

# Terms of Reference – Borough Primary Care Executive Group – March 2023

## 1. Introduction

- 1.1. The Borough Primary Care Executive Group (BPCEG) is established as a group of the North West London Integrated Care Board (NWLICB).
- 1.2. In keeping with the commitment to maintain and enhance primary care locally, as much business as possible will be transacted at Borough level.
- 1.3. The delegation of most primary care decision making to Borough level will ensure that primary care continues to be strengthened and empowered within NWL. Where matters do need to be escalated beyond the scope of the BPCEG, these should be highlighted to the Director of Primary Care who will take a view as to whether the issue needs to be handled within the wider ICB governance structure or whether a decision can be made under executive authority and subsequently reported through the NWLICB governance structure.
- 1.4. BPCEG's role is to oversee the development of primary care at a place based level, ensuring that NW London and national requirements are delivered and assurance provided through both the place based governance arrangements (where a decision impacts only the local geography) and the NW London Local Care governance arrangements (where more than one geography are impacted).
- 1.5. BPCEG will ensure that there is a fully integrated, system level approach to the development of primary care at place, making sure that the place based partnership philosophy and principles underpins the way the group works and transacts its business. BPCEGs will ensure that there is an appropriate and timely level of engagement with place based structures including local residents.
- 1.6. The BPCEG will ensure that reports are provided to the Director of Primary as directed, in the format prescribed and within the timescale required to ensure NW London governance arrangements can be discharged effectively.
- 1.7. NHS England has delegated the management and delivery of primary care to the CEO of the NWLICB. The majority of the delegation relates to executive functions which do not require formal committee level decisions and/or approval. Those elements of the Delegation Agreement that have been identified as appropriate for local management have been incorporated into these terms of reference in order to provide a local audit trail for recording discussions and decisions. Elements of the Delegation Agreement that require a system level oversight will continue to be the responsibility of the NW London Primary Care Team who will work closely with place based teams in discharging these responsibilities.
- 1.8. As BPCEG is a decision making group, all meetings will be required to be held in public, unless there are matters that are prejudicial to the public interest, relate to financial issues of an individual or practice or contain patient/personal information that cannot be

redacted and anonymised. In these circumstances the BPCEG will meet in private. Meetings in private should be infrequent and should not be used as a mechanism to have “difficult” discussions. Any decisions made at meetings in private will need to be ratified at a subsequent meeting in public.

- 1.9. Meetings of BPCEG in public will be recorded. These recordings will be made available on the NW London ICB website.
- 1.10. All members of PCEG must complete a NW London ICB Declaration of Interest Form. Declarations of Interest will be checked at the start of each meeting.

## **2. Authority**

2.1. The BPCEG is authorised to:

- 2.1.1. Apply the national Primary Care contracting regulations in the context of local strategy and agreed London Standard Operating Procedures (SOPs);
- 2.1.2. Make decisions on matters that impact on the local primary care geography in line with the SOPs. Regular reports will be provided to the place based governance structure.
- 2.1.3. Refer to the Director of Primary Care matters that impact more than one primary care geography
- 2.1.4. Seek advice from within the NWLICB in the first instance on aspects of its work requiring specialist knowledge (e.g. legal, estates).

## **3. Objectives**

3.1. The priorities for the BPCEG will include, but are not limited to:

3.2. Assurance:

- 3.2.1. Implementing the relevant strategy and work programmes of the Borough;
- 3.2.2. Lead on the management of the day to day responsibilities of delegated commissioning;
- 3.2.3. Providing the relevant data and information on issues to be discussed at place based meetings as well as NWLICB level meetings;
- 3.2.4. Support NHS England to manage the Reserved Functions as appropriate or as directed by NHS England.
- 3.2.5. Support the ongoing quality improvement of primary care through pro-active support and guidance (noting this excludes performance management), and working with other local and NWLICB groups as established in relation to primary care quality.

3.3. Risk:

- 3.3.1. Manage risk within the framework of the authorities and duties of the BPCEG as established in section 8 of these terms of reference;
- 3.3.2. Oversight of risk register with regards to section 8 of these terms of reference.

