CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	26 January 2023
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Vacant Practice Panel Process, Solva Surgery, North Pembrokeshire Cluster
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Jill Paterson, Director of Primary Care, Community and Long Term Care
SWYDDOG ADRODD: **REPORTING OFFICER:**	Rhian Bond, Assistant Director of Primary Care Anna Swinfield, Head of GMS Sustainability

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

On 8th December 2022, Solva Surgery served notice to the Health Board on their General Medical Services (GMS) contract, giving the Regulatory required three calendar months' notice of resignation as a single-handed Contractor. The Practice will cease providing General Medical Services within the North Pembrokeshire Cluster on 31st March 2023. The three month timescale to secure successor arrangements is inevitably challenging.

The process for the consideration of options by the Vacant Practice Panel (VPP) is set out in Welsh Government guidance *WHC 2006 063 GMS Practice vacancies* (Appendix 1). The four options to be considered for the continuation of General Medical Services for patients following the return of the Contract are:

- Alternative Provider Medical Services contract (APMS),
- Dispersal or Reassignment of patient list,
- Formal Tender process for new Provider/ Contractor (GMS)
- Health Board Managed Practice.

A process is underway to examine which of these four options are viable for the delivery of General Medical Services from 1st April 2023. This process includes a public engagement period and close working with local stakeholders. This report sets out the process and seeks to provide assurance around how a decision will be reached.

Cefndir / Background

Solva Surgery currently provides General Medical Services to approximately 2,442 people from a small, purpose-built premises in the village of Solva, serving a rural population across north-west Pembrokeshire and the St David's peninsula. The Practice is the smallest in the Hywel Dda University Health Board and the majority of the sustainability issues faced by the Practice reflect its small scale and rural location.

In line with the Regulations, the dispensing rights are held by the current Contractor (Dr Dhaduvai) and will terminate with her resignation from the General Medical Services contract on 31st March 2023.

Asesiad / Assessment

A Vacant Practice Panel met on 9th January 2023, with representation from the Community Health Council (CHC) and Local Medical Committee (LMC) as part of the Panel's membership. The Panel examined the background and wider context of the Contract resignation and discussed the four options in WHC 2006 063.

A public engagement plan has been devised with the CHC, with an engagement period from 9th January 2023 to 4th February 2023. This includes a drop-in event in Solva village hall on 24th January 2023, and a questionnaire to all patients. All feedback received from patients and stakeholders will inform a report which will go to a second Vacant Practice Panel in February 2023 to receive which will make a recommendation , based on all the evidence, on the preferred option for how services can be delivered to this population from 1st April 2023. This report will also be considered by an Extraordinary meeting of the CHC Executive in late February 2023.

Following the outcome of the second Vacant Practice Panel, a recommendation for the future provision of General Medical Services to patients currently registered with Solva Surgery will be discussed at an extraordinary meeting of the Board on 23rd February 2023. . The challenging timeline necessitates that this decision is made as early as possible after the second Vacant Practice Panel, in order to allow vital time in March 2023 to plan and implement the outcome, especially as there are important considerations around workforce and premises to be addressed.

Argymhelliad / Recommendation

The Board is asked to:

- **NOTE** the process as set out in WHC 2006 063 (Appendix 1) and through the Vacant Practice Panel
- **RATIFY** the revised Terms of Reference for the Vacant Practice Panel (Appendix 2) as approved by the Chair (January 2023)
- **NOTE** the patient engagement period and the reporting of all patient and stakeholder feedback
- **NOTE** the challenging timescales and the urgency of completing the process as far ahead of 1st April 2023 as possible, in order to allow for the necessary planning for the implementation of the Board decision and for successful transition.
- **AGREE** that an extraordinary meeting of the Board be called on 23rd February 2023 to discuss the decision of the second Vacant Practice Panel on the future commissioning of General Medical Services for the current registered population of Solva Surgery

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	1451 Risk of increasing unsustainability of GMS Practices

Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Engagement HQ software
Rhestr Termau: Glossary of Terms:	CHC – Community Health Council LMC – Local Medical Committee GMS – General Medical Services
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Vacant Practice Panel, 9th January 2023

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Unknown at this point.
Ansawdd / Gofal Claf: Quality / Patient Care:	Services are being delivered as normal by the Practice through its notice period. Dispending will end 31st March, regardless of how other services will be delivered from that point. There will be an impact on patients who will need to use the services of a local Community Pharmacy.
Gweithlu: Workforce:	Unknown at this point, the impact on the Practice staff as employees of the Independent Contractor is not known until a solution is identified. TUPE may apply.
Risg: Risk:	Patient safety risk associated with the transfer of services to be assessed and a plan to be developed.
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	Reputational impact on the Health Board of change to how services are delivered to patients.

