Background

In May 2014, Simon Stevens (the new Chief Executive of NHS England) invited CCGs to consider applying for a role in co-commissioning primary medical care which has, since April 2013 and the abolition of Primary Care Trusts (PCTs), been the responsibility of NHS England. CCGs were asked to submit expressions of interest to develop new arrangements for co-commissioning such services by June 2014, setting out how the proposals fitted with the CCG’s five year strategic plan.

After due consideration, Wiltshire CCG decided that given the fundamental role that primary care is planned to take at the centre of our more community based integrated health and social care model, that we should express interest at that stage. The expression of interest submitted, having considered views from across the CCG, member practices and the Local Medical Committee, together with updated information from NHS England, it was clear that the CCG would like to take delegated responsibility for the development of primary medical care strategic development together with any funding that could be influenced locally to support the implementation of our five year strategy and new model of care, including Local Enhanced Services, Direct Enhanced Services and key elements of the GP Contract Quality Outcomes Framework (QOF).

At the same time, the CCG was clear that it did not want to take on delegated responsibility for the core GP contract. However, the CCG is aware of the need to support practices to resolve their provider related issues such as premises, list closures and workforce issues as these will impact the ability of the CCG to deliver the strategic vision.

National context

“Next steps towards primary care co-commissioning” (Nov 2014) set out an opportunity for CCGs to review and refresh their submission to NHS England in January 2015 regarding the co-commissioning model we wished to implement from April 2015.

Primary care co-commissioning is one of the visionary changes set out in the NHS Five Year Forward View (October 2014) as a key enabler in developing seamless, integrated out of hospital services based around the needs of local populations. It is seen as a driver for the development of new models of care, such as multi-specialty community providers and primary and acute care systems.


Naturally, this is entirely coherent with our intended direction of travel, and plays extremely well to the CCG vision of the future model for Wiltshire.3

“General practice, with its registered list and everyone having access to a family doctor, is one of the great strengths of the NHS, but it is under severe strain ... Steps we will take include ... [giving] GP-led clinical commissioning GPs more influence over the wider NHS budget, enabling a shift in investment from acute to primary and community services” (Five Year Forward View).

The benefits are likely to be CCGs having more control of the wider NHS budget, enabling a shift in investment from acute to primary and community services, and aligning primary and secondary care commissioning with more efficiencies and greater consistency of outcomes.

In the Five Year Forward View, primary care commissioning is seen as the beginning towards place based commissioning where different commissioners come together to jointly agree commissioning strategies and plans with pooled funds for services for a local population.

In addition from 2015/16, CCGs will have the opportunity to co-commission some specialised services through a joint committee; CCGs and Local Authorities are encouraged to strengthen the partnership approach to align commission intentions for NHS, social care and public health services.

Again, Wiltshire is well placed to achieve this given the growing strength of our relationship with Wiltshire Council and some of the early success being achieved in integrated working. Indeed, this represents a further opportunity to make the provision of health and social care to our population better, more coherent and integrated.

**Local Context**

At the January 2015, the Governing Body agreed for the CCG to submit an expression of interest by the 30 January national deadline, to pursue a Joint Commissioning arrangement for Primary Care with NHS England4. The submission made it clear that this was subject to gaining a mandate to proceed from member practices.

Throughout February and early March the CCG undertook a series of membership engagement events jointly with the LMC and completed a formal ballot of member practices. The outcome of the ballot was that the CCG was given a clear mandate to jointly commission Primary Care with NHS England. This was ratified by the Governing Body in March 20155.

These changes require the CCG to establish a Joint Committee that meets in public and amend the constitution to reflect the revised scheme of delegation.

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Governance arrangements

Under joint commissioning, the CCG will form a joint committee with NHS England with the CCG and NHS England remaining accountable for meeting their own statutory duties, for instance in relation to quality, financial resources, equality, health inequalities and public participation. This means that in this arrangement, NHS England retains accountability for the discharge of its statutory duties in relation to primary care commissioning.

It is for NHS England Area Team and the CCG to agree the full membership of their joint committees; although in the interests of transparency and the mitigation of conflicts of interest, a local Health Watch representative and a local authority representative from the local Health and Wellbeing Board will have the right to join the joint committee as non-voting attendees, and have been invited to join the Joint Commissioning Committee for Wiltshire.

