**SCHEDULE 1**

**NeTWORK SPECIFICS**

**NAME OF NETWORK**

1. The name of our network is [insert]

**NETWORK AREA**

1. The geographical area covered by our Network is [insert].

**NOMINATED PAYEE**

1. The name and address of the entity that the Core Network Practices nominate to receive funding under the Network Contract DES from the commissioner is [insert].

**CLINICAL DIRECTOR**

1. The Clinical Director of our Network is [insert].

1. The Clinical Director was appointed by the process set out below.

The decision whether the Clinical Director should be elected or appointed shall be determined by a vote of the member Practices of the PCN. Each member Practice shall have one vote only.

1. **By election**
2. Only those GPs whose names included within Partnership agreements will be entitled to vote
3. In the event of the Clinical Director being appointed through an election process the PCN will appoint a Returning Officer who shall not be an elector and shall not have a pecuniary or other interest in the outcome of the election.
4. Voting shall be by postal ballot or by email.
5. The Returning Officer shall send written notice of the election to each Practice within the PCN/GP included within each Partnership within the PCN. Such notice shall:

1. State the date of the election.

2. Confirm that the Elector is registered as a practitioner on the list of a Practice

who is a member of the PCN.

3. Invite nominations for the position of Clinical Director and state the date by

which nominations for election must be submitted to the Returning Officer.

4. Enclose a nomination form.

Every Member for election shall be nominated by at least two Electors who are entitled to vote as practitioners on the list in the PCN for which the Clinical Director shall be nominated. Every nomination form must be accompanied by a statement in writing signed by the Member that, if elected, they are prepared to accept office. It should also be accompanied by a personal statement that demonstrates how the nominee has the appropriate competencies for the role.

1. A Member nominated for election under this paragraph shall be a person entitled to vote in the PCN for which he is nominated.
2. The Clinical Director will hold office for a period of XXX years after which there shall be an election process

**OR b. By appointment**

1. In the event that an appointment process is to be followed, following the list of expressions of interest the PCN shall appoint a Selection Panel comprising a representative from each of the Constituent Practices in the PCN.
2. The Selection Panel will create a shortlist from those expressions of interest, using the Job Description and Person Specification, and then invite those candidates for interview.
3. The Panel will seek to select a Clinical Director and recommend them to the member Practices for appointment for a period of XXX years which may be extended for a further two years subject to the agreement of all the Practices in the PCN
4. Any recommendation for the appointment of a Clinical Director should be ratified at the next Ordinary Meeting of the PCN.

**MEETINGS AND DECISION-MAKING**

1. **Meetings of Core Network Practices**
2. Ordinary Meetings and Extraordinary Meetings of the PCN are open to (where applicable) all clinical members of the PCN, co-opted Members and ex-officio Members as participants, and other parties with legitimate interest in The Committee as Observers who shall be invited by the Board.
3. The Annual General Meeting, and Extraordinary General Meetings are meetings open to (where applicable) elected Members, co-opted Members, ex-officio Members, and other parties with legitimate interest in the PCN who shall be invited by the Board.
4. The Board shall consist of the Clinical Director and a Director from each of the constituent Practices **OR** the Clinical Director and one Director from each of the other Practices within the PCN.
5. The PCN may establish such other Sub-Committees as it sees fit.
6. Ordinary meetings shall be held at such other times as determined by the PCN and shall discuss matters involving (but not limited to) policy direction or matters that may have a major financial, professional or clinical impact on the work of the PCN. They should meet a minimum of XXX times annually.
7. Extraordinary meetings shall be at such times as deemed necessary by the Board and/or the PCN, subject to written notice of not less than three weeks to all Members.
8. Members attending the meeting will be expected to vote on behalf of their constituent Practice and any decisions taken will bind the member Practice they represent.
9. The PCN will hold an Annual General Meeting normally in July of each year. The purpose of the meeting will be to:

1. Ratify and approve the appointment of Directors to the Board as appropriate who shall have been nominated by the Practices.

