

Title of meeting:		Primary Care Joint Commissioning Committee (JCC) Committees in Common (CIC).					
Date of Meeting	10 th Jan 2017	Paper Number	4				
Title	Ratification of decisions made by the JCC prior to this quarterly meeting						
Sponsoring Director (name and job title)	Fiona Slevin-Brown Director of Strategy & Commissioning						
Sponsoring Clinical / Lay Lead (name and job title)	Mike Connolly Lay member for patient engagement						
Author(s)	Jacky Walters Primary care programme manager						
Purpose	<p>The purpose of this paper is to inform the Committee of decisions necessarily taken by applying the NHS England process for primary care co-commissioning decision making outside of the quarterly meetings, which relate to:</p> <ul style="list-style-type: none"> Extended contracts for General Practice Access Fund in Slough & WAM CCG's CCG applications for delegation of primary medical care commissioning Updated terms of reference for the Joint Operations Group <p>To seek formal ratification of these decisions.</p>						
The Primary Care Joint Commissioning Committee is required to (please tick)							
Approve	<input checked="" type="checkbox"/>	Receive	<input type="checkbox"/>	Discuss	<input type="checkbox"/>	Note	<input type="checkbox"/>
Risk and Assurance <i>(outline the key risks / where to find mitigation plan in the attached paper and any assurances obtained)</i>	Risks highlighted in paper						
Legal implications/regulatory requirements	Any contractual decisions should be made in line with the appropriate GMS, PMS and/or APMS regulations						
Public Sector Equality Duty	Not for this paper						
Links to the NHS Constitution (relevant patient/staff rights)	<p>The NHS provides a comprehensive service available to all.</p> <p>Access to NHS services is based on clinical need, not</p>						

	<p>an individual's ability to pay</p> <p>The NHS aspires to the highest standards of excellence and professionalism</p> <p>The NHS aspires to put patients at the heart of everything it does</p> <p>The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.</p> <p>The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources</p> <p>The NHS is accountable to the public, communities and patients that it serves</p>
<p>Strategic Fit <i>Primary Care strategy? and Other relevant strategies</i></p>	Reflects CCG's Primary Care Strategy
<p>Commercial and Financial Implications <i>(Identify how the proposal impacts on existing contract arrangements and have these been incorporated?</i></p> <p><i>Include date Deputy CFO has signed off the affordability and has this been incorporated within the financial plan. Include details of funding source(s)</i></p>	<p>Director of finance has approved the decisions detailed in this paper as part of the processes for each item.</p> <p>Date Deputy CFO sign off</p>
<p>Quality Focus <i>(Identify how this proposal impacts on the quality of services received by patients and/or the achievement of key performance targets</i></p> <p><i>Include date the Director of Nursing has signed off the quality implications)</i></p>	<p>Deputy Director of Quality Nursing & Safety is part of the Joint Operational Group and works with contract managers</p> <p>Date Deputy Director of Nursing sign off</p>
<p>Clinical Engagement <i>Outline the clinical engagement that has been undertaken</i></p>	The decisions were made in accordance with the conflict of interest guidance.
<p>Consultation, public engagement & partnership working implications/impact</p>	Each decision had engagement at the appropriate level.
<p>NHS Outcomes <i>Please indicate (highlight) which Domain this paper sits within by highlighting or ticking below:</i></p> <p><i>Please note there may be more than one Domain.</i></p>	<p>Domain 1 Preventing people from dying prematurely;</p> <p>Domain 2 Enhancing quality of life for people with long-term conditions;</p> <p>Domain 3 Helping people to recover from episodes of ill health or following injury;</p> <p>Domain 4 Ensuring that people have a positive experience of care; and</p> <p>Domain 5 Treating and caring for people in a safe environment; and protecting them from avoidable harm.</p>

