Oxfordshire Clinical Commissioning Group

NHS

SOUTH WEST OXFORDSHIRE LOCALITY

CONSTITUTION
OCTOBER 2011

(paragraphs 3.2 and 3.6 updated March 2012)

This document replaces all previous versions of the Constitution. The document has been re worked and re issued to reflect the impending changes to the National Health Service, the demise of Primary Care Trusts, the establishment of Clinical Commissioning Groups, increased GP responsibility and the enlargement of the Group itself. It is written at a time when not all detail is known and as such this Constitution should be seen as an interim agreement to be reviewed as and when further detail becomes available.

GP Practices Working Collaboratively to Deliver Locality Based Commissioning

INTRODUCTION

Clinical Commissioning is the central pillar of current of NHS reform. It supports both structural change and service reform – by facilitating the transfer of more health care from secondary to primary care settings through greater Clinical control over commissioning.

It is increasingly clear that there are considerable benefits to individual GPs and Practices of operating together across a locality. Co-operative working allows for far greater economies of scale in commissioning; from having a larger pooled budget and therefore influence, through to shared management costs, risk sharing and pooled skill resource and development.

South West Oxfordshire Commissioning Locality aims to work together as part of the Oxfordshire Clinical Commissioning Group to ensure the provision of equitable, quality, cost effective health services to the population of Oxfordshire and in particular to represent the health views and needs of our local SWOL community.

South West Oxfordshire Commissioning Locality will work with stakeholders to ensure the voice and wishes of the South West are heard, recorded and represented in the decision making process. We undertake to consult, listen and discuss issues concerning the provision and redesign of services and to develop and establish an inclusive transparent evidence based decision making process.

This document summarises the agreed working principles between the fourteen member practices of South West Oxfordshire Locality Group

It should be noted that this agreement is not legally binding, but is a statement of mutual understanding and intent. Should disputes arise with individual practices within the locality every effort should be made by the membership to seek a resolution within the locality group. Should this not be possible practices have the right to seek guidance from the LMC and Oxford Clinical Commissioning Group.

CONTENTS

Section One Membership

1.1 The name of the Commissioning Group shall be the South West Oxfordshire Locality

1.2 The constituent practices of South West Oxfordshire Locality (SWOL) are listed at **annex one** to this document.

Section Two Roles and Responsibilities of Member Practices

2.1 Each practice signing up to this statement of intent is expected to commit to:

- Operate in accordance with the agreed principles set out within this document.
- Retain its patients and develop valued primary care services
- Investing clinician and manager time to develop in a manner agreed by the Locality & Oxfordshire Clinical Commissioning Group [unless agreed otherwise due to particular practice circumstances]
- Sharing specialist skills within the group.
- Sharing resources available for Commissioning, in the manner agreed by the group and set out in this document.
- Maintaining an open mind with regard to how services might be developed, but staying central to the principle that we aspire to procure, develop and, where appropriate, provide high quality, cost effective care to our patients as locally as possible.
- Maintaining a willingness to appreciate that Commissioning is a shared agenda between the County and Locality, and will work collaboratively to allow progress to be made.
- The development of effective local performance management procedures to ensure compliance with our commissioning budget.

2.2 Each member practice will develop appropriate internal systems and processes to

- Record all new referrals made to secondary care, conducting quarterly audits of all referrals made to secondary care by all doctors
- Create opportunities for clinical discussion between partners of all secondary care referrals
- Develop further systems of monitoring quality, budget and activity as determined by the development of the Clinical Commissioning initiative.
- Agree to work towards the delivery of the QIPP milestones and savings targets through a clinically led project framework
- Practices will agree to share such systems and data with the locality as requested.

Practices joining and leaving the Locality

2.3 Practices wanting to join the Locality are required to agree and sign the group's constitution.

2.4 A Practice choosing to the leave the Locality is required to give three months notice in writing of its intention to the Locality and Oxfordshire Clinical Commissioning Group.

2.5 If a member practice becomes disaffected or working relationships between it and the rest of the group break down irreparably, the group may expel that Practice after first discussing the situation with Oxfordshire Clinical Commissioning Group. If this is a gradual breakdown, a

formal warning will be given and a period of three months allowed for the Practice to address the issues, if there is no satisfactory improvement, the Practice should be expelled subject to the voting structure specified in 3.18 and **annex four.** Under the current guidance every practice must be a member of a Clinical Commissioning Group and should no agreement be reached on reassignment the final decision and allocation powers will be with the National Commissioning Board.