Gyfrinachedd: **Privacy:**	Not applicable
Cydraddoldeb: **Equality:**	Equality monitoring questionnaire is included in letter to patients.

WELSH HEALTH CIRCULAR

Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Issue Date: 5 September 2006
Status: Direction

Title: GENERAL MEDICAL SERVICES PRACTICE VACANCIES – A GUIDE TO GOOD PRACTICE

For Action by:
Chief Executives of Local Health Boards

Action required *See paragraph(s)* :

For Information to:
Local Health Boards – Medical Directors

Sender: Mr John Sweeney, Director of Community, Primary Care & Health Services Policy Directorate, National Assembly for Wales

National Assembly contact(s) : Mr Ian Jones, General Medical Services, HSC-CPCHSPD, National Assembly for Wales, Cathays Park, Cardiff, CF10 3NQ – 029 20 826552

Enclosure(s): Annex 1

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GENERAL MEDICAL SERVICES
PRACTICE VACANCIES – A GUIDE TO GOOD PRACTICE

Summary

1. The latest statistical data on the General Practitioner workforce in Wales indicates that 25% or more of GPs in eight of our Local Health Boards are aged 55 years or over. In addition three of our LHBs have 10% or more of their GPs working as single handed practitioners. It is clear therefore that some LHBs carry a moderate to significant risk of GPs opting to retire within the next five years or so and some of these may be from small or single handed practices.

2. Local Health Boards have a statutory duty to ensure the sustained delivery of primary medical services to their resident population. When a practice becomes vacant for whatever reasons the LHB must ensure that primary medical services continue to be provided to those patents by the most effective and efficient means possible having regard to local needs and circumstances.

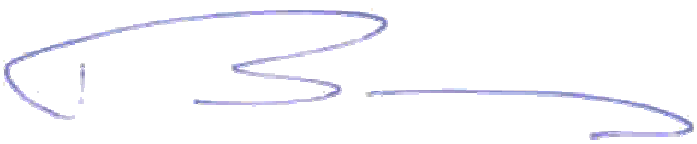
3. The future vision for healthcare services in Wales is spelled out in Designed for Life. This envisages that "the extended primary care team will be central to the delivery of chronic disease management for the overwhelming majority of patients." The strategy acknowledges that some GPs will develop specialist skills and that increasingly they may work alongside other health professionals undertaking extended roles. These developments are intended to ensure that high quality primary care can develop and expand, and improve recruitment and retention of general practitioners.

4. Local Health Boards have a crucial role in ensuring that their primary care workforce plans address the short, medium and longer term vision for primary care services and reflect the views of GPs, patients, service users and local populations. They should also ensure that capital/estate, financial and workforce planning is done together so that there is a coherent and transparent local plan. They should support local practice development in ways that enhance overall recruitment and retention for example by enabling practitioners to return to work following a career break.

5. Attached at Annex 1 is a guide to good practice in resolving practitioner vacancies. It outlines the steps to be followed by Local Health Boards in anticipating future vacancies, consideration of the best options for future delivery of services and offers advice on consultation and implementation of the preferred option.

ACTION

6. LHB Chief Executives are asked to note the attached guidance and to ensure that this is disseminated widely throughout the LHB. They should also ensure that the guidance is shared with key stakeholders.



John Sweeney
Director
Community, Primary Care and Health Services Policy

Annex 1

RESOLVING PRACTICE VACANCIES

A GUIDE TO GOOD PRACTICE

Introduction

1. This guidance provides advice to Local Health Boards (LHBs) on the recruitment of General Practitioners and reminds Local Health Boards of the steps they should follow when considering the future of vacant practices. The overriding concern is to ensure that primary medical services are delivered to a consistently high standard across the whole of Wales.

Strategic Considerations

2. Designed for Life – the ten year strategy for healthcare delivery in Wales (building on Improving Health in Wales) outlines a national vision of healthcare services which broadly suggests that delivery of healthcare services will increasingly be determined by:
   - a patient centred or service user focus to health and social care delivery around the patient pathway rather than along functional lines
   - continued technological change that will alter traditional work roles for example through the use of near patient testing
   - a continued shift in the boundary between primary and secondary care with a greater range of chronic conditions being managed in primary care.