Co-Commissioning governance	
Which CCG does this Paper relate to or potentially affect?	Slough Y WAM Y Bracknell & Ascot Y
Is this paper related to a CCG statutory function?	Yes delegated as in co-commissioning
Is this paper related to a NHS England statutory function?	Yes, the commissioning of local services from GP Practices.
Potential conflicts of interest (who for?) <i>GP's, Practice Managers, Federations, Councils,</i>	GP's
Are all voting members eligible to vote?	YES
<p><u>Executive summary</u></p> <p>It is sometimes necessary to take decisions outside of the quarterly JCC/CIC meeting. Reasons for this are below;</p> <p>1. Approval of contract extensions to March 2017, for WAM CCG and Slough CCG in line with the national General Practice Access Fund (GPAF) scheme.</p> <p><i>This was necessary because final national criteria for the contract, was not available until relatively close to the required contract implementation dates of 31st October and 31st November. Funding was assured to the CCG's in December 2016.</i></p> <p><i>To also note that an equivalent scheme has been commissioned in Bracknell and Ascot CCG through separate CCG funding stream.</i></p> <p>2. Approval of CCG applications for the delegated authority to commission primary medical services from April 2017.</p> <p><i>This was necessary because of the deadline being 5th December 2016 and the timing of Governing Bodies and Members meetings were within the quarter after the October 2016 JCC/CIC.</i></p> <p>3. Approval of the updated Joint Operations Group (JOG) for primary medical care commissioning, terms of reference.</p> <p><i>This was necessary as assurance to members for the application for delegation on 5th December 2016.</i></p> <p>More detail on each of the above is noted in this paper.</p>	
<p><u>Recommendation(s)</u></p> <p>The recommendation is that the Committee ratify the decisions made outside of JCC.</p>	

<u>Chairs Use Only</u>	
Any known conflicted committee members from Declarations of Interest register?	

Ratification of decisions made by the JCC prior to this quarterly meeting

1. The NHS England (South Central) Draft Operating Model for Co-commissioning of Primary Care version 2.1 January 2016 sets out the process for decision making in the Joint Committee.
2. It states that where decisions are required within a timeframe that does not fit with the operational and JCC meeting dates then decision can be taken by a subcommittee or the Director of Commissioning for NHS England. Decisions taken in this way will need to be advised to the next scheduled Committee to ratify the decision.
3. As co-commissioners, the Joint Operations Group recommended to NHS England and the CCG Director of Strategy and Commissioning that these decisions were taken. These were subsequently approved.

Contracts for GP Access Fund

Contract extensions to March 2017 in line with NHSE General Practice Access Fund (GPAF) schemes.

Award for Slough CCG general practice providers through a 6 month local enhanced service extension to their GMS/PMS contract. NHS England approval. No conflicted decision makers. This contract was initiated as the wave 1, prime ministers challenge fund 'Steps to the Future' pilot in July 2014.

Award for WAM CCG to East Berkshire Primary Care (EBPC) through a 3 month extension to the existing APMS contract. Approval through Time for Change programme board. Conflicted members excluded. This contract was initiated as the wave 2, prime ministers challenge fund 'Time for Change' pilot in May 2015.

Both contracts remain in pilot phase as they are still trialling new ways of working and new information technology. They will remain under review for 2017-18 in order to align new models for primary care with the Frimley system Sustainability and Transformation Plan by April 2018. Funding is secured through the national General Practice Access Fund. As this budget sits with the CCG Governing Bodies, reinvestment will require approval through that route via the Business Planning and Development Committee.

The Joint Operations Committee will apply due diligence to conflicts of interest management throughout the process where there is to be commissioning from general practice or associated contracts and report this to the next JCC/CIC in March 2017 for approval.

Applications for delegation

CCG applications for the delegated authority to commission primary medical services from April 2017.

WAM and Bracknell & Ascot CCGs have submitted applications for delegated authority of primary medical care commissioning. These were required to be with NHS England central office on 5th December 2015. There have been a number of governing body and member meetings and the Transition Working Group has overseen the detail.

Each application was endorsed by signatures from the following;

- Audit Committee Chair for NHS Bracknell and Ascot, NHS Slough and NHS Windsor, Ascot and Maidenhead Clinical Commissioning Group
- Accountable Officer for NHS Bracknell and Ascot, NHS Slough and NHS Windsor, Ascot and Maidenhead Clinical Commissioning Group
- Director of Commissioning NHS England (South Central)

Terms of reference update

Joint Operations Group (JOG) for primary medical care commissioning, terms of reference updated following delegation discussions with members.

During consultation with member practices and the drafting of new Primary Care Commissioning membership for the delegation application there was a strong feeling that there should be clinical membership of the non-decision making JOG and that there should be formal lay membership.

On 9th December 2016 the JOG agreed to an updated terms of reference to include one clinical lead for primary care from each CCG and the addition of a lay expert patient for primary care. This role would need to be recruited to.

