

Disputes Resolution Process

1 Purpose

This paper outlines the approach Oxfordshire Clinical Commissioning Group (OCCG) will adopt to address concerns / disputes raised by member practices in either of the following areas:

- OCCGs approach to delivery of its commissioning responsibilities
- OCCGs approach to delivery of its duty to support the NHS Commissioning Board in continuously improving the quality of primary care medical services.

2 Background

It is expected that dispute will be the route of last resort. OCCG, Localities and practices will make all efforts to resolve issues locally in conjunction with the Local Medical Committee (LMC) and demonstrate effective processes have been engaged at all levels in the CCG. This may include the following:

- Escalating the seniority of the review process, for example by involving the Locality Clinical Director or member of the Executive Team during the review process
- Involving third parties to ensure that acceptable standards are met, who could also act as advisors, conciliators or arbitrators
- Externalising all or part of the review process and using staff from another CCG.

3 Local Resolution Process

3.1 Stage 1: The Informal Process

Individual member practice concerns should be raised in the first instance with the Locality Clinical Director. If the concern relates to a Primary Care contracting issue it should be raised in the first instance with Chief Operating Officer. This should be in writing clearly stating the basis of the dispute, including where applicable the concerns and the rationale behind the dispute.

The Locality Clinical Director / Chief Operating Officer should endeavour to find an informal resolution to the problem through discussion and mediation, involving others as necessary. The Locality Clinical Director / Chief Operating Officer will review concerns / evidence relative to the dispute and will try to find a resolution within 14 days.

The member practice may submit evidence in support of the dispute or OCCG may request further evidence / clarification from them.

If no resolution is found within 14 days the matter is to be referred by either party for consideration by the Local Dispute Resolution Panel.

At this stage the formal process will commence.

3.2 Stage 2: The Formal Local Process

If a member practice is not satisfied that their issues have been satisfactorily addressed through the informal process they may lodge a request for a 'Formal Local Dispute Resolution' in writing, including the grounds for the request, to the Director of Governance at OCCG. Under these circumstances OCCG will set up a Local Dispute Resolution panel (LDRP) to hear the dispute and resolve the dispute where possible.

The local dispute panel should consist of the following as a minimum with one panel member being a clinician:

- Board lay member (Chair)
- One Executive Director
- LMC representative

The panel may also seek advice from external bodies such as the local office of the NHS Commissioning Board.

Should any member of the LDRP find it necessary to declare an interest in a dispute that is being considered, the Chair will seek to approach another OCCG / LMC representative to nominate alternative panel members.

If a member practice requests a formal dispute resolution, OCCG shall acknowledge receipt of the request in writing within two working days. The acknowledgement will explain the procedure to be carried out by OCCG.

3.2.1 The Hearing

The Chair of the LDRP, on being satisfied that all attempts at local resolution have been exhausted will arrange a meeting of the LDRP to hear the dispute as soon as is practically possible. All parties shall be notified of the date and time of the LDRP meeting. The hearing shall be held within 25 working days of the request being lodged (where possible) by the member practice to OCCG. The Chair of the LDRP will ensure that at least 10 working days notice of the date of the hearing will be given to all participants.

3.2.2 Documentation

All the relevant documentation, including the request for Formal Local Dispute Resolution will be passed to the Chair and then to panel members before the hearing. The Chair will, where necessary, seek relevant documentation from the parties involved at least five working days before the hearing. Documentation that is received late will not be considered. Any documentation will be shared with all relevant panel members.

3.2.3 Procedure at LDRP Meeting

- The discussions of the panel shall remain confidential.
- The Chair of the panel will ensure a written record / minutes are kept of the meeting.
- All written and verbal evidence will be considered.
- Should the member practice choose to attend the LDRP they and the OCCG presenting officer (generally the Locality Clinical Director) will be

asked to present their cases and may call witnesses. Members of the panel will be given the opportunity to ask any questions relevant to the case.

- Following the presentation of their case the member practice and OCCG presenting officer shall withdraw and the panel will deliberate.
- The panel will reach a decision on the case before them and notify the member practice in writing, including any recommendations within seven working days of the hearing.
- Where appropriate the decision will be reported to a meeting of the OCCG Executive Team / Board for information.

3.3 Stage 3: Appeal Panel

The Appeals Panel will be convened when necessary to consider appeals against LDRP decisions. The Appeals Panel should consist of the following, none of whom should have been previously involved in the case:

GP as a member practice dispute	GP contracting issue
OCCG Board Vice Chair (or nominated deputy)	Chair of OPCCC
Chief Executive (or nominated deputy)	Chief Executive (or nominated deputy)
A clinical member of the Board	A clinical member of the Board

3.3.1 Process

- The member practice wishing to appeal against a LDRP decision must notify the OCCG Chief Executive of their intention, in writing setting out the grounds for appeal, within one month of their receipt of the decision.
- The Appeals Panel will consider whether the original decision of the LDRP followed due process.
- The Appeals Panel will only consider written evidence.
- The Appeals Panel will consider if:
 - OCCG correctly followed its own procedures (all received documentation was available and considered within a reasonable timescales) and / or
 - All important facts were taken into account when the decision was made.
- If these criteria are met the Panel will dismiss the appeal.
- If the criteria are not met the following actions are available:
 - If the Panel finds that some aspect of the procedure was not followed, they will assess the significance of the procedural breach and decide on the appropriate action.
 - If the panel finds that important facts were not taken into account, they shall refer the case back to the original LDRP for re-consideration.
- If the case is referred back to the LDRP for reconsideration of the case, the LDRP decision will then be final.
- The Chair of the Appeal Panel will write to the member practice within five working days of the hearing setting out the Appeal Panel's decision.

Version	Proposal / Change	Date
V1	Establishment of OCCG	04/2013
V2	Amendments agreed at November 2013 Governing Body. Changes effective from 3 February 2014	02/2014
V3	Amendments to reflect agreed revised Constitution dated 14 January 2016	01/2016
V4	Amendments to reflect responsibility for delegated commissioning of primary care from NHS England	10/2016