

North Tyneside Primary Care Committee Terms of Reference

1. Introduction

- 1.1 In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions specified in Schedule 2 to these Terms of Reference to North Tyneside CCG. The delegation is set out in Schedule 1.
- 1.2 The Governing Body has established the North Tyneside Primary Care Commissioning Committee (the Committee). The Committee will function as a corporate decision-making body for the management of delegated functions and the exercise of the delegated powers in line with North Tyneside CCG's Constitution and Scheme of Delegation.

2. Statutory Framework

- 2.1 NHS England has delegated to the CCG authority to exercise the primary care commissioning functions as set out in Schedule 2 in accordance with section 13Z of the NHS Act.
- 2.2 Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.
- 2.3 Arrangements made under sections 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:
 - a) Management of Conflicts of Interest (Section 14O)
 - b) Duty to promote the NHS Constitution (section 14P)
 - c) Duty to exercise its functions effectively, efficiently and economically (section 14Q)
 - d) Duty as to improvement in quality of services (section 14R)
 - e) Duty in relation to quality of primary medical services (section 14S)
 - f) Duty as to reducing inequalities (section 14T)

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- g) Duty to promote the involvement of each patient (section 14U)
 - h) Duty as to patient choice (section 14V)
 - i) Duty as to promoting integration (section 14Z1)
 - j) Public involvement and consultations (section 14Z2)
- 2.4 The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those set out below:
- a) Duty to have regard to the impact on services in certain areas (section 13O)
 - b) Duty as respects variation in provision of health services (section 13P)
- 2.5 The Committee has been established as a committee of the Governing Body in accordance with Schedule 1A of the NHS Act.
- 2.6 The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

3. Role of the North Tyneside Primary Care Committee

- 3.1 The Committee has been established in accordance with the above statutory provisions to enable the members of the committee to make collective decisions on the review, planning and procurement of primary care services in North Tyneside, under delegated authority from NHS England.
- 3.2 In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and North Tyneside CCG, which will sit alongside the delegation and terms of reference.
- 3.3 The functions of the Committee are undertaken in the context of a desire to promote increased quality, efficiency, productivity and value for money and to remove administrative barriers.
- 3.4 The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act, as set out in section 4.1 below.

4. Responsibilities of the Primary Care Commissioning Committee

4.1 This includes the following activities:

- a) Decisions in relation to General Medical Services (GMS), Personal Medical Services (PMS) and Alternative Providers of Medical Services (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);
- b) Decisions in relation to newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);
- c) Decisions in relation to design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- d) Decision making on whether to establish new GP practices in an area;
- e) Planning new primary care estate;
- f) Decisions on practice closures;
- g) Approving practice mergers and de-mergers; and
- h) Making decisions on ‘discretionary’ payment (e.g. returner/retainer schemes).
- i) Commissioning and contract management of new care models (new care models means any Multi-speciality Community Provider (MCP), Primary and Acute Care Systems (PACS) or other arrangements of a similar scale or scope that (directly or indirectly) includes primary medical services.

4.2 The CCG will also carry out the following activities:

- a) To plan primary medical services, including Primary Care needs assessments;
- b) To undertake reviews of primary medical care services;
- c) To co-ordinate a common approach to the commissioning of primary care services generally;
- d) To manage the budget for commissioning primary care medical services in North Tyneside;
- e) Develop and monitor the delivery of the Primary Care Strategy (approval is by Governing Body).

5. Geographical Coverage

- 5.1 The North Tyneside primary care committee will comprise the area covered by North Tyneside CCG.

