliance to be escalated to PCCC as identified. • To consider and act on any relevant feedback from internal audits • 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 the Finance and Performance Committee
4.3	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. Any such decisions will be recorded and taken to the following formal meeting for information.

5. Membership	
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5.1	<p>The group shall consist of the following members:</p> <ul style="list-style-type: none"> • Head of Delivery Primary Care (chair) (Chair) • Head of Delivery Assurance/Senior Delivery Assurance Manager (Vice Chair) • Delivery Assurance Manager • 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) • Associate Medical Director Primary Care <p>The following people will be in attendance:</p> <ul style="list-style-type: none"> • Delivery Assurance Team members • Clinical Adviser • Quality Representative • Finance Representative • LRC Representative • LPN Representative
5.2	The group may co-opt other members as appropriate in agreement with the PCCC
5.3	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 • 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 bi-monthly at a minimum.

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	The meeting shall have the following standard agenda items: <ul style="list-style-type: none"> • Declarations of interest • Contractual decisions • Contract delivery assurance report • Budget statement/finance report • Integration update

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.

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.

TERMS OF REFERENCE
Primary Dental Services Group

Document Control		
Title	Terms of Reference for Primary Dental Services Group	
Responsible Person	Head of Delivery Assurance	
Date of Approval		
Approved By	Primary Care Commissioning Committee	
Author	Amy Lepiorz	
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Version	Date	Changes
0.1	24/04/23	Original draft
1.1	08/06/23	Approved by the Primary Care Commissioning Committee
2.1	21/03/2024	Reviewed and recommended for approval by PCCC at PC Dental Svs Group

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

14. Scope	
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2.1	The group's remit covers decision making and expert advice on the delivery assurance of delegated primary dental services.
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15. Roles and Responsibilities	
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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 • Monitor the delivery of primary dental services and locally commissioned/enhanced services • Ensure the delivery of high quality, evidence-based service provision through contract monitoring • Ensure that all decisions taken and advice given on contractual issues are in-line with the Primary Dental and Prescribed Dental Services Regulations, The NHSE Primary Dental Care Policy and Guidance Manual, Public Contract Regulations, the ICB's Standing Financial Instructions (SFIs) • To ensure consistency in decisions made and advice given where the Primary Dental Care Policy and Guidance 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 • Work in close collaboration with the Local Representative Committee • Any other items that are appropriate in respect of delegated primary medical services and system wide 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 Primary Care services, escalating significant risks to the PCCC and support the PCCC as requested to manage and monitor specific risks • To review the NHS England Assurance Framework on a quarterly basis to ensure compliance and providing PCCC with annual assurance, non-compliance to be escalated to PCCC as identified. • To consider and act on any relevant feedback from internal audits • To ensure any decision made are in line with agreed allocated service lines within budgets
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4. Decision Making and Voting	
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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.
4.3	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. Any such decisions will be recorded and taken to

	the following meeting for information
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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 (Second Vice Chair) • Delivery Assurance Manager • 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) • Finance Lead <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 • Dental Finance Analyst
5.2	The group may co-opt other members as appropriate in agreement with the Primary Care Commissioning Committee
5.3	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 or Delivery Assurance Senior Manager • Delivery Assurance Senior Manager or Delivery Assurance Manager • Finance Lead • Primary Care Commissioning Lead
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	
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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 and 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	The meeting shall have the following standard agenda items: <ul style="list-style-type: none"> • Declarations of interest • Contractual decisions • Contract delivery assurance
8.8	The group may choose to hold a private meeting of only members where items are deemed sensitive

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.

10. Conflicts of Interest

10.1	Individuals who are members of the group will comply with the group'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.
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