

PRIMARY CARE COMMISSIONING COMMITTEE

Tuesday 25th August 2017
14:00 – 15:00

Board Room, Dr. Piper House, Darlington

Time	Item No.	Item	Attached or verbal	Presented by
14:00	PCCC/17/16	Apologies for absence	Verbal	All
	PCCC/17/17	Declarations of Interest	Verbal	Chair
14:05	PCCC/17/18	Minutes of the meeting held on 25 th April 2017	Attached	Chair
	PCCC/17/19	Action Log	Attached	Chair
Performance / Operational				
14:10	PCCC/17/20	Felix House Premises Update	Verbal	Karina Dare
Strategy / Planning				
14:30	PCCC/17/21	Terms of Reference	Attached	Rachael White
14:40	PCCC/17/22	Annual Cycle of Business 2017/18	Attached	Rachael White
Any Other Business				
14:50	PCCC/17/23	Any Other Business	Verbal	All
	Date/Time/Venue of Next Meeting 19 th September 2017 at 1pm in the Board Room at Dr Piper House			

Contact for the meeting:

Rachael White, Committee Secretary

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Darlington Clinical Commissioning Group

Draft Minutes of the NHS Darlington Clinical Commissioning Group Primary Care Commissioning Committee

Held on Tuesday 25th April 2017 at 2:00pm
In the Meeting Rooms 1&2, Dr Piper House, DL3 6JL

Present

Andie Mackay (Chair)	Lay Member Finance
Richard Harker	GP Quality Lead
Diane Murphy	Director of Nursing and Quality
Graeme Niven	Chief Finance Officer
Michelle Thompson	Lay Member Patient & Public Involvement
Ali Wilson	Chief Officer

In Attendance

Karina Dare	Senior Property Strategy Manager, NHS Property Services
Jenny Steel	Executive GP - Transformation
Wendy Stevens	Primary Care Contracts Manager, NHS England
Dr Robert Upsall	Healthwatch Darlington
Rachael White	Committee Secretary

PCCC/17/09 Apologies for Absence

09.1 Apologies were received from Angela Galloway, Karen Hawkins, Tracey Johnstone, Denise Jones and Councillor Newall.

PCCC/17/10 Declaration of Interest

10.1 Dr Richard Harker and Jenny Steel declared an interest due to any decision made throughout the discussion could impact on their role in Primary Care. It was agreed that they would be able to contribute towards discussion as no decisions were to be made.

PCCC/17/11 Unconfirmed minutes of the meeting held on Tuesday 21st March 2017

11.1 The Committee APPROVED the minutes as an accurate record subject to minor amendments.

PCCC/17/12 Action Log

12.1 The Committee reviewed the actions currently open on the action log:

12.2 2. Primary Care Finance - *There was a query regarding the QOF element on the report and it was identified that the reference against QOF needs correcting-* Rachael White advised that she had contacted the responsible officers for the action however had not had a response. It was asked that Hannah Herron from NHS England be contacted for the information.

- 12.3 3. Whistleblowing Guidance - *CCG to be kept informed of the number of practices signing up for training once available* – Denise Jones had provided an update prior to the meeting advising that no information had been received to date on training, if this was offered locally NHS England would be able to inform the Clinical Commissioning Group (CCG) of the sign up rate. The Committee agreed that the action was to be closed.
- 12.4 PCCC/17/03 Primary Care Workforce Planning Tool - *10 out of the 11 practices however feedback had been received that the tool was not proving to be as efficient as hoped which was a concern and needed to be addressed. Paul Irving was to contact those practices* – Jenny Steel advised that Paul Irving had attended the recent Practice Managers meeting to discuss this further. There were still issues regarding uptake and use of the system. Primary Healthcare Darlington were now supporting the use of the system and helping Practices however there was still one practice refusing to use the workforce tool at all. Work would continue to resolve the situation.
- 12.5 PCCC/17/06 NHS Commissioner Guidelines - *Jenny Steel highlighted the need for practices to be aware of these changes in guidance and also to be reminded of their contractual requirements. Jenny advised that she would ask Andrea Jones to discuss the guidelines with the Local Medical Committee and to also establish the process in the Durham area in order to ensure a consistent approach.* Jenny Steel advised that she had discussed this with Andrea Jones however was unsure as to whether it had been discussed with the Local Medical Committee so would follow up.
- 12.6 PCCC/17/08 Future Meeting Arrangements - *The Committee raised concern that there had not been a meeting since December due to a lack of agenda items. The Chair asked that Andrew Carter be included in the meeting scheduled with Sue Greaves to discuss how the Committee would operate going forward.* Andie Mackay confirmed that the meeting had taken place and there had been useful discussion about the future of the meeting however Andrew Carter had not been able to attend. Ali Wilson advised that she had raised this separately with Andrew for review. It was agreed that the action would be closed.
- 12.7 The following actions were closed without discussion:
 PCCC/17/04 – Practice Nurse Mapping Report 2
 PCCC/17/05 – Practice Nurse Mapping Report 3
 PCCC/17/07 – Violent Patient Scheme

