

**NHS North Central London  
Integrated Care Board  
Primary Care Committee  
Terms of Reference**

**1. Introduction**

- 1.1 The Primary Care Committee ('Committee') is established in accordance with the Constitution of NHS North Central London Integrated Care Board ('ICB'). It is a sub-committee of the ICB Strategy and Development Committee.
- 1.2 These Terms of Reference set out the membership, remit, responsibilities and reporting arrangements of the Committee.

**2. Purpose**

- 2.1 The purpose of the Committee is to:
- a) Provide oversight, scrutiny and decision making for primary medical services;
  - b) Make decisions in relation to the commissioning and management of primary medical services contracts;
  - c) Have oversight of quality and performance in primary medical services; and,
  - d) Provide oversight and assurance of the primary care budget delegated from NHS England.

**3. Role**

- 3.1 The Committee will:
- a) Make decisions for the commissioning and management of Primary Medical Services Contracts, including but not limited to the following activities:
    - Decisions in relation to GP core contracts and directed enhanced services;
    - Decisions in relation to Local Enhanced Services;
    - Decisions in relation to the establishment of GP practices (including branch surgeries) and closure of GP practices;
    - Decisions in relation to access to primary care including enhanced access;
    - Decisions about 'discretionary' payments permissible under Guidelines;
    - Management of delegated primary care funds;
    - Decisions about commissioning for out of area registered patients;
    - Approval of practice mergers;
    - Planning primary medical care services in the area, including carrying out needs assessments and monitoring of list size changes;
    - Ensuring the ICB and providers of primary medical services uphold the duty to engage Undertaking reviews of primary medical care services;
    - Ensure there is appropriate oversight of primary care procurements;
    - Decisions in relation to the management of poor performance, which –without limitation – include, use of remedial and breach notices and application of wider contract terms and , decisions and liaison with NHSE and the CQC where the CQC has reported non-compliance with standards (excluding any decisions in relation to the performers list which remains with NHSE);
    - Application of the Premises Cost Directions in the planning, approval and funding of primary care estate;
    - Approve the elements of ICB estates schemes that pertain to primary care rent, rates or patient access;

- Coordinating a consistent approach to the commissioning of primary care services aligned to the primary care strategy and ICB Population Health and Inequalities Improvement Strategy; and
  - Such other ancillary activities that are necessary in order to exercise the Delegated Functions.
- b) Give due regard to the Primary Medical Care Policy and Guidance Manual, Delegation Agreements with NHS England and ICB commissioning policies and frameworks;
  - c) Shape and set ICB commissioning policies and frameworks for primary care contracts;
  - e) Oversee and approve primary care workforce plans including those that pertain to national primary care contracts including but not limited to minimum staffing numbers and the Additional Roles Reimbursement Scheme ('ARRS'); and,
  - f) Oversee and approve Digital plans that pertain or have implications for primary care access service models. This may include but is not limited to online consultation models.
  - g) Receive information on and give due regard to Primary Care strategy and policy set at a national and local level.

#### **4. Membership**

- 4.1 The Committee shall comprise of the following voting members:
  - a) Two Non-Executive Members;
  - b) Chief People Officer;
  - c) Chief Medical Officer;
  - d) Chief Nursing Officer;
  - e) Chief Transformation Officer;
  - f) Director of Finance or Deputy Director of Finance.
- 4.2 The roles referred to in the list of voting members above describe the substantive roles and any equivalent successor roles and not the individual title or titles.
- 4.3 In accordance with the ICB's Constitution all voting members of the Committee must be approved by the ICB's Chair.
- 4.4 The list of voting members is set out in Schedule 1. Schedule 1 does not form part of the Terms of Reference and may be amended without the need to formally amend these Terms of Reference.
- 4.5 Voting members may nominate deputies to represent them in their absence.

#### **5. Participants and Observers**

- 5.1 The following people shall attend Committee meetings as standing participants:
  - a) Director of Primary Care;
  - b) Assistant Director of Primary Care Contracting;
  - c) Assistant Director for Primary Care Planning, Operations and Improvement;
  - d) Assistant Director for Primary Care Strategy and Change;
  - e) Clinical Director for Primary Care;
  - f) A representative from the Quality Directorate;
  - g) A Director of Public Health;
  - h) Healthwatch Representative;
  - i) LMC Representative;
  - j) Community Participants;
  - k) VCSE Alliance Representative.
- 5.2 Participants at Committee meetings are non-voting.

