Bedfordshire, Luton and Milton Keynes Integrated Care Board

Primary Care Delivery Group (PCDG) Terms of Reference

The Primary Care Delivery Group is an Executive led sub-group of the Primary Care Commissioning and Assurance Committee (PCCAC). The PCCAC was established by Bedfordshire Luton and Milton Keynes Integrated Commissioning Board (BLMK ICB) in July 2022 and reports to the ICB in accordance with its constitution.

1.0 Authority

1.1 The Primary Care Commissioning and Assurance Committee has delegated authority to the Chief Primary Care Officer to oversee the executive led Primary Care Delivery Group as set out in the ICB committee structure Appendix 1.

2.0 Purpose

2.1 The Primary Care Delivery Group is to enable the Chief Primary Care Officer to focus and oversee the management and delivery of the entire primary medical (GP), community pharmacy, optometry and dental services programmes of work in the context of promoting increased quality, efficiency, productivity, value for money and reducing administration burden whilst providing assurance reports to the PCCAC at each meeting on the following functions.

a) Business as usual operational issues.
b) Oversee the implementation of primary care transformation adhering to the principle of subsidiarity.
c) Implementation and delivery on the transformation and integration programme for primary care which includes the ambitions in the NHSE 'Fuller Stocktake Report' (May 2022), the NHSE 'Delivery Plan for Improving Access to Primary Care' (May 2023) and the ICBs 'Delivery Plan for Prevention in Primary Care Settings` (January 2024).
d) Promotion of working collaboratively with the finance, quality and safeguarding and estates directorates and wider system health and care partners to support the delivery of primary medical services.
e) To give financial approval within the Chief Primary Care Officers financial authorisation level set out in the Statement of Financial Orders (SFOs).
f) Financial approval outside of the Chief Primary Care Officers financial authorisation, will be requested from the PCCAC.

3.0 Membership and attendance

3.1 The PCDG will meet on a **monthly** basis as convened by the Group Chair.

3.2 The core membership of the PCDG will include the following representation or their designate:

Members with voting rights:

a) ICB Chief Primary Care Officer (Chair)
b) ICB Deputy Chief Primary Care Officer (Vice Chair)
c) ICB Associate Director of Primary Care Contracting & Development
d) ICB Associate Director of Primary Care and Prevention.
e) ICB Associate Director of Finance
f) ICB Associate Director of Quality Improvement & Inequalities
g) ICB Associate Director System and ICB Estates.

3.3 Other attendees - non-voting

a) ICB Associate Director of Pharmacy and Medicines Optimisation
b) ICB Head of Primary Care Workforce Programme
c) ICB Head of Community and Primary Care Contracting
d) ICB Senior Contract Managers GP and Dental services
e) ICB Heads of Integrated Care
f) ICB Strategic Clinical Leads
g) ICB Community Pharmacy Integration Lead
h) ICB Associate Director People Transformation
i) One representative from each Local Medical Committee (2)
j) One representative from each Local Dental Committees (2)
k) One representative from the Local Pharmaceutical Committee
l) One representative from each Local Optometry Committees (2)
m) One representative from each Health and Wellbeing Board in BLMK (4)
n) One Public Health representative for each Local Authority area (2)

3.4 Other members will be co-opted as and when appropriate including, but not limited to:
a) Senior Finance Manager
b) Senior Public Health
c) Others to be agreed.

4.0 Meeting Quoracy and Decisions

Quorum

4.1 Quoracy will be a minimum **four** representatives - Chief Primary Care Officer (Chair) or Deputy Chief Primary Care Officer (Vice Chair), Associate Director of Primary Care Contracting and Development, Associate Director of Finance

and Associate Director of Quality Improvement & Inequalities or Associate Director System and ICB Estates.

4.2 Where members are required for quoracy but unable to attend, they should ensure that a named and briefed deputy is in attendance who can participate and vote on their behalf.

Decision making and voting

4.3 Decisions will be taken in accordance with the Standing Orders. The Group will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

4.4 Only voting members of the group may vote. Each voting member is allowed one vote and a majority will be conclusive on any matter.

4.5 Voting members and responsible officers unable to attend the PCDG may appoint a deputy to attend and vote on their behalf. No other deputies are permissible.

4.6 Where there is a split vote, with no clear majority, the Chair of the Group will hold the casting vote. The result of the vote will be recorded in the minutes.

4.7 There may be times that decisions will need to be taken outside the meeting and subject to agreement with key representatives including the Chair of the Primary Care Commissioning & Assurance Committee or deputy. This will include contracting decisions e.g., list closure applications where a decision is required within 21 days of receipt of practice applications. Such decisions will be reported to the next PCCAC meeting.

5.0 Responsibilities of the Group

5.1 The responsibilities of the Primary Care Delivery Group will be delegated by the Primary Care Commissioning and Assurance Committee; it is expected these will be the focus areas:

5.1.1 Operational

i. Oversee commissioning and operational delivery of all primary care contracts including the design of Alternative Provider of Medical Services and Personal Dental Service contracts and Specialist Community Dental Services.

