



PRIMARY CARE APPLICATIONS COMMITTEE

TERMS OF REFERENCE

Version	Issued To	Date	Comments
V0.1	Assistant Director Primary Care and Hywel Dda University Health Board	26.08.2015	Approved
V0.2	Vice Chair, Executive Director Commissioning, Therapies and Health Science, Deputy Director Primary, Community and Long Term Care, Associate Medical Director Primary Care, Corporate Secretary	02.10.2015	Approved
V0.3	Primary Care Applications Committee	13.10.2015	Approved
V0.4	Hywel Dda University Health Board	26.11.2015	Approved
V0.4	Primary Care Applications Committee	31.10.2016	Approved
V.04	Hywel Dda University Health Board	26.01.2017	Approved
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V.06	Primary Care Applications Committee	10.05.2018	Approved
V.06	Hywel Dda University Health Board	31.05.2018	Approved
V.07	Primary Care Applications Committee	21.02.2019	Approved
V.07	Hywel Dda University Health Board	30.05.2019	Approved

PRIMARY CARE APPLICATIONS COMMITTEE

1. Constitution

- 1.1 The Primary Care Applications Committee (the Committee) has been established as a Committee of the Hywel Dda University Health Board (UHB) and constituted from 1st June 2015.

2. Membership

- 2.1 Formal membership of the Committee shall comprise of the following:

Member
University Health Board Vice Chair (Chair)
Independent Member (Vice-Chair)
2 X Independent Members
Director of Primary, Community and Long Term Care
Associate Medical Director - Primary Care
Assistant Director of Primary Care
County Director/Deputy from the applicable locality
For Pharmacy Application Panels* - core membership must also include:
Community Pharmacy Wales Representative (non-voting , written information can be provided in lieu of attendance)
For Dental Application Panels - core membership may include:
Associate Medical Director (Dental)
Dental Practice Advisor

- 2.2 The following should attend Committee meetings:

In Attendance
Head of GMS/Deputy
Head of Dental and Optometry/Deputy
Primary Care Manager (Community Pharmacy)/Deputy
Locality Development Manager from the applicable locality
Head of Financial Planning
Hywel Dda CHC representative
LMC representative

- 2.3 Membership of the Committee will be reviewed on an annual basis.

***Pharmacy Application Panel - Disqualification because of interest :** No person who has any direct or indirect pecuniary interest in the application, or any other current personal interest, or who is associated with any person who has any current personal interest may take part in the proceedings at any stage. Any member who anticipates such an interest should declare it in advance in order that arrangements may be made for the attendance of a deputy.

3. Quorum and Attendance

- 3.1 A quorum shall consist of no less than two Independent Member(s), and must include as a minimum the Chair or Vice Chair of the Committee, one senior representative from the Primary Care Directorate, and any specific members identified for the purpose of the panels outlined in the membership.
- 3.2 The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by the Welsh Government.
- 3.3 Any senior officer of the UHB or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting to assist with discussions on a particular matter.
- 3.4 The Committee may also co-opt additional independent external 'experts' from outside the organisation to provide specialist skills.
- 3.5 Should any officer member be unavailable to attend, they may nominate a deputy, with full voting rights (unless otherwise specified in the membership criteria) to attend in their place, subject to the agreement of the Chair.
- 3.6 The Chair of the UHB reserves the right to attend any of the Committee's meetings as an ex officio member.
- 3.7 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Primary Care Applications Committee.
- 3.8 The Chair of the Primary Care Applications Committee shall have reasonable access to Executive Directors and other relevant senior staff.
- 3.9 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

4. Purpose

- 4.1 The Primary Care Applications Committee determines Primary Care contractual matters on behalf of the Health Board, and in accordance with the appropriate NHS regulations.

5. Key Responsibilities

- 5.1 Consider options with regard to vacant GMS Practices and make recommendations on behalf of the Board in accordance with WHC (2006) 063 and locally agreed processes following a GMS Vacant Practice Panel.
- 5.2 Consider recommendations for support from GMS contractors made in accordance with the Local Sustainability Assessment Process following a GMS sustainability assessment panel (WG Correspondence 03.09.2015).
- 5.3 Consider applications made by GMS Contractors and make decisions on behalf of the Board in accordance with the NHS (General Medical Services Contracts) (Wales) Regulations 2004, including but not limited to:

- Applications for changes to a GMS practice boundary;
- Applications for closing a GMS contractor list;
- Applications to remove registered patients who live outside the agreed practice area;
- Applications to withdraw from the provision of Additional Services;
- Applications to close a branch or split site surgery;
- Applications to merge two or more GMS contracts/partnerships;
- Consider breaches to the GMS contract;
- Applications for new GMS contracts;
- Applications to dispense.

