

Wolverhampton CCG General Practice as Commissioners - Task and Finish Group

Terms of Reference

1. Introduction

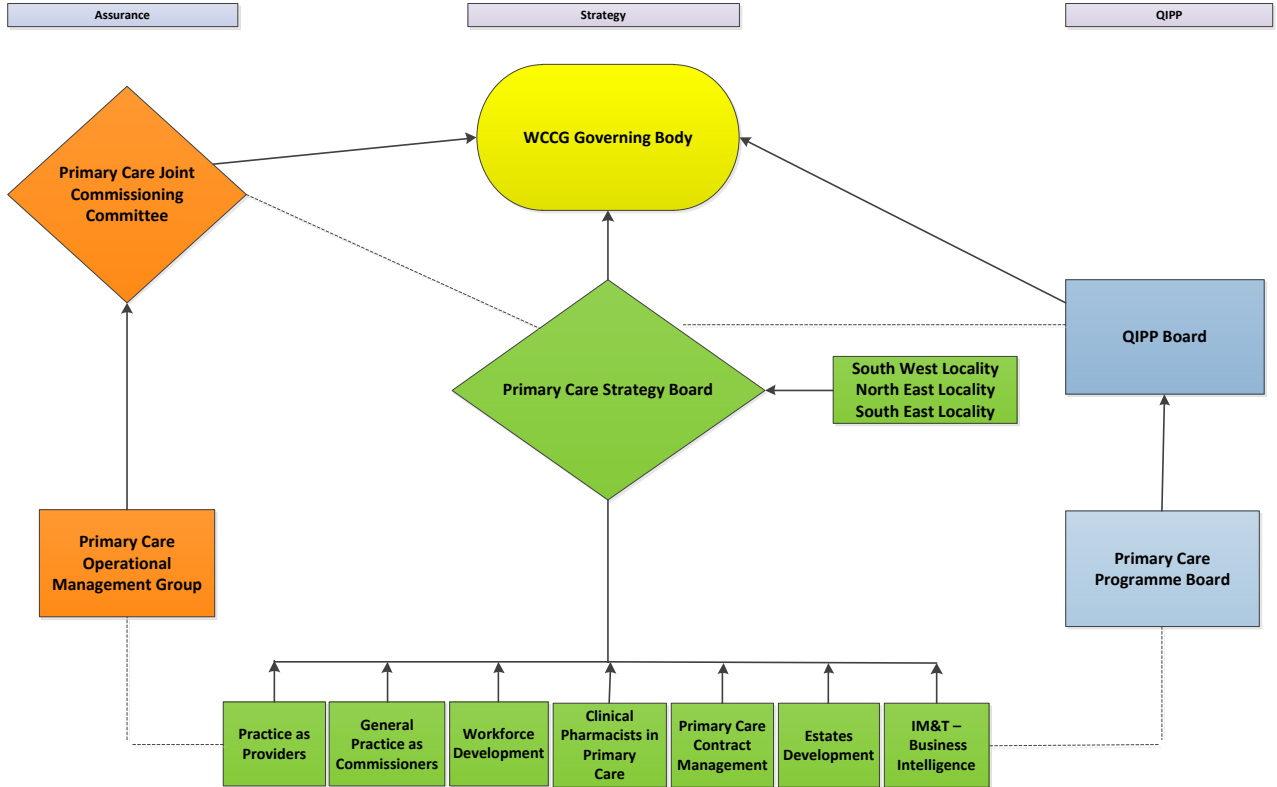
The General Practices as Commissioners Task and Finish Group has the responsibility to ensure the Localities/GP Groupings have the essential arrangements in place to deliver their functions effectively. The key areas to address include developing plans to address the following:

- Governance/Functions of Locality Meetings
- Commissioning and Contracting Cycle
- Commissioning within a predefined financial envelope that meets the needs of the Locality registered list.
- Monitoring and Quality
- Engagement and Development of Services
- Business Intelligence and Data

The Task and Finish Group need to ensure information sharing and appropriate links with other Task and Finish Groups and the Better Care Wolverhampton Programme to ensure these interdependencies are aligned and working collaboratively to reduce the risk of duplication.

Its role is to achieve the transition from present way of working to the one set out by Strategy and then to ensure the new way of working becomes business as usual. Once this has been achieved the Task and Finish Group will be disbanded, unless there are on-going activities which exist beyond the transformation delivery duration.

Task and Finish Group Structure:



2. Membership

Core membership will comprise of the following personnel:-

- Primary Care Transformation Manager (Chair)
- Nominated Locality Chair Representative
- Head of Strategy & Transformation
- Finance Representative
- IM&T/ Business Intelligence
- Primary Care Home (Wolverhampton Total Health Care nominated Representative)
- Operations Representative

There may be occasions when other representatives are co-opted or invited to attend these meetings.