Section Three Governance and Management Arrangements

Overview of Governance Arrangements

3.1 The operation of SWOL, and delivery of agreed locality workstreams, will be via the Executive Committee.

3.2 The SWOL Executive Committee will be formed from one representative from each member practice – known as the Practice Commissioning Lead. This representative will be responsible for representing the practice and its population at each Executive Committee Meeting. Ensuring that all practice clinicians, (whether partner, salaried or locum GP or nurse) and patients are kept informed and up to date with the work of the SWOL ensuring that where practice comments/decisions are needed full consideration has been given by all and practice feedback agreed.

The names of the individual practice commissioning leads that form the current Executive Committee are detailed at **annex one** to this document.

Annex one will be amended as required, in order that an up to date record of current membership of the Executive Committee is maintained.

3.3 The Executive Committee have delegated authority from all member practices to make decisions and undertake programmes of work, in line with the delegated responsibility and voting arrangements.

3.4 **Declaring interests**

Oxfordshire Clinical Commissioning Group (of which SWOL is a member) is a commissioning organisation; members of the South West Oxfordshire Locality must declare an interest and exclude themselves from decisions, but not necessarily discussions, on matters where they might benefit financially. Such declarations should be reviewed at each Executive Meeting for validation.

All Locality Leads and practice leads need to be aware of their role in representing the South West Oxfordshire population and should be bound by the Nolan Principles in Public Life **(annex 5)**. Any interests which conflict with the commissioning process need to be appropriately declared.

Membership of the Executive Committee

3.5 Each member practice will nominate their own Commissioning Lead and Deputy to be a member of the Executive Committee. It is expected that the Commissioning Lead/Deputy will represent their practice at the majority Locality Executive Meetings.

3.6 It will be the responsibility of the practice Commissioning Lead/ Deputy to inform and engage with their practice on Commissioning matters; ensuring that inclusive dialogue and discussion takes place and that the views of the practice members are presented at Locality meetings and that practices are kept fully informed of commissioning decisions made.

3.7 Each of the four main areas forming the South West Locality i.e. Abingdon including Berinsfield and Clifton Hampden, Didcot, Faringdon and Wantage will be represented on the Executive Committee by a Practice Manager, the Manager to be chosen by the area. However where a Practice Manager is deputising for an absent GP Executive Member said Manager should also act as area representative

3.8 The Executive Committee will invite nominations for a Locality Lead from local GP members. GPs wishing to become the Locality Lead will need the endorsement of their practice. Applicants should be an appropriately qualified GP on the Performers list who is either a practice partner or who has been practising in the Oxfordshire area for at least two years and who is employed on a permanent contract

The Locality Lead will be the Clinical Lead representing the locality on the Oxfordshire Clinical Commissioning Group Board. .

The election of the Locality Lead will follow a formal process of application, review and vote by the membership. A majority vote of 80% will apply.

The Lead will be appointed for two to three years to be reviewed annually, and may extend this period for a further year, following a formal majority vote by the Executive Committee. The maximum term of office will normally be 4 years. This post is remunerated by Oxfordshire Clinical Commissioning Group

3.9 The Executive Committee will then invite nominations for the role of Deputy Lead from local GP members. GPs wishing to become the Deputy Lead will need the endorsement of their practice. Applicants should be an appropriately qualified GP on the Performers list who is either a practice partner or who has been practising in the Oxfordshire area for at least two years and who is employed on a permanent contract

The Deputy Lead will be appointed for two to three years to be reviewed annually, and may extend this period for a further year, following a formal majority vote by the Executive Committee. The maximum term of office will normally be 4 years. This post is remunerated by Oxfordshire Clinical Commissioning Group.

The election of the Deputy Lead will follow a formal process of application, review and vote by the membership. A majority vote of 80% will apply.

The positions of Locality Lead and Deputy/Deputies is remunerated by OCCG to a maximum of 6 sessions per week (2011) and shared between post holders as agreed by the Locality.

Election/re election of Leads and Deputies will take place on a rolling programme to avoid the sudden loss of expertise.

NB. Should no candidates come forward the locality may seek flexibility on the term of appointment from OCCG.