- 5.3 The roles referred to in the list of standing participants above describe the substantive roles and any equivalent successor roles and not the individual title or titles.
- 5.4 The list of standing participants is contained in Schedule 1. Schedule 1 does not form part of the Terms of Reference and may be amended without the need to formally amend these Terms of Reference.
- 5.5 Standing participants may nominate deputies to represent them in their absence.
- 5.6 The Committee may invite or allow additional people to attend meetings as participants. Participants may present at meetings and contribute to the relevant discussions but are not allowed to participate in any formal vote.
- 5.7 The Committee may invite or allow people to attend meetings as observers. Observers may not present at meetings, contribute to any discussion or participate in any formal vote.
- 5.8 The Committee may call additional experts to attend meetings on a case by case basis to inform discussion.

## **6. Chair**

- 6.1 The Committee Chair shall be a Non-Executive Member. The Chair may nominate a deputy to represent them in their absence.

## **7. Voting**

- 7.1 The ICB has agreed to use a collective model of decision making that seeks to find consensus between system partners and make decisions based on unanimity as the norm. This includes working through difficult issues where appropriate. If it is not possible to achieve unanimity a vote will be required. Voting shall be as per clause 7.2 below.
- 7.2 Each voting member of the Committee shall have one vote with resolutions passing by simple majority. In the event of a tied vote the Committee Chair shall have the casting vote.

## **8. Quorum**

- 8.1 The Committee will be considered quorate when at least the following voting members are present:
  - a) The Chair;
  - b) A Clinician; and
  - c) An Executive Director.
- 8.2 If any representative is conflicted on a particular item of business they will not count towards the quorum for that item of business. If this renders a meeting or part of a meeting inquorate a non-conflicted person may be temporarily appointed or co-opted onto the Committee to satisfy the quorum requirements.
- 8.3 If a meeting is not quorate the Committee Chair may adjourn the meeting to permit the appointment or co-option of additional members if necessary.

## **9. Secretariat**

- 9.1 The Secretariat to the Committee shall be provided by the Chief People Officer Directorate.

## **10. Frequency of Committee Meetings**

- 10.1 Committee meetings will be held bi-monthly but may hold additional meetings as and when necessary. The Committee Chair may call additional meetings or cancel meetings as necessary.

## **11. Notice of Meetings**

- 11.1 Notice of a Committee meeting shall be sent to all Committee members no less than 7 days in advance of the meeting.
- 11.2 The meeting shall contain the date, time and location of the meeting.

## **12. Agendas and Circulation of Papers**

- 12.1 Before each Committee meeting an agenda setting out the business of the meeting will be sent to every Committee member no less than 7 days in advance of the meeting.
- 12.2 Before each Committee meeting the papers of the meeting will be sent to every Committee member no less than 7 days in advance of the meeting.
- 12.3 If a Committee member wishes to include an item on the agenda they must notify the Committee Chair via the Secretariat no later than 7 days prior to the meeting. The decision as to whether to include the agenda item is at the absolute discretion of the Committee Chair.

## **13. Minutes of Meetings**

- 13.1 The minutes of the proceedings of a meeting shall be prepared by the Secretariat and submitted for agreement at the following meeting.

## **14. Meetings Held in Public**

- 14.1 Meetings of the Committee shall be held in public unless the Committee resolves to exclude the public from a meeting. In which case the meeting, in whole or in part, may be held in private. The Committee may also exclude non-voting attendees and observers. Meetings or parts of meetings held in public will be referred to as 'Meeting Part 1'. Meetings or parts of meetings held in private will be referred to as 'Meeting Part 2.'
- 14.2 Attendees, observers and the public may be excluded from all or part of a meeting at the Committee's absolute discretion whenever publicity would be prejudicial to the public interest by reason of:
- a) The confidential nature of the business to be transacted;
  - b) The matter is commercially sensitive or confidential;
  - c) The matter being discussed is part of an on-going investigation;
  - d) The matter to be discussed contains information about individual practitioners, patients or other Individuals which includes sensitive personal data;
  - e) Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings is to be discussed;
  - f) Other special reason stated in the resolution and arising from the nature of that business or of the proceedings;
  - g) Any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time; or
  - h) Allowing the meeting to proceed without interruption, disruption and/or general disturbance.