Finally, the Assistant Director for primary Care would become the vice chair and there was no longer a requirement for the AD of integration and the AD of planned care to regularly attend.

The revised terms of reference are attached.

Terms of Reference

Joint Operational Group (JOG) – Primary Care Co-Commissioning (v5)

Purpose

- 1 The purpose of this group is to provide assurance to the three CCGs and NHS England's Joint Commissioning Committees that there are robust systems and processes in place for monitoring, managing and assuring value for money, quality and safety of primary care medical service provision and for driving continuous service improvements to deliver greater patient experience and delivery outcomes for patients within the financial envelope available. Communication flow chart (Appendix A).

Remit

- 2 This is the forum through which the commissioning quality assurance and contract monitoring function of primary medical service contractors is managed and will receive information in relation to quality; performance and variations and will jointly agree how to address issues relating to these.

- 3 It will be the operational management group of the CCG and NHS England under the Joint Commissioning arrangements for primary medical services. The purpose of the group will be to provide specialist knowledge and advice in relation to all aspects of primary care medical services commissioning, contracting, performance management and quality assurance.
- 4 The group will act as the focus for affecting the delivery of services provided by independent primary medical care contractors and, in the light of any changes to national or local circumstances make recommendations for change.
- 5 The group will make commissioning recommendations to the CCGs and NHS England Joint Commissioning Committees, making reference to local health needs and to local and national policy, ensuring that the population, patient and public voice and experience is fully considered ensuring they have access to a full range of high quality primary care services, appropriate to the demographic health needs. The JOG will also manage the governance of conflicts of interest when commissioning primary care services in accordance with *NHS England Managing conflicts of interest: statutory guidance for CCGs 2014¹* and as further amended.
- 6 Act as the working group of the CCG and NHS England Joint Commissioning Committee with the remit of making recommendations relating to the performance and management of independent primary medical care contractor services In accordance with statutory regulations.
- 7 To oversee the development of a commissioning and quality strategy for primary care services across the CCG area and identify how local and national commissioning strategies can be taken forward. The Operational Group will be underpinned by task and finish working groups focussing on particular areas of the strategy. Quality Improvement, Local Commissioned Services, Estates (ETTF), Workforce and have direct connection through updates from CCG transformation programme boards.
- 8 To consider all matters relating to non-routine business relating to the management of primary medical care contracts including consideration of potential breaches of contract and management of local dispute arrangements.
- 9 To receive and, where appropriate agree on local implementation of recommendations from the national primary care team in relation to changes in government policy that will impact on the future delivery of primary care services.
- 10 To make determinations in respect of matters relating to the maintenance of GP patient lists including practice areas, patient allocations, list closures, and zero tolerance.
- 11 To produce the standard suite of reports for the Joint Commissioning Committee;
 - Quality and performance of general practice.
 - Finance.
 - Primary care infrastructure development.
- 12 To produce additional reports on request of the CCGs and NHS England's Joint Commissioning Committee.

- 13 To ensure the relevant stakeholders and organisations are consulted, and their views considered by the group when assessing changes to services such as practice relocation.
- 14 The group will receive regular reports in relation to the following:
- Local Professional Network (LPN) reports
 - Primary Care Premises
 - Quarterly performance management reports
 - List closure/merger application
 - Appraisal and revalidation reports
 - Complaints and concerns
 - Safety including incident reporting
 - Serious Incidents
 - Care Quality Commission (CQC)
 - Friends and Family Test (FFT), Patient Participation Group (PPG) and Patient Experience
 - Workforce development
 - Service improvement initiatives
- 15 In addition to the above reports, a risk register will be developed and reviewed and maintained as an ongoing process.

Accountability

- 16 Report minutes to the CCG and NHS England monthly and through the set of regular quarterly reports to the Primary Care Joint Commissioning Committees (JCC) Committee in Common (CIC).

Geographical coverage

- 17 The JOG will comprise NHS England and the *Bracknell & Ascot CCG, Slough CCG and Windsor, Ascot & Maidenhead CCG*. It will undertake the supporting operational functions of jointly commissioning primary medical services for these three areas.