3.10 The Executive Committee will nominate/appoint a Secretary/Manager from their membership or externally. This individual will be responsible for the overall administration and organisation of formal SWOL meetings and other agreed tasks within their specific area of expertise. They will ensure administration of SWOL business meetings in line with paragraph 3.14 - 3.17.

A committee member will only nominate another member to stand as Secretary with their prior consent. If an external candidate is sought this must be with the agreement of the Executive Committee. A majority is deemed to be ten out of the fourteen - and after voting, to be completed using a show of hands, the member will be deemed to be elected with immediate effect, unless otherwise agreed.

Where the appointment is from within the membership the term of appointment will be for two years, and may extend for a further year, following a formal majority vote by the Executive Committee.

NB. The work of the Locality will be supported by the OCCG Transition Team who will offer management and financial management support as appropriate and necessary.

3.11 All remaining members of the Executive Committee shall be known as Members.

3.12 Job descriptions and key responsibilities for the Executive Committee Lead/Clinical Lead, Deputy Lead, Secretary and Members will be detailed at **annex two** to this document.

3.13 The remuneration rates, and levels of funded time allocated to the post of Locality Lead and Locality Deputy or Deputies, will be determined by the Oxfordshire Clinical Commissioning Group.

Operation of the Executive Committee

3.14 The Executive Committee will meet at monthly intervals for 2 hours, unless particular circumstances require additional meetings or as dictated by the Oxfordshire Clinical Commissioning Group.

Reimbursement for this time will be deemed to be included in the remunerated time paid to members via the Local Incentive Scheme, which will be reviewed annually by OCCG. The exception to this arrangement is that of the nominated area Practice Managers (not deputising for GP Executive Members) who will be paid via the locality Management Allowance.

3.15 Meeting agendas will be drafted by the Lead/Deputy working with the Secretary; agendas will be circulated by the Secretary, 7 working days in advance of the meeting, together with any relevant papers. Any agenda items should be passed to the Secretary in good time in advance of the meeting, and papers drafted by Executive Committee members must clearly indicate whether an item is for discussion, information or agreement.

3.16 The secretary will take minutes and action notes of each meeting and this will be circulated to all members within 7 working days of the meeting.

3.17 The Executive Committee will ensure that any Commissioning complaints are passed to OCCG. The Executive Committee shall manage within its remit all complaints regarding the membership compliance with this Constitution, informing and escalating to OCCG as necessary. OCCG will be the initial arena for resolution and arbitration of inter practice disagreements. Any issues requiring external arbitration will be referred to the LMC.

Voting Arrangements – Executive Committee

3.18 The principles and spirit of understanding underpinning SWOL will encourage consensus working, but it is recognised that a number of issues will require decision by vote.

For each issue requiring a vote, the individual practice member of the Executive Committee has delegated authority to make decisions on behalf of their practice. Where a Practice Manager is deputising they will be deemed to have the voting rights of the practice.

The specific voting rules applying to each area of decision making are set out in paragraphs 3.19 – 3.24 below.

3.19 **QUORACY**

The Executive Committee will be quorate when at least 11 (80%) of voting members of the Committee are present.

3.20 A capitation voting system derived from the registered list size held by member practices at the 1st April 2011 will be used to determine a proportion of the total votes each practice can cast. The maximum practice vote will be limited to a 15% share of the total vote; the remaining percentage will be redistributed across the group. Member practices will be required to make a majority decision, indicating if they are for or against a given submission the value of a member practices decision is then taken into account of the whole vote. It is not permitted for the vote to be divided amongst GPs in the practice except in exceptional circumstances. Member Practice registered patient list sizes to be revised 1st April annually. The voting arrangements will be reviewed should any practice merge or membership for the group change. The percentage share of member practices is specified in **annex four.**

3.21 The inclusion (rights of membership) and expulsion of practices to and from the group will be agreed by a vote amongst the Executive Committee. An 80% majority vote will apply, and no practice has the right of veto.

3.22 The appointment of any sub contractors and advisors to the group will be agreed by a vote amongst the Executive Committee. An 80% majority vote will apply, and no practice has the right of veto.

3.23 Meeting agendas will clearly indicate issues that require a vote and member practices should discuss these issues internally within their practices, before coming to the meeting to confirm the practice view. Where a practice is unable to attend their view may be submitted in writing via email to the Chair and/or Secretary not later than three (3) working days prior to the meeting.