## **15. Questions from the Public and Deputations**

- 15.1 The Committee may receive questions from the public at its absolute discretion in line with the ICB's protocol for public questions which is available on the ICB's website.
- 15.2 The Committee may receive, at its absolute discretion, Deputations from members of the public or interested parties to make the Committee aware of a particular concern or concerns they have.
- 15.3 Any Deputations should be sent to the Committee secretariat who will pass it to the Chair for consideration.
- 15.4 Any Deputations must be received by the Committee secretariat at least three working days before a Committee meeting is due to take place to be eligible to be heard at that Committee meeting. However, where it is not possible to comply with this deadline due to the papers of the meeting being published later or due to a public holiday the Deputations must be submitted within a reasonable time.
- 15.5 Any Deputations not received within this time will not be eligible to be heard at that Committee meeting. However, on a strictly case by case basis there may be times where it would be highly beneficial to the Committee's business to waive this requirement due to the relevance or content of the Deputations. In these circumstances the Chair may do so on a case by case basis and without setting any precedents of future or further waivers.
- 15.6 Any Deputations must take the form of a written request together with a statement setting out what the Deputation is about. If any Deputation fails to set out this information it will be rejected.
- 15.7 Any Deputations which are not relevant to the Committee's business will be rejected
- 15.8 The Chair may accept or reject any relevant and properly completed Deputations on a strictly case by case basis at his/her absolute discretion and without setting any precedents for future or further decisions.
- 15.9 If a request is agreed the interested party and/or parties will be invited to a Committee meeting where the Committee will consider the Deputation.
- 15.10 The Chair may decide how much time to allocate to any Deputations at his/her absolute discretion on a case by case basis and without setting any precedents for future or further decisions on time allocated for Deputations.
- 15.11 Nothing in this section 15 shall limit, prohibit or otherwise restrict the Committee's powers contained in sections 4, 5, 14 or 16 of these Terms of Reference.

## **16. Confidentiality**

- 16.1 Members of the Committee shall respect the confidentiality requirements set out in these Terms of Reference unless separate confidentiality requirements are set out for the Committee in which event these shall be observed.
- 16.2 Committee meetings may in whole or in part be held in private as per section 14 above. Any papers relating to these agenda items will be excluded from the public domain. For any meeting or any part of a meeting held in private all members and/or attendees must treat the contents of the meeting and any relevant papers as strictly private and confidential.

- 16.3 Decisions of the Committee will be published by Committee members except where matters under consideration or when decisions have been made in private and so excluded from the public domain in accordance with section 14 above.

## **17. Authority**

- 17.1 The Committee is accountable to the ICB Strategy and Development Committee and will operate as one of its sub-committees. The Committee must act within the remit of these terms of reference and has no executive powers other than those specifically set out in these terms of reference.
- 17.2 The Committee is authorised by the Board of Members to obtain at the ICB's expense outside legal or other professional advice on any matters within the Committee's Terms of Reference.

## **18. Reporting Responsibilities**

- 18.1 The Committee will report to ICB Strategy and Development Committee on all matters within its duties and responsibilities.
- 18.2 The Committee may make recommendations to the ICB Board of Members, the Strategy and Development Committee and/or any other committee it considers appropriate on any area within its remit.

## **19. Delegated Authority**

- 19.1 The Committee may agree to delegate its authority to a Committee member or members to make decisions on the Committee's behalf outside of a Committee meeting at its absolute discretion on a case by case basis.

## **20. Virtual Meetings and Decision Making**

- 20.1 Committee meetings may be held in person or virtually.
- 20.2 There are circumstances where time-critical decisions need to be made and it is not possible and/or reasonably practicable and/or a good use of resources to hold a physical meeting (either in person or virtually) in sufficient time. In these circumstances decisions may be made virtually using the protocol for virtual decision making.
- 20.3 In addition to the general authority set out in clause 20.2 above, due to the nature of primary care commissioning the Committee recognises that some urgent and immediate decisions may need to be made outside of Committee meetings and that the use of the protocol for virtual decision making is not appropriate. The Committee may therefore delegate urgent and immediate decisions that need to be made outside of Committee timescales in accordance with clauses 20.4 – 20.5 and 20.8 below.
- 20.4 Urgent decisions requiring a response within 24 hours will be made collectively by the following people or their nominated deputies:
- a) The Committee Chair;
  - b) A non-conflicted clinician;
  - c) Chief Transformation Officer.
- 20.5 Immediate decisions requiring a response within 2 weeks will be made at a Committee meeting where practicable or by the protocol for virtual decision making. Where this is not

practicable the following people or their nominated deputies will collectively make the decision:

- a) The Committee Chair;
- b) A non-conflicted clinician;
- c) Chief Transformation Officer.

