

Governance & Scrutiny process for managing potential Conflicts of Interests for GPs with Primary Care commissioning. Update provided by Bromley CCG under Matters Arising for HWB Meeting 11/2/16

Minutes of 29/1/15 meeting - Overview of Primary Care Developments: *It was noted that GPs were a provider group in the strategic plan, as well as being involved in commissioning. The Board acknowledged a potential conflict of interest, but at the same time noted that it was difficult to proceed with a commissioning process without clinical and GP input. The Board agreed that this was an issue that would require proper governance and scrutiny.*

Update: Since its formation the CCG has had a robust governance process for managing conflicts of interests. This includes, but is not confined to, the following:

- Requirement for Governing Body members, practice members, staff, employees and other individuals working for the CCG to declare any interests
- Maintenance of a Register of Interests – of which the Governing Body members list is published on the CCG website – and regular updates.
- Declaration of interests regarding any agenda item to be made at all meetings and recorded in the minutes. This is important both for the public record and so that participants in the meeting are fully aware of any conflicts of interests. Where an interest is considered material the Chair will judge whether the individual can continue to attend – but without taking part in a final decision – or whether the individual should leave the meeting completely.
- The CCG constitution allows for the Governing Body to be quorate and able to take decisions even if all 6 GP members are excluded. The remaining members include 3 lay members, 4 senior officers, a registered nurse and secondary care doctor who can provide clinical input.
- The Lay member, Governance, oversees declarations of interests and is required, along with the Chief Officer, to attest formally to NHS England each quarter that the CCG is compliant with statutory guidance

After taking on joint commissioning of Primary Care services in 2015 the CCG reviewed its Governance structures and Conflict of Interests policy to take account of the potential increase in conflicts of interests for GPs as both commissioners and providers of Primary Care Medical Services. (see attached policy and Governance structure chart). It balances the importance of having GP and clinical advice for the commissioning of services with the need to ensure decision making is transparent and in line with statutory responsibilities.



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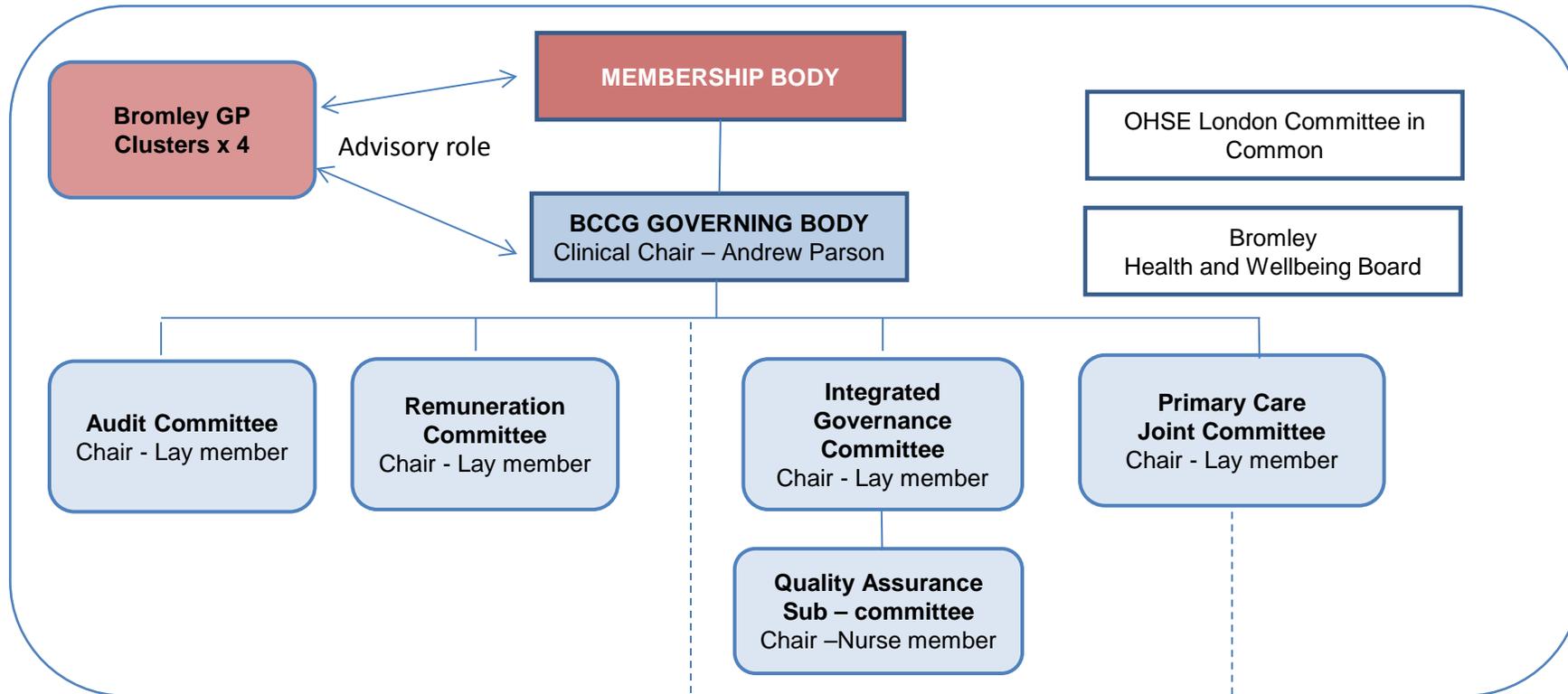


