

Council of Practices Terms of Reference

1. Introduction

The Council of Practices is established as a committee of NHS North Tyneside Clinical Commissioning Group in accordance with its constitution, standing orders and scheme of delegation.

These terms of reference set out the membership, remit, responsibilities and reporting arrangements and shall have effect as if incorporated into the CCG constitution and standing orders.

2. Principle Function

The Council of Practices comprises a clinical representative of each member practice whose role is to represent their practice's views and to act on its behalf in its dealings between the practice and the Group.

The Council of Practices acts as a forum for clinical engagement, and provides an area for members to give input and insight into the development of ongoing clinical transformation, new care models and primary care.

On behalf of the CCG, the Council of Practices will hold to account the Governing Body through two way communication about the overall performance of the Group.

3. Membership

The Council of Practices is chaired by the Clinical Chair, who is chair of the Governing Body.

The membership will consist of:

- The GP nominated by each Member Practice to act on its behalf in dealings with the CCG and to represent that Member Practice at meetings of the Council of Practices.

The GP representative should not be an officer of the CCG.

The Council of Practices may identify a Vice Chair. In the absence of the chair, meetings will be chaired by the Vice Chair.

The Council of Practices will consider and determine who else will join the Council of Practices. It will be for the Council of Practices to determine the role and involvement of any such additional members. Practice Managers may be invited to attend to support the GP representative to fulfil their responsibilities. Practice Managers cannot deputise for the GP representative and may not vote.

Members of the CCG Governing Body, the Clinical Commissioning & Contracts Committee or CCG employees may be invited to attend all or part of meetings to provide advice or support particular discussion from time to time. Invitations may also be extended to individuals such as the Local Authority Director of Public Health or individuals from other organisations to give advice and support. Those invited to attend will not be entitled to vote.

4. Roles and responsibilities of Practice Representatives

- To represent their practice's views and act on behalf of the practice in matters relating to the CCG;
- To attend general meetings of the Council of Practices to represent their practice's views;
- To endeavor to secure the effective participation of their practice in exercising of the CCG's functions;
- To ensure clinical commissioning business is on the agenda of the practice meeting;
- To ensure their practice uses all reasonable endeavours so as to meet the CCG objectives and to assist in the delivery of the CCG's commissioning plans;
- To ensure that their practice shares lessons learned and adopts good practice as agreed by the CCG;
- To commit to work collaboratively within the CCG; and
- To declare any conflicts of interests of the individual and of other individuals within their GP Practice which may affect the integrity of the CCG's decision making process.

5. Secretarial support

The CCG Head of Governance will ensure that a minute of the meeting is taken and provide appropriate support to the Chair and members.

6. Frequency of meetings

A minimum of four meetings will be held during any one year.

Members will be expected to attend each meeting. Where the nominated GP representative of the practice cannot attend then a GP deputy should attend, notified to the Chair in advance.

Participation of members in meetings is crucial to the success of the Council of Practices and the CCG is committed to exploring ways of improving engagement and participation. Members of the Council of Practices or others invited to attend may participate in meetings by telephone, by the use of video conferencing facilities and/or webcam where such facilities are available. Participation in a meeting in any of these manners shall be deemed to constitute presence in person at the meeting.

7. Extra-ordinary meeting

The CCG Governing Body **or** at least 30% of the members may call a general meeting of the Council of Practices by giving all members at least twenty one days notice.

8. Agendas and papers

The agenda for meetings will be set by the chair. The agenda and papers for the meeting will normally be distributed 10 days before the meeting and not less than 5 working days in advance of the meeting. Items for the agenda should be notified to the chair 15 working days in advance of each meeting. The setting of the agenda for, and minutes of, each meeting should identify where discussion should rightly be recorded as being of a confidential or commercially sensitive nature.

9. Quoracy

50% of members, including nominated GP deputies, shall be the quorum.

10. Decision Making

Decision making will generally be by consensus. In any matter put to a vote the following voting arrangement will apply:

- Each Practice will have one vote per practice

In the case of an equality of votes the chair of the meeting shall be entitled to a casting vote.

11. Resolutions in Writing

A resolution in writing signed or approved by 75% of Members shall be as valid and effectual as if it had been passed at a general meeting held.

12. Remit and responsibilities of the Council of Practices

The remit and responsibilities of the Council of Practices are set out in the Constitution, Scheme of Delegation. It is responsible for:

- a) Determining the arrangements by which the members of the Group approve those decisions that are reserved for the membership;
- b) Consideration and approval of applications to the NHS Commissioning Board (NHSE) on any matter concerning changes to the Group's constitution, including terms of reference for the Group's governing body, the Audit Committee, Remuneration Committee, Primary Care Committee, membership of committees, arrangements for taking urgent decisions, standing orders and standing financial instructions (except where the Accountable Officer has delegated authority from the Council of Practices to make minor changes to the Constitution);
- c) Approving the Constitution;
- d) Approving the Group's overarching scheme of reservation and delegation;
- e) Approving standing financial instructions;
- f) In approving Standing Orders, setting out who can execute a document by signature / use of the seal;
- g) Approving the arrangements for identifying practice members to represent practices in matters concerning the work of the Group; and appointing clinical leaders to represent the Group's membership on the Group's governing body;
- h) Approving the appointment of governing body members;
- i) Endorsing the vision, values and overall strategic direction of the Group; and
- j) In approving the Constitution, approving actions in relation to the co-commissioning of primary care services in partnership with NHS England.

In addition, the Council of Practices:

- Will be consulted upon any changes to commissioned services upon which service users are being consulted in accordance with the statutory duty; and
- Is responsible for agreeing any proposals to merge, amalgamate or federate with any other CCG which will be proposed to NHS England for approval.

13. Reporting arrangements

The Council of Practices will be accountable to the Member Practices and will make its approved minutes available to all Member Practices. The approved minutes will also be received by the CCG Governing Body meeting in private. The minutes of all formal meetings will be a matter of public record unless agreed specifically to the contrary.

14. Policy and best practice

The Council of Practices will apply best practice in its decision making, and in particular it will:

- comply with current disclosure requirements for remuneration;
- ensure that decisions are based on clear and transparent criteria

It will have full authority to commission any reports or surveys it deems necessary to help it fulfil its obligations.

15. Conduct of the Council of Practices

All members of the Council of Members and participants in its meetings will comply with the Standards of Business Conduct for NHS Staff, the NHS Code of Conduct, and the CCG's Policy on Standards of Business Conduct and Declarations of Interest which incorporate the Nolan Principles.

The Council of Practices will review its performance, membership and these Terms of Reference at least once per financial year. Council of Practices will formally approve these Terms of Reference every 3 years (unless changes are required in the intervening period). These Terms of Reference will be published on the CCG's website and will be incorporated into the Governance Handbook.

Date agreed: 23 September 2014

Date reviewed: 23 June 2014; agreed 30 July 2014

Date approved by Council of Practices: 21 September 2016

Date approved by Council of Practices: 20 September 2017

Date approved by Council of Practices: 21 November 2018

Date approved by Council of Practices: 15 January 2020

Review January 2023