ii. Monitoring of contracts taking contractual action such as issuing remedial and breach of contract notices and or termination of contracts in line with the terms of the contracts and national policy guidance manuals.
iii. Oversee the programme of Alternative Provider of Medical Services and Personal Dental Service and other procurements and make recommendations to the PCCAC for contract award.
iv. Oversee the development (subject to financial authorisation) of newly designed enhanced services "Local Enhanced Services" and implementation of "Directed Enhanced Services" and "Local Incentive Schemes."
v. Approving practice mergers.
vi. Approving changes to practice boundaries, relocation requests.
vii. Approving list closure applications.
viii. Approving requests to convert General Dental Services to Personal Dental Services contracts.
ix. Agree change of dental contractor hours.
x. Oversee and approve the rebasing of dental contracts.
xi. Approving primary care medical and dental services incorporation applications.
xii. Making decisions on discretionary payments including Section 96 emergency financial support, within the Chief Primary Care Officer Executives SFO authorisation limits.
xiii. Making decisions relating to Primary Care Estates.
xiv. Making decisions relating to Primary Care digital issues.
xv. Making decisions relating to Primary Care workforce.
xvi. Undertake reviews of primary medical and dental services in the BLMK area and co-ordinate a common approach to the commissioning of primary care services.
xvii. Utilise local clinical and management knowledge to influence the development of and investment in general practice to improve patient access to services and taking a population health management approach.
xviii. Develop and commission end to end care and shape future primary care services.
xix. Provide the PCCAC with an annual work plan outlining key committee dates to receive specific reports in addition to the quarterly assurance reports.
xx. Oversee the delivery of the ICB Vaccination strategy.

5.1.2 Strategic

i. Take an active role in driving forward the NHS Long Term Plan.
ii. Plan primary care services in the BLMK area in response to population health assessment.

iii. Oversee the planning and preparedness for the delegation of NHS England Public Health (section 7a) services, vaccinations and immunisations to the ICB in 2025.
iv. Promote collaborative working on monitoring and addressing issues of quality in primary care based on the principle of continuous improvement.
v. Make recommendations to the PCCAC on whether to establish new GP practices in an area subject to the Committee's agreement.
vi. Agree and put forward the key primary care priorities that are included within the ICB strategy/annual plan, including priorities to address variation/inequalities.
vii. Promote collaborative working and interconnectivity with the Quality and Safeguarding Group, Estates Working Group, Workforce & Education Network Training Hub Steering Group and Digital Group.
viii. Review and monitor primary care risks and mitigations to provide assurance to the PCCAC.
ix. Monitor, review risks on the Board Assurance Framework (BAF) and Corporate Risk Register which relate to primary care to include identifying new risks.
x. Ensure the Primary Care Commissioning and Assurance Committee is kept informed of significant risks and mitigation plans, in a timely manner.

5.1.3 Assurance reporting to the PCCAC

i. Provide assurance to the Committee to manage the overall budget for commissioning of primary medical, community pharmacy, optometry and dental services.
ii. Maintain an overview of changes in the methodology employed by regulators and changes in legislation/regulation and assure the PCCAC that these are disseminated and implemented across all sites and that they are appropriately reviewed, and actions are being undertaken, embedded, and sustained.
iii. Provide assurance that the mechanisms are in place to review and monitor the effectiveness of the quality of care delivered by primary care providers and place.
iv. Ensure risks both financial and operational are highlighted to the Committee with the appropriate mitigation plans.
v. Provide assurance on the transformation and integration programme for primary care which includes the ambitions in the NHSE 'Fuller Stocktake Report' (May 2022), the NHSE 'Delivery Plan for Improving Access to Primary Care' (May 2023) and the ICBs 'Delivery Plan for Prevention in Primary Care Settings` (January 2024).

6.0 Behaviours and Conduct

ICB Values

6.1 Members of the Primary Care Delivery Group will be expected to conduct business in line with the ICB values and objectives. Members of, and those attending, the Primary Care Delivery Group shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy.

Equality and Diversity

6.2 Members of the Primary Care Delivery Group must consider the equality and diversity implications of decisions they make.

Declarations of Interest

6.3 All members of the Primary Care Delivery Group and those in attendance declare any actual or potential conflicts of interest which will be recorded in the minutes. Anyone with a relevant or material interest in a matter under consideration will be excluded from the discussion at the discretion of the Chair.

7.0 Accountability and reporting

7.1 The Primary Care Delivery Group is directly accountable to the Primary Care Commissioning and Assurance Committee (Appendix 1). The minutes of meetings shall be formally recorded.

7.2 The Chair of the Group shall report to the Primary Care Commissioning and Assurance Committee and provide an assurance report to the committee on a quarterly basis and escalate concerns to the Chair of the PCCAC where necessary.

7.3 The Group will work collaboratively to ensure interconnectivity with other ICB Executive Led Groups including but not limited to finance and estates, quality and safeguarding and ICS system stakeholders.

7.4 The Primary Care Training Hub Steering Group and Estates Working Group will report into the Primary Care Delivery Group.

8.0 Secretariat and Administration

8.1 The Group shall be supported with a secretariat function which will include ensuring that:

i. The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant Associate Director.
ii. Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements.
iii. Records of members and conflicts of interest will be declared and recorded at each meeting.
iv. Good quality minutes are taken in accordance with the standing orders and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept.
v. The Chair is supported to prepare and deliver reports to the Primary Care Commissioning and Assurance Committee.
vi. The Group is updated on pertinent issues/ areas of interest/ policy developments.
vii. Action points are taken forward between meetings and progress against those actions is monitored.

9.0 Review

9.1 The Terms of Reference will be reviewed at least annually and more frequently if required. The Terms of Reference and any proposed amendments will be submitted to the Primary Care Commissioning and Assurance Committee for approval.

Date of approval: March 2024

Date of review: March 2025

Appendix 1 Bedfordshire Luton & Milton Keynes – ICB Committee Structure