

Hammersmith and Fulham CCG Primary Care Co-Commissioning Joint Committee with NHS England

Establishment Agreement and Terms of Reference

Why?

Primary care is currently commissioned by NHS England, with only a very limited role for CCGs.

The CCG, along with the other CCGs of North West London, has therefore embraced co-commissioning as a means of exerting stronger local influence on the future development of primary care.

Only with this influence can the CCG be sure that primary care will be able to act as a driver for ambitious plans for transforming the local health and care economy, both locally and across North West London.

These plans place GPs at the centre of organising and coordinating care for people, seven days a week, through both individual practices and practice networks. This will require significant and sustained investment.

The CCG has only a limited ability to supply this investment, due to its exclusion from primary care commissioning. Equally, NHS England is unable to invest in integrated care because its commissioning role is mainly limited to primary care.

Expanding the CCG's role in primary care commissioning provides a mechanism by which money can be more readily shifted from around the local health economy, designed to support the expanded role for primary care and, in turn, North West London's wider out-of-hospital strategy.

What?

The main advantage of co-commissioning is the potential to develop a local and voluntary wrap-around contract that sits on top of the GMS contract and meets specific local needs. (The GMS contract stays with NHS England and will continue to be negotiated nationally.) This local contract will be co-designed between the North West London CCGs and NHS England, for implementation by practices in a way that reflects their individual population's circumstances. Co-commissioning also provides the opportunity to:

- Design local PMS and APMS contracts;
- Develop a local incentives framework as an alternative to the Quality and Outcomes Framework; and
- Exert increased influence on NHS England over quality improvement, estates development, practice mergers and closures, and discretionary payments.

Outcomes?

By aligning this with the rest of the ongoing transformation work across North West London, we believe that we can secure the following patient benefits:

- Services that are joined up, coordinated, and easily navigated, with more services available closer to people's homes;
- High quality out-of-hospitals care;
- Improved health outcomes, equity of access, reduced inequalities, and better patient experiences; and
- Enhanced local patient and public involvement in developing services, with a greater focus on prevention, staying healthy, and patient empowerment.

How?

The CCG will form a decision-making joint committee with NHS England, according to the terms of reference below. So too will the other seven CCGs in North West London. The eight CCGs' joint committees will meet in common, though each CCG's joint committee will retain individual decision-making authority. Having the committees meet in common will enable the strategic discussions on issues relevant across North West London and, where desirable, consistency across the CCGs.

Terms of reference

<p>Functions and duties</p>	<p>The role of the Joint Committee includes the following activities:</p> <ul style="list-style-type: none"> • Designing new extended scope services (locally commissioned services), including an additional wrap-around contractual GP offer, to support the delivery of the new model of care for General Practice (in alignment with other NWL out-of-hospital strategies); • GMS, PMS and APMS contracts (including the design of PMS and APMS contracts and, jointly with the NHS England area team, contractual GP practice performance management); • Designing a local incentive schemes as an alternative to the Quality Outcomes Framework; • Making recommendations on whether to establish new GP practices in an area; • Making recommendations on practice mergers, plus retirements, dispersals, and contract terminations; and • Making recommendations on discretionary payments (e.g. returner/retainer schemes).
<p>Key responsibilities</p>	<p>The key responsibilities of the Joint Committee will be in strategic planning and coordinating a consistent approach to primary care commissioning in the CCG through:</p> <ul style="list-style-type: none"> • Carrying out local needs assessments and reviews in primary care, as required; • Identifying local needs in primary care based on reports and recommendations from the CCG, local HWBB, NHS England, and Londonwide and local LMCs; • Developing new models of care for general practice and primary care to align with wider local strategic direction; • Developing quality improvement strategies based on reports and recommendations from the CCG, local HWBB, NHS England, and Londonwide and local LMC; • Recommending appropriate mechanisms to support providers in optimum delivery, including: <ul style="list-style-type: none"> ○ Supporting the development of GP networks and federations; ○ Succession and resilience plans; and ○ Strategies for providing additional financial support in primary care; • Co-developing investment criteria and procurement plans across CCG boundaries based on the agreed model of care for general practice and wider local strategic priorities; and • Updating and upholding processes for addressing conflicts of interest related to primary medical services commissioning across NW London, in alignment with statutory national guidance and the member CCGs' constitutions and conflict of interest policies.
<p>Membership</p>	<p>The Joint Committee will be made up of the following voting members:</p> <ul style="list-style-type: none"> • Lay Chair; • Lay Vice Chair; • CCG Chair (or nominated deputy); • CCG Accountable Officer; • CCG Chief Financial Officer; • Director of Primary Care Commissioning, NHS England (London);