3. Every Local Health Board in Wales has translated that national vision into a local vision that addresses local circumstances. LHB primary care estates' strategies should outline how primary care premises development will support the realisation of that vision. It follows therefore that each LHB should have a clear "understanding" of the future shape and configuration of primary medical services. In terms of realising their vision LHBs will need to be clear about their intentions where decisions need to be made about the continued provision of primary medical services when a practice (for whatever reason) becomes vacant.

4. The configuration of primary medical services providers is a matter for LHBs to determine having regard to local healthcare needs and having consulted with all relevant stakeholders including the Local Medical Committee. Practices will vary in size according to local circumstances. Where a small or single handed practice is considered appropriate then the LHB will want to ensure that the following is in place:
   - appropriate arrangements for continued professional development of all members of the primary care team
   - effective clinical governance arrangements
   - reasonable, well equipped premises
   - reasonable staffing and infrastructure including IT and manual recording systems

Workforce Planning

5. LHBs should work with contractors locally to ensure that they have a robust primary care workforce plan that takes account of future primary medical services needs. The plan should incorporate realistic projections in terms of future GP numbers; the implications of changing skill mix and where appropriate new roles and new ways of working.

6. LHBs should also have in place a recruitment and retention plan that outlines how the recruitment and retention of GPs and other practice staff complements and supports the future delivery of high quality primary medical services. These plans should outline how Recruitment and Retention monies included in LHB Administered funds might be utilised to support recruitment and retention, e.g. support for retainer, returner schemes.

7. A crucial element of workforce planning is the need for LHBs to maintain an effective dialogue with its independent contractor population. This will mean that age profile is monitored, future retirements are anticipated and a clear strategy exists to maintain, replace or re-provide services in the event of a vacancy. LHBs are strongly urged to maintain an ongoing dialogue with the Local Medical Committee so that any such difficulties are anticipated and managed. It may also be beneficial to seek the advice of the Head of Contractor Services at the NHS Wales Business Services Centre.

Vacant Practices – Consideration of Options

8. Where a practice becomes vacant the LHB will want to determine the best option for sustaining services to the practice population. Every circumstance needs to be considered on its particular individual merits, but in general terms, if the list is less than 1000 patients then the LHB may need to consider whether that list should be dispersed. Where the LHB considers that retaining a small or single handed practice would be appropriate then the vacancy should be advertised.

9. Unless the circumstances are straightforward the LHB should convene a panel to undertake a detailed option appraisal to determine a way forward. The LHB will chair and administer the panel but any LHB officers participating in the option appraisal should not normally be involved in the final determination of the matter by the LHB. The panel will make recommendations to the LHB who will make the final decision.

10. Membership of the panel should include as many relevant stakeholders as is practicable. It will be for the LHB to determine the membership of the option appraisal panel. However it should consider including:
    - GP Board member
    - Board lay member
    - CHC member and/or a patient group representative
    - Local Medical Committee representative
    - local authority officer

- doctors from neighbouring practices
- practice nurse
- local Pharmacy representative
- Contractor Services Advisor.

In some circumstances the panel may wish to seek the views of local councillors, the local Assembly Member and/or Member of Parliament.

11. In the majority of cases it is anticipated that the options available to the LHB will be:
    - advertisement of the vacant practice
    - direct management of the practice by the LHB using salaried GPs
    - management by another practice under GMS or by another practice /provider under APMS arrangements
    - closure of the practice and dispersal of the list to neighbouring practice/s

    More detail on these together with other possible solutions appears below from paragraph 13 onwards.

12. The following indicators will be helpful in determining the preferred option:
    - Viability of patient list and potential for growth of the local population
    - Age profile of list and geographical spread
    - Doctor/patient ratio in the area
    - Proximity, capacity, financial consequences upon and willingness of neighbouring practices to absorb extra patients.
    - Particular local needs e.g. ethnic groups, need for women doctors etc.
    - Availability and condition of surgery premises
    - Specific social considerations that may suggest a list should be kept intact e.g. relatively deprived area, rural isolated community, poor public transport infrastructure
    - Preference of local residents