Governance of Interests Policy - updated 3

The robust processes described above remain in place and additional safeguards have been put in for managing the new CCG Primary Care Programme Board and Primary Care Joint Committee where Primary Care commissioning decisions are discussed. Both of these are accountable to the CCG Governing Body. They are chaired by an Executive Officer and a Lay Member respectively, not by a GP Lead. The membership of each allows for recommendations and decisions to be made without the GPs present if necessary. Each also has a confidential section of the agenda in which individual practice issues can be covered and for which GP leads absent themselves if they may be conflicted. The Primary Care Joint Committee meetings are held in public and the minutes are received at the CCG Governing Body meetings in public.

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Bromley CCG Governance Structure



Governance Structure



Executive Management Structure

NOTES ON THE CCG GOVERNANCE STRUCTURE

1. The Governing Body is accountable to the Membership Body for the functions of the CCG as set out in the Scheme of Delegation which forms part of the CCG Constitution. The Membership Body retains to itself high level strategic functions such as agreeing the constitution, setting the overall strategic direction of the CCG, and ratifying the election of GP Leads to the Governing Body.
2. The Governing Body delegates responsibility to its formal committees and sub committees (blue shading). It does not delegate any responsibility to the Clinical Executive Team as an organisational body. However, members of the Clinical Executive Team, which consists only of the GP Leads and executive managers, have responsibilities delegated to them as individuals, and it is in this capacity that they bring proposals to the Governing Body, of which they are also members (hence the dotted line).
3. There is a similar arrangement between the Governing Body and any joint groups and committees set up with other CCGs or organisations. The Governing Body cannot delegate decision making responsibility to joint groups and committees, but only to the individual officers representing Bromley CCG on them.
4. The Clusters do not have any delegated responsibility from the Membership Body at this stage. Their role is really only advisory, but they can receive feedback from and feed into any level of the structure, including the groups that report up to the Clinical Executive Team, and this very much increases the involvement of member practices in all aspects of the CCG's work. Individual GPs also take on roles as Clinical Leads (non Governing Body) within the executive management structure, further increasing their involvement. As the CCG evolves it is possible that some responsibilities could be devolved to the Clusters, giving them a formal place in the governance structure.
5. The Audit Committee is primarily responsible for providing assurance to the Governing Body that the organisation has in place all the appropriate and necessary systems of control, including finance, risk management, other management systems and clinical governance, and that they are functioning properly. It does this by agreeing and monitoring the annual internal and external audit plans, and overseeing the preparation of the annual accounts, including the annual governance statement (previously known as the statement of internal control) and the annual report. The three lay members of the Governing Body are its only members. The Chair and Accountable Officer are not expected to normally attend Audit Committee meetings. This gives the Audit Committee a degree of detachment and independence from the executive.
6. The Remuneration Committee also consists only of members who are not GP leads or executive managers. It advises on the pay and conditions, including pensions of the GP Leads and most senior managers of the CCG.
7. The Integrated Governance Committee is chaired by a lay member and includes GP, management and lay members. Its purpose is to provide assurance to the Governing Body on finance, performance and quality, at a greater level of detail than could practically be undertaken by the Governing Body itself. It meets monthly.
8. The Quality Assurance Sub Committee was set up to monitor at greater depth than the Integrated Governance Committee, issues of quality, patient safety and clinical governance. It is chaired by one of the professional clinical members or a lay member of the Governing Body. It underpins the CCG's commitment to quality and patient safety in the light of the Mid Staffs experience.
9. The Primary Care Joint Committee has been set up to work jointly with NHS England and the other 5 SE London CCGs for the co-commissioning of primary medical services. Each of the 6 SE London CCGs has its own Joint Committee and they normally meet together. Their remit covers planning, monitoring and co-ordinating primary care services including contracts, enhanced services and practice changes. The Joint Committee has a lay member chair and members include the Chief Officer, GP Clinical leads and Professional Nurse member.