6. Membership

- 6.1 The Committee shall consist of:

- a) Committee Chair: CCG Deputy Lay Chair (or in his/her absence the lay member for Patient and Public Engagement¹) **(voting member/s)**
- b) A Director from North Tyneside CCG or deputy **(voting member)**
- c) The CFO from North Tyneside CCG or deputy **(voting member)**
- d) A Director (or designate) from NHS England **(non-voting member)**
- e) Clinical Director or their nominated GP **(non-voting member)**
- f) Practice Manager **(non-voting member)**

In attendance:

- a) The CCG Designated lead for Primary Care
- 6.2 To ensure effective management of actual or potential conflicts of interest, the circulation of meeting agenda and papers will be circulated to ensure committee members do not receive papers on items they are conflicted on and GPs will withdraw from the meeting as requested to do so by the Chair of the committee. These arrangements do not preclude GP participation in strategic discussions on primary care issues, subject to appropriate management of conflicts of interest.
- 6.3 A standing invitation will be made to specified partners in a non-voting capacity, namely:
- a) A representative from HealthWatch North Tyneside; and
 - b) A representative from the North Tyneside Health and Wellbeing Board.
- 6.4 Other CCG Governing Body members, GPs, officers, employees and practice representatives may be invited to attend all or part of meetings of the committee to provide advice or support particular discussion from time to time. Those invited to attend will not be entitled to vote, but will be an integral part of all discussions.

¹ This cannot be the CCG Audit Chair

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- 6.5 Those invited in a non-voting capacity will not be entitled to attend the meetings in private session, unless specifically invited to do so by the Chair for a particular item.
- 6.6 The membership will meet the requirements of the CCG's Constitution.
- 6.7 The CCG Director will be the lead officer for the committee.

7. Meetings and Voting

- 7.1 The Committee shall adopt the Standing Orders of NHS North Tyneside CCG insofar as they relate to the:
 - a) Notice of meetings;
 - b) Handling of meetings;
 - c) Agendas;
 - d) Circulation of papers; and
 - e) Conflicts of interest
- 7.2 Each member of the Committee (except the non-voting members) shall have one vote. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary. However, the aim of the committee will be to achieve a consensus decision-making wherever possible.

8. Quoracy

The quoracy for the committee is two voting members one of which must be a lay member and the other a substantive director with voting rights.

9. Frequency and Operation of Meetings

- 9.1 The committee will meet monthly (as required to discharge the responsibilities of the committee) but must meet a minimum of 4 times per year in public.
- 9.2 In exceptional circumstances, an extraordinary meeting of the committee may be required and can be called by the Chair by providing members with a minimum of five working days' notice. The quoracy for this meeting is the same as that set out above.
- 9.3 Meetings of the Committee shall:
 - a) Be held in public, subject to the application of 9.3(b) (below);
 - b) The Committee may resolve to exclude the public from a meeting that is open to the public (whether during 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

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by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

- 9.4 Declarations of Interest will be a standing agenda item. All potential conflicts of interest will be declared and dealt with in accordance with the CCG's Constitution and CCG policies and procedures for Standards of Business Conduct and Declarations of Interest.
- 9.5 Members of the Committee have a collective responsibility for the operation of the 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.
- 9.6 The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.
- 9.7 The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.
- 9.8 Members of the Committee shall respect confidentiality requirements as set out in the CCG Standing Orders unless separate confidentiality requirements are set out for the committee in which event these shall be observed.
- 9.9 The Committee will make decisions within the bounds of its remit. The decisions of the committee shall be binding on NHS England and the CCG.
- 9.10 The Committee will produce an executive summary report which will be presented to NHS England and the CCG governing body for information no less than annually.

10. Review of Terms of Reference

These terms of reference will be formally reviewed on an annual basis, or as required reflecting experience of the Committee in fulfilling its functions or changes to guidance or legislation.

11. Accountability of the Committee

- 11.1 The Committee is responsible for all decisions relating to the functions set out in schedule 6 of the delegation agreement and associated budget except those decisions that are reserved to Governing Body as shown in the CCG's Scheme of Delegation. The CCG has reviewed its Standing Financial Instructions and Standing Orders to ensure consistency with these Terms of Reference.

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11.2 For the avoidance of doubt, in the event of any conflict between the terms of this Scheme of Delegation and Terms of Reference and the Standing Orders of Standing Financial Instructions of any of the members, the latter will prevail.

12. Procurement of Agreed Services

12.1 The detailed arrangements regarding procurement are set out in the delegation agreement.

13. Decisions

13.1 The Committee will make decisions within the bounds of its remit.

13.2 The decisions of the Committee shall be binding on NHS England and North Tyneside CCG.

13.3 The Committee will produce an executive summary report which will be presented to Cumbria and North East area team of NHS England and the governing body of North Tyneside CCG annually for information.