PCCC/17/13 Summary of 2017/18 General Medical Services Contract Negotiations

- 13.1 The Primary Care Commissioning Committee reviewed the report which provided an overview of the General Medical Services contract negotiations for 2017/18. Included in the paper was a summary of key changes that had been agreed between NHS Employers on behalf of NHS England and the General Practitioners Committees of the British Medical Association.
- 13.2 These changes included:
 - A pay uplift of 1% and general expenses uplift of 1.4
 - A change in the value of a Quality and Outcomes Framework (QOF) point as a result of a Contractor Population Index adjustment.
 - A recurrent payment of £2 million for workload related to transfer of patient records. This figure will be reviewed from time to time with regards to workload issues. It will be added to the global sum allocation without the Out Of Hours deduction applied.

- Funding to cover expenses relating to Care Quality Commission (CQC) costs (estimated £22.5 million), indemnity fee increases (£30 million) and Business Improvement District (BID) levies (estimated £1 million). CQC and BID levy costs will be reimbursed directly and indemnity costs will be reimbursed based on practice list size.

- 13.3 In regards to enhanced services, Extended Hours Access would continue however from October 2017, any practices who regularly close for a half day on a weekly basis would not qualify for the Direct Enhanced Service. Currently this would not affect any of the Darlington practices.
- 13.4 The contract for 2017/18 had not yet been published by the national team and would be circulated to practices and the CCG once available. Jenny Steel requested that discussion be had at the next Members Assembly meeting about the changes to the contract, the way funding was allocated to practices and what was included in their baseline budget. Ali Wilson advised that it could be discussed under Any Other Business however without the contract it would be difficult to go into detail. However reassurance could be given to practices that it was being discussed.
- 13.5 A new GP retention scheme had been agreed which would be open to all GPs who were seriously considering leaving or have left general practice due to personal reasons, approaching retirement or who require greater flexibility. Guidance would be provided and was to be a central function developed by Health Education England. There was no one in Darlington currently in this position.
- 13.6 Graeme Niven raised concern in regards to the financial implications of these changes as Darlington had no reserves in the budget and the growth allocation provided for 2017/18 was not enough to cover the additional funding required. The Team had been told that the funding to cover the CQC costs were in the CCG baseline however the details of the changes had not been shared until after the financial plan had been produced. Other CCGs in the area were facing the same difficulties.

The Committee NOTED the information provided.

Wendy Stevens and Ali Wilson left the meeting

PCCC/17/14 Felix House Premises Update

- 14.1 The Primary Care Commissioning Committee were provided with an update from Graeme Niven who advised that work continued with Felix House and NHS Property Services to seek a suitable solution to the situation.
- 14.2 The practice had given notice to the current landlord which meant that they had to vacate the premises on the 2nd August 2017. A temporary arrangement had been approved which involved the practice moving into porta cabins until a long term solution could be finalised. There was a risk that an IT connection could not be established in the time period and it was a very tight timescale to have everything in place for the beginning of August.
- 14.3 It was hoped that the process would run smoothly and the practice would be up and running as soon as possible.

The Committee NOTED the Date of the information provided.

PCCC/17/15 Any Other Business

15.1 No other items were discussed.

Date and Time of Next Meeting

The next in public meeting is scheduled to take place on Tuesday 20th June 2017 at 1:00pm in Ground Floor Meeting Rooms 1&2, Dr Piper House, Darlington.