Advertising the vacant practice

13. The LHB should advertise locally and nationally for expressions of interest to run the practice as a GMS practice. The advertisement should provide as much information as possible but in particular should seek to market the local area. Interested applicants should be provided with an information pack that includes:
    - A general description of the practice to include premises layout, equipment, staffing, enhanced services, etc
    - Full description of services currently provided from the practice and opportunities for further developments
    - Financial profile of the practice
    - Structure of primary medical services in the area and future plans
    - Arrangements for protected learning, continued professional development, and appraisal

- Information on housing, schools and local amenities
- Any financial incentives that may be available to the successful applicant e.g. relocation grant
- Named LHB contact for further discussion

Recruiting Salaried Doctors to run the practice temporarily

14. In order to sustain services while permanent solutions are being pursued the LHB may advertise for salaried doctors to work under the direction of the LHB in running the practice. LHBs are unlikely to view direct management of a practice as part of their core business. However on occasions it may prove necessary to assume management of a practice in order to prevent the disruption or collapse of existing services. This should be viewed as a temporary measure and separate from direct management under LHBMS whereby the LHB takes a strategic decision to provide primary medical services (see 17 below).

15. In seeking to recruit salaried doctors under these temporary arrangements the LHB should consider the possibility that doctors recruited, if they prove effective, could be part of the longer term solution. Therefore their recruitment campaign should be designed with this in mind. Ideally the LHB should supply an information pack that provides the main details of the practice (as indicated above) together with a job description, person specification and an outline of the terms and conditions of employment, including salary range. It should also include information on the LHB's longer term plans for the practice. LHBs should be mindful that to attract high quality candidates they may need to consider offering a range of benefits as part of the employment package e.g. flexible working, childcare support or a voucher scheme, academic/research links, protected learning time, mentorship for professional development.

16. Some LHBs in Wales already run salaried doctor schemes and LHBs will want to consider the benefits of working collaboratively with neighbouring LHBs in this regard.

LHB Medical Services (LHBMS)

17. LHBs have a statutory duty to secure the provision of primary medical services to "the extent that they consider it necessary to meet all reasonable requirements" of their resident populations. Aside from awarding a GMS contract the LHB may decide to provide primary medical services itself under the Local Health Board Medical Services Directions 2006.

Alternative Provider Medical Services (APMS)

18. The Welsh Assembly Government's preferred policy is to ensure delivery of primary medical services via GMS contracts. However where a LHB is unable to secure a contract with a GMS provider then it may determine that the best option would be to commission the services from an

alternative provider. Such arrangements must be in line with the Alternative Provider Medical Services Directions 2006. The LHB may enter into an APMS contract with any individual or organisation that meets the provider conditions set out in the Directions. This will include the private and independent sectors, voluntary sector, not-for-profit organisations, NHS Trusts, other LHBs, or existing GMS practices. The LHB must ensure that it has transparent processes in place for securing a contractor in order to encourage competition.

19. Whilst LHBs will need to take account of their Standing Financial Instructions consideration of alternative providers need not automatically involve a formal tender exercise. If LHBs preferred to use another approach (e.g. inviting existing independent contractor providers to put forward proposals in response to a service specification) this would be regarded as acceptable procurement practice within the NHS. LHBs must ensure that they secure a service that delivers clinically safe primary medical care and represents good value for money.

Dispersal or Re-assignment of the Patient List

20. This section should be read in conjunction with Part 2, Schedule 6 of the National Health Service (General Medical Services Contracts) (Wales) Regulations 2004 (as amended) – (*"the regulations"*). These regulations deal with the assignment of patients by LHBs to contractors having "open" or "closed" lists.

21. A decision to disperse or reassign patients is normally an option of last resort. Prior to taking such a decision the LHB is advised to consult with neighbouring practices and the LMC. LHBs will be fully aware that practice closures can be extremely sensitive issues and they would be well advised to seek the involvement of democratically elected local representatives as early as possible in the process.