### 3.4. Contracting:

- 3.4.1. Apply the national Primary Care contracting regulations in the context of local strategy and agreed SOPs.
- 3.4.2. Support the contract development and management processes associated with GMS, PMS and APMS Practices.
- 3.4.3. Implement and oversee any alternative contracts for Quality Outcomes Framework (QOF) as agreed by the NWLICB.

### 3.5. Engagement:

- 3.5.1. Liaising with GP practice and other primary care providers in conjunction with NHS England representation on commissioning issues arising for practices.

## 4. Membership

### 4.1. The membership shall consist of:

- 4.1.1. Chair – Senior Local Manager<sup>1</sup> (v);
- 4.1.2. Member of the NW London Primary Care Team (Vice Chair) (v);
- 4.1.3. Place based Assistant Director of Primary Care or equivalent (v);
- 4.1.4. Borough Medical Director;
- 4.1.5. A representative of the Quality Directorate(v);
- 4.1.6. Senior Finance Manager(v)\* Refer to appendix B;
- 4.1.7. Patient representative (this could be Healthwatch, a lay partner etc);
- 4.1.8. LMC Representative as advisor/observer;
- 4.1.9. Representation from PCN Clinical Directors.

4.2. The group may invite other individuals or organisations as required. Practice representatives may also be invited to attend for items of direct relevance to them. A representative of the NWL Estates team will attend for estates-related items.

4.3. Whilst the group must be mindful to manage potential and perceived conflicts of interest at all times (see section 13), it will also ensure that its discussions are as well-informed as possible. Where subject-matter experts are invited to inform the group but whom may have, or may be perceived to have, a financial or other material interest in the decisions and deliberations of the group, particular care will be taken. All such interests will be assessed before the meeting (and associated distribution of materials), a management strategy agreed with the Chair of the group and the interest and management plan will be declared in the group's minutes and other records. That declaration will set out explicitly how the conflict was isolated from influencing the decision-making of the group.

## 5. Quorum

5.1. A quorum shall be the following three members; Chair or Vice Chair, Assistant Director of

Primary Care or their representative, and either a finance or quality team member.

<sup>1</sup> Senior Local Manager = an individual whose role has clear executive responsibility to primary care issues in the borough.

## **6. Frequency of Meetings**

6.1. Meetings shall be held at least every two months. However, this is at the discretion of the Chair in relation to matters requiring discussion.

## **7. Urgent actions**

7.1. In the vast majority of cases these actions can be made by the BPCEG as part of business as usual. However, there may be occasion, when an urgent situation arises that requires an action to be agreed either immediately or before the next meeting takes place. Urgent action meetings, in person or via teleconference, can be called by the Chair (or Vice-Chair in their absence).

7.2. A quorum as set out in section 5 must be present for any urgent action meeting to take place.

7.3. An urgent action meeting will be convened by the Chair (or Vice-Chair in their absence). All members of the BPCEG (unless conflicted) will receive any papers for an urgent action meeting or, where papers are not produced, receive by email or verbal briefing from the Chair/Vice Chair, details of the issue to be discussed and the decision required. Those outside of the quoracy who are unable to attend in person, should submit any comments via email so that they can be recorded at the meeting. Where an urgent-action is taken, this will be officially recorded as such immediately and reported at the next available BPCEG meeting.

7.4. Business may, when appropriate, be conducted virtually, using email teleconference.

## **8. Duties**

8.1. BPCEG will assume responsibility for GMS, PMS and APMS contracts; taking contractual action such as issuing breach/remedial notices, and removing a contract;

8.2. BPCEGs will apply the SOPs in regards to:

- 8.2.1. List closure;
- 8.2.2. List suspension;
- 8.2.3. Boundary changes;
- 8.2.4. Discretionary payments;
- 8.2.5. Contractual changes (transactional);
- 8.2.6. Locum reimbursements;

- 8.2.7. GP performer payments sickness;
- 8.2.8. Infection Prevention & Control.

8.3. To make decisions in line with SOPs and report these to place based governance structure

- 8.3.1. Practice merger/move;
- 8.3.2. New APMS contracts;
- 8.3.3. PMS Reviews;
- 8.3.4. Remedial and breach notices;
- 8.3.5. CQC Inadequate & Requires Improvement ratings;
- 8.3.6. Contract termination;
- 8.3.7. Contractual changes (contentious or major).