3.24 The capitation voting structure will be reviewed six months after formal adoption of the constitution and annually thereafter.

Delegated responsibility

3.25 The Locality Leads will represent the locality on the Oxfordshire Clinical Commissioning Group Transition Board. The South West Locality has 1 (one) vote. Locality Leads will ensure that the Locality is represented at each OCCG TB meeting, either personally or via a deputy should the Lead not be available.

It is the responsibility of the Locality Lead/Deputy to represent the views of the SWOL and where a personal viewpoint is expressed this shall be made clear to all and recorded as such.

The role of Locality Lead is much broader than local representation, leads will be leading workstreams that may require them to present proposals and make recommendations on behalf of the County. In doing this they will need to consider the views of all localities. SWOL having one Lead at OCCG may, at times, find this difficult, in these instances either a deputy should be asked to represent the views of the locality or written submission of the views of the locality should be made.

It is expected that those leading projects needing decisions by OCCG will ensure that time is built in to the project planning to allow for discussion and review at all levels. This engagement can be undertaken in a variety of ways including via the use of technology.

Locality Leads should always be mindful that clinical decisions will need consultations within the locality before a decision is made by OCCG TB, where this has not happened a deferment can be sought. Broadly speaking any OCCG decision which would result in a significant change in health care for SWOL population or has a significant impact on NHS finances should be discussed with the locality first, making sure that all appropriate information is available in time to help guide the process. In order to avoid delay and overburdening bureaucracy decisions should not routinely be deferred and Locality Leads should attend OCCG meetings fully prepared having consulted with the Locality on all items highlighted on the meeting agenda flagged as for ‘Decision’.

The OCCG Transition Board will seek to make decision by consensus and agreement of its membership; however on the occasions when the OCCG Transition Board cannot reach consensus decisions will be made by a simple majority of those present. In the case of equality of votes, the Chair will have a casting vote.

Individual Practice Commissioning Leads will have access to the OCCG TB Meeting Notes which will contain all discussions and decisions and can be found on the Intranet. Should a practice lead feel that due process has not been followed and wider consultation is required then a challenge can be made via the Locality Lead.

It must be accepted that there will be occasions where decisions are made that are not supported by SWOL, such decisions will be made on a majority vote and as such these decisions will need to be accepted and implemented in the Locality.

On the rare occasion that a decision is needed immediately(i.e Emergency Planning, terrorist attack, epidemic) and without time for consultation the Locality Lead has delegated authority from the Locality to participate in that decision on behalf of the locality.

Section Four Financial Agreements

Core financial arrangements

4.1 SWOL recognises that practice staff who are members of the Executive Committee, or other practice staff who are requested by the Executive Committee to take on a specific piece of work for the locality **over and above that time that practices have agreed they will deliver as part of core practice work i.e. Leads and Deputies,** will require reimbursement. All paid work will be authorised by the Executive Committee before being undertaken, this includes the agreement of work to be done and a time allocation. If additional time is required a request must be submitted to the Executive Committee and approved before the additional work is undertaken.

The SWOL rates of reimbursement of clinician and managerial time, as at April 2011 are (to be review annually):

GP remuneration rate £75 per hour

Nurse remuneration rate £35 per hour

PM remuneration rate £30 per hour

Mileage will be reimbursed at .45p per mile (from the practice)

Out of pocket expenses will be reimbursed at cost.

Travelling time from the practice, to a maximum of 1hour (round trip), will be remunerated at GP Nurse, or PM hourly rate.

4.2 Members of the Executive Committee who have been requested to undertake a specific piece of work for the locality will submit an invoice from their practice for the agreed amount, on a monthly basis where possible, to the Secretary of the Executive Committee.

Payment will be made to the locality member practice within 28 days of invoice wherever possible.

Risk sharing Arrangements

4.3 Member practices of SWOL will abide by the principles of mutual co-operation and support. Practices will also ensure fair and equal sharing of all financial risk, and particularly that associated with early development of new and extended service provision as a result of the greater opportunities offered by Locality Commissioning.