3. Meeting administration

- 3.1 The Chair, with the support of their Admin support, will be responsible for ensuring circulation of the agenda and papers of the Task & Finish Group at least three working days before the meeting.
- 3.2 Circulation of the minutes/action notes will be completed by the chair/admin support within five working days of the meeting to all members.
- 3.3 The action log will be maintained, monitored and chased by the Business and Performance Primary Care PMO Administrator and they will send reminders to all the T&F Group members prompting updates at least three working days before the meeting.
- 3.4 Following the meetings, the Chair will provide a highlight report based on key discussion points/ actions, to the Business and Performance Primary Care PMO Administrator within 3 working days, for presentation at the next Primary Care Strategy Committee.

4. Quorum

- 4.1 The group will be quorate if the chair along with the nominated locality chair representative and a CCG lead are present.
- 4.2 In the event of other members being unable to attend meetings they must ensure a nominated deputy is identified to aid continuity of the program and discussions at the meeting.

5. Voting

- 5.1 The Task & Finish Group is expected to take most decisions by consensus. Where a decision cannot be reached, this will be escalated to the Primary Care Strategy Committee.

6. Frequency

- 6.1 Meetings will be held at monthly intervals.

7. Remit, duties and responsibilities:

- 7.1 The remit of this Task and Finish Group is to ensure all member practices are fully involved, particularly at locality level, and are engaged in developing the operating function of the Locality meetings and networks covering North East, South East and South West to be more commissioner led.

Pivotal to this is to strengthen collaborative working across the Localities and Clinical Networks in par with the CCG mission:

We will be an expert clinical commissioning organisation, working collaboratively with our patients, practices and partners across health and social care to ensure evidence-based, equitable, high quality and sustainable services for all of our population.

- 7.2 The three ways Member Practices are involved in the commissioning undertaken by the CCG on their behalf is:
- By participation the quarterly membership meetings
 - By participation through localities
 - By participation in focussed work to review present services and develop new services
- 7.3 Oversight and development of Localities as commissioners ensuring that the localities have appropriate arrangements in place to exercise their; functions effectively, efficiently and economically and in accordance with the localities terms of reference and governance.

This will include 5 key areas, detailed below:

Governance/Functions of Locality groups/ clinical network groups

- Ensuring structures, systems and processes are in place for locality groups to be involved in the decision making processes of the CCG.
 - Discussions held at Locality/ clinical network groups need to be recognised when recommendations and decisions are made at Programme Boards and Commissioning committees
 - Work to ensure that engagement at practice and locality level is maximised to ensure discussions at this level are truly reflective of the views of practitioners and teams delivering services.

Commissioning and Contracting Cycle

- Develop a yearly planning template to incorporate the localities and clinical network priorities for the year 2017/18 and beyond.
- Developing processes for commissioning-Extended Primary Care services schemes which will seek to increase the range of services delivered out of hospital, where indicated by local evidence
- Using relevant Contract clauses to full effect to increase the quality and cost effectiveness of all CCG held contracts and thus reduce risk
- Oversight of the application of the agreed pricing model for Primary Care Services
- To ensure that practice indicative budget statements are developed and rolled out. Work with practice teams to ensure that the statements are considered in local decision making.
- Encourage practices/ networks to identify any QIPP opportunities and develop these and include within clinical network delivery plans.

Monitoring and Quality

- Developing processes to ensure locality/ clinical networks monitor activity and spend against plan by contract through scrutiny of practice level or locality/ clinical network reports and consider responses and remedial actions where indicated.
- Embed the GP Peer Review Scheme across clinical networks to improve quality, cost and reduce variation in referral patterns across a range of clinical specialties where there is a high number of referrals from primary to secondary care.
To enable this to take place, scrutiny of referral behaviours will be carried out by impartial experts e.g. GPs with special interests from outside of the CCG where applicable.
- Ensuring processes are in place to identifying service redesign/clinical pathway review opportunities to increase the range of out of hospital extended services.

Engagement and Development of services

- Ensure localities are involved in the development of commissioning intentions, CQUINS, QIPP projects and the overall service strategy of the CCG for all providers and agencies.
- Ensure localities are involved in the review and development of existing and new pathways and services.
- Clearly defined processes to enable Practices to feed back their and their patient's experience of using commissioned services.

Business Intelligence and Data

- Ensure there is a comprehensive range of reports/reporting formats for all data to be used at locality, clinical network and practice level. This includes:
 - Practice group level budget statements
 - Practice group level data dashboards utilising data held within the Primary Care Web-tool, Aristotle business intelligence, Public Health Observatory
- The development of locality dash boards and actively supporting the implementation of QIPP Plans, Quality Premium spending plans, Annual Operating Plan etc. as required by NHSE.
- Practice level intelligence should be collated and reviewed to determine clinical need and patient outcomes.

8. Reporting

- 8.1 The Task & Finish Group will report to the Primary Care Strategy Committee (frequency to be confirmed).

9. Review of Terms of Reference

- 9.1 These terms of reference will be reviewed by the T&F group and Primary Care Strategy Committee annually to ensure the group is achieving its objectives and to ensure that key changes are being incorporated as required.