The funding of core primary medical services is an NHS England statutory function. Although NHS England can create a pooled fund which a CCG can contribute to, the CCG’s contribution must relate to its own functions and so could not relate to core primary medical services. However, CCGs are able to invest in a way that is calculated to facilitate or is conducive or incidental to the provision of primary medical care and provided that no other body has a statutory duty to provide that funding.

Joint Commissioning Committee

The role of the Joint 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 (and such CCG functions under sections 3 and 3A of the NHS Act as have been delegated to the joint committee).

This includes the following activities:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
- Newly designed enhanced services (Local Enhanced Services and Directed Enhanced Services);
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers; and
- Making decisions on ‘discretionary’ payment (e.g., returner/retainer schemes).

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

Resources

Primary care commissioning is currently delivered by NHS England Area Teams / Sub Regions covering a large geography normally spanning several CCGs, and also covering all parts of primary care (including pharmacy, dental, optometry) not just limited to general practice. At this time, CCGs
are informed that there is no possibility of additional administrative resources being deployed on these services at this time due to running cost constraints in NHS England.

**Funding**

NHS England will ensure transparency in sharing financial information on primary care with CCGs. All CCGs will have the opportunity to discuss the current financial position for all local primary care services with their area team.

Ongoing assurance of co-commissioning arrangements will form part of the wider CCG assurance process, with NHS England working with CCGs to co-develop a revised approach to the current CCG assurance framework.

CCGs are able to enter into joint commissioning arrangements for 2015/16 before deciding to take on delegated responsibilities in 2016/17.

**Risks**

The opportunities that co-Commissioning present in terms of being better able to control the key levers to achieve our strategic vision are self-evident. But there are risks which we need to be clear upon – resources (both finance and staff capacity and capability), timescale and notably conflicts of interest.

**Summary**

The CCG has had a Primary Care Programme Board operational for the last year, in line with its Project Management approach, working with NHS England and the Local Medical Committee. This will become the monthly operational Group, and there will be a quarterly Joint Committee in public, the first one on June chaired by the CCG Lay Member.

The Joint Committee will report to both the CCG Governing Body and NHS England Board. The Wiltshire Primary Care Joint Commissioning Operational Group will provide assurance to Wiltshire CCG and NHS England Joint Commissioning Committees that there are robust systems and processes in place for monitoring, managing and assuring the quality and safety of primary care medical services and for driving continuous service improvement and delivering the strategy.

A jointly developed framework providing additional task detail along with roles and responsibilities is in place to direct / support the work of the Operational Group and this will be supplemented by a Memorandum of Understanding which is currently under development by the NHS England central team.

**Jo Cullen**
**Group Director**
**Wiltshire CCG**
Annex 1: Terms of Reference for the Joint Commissioning Committee

Joint Commissioning Committee
Terms of Reference

Role of the Joint Committee

1. The role of the Joint 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 (and such CCG functions under sections 3 and 3A of the NHS Act as have been delegated to the joint committee).

2. This includes the following activities:
   - GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
   - Newly designed enhanced services (Local Enhanced Services and Directed Enhanced Services);
   - Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
   - Decision making on whether to establish new GP practices in an area;
   - Approving practice mergers; and
   - Making decisions on ‘discretionary’ payment (e.g., returner/retainer schemes).

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

Geographical Coverage

4. The Joint Committee will comprise NHS England Local Team, and NHS Wiltshire CCG. It will undertake the function of jointly commissioning primary medical services for Wiltshire CCG.

Membership

5. The Joint Committee shall consist of:
Position

<table>
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<tr>
<th>Position</th>
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<tbody>
<tr>
<td>Lay Member, Wiltshire CCG, <strong>Chair</strong></td>
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<tr>
<td>Secondary Care Doctor, Wiltshire CCG, <strong>Vice Chair</strong></td>
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<tr>
<td>Head of Primary Care, NHS England</td>
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<tr>
<td>GP Chair, Sarum</td>
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<tr>
<td>GP Chair, WWYKD</td>
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<tr>
<td>GP Vice Chair, NEW</td>
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<tr>
<td>Medical Adviser, Wiltshire CCG</td>
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<tr>
<td>Assistant Director of Nursing, NHS England</td>
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<tr>
<td>Medical Director for Wessex LMC (Non-Voting)</td>
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<tr>
<td>Wiltshire Council – see point 13 (Non-Voting)</td>
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<tr>
<td>HealthWatch Council – see point 13 (Non-Voting)</td>
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</tbody>
</table>

6. The Chair of the Joint Committee shall be Christine Reid, Lay Member, Wiltshire CCG

7. The Vice Chair role shall be Dr Mark Smithies, Secondary Care Doctor, Wiltshire CCG

8. An invitation has been made to non-voting attendees i.e. both Healthwatch and Wiltshire Council and following the outcome of the ballot, these names will be confirmed and the Terms of Reference will be updated to reflect these.

