Somerset Primary Care Board

Collaborative Agreement

1. Membership of the Board

The Board will be made up of:

- Three appointees by the Local Medical Committee (LMC).
- Three appointees by Somerset Primary Healthcare Limited (SPH).
- Four Primary Care Network Clinical Directors (CDs) nominated by the Clinical Directors Group for Somerset.
- Two GPs with a strategic role in Somerset STP/ICS, one with a primarily commissioning role, and one with primarily a provider function
- The Medical Directors (PCMDs) for Primary Care of the Taunton & Somerset/Somerset Partnership, and Yeovil District Hospital NHS Foundation Trusts.
- A representative from Somerset Primary Care Training Hub
- A representative from Somerset Clinical Commissioning Group

Membership will transfer to the successor organisation of any of the above.

The membership will be reviewed as necessary and the Primary Care Board (PCB) may invite other members as required, either substantively or by co-option for a limited period.

Membership is not time limited and members will continue to be eligible to serve on the Board for as long as the appointing body chooses, or in the case of the strategic GPs and the PCMDs, for as long as they remain in post. The role of co-opted members will be reviewed every six months. Appointing organisations will nominate a replacement in the event of a full member leaving the Board for any reason.

2. Aims and Objectives

The aim of the Board is to represent Primary Care Providers in Somerset, and all general practitioners in the county, in discussions about System wide service development with the Somerset Health and Care System (SHCS) generally, and the STP/ICS in particular.

The objectives of the Board are:

1. To obtain and mandate representative authority from Primary Care Providers with regard to the aim above.
2. To facilitate clear communication between the SHCS and Primary Care Providers on matters relating to System development.

3. To consider the impact on primary care of all SHCS proposals, including the effect on workload, costs and clinical quality.
4. To be the 'go-to group' to which any commissioner or provider goes to engage primary care in SHCS work streams.
5. To co-ordinate primary care attendance at SHCS meetings.
6. To support GPs or other primary care staff working with the SHCS so they do not feel isolated in system wide work.
7. To report regularly on its activities to the SPH board, the LMC executive, and the CD Board.
8. To be a provider board but work closely with commissioning clinicians to ensure that primary care clinical leadership across the county is used as effectively as possible.
9. To ensure the STP/ICS is kept informed of the concerns, challenges and aspirations of Primary Care Providers
10. To liaise with the other independent contractor professions in Somerset about matters relating to STP/ICS development.

3. Culture

The Board and its members will seek at all times to maintain a culture that is collaborative, transparent, solution based and focused on producing the best outcome for patients.

4. Probity & Transparency

Potential conflicts of interest are inevitable when primary care clinicians and managers are contributing to NHS decision making. Board members will be required to declare any interest in NHS business that may be relevant to their views on any matter under debate, including all providers, commissioning, support (including educational) and other professional roles that they of their immediate family may fill.

Members will be expected to behave in a professional, ethical and open manner in all matters relating to the activities of the Board. Any member who is deemed not to have done so may be asked to leave the Board by a majority vote of all the members.

A summary analysis of all expenditure by the Board will be produced annually and made available to all interested parties.

Any Primary Care Provider in the county may request copies of Board papers, except where the Board agrees that disclosure should be delayed for a specific operational or commercial reason which must be individually specified.

Should the Board be made responsible for any funds, everyday responsibility for handling these will be delegated to SPH, but the Board remains fully accountable for their proper use and will receive updates at a formal Board meeting no less than twice a year. The Board will be responsible for ensuring that commissioners, or other providers of these

funds, are able to fulfil their assurance role in relation to the expenditure of the funds. The Board must formally authorise all continuing delegated expenditure at its April meeting every year.

Funds for which the Board is accountable may only be allocated to an organisation that has membership on the Board with the specific agreement of the Board. The allocation must be signed off at the time by two Board members who are not directly associated with the organisation in question.

The representatives of a member organisation that has a direct financial interest in any decision required by an agenda item may participate in the discussion but not vote on the matter.

