**Somerset General Practice Provider Board**

Operational Framework and Terms of Reference

1. **Role and Objectives**

The Somerset General Practice Provider Board (GPPB, hereafter called “the Board”) has been developed to promote the value and support the development of General Practice services in the county, and to represent the strategic interests of all providers of General Practice services in Somerset, including:

* All practices holding Primary Medical Services contracts (GMS, PMS and APMS) in Somerset
* The provider of Out of Hours services in the county
* Any General Practice contractor providing “intermediate” community-based services
* All Primary Care Networks

The **primary role** of the Board is to be recognised as the “unified provider voice” of General Practice by all parts of the Somerset Health and Social Care System (HSCS), and to represent the strategic interests of the above General Practice healthcare providers at all levels of the Somerset Integrated Care System (ICS), including (but not limited to):

* The Somerset Integrated Care Partnership (ICP)
* The Somerset NHS Integrated Care Board (ICB)
* The Provider Collaborative(s), currently including the Collaboration Forum and the Collaboration Hub
* Any Body that becomes responsible for the delivery of “Out of Hospital” services in the ICS
* Any Clinical Senate or equivalent clinical “voice” within the ICS
* The Foundation Trust(s)
* The County Council
* Other Primary Care Providers
* Voluntary, Community and Social Enterprise (VCSE) organisations

The **objectives** of the Board are to:

* To obtain a mandate from the above General Practice providers to represent their strategic interests as specified in this document.
* To formally represent General Practice providers on the above Statutory and non-statutory Bodies of the ICS.
* To propose services, support systems, and areas of investment to ensure the optimal utilisation of funds earmarked for General Practice.
* To become responsible for the deployment of funds, outside of “core” Primary Medical Services contracts, allocated to General Practice by national and local commissioners. This includes accountability to commissioners for the appropriate utilisation of such funds, ensuring equitable distribution to relevant providers, and supporting providers to meet associated Key Performance Indicators (KPIs).
* To provide, in collaboration with the Somerset Local Medical Committee (LMC), a “General Practice voice” and expertise on relevant bodies, committees, working groups, etc. as necessary to achieve the Board’s primary role as defined above.
* To be the ‘go-to organisation’ to which any commissioner or provider in the HSCS reverts to engage General Practice in ICS work streams and developments.
* To work with the LMC, the Primary Care Network Clinical Director Board (PCN CD Board), and Somerset Primary Healthcare Limited (SPH) to co-ordinate General Practice representation at SHCS / ICS meetings / forums / committees, etc.
* To facilitate clear communication between the SHCS / ICS and General Practice providers on matters relating to Somerset ICS developments.
* To ensure that the ICS is kept informed of the concerns, challenges, and aspirations of General Practice providers.
* To consider the impact on the above General Practice providers of all ICS proposals, including the effect on sustainability, workload, workforce, income and expenditure, scope of work, and clinical quality.
* To support GPs, General Practice Nurses, Allied Healthcare Professionals and other staff working in General Practice so they feel a key part of the ICS and involved in the development of ICS commissioning decisions and service provision.
* To regularly communicate with all General Practice providers and ensure that a robust two-way dialogue exists between the Board and the providers it represents.
* Through its membership, to report regularly on its work to the SPH Board, the LMC Executive and Committee, the Somerset Training Hub, the PCN CD Board, and key General Practice providers, including the provider of Integrated Urgent Care services in Somerset.
* To ensure that its role is clearly demarcated from that of other General Practice representative bodies, including the LMC and PCN CD Board, and ensure that all stakeholders within the HSCS / ICS are aware of and understand that demarcation and the respective roles of these bodies, albeit unified through the GPPB.
* To support the Out of Hours provider to secure the ambition to establish a sustainable high quality Integrated Urgent Care Service in the county.
* To support members of the Board based in all parts of the HSCS, including the Foundation Trust(s), the ICB, and the ICP.
* To support clinicians and managers not on the Board, but who are representing the above General Practice providers (e.g., in localities, neighbourhoods, etc.)
* To liaise with other Primary Care Contractors in Somerset on matters relating to the HSCS and the ICS development.
1. Membership of the Board

The full membership of the Board will comprise:

Core members:

* Three appointees by the Local Medical Committee (LMC).
* Two appointees by Somerset Primary Healthcare Limited (SPH).
* Four Primary Care Network Clinical Directors (CDs) appointed by the PCN CD Board, including the Board Chair.
* Up to two Medical Directors / Associate Medical Directors with responsibility for Primary Care working within the Foundation Trust(s)
* A representative from the Somerset Out of Hours services provider (or Integrated Urgent Care Service)
* A representative from the Somerset Training Hub
* A representative from Somerset Integrated Care Board (CCG until the ICB is formally established) with responsibility for Primary Care Commissioning / Contracting

Co-opted members:

* Up to three leaders in Somerset General Practice or the Somerset ICS, not otherwise appointed by the above organisations, will be selected by the core members to be co-opted onto the Board as full voting members for a fixed term of 4 years. This term may be extended by a vote of the core members for a further 4 year period.

Members may be appointed to represent more than one of the above parties.

All the above members of the Full Board will be voting members of the Board.

Core Membership will transfer to the successor organisation of any of the above appointing bodies.

The membership will be reviewed by the Board as necessary and the Board may invite other members as required, either substantively or by co-option for a limited period. The Board will decide whether additional members will be full voting members of the Board for the duration of their tenure.

Membership, with the exception of the co-opted members, is not time limited and members will continue to be eligible to serve on the Board for the duration the “appointing body” chooses the duration of their tenure in the specified role, or until the specified role no longer exists. Appointing organisations will nominate a replacement in the event of a full member leaving the Board for any reason. The role of co-opted full voting Board members will be reviewed every 2 years.