8.4. BPCEGs will refer to existing NW London governance process for wider NW London Strategic programmes such as Estates & IT. Where appropriate they should make recommendations to these existing governance structures following discussions at BPCEGs in relation to NW London Strategic programmes.

8.5. Attached at appendix A is a schedule which identifies, per key function, the respective roles of the Borough primary care team, BPCEG, the Director of Primary Care and the wider NWLICB governance arrangements.

8.6. To correspond with practices on the above issues, to ensure actions are made with the fullest possible information and to communicate back to practices clearly and promptly.

8.7. To improve quality, safety and patient experience of primary care services, as part of the ICBs overall responsibilities for improving quality across all commissioned services. Relationships with ICB Committee(s) will be established accordingly.

8.8. To give due consideration to the well-being and development needs of all staff providing and delivering primary care services.

8.9. In all instances, where discussions determine that more than one geography would be impacted by a local decision a report should be prepared and presented to the Director of Primary Care who will determine the most appropriate route of further discussion and decision making based on levels of authority/delegation and in line with all other corporate governance processes and requirements.

## **9. Reporting and Accountability**

9.1. The BPCEG will report to both the place based decision making group for those things that relate to a single geography and for which it has been agreed a local approach is required, as well as to the Director of Primary Care for considerations that impact more than one geography. More generally the BPCEG will be accountable to the Director of Primary Care for the provision of reports and assurance on the overall of the wider primary care agenda. Regular reports should be provided as required in the prescribed format in order that the Director of Primary Care can discharge their responsibilities to the NW London ICB Chief

Executive and the wider NW London system. Appendix C provides examples of reporting templates for both regular reporting and decision logs.

## **10. Relationships**

- 10.1. The BPCEG will have direct reporting/accountability relationships with the place based decision making group and the Director of Primary Care
- 10.2. The BPCEG will establish relationships where necessary with neighbouring geographies, especially where there are instances of cross geographical flow for patients and access to services
- 10.3. The BPCEG will establish relationships, as appropriate, with the wider place based programmes of work in order to ensure that there is effective joined up planning and thinking, thereby reducing the risk of duplication and furthering the holistic approach to delivering patient centred services.
- 10.4. The BPCEG will establish effective working relationships with Primary Care Networks in order to ensure that the development of primary care can be delivered effectively and has greater ownership locally.
- 10.5. An individual BPCEG may meet in common with other BPCEGs where such is likely to expedite business efficiently and effectively. For meetings in common, the quorum shall be as follows:
  - 10.1.1 The Chair (or Vice Chair) of each BPCEG;
  - 10.1.2 One finance or quality team representative; and
  - 10.1.3 Assistant Director of Primary Care or their representative;
- 10.6. So to ensure an efficient and effective use of resources and the smooth running of proceedings, when meeting in common, the Chairs (or Vice Chairs) will agree between them who will lead proceedings (i.e. act as Chair of the meeting) and who from their respective memberships should attend, with the aim to ensure that discussion is suitably informed whilst avoiding any unnecessary duplication etc.

## **11 Reporting**

- 11.1 A formal record of meetings will be kept and an action log maintained. Draft notes will be made available within a week of the meeting. Notes will be subject to the Freedom of Information Act. Certain parts of the notes may be redacted, if deemed confidential. Meetings of PCEG in public will be recorded. These recordings will be made available on the NW London ICB website.

## **12 Appeals**

- 12.1 If a practice considers that the BPCEG has not followed due procedure in its application of the SOPs, it may appeal to the Director of Primary Care in the first instance and thereafter the Primary Care Board.