Signed: Date:

Andie Mackay
Chair of the Primary Care Commissioning Committee meeting

DRAFT

Darlington CCG 'Public' PCCC Action Log

Action number	Date of meeting	Subject	Action	Responsible officer	Due date	Comments	Date reviewed	Status
PCCC/16/01	11/08/2016	Stop Smoking Service Spec	Any implications for GP Practices as a result of the procurement and their responsibilities be clear in the documentation produced.	Miriam Davidson	Sep-16	<p>Stop Smoking Service Spec - any implications for GP Practices as a result of the procurement and their responsibilities be clear in the documentation produced.</p> <p>Would be :-</p> <ul style="list-style-type: none"> • The contract for the service has been awarded. • All existing contracts to provide stop smoking services have been ceased. All affected GP practices have been informed in writing. • Universal service in place via Freephone: 0800 802 1850 and/or http://darlingtonstopsmokinghub.org.uk/ • The Specialist service is being recruited and will be in place and accepting referrals in June 2017. The provider will be contacting potential referrers, including GP practices, to provide more detailed information regarding referrals, including criteria and process. • In the meantime individuals who want to quit should be directed to Freephone number of website. 		Complete
PCCC/16/02	11/10/2016	Primary Care Finance	There was a query regarding the QOF element on the report and it was identified that the reference against QOF needs correcting	Lisa Tempest / Glenis Thatcher Hannah Herron	01/11/2016	RW advised that she had contacted the responsible officers for the action however had not had a response. It was asked that Hannah Herron from NHS England be contacted for the information. 08/06/17 HH confirmed that this was actioned in October 2016.		Complete
PCCC/17/02	21/03/2017	Practice Nurse Mapping Report 1	The Committee was advised that the information was based on individuals rather than a whole time equivalent however that information could be provided. Pauline Lax to provide.	Pauline Lax	18/07/2017	No update received		Open
PCCC/17/03	21/03/2017	Primary Care Workforce Planning Tool	10 out of the 11 practices however feedback had been received that the tool was not proving to be as efficient as hoped which was a concern and needed to be addressed. Paul Irving was to contact those practices	Paul Irving	18/07/2017	PI has a meeting organised with the Practice Manager from Neasham Road in May to discuss further		Open

PCCC/17/06	21/03/2017	NHS Commissioner Guidelines	Jenny Steel highlighted the need for practices to be aware of these changes in guidance and also to be reminded of their contractual requirements. Jenny advised that she would ask Andrea Jones to discuss the guidelines with the Local Medical Committee and to also establish the process in the Durham area in order to ensure a consistent approach. This was also to be fed back to Sue Prout who was leading the work from a CCG perspective.	Jenny Steel / Rachael White	18/07/2017	RW emailed Sue Prout. JS advised that she had discussed this with Andrea Jones however was unsure as to whether it had been discussed with the Local Medical Committee so would follow up.		Open
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NHS Darlington Clinical Commissioning Group
Primary Care Commissioning Committee

Agenda Item: 21
25th August 2017

Title	Terms of Reference		
Purpose	Approval <input checked="" type="checkbox"/>	Discussion <input type="checkbox"/>	Information <input type="checkbox"/>
Category	Strategy & Planning <input checked="" type="checkbox"/>	Performance & Operational <input type="checkbox"/>	Governance & Assurance <input type="checkbox"/>
Responsible Portfolio Lead	Andie Mackay, Committee Chair		
Author of Report	Andrew Carter, Corporate Governance and Risk Manager		
Recommendation(s)	That the Primary Care Commissioning Committee review the terms of reference and APPROVE that there are no changes		
Executive Summary	<p>The terms of reference should be reviewed on a yearly basis.</p> <p>Following the introduction of shared governance arrangements across HaST CCG and Darlington CCG, the decision was to retain these Committees separately that there would be no changes to the governance surrounding primary care commissioning. Therefore, having reviewed the terms of reference, no changes are proposed.</p>		
Clinical Engagement	n/a		
Does this report provide evidence of assurance for the Assurance Framework and / or mitigate risk included on the CCG's Risk Register?	Supports the CCG's governance arrangements		
Has an Equality Analysis been completed?	n/a		
Attachments	Terms of Reference		

