NHS
Cheshire and Merseyside

Cheshire and Merseyside ICB

System Primary Care Committee

Terms of Reference

Document revision history

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1. Introduction

NHS C&M has been established to

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

The System Primary Care Committee has been established 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. The Committee is also established in line with the ICB Constitution and the Delegation Agreement.

2. Purpose

NHS C&M has established a series of Primary Care Committees (nine of which sit within place-based arrangements, the tenth being a 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 relate to the NHS C&M System-wide Primary Care Committee. Please see separate Place-Based Primary Care Committee ToR for the role of those committees within each place.

3. 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.

4. Delegated Powers and Authority – Role of the Committee

The Committee is established as a Committee 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 (NHSE) or by the Secretary of State. The Committee is also established in line with the ICB Constitution and the Delegation Agreement.

The Committee has been established in accordance with the above statutory provisions to enable collective decision-making on the review, planning and procurement of primary care services in relation to GP primary medical services and community pharmacy as part of the NHS C&M's statutory commissioning responsibilities across Cheshire & Merseyside under delegated authority from NHS England.

In performing its role, the Committee will exercise its 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 Committee will have the authority to commission, review and authorise policies where they are explicitly related to areas within the remit of the Committee as outlined within the TOR, or where specifically delegated to the Committee by the ICB Board.

In carrying out its role, the Committee will work alongside the nine place-based Primary Care Committees, providing oversight and assurance of effective primary care services across Cheshire

& Merseyside. The Committee will also work closely with the Pharmaceutical Services Regulations Committee (PSRC).

The functions of the Committee 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.

4.1 Commissioning of Primary Medical Services

The role of the System Primary Care Committee shall be to oversee, coordinate and promote alignment of the functions amongst Places 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. This includes the following:

- Develop a system-wide Primary Care Strategy including implementing the GP Forward View, or successor, through robust contractual arrangements with general practices and appropriate developmental support.
- To review and consider the aggregate position of agreed service specifications and contractual proposals for all NHS C&M commissioned services from primary care providers
- Develop outline framework/ expectations in regard to GMS, PMS and APMS contracts (including the oversight and monitoring of contracts, approving material contractual action such as removing a contract)
- Newly designed enhanced services
- Performance monitoring, oversight and assurance, on agreed schemes and services, and compliance to NHSE; escalating issues on to NHSE in line with first level Delegation
- Making recommendations related to alignment of decisions on 'discretionary' payment in Place (e.g., returner/retainer schemes).
- To co-ordinate a common approach to the commissioning and delivery of primary care services
- To manage the budget for commissioning of primary care services, including delegated rents and rates in line with Premises Directions.

4.2 Commissioning of Community Pharmacy

- Develop outline framework/ expectations in regard to Community Pharmacy essential, advanced and national enhanced services–. Including associated budgets, quality assurance and all existing NHSEI functions.
- Local discretionary/ non-core schemes.

4.3 Additional responsibilities

- The NHS C&M Primary Care Committee will also carry out the following activities:
- Support Primary Care development across Cheshire & Merseyside including oversight of:
  - primary care networks (PCNs) ongoing development as the foundations of out-of-hospital care and building blocks of place-based partnerships
  - Workforce, resilience and sustainability

  - Maximisation of GP Contract opportunities such as ARRS (Additional roles) and QOF outcomes
- To plan, including needs assessment, for primary care services across Cheshire & Merseyside and to support planning at scale for primary care
- Oversight of the development of an integrated Estates programme across Cheshire & Merseyside and at local level using flexibilities available through PCN arrangements, mixed estates with other partners, premises improvement grants and capital investment monies
- To consolidate risk reviews of primary care services, aggregating findings and supporting solutions/ mitigations at places
- To ensure contract proposals achieve health improvement and value for money
- To oversee quality and safety of services delivered in primary care – receiving regular reports from the ICB Quality and Performance Committee and Finance, Investment and Our Resources Committee providing updates and assurance on primary care related quality, finance and performance issues
- Ensure that conflicts of interest have been mitigated in line with the NHS C&M Conflicts of Interest Policy, and all actions/ decisions involving consultation with Committee members or GPs will record any declarations of interest.
- Ratifying time limited Place based recommendations related to this committee's remit or determining to 'call-in' such a recommendation and provide an alternative course of action

4.4 Risk Management

The Committee will ensure the appropriate management of risks in relation to primary care; receiving regular reporting of primary care related Corporate Risks, and relevant Board Assurance Framework (BAF) – these will include reference to relevant Place Delivery Assurance risks – both strategic and corporate as per NHS C&M Risk Management Strategy.