## 13 Conflicts of interest

- 13.1 Dealing properly with conflicts of interest is vital to securing public confidence in clinically led decision making. The consequence of failing to do so could have significant implications for the ICB, both legal and reputational
- 13.2 The key stages of managing conflicts are:
- Identifying what constitutes an interest
  - Recognising when such an interest may represent a conflict
  - Declaring conflicts when they arise
  - Acting appropriately in response to conflicts
- 13.3 It is vital that any conflicts are identified as early as possible and that time is taken to consider how they should be resolved
- 13.4 Conflicts of Interests will be managed in accordance with the NWLICB Constitution and extant policy. Decisions and recommendations to others for decisions must be free of conflicts of interest and set out clearly how, where potential conflicts had been identified, how they were managed.
- 13.5 The BPCEG will maintain a Register of Interests for its members. Such register will be a standing item at the beginning of each meeting. All attendees at / contributors to meetings / the business of the BPCEG will declare their own interests and these shall be recorded in the minutes and other relevant documentation
- 13.6 Where a BPCEG member has, or may have, a conflict of interest, arrangements will be put into place to manage that conflict of interest in accordance with the Constitution and the Conflicts of Interest Policy of the NWLICB. The BPCEG will take a cautious approach to potential conflicts and seek guidance from the NWLICB Company Secretary when necessary.
- 13.7 Further advice on managing conflicts of interest can be sought from the NWL ICB Company Secretary and found in the NWL ICB Conflicts of Interest Policy which is located at [https://www.nwlondonics.nhs.uk/application/files/8616/5823/0295/NHS\\_NW\\_London\\_Conflict\\_of\\_Interest\\_inc\\_SOBC\\_Policy\\_v1.3.pdf](https://www.nwlondonics.nhs.uk/application/files/8616/5823/0295/NHS_NW_London_Conflict_of_Interest_inc_SOBC_Policy_v1.3.pdf)

## 14 Review of Terms of Reference

- 14.1 It is envisaged that these Terms of Reference will be reviewed annually.

Schedule of key functions in relation to the respective roles of the Borough primary care team, BPCEG, the Director of Primary Care and the wider NWLICB governance arrangements.

Function	Role of Borough Primary Care Team	Role of BPCEG	Role of Director of PC	Role of ICB
<b>Development of local primary care strategy*</b>	<p>Provide data and intelligence to aid the development local implementation of strategy</p> <p>To oversee specific delivery actions as requested</p>	<p>Oversee the development and delivery</p> <p>Escalate any issues that cannot be resolved locally or that need a wider system response</p>	<p>To develop the overall strategy for primary care</p> <p>To seek assurance from PCEGs on development and delivery and report to the Board</p> <p>To respond to any issues of escalation</p> <p>To seek agreement/approvals on issues of escalation through appropriate ICB governance/executive action routes</p> <p>Direct BPCEG or sub-groups accordingly</p>	<p>To approve the NW London primary care strategy</p>

<p><b>Transformation of local primary care services*</b></p>	<p>Provide data and intelligence to the to aid the development of the implementation of strategy</p> <p>To oversee specific delivery actions as requested</p>	<p>To ensure all services affecting primary care (i.e. not just those delivered solely by primary care) fit with local primary care strategy and that local clinicians are involved in the development</p> <p>Escalate any issues that cannot be resolved locally or that need a wider system response</p>	<p>To seek assurance on progress of transformation and to respond to any issues of escalation</p> <p>To seek agreement/approvals on issues of escalation through appropriate ICB governance/executive action routes</p>	<p>To receive assurance reports from Director of Primary Care and respond, as appropriate, to any issues escalated from PCEGs via the Director of Primary Care</p>
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<b>Function</b>	<b>Role of Borough Primary Care Team</b>	<b>Role of BPCEG</b>	<b>Role of Director of PC</b>	<b>Role of ICB</b>
<b>Control of delegated primary care budgets*</b>	Work with local finance colleagues to ensure a full understanding of the budget including any general themes or emerging issues	To receive standard report as per other delegated budgets	To respond to any financial issues escalated from BPCEGs	To receive reports as required from the Director of Primary Care
<b>Control of non-core contract budgets, e.g. Local Incentive Scheme* NB these remain under local control</b>	Make recommendations on local schemes  Provide data and intelligence to support the delivery of local schemes	Oversee the delivery of key indicators and to ensure services benefit patients and represent value for money  Escalate any issues that cannot be resolved locally or that need a wider system response	To receive reports on any decisions taken locally and to respond to any issues of escalation	To receive reports as required from the Director of Primary Care
<b>Quality within primary care*</b>	To work with other local groups, to support practices on any emerging or key issues and to address pro-actively  To deliver any actions as requested by the Director of Primary Care	To receive reports from the primary care team on areas of concern as well as positive improvement/development  Oversee the delivery of any requests from the Director of Primary Care  Escalate any issues that cannot be resolved locally or that need a wider system response	Receive reports from PCEG and to escalate any relevant issues to the appropriate ICB committee	To receive reports as required from the Director of Primary Care
<b>List closure</b>	To undertake the required due diligence in line with the London Standing Operating	To review any recommendations from the primary care team and make decisions as appropriate in line with the London Standard Operating Procedure	To receive reports on any decisions taken locally and report these through the appropriate ICB governance/Executive	To receive reports as required from the Director of Primary Care