Membership

- 18 The group shall consist of:
- Director of Strategy & Operations (Chair), Berkshire East CCG's
 - Associate Director for Primary Care (vice chair)
 - Associate Director of Nursing – Quality & Safety, Berkshire East CCGs
 - Co-commissioning Programme Lead Berkshire East CCG's
 - Co-commissioning Programme Lead, NHS England (South Central)
 - Assistant Head of Finance, NHS England South (South Central)
 - Assistant Contract Manager Medical, NHS England South (South Central)
 - Head of Financial Planning, Berkshire East CCG
 - GP Clinical Leads each CCG
 - Expert patient (min x1)
 - Commissioning Manager, Primary Care, Berkshire East CCG's
 - Commissioning Support Officer, Primary Care, Berkshire East CCG's
- 19 All members shall respect confidentiality requirements as set out in Governing Body constitutions.

The JOG may call additional experts to attend meetings on an adhoc basis to inform discussions.

There will be an open invitation to the 3 Lay Governing Body members for Governance.

Frequency and Quorum

- 20 The meeting will be quorate when at least five members of the total membership are present (3 from the CCGs and 2 from NHS England).

The group will meet on a monthly basis - The CCGs Senior Managers and NHS England Programme Lead will agree the agenda.

Governance and management of Conflicts of interest

21. The roles of the Chair and Deputy chairs are of utmost importance to the open and transparent governance arrangements for the JOG
22. The JOG will ensure that all potential conflicts of interest are managed in an open and transparent manner and following the NHS *England Managing conflicts of interest: statutory guidance for CCGs 2014*¹.
23. CCGs must maintain a register of interest of: the members of the committee and must publish, and make arrangements to ensure that members of the public have access to these registers on request.
24. CCGs must make arrangements to ensure individuals declare any conflict or potential conflict in relation to a decision to be made by the committee as soon as they become aware of it, and in any event within 28 days.
25. Members must declare any interests at the start of the meeting and will have to exclude themselves from any part of the decision making process in relation to the agenda item in question. This will include discussion beforehand if so requested by the Chair.
- 26 The JOG will record certain items that are not ready for the public domain as Part 2 minutes. This could be for example notification and discussion of a practice having early difficulties or requesting information about potential merger.

Decisions

- 27 The JOG is not a decision making group. All such decisions will need to be noted or ratified as appropriate at the next quarterly JCC CIC.
- 28 Decisions required by the JOG will be operational in nature to ensure that its Primary Care commissioning remit can proceed in a pragmatic and timely way without undue bureaucracy, this will follow the current draft process² for decision making outside of the JCC CIC.
- 30 For the avoidance of doubt approval to take a decision must be sought at CCG Director level prior to the JOG meeting.

- 31 Decision making will be by consensus in the first instance. However, should a vote be required the matter will need to be taken to the JCC CIC for decision. This can be by following the process for urgent decision making² (appendix B).

