

Terms of Reference

Primary Care Operations Group (PCOG)

Purpose

- 1 The purpose of this group is to provide assurance to the three CCGs and Primary Care Co-Commissioning Committee in Common (PCCC CiC) 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 This forum has assumed the actions from the Transition Working Group (TWG) following the 3 CCGs agreement to fully delegate functions from NHS England. The delegation period of one year ends on the 31st March, 2018. During the delegation period, NHS England representatives will continue to attend the PCOG meetings and provide assurance delegation is on track and supported.
- 4 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.
- 5 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.
- 6 The group will make commissioning recommendations to the CCGs PCCC CiC 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 PCOG 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.
- 7 Act as the working group of the CCG PCCC CiC with the remit of making recommendations relating to the performance and management of independent primary medical care contractor services In accordance with statutory regulations.
- 8 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.

- 9 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.
- 10 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.
- 11 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.
- 12 To produce the standard suite of reports for the Primary Care Co-Commissioning Committee in Common (PCCC CiC);
 - Quality and performance of general practice.
 - Finance.
 - Primary care infrastructure development.
- 13 To produce additional reports on request of the CCGs PCC CiC.
- 14 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.
- 15 The group will receive regular reports in relation to the following:
 - Delegation
 - General Practice Forward View progress
 - 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
- 16 In addition to the above reports, a risk register will be developed and reviewed and maintained as an ongoing process.

Accountability

- 17 Provide a set of regular quarterly reports to the Primary Care Co-Commissioning Committee in Common (PCCC CIC).

Geographical coverage

- 18 The PCOG 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

- 19 The group shall consist of (during the delegation period, ending March 2018):
- Director of Strategy & Operations (Chair), Berkshire East CCG's
 - Associate Director for Primary Care and Windsor Ascot and Maidenhead CCG (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
 - Local Medical Committee (LMC) representative
 - Commissioning Manager, Primary Care, Berkshire East CCG's
 - Commissioning Support Officer, Primary Care, Berkshire East CCG's
 - Expert patient (min x1)
 - Healthwatch representative
- 20 All members shall respect confidentiality requirements as set out in Governing Body constitutions.
The PCOG 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

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

The group will meet on a monthly basis - The CCGs Senior Managers will agree the agenda.

Governance and management of Conflicts of interest

- 22 The roles of the Chair and Deputy chairs are of utmost importance to the open and transparent governance arrangements for the PCOG

- 23 The PCOG 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.
- 24 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.
- 25 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.
- 26 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.
- 27 The PCOG 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

- 28 The PCOG is not a decision making group. All such decisions will need to be noted or ratified as appropriate at the next quarterly PCCC CIC.
- 29 Decisions required by the PCOG 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 PCCC CIC.
- 30 For the avoidance of doubt approval to take a decision must be sought at CCG Director level prior to the PCOG 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 PCCC CIC for decision. This can be by following the process for urgent decision making² (appendix B).