5. Membership & Attendance

5.1 Members

The membership shall consist of the following voting members:

- at least 1 ICB NED (Chair)
- at least 1 ICB Partner Member (1 to be the Deputy Chair)
- ICB Assistant Chief Executive (or Deputy)
- Associate Director of Primary Care
- ICB Director of Nursing & Care
- ICB Director of Finance
- ICB Medical Director (or Associate Medical Director for Primary Care)
- Independent GP
- at least 2 Place Directors or designated individual from Place.

In attendance by invitation:

- Healthwatch nominated representative
- Public Health representative
- Local Medical Committee (LMC) representative
- Pharmaceutical Services Regulations Committee (PSRC) representative

- LOC (Local Optical Committee) representative (from 1.4.2023)
- LDC (Local Dental Committee) representation from 1.4.2023)
- Membership of other Professional Groups to be agreed/discussed further dependant on agenda item.

All Committee members may appoint a deputy to represent them at meetings of the Committee. Committee 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 Committee may also request attendance by appropriate individuals to present agenda items and/or advise the Committee on particular issues.

5.2 Attendees

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

Meetings of the Committee may also be attended by other individuals, by the agreement of the Chair, who are not members of the Committee 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.

6. Meetings

6.1 Leadership

The Committee is Chaired by an ICB NED.

6.2 Quorum

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

- At least five Committee members in total, including;
  - At least one NED or system Partner*
  - At least one Clinically qualified Member*
  - At least two ICB Directors (or their nominated deputies).

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

6.3 Decision-making and voting

Decisions should be taken in accordance with the financial delegation of the Executive Directors and directors present and/or any authority delegated to the committee by the ICB and as outlined within the ICB. Scheme of Reservation and Delegation.

The Committee will usually make decisions by consensus. Where this is not possible, the Chair may call a vote.

Only voting members, as identified in the "Membership" section of these terms of reference, may cast a vote.

A person attending a meeting as a deputy of a Committee member shall have the same right to vote as the Committee member they are representing.

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

Where there is a split vote, with no clear majority, the Chair will have the casting vote.

6.4 Frequency

The Committee will normally meet in private. However on occasions due to some agenda items the meeting may be held in public for all or part, to be agreed by the Chair depending on advice received and agenda item to be discussed. Due process in relation to Patient Consultation requirements should be considered when making this decision.

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

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

6.5 Administrative Support

The Committee 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 Board 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 Board
- The Committee is updated on pertinent issues/ areas of interest/ policy developments; and
- Action points are taken forward between meetings.

6.6 Accountability and Reporting Arrangements

The Committee is accountable to the Board and shall report to the Board on how it discharges its responsibilities.

The minutes of the meetings shall be formally recorded by the secretary and submitted to the Board.

The Committee will submit copies of its approved minutes and a key issues report to the ICB following each of its meetings. The Committee will also provide a key issues report to each of the place-based primary care committees and will receive an equivalent report from each of the place-based primary care committees.

The Committee will receive regular key-issues reports from the Pharmaceutical Services Regulations Committee (PSRC).

The Committee will provide the Board 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/supporting assurance, awareness and interaction.

7. Behaviours & Conduct

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

Members of, and those attending, the Committee 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 ICB's policy on managing conflicts of interest, Committee members should:

- Inform the chair of any interests they hold which relate to the business of the Committee.
- 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 Committee.
- 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, Committee members should:

- Comply with the ICB's 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 ICB's administrative arrangements to support the Committee 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.

8. Review

The Committee will review its effectiveness at least annually

These terms of reference will be reviewed at least annually and earlier if required. Any proposed amendments to the terms of reference will be submitted to the Board for approval.

SCHEDULE 1 – DELEGATED FUNCTIONS

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
   ii. decisions in relation to Local Incentive Schemes (including the design of such schemes)
   iii. decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices
   iv. decisions about 'discretionary' payments
   v. decisions about commissioning urgent care (including home visits as required) for out of area registered patients

B. The approval of practice mergers
C. Planning primary medical care services in the Area, including carrying out needs assessments
D. Undertaking reviews of primary medical care services in the Area
E. Decisions in relation to the management of poorly performing GP practices 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 in the Area
G. Premises Costs Directions functions
H. Co-ordinating a common approach to the commissioning of primary care services with other commissioners in the Area where appropriate; and
I. Such other ancillary activities as are necessary in order to exercise the Delegated Functions.

SCHEDULE 2 – RESERVED FUNCTIONS OF 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