Review Arrangements

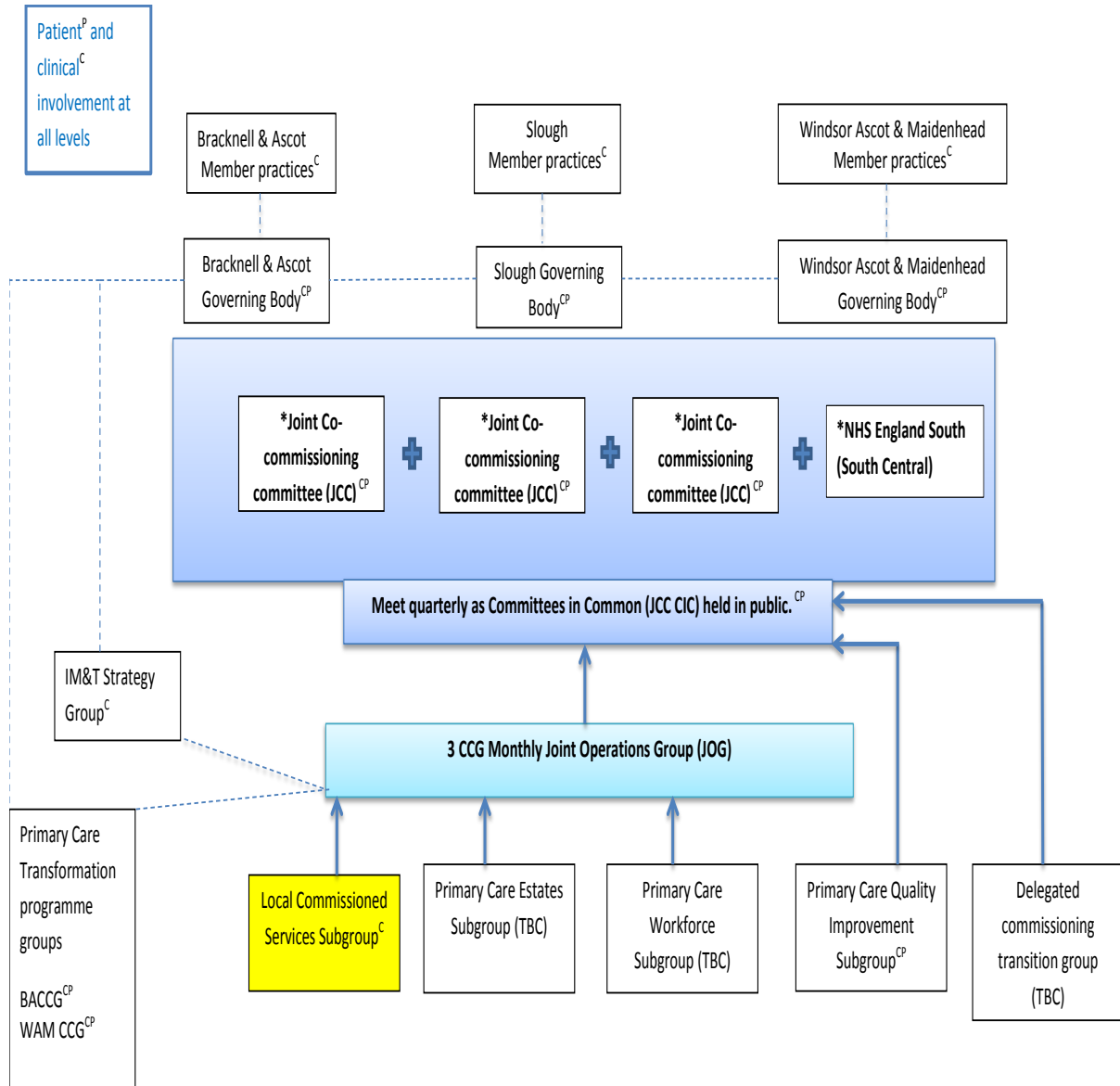
- 32 The group will review its Terms of Reference and work programme on an annual basis as a minimum.

¹ <https://www.england.nhs.uk/wp-content/uploads/2014/12/man-conf-int-guid-1214.pdf>