2. Review and ratify the continued appointment of co-opted Members.

3. Receive and ratify the audited Annual Statement of Accounts.

4. Ratify the continuation of the nominated pay arrangements.

**7** .[Insert ways in which meetings can be held, attendance and quorum requirements and how

 decisions are made. Also include agreed provisions that provide assurance that those

 attending meetings and making decisions are able to bind the Members that they represent

1. Meetings may be attended in person, by telephone, or use of video conferencing.
2. Agendas and supporting papers should be circulated seven working days before the date of the meeting.
3. One-third of existing members with voting rights of the PCN, or if one third is not a whole number, the next whole number above one third shall form a quorum of the PCN for all Ordinary, Annual and Extraordinary meetings.
4. Any matters requiring a formal vote of eligible Members shall be decided by a simple majority. Such votes shall be taken by show of hands unless a proposed and seconded motion is recorded for such decision to be taken by secret ballot. Such ballots shall be conducted by the Committee Secretary or their nominated deputy.
5. A quorum of the Board shall be a Director from each of the PCNs, the Clinical Director or their nominated Deputy.
6. In the event of a failure to convene a quorum, the business of that meeting may proceed according to the agenda with the exception that decisions taken shall be in the nature of non-binding recommendations and shall be subject to further debate and/or ratification at the next quorate meeting of that particular body.

## **8.Decision making**

The business of the PCN shall be conducted through a structure of formal meetings of the PCN and devolved powers to the Board.

**9. Meetings of Network Members**

 [Insert ways in which meetings can be held, attendance and quorum requirements and how

 decisions are made]

This section will be completed and developed and submitted to the next AGM for ratification.

**10.Appointment/Election of Board Directors**

* 1. When a casual or other vacancy in respect of a Director occurs (or is anticipated by the Board), the GP members in the Practice in which the vacancy occurs will be advised of the vacancy and invited to apply to become a Board Director
	2. GPs who put themselves forward for appointment will be sent details of the vacancy including a personal specification and details of the expectations of the role. GPs will need to provide the Clinical Director with a statement outlining how they meet the personal specification and competency framework.
	3. Applications will be assessed against a personal specification and competency framework and those meeting the requirements will be invited to interview.
	4. Following interview, those GPs who demonstrate that they meet the PCN’s requirements as a Board Director will be circulated to the GPs in the Practice where the vacancy is arising and they will be asked to rank these GPs in order of preference and return their votes to the Returning Officer.
	5. The GP with the highest score will be appointed to the Board until the next AGM.
	6. The co-opted GP Director will be assessed after 6 months or earlier if the next AGM falls within 6 months of the co-option and on the basis that the review is satisfactory from both parties’ perspectives, GPs in their Practice will be asked whether they support the co-opted Director’s appointment being ratified by the voting members at the forthcoming AGM or EGM.
	7. If a majority of GPs do not support the GPs co-option being ratified, the Returning Officer will start the whole process again and seek new nominations from the Practice’s GP members in the constituency in which the vacancy will occur.
	8. From time to time the Board may judge that it would benefit the interests of the PCN Members and Board for a particular individual with special expertise or knowledge to join the board. Provided that such a person meets the person specification for an PCN Director then they may be co-opted to be an ex-officio member of the Board, subject to ratification at the next AGM or EGM and annually thereafter.

**11.Removal and Appointment**

1. The Clinical Director and Directors are accountable to the PCN for all their actions, errors or omissions and shall keep Members fully informed by regular written or verbal reports.
2. In the event of the death, resignation or removal from office of any Director, the Board shall appoint an eligible Member by co-option to the position. Any co-option or appointment shall be under such terms and conditions as the Board may determine.
3. All Board elected appointments are for a term of XXX years. In the event of the PCN wishing to remove any Director(s), a proposal supported in writing by at least three elected Members should be sent to the Clinical Director or nominated individual who will arrange for an Extraordinary General Meeting of PCN to take place, giving not less than three weeks’ notice. A two-thirds majority of the elected Members present is required for such a proposal to be effected.

**12.Term of Office**

1. The elected Members of The Committee will hold office for a period of XXXX years

(ii) The Clinical Director and Directors will hold office for a period of XXXX years after which there shall be an election process.

* + 1. **Amendment to the Agreement**

This Constitution may be amended by the process set out below:

1. Proposed amendments to the Constitution may be submitted by any Elected Member(s) or Co-opted Member(s) with voting rights or as a result of resolution of the Board.
2. Proposals for amendments shall be sent to the Secretary of the Committee or Clinical Director who shall place them before the Board for consideration. If the Board considers such amendments to be appropriate, it shall place such proposals to an Annual General Meeting or Extraordinary General Meeting for consideration at the earliest opportunity but not before a minimum of twenty-eight clear days’ notice of such proposals shall have been received by the Members of the PCN.
3. Any amendment of the Network Agreement will be effective only if supported by at least two-thirds of the existing elected Members of the PCN.