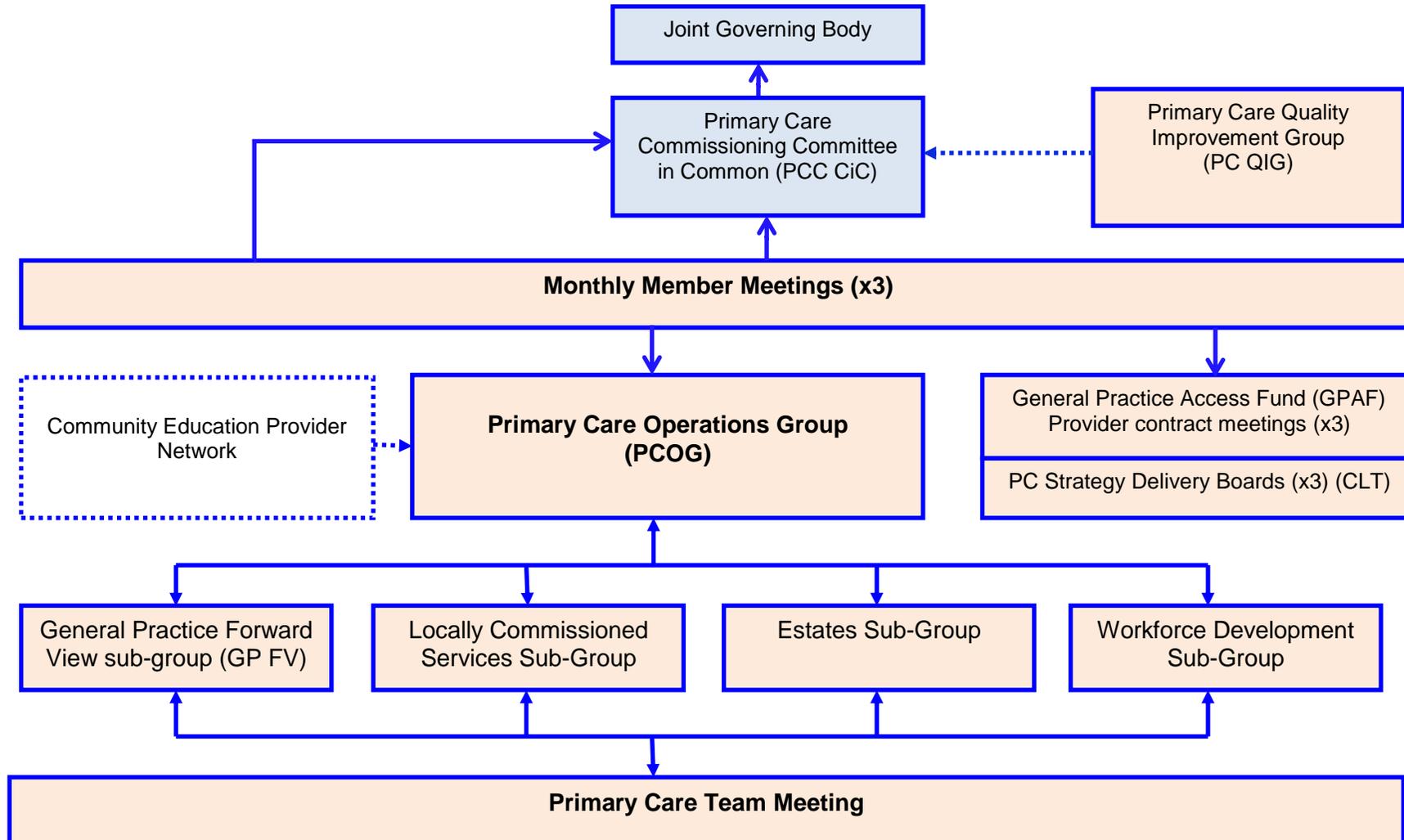
Review Arrangements

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

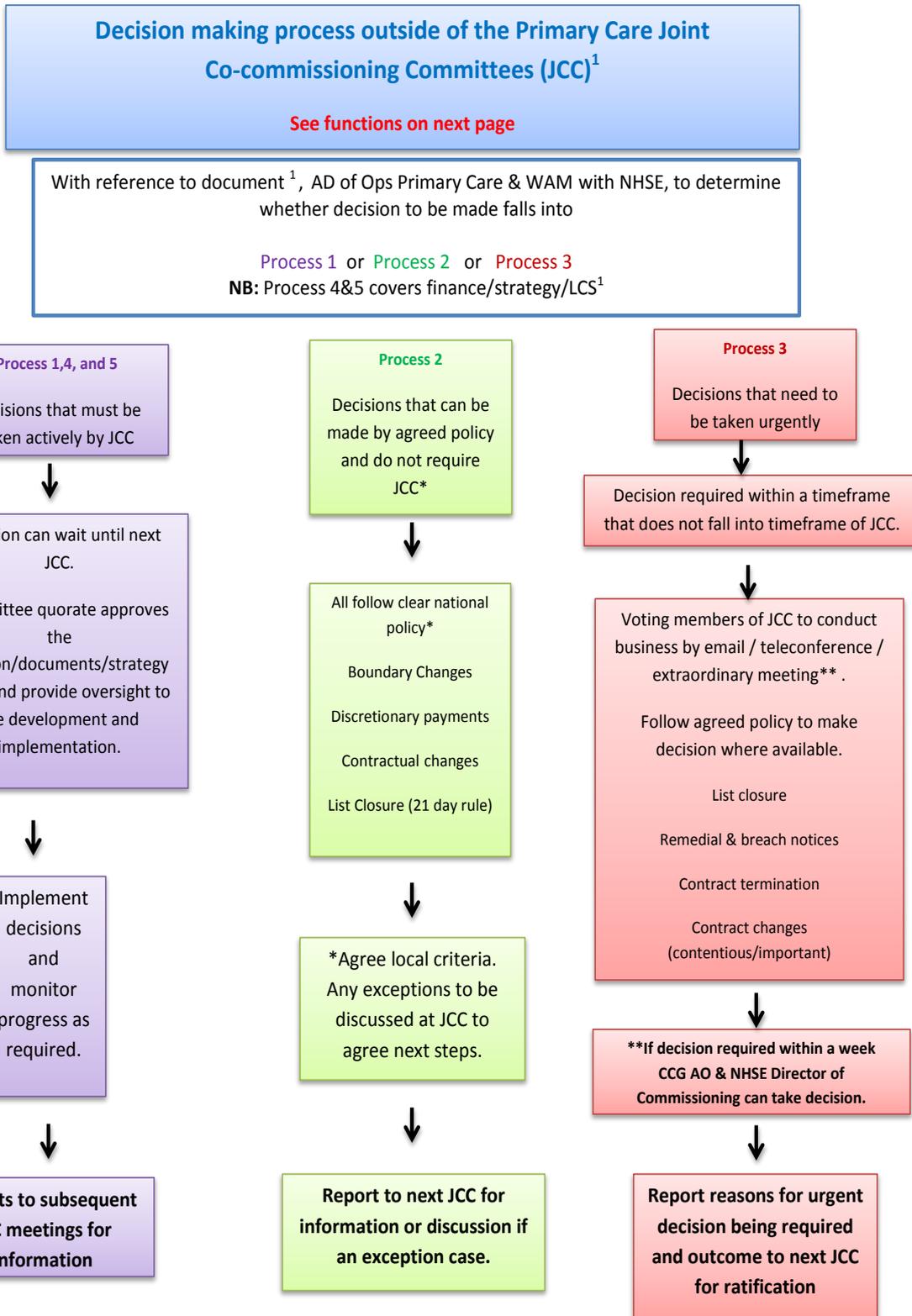
¹ <https://www.england.nhs.uk/wp-content/uploads/2014/12/man-confli-int-guid-1214.pdf>

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

Appendix A Berkshire East CCGs – Primary Care Team – Governance – June 2017



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

Version Control

Version 1.0		Currently in use	May 2015
Version 2.0	Jacky Walters	Updated to reflect ne JCC CIC arrangements and to add in decision making responsibilities	15/03/2016
Version 3	Jacky Walters	Updated to reflect CCG Collaborative structure.	June 2016
Version 4	Jacky Walters	Updated with corrections on titles & add new appendices	July 2016
Version 5	Hayley Edwards	Updated with Meeting name change, inclusion of delegation one year programme of work and revised communication chart.	