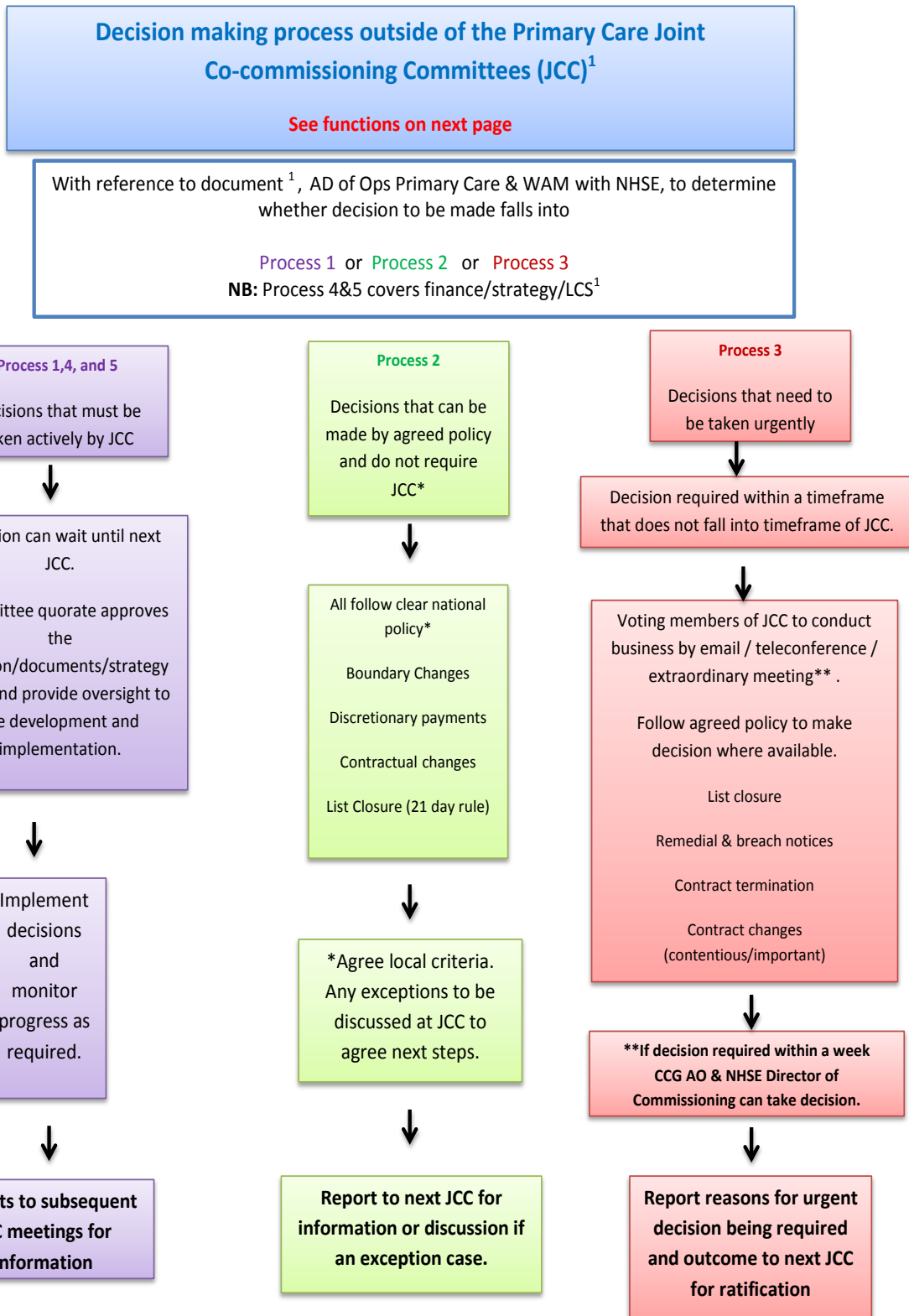
² Overview of NHS England (South Central) Draft operating model: Co-commissioning of primary care version 2.1 Jan 2016

Appendix A

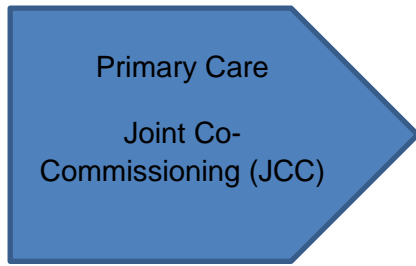
Primary care commissioning communication chart



Appendix B Co-Commissioning decision making²



Ref: Draft Overview of NHS England (South Central) Draft Operating Model: Co-commissioning of Primary Care Version 2.1 January 2016.
NHS England



NHSE and the CCG(s) form a “joint committee” (or “joint committee in common”) to support commissioning of primary care. Together they vary/ renew existing contracts for primary care, and commission some specialised services. Can also design local incentive scheme as an alternative to the Quality and Outcomes Framework (QOF) or Directed Enhanced Services (DES).

	Name	Function	JCC Committee decisions needed	Decision possible with approved national policy JOG to JCC for information	Need for urgent decisions
Process 1-3	Determination of key decisions or requests	List Closure	Ratification required	yes due to 21 day rule	yes
		Practice mergers/ moves	yes		
		Boundary Changes	Ratification required	yes	
		Securing services through APMS contracts	yes		
		PMS (reviews etc)	yes		
		Discretionary Payments		yes	
		Remedial and breach notices	If required		Yes
		Contract termination-e.g Death/ Bankruptcy/ CQC	Yes		Yes (via email to voting members/CCG AO)

		Contractual changes (contentious/important)	Yes		Yes (via email to voting members/CCG AO)
		Contractual changes (transactional)		yes	
P 4	Financial Processes	Ensuring budget sustainability	Yes		
		Management Accounting	Yes		
Process 5	Strategy & Policy	Securing quality improvement	Yes		
		Developing and agreeing outcome framework e.g. LIS	Yes		
		Securing consistent population based provision of advanced and enhanced services (LCS)	Yes		
		Premises plans, including discretionary funding requests	Yes		