22. Where a LHB has no alternative other than to disperse or re-assign the patients then the following steps should be followed:
    a. The LHB should discuss with neighbouring practices the feasibility of a measured dispersal of all affected patients to named practices. These discussions should include an accurate assessment of the likely impact on the receiving practice(s). The vacant practice will require interim support to redirect patients to their new practice. The receiving practice(s) will probably need transitional support e.g. temporary additional staff, registration clinics, transport and storage of patients' notes, help with inputting new patients onto receiving practices' systems etc. The LHB should also ensure that patients notes are transferred with the minimum of delay to minimise inconvenience to patients

    b. The LHB should write to every patient (or in the case of those aged under 16 to their parent/guardian) giving full details of the contractor in their area to whom they are being allocated. Details should include names of doctors, details of services provided, opening times and a

contact name for any further queries. Consideration should also be given to housebound or disabled patients who may need to be visited at home so that they can have the new arrangements explained to them.

c. Patients should be advised that if they do not wish to be allocated to that particular practice then they should notify the LHB in writing within 14 days. The LHB should ensure it advises that it will provide assistance if requested to any such patients who fail to secure alternative arrangements, so that they may be re-assigned.

d. Where a measured dispersal of patients to named practices cannot be agreed then LHBs have power under *"the regulations"* to assign patients to a new contractor whose list of patients is "open." The use of this power should preferably be avoided but if it has to be used, the LHB should recognise the implications for the receiving practice and provide appropriate support.

e. In certain specified circumstances, a LHB may present a proposal to assign patients to a contractor whose list of patients is "closed" to an assessment panel who may determine that the LHB can assign patients to that contractor as per *"the regulations."* Where an assessment panel makes such a determination the contractor may refer the matter to the Assembly for a review of the determination. Where the LHB assigns patients to a contractor having a closed list then it must enter into discussions with that contractor regarding additional support the LHB can offer the contractor and the LHB will use its best endeavours to provide such support. A practice with a closed list by definition has already signalled that its workload is at the limit. Assessment panels should be mindful therefore of the added pressure an assignment of patients would bring with a risk of destabilising services further.

f. The LHB should seek the advice of the Head of Contractor Services to agree roles and responsibilities for handling the actual dispersal or assignment of patients.

Communication and Consultation

23. The LHB should develop a comprehensive communication plan to support their deliberations around the future of the affected practice. This should include a clear indication of the timescales involved in agreeing and implementing the new arrangements.

24. The LHB will want to ensure that all affected patients are aware of the departure of their GP(s) at the earliest possible opportunity. They should be advised of the steps the LHB intends to take to determine the future delivery of primary medical services to patients as well as a description of how current services will be maintained in the interim period.

25. As soon as the LHB becomes aware of the vacating of a practice it should contact all neighbouring practices for preliminary discussion about the likely implications. The Local Medical Committee should also be notified as soon as possible of the vacant practice and their views sought about the way forward.

26. Where the LHB decides to undertake an option appraisal it will need to ensure that relevant stakeholders are consulted on the range of options considered together with the rationale for recommending the preferred option. The consultation process should be robust and transparent and follow the guidance contained in WHC (2004) 84 – *"SHAPING HEALTH SERVICES LOCALLY – Guidance for Involving and Consulting on Changes to Health Services."*

27. Unless it is impractical to do so a public meeting should be held so that patients can address any concerns or queries to the LHB and the LHB in turn can enhance public understanding of the preferred option.

28. LHBs should establish a properly staffed telephone helpline so that patients can raise any queries concerning the new arrangements.

29. In addition to letters to affected patients and a public meeting LHBs should consider other appropriate means of communication e.g. posters, leaflets, newspaper articles, briefing for local community leaders.

30. It is important that the LHB maintains effective dialogue with the doctor(s) from the vacating practice.

Review and Reflection

31. Once the decision has been implemented and the "new" services are up and running then the LHB should reflect on the way it managed the changing circumstances to learn lessons for the future. The views of the Local Medical Committee, the CHC and a patient group representative should be sought on the processes adopted by the LHB.

32. The LHB should undertake a further survey of patients a reasonable time after the implementation of the new arrangements to assess the impact on patients and the local community.

Useful References

The National Health Service (General Medical Services Contracts) (Wales) Regulations 2004 – Statutory Instrument 2004 No 478 (W.48)