Meetings and Voting

9. The Joint Committee shall adopt the Standing Orders of Wiltshire CCG insofar as they relate to the:
   a) Notice of meetings
   b) Handling of meetings
   c) Agendas
   d) Circulation of papers
   e) Conflicts of interest

10. Wiltshire CCG and NHS England shall have two votes per organisation. The Joint Committee shall reach decisions by a simple majority. However where a casting vote is required NHS
England will have the casting vote for any functions within NHS England’s statutory obligations and Wiltshire CCG will have the casting vote on any of the CCG’s statutory functions that are included within the scope of the joint committee’s responsibilities.

11. The quorum necessary for the transaction of the business shall be four made up of two representatives from each Wiltshire CCG and NHS England (NHSE). A duly convened meeting of the Programme Board at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested exercisable by the Programme Boards.

12. The Joint Committee shall meet quarterly and at such other times as required. Agendas and papers will be available to each member of the Programme Board in advance and preferably at least 2 working days.

13. Meetings of the Joint Committee:
   a. Shall, subject to the application of 13(b), be held in public.
   b. The Joint 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.

14. Members of the Joint Committee have a collective responsibility for the operation of the Joint 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.

15. The Joint Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

16. Members of the Joint Committee shall respect confidentiality requirements as set out in the Standing Orders referred to above unless separate confidentiality requirements are set out for the joint committee in which event these shall be observed.

17. Secretariat provisions will be confirmed following the outcome of the ballot, these names will be confirmed and the Terms of Reference will be updated to reflect these.

18. The secretariat to the Joint Committee will:
   a) Circulate the minutes and action notes of the committee with 3 working days of the meeting to all members.
b) Present the minutes and action notes to the Local Team of NHS England and the Governing Body of NHS Wiltshire CCG.

19. These Terms of Reference will be reviewed from time to time, reflecting experience of the Joint Committee in fulfilling its functions and the wider experience of NHS England and CCGs in primary medical services co-commissioning.

Decisions

20. The Joint Committee will make decisions within the bounds of its remit.
21. The decisions of the Joint Committee shall be binding on NHS England and Wiltshire CCG.
22. Decisions will be published by both NHS England and Wiltshire CCG.
23. The secretariat will produce a report which will submitted to NHS England and the Governing Body of Wiltshire CCG quarterly, and hold at least annual engagement events to review aims, objectives, strategy and progress and publish and annual report on progress made against objectives.

Key Responsibilities

24. Key responsibilities will be reviewed each year and set out in the form of a work programme. For 2015/16 the strategic / development work programme that the Joint Committee is responsible for includes Premises, Workforce, PMS Reviews, Primary Care Information, Enhanced Services and Operational Resilience.

The Joint Committee is also responsible for ensuring completion of and compliance with the operational / transactional elements of Primary Care commissioning details of which are set out in the Joint Commissioning Operational Group Work Programme, together with individual organisation roles and responsibilities.

Review of Terms of Reference

25. These terms of reference will be formally reviewed by NHS Wiltshire CCG and the Local Team of NHS England in April of each year, following the year in which the Joint Committee is created, and may be amended by mutual agreement between NHS Wiltshire CCG and the Local Team of NHS England at any time to reflect changes in circumstances which may arise.

Schedule 1 – Delegation by CCG to Joint Committee – CCG functions
26. As permitted by section 14Z9 of the NHS Act 2006 (as amended) NHS Wiltshire CCG will delegate the following statutory functions to the joint committee:

- Management of Locally Commissioned Services (formally known as LESs)
  Value: TBC

- Management of any PMS Premium funds released through the PMS review
  Value: TBC

### Schedule 2 – List of Members

<table>
<thead>
<tr>
<th>Position</th>
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<tbody>
<tr>
<td>Lay Member, Wiltshire CCG, <strong>Chair</strong></td>
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</table>