CCG strategic objectives supported by this report		
Objective	Domain	Tick
1.	Well-led Organisation <i>To be well-led and governed ensuring continuous development of the CCG</i>	<input type="checkbox"/>
2.	Delegated Functions <i>Delivery of the CCG's delegated functions including joint commissioning of primary care and GPIT, whilst exploring and preparing for further opportunities</i>	<input type="checkbox"/>
3.	Financial Management <i>Delivery of financial balance including the 1% surplus, value for money and efficiencies to enable the CCG to reinvest to deliver our strategic plans</i>	<input type="checkbox"/>
4.	Performance <i>Ensuring measurable improvement of the quality and safety of the services that we commission</i>	<input type="checkbox"/>
5.	Planning <i>Identify commissioning opportunities and working in collaboration with partners, including Local Health and care providers and the voluntary sector to improve the health and wellbeing of patients and communities and to reduce health inequalities.</i> <i>Delivery of innovative and new models of care</i> <i>To demonstrate system leadership across the health and social care economy</i>	<input type="checkbox"/>
Other Committees/Meetings where this report has been presented	<i>Please specify</i>	
Does this need to be reported to another Committee/Meeting?	<i>Please specify</i>	

PRIMARY CARE COMMISSIONING COMMITTEE

Terms of Reference

1. Statutory Framework

- 1.1 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 NHS Darlington CCG.
- 1.2 NHS England has delegated to the CCG authority to exercise the primary care commissioning functions in accordance with section 13Z of the NHS Act. Section 13Z of the NHS Act further provides that arrangements made under that section may be on such terms and conditions as may be agreed between NHS England and the CCG.
- 1.3 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).
- 1.4 The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those set out below:

- Duty to have regard to impact on services in certain areas (section 13O);
- Duty as respects variation in provision of health services (section 13P).

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

2. Constitution

2.1 The Primary Care Commissioning Committee (the Committee) is established in accordance with the Darlington CCG constitution. The Committee is established as a Committee of the Darlington CCG Governing Body. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the constitution.

3. Membership

3.1 The Committee shall consist of:-

Lay-member - Finance [Chair]
Lay-member - PPI [Vice Chair]
Secondary Care Doctor from the Governing Body
Chief Officer
Chief Finance Officer
Chief Nurse

3.2 The Chair of the Committee shall be the CCG Lay Member [Finance]

3.3 The Vice Chair of the Committee shall be the CCG Lay Member [PPI]

3.4 The following non-voting attendees will be invited to attend meetings of the Committee:

- (a) One GP from the Governing Body
- (b) One local authority representative from Darlington Health and Wellbeing Board;
- (c) One representative from Healthwatch Darlington;
- (d) One representative from County Durham and Darlington Local Medical Committee;
- (e) The Director of Public Health
- (f) One representative from NHS England

3.5 The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions, and may serve in an advisory capacity only.

4. Voting

- 4.1 All members of the Committee will have one vote. The Chair will have the casting vote.

5. Meetings

- 5.1 The Committee shall adopt the Standing Orders of the CCG insofar as they relate to the:-

- (a) Notice of meetings;
- (b) Handling of meetings;
- (c) Agendas;
- (d) Circulation of papers; and
- (e) Conflicts of interest

- 5.2 Meetings of the Committee shall, subject to the application of 5.3, be held in public.

- 5.3 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.

5.4 Agenda, supporting papers and business to be transacted

- 5.4.1 Items of business to be transacted for inclusion on the agenda of a meeting need to be notified by Members of the Committee to the meeting secretary at least 15 working days before the meeting takes place.

- 5.4.2 Supporting papers for such items need to be submitted at least 10 working days before the meeting takes place.

- 5.4.3 The agenda and supporting papers will be circulated to all members of a meeting 5 working days before the date the meeting will take place.

- 5.4.4 Agendas and papers for the Committee – including details about meeting dates, times and venues - will be published on the CCGs website at www.darlingtonccg.nhs.uk.