Procedure on

routes

Function	Role of Borough Primary Care Team	Role of BPCEG	Role of Director of PC	Role of ICB
	any proposed list closure and to make recommendations to PCEG		Provide guidance on any related actions, e.g. securing a new APMS contract should BPCEG be unable to reach a decision	
<b>Practice merger/move</b>	To work with the affected practice(s) and to consider the impact of the proposal and ensure that all due diligence is undertaken	To consider proposals presented by the primary care team and make decisions as appropriate  Escalate any issues that cannot be resolved locally or that need a wider system response	To receive reports on any decisions taken locally and report these through the appropriate ICB governance/Executive routes  Provide guidance on any related actions, should PCEG be unable to reach a decision and/or escalate to the appropriate ICB governance/executive routes	To receive reports as required from the Director of Primary Care

<p><b>Boundary changes</b></p>	<p>To undertake the required due diligence and to make recommendations as appropriate to BPCEG in line with the London Standing Operating Procedure</p>	<p>To review recommendations from the primary care team and take appropriate decision in line with the London Standing Operating Procedure</p> <p>Escalate any issues that cannot be resolved locally or that need a wider system response</p>	<p>To receive reports on any decisions taken locally and report these through the appropriate ICB governance/Executive routes</p> <p>Provide guidance on any related actions, should PCEG be unable to reach a decision</p>	<p>To receive reports as required from the Director of Primary Care</p>
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Function	Role of Borough Primary Care Team	Role of BPCEG	Role of Director of PC	Role of ICB
			and/or escalate to the appropriate ICB governance/executive routes	
<b>New APMS contracts</b>	With other groups, such as finance, to work up local performance indicators and overarching procurement documentation	<p>Consider any recommendations from the primary care team and make decisions/recommendations as appropriate</p> <p>Provide a report to the Director of Primary Care which summarises the local requirements and approach to ensure fit with wider NW London system strategic objectives</p> <p>Escalate any issues that cannot be resolved locally or that need a wider system response</p>	<p>Receive from the PCEG overall summary of the requirements and approach to ensure fit with primary care strategy</p> <p>Provide guidance on any related actions, should PCEG be unable to reach a decision and/or escalate to the appropriate ICB governance/executive routes</p>	Receive recommendation from the Director of PC. Ensure good governance conducted (e.g. represents value for money)
<b>PMS Reviews [DN: is this still relevant?]</b>		Develop, alongside local GPs, appropriate service specifications for discussion with the relevant LMC	Ensure proposed service areas fit with local strategy, e.g. sufficient focus on local priority areas	Receive recommendation from Local Committee. Ensure good governance conducted

<p><b>Remedial and breach notices</b></p>	<p>Undertake all due diligence to ensure appropriate local actions have been taken and documentation prepared, including undertaking practice visits</p>	<p>Consider any recommendations from the primary care team and make decisions as appropriate including the issuing of breach and remedial notices</p> <p>Escalate any issues that cannot be resolved locally or that need a wider system response</p>	<p>To receive reports on any decisions taken locally and report these through the appropriate ICB governance/Executive routes</p> <p>To formally sign off the issuing of breach and remedial notices in the name of the</p>	<p>To receive reports as required from the Director of Primary Care</p>
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Function	Role of Borough Primary Care Team	Role of BPCEG	Role of Director of PC	Role of ICB
	Make recommendations to PCEG		<p>Director of Primary Care</p> <p>Provide guidance on any related actions, should PCEG be unable to reach a decision and/or escalate to the appropriate ICB governance/executive routes</p>	
<p><b>CQC Inadequate &amp; Requires Improvement notices</b></p>	<p>Undertake all due diligence to ensure appropriate local actions have been taken and documentation prepared, including undertaking practice visits</p> <p>Make recommendations to BPCEG</p>	<p>Consider any recommendations from the primary care team and make decisions as appropriate including the issuing of relevant notices</p> <p>Escalate any issues that cannot be resolved locally or that need a wider system response</p>	<p>To receive reports on any decisions taken locally and report these through the appropriate ICB governance/Executive routes</p> <p>To formally sign off the issuing of any notices in the name of the Director of Primary Care</p> <p>Provide guidance on any related actions, should PCEG be unable to reach a decision and/or escalate to the appropriate ICB governance/executive routes</p>	<p>To receive reports as required from the Director of Primary Care</p>
<p><b>Contractual changes (contentious/major impact)</b> [DN: need some</p>		<p>Provide an options paper to the COO &amp; Director of PC</p>	<p>COO &amp; Director of PC ensure the Local Senior Manager should be made aware</p>	<p>Receive recommendation from the COO &amp; Director of PC</p>