### Sub-Groups

27. To ensure that the operational issues are appropriately managed a Primary Care Commissioning Operational Group will be established. The Joint Committee will be responsible for defining the Terms of Reference and governance arrangements including scope of work, mandate and reporting requirements for the Operational Group.
### DRAFT Wiltshire Joint Committee Strategic / Developmental Work Programme 2015/16

<table>
<thead>
<tr>
<th>Work Area</th>
<th>Task Outline</th>
<th>Cross CCG Scale Opportunity?</th>
<th>14/15 Q4</th>
<th>15/16 Q1</th>
<th>15/16 Q2</th>
<th>15/16 Q3</th>
<th>15/16 Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Premises</strong></td>
<td>Define premises strategy in relation to CCG strategy to give 'To Be' position - locality level</td>
<td>Local</td>
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<tr>
<td></td>
<td>Assessment of current position plus housing plan growth estimates to give 'As Is' position (six facet surveys)</td>
<td>Local</td>
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<td></td>
<td>Determine gap between 'As Is' and 'To Be'</td>
<td>Local</td>
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<td></td>
<td>Consider opportunities for addressing premises shortfall including different care models; shared premises with other sectors / organisations; national and local funding streams</td>
<td>Cross-CGG</td>
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<td></td>
<td>Practice level discussions and solutions to fit with above</td>
<td>Local</td>
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<td></td>
<td>Agree premises priorities</td>
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<td></td>
<td>Commence roll out</td>
<td>Local</td>
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<td><strong>Workforce</strong></td>
<td>Define workforce strategy in relation to CCG strategy to give 'To Be' position</td>
<td>Local</td>
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<td></td>
<td>Gap analysis of current position against 'To Be' position</td>
<td>Local</td>
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<td>Consider different opportunities / solutions for addressing workforce shortfall e.g. recruitment, widening the primary care workforce</td>
<td>Cross-CGG</td>
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<td></td>
<td>Practice / locality level discussions and solutions to fit with above</td>
<td>Local</td>
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<td></td>
<td>Identify training requirements</td>
<td>Cross-CGG</td>
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<td></td>
<td>Implementation planning and roll-out</td>
<td>Local</td>
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<tr>
<td><strong>PMS Reviews</strong></td>
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<td></td>
<td>Consider options for best way to reinvest the premium</td>
<td>Cross-CGG</td>
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<td>Decision as to option to be pursued</td>
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<td>Communication and roll-out</td>
<td>Local</td>
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<tr>
<td><strong>Information</strong></td>
<td>Baseline information: linking national/CSU/CCG on hardware, software, capability. Identify integration issues.</td>
<td>Cross-CGG</td>
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<td></td>
<td>Review of rev and capital funding bids</td>
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<td><strong>Information Sharing</strong></td>
<td>Review of IT strategy e.g. Integration and sharing of information across partners</td>
<td>Local</td>
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<td></td>
<td>Define level of information to be shared</td>
<td>Local</td>
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<td>Possible solutions</td>
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<td>Decision as to preferred solution</td>
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<td>Work through governance requirements</td>
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<td>Hardware and software implications</td>
<td>Local</td>
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<td>Implementation planning and roll-out</td>
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<tr>
<td><strong>Enhanced Services</strong></td>
<td>Review all existing national enhanced and QoF, map to delivery CCG strategy</td>
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<td>Review locally commissioned services, map to the delivery of the CCG Strategy</td>
<td>Local</td>
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<td></td>
<td>Consider options include link with QoF including outcome of Somerset review</td>
<td>Cross-CGG</td>
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<td>Decide on preferred option</td>
<td>Local</td>
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<td>Develop detailed schemes</td>
<td>Local</td>
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<tr>
<td><strong>Operational Resilience</strong></td>
<td>System-Wide Anticipated Demand (using SWAST)</td>
<td>SRG (not JC)</td>
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<td></td>
<td>Proactive Annual resilience planning - acute, primary care requirements, etc</td>
<td>SRG (not JC)</td>
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<td></td>
<td>Define commissioning specification for Primary Care to cover peak periods e.g. Xmas and Easter</td>
<td>Local</td>
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<td>NB - Reactive response to operational resilience is covered under operational / transaction work programme</td>
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**Transactional Detail including confirmation of individual organisation roles and responsibilities contained in Operational Spreadsheet**
Wiltshire Primary Care Joint Commissioning Operational Group

Terms of Reference

Purpose

The Wiltshire Primary Care Joint Commissioning Operational Group will provide assurance to Wiltshire CCG and NHS England Joint Commissioning Committees that there are robust systems and processes in place for monitoring, managing and assuring the quality and safety of primary care medical services and for driving continuous service improvement.