Schedule 1 – Delegation

Schedule 2 – Delegated functions

Schedule 3 – List of Members

Date approved by Governing Body:	25 July 2017
Due for review:	July 2018
Date Reviewed by PCC:	15 March 2018
Date Approved by Governing Body:	27 March 2018
Date Reviewed by PCC:	14 February 2019
Date Approved by Governing Body:	23 April 2019

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SCHEDULE 1

Delegation Agreement



1718 Delegation
Agreement - North T

SCHEDULE 2

Delegated functions



1718 Delegation -
North Tyneside.pdf

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LIST OF MEMBER PRACTICES

Practice Name	Address
West Farm Surgery	31 West Farm Avenue Longbenton Newcastle Upon Tyne NE12 8LS
Lane End Surgery	2 Manor Walk Benton Newcastle Upon Tyne NE7 7XX
Swarland Avenue Surgery	2 Swarland Avenue Benton Newcastle Upon Tyne NE7 7TD
Spring Terrace Health Centre	Spring Terrace North Shields Tyne and Wear NE29 0HQ
Portugal Place Health Centre	Portugal Place Wallsend Tyne and Wear NE28 6RZ
Collingwood Health Group	Collingwood Surgery Hawkey's Lane North Shields Tyne and Wear NE29 0SF
Whitley Bay Health Centre	Whitley Road Whitley Bay Tyne and Wear NE26 2 ND
49 Marine Avenue	49 Marine Avenue Whitley Bay Tyne and Wear NE26 1NA
Forest Hall Medical Group	Forest Hall Health Centre Station Road Forest Hall Newcastle Upon Tyne NE12 9BQ
Marine Avenue Medical Centre	Marine Avenue Whitley Bay Tyne and Wear NE26 3LW
The Priory Medical Group	19 Albion Road North Shields Tyne and Wear NE29 0HT
Beaumont Park Surgery	Hepscott Drive Beaumont Park Whitley Bay

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Practice Name	Address
	Tyne and Wear NE25 9XJ
Wideopen Medical Centre	Great North Road Wideopen Newcastle Upon Tyne NE13 6LN
Bewicke Medical Centre	51 Tynemouth Road Howdon Tyne and Wear NE28 0AD
Appleby Surgery	Hawkey's Lane North Shields Tyne and Wear NE29 0SF
The Village Green Surgery	The Green Wallsend Tyne and Wear NE28 6BB
Woodlands Park Health Centre	Canterbury Way Wideopen Newcastle Upon Tyne NE13 6JJ
Nelson Medical Group	Cecil Street North Shields Tyne and Wear NE29 0DZ
Monkseaton Medical Centre	Cauldwell Avenue Whitley Bay Tyne and Wear NE25 9PH and Bridge Medical Shiremoor Resource Centre Earsdon Road Shiremoor NE27 0HJ
Northumberland Park Medical Group	Shiremoor Resource Centre Earsdon Road Shiremoor Newcastle Upon Tyne NE27 0HJ
Bridge Medical (formerly Shiremoor Medical Group)	Shiremoor Resource Centre Earsdon Road Shiremoor Newcastle Upon Tyne NE27 0HJ and Monkseaton Medical Centre Cauldwell Avenue Whitley Bay NE25 9PH
Garden Park Surgery	Denbigh Avenue Howdon Wallsend Tyne and Wear

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Practice Name	Address
	NE28 0PP
Park Road Medical Practice	93 Park Road Wallsend Tyne and Wear NE28 7LP
Redburn Park Medical Centre	15 Station Road Percy Main North Shields Tyne and Wear NE29 6HT
Park Parade Surgery	69 Park Parade Whitley Bay Tyne and Wear NE26 1DU
Wellspring Medical Practice	Killingworth Health Centre Citadel East, Killingworth Newcastle Upon Tyne NE12 6HS
Mallard Medical Practice	Killingworth Health Centre Citadel East Killingworth Newcastle Upon Tyne NE12 6HS