

C&M Wirral Place Primary Care Group

Terms of Reference

November 2022





Document revision history

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Introduction

Cheshire and Merseyside (C&M) Integrated Care Board (ICB) has established a Committee to oversee the ICB's exercise of its statutory powers relating to the provision of primary medical services under the NHS Act 2006, as amended by the Health and Care Act 2022,

Purpose

NHS C&M has established a series of Primary Care Groups (nine of which sit within place-based arrangements, the tenth being a C&M System-wide Primary Care Committee with oversight of the full Cheshire & Merseyside area to function as the corporate decision-making forum for the management of the delegated functions and the exercise of the delegated powers.

These Terms of Reference (ToR) relate to the Wirral Place Primary Care Group. Please see separate System-wide Primary Care Committee ToRs for the role of the Primary Care Committee with oversight for all nine areas.

Statutory Framework

The Health and Care Act 2022 amends the NHS Act 2006 by inserting the following provisions:

13YB Directions in respect of functions relating to provision of services

- (1) *NHS England may by direction provide for any of its relevant functions to be exercised by one or more integrated care boards.*
- (2) *In this section "relevant function" means—*
 - (a) *any function of NHS England under section 3B(1) (commissioning functions);*
 - (b) *any function of NHS England, not within paragraph (a), that relates to the provision of—*
 - (i) *primary medical services,*
 - (ii) *primary dental services,*
 - (iii) *primary ophthalmic services, or*
 - (iv) *services that may be provided as pharmaceutical services, or as local pharmaceutical services, under Part 7;*
 - (c) *any function of NHS England by virtue of section 7A or 7B (exercise of Secretary of State's public health functions);*
 - (d) *any other functions of NHS England so far as exercisable in connection with any functions within paragraphs (a) to (c).*

82B Duty of integrated care boards to arrange primary medical services

- (1) *Each integrated care board must exercise its powers so as to secure the provision of primary medical services to such extent as it considers necessary to meet the reasonable requirements of the persons for whom it has responsibility.*
- (2) *For the purposes of this section an integrated care board has responsibility for— (a) the group of people for whom it has core responsibility (see section 14Z31), and (b) such other people as may be prescribed (whether generally or in relation to a prescribed service).*

In exercising its functions, NHS C&M must comply with the statutory duties set out in NHS Act, as amended by the Health and Care Act 2022, including:

- a) Having regard to and acting in a way that promotes the NHS Constitution (section 2 of the Health Act 1989 and section 14Z32 of the 2009 Act);
- b) Exercising its functions effectively, efficiently and economically (section 14Z33 of the 2006 Act);
- c) section 14Z34 (improvement in quality of services),
- d) section 14Z35 (reducing inequalities),



- e) section 14Z38 (obtaining appropriate advice),
- f) section 14Z40 (duty in respect of research),
- g) section 14Z43 (duty to have regard to effect of decisions)
- h) section 14Z44 (public involvement and consultation),
- i) sections 223GB to 223N (financial duties), and
- j) section 116B(1) of the Local Government and Public Involvement in Health Act 2007 (duty to have regard to assessments and strategies).

In addition, NHS C&M will follow the Procurement, Patient Choice and Competition (no2) Regulations 2013 and any subsequent procurement legislation that applies to the ICB

Delegated Powers and Authority – Role of the Committee

The Wirral Place Primary Care Group is established as a Group of NHS C&M Integrated Care Board (ICB) in accordance with the NHS Act, as amended by the Health and Care Act 2022, and is subject to any directions made by NHS England or by the Secretary of State.

The Group has been established in accordance with the above statutory provisions to enable the effective review, planning and procurement of primary care services in relation to GP primary medical services and community pharmacy at a local level across the nine identified places of Cheshire & Merseyside – under delegated authority from NHS England.

In performing its role, the Group will exercise its management of the functions in accordance with the agreement entered into between NHS C&M and NHS England. The agreement will sit alongside the delegation and terms of reference in accordance with the NHS C&M constitution.

The functions of the Group are undertaken in line with NHS C&M's desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.

Commissioning of Primary Medical Services

The role of the Group shall be to oversee the functions relating to the commissioning of primary medical services under section 82B of the NHS Act in relation to GP primary medical services and community pharmacy – at a place level. This includes the following:

- Management of GMS, PMS and APMS contracts, including the design of PMS and APMS contracts, monitoring of contracts sat within its Place, and recommending material action to the System Primary Care Committee on some areas e.g., removing a contract
- Making recommendations to the System Primary Care Committee or making a decision on whether to establish new GP practices in an area
- Approving practice mergers, branch closures, list closures and parties to contract changes;
- Making decisions on 'discretionary' payment (e.g., returner/retainer schemes) where referred to Place by the ICB
- To manage the place-delegated budget for commissioning of primary care services
- Ensure the delivery of NHS C&M Primary Care strategy including implementing current primary care national directives through robust contractual arrangements with general practices and appropriate developmental support
- To review and propose service specifications and contractual proposals within a framework provided by the ICB for commissioned services from primary care providers within its Place



