



**Norfolk and Suffolk**  
Integrated Care Board

# **Primary Care Commissioning Group Terms of Reference**

**NHS Norfolk and Suffolk  
Integrated Care Board**

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## **1. Purpose**

- 1.1. The Norfolk & Waveney Primary Care and Neighbourhood Committee and East & West Suffolk Primary Care and Neighbourhood Committee have jointly established a Primary Care Commissioning Group through which the Committees will discharge delegated functions relating to primary medical care, primary, community and secondary dental care, community pharmaceutical services, and optometry.

## **2. Permissions**

- 2.1. The Group is authorised by Norfolk & Waveney Primary Care and Neighbourhood Committee and Suffolk Primary Care and Neighbourhood Committee to:
  - I. Investigate any activity within its terms of reference;
  - II. Seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the Group) within its remit as outlined in these terms of reference;
  - III. Commission any reports it deems necessary to help fulfil its obligations;
  - IV. Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the Group must follow any procedures put in place by the ICB for obtaining legal or professional advice;
  - V. Create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Group's members. The Group shall determine the membership and terms of reference of any such task and finish sub-groups in accordance with the ICB's constitution, standing orders and Scheme of Reservation and Delegation (SoRD) but may/ not delegate any decisions to such groups.
- 2.2. The Group will comply with, the ICB Standing Orders, Standing Financial Instructions and the SoRD.

## **3. Remit and Responsibilities**

- 3.1. The following decisions and functions are delegated to the Primary Care Commissioning Group for the whole of the ICB population:
- 3.2. Oversight of the Medium Term Plan as it relates to primary care services
- 3.3. Development and oversight of the primary care strategy
- 3.4. The review, planning and procurement of primary medical care services, primary, community and secondary dental care services, ophthalmic and community pharmacy services for the population of Norfolk and Suffolk.
- 3.5. Management of and quality of primary ophthalmic services and review, planning and commissioning of local primary care ophthalmic services. Contract management of General Ophthalmic Services are hosted by East Central ICB on behalf of the ICB.

- 3.6. Approve proposals for primary medical care development, proposed GMS Local Development Scheme, locally commissioned services and local enhanced services, proposed practice incentive schemes, Suffolk PMS Development Framework and proposed new changes in existing GMS or PMS infrastructure.
- 3.7. Decisions in relation to the commissioning, management and quality of dental services (primary and community) and oversight of secondary dental care services. Oversight and delivery of contract reform.
- 3.8. Direct commissioning, management and quality of local enhanced pharmaceutical services and advanced services such as Pharmacy First services. Review of pharmaceutical needs assessments with local authorities. Management of Pharmaceutical Services matters are hosted by East Central ICB, including management of the Pharmaceutical Services Regulations Committee (point 3.14 below refers)
- 3.9. The review and planning of the seasonal COVID-19, flu vaccination programmes, and other vaccinations delivered by Community Pharmacy
- 3.10. Responsibility for monitoring the continuous improvement in the quality of primary care services.
- 3.11. Responsibility for monitoring and managing primary care risks
- 3.12. Oversight and delivery of workforce transformation strategy and plans and overview of training and education plans delivered by the Training Hub
- 3.13. Review of all primary care related expenditure including primary care estate and IT/digital investment.
- 3.14. Approval of expenditure relevant to the Group's terms of reference of up to £(this value will either be the same as the Committee's delegation if they have the same delegation or a separate specific Primary Care delegation (i.e. £10-12m) if the Committees have different delegations).
- 3.15. Review of spend and budget relating to medicines management.
- 3.16. Any decisions which the Chair, in consultation with senior officers, considers to be novel or contentious must be referred by the Group to the relevant primary care and neighbourhood Committee.

#### **4. Relationship with other ICB/ Partner bodies**

- 4.1. The Group has been established by the Norfolk & Waveney Primary Care and Neighbourhood Committee and Suffolk Primary Care and Neighbourhood Committee and the Chair of the Group will regularly provide reports to these Committees on the work of the Group and will escalate any matters of concern to these Committees.
- 4.2. The Group will work closely with the Integrated Medicines Optimisation Committee and the ICB quality governance to ensure safe and effective care is commissioned.
- 4.3. The Group will work closely with the five Alliances to ensure that the commissioning approach to primary care supports the development of neighbourhood working.

## **5. Membership**

5.1. Membership of the Group comprises:

- Board member (to be confirmed) – Chair
- Exec Director – Primary Care & Neighbourhood (Suffolk)
- Exec Director – Primary Care & Neighbourhood (Norfolk)
- Executive Director - Finance
- Lay Member (to be confirmed if chair is not a lay person)
- Executive Director – Nursing
- Director – Primary Care

5.2. In line with the ICB's standing orders members of the group may send a deputy to attend the meeting in their place. Deputies will act as full members for the purposes of quoracy and decision making.

## **6. Chair (and Deputy Chair)**

7. The Board shall appoint an ICB Non-Executive Member to serve as Chair of the Committee. The Committee may choose to appoint a deputy chair from among its members. The role of the deputy chair will be to serve as chair in the absence of the Chair to allow the Committee to continue to conduct business.

## **8. Attendees**

8.1. The following people:

- Associate Director – GP, Pharmacy & Vaccinations
- Associate Director – Dental and Optometry
- Local Representative Committee members: LMC, LPC, LDC and LOC (Norfolk and Suffolk)
- Healthwatch Norfolk
- Knowing Works CIC® (formerly Healthwatch Suffolk)

## **9. Secretary and Administration**

9.1. The Executive Committee shall be supported by a secretariat function, to ensure that:

- I. Meetings are timetabled and agreed in advance
- II. The agenda and papers are prepared and distributed, no later than 2 working days in advance of each meeting; having been agreed by the Chair with the support of the Director team
- III. Minutes are taken and that a record of matters arising, action points, decisions and issues to be carried forward are kept
- IV. A record of attendance is kept and Conflicts of Interest recorded
- V. The Executive Team are updated on pertinent issues/ areas of interest/ policy developments

VI. Action points are taken forward between meetings

VII. A forward plan of agenda items is in place

## **10. Meeting Quoracy and Decision**

10.1. At least four voting members must be present for a meeting to be quorate. If quorum is not achieved those present may choose to continue an informal meeting but any decisions must be ratified virtually outside of the meeting by voting members of the Group.

## **11. Decision Making and Voting**

11.1. Decisions will be guided by national NHS policy and best practice to ensure that staff are fairly motivated and rewarded for their individual contribution to the organisation, whilst ensuring proper regard to wider influences such as national consistency.

11.2. The Group will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

11.3. Only members of the Group can vote. Each member is allowed one vote and a majority will be conclusive on any matter.

11.4. Where there is a split vote, with no clear majority, the Chair will cast a second deciding vote.

## **12. ICB Values**

12.1. Members will be expected to conduct business in line with the ICB values and objectives and the principles set out by the ICB.

12.2. Members of, and those attending, shall behave in accordance with the ICB's constitution, Standing Orders, and Standards of Business Conduct Policy.

## **13. Equality, Diversity and Inclusion**

13.1. Members must demonstrably consider the equality, diversity and inclusion implications of decisions they make.

## **14. Review**

<b>Date Approved:</b>	1 April 2026
<b>Next Review:</b>	March 2027