5.4 Consider applications in relation to pharmaceutical services provision in the UHB area, and make decisions on behalf of the Board and in accordance with NHS (Pharmaceutical Services) (Wales) Regulations 2013 including:

- Applications by NHS Pharmacists & NHS Appliance Contractors for inclusion in or amendment to pharmaceutical lists;
- Determination of applications to be included or for amendment in a pharmaceutical list;
- Determination of applications to be included or for amendment in a pharmaceutical list effect of earlier determination;
- For Controlled localities, determining whether reserved status is appropriate;
- Applications for preliminary consent & effect of preliminary consent;
- Applications involving minor relocations within Health Board area;
- Applications involving minor relocations between neighbouring Health Board areas;
- Applications involving temporary relocations;
- Applications involving a change of ownership;
- Applications to extend the relevant period (the time in which an application is to take effect);
- To review whether applications for change of “core” hours would be prejudicial to patients;
- To note all applications for change of ownership and minor relocations approved by Health Board officers and not considered formally by the Committee;
- Dispensing applications;
- Premises approval applications following the granting of outline consent.

5.5 Consider applications in relation to contractual dental services provision in the UHB area, and make decisions on behalf of the Board and in accordance with The National Health Service (Personal Dental Services Agreements) (Wales) Regulations 2006 and The National Health Service (General Dental Services Agreements) (Wales) Regulations 2006 including:

- Applications to change activity levels and type of activity, including carrying forward activity to the next financial year;
- Applications to change opening hours;
- Applications to change the contract type (partnership/individual/Dental Body Corporate);
- Applications to changes Partnerships including the sale of Practices.

5.6 Appeals will normally be heard by a separate panel in accordance with the appropriate regulations with the exception of issues not previously determined by this Committee.

6. Agenda and Papers

- 6.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and/or the Vice Chair, at least **six** weeks before the meeting date.
- 6.2 The agenda will be based around the Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from Committee members. Following approval, the agenda and timetable for request of papers will be circulated to all Committee members.
- 6.3 All papers must be approved by the Lead/relevant Director.
- 6.4 The agenda and papers will be distributed **seven** days in advance of the meeting.
- 6.5 The minutes and action log will be circulated to members within **ten** days to check the accuracy.
- 6.6 Members must forward amendments to the Committee Secretary within the next **seven** days. The Committee Secretary will then forward the final version to the Committee Chair for approval.
- 6.7 NHS Wales Shared Services Partnership (NWSSSP) – Primary Care Services will provide administrative and secretarial support to the Pharmacy Applications element of the Committee.

7. In Committee

- 7.1 The Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

8. Frequency of Meetings

- 8.1 The Committee will meet bi-monthly and shall agree an annual schedule of meetings. Any additional meetings will be arranged as determined by the Chair of the Committee in discussion with the Lead Executive.
- 8.2 The Chair of the Committee, in discussion with the Committee Secretary, shall determine the time and the place of meetings of the Committee and procedures of such meetings.
- 8.3 The Chair of the Committee, in discussion with the Committee Secretary, shall determine the need for additional interim meetings in order to make timely decisions, or determine whether these decisions can be made virtually and confirmed by Chairman's Action.

9. Accountability, Responsibility and Authority

- 9.1 Although, as set out within these terms of reference, the Board has delegated authority to the Committee for the exercise of certain functions, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens, through the effective governance of the organisation.
- 9.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

- 9.3 The Committee shall embed the UHB's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.
- 9.4 The requirements for the conduct of business as set out in the UHB's Standing Orders are equally applicable to the operation of the Committee.

10. Reporting

- 10.1 The Committee, through its Chair and members, shall work closely with the Board's other Committees, including joint/sub committees and groups to provide advice and assurance to the Board through the:
- 10.1.1 joint planning and co-ordination of Board and Committee business;
 - 10.1.2 sharing of information.
- 10.2 In doing so, the Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.
- 10.3 The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. The Committee will receive an update following each sub-committee or task or finish group meeting detailing the business undertaken on its behalf. There is one Sub-Committee reporting to this Committee:
- 10.3.1 GMS Vacant Practice Panel
- 10.4 The Committee Chair, supported by the Committee Secretary, shall:
- 10.4.1 Report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes the submission of a Committee update report, as well as the presentation of an annual report within six weeks of the end of the financial year.
 - 10.4.2 Bring to the Board's specific attention any significant matters under consideration by the Committee.
 - 10.4.3 Ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant Committees, of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.
- 10.5 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self assessment and evaluation of the Committee's performance and operation, including that of any sub-committees established.

11. Secretarial Support

- 11.1 The Committee Secretary shall be determined by the Lead Director (Director of Primary, Community and Long Term Care).

12. Review Date

- 12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the basis by the Committee for approval by the Board.