5. Accountability & Governance

Board members are required to act in the best interests of patients and general practice in Somerset. They are responsible to their relevant employing or sponsoring organisations, but the Board is collectively answerable to the LMC, a General Meeting of SPH, and the CD Board.

The Board will be accountable to Somerset General Practices, the CCG, STP (or any other funding body) for the appropriate use of any funding provided for primary care clinician or practice engagement. The Board will report to the Executive Group (EG) of the STP/ICS as required by any funding agreement, and in accordance with the objectives in 2.0 above.

The Board will engage with Primary Care clinicians and practices through periodic items in the LMC Weekly Update. It reserves the right to communicate directly with interested parties as and when appropriate.

Member organisations will be responsible for the costs of their attendees where this is within the remit of the role. Members may otherwise be compensated for Board activity with agreement of the Board.

6. Authority & Delegation

Somerset STP/ICS, Somerset LMC, the Somerset CD Board and Somerset Primary Healthcare Limited are co-terminous, and all four organisations include the same GP practices. The CCG is the commissioning body, the LMC is the statutory representative structure for GPs, the CDs are responsible for implementing the requirements of the Primary Care Network DES, and SPH is the limited company that acts on behalf of practices as providers of services that go beyond core primary care contracts. In reality there is considerable overlap of their roles and as the Somerset HSCS moves towards an Integrated Care System the functions of each are likely to change. Therefore, rather than establishing a formal schedule of delegation, the Primary Care Board agrees to work within the following principles:

Agreement will be sought from each participating body that:

1. The PCB should adopt the aims and objectives listed in (2) above. If this cannot be obtained, the members sitting for that body will become observers with speaking rights but not voting members.
2. PCB members will have delegated authority to make decisions relating to the PCB's aims so long as these are within their appointing organisation's existing policy.
3. PCB members will provide their appointing organisation with the agendas and minutes of the PCB meetings so that the organisation can offer a view on any matters that, in the opinion of that body's board members, fall outside this delegated authority.
4. The PCB Members' organisations will be assumed to support recommendations made by the PCB that comply with 2-3 above unless a formal meeting of that organisation's decision making body votes otherwise.
5. Where a PCB member or members, or a participating body under this Agreement, concludes that there is an irreconcilable policy disagreement with the majority view of the PCB, the member(s) concerned will ask the Board secretary to record this, and will abstain from subsequent voting.

7. Conduct of Board Meetings

The Board shall meet monthly at a location and at such intervals as are agreed by the members. The meeting schedule will be published annually in advance.

The members will elect a Chair and a Vice-Chair who will each hold office for three years, and may be re-elected for a further term. The LMC undertakes to provide the secretariat with the LMC Medical Director, or their deputy, acting as the Board Secretary. The Secretary may or may not be one of the LMC's voting members.

Voting will be by a simple majority but may only take place if at least one member from each of the LMC, SPH, CCG and the CD Board is present. All members listed in Clause (1) may vote and any additional and co-opted members also have voting rights.

The PCB will be quorate when one member of each of the LMC, SPH, CCG and CD Board is present.

A vote of no confidence in an officer will require a majority of all members.

Clinicians and managers from Somerset provider practices may attend to observe a meeting with at least one week's notice and subject to a confidentiality agreement.

Pressing matters may be decided between meetings but any decisions on this basis should be recorded in the minutes of the subsequent formal meeting.

8. Work Programme

The Board will aim to respond to requests for comments or an opinion on any SHCS request within four weeks, though where a complex matter needs debate at a full Board meeting this may take up to six weeks.

The Board may prepare its own discussion and position papers on matters relating to primary care to ensure that decision makers are properly informed of the general consensus primary care position on significant matters, or, if no such consensus exists, the range of opinions held by the providers.

The Board will receive reports from members on activity elsewhere in the SHCS that is relevant to the Board's interests, and arrange for feedback.

If any subject requires more time for consideration than is available during a Board meeting the Secretary will convene a short life working group (which may meet face to face or virtually) that will consider it in detail and produce a report for the subsequent formal Board meeting or for virtual consideration by members.

Where appropriate the same process will be used to consider bids from organisations, Primary Care Networks and practices for funds from resources controlled or influenced by the Board.