- Support PCNs at Place to co-ordinate a common approach to the commissioning and delivery of primary care services
- Any other contractual issues above not listed but detailed in the National Primary Medical Care Policy and Guidance Manual (link below)

<https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/>


Commissioning of Community Pharmacy – To be confirmed

Additional responsibilities

The Wirral Place Primary Care Group may also carry out the following activities depending on local place governance:

- Support Primary Care development including
 - development of primary care networks (PCNs) as the foundations of out-of-hospital care and building blocks of place-based partnerships, and support General Practice relationship management
 - Workforce, resilience and sustainability
 - Maximisation of GP Contract opportunities such as ARRS (Additional roles) and QOF outcomes
- Development of an integrated Estates programme at local level using flexibilities available through PCN arrangements, mixed estates with other partners, premises Improvement Grants and capital investment monies
- To plan, including needs assessment, for primary care services within its place and to support, where required, System planning at scale for primary care
- To undertake risk reviews of primary care services within its place
- To ensure contract proposals achieve health improvement and value for money both at Place and in-line with C&M wider strategy
- To oversee quality and safety of primary care services delivered at place – providing regular assurance reporting to the C&M System Primary Care Committee and the ICB Quality and Performance Committee
- Quality Improvement support where identified (e.g., improvement plans following CQC visits or GMS PMS Contract reviews)
- Ensure that conflicts of interest have been mitigated in line with the NHS C&M Conflicts of Interest Policy and relevant national guidance, and all actions/ decisions involving consultation with committee members, its attendees or GPs in attendance or involved in discussion / the development of proposals will record any declarations of interest.
- Design of Local Enhanced Services (LES) and Local Improvement Schemes and Quality Outcomes Framework (QOF) type frameworks
- Performance monitoring, providing assurance, on above schemes and services, and compliance to ICB (System PC Committee) and through the ICB System Primary Care Committee to NHSE/I; escalating issues to the ICB System Primary Care Committee as may be required by legislation and/or delegation on the above local schemes if applicable

The Group will operate in accordance with its delegated authority from C&M System Primary Care Committee and make decisions within the bounds of its remit. The decisions of the Group shall be binding on NHS England and NHS C&M.



For the avoidance of doubt, in the event of any conflict between the terms of the Delegation and Terms of Reference and the Standing Orders of Standing Financial Instructions of any of the members, the Delegation will prevail.

Sub-groups

The Group may establish sub-groups / working groups to support its agreed functions; this can include co-opting members from other organisations / stakeholders and other external bodies in an advisory role. The Group will receive and consider recommendations and proposals from the sub-groups in the course of fulfilling its functions.

A report from each of the above sub-groups will be a standing item on every meeting agenda for the Group.

Risk Management

The Group will ensure the appropriate identification and management of place level primary care related corporate risks and relevant Place delivery strategic risks as per NHS C&M Risk Management Strategy.

Membership & Attendance

The membership shall consist of the following members:

- Place Director
- Place Associate Director of Finance
- Place Associate Director of Quality and Safety
- Place Associate Director of Transformation and Partnerships
- Clinical Director, Wirral Place
- Head of Primary Care & Partnerships
- Director of Health & Care, Wirral Council
- Primary Care representative(s) from Place-based Partnership Board
- VCF representative - Chair
- VCF representative

In attendance by invitation:

- Healthwatch nominated representative
- Local Representative Committee nominations (General Practice, Dentistry, Community Pharmacy, Community Optometry)
- Other partners as required

All Group members may appoint a deputy to represent them at meetings of the Group. Group members should inform the Chair of their intention to nominate a deputy to attend/act on their behalf and any such deputy should be suitably briefed and suitably qualified (in the case of clinical members).

The Group may also request attendance by appropriate individuals to present agenda items and/or advise the Group on particular issues.

Attendees

Only members of the Group have the right to attend Group meetings, but the Chair may invite relevant staff to the meeting as necessary in accordance with the business of the Group.



Meetings of the Group may also be attended by individuals who are not members of the Group for all or part of a meeting as and when appropriate.

The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

Meetings

The Group will normally meet in private. The Group Chair, in consultation with the Place Director, may agree to convene a meeting of the Group in public where it meets criteria agreed with the ICB relating to public scrutiny of any proposed service changes.

The Group will normally meet six times each year and arrangements and notice for calling meetings are set out in the Standing Orders. Additional meetings may take place as required.

The ICB Board, System Primary Care Committee Chair, Group Chair, ICB Chief Executive or Place Director may ask the Group to convene further meetings to discuss particular issues on which they want advice.

In accordance with the Standing Orders, the Group may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

Quorum

A meeting of the Group is quorate if the following are present:

- At least five Group members in total;
- At least one “independent” or system Partner*
- At least one Clinical Member*
- At least two ICB Directors / Associate Directors (or their nominated deputies).

**If regular members are not able to attend they should make arrangements for a representative to attend and act on their behalf.*

Decision-making

Decisions should be taken in accordance with the Place Governance Matrix (available separately) in line with the financial delegation of the Place Director and Associate Directors present and/or any authority delegated to the committee by the ICB.

These Terms of Reference will be reviewed against the ICB Scheme of Reservation and Delegation once that document is formally approved by the ICB.