Section Five Aims and Objectives, Work Programme, and Scope of Commissioning Responsibility

5.1 The shared philosophy and overarching objectives of SWOL, to which all member practices subscribe, are:

- To consult with public, patients and service providers across the locality
- To agree local health care needs and priorities which are consistent with national guidelines and the Joint Strategic Needs Assessment (JSNA)
- To work with the OCCG to commission health care services to meet the agreed needs and priorities of our practice populations, and, where appropriate to re-design care pathways
- To ensure that all commissioned services deliver, safe, high quality care
- To ensure that commissioned services deliver improved health, better clinical outcomes and excellent patient experience.
- To manage referrals in a clinically appropriate, and cost-effective, way
- To achieve economies of scale and reduce costs through the Commissioning process
- To be representative of a sufficient body of patients and clinicians such that our corporate views will be heard
- To be a single voice when dealing with other health and social care agencies
- To pool skills, knowledge and experience for the greater benefit of all

5.2 SWOL will develop and agree an annual work programme, with specific and deliverable objectives for delivery by the group within each financial year. The current years annual work programme has yet to be developed and will be attached at **annex three (to be developed).**

A work programme will be developed by all member practices of the SWOL, and development will be led by the Lead, with the support of the Executive Committee. It will be discussed and reviewed with the OCCG as part of the annual review process. It will be formally agreed by the Executive Committee and shared with all member practices.

Progress against the work programme will be formally reviewed by the Executive Committee on a quarterly basis, with a short written briefing note circulated to all member practices, summarising progress.

All member practices will use their best endeavours and work co-operatively to meet the objectives set out in **annex three (to be developed).**

Scope of responsibility of SWOL

5.3 The framework for Clinical Commissioning across England, and in Oxfordshire in particular, delegates a range of responsibilities to Clinical Commissioning Groups. Oxfordshire as a whole has decided on one Commissioning Body representative of the 6 Localities; City, North East, North, South West, West and South East. Each Locality is represented on the Commissioning Group by a duly elected Clinical Lead.

The following sections specify clearly the responsibilities of each practice, and those tasks for which the locality is responsible.

5.4 The Locality is responsible for:

5.4.1 Primarily, delivering the objectives set out in the annual programme of work which will support the overall aims and objectives of the Oxfordshire Clinical Commissioning Group and contained within **annex three**, including specifically:

5.4.2 Actively engaging with the Oxfordshire Clinical Commissioning Group to define commissioning policies and ensuring effective performance management of providers

5.4.3 Undertaking service redesign to inform improved commissioning, deliver financial savings, and improve the quality of care locally

5.4.4 Actively reviewing and monitoring the overall performance of the Primary Care and indicative budgets of all constituent practices, so as to make recommendations to deliver savings.

5.4.5 Actively building relationships with all wider stakeholders, including providers of secondary care

5.4.6 Consulting with patients and public users on the quality of current service provision, and future models of service provision

5.4.7 Leading the organisational development of the group, in line with this constitutional agreement, so as to ensure all member practices embrace the opportunities offered by Locality Commissioning, and recognise and respond to the significant pace of reform in the NHS locally.

5.5 Member practices are responsible for:

5.5.1 Abiding by this constitutional agreement

5.5.2 Engaging and participating in Clinical Commissioning at a local and County level

5.5.3 In Investing proportionate clinician and manager time in each practice to further the aims of the OCCG and the Locality and undertaking specific tasks (i.e. referral validation) as requested by the Executive Committee

5.5.4 To maintain an open mind with regard to how services might be developed, and work collaboratively to allow progress

Section 6 Signatories (Practices please update and amend where necessary)

On behalf of the Practice I agree to the terms of this constitution, and agree to operate within the framework set out above.

