

# OXFORDSHIRE CLINICAL COMMISSIONING GROUP BOARD

<b>Date of Meeting:</b> 26 September 2019	<b>Paper No:</b> 19/60
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**Title of Paper:** Oxfordshire Primary Care Commissioning Committee (OPCCC)  
Terms of Reference

<b>Paper is for:</b> (please delete tick as appropriate)	<b>Discussion</b>		<b>Decision</b>	✓	<b>Information</b>	
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<b>Conflicts of Interest</b> (please delete tick as appropriate)	
No conflict identified	✓
Conflict noted: conflicted party can participate in discussion and decision	
Conflict noted, conflicted party can participate in discussion but not decision	
Conflict noted, conflicted party can remain but not participate in discussion	
Conflicted party is excluded from discussion	

**Purpose and Executive Summary:**  
Changes to the Terms of Reference are in the Secretariat and Membership sections and are in red text for easy identification.

The Oxfordshire Primary Care Commissioning Committee members have approved the change to the Terms of Reference which are presented for ratification by the OCCG Board.

**Engagement: clinical, stakeholder and public/patient:**  
Not applicable

**Financial Implications of Paper:**  
Not applicable

**Action Required:**  
The OCCG Board is asked to ratify the revised Terms of Reference for the Oxfordshire Primary Care Commissioning Committee.

**OCCG Priorities Supported** (please delete tick as appropriate)

✓	Operational Delivery
✓	Transforming Health and Care
✓	Devolution and Integration
✓	Empowering Patients
✓	Engaging Communities
✓	System Leadership

**Equality Analysis Outcome:**

Not applicable

**Link to Risk:**

Not Applicable

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## **Oxfordshire Primary Care Commissioning Committee Terms of Reference**

### **1 Purpose and statutory framework**

In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions specified in Schedule 2 to these Terms of Reference to Oxfordshire CCG.

The CCG has established the Oxfordshire CCG Primary Care Commissioning Committee (“Committee”). The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.

Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.

Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:

- a) Management of conflicts of interest (section 14O);
- b) Duty to promote the NHS Constitution (section 14P);
- c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);
- d) Duty as to improvement in quality of services (section 14R);
- e) Duty in relation to quality of primary medical services (section 14S);
- f) Duties as to reducing inequalities (section 14T);
- g) Duty to promote the involvement of each patient (section 14U);
- h) Duty as to patient choice (section 14V);
- i) Duty as to promoting integration (section 14Z1);
- j) Public involvement and consultation (section 14Z2).

The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those in accordance with the relevant provisions of section 13 of the NHS Act

The Committee is established as a committee of the Governing Body (“OCCG Board”) of Oxfordshire CCG in accordance with Schedule 1A of the “NHS Act”.

The Committee members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

## 2. Secretariat

The OCCG ~~Business Manager~~Board Secretary will provide secretarial support to the Committee including preparation and distribution of papers, the taking of minutes and facilitating agendas. The ~~Business Manager~~Board Secretary will be responsible for supporting the Chair in the management of the Committee's business and for drawing the Committee's attention to best practice, national guidance and other relevant documents as appropriate.

A record of actions and decisions will be circulated by the ~~Business Manager~~Board Secretary to the Committee within seven working days. The minutes/notes as agreed by the Committee Chair, will be circulated to attendees of the Committee at the latest within 15 working days of each Committee meeting.

## 3. Frequency and Notice of Meetings

The Committee will meet a minimum of four times a year in public.

Papers will be issued five working days before each meeting. The dates of the meetings and papers will be available on the website.

The Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

## 4. Authority and reporting

The Committee is established under Oxfordshire Clinical Commissioning Group's constitution as a committee of the OCCG Board and will make decisions within the bounds of its remit.

The Committee will present its minutes and an executive summary report to NHS England South Central and the OCCG Board for information.

The Committee will make decisions within the bounds of its remit. The decisions of the Committee shall be binding on NHS England and Oxfordshire CCG.

The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the agreement entered into between NHS England and Oxfordshire CCG, are recorded in a scheme of delegation, are governed by appropriate terms of reference and reflect appropriate arrangements for the management of conflicts of interest.

## 5. Membership

### Voting Members (Lay and Executive majority)

- Lay Member, OCCG (Chair)
- Lay Vice Chair, OCCG (Vice Chair)
- Chief Executive, OCCG
- Chief Operating Officer and Deputy Chief Executive, OCCG [Director of Transformation, OCCG](#)
- Director of Governance, OCCG
- Two GPs (Clinical Chair OR Deputy Chair and one other), OCCG
- A clinical person

### In attendance

- Deputy Director, Head of Primary Care
- Deputy Director of Finance
- County Councillor from Health and Well Being Board
- HealthWatch representative
- Patient/Public representative
- LMC representative
- NHS England representative (one Director and Head of Primary Care)

## 6. Quoracy and Voting

The Committee shall have a Lay/Executive majority at all times. The quorum shall be a minimum of 4 members to include one Lay member, one CCG officer and one clinician.

Each member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

Members of the committee, with agreement from the Chair, may send a designated deputy with full authority if they cannot attend in person.

## 7. Remit and Responsibilities

The Committee has been established in accordance with the above statutory provisions to enable collective decisions on the review, planning and procurement of primary care services in Oxfordshire, under delegated authority from NHS England, in the context of a desire through co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers. The Committee will take its commissioning decisions on services in primary care as part of an overall integrated pathway of care for patients. The Committee brings the NHSE and OCCG primary care commissioning funding streams together and also integrates primary care performance.

In performing its role the Committee will exercise its management of the functions in accordance with its terms of reference, delegation of authority and the agreement entered into between NHS England and Oxfordshire CCG.

The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act. This includes the following:

- Agreeing the primary care aspects of the overall CCG commissioning strategy
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- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
- Providing assurance to the Board and NHS England on quality, performance and finance of all services commissioned from primary care which incorporate the delegated funding and funding from the core CCG allocation (for example prescribing, incentive schemes and local primary care contracts).
- Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers; and
- Making decisions on ‘discretionary’ payment (e.g., returner/retainer schemes).
- Agreeing and monitoring a financial plan and budget; risk assessment, performance framework and annual workplan

## **9. Linkages**

The Committee will bring commissioning, performance, quality and finance together to effectively monitor primary care performance. This will require clear linkages with both the Quality and Finance Committees of the Clinical Commissioning Group to avoid duplication.

## **10. Sub-structure**

The joint committee may establish task and finish groups as required; these will be properly constituted with terms of reference signed off by the Committee.

**VDraft1**, ~~2 November 2017~~ – 11 July 2019  
**Terms of Reference to be reviewed** ~~November 2018~~ June 2020