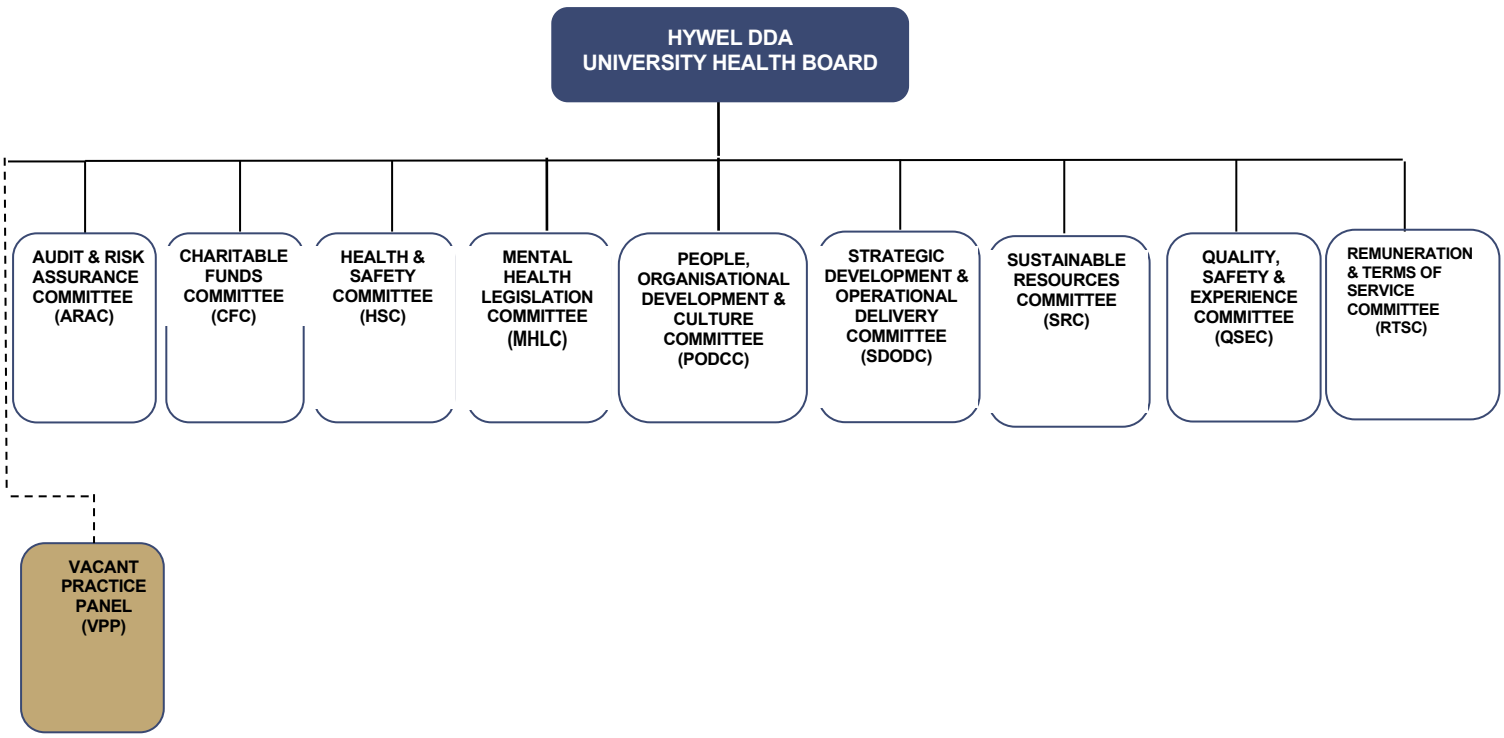
Designed for Life, Creating world class Health and Social Care for Wales in the 21st Century, May 2005

Report on Research into Recruitment and Retention of GPs in Wales, Office of the Chief Medical Officer, March 2005

Primary Care Workforce Development, Dr Jane Harrison, Office of the Chief Medical Officer and Ian Jones, Primary Care Division, June 2005

The Local Health Board Medical Services Directions 2006, National Assembly for Wales (2006/11)

The Alternative Provider Medical Services Directions 2006, National Assembly for Wales (2006/10)



TERMS OF REFERENCE

VACANT PRACTICE PANEL

Version	Issued to:	Date	Comments
V1	Vacant Practice Panel	22 April 2021	Approved
V1	Primary Care Contract Review Sub-Committee	22 April 2021	Approved
V2	Primary Care Contract Review Group	07 July 2021	Approved
V3	Primary Care Contract Review Group	06 September 2021	Approved
V4	Board	05 January 2023	Approved by UHB Chair

GENERAL MEDICAL SERVICES VACANT PRACTICE PANEL

1. Constitution

1.1 The General Medical Services (GMS) Vacant Practice Panel (the Panel) has been established as a Panel of Hywel Dda University Health Board (the Board) and constituted from 22 April 2021.

2. Principal Duties

2.1 The purpose of the Panel is to undertake a detailed option appraisal, considering a range of criteria, in advising on the future provision of services for the Practice population, following notice of a GMS Contract resignation or termination, in accordance with Welsh Health Circular (2006) 063.