<b>Function</b>	<b>Role of Borough Primary Care Team</b>	<b>Role of BPCEG</b>	<b>Role of Director of PC</b>	<b>Role of ICB</b>
<b>advice on this one]</b>			and to sign-off paper for PCCC	and/or key officer(s)
<b>Locum reimbursements</b>	Made recommendations to the PCEG as appropriate for the authorisation of locum reimbursement in line with the London Standing Operating Procedure or local precedence	Consider recommendations from the primary care team and make decisions as appropriate in line with the London Standing Operating Procedure or local precedence  Escalate any issues that cannot be resolved locally or that need a wider system response	To receive reports on any decisions taken locally and report these through the appropriate ICB governance/Executive routes  Provide guidance on any related actions, should PCEG be unable to reach a decision and/or escalate to the appropriate ICB governance/executive routes	To receive reports as required from the Director of Primary Care
<b>GP performer payments sickness</b>	Made recommendations to the PCEG as appropriate for GP performance sickness payments in line with the London Standing Operating Procedure or local precedence	Consider recommendations from the primary care team and make decisions as appropriate in line with the London Standing Operating Procedure or local precedence  Escalate any issues that cannot be resolved locally or that need a wider system response	To receive reports on any decisions taken locally and report these through the appropriate ICB governance/Executive routes  Provide guidance on any related actions, should PCEG be unable to reach a decision and/or escalate to the appropriate ICB governance/executive routes	To receive reports as required from the Director of Primary Care

<b>Infection prevention &amp; control</b>	Ensure practices follow infection prevention &	Consider reports of any breaches and recommendations made by the primary	To receive reports on any decisions taken locally and report these	To receive reports as required from
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Function	Role of Borough Primary Care Team	Role of BPCEG	Role of Director of PC	Role of ICB
	control guidance including regular inspections and advise PCEG of any breaches and recommended actions	<p>care team and make decisions as appropriate</p> <p>Escalate any issues that cannot be resolved locally or that need a wider system response</p>	<p>through the appropriate ICB governance/Executive routes</p> <p>Provide guidance on any related actions, should PCEG be unable to reach a decision and/or escalate to the appropriate ICB governance/executive routes</p>	the Director of Primary Care

## Finance Input Into Borough Primary Care Executive Group Meetings

It has been agreed that:

- Primary care finance colleagues should receive invitations to all meetings and receive all papers
- Where there is no specifically identified item that requires a direct financial input, the PCEG meetings will accept apologies from the primary care finance team
- Where the local team feel that a financial comment would be helpful to support local discussions the local team and finance colleagues should meet in advance of the PCEG papers being finalised and distributed, to discuss the item concerned in order that any relevant financial commentary can be included. Where possible, this discussion should be held as part of the monthly budget holder reviewing, currently set up between finance team and borough leads.
- Where there is a significant decision being asked of PCEG which will have material recognised financial consequences and where it would not be expected that the local team would have the technical background to respond to detailed financial questions, a senior member (Deputy Head of Finance or Senior Finance Manager) of the primary care finance team should be present.
  - It is not anticipated that this will be the case for every meeting.
  - It is important to note that in cases where there is a significant financial impact e.g. decision to procure an APMS contract or major capital/estates development, then a NWL ICB business case will be required. This is in line with the NW London business case templates, guidance and authorisation SFI's, which will need to form part of the papers presented to PCEG for consideration.
  - It is important that early discussions take place with finance colleagues in order that appropriate planning can take place to ensure sufficient time for consideration to be given to discussions that might also need to take place at finance committee. This latter point will be important in light of the decision limits set out in the Standing Financial Instructions

December 2022