5.5. Quorum

- 5.5.1 No business shall be transacted at a meeting unless at least the following are present:-

- (a) Chair or Vice-Chair
- (b) CCG Chief Officer or Chief Finance Officer
- (c) Chief Nurse or Secondary Care Doctor

5.6. Frequency and notice of meetings

Clinical Commissioning Group

5.6.1 The committee must consider the frequency and timing of meetings needed to allow it to discharge all of its responsibilities. A benchmark of six meetings per annum at appropriate times is suggested.

5.7 Decision-making

5.7.1 The Committee will make decisions within the bounds of its remit.

5.7.2 The decisions of the Committee shall be binding on the CCG.

5.7.3 Decisions will be published by the CCG.

6. Remit and Role of the Committee

6.1 The Committee has been established in accordance with the statutory provisions set out in section 1 to make collective decisions on the review, planning and procurement of primary care services within the area covered by NHS Darlington CCG, under delegated authority from NHS England.

6.2 The functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.

6.3 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, except those relating to individual GP performance management, which have been reserved to NHS England. This includes the following activities:

- (a) GMS, PMS and APMS contracts, including:-
 - the design of PMS and APMS contracts;
 - monitoring of contracts;
 - taking contractual action such as issuing breach/remedial notices;
 - removing a contract;
- (b) Directed Enhanced Services;
- (c) Design of GP services as alternatives to the Quality Outcomes Framework [QOF];
- (d) Approving practice mergers, boundary changes and list closures;
- (e) Decision making on whether to establish new GP practices in an area;
- (f) Making decisions on “discretionary” payment [eg returner/retainer schemes]

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

7. Relationship with Governing Body

7.1 The Committee is accountable to the CCG Governing Body.

Clinical Commissioning Group

- 7.2 The minutes of the committee meetings shall be formally recorded by the secretary and submitted to the Governing Body. The Chair of the Committee shall draw to the attention of the Governing Body any issues that require disclosure to the relevant statutory body, or require executive action.
- 7.3 The CCG Governing Body shall require that the Committee report to the Governing Body and shall ensure through its engagement activities that the annual aims, objectives, strategy and progress are reviewed. Publish an annual report of the Committees performance, membership and terms of reference to be submitted to the Governing Body.

8. Conduct of the committee

- 8.1 Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.
- 8.2 Members of the Committee shall respect confidentiality requirements as set out in the CCGs Standing Orders, unless separate confidentiality requirements are set out for the Committee, in which event these should be observed.
- 8.3 The Committee shall conduct its business in accordance with national guidance, relevant codes of practice including the Nolan Principles and the Conflict of Interest policy.
- 8.4 These Terms of Reference will be reviewed in April of each year, following the year in which the Committee was created, and may be amended at any time to reflect changes in circumstances which may arise.
- 8.5 Non-voting attendees be in attendance as advisory members, these members are free to give their views and opinions and be part of discussion.

9. Managing Conflicts of Interest

- 9.1 As required by section 14O of the National Health Service Act 2006, as inserted by section 25 of the Health and Social Care Act 2012, and set out in the Group's Constitution, the CCG will make arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made will be taken and seen to be taken without any possibility of the influence of external or private interest.
- 9.2 Where a member of the Committee has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the Committee considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of the CCG processes for Standards of Business Conduct and Managing Conflicts of Interest.
- 9.3 A conflict of interest will include:

- (a) a direct pecuniary interest: where an individual may financially benefit from the consequences of a decision;
- (b) an indirect pecuniary interest: for example, where an individual is a partner, member or shareholder in an organisation that will benefit financially from the consequences of a decision;
- (c) a non-pecuniary interest: where an individual holds a non-remunerative or not-for profit interest in an organisation, that will benefit from the consequences of a commissioning decision;
- (d) a non-pecuniary personal benefit: where an individual may enjoy a qualitative benefit from the consequence of a decision which cannot be given a monetary value;
- (e) where an individual is closely related to, or in a relationship, including friendship, with an individual in the above categories.

9.4 If in doubt, the individual concerned should assume that a potential conflict of interest exists and consult the CCG's Standards of Business Conduct and Managing Conflicts of Interest.

10. Review of the terms of reference

10.1 These terms of reference will be reviewed on an annual basis.

