

Attachment 5

**North East Lincolnshire CCG**

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| **Report to:** | NEL CCG Joint Co-Commissioning Committee  |
| **Presented by:** | Cathy Kennedy, Deputy Chief Executive/CFO, NEL CCG |
| **Date of Meeting:** | 16 February 2015 |
| **Subject:** | Scheme of Delegation |
| **Status:** | X OPEN [ ]  CLOSED |
|  | Complies with latest CCG Strategy for Primary Medical Services |

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| **OBJECT OF REPORT:** |
| To finalise the Scheme of Delegation for the discharge of joint responsibilities between NHS England and NEL CCG.The attached document has previously been discussed at the committee, and revised to reflect the decision taken at that time. Subsequently there has been a practical example of managing a decision regarding temporary practice list closures at committee level on a ‘virtual’ basis. That experience has highlighted significant difficulties with managing temporary list closure decisions through a virtual mechanism, notably:* The decision had been discussed in some detail at a committee meeting, and the virtual decision was informed by a subsequent document detailing the further work and considerations that had taken place. Despite this, there were a range of additional questions and issues raised which were not easy to answer fully, or ensure a sound understanding was gained, via email.
* Future applications will have unique features or factors, and it is highly likely that some will be received which do not allow time for face to face discussion. This will make reaching an informed decision more difficult for committee members
* Handling conflicts of interest appropriately is more complex in a virtual decision making process
* There was some significant complexity experienced in reaching a clear decision, with individuals expressing uncertain or ambivalent views

It should be noted that NHS England representatives are ultimately able to make the decision irrespective of other views or votes cast by committee members because it relates to the core GP contract.It is therefore proposed that the committee considers other options for decision making on temporary list closures. One potential alternative approach is outlined at Appendix 1. |
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| **STRATEGY:** |
| Access and choice in primary care services is a key element of the Primary Medical services strategy, as is maintenance of high quality care. |

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| **IMPLICATIONS:** |
| Temporary closures restrict patient choice. |

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| **RECOMMENDATIONS (R) AND ACTIONS (A) FOR AGREEMENT:** |
|  | Members are asked to:* consider whether an alternative approach to decisions on temporary list closures should be adopted
* approved the revised Scheme of Delegation
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|  |  | **Yes/****No** | **Comments** |
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|  | Does the document take account of and meet the requirements of the following: |  |  |
| i) | Mental Capacity Act |  |  |
| ii) | CCG Equality Impact Assessment |  |  |
| iii) | Human Rights Act 1998 |  |  |
| iv) | Health and Safety at Work Act 1974 |  |  |
| v) | Freedom of Information Act 2000 / Data Protection Act 1998 |  |  |
| iv) | Does the report have regard of the principles and values of the NHS Constitution?[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\_113613](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113613) |  |  |

**Draft procedure for consideration of applications for temporary list closure**

1. Applications of over 6 months duration

All applications for temporary closure of a practice list exceeding 6 months duration (or a subsequent application that would result in a total time exceeding 6 months) will be considered by the full committee.

1. Applications of 6 months or less

For applications of 6 months duration or less, CCG and NHSE officers will jointly determine the decision to support or reject an application.

In taking this decision the co-commissioning committee requires the officers to:

* Assure the following core principles are adopted:
	+ maintaining patient safety
	+ safe staff workload (as it relates to patient safety and risk)
	+ maintaining reasonable overall availability for new patients registrations in NEL
* Test the application validity against current best practice and norms ensuring all key relevant questions are fully considered, including:
	+ have all options for meeting workload been fully examined by the practice, include options for working with other practices/providers
	+ are the forecast risks in demand and capacity reasonable
	+ can risks raised in the application be moderated through individual practice action, collaboration or NHSE/CCG support
* Have a joint discussion with the practice to ensure that the core principles and key questions are fully considered and addressed
* Agree a formal action plan and timetable for returning to an open list

* Take a joint decision regarding support for a practice list closure for up to a maximum of 6 months
* Report their decision, and the rationale, to the next co-commissioning committee meeting

*If agreement cannot be reached by the officers, the decision shall be referred to the full committee*.