NB This group aims to ensure that the Joint Committee is able to focus on strategic direction and change rather than spending time scrutinising and overseeing the management of operational issues

Remit

This is the forum through which the commissioning, quality assurance and contract monitoring function of primary medical service contractors is managed. This Group will receive information in relation to Quality; Performance; Variations and agree how to address issues relating to these.

It will be the operational management group of the CCG and NHS England under the Joint Commissioning arrangements for primary medical services with the remit of making recommendations relating to the performance and management of independent primary medical care contractor services in accordance with statutory regulations.

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; and 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 recommendation for change.

The group will make commissioning recommendations to the CCGs and NHS England Joint Commissioning Committee, making reference to local health need, local and national policy, ensuring that the population, patient and public voice and experience is fully considered and they have access to a full range of high quality primary care services, appropriate to the populations’ health needs.

This will be the working group of the CCG / NHS England Joint Commissioning Committee and 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; to receive and, where appropriate, ratify 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; and 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.

The Group will produce the standard suite of reports for the Joint commissioning committee;

- Quality and performance of general practice
- Finance.
- Primary Care infrastructure development

And produce additional reports on request of the CCG and NHS England Joint Commissioning Committee.
The Group will ensure the relevant stakeholders/organisations are consulted and their views considered by the group when assessing changes to services such as practice relocation.

The group will receive regular reports in relation to the following:

- 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
- CQC
- FFT, PPG and Patient Experience
- Workforce development
- Service improvement initiatives

### Responsibilities

1. Operational management of General Practice Commissioning including:
   a. Administer the national DES locally
   b. Application for closed lists
   c. Branch surgery closures
   d. Practice list reviews
   e. Boundary changes
   f. Termination of contracts
   g. Practice mergers / federation
   h. Contract variations e.g. PMS to GMS
   i. APMS contract review
   j. PMS premium usage
   k. Retainer approvals
   l. Locum reimbursement approvals
   m. Christmas and New Year planning
   n. Dispensing Services Quality Scheme (DSQS)
   o. Safeguarding Policy, Procedures and Process

2. Operational management of services commissioned on behalf of practices including:
   a. Interpreter and Translator services
   b. Occupational health
   c. Violent Patient Scheme (including security services)
   d. Clinical waster contract
   e. NHS Shared Business Services (SBS)

3. Administer Local Enhanced Services as agreed by the Joint Committee

4. Escalate unresolved issues to the Joint Committee or relevant body

### Accountability and Reporting

WILTSHIRE CCG – PRIMARY CARE CO-COMMISSIONING – HEALTH SELECT COMMITTEE 05.05.15
Whilst each member of the group is directly accountable to their individual organisation, the collective responsibility for managing and improving the operational issues for Primary Care in Wiltshire sits with this group and as such it is accountable to the Joint Committee.

5. Membership

There will be cross-organisational representation on this board and each representative member will be responsible for communication of key decisions and actions through their respective organisations.

Core Members: (TBC)
- Primary Care Programme Director, NHS Wiltshire CCG (Chair)
- Clinical Lead, WWYKD
- Clinical Lead, NEW
- Clinical Lead, Sarum
- Deputy Director of Finance, NHS Wiltshire CCG
- Head of Finance, NHS England
- Primary Care Finance, NHS England
- Head of Primary Care, NHS England
- Primary Care Improvement Manager, NHS England
- Primary Care Operational Lead, NHS Wiltshire CCG
- Medical Director, Wessex LMC
- Head of Communications, Wiltshire CCG

Associate Members: (Invited to attend meetings as the agenda dictates)
- Local Pharmaceutical Committee
- Local Optometry Committee
- Local Dental Committee
- Public Health

6. Frequency of Meetings and Minutes

The group will meet monthly. There will be formal minutes issued within 5 working days of the meeting and a log of key actions and agreements will also be maintained, with agreed reporting to the Joint Committee.

7. Quoracy

One member from each organisation must be represented, of which there should be at least one Primary Care Clinician.

NB – A jointly developed framework providing additional task detail along with roles and responsibilities is in place to direct / support the work of this group. This will be supplemented by an MOU, currently under development by the NHS England central team.

Dated: 15.3.15