	<ul style="list-style-type: none"> • Director Operations Commissioning, NHS England (NW London); • Medical Director, NHS England (NW London); • Assistant Medical Director, NHS England (London); • CCG secondary care governing body member; and • CCG nurse governing body member. <p>The CCG's audit chair will be either the lay chair or the lay vice chair.</p> <p>As an out-of-area clinician, the secondary care member will serve the additional function of further mitigating against conflicts of interests.</p> <p>Each member of the Joint Committee will have one vote, though NHS England will have a casting vote for any functions within its statutory obligations.</p>
The Chair and Vice Chair	<p>The Chair and Vice Chair will be appointed by the Joint Committee. Both will:</p> <ul style="list-style-type: none"> • Be a lay member; • Be an expert facilitator and chair; • Have extensive management or financial experience; • Be able to give an independent view on possible internal conflicts of interest; and • Have experience in and an understanding of the health and social care environment of NW London.
Sub-groups	<p>In order to maintain a manageable group size when the Joint Committees meet in common, Healthwatch and Health and Wellbeing Board representatives from across North West London will form a separate stakeholder sub-group to guide the work of the Joint Committees. This will be as an alternative to a representative from each local Healthwatch and Health and Wellbeing Board attending each Joint Committee (and therefore when they meet in common).</p> <p>The terms of reference for the sub-group will be agreed at the Joint Committee's first meeting and will include the provision for the sub-committee to elect:</p> <ul style="list-style-type: none"> • two Healthwatch representatives (one from CWHHE and one from BHH) to attend the Joint Committees in Common as non-voting advisors; and • two Health and Wellbeing Board representatives (one from CWHHE and one from BHH) to attend the Joint Committees in Common as non-voting advisors. <p>The secretariat of the Joint Committee (see below) will service the sub-group.</p>
Non-voting advisors	<p>The Director of Strategy and Transformation from the Collaboration of NWL CCGs will be a non-voting advisor of the Joint Committees in Common.</p> <p>Londonwide LMC will be invited to nominate two representatives to participate in the Joint Committees in Common as non-voting advisers, representing GPs as providers and bringing local and clinical expertise to discussions.</p> <p>The Healthwatch and Health and Wellbeing Board sub-group will elect representatives to attend the Joint Committees in Common as non-voting advisors (see above).</p> <p>The Joint Committee may call additional experts to attend meetings on an ad hoc basis. This will be determined on an individual basis to meet requirements as they arise.</p>
Frequency of meetings	Meetings will occur at least quarterly and more frequently as required.
Quorum	<ul style="list-style-type: none"> • Lay chair or lay vice chair; • CCG chair (or nominated deputy); • One CCG officer (AO or CFO); and • One officer from NHS England.

	Again, NHS England has a casting vote for any functions within NHS England's statutory obligations.
Operation of the Joint Committee	<p>The Joint Committee will be supported by a secretariat. This will be run by the Strategy and Transformation team of the Collaboration of NWL CCGs. The secretariat will produce an executive summary report to be presented to the CCG governing body and NHS England following each meeting of the Joint Committee.</p> <p>The secretary to the Joint Committee will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member no later than seven days before the meeting. When the chair of the Joint Committee deems it necessary, in light of urgent circumstances, to call a meeting at short notice, the notice period shall be such as s/he shall specify.</p> <p>The secretary to the Joint Committee will:</p> <ul style="list-style-type: none"> • Circulate the minutes and action notes of the committee within three working days of the meeting to all members; and • Present the minutes and action notes to NHS England and the CCG governing body.
Public transparency	<p>Meetings shall be held in public, though 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.</p> <p>The Joint Committee will demonstrate its transparency to local people, as well as the CCG and NHS England, by:</p> <ul style="list-style-type: none"> • Including independent lay members and clinicians, with a sub-group for Healthwatch and Health and Wellbeing Board representation across the North West London Joint Committees (see above); • Publishing these terms of reference; • Publishing minutes and summary updates for governing bodies and for the public domain; • Publishing any joint strategies agreed; and • Complying with NHSE guidance and with generally accepted principles of good governance. <p>Information regarding the work of the Joint Committee will be made available to the public through the CCG website.</p>
Conduct of the Joint Committee	The Joint Committee shall, at least annually, review its own performance, membership, and terms of reference. This review will reflect experience of the Joint Committee in fulfilling its functions and the wider experience of NHS England and the CCG in primary medical services co-commissioning.
Changes to the terms of reference	These terms of reference will be formally reviewed by NHS England and the CCG in April of each year, following the year in which the Joint Committee is created. They may be amended by mutual agreement between the parties at any time to reflect changes in circumstances.
Withdrawal from joint co-commissioning	Withdrawal from arrangements described in this document may be through mutual agreement between the CCG and NHS England, with six months' notice given to all parties. NHS England reserves the right to terminate the arrangements with immediate effect if its statutory duties are to be breached.