20.6 Due to the nature of primary care commissioning the Committee recognises that the following non-contentious, low risk, decisions may be made outside of Committee meetings by those listed in clause 20.7 below:

- a) Requests to add or remove a partner;
- b) Requests for individuals to be added or removed from PMS contracts;
- c) Retirement of a partner and adding of a new partner;
- d) Partnership changes- 24 hour retirement;
- e) Requests for contract novation where there is no change of provider;
- f) Requests to increase a catchment area;
- g) Increases in practice boundaries;
- h) Requests for GP practices to change which Primary Care Network they are part of;
- i) List closures for a period of up to 6 months;
- j) Caretaking contract extensions where the extension is permitted under the contract and so is not a new procurement or award of contract;
- k) Requests for GP practice reimbursement of Stamp Duty Land Tax ('SDLT') and/or legal fees where the request has been submitted after a decision on the premises has already been taken);
- l) Increases in rent following district valuer rent reviews;
- m) Increased in rent to the value of £50k per annum;

20.7 The following people or their nominated deputies may collectively make the non-contentious, low risk decisions set out in clause 20.6 above:

- a) The Committee Chair;
- b) A non-conflicted clinician;
- c) Chief Transformation Officer.

20.8 Decisions made outside of Committee meetings will be reported to the Committee at the next Committee meeting. This may be in a public or private part of the meeting depending on the nature of the business and the decision(s) made.

## **21. Sub-Committees**

21.1 The Committee may not appoint sub-committees but may appoint working groups to advise the Committee and assist it in carrying out its duties. The Committee may not delegate any of its functions, powers or decision-making authority to a sub-committee or working group.

## **22. Conflicts of Interest**

22.1 Conflicts of Interest shall be dealt with in accordance with the Conflicts of Interest Policy and NHS England statutory guidance for managing conflicts of interest.

22.2 The Committee shall have a Conflicts of Interest Register that will be presented as a standing item on the Committee's agenda. In addition, an opportunity to declare any new or relevant declarations of interest will be listed as a standing item on the Committee's agenda

## **23. Gifts and Hospitality**

23.1 Gifts and Hospitality shall be dealt with in accordance with the Conflicts of Interest Policy, and NHS England statutory guidance for managing conflicts of interest.

- 23.2 The Committee shall have a Gifts and Hospitality Register and Committee members will have an opportunity to declare any new or relevant declarations of relevant gifts and hospitality as a standing item on the Committee's agenda

## **24. Standards of Business Conduct**

- 24.1 Committee members and any attendees or observers must maintain the highest standards of personal conduct and in this regard must comply with:
- a) The law of England and Wales;
  - b) The NHS Constitution;
  - c) The Nolan Principles;
  - d) The standards of behaviour set out in the ICB's Constitution;
  - e) The Standards of Business Conduct Policy;
  - f) The Conflicts of Interest Policy
  - g) The Counter Fraud, Bribery and Corruption Policy,
  - h) Any additional regulations or codes of practice relevant to the Committee.
- 24.2 The Committee will have access to sufficient resources to carry out its duties and Committee members will be provided with appropriate and timely training.

## **25. Review of Terms of Reference**

- 25.1 These Terms of Reference will be reviewed from time to time, reflecting the experience of the Committee in fulfilling its functions and the wider experience of the ICB.
- 25.2 These Terms of Reference will be formally reviewed annually. These Terms of Reference may be varied or amended by the ICB's Board of Members.

**Date approved by the Board of Members:** 3 November 2025.

**Date of next review:** To be confirmed - in preparation for April 2026.



## Schedule 1 List of Members

The voting members of the Committee are:

Position	Name
Non-Executive Member	
Non-Executive Member	
Chief People Officer	
Chief Medical Officer	
Chief Nursing Officer	
Chief Transformation Officer	
Director of Finance or Deputy Director of Finance	

Committee Chair:

Position	Name
Non-Executive Member	

The standing participants are:

Position	Name
Director of Primary Care	
Assistant Director for Primary Care Contracting	
Assistant Director for Primary Care Planning, Operations and Improvement	
Assistant Director for Primary Care Strategy and Change	
Clinical Director for Primary Care	
A representative from the Quality Directorate	
A Director of Public Health	
Healthwatch Representative	
LMC Representative	
Community Participants	
VCSE Alliance Representative	