Name of Practice	Nominated Lead	Deputy Lead	Senior Partner
Berinsfield Health Centre	Signature: Name: Dr Julie Anderson	Signature: Name: Linda Gilder (PM)	Signature: Name: Dr Julie Anderson
Clifton Hampden Surgery	Signature: Name: Dr Richard Lynch Blosse	Signature: Name: Dr Nick Bell	Signature: Name: Dr Richard Lynch Blosse
Church Street Practice	Signature: Name: Dr Matthew Gaw	Signature: Name: Sheila Dearman (PM)	Signature: Dr Paul Bryan
Didcot Health Centre	Signature: Name: Dr Caroline Yorston	Signature: Name: Dr Angela Anderson	Signature: Name: Dr. David Ebbs
Fern Hill Practice	Signature: Name: Dr Faith Holdsworth	Signature: Name:	Signature: Name: Dr. Faith Holdsworth
Grove Medical Practice	Signature: Name: Dr Andrew Allen	Signature: Name: Dr Rob Russ	Signature: Name: Dr. Andrew Allen
Long Furlong Medical Centre	Signature: Name: Dr Nick Elwig	Signature: Name: Diana Donald (PM)	Signature: Name: Dr Elspeth Allan
Malthouse Surgery	Signature: Name: Dr Rachel Jakeman	Signature: Name: Dr Sarah Waterman	Signature: Name: Dr.
Marcham Road Surgery	Signature: Name: Dr Michael Robertson	Signature: Name: Rose Moore (PM)	Signature: Name: Dr. Michael Robertson
Newbury Street Practice	Signature: Name: Dr Andrew Partner	Signature: Name: TBC	Signature: Dr John Robinson

Oak Tree Health Centre	Signature: Name: Dr David Corps	Signature: Name: Mark Dalling (PM)	Signature: Name: Dr. David Corps
The Abingdon Surgery	Signature: Name: Prit Buttar	Signature: Name: Teresa Young (PM)	Signature: Name: Dr. Neil Crossley
White Horse Medical Centre	Signature: Name: Dr Gavin Bartholomew	Signature: Name: Jo Morgan (Business Manager)	Signature Name: Dr Anna Douglas
Woodlands Medical Centre	Signature: Name: Dr Barbara Batty	Signature: Name: Lynette McGuigan (PM)	Signature: Name: Dr. Barbara Batty

OXFORDSHIRE CLINICAL COMMISSIONING GROUP

Job Description

Job Title:	GP Locality Lead
Remuneration:	To be confirmed but in the region of £275 per session plus on costs
Responsible to:	Oxfordshire Clinical Commissioning Group and Locality member practices
Accountable To:	GP members and patients of the GP Consortium
Hours:	3 or 4 sessions per week – post holders must recognise that hours will need to be flexible
Tenure:	For a period of 2 – 3 years from 1st April 2011

Job Purpose:
To work with the Oxfordshire GP Consortium Lead and senior NHS managers to design and implement a GP commissioning organisation for Oxfordshire. To provide clinical leadership to the programme of work delivering the arrangements and changes required for the transition of commissioning responsibilities and budgets to GPs by April 2013.

To represent the Locality on the Oxfordshire Clinical Commissioning Board

Key Result Areas

1. The development of an effective locality structure to involve and engage all practices within the locality
2. The effective performance management of locality practices to ensure the locality stays within its commissioning budget
3. The delivery of the QIPP milestones and savings targets through a clinically led project framework
4. The development of patient and public engagement within the locality
5. The production of a commissioning plan for the locality which delivers the aims, ambitions and objectives of the Oxfordshire GP Consortium

Responsibilities

1. Attend both formal and informal Oxfordshire GPCC meetings
2. Attend and chair locality commissioning meetings
3. Attend and lead meetings appropriate with engaging locality stakeholders
4. Take a specialist interest for specific areas of commissioning
5. Maintain an overview of the locality health needs, issues and general position feeding this into the Countywide planning, and including development of locality plans

ANNEX 1 – PERSON SPECIFICATION

Personal Specification – GP Locality Lead

Qualifications
An appropriately qualified GP on the Performers list who is either a practice partner or who has been practising in the Oxfordshire area for at least two years and who is employed on a permanent contract.

Experience
Previous experience of clinical leadership within NHS organisations is an advantage but is not essential but candidates must demonstrate evidence of having led change. The aptitude or potential ability to function within the forming organisation is essential, by which is meant the gravitas, knowledge and ability to influence, direct and if necessary challenge peers, managers within the PCT, or partners in the local health community in order to deliver change.

Knowledge
- Knowledge of the current PCTs Strategic QIPP Plan, corporate objectives/business plan and current challenges are an advantage;
- Knowledge of the White Paper and NHS Operating Framework are essential;
- An in-depth knowledge of locality health issues and risks as they relate to the delivery of quality and financial objectives will be critical;
- Understanding of the financial regime underpinning commissioning, including the role of tariff and the importance of the patient choice agenda;
- An appreciation of the complexity of healthcare commissioning including working across organisational boundaries with public, private and voluntary sector providers and partners.

