



West Hertfordshire Primary Care Trust and
East and North Hertfordshire Primary Care Trust

TERMS OF REFERENCE OF THE Appendix 3 PRACTICE BASED COMMISSIONING (PBC) COMMITTEE

1. Status and Delegated Authority

- 1.1 The Primary Care Trusts (hereafter known as “the PCTs”) hereby resolve to establish a sub committee of the Professional Executive Committees of the PCTs, to be known as the Practice Based Commissioning Committee (hereafter known as “the Sub Committee”).
- 1.2 The Sub Committee is authorised by the Boards to carry out any activity within its Terms of Reference. (Financial Limits as approved by the Board) It is authorised to seek clarification and further investigation of any governance matter, and to request any relevant information from any employee.
- 1.3 The Sub Committee is authorised by the Boards to obtain outside or other independent professional advice, and to secure the attendance of outsiders with relevant experience and expertise if required

2 Reporting

- 2.1 The Practice Based Commissioning Committee is a Sub Committee of Professional Executive Committees and is accountable to the Professional Executive Committees. The Sub Committee will report to the PEC. The Sub Committee will provide performance reports and minutes for every PEC meeting.

3 Formed

The subcommittee was formed in November 2007

4. Purpose and Duties

- 4.1 The Sub Committee is responsible for ensuring that the PCT establishes and maintains appropriate clinical and corporate governance arrangements for practice based commissioning.
- 4.2 The Sub Committee will also ensure that all parts of the NHS involved in practice based commissioning conform to the highest standards of honesty, probity and integrity and work in partnership in a patient centred and inclusive way.

Duties

4.3 Developing Practice Based Commissioning:

- § Establish a clear local framework for practice based commissioning that incorporates national guidance;
- § Ensure there is a process for practice budgets to be reviewed on a quarterly basis to take account of practice population changes;
- § Oversee arrangements for managing risk in all areas relating to PBC.
- § Agree local incentive schemes for practice based commissioning, approve appropriate levels of autonomy and accountability and monitor ongoing performance;
- § Ensure that practices are provided with timely access to activity and finance information;
- § Ensure that the PCT provides practices with the support they need to effectively discharge their commissioning responsibilities;
- § Use a combination of local and national indicators to take a balanced view about progress towards the implementation and impact that PBC is having across the health economy and ensure appropriate reporting;
- § Where necessary refer decisions to the PEC or Board. The PEC or Board may refer the decision to the SHA who may request support from DH.

4.4 Commissioning Plans:

- § Monitor practice activity and expenditure against the PBC Plan and make recommendations for action as necessary;
- § Ensure that the procurement of new services is carried out in line with national guidance and legislation.

4.5 Service Provision:

- § Assess and approve business cases for 'spend to save' schemes;
- § Approve schemes for the use of freed up funds within the context of national and local PBC guidance;
 - Ensure appropriate governance arrangements for services moved from hospitals into other settings for patients through ongoing monitoring.

5. Membership

5.1 The core membership of the Sub Committee is as follows:

- § Non Executive Director (Chair)
- § 2 GP members of the Professional Executive Committees
- § 1 other clinical member of the Professional Executive Committees
- § Director of Primary Care and Service Development
- § Director of Public Involvement and Corporate Services
- § Representative of Acute Commissioning
- § Assistant Director of Finance Non Acute and Corporate Services

5.2 Regular (non-voting) attendees of the Sub Committee will be:

- § GP PBC Leads
- § Nursing and Allied Health Professionals representatives as required
- § Assistant Directors of Commissioning – East and North
- § Assistant Directors of Commissioning – West
- § Assistant Director of Integrated Governance
- § Assistant Director of Commissioning and Performance
- § Local Medical Committee- Beds & Herts
- § Local Dental Committee
- § Local Pharmacy Committee
- § Local Optometrists Committee
- § Representative of the Patients' Forum
- § Director of Public Health
- § Director of Nursing

5.3 In addition, Practice Based Commissioners will be invited to present business cases and commissioning plans; all localities will be invited as part of a rolling annual programme.

6. Meetings

6.1 Meetings will be held at such intervals as the Chair shall judge necessary to discharge the responsibilities of the Sub Committee, but shall be held normally on a 4 weekly basis, and no less than six times per year.

6.2 The Chair of the Sub Committee may convene special meetings of the Sub Committee, in accordance with the Standing Orders of the PCTs.

6.3 Due to wide range of roles and responsibilities involved in PBC, the Declaration of Members Interests will be reviewed at every meeting.

7. Quorum and Attendance

- 7.1 Each member of the sub-committee will have a named deputy who may attend the committee in exceptional circumstances with agreement from the chair.
- 7.2 The Sub Committee will be quorate if there is a Non Executive Director present, and at least 4 other members (including 2 clinicians – one of which must be a GP).

8. Decision Making

Decisions will be made by consensus

9. Papers

- 9.1 Appropriate administrative support will be provided to the Sub Committee initially by the Primary Care directorate.
- 9.2 Papers will be circulated 1 week before meetings.

10. Terms of Reference: Ratification, Review and Interpretation

- 10.1 Approved by the Practice Based Commissioning sub-Committee on 16th October.
- 10.2 Approved by the PEC on 15th November 2007
- 10.3 These Terms of Reference will be reviewed on an annual basis.