The Group will usually make decisions by consensus. Where this is not possible, the Place Director will determine the outcome.

In accordance with ICB policy, no member (or representative) with a conflict of interest in an item of business will be allowed to vote on that item.

Administrative Support

The Group shall be supported with a secretariat function. Which will include ensuring that:

- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead;
- Records of members’ appointments and renewal dates are retained and the Group is prompted to renew membership and identify new members where necessary;



- Good quality minutes are taken in accordance with the Standing Orders and agreed with the Chair and that a record of matters arising, action points and issues to be carried forward are kept;
 - The Chair is supported to prepare and deliver reports to the Group;
 - The Group is updated on pertinent issues/ areas of interest/ policy developments;
- and
- Action points are taken forward between meetings.

Accountability and Reporting Arrangements

The Group is accountable to the System Primary Care Committee and shall report to the System Primary Care Committee on how it discharges its responsibilities.

The draft minutes of the meetings shall be formally recorded by the secretary and submitted to the Group within 7-10 working days of the meeting.

The Group will submit copies of its minutes and a key issues report to the System Primary Care Committee following each of its meetings. The Group will also receive an equivalent report from the System Primary Care Committee

The Group may also provide ratified minutes and reports to other key groups within place as it deems appropriate.

The Group will provide the System Primary Care Committee with an Annual Report. The report will summarise its conclusions from the work it has done during the year.

The outputs of the Group may be reported to NHSE/I supporting assurance, awareness and interaction. The main channel of communication with NHSE/I will be the C&M System Primary Care Committee.

Behaviours and Conduct

Members will be expected to conduct business in line with the ICB values and objectives and the principles set out by the ICB.

Members of, and those attending, the Group shall behave in accordance with the ICB's constitution, Standing Orders, and Standards of Business Conduct Policy.

All members shall comply with the ICB's Managing Conflicts of Interest Policy at all times. In accordance with the ICBs' policy on managing conflicts of interest, Group members should:

- Inform the Chair of any interests they hold which relate to the business of the Group.
- Inform the Chair of any previously agreed treatment of the potential conflict / conflict of interest.
- Abide by the chair's ruling on the treatment of conflicts / potential conflicts of interest in relation to ongoing involvement in the work of the Group.
- Inform the Chair of any conflicts / potential conflicts of interest in any item of business to be discussed at a meeting. This should be done in advance of the meeting wherever possible.
- Declare conflicts / potential conflicts of interest in any item of business to be discussed at a meeting under the standing "declaration of interest" item.
- Abide by the Chair's decision on appropriate treatment of a conflicts / potential conflict of interest in any business to be discussed at a meeting.

As well as complying with requirements around declaring and managing potential conflicts of interest, Group members should:

- Comply with the ICBs' policies on standards of business conduct which include upholding the Nolan Principles of Public Life;
- Attend meetings, having read all papers beforehand;



- Arrange an appropriate deputy to attend on their behalf, if necessary;
- Act as 'champions', disseminating information and good practice as appropriate;
- Comply with the ICBs' administrative arrangements to support the Group around identifying agenda items for discussion, the submission of reports etc.

Equality diversity and inclusion

Members must demonstrably consider the equality, diversity and inclusion implications of decisions they make.

Monitoring Effectiveness and Compliance with the Terms of Reference

The Group will review its effectiveness at least annually

Review of the Terms of Reference

These Terms of Reference will be reviewed at least annually and earlier if required. Any proposed amendments will be submitted to the Group for approval.



SCHEDULE 1 – FUNCTIONS DELEGATED TO C&M ICB (to be managed in accordance with the ICB’s scheme of reservation and delegation and System and Place Committee TOR)

- A. Decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts, including but not limited to the following activities:
 - i. decisions in relation to Enhanced Services decisions in relation to Local Incentive Schemes (including the design of such schemes)
 - ii.
 - iii. decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices (including branch surgeries)
 - iv. decisions about ‘discretionary’ payments
 - v. decisions about commissioning urgent care (including home visits as required) for out of area registered patients
- B. The proposal of practice mergers
- C. Planning primary medical care services within the place of Wirral, including carrying out needs assessments
- D. Undertaking reviews of primary medical care services within the place of Wirral
- E. Decisions in relation to the management of poorly performing GP practices within the place of Wirral and including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list)
- F. Management of the Delegated Funds within the place of Wirral
- G. Premises Costs Directions functions
- H. Co-ordinating a common approach to the commissioning of primary care services with other commissioners within the place of Wirral where appropriate; and
- I. Such other ancillary activities as are necessary in order to exercise the Delegated Functions.

SCHEDULE 2 – RESERVED FUNCTIONS TO NHSE

- A. Management of the national performers list
- B. Management of the revalidation and appraisal process
- C. Administration of payments in circumstances where a performer is suspended and related performers list management activities
- D. Capital Expenditure functions
- E. Public Health Section 7A functions under the NHS Act
- F. Functions in relation to complaints management
- G. Decisions in relation to the Prime Minister’s Challenge Fund; and
- H. Such other ancillary activities that are necessary in order to exercise the Reserved Functions