Full Board members may appoint deputies to represent them at Board meetings, with the prior approval of the Chair, Deputy Chair, or Secretary.

1. Culture

The Board and its members will always seek to maintain a culture that is positive, collaborative, transparent, solution focused and act in the best interests of the providers it represents, whilst taking into account the needs of service users in the Somerset HSCS.

1. Probity & Transparency

Potential conflicts of interest are inevitable from time to time when Board members are contributing to debate and Board decisions. Board members will be required to provide a “declaration of interests” when they are appointed. Members will also be required to inform the Chair, in advance of any agenda item, of any conflict of interest that may be influence their views on any matter under debate or included within any Board meeting agenda.

Members are expected to always act in the best interests of the Board and the General Practice providers it represents during Board business. Members may, however, decline to participate in any debate or vote where they consider such participation to conflict with the priorities or interests of their “appointing body”, and must declare this to the Chair in advance.

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 complied with the above may be asked to leave the Board by a majority vote of all the full voting members (the relevant member will be excluded from such vote).

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

Any General Practice provider or other organisation forming part of the Somerset HSCSin 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.

Regarding any funds which the Board is responsible for managing, day to day management of such funds will be delegated to SPH (or its successor as the Managed Service Provider supporting the Board)*,* unless the Board recommends otherwise. The Board remains fully accountable for the proper allocation and utilisation of these funds and will receive detailed updates relating to the funds at a 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 appropriate expenditure of the funds. The Board must formally re-authorise all continuing delegated responsibility for 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 and 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.

Members appointed to the Board by an appointing body that has a direct financial interest in any decision required by the Board related to an agenda item may participate in the discussion but may not vote on the matter.

1. Accountability & Governance

Board members are required to act in the best interests of General Practice providers in Somerset, taking into account the needs of service users*,* whilst on Board business. They remain responsible to their relevant employing or sponsoring organisations, but the Board is collectively answerable to the providers it represents, the LMC, a General Meeting of SPH (or its successor as the Managed Service Provider supporting the Board), and the PCN CD Board.

The Board will be accountable to Somerset General Practice providers, the CCG/ICB, and Somerset ICS (or any other funding body) for the appropriate use of any funding allocated for use in General Practice. The Board will support and liaise with the ICS Executive Group (EG), the ICP Board, the ICB Board, or other relevant Body, as required by any funding agreement and in accordance with the objectives in 1.0 above.

The Board will engage with Primary Care clinicians and General Practice providers both directly and through periodic items in the LMC Weekly Update. It reserves the right to communicate directly with other interested parties as and when appropriate, working in the interests of General Practice providers.

Appointing organisations will be responsible for the costs of their Board members where this is within the remit of the specified role. Members may otherwise be compensated for Board activity with agreement of the Board and in line with the prevailing rates of reimbursement agreed by the LMC and CCG / ICB.

1. Authority & Delegation

Somerset ICS, Somerset CCG (ICB in due course), Somerset LMC, the Somerset PCN CD Board, and SPH are co-terminus, and all four organisations include the same GP practices. The CCG is the current NHS commissioning body; the ICB will be the formal ICS NHS Body; the LMC is the statutory representative structure for GPs; the CDs are responsible for implementing the requirements of the Primary Care Network DES; SPH is the Limited company whose membership includes all GP practices, and which acts on behalf of practices as providers of services outwith core Primary Medical Services contracts. There is considerable overlap of their roles and, as the Somerset HSCS moves towards an ICS, the functions of each will alter including co-commissioning and joint system accountability. Therefore, rather than establishing a formal schedule of delegation, the Board agrees to work within the following principles:

Agreement will be sought from each appointing organisation that:

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

1. Conduct of Board Meetings

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

The full votingmembers 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. SPH (or its successor as the Managed Service Provider supporting the Board) undertakes to provide the secretariat and operational support, and the LMC Medical Director or their deputy will act as the Board Secretary. The Secretary may or may not be one of the Somerset 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, the CD Board, and one other full voting member is present. All Full Board members are eligible to vote, and any additional and co-opted members may vote if they have been appointed to the Board with full voting rights.

The GPPB will be quorate when one member of each of the LMC, SPH, CD Board, and one other full voting member is present.

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

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

Pressing matters may be decided between meetings at the discretion of the Chair and Secretary, but any decisions made on this basis should be recorded in the minutes of the subsequent formal meeting.

1. 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 eight weeks.

The Board may prepare its own discussion and position papers on matters relating to General Practice and wider Primary Care to ensure that ICS decision makers are properly informed of the consensus position on significant matters, or, if no such consensus exists, the range of opinions held by the providers represented by the Board.

The Board willreceive reports from members on activity elsewhere in the Somerset HSCS that is relevant to the Board’s interests and arrange for appropriate feedback to the Board Executive and the whole Board.

If any subject requires more time for consideration than is available during a Board meeting the Secretary will convene a “task & finish” working group (which may meet face to face or virtually) that will consider the matter in detail and produce a report for the subsequent formal Board meeting or for virtual consideration by members if the matter is more urgent.

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.

1. Funding

The Board can only fulfil the above functions if it is appropriately funded by the Somerset HSCS. Funding will be required not only to support the operational functions of the Board and its development as an important entity within the Somerset ICS, but also to develop a robust Project Management capability underpinning the Board’s remit, support leadership development, and ensure that the Board is fully able to represent General Practice providers.

The Board will lobby the Somerset ICS and HSCS to ensure that its funding is not only commensurate to that of other organisations within the ICS with similar role and remit, but that this funding is recurrent and guaranteed.

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