

## ICB Primary Care Commissioning Committee

<b>Date of meeting</b>	01 May 2024
<b>Title of paper</b>	Primary Care Commissioning Committee Groups Terms of Reference and Decision Making Matrix
<b>Presented by</b>	Peter Tinson, Director of Primary and Community Care
<b>Author</b>	Amy Lepiorz, Associate Director Primary Care
<b>Agenda item</b>	12a
<b>Confidential</b>	No

<b>Executive summary</b>		
<p>The ICB holds over 1000 core primary care contracts, resulting in the need to make a significant number of contractual decisions.</p> <p>The contractual requirements for all four contractor groups are underpinned by national legislation and contractual frameworks. In addition, NHS England publishes policy books to support commissioners in the interpretation of the legislation and to ensure consistency in approach to contractual and commissioning decisions.</p> <p>As result of the legislation, national contract models and policy books the types of decisions that need to be made can be roughly split into three types - those where the commissioner has no discretion if due process has been followed; those where the commissioner has a degree of discretion but there is a clear policy to be followed (local or national); those where the commissioner has more flexibility in its decision making. A decision-making matrix and terms of reference were developed based on these principles to support the groups in safely and effectively discharging its duties.</p> <p>The terms of reference and the decision-making matrix have been reviewed by the groups as part of the annual review process and are being presented to the committee for ratification.</p>		
<b>Advise, Assure or Alert</b>		
<p><b>Advise</b> the committee:</p> <ul style="list-style-type: none"> <li>- That a review of the terms of reference and decision making matrix has taken place for all five groups of the committee</li> <li>- Proposed changes have been considered by the group</li> </ul>		
<b>Recommendations</b>		
<p>The Primary Care Commissioning Committee is asked to:</p> <ul style="list-style-type: none"> <li>• Approve the terms of reference and decision making matrix for the five groups of the committee.</li> </ul>		
<b>Which Strategic Objective/s does the report contribute to</b>		<b>Tick</b>
1	Improve quality, including safety, clinical outcomes, and patient experience	<b>X</b>
2	To equalise opportunities and clinical outcomes across the area	

3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	
4	Meet financial targets and deliver improved productivity	X
5	Meet national and locally determined performance standards and targets	X
6	To develop and implement ambitious, deliverable strategies	

### Implications

	Yes	No	N/A	Comments
Associated risks			X	
Are associated risks detailed on the ICB Risk Register?			X	
Financial Implications			X	

### Where paper has been discussed

Meeting	Date	Outcomes
Capital and Infrastructure Working Group	20 March 2024	Changes supported
Pharmaceutical Services Group	20 March 2024	Changes supported
Primary Dental Services Group	21 March 2024	Changes supported
Primary Medical Services Group	21 March 2024	Changes supported
Primary Ophthalmic Services Group	March 2024 (virtual review)	Changes supported

### Conflicts of interest associated with this report

Not applicable

### Impact assessments

	Yes	No	N/A	Comments
Quality impact assessment completed			X	
Equality impact assessment completed			X	
Data privacy impact assessment completed			X	

### Report authorised by:

Craig Harris, Chief Operating Officer

# ICB Primary Care Commissioning Committee

## 01 May 2024

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### Primary Care Commissioning Committee Groups Terms of Reference and Decision-Making Matrix

#### 1. Introduction

- 1.1 This paper is seeking the Primary Care Commissioning Committee's approval for the terms of reference and decision-making matrix used by the groups that support the committee to safely and effectively discharging its duties.
- 1.2 There are five groups, one for each primary care provider group and one for capital investments:
  - Primary Medical Services Group
  - Primary Dental Services Group
  - Pharmaceutical Services Group
  - Primary Optometric Services Group
  - Capital and Infrastructure Working Group

#### 2. Background

- 2.1 The ICB holds over 1000 core primary care contracts, resulting in the need to make a significant number of contractual decisions.
- 2.2 The contractual requirements for all four contractor groups are underpinned by national legislation and contractual frameworks. In addition, NHS England publishes policy books to support commissioners in the interpretation of the legislation and to ensure consistency in approach to contractual and commissioning decisions.
- 2.3 The ICB is also responsible for making decisions on capital investment in line with national legislation. This funding is primarily aimed at general practice and decisions on capital spend can often have contractual impacts and vice versa.
- 2.4 As result of the legislation, national contract models and policy books the types of decisions that need to be made can be roughly split into three types- those where the commissioner has no discretion if due process has been followed; those where the commissioner has a degree of discretion but there is a clear policy to be followed (local or national); those where the commissioner has more flexibility in its decision making.

#### 3. Terms of Reference

- 3.1 The revised terms of reference, which proposed changes marked, can be found in **appendix one**. The main changes reflect:

- The requirement of the group to review the NHS England assurance framework on a monthly basis.
- A change in quoracy to recognise that the role of Head of Delivery Assurance has not been filled.
- The ability to allow the groups to make decisions virtual outside of the standard meeting when necessary.

#### **4. Decision Making Matrix**

- 4.1 A review of the various contractual decisions for all five groups has taken place reviewing the relevant legislation, contracts, and policy books to categorise them into the three types.
- 4.2 As a reminder, for those decisions where the commissioner has no or very little discretion these are made by an officer of an agenda for change banding 8a or above.
- 4.3 For those decisions where the commissioner has more discretion but there is a clear policy to be followed or local perimeters have been developed, it is proposed that these decisions are made by the relevant group.
- 4.4 For those decisions where the commissioner has more flexibility in its decision making these will be made by the Committee.
- 4.5 Changes to the decision-making matrix are highlighted in **appendix two**. These changes fall into one of four categories:
- Decisions moved from the remit of the group to the remit of an officer, as there is clear guidance/limited discretion in the decision making.
  - Standardisation of decision-making abilities across the groups, for example consistency in the decision making with regards to procurements.
  - Ability for the groups to make financial decisions within the scheme of delegation and where a clear budget has been identified.
  - Areas where the decision-making matrix was silent.

#### **5. Recommendations**

- 5.1 All reports The Primary Care Commissioning Committee is asked to:
- Approve the terms of reference and decision-making matrix for the five groups of the committee.

**Amy Lepiorz**

**April 2024**