2.2 The Panel will make a recommendation to the Board.

3. Operational Responsibilities

3.1 The Panel will, in respect of its provision of advice to the Board:

3.1.1 Ensure that full consideration is given to how best to provide services to the Practice population, taking into account local sustainability issues.

3.1.2 Present a recommendation to the Board for the future provision of primary medical services to the Practice population.

3.1.3 The Chair may convene a subsequent Vacant Practice Panel meeting to review the work undertaken or any other developments following the recommendation of the first Panel meeting, and to review feedback from any public engagement activity.

4. Membership

4.1 The membership of the Panel shall comprise:

Title
Director of Primary Care, Long Term Care and Community or Assistant Director of Primary Care (Chair)
Deputy Medical Director – Primary Care and Community Services
Hywel Dda Community Health Council (CHC) member
Dyfed Powys Local Medical Committee (LMC) representative
Head of General Medical Services (GMS) - Sustainability
Head of General Medical Services (GMS) - Contractual Compliance
County Director

4.2 The membership of the Panel will be reviewed on an annual basis.

5. Quorum and Attendance

5.1 A quorum shall consist of no less than a third of the membership and must include as a minimum the Chair of the Panel, Deputy Medical Director – Primary Care and Community Services, Hywel Dda CHC member and Dyfed Powys LMC representative.

5.2 Any senior officer of the Board or from a partner organisation may, where appropriate, be invited to attend to provide advice and/or clarification to the Panel, subject to agreement of the Chair.

5.3 The Panel may also co-opt local primary care professionals and additional independent external 'experts' from outside the organisation to provide specialist knowledge, subject to agreement of the Chair.

5.4 Should any member of the Panel be unavailable to attend, they may nominate a deputy to attend in their place, subject to the agreement of the Chair.

5.5 The Panel may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of any matters.

6. Agenda and Papers

6.1 The Head of GMS (Sustainability) or a designated Deputy (approved by the Chair), supported by the Panel Secretary (Primary Care Officer), will lead on the co-ordination of the agenda and papers for the meeting.

6.2 All papers shall be signed off by the Chair of the Panel before being circulated to the Panel.

6.3 The agenda and papers for meetings will be distributed **seven** calendar days in advance of the meeting.

6.4 The draft minutes and table of actions will be circulated to members within **seven** calendar days to check for accuracy.

6.5 Members must forward amendments to the Panel Secretary within the next **three** calendar days. The Panel Secretary will then forward the final version to the Panel Chair.

7. Frequency of Meetings

7.1 The Panel will convene within 20 working days of receipt of a GMS Contract resignation or termination. Meetings can be held virtually at the discretion of the Chair.

7.2 The Chair may decide if a subsequent Panel meeting shall be convened to review the work undertaken, and any other developments, following the

recommendation of the first Panel meeting, and to review feedback from any public engagement activity.

7.3 The Chair of the Panel, in discussion with the Panel Secretary shall determine the time and the place of meetings of the Panel, the procedures of which shall be in accordance with the Welsh Health Circular (2006) 063.

8. Accountability, Responsibility and Authority

8.1 The Panel shall be accountable to the Board for its performance in exercising the functions set out in these terms of reference.

8.2 The Panel shall adhere to embed the Board's vision, corporate standards, priorities and policies, through the conduct of its business.

8.3 The requirements for the conduct of business as set out in Board's Standing Orders are applicable to the operation of the Panel.

9. Reporting

9.1 The Panel, 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:

9.1.1 joint planning and co-ordination of Board and Committee business; and
9.1.2 the sharing of information.

9.2 In doing so, the Panel 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.

9.3 The Panel may establish sub-groups or task and finish groups to carry out on its behalf specific aspects of Panel business. The Panel will receive an update following each sub-groups meetings detailing the business undertaken on its behalf.

9.4 The Panel's Chair, supported by the Panel Secretary, shall:

9.4.1 Report formally, regularly and on a timely basis to the Board following each Panel. This includes a written update report following each meeting which will provide a detailed record of the Panel discussion and recommendations;
9.4.2 Bring to the Board's specific attention any significant matters under consideration by the Panel.

10. Secretarial Support

10.1 The Panel Secretary shall be determined by the Panel Chair.

11. Review Date

11.1 These terms of reference shall be reviewed on at least an annual basis by the Panel for approval by the Board.