Skills and Aptitude
- Have a track record of delivering high quality patient focused clinical care;
- Highly developed communication and influencing skills will be essential;
- The ability to form and maintain relationships in difficult business circumstances with PCT and healthcare colleagues as well as partner organisations will be critical;
- The ability to understand budgets and activity information is desirable;

Ability to Lead
- Have a clear vision for the Locality as part of the wider Consortium, and be able to articulate it in a way which motivates the constituency;
- The ability to work with colleagues to innovate and problem solve;
- The ability to put aside individual and practice interests and act in the interest of all Oxfordshire residents;
- The ability to demonstrate empathy and understanding with a wide variety of colleagues and partners will be required, as will consistency and firmness in the management of these relationships to ensure the delivery of plans;
- Strong time management skills.

Personal Qualities
- High level of integrity
- Assertiveness
- Sensitivity
- Self-awareness
- Reliability
- Flexibility
- Determination to succeed
- Political awareness
- Consistency
- Resilience and tenacity

Job Description

Job Title: **Deputy GP Locality Lead**
Remuneration: To be confirmed but in the region of £275 per session plus on costs
Responsible to: Oxfordshire Clinical Commissioning Group Lead, Locality member practices
Accountable To: GP members and patients of the Oxfordshire Clinical Commissioning Group
Hours: 1 or 2 sessions per week – post holders must recognise that hours will need to be flexible
Tenure: For a period of 2 – 3 years from 1st April 2011

Job Purpose:
To work with the Oxfordshire Clinical Commissioning Group, Locality Lead and senior NHS managers to design and implement a Clinical commissioning organisation for Oxfordshire. To provide clinical leadership to the programme of work delivering the arrangements and changes required for the transition of commissioning responsibilities and budgets to GPs by April 2013.

To represent the Locality on the Oxfordshire Clinical Commissioning Group Board as and when requested or agreed with the Locality Lead

Key Result Areas

6. The development of an effective locality structure to involve and engage all practices within the locality

7. The effective performance management of locality practices to ensure the locality stays within its commissioning budget

8. The delivery of the QIPP milestones and savings targets through a clinically led project framework

9. The development of patient and public engagement within the locality

10. The production of a commissioning plan for the locality which delivers the aims, ambitions and objectives of the Oxfordshire Clinical Commissioning Group.

Responsibilities

6. Attend both formal and informal Oxfordshire CCG meetings as requested or agreed with the Locality Lead
7. Attend and chair locality commissioning meetings as requested or agreed with the Locality Lead
8. Attend and lead meetings appropriate with engaging locality stakeholders
9. Take a specialist interest for specific areas of commissioning
10. Maintain an overview of the locality health needs, issues and general position feeding this into the Countywide planning, and including development of locality plans

ANNEX 1 – PERSON SPECIFICATION

Personal Specification – Deputy GP Locality Lead

Qualifications
An appropriately qualified GP on the Performers list who is either a practice partner or who has been practising in the Oxfordshire area for at least two years and who is employed on a permanent contract.

Experience
Previous experience of clinical leadership within NHS organisations is an advantage but is not essential but candidates must demonstrate evidence of having led change. The aptitude or potential ability to function within the forming organisation is essential, by which is meant the gravitas, knowledge and ability to influence, direct and if necessary challenge peers, managers within the PCT, or partners in the local health community in order to deliver change.

Knowledge
- Knowledge of the current PCTs Strategic QIPP Plan, corporate objectives/business plan and current challenges are an advantage;
- Knowledge of the White Paper and NHS Operating Framework are essential;
- An in-depth knowledge of locality health issues and risks as they relate to the delivery of quality and financial objectives will be critical;
- Understanding of the financial regime underpinning commissioning, including the role of tariff and the importance of the patient choice agenda;
- An appreciation of the complexity of healthcare commissioning including working across organisational boundaries with public, private and voluntary sector providers and partners.

Skills and Aptitude
- Have a track record of delivering high quality patient focused clinical care;
- Highly developed communication and influencing skills will be essential;
- The ability to form and maintain relationships in difficult business circumstances with PCT and healthcare colleagues as well as partner organisations will be critical;
- The ability to understand budgets and activity information is desirable;

Ability to Lead
- Have a clear vision for the Locality as part of the wider Consortium, and be able to articulate it in a way which motivates the constituency;
- The ability to work with colleagues to innovate and problem solve;
- The ability to put aside individual and practice interests and act in the interest of all Oxfordshire residents;
- The ability to demonstrate empathy and understanding with a wide variety of colleagues and partners will be required, as will consistency and firmness in the management of these relationships to ensure the delivery of plans;
- Strong time management skills.

Personal Qualities
- High level of integrity
- Assertiveness
- Sensitivity
- Self-awareness
- Reliability
- Flexibility
- Determination to succeed
- Political awareness
- Consistency
- Resilience and tenacity

ANNEX 2 – Collective Responsibilities

Key Relationships

- Oxfordshire CCG Board members
- PCT / Cluster staff
- Local Authority
- Strategic Health Authority
- GPs
- LPCs
- Healthwatch (LINks)
- Healthcare Providers

Collective Tasks

- To prepare and agree the appropriate planning documents; particularly the Commissioning Strategy Plan and Annual Operating Plan
- Review the quality and outcomes of commissioned services in terms of service provided and improved health for consortium residents
- Develop effective systems and processes for engaging health economy partners, professions and the public in the development and delivery of commissioning plans
- Ensure compliance with Department of Health requirements

Human Resources

- To enshrine the principles of Improving Working Lives to support staff in developing an effective work/life balance
- To be responsible for own professional development
- To be responsible for the training and development of any persons employed by or undertaking work on behalf of the Locality

Information

- To be responsible for maintaining the confidentiality of all patient and staff records

Equal Opportunities/Diversity

- Equal Opportunities affirm that all staff should be afforded equality of treatment and opportunity in employment irrespective of sex, sexuality, age, marital status, ethnic origin or disability. All staff of the Consortium are required to observe this policy in their behaviour towards other employees and service users

Annexe 3 Job Description

South West Oxfordshire Locality

Position: Secretary SWOL

Responsible to: South West Oxfordshire Locality Executive Committee

Hours of work: Minimum 8hrs per week to a maximum 20hrs per week

Remuneration: Self employed basis paid at £30 per hour plus mileage, telephone and out of pocket expenses. (NB there is no allowance paid for: pension, holiday or sickness)

Background: Clinical Commissioning is the central pillar of current of NHS reform. It supports structural change and encourages progression of the market economy by using a plurality of providers. Clinical Commissioning supports service reform – by facilitating the transfer of more healthcare from secondary to primary care settings through greater GP control over commissioning.

This job description is written at a time when not all detail is known. Clinical Commissioning is evolving as is the function of localities; it is not therefore possible to make this job description 'complete'. It will be reviewed as more detail emerges.

The South West Oxfordshire Locality is a group of 14 Practices working together to develop Clinical Commissioning within its collective population area. The Locality Executive Committee have delegated authority from all member practices to make decisions and undertake programmes of work, in line with the delegated responsibility and voting arrangements set out in the Groups Constitution.

Job purpose: The role of the secretary is to support the chair and members by ensuring the smooth functioning of the Locality Executive Committee and its meetings. The responsibilities of the secretary will include either carrying out or delegating the following tasks:

Key responsibilities and accountabilities:

1. Drafting agendas with the chair and members.
2. Preparing agendas and circulating together with any supporting papers a minimum of 5 days prior to the meeting.
3. Making all arrangements for meetings (room bookings, equipment, refreshments).
4. Taking the Minutes of meetings and the circulation of prepared minutes no more than 7 days following the meeting.
5. To ensure adequate records of income and expenditure, reporting quarterly to the Executive Group.
6. To ensure adequate archive and retrieval systems for Executive Committee business papers to include agenda, minutes and supporting papers.
7. To ensure that any agreed delegated tasks/actions are carried and outcomes are recorded.
8. And any other tasks deemed necessary and appropriate to the smooth and efficient functioning of the Locality within the personal abilities of the post holder.

South West Oxfordshire Locality

PROPOSED VOTING STRUCTURE

SWOL proposes the following structure of voting based on weighted list size held by individual member practices:

The table below is believed to be an accurate representation of list sizes of member practices as of April 2011. The far right column is rounded to the nearest hundred patients and is the proposed value of that practices vote.

Practice		**List Size**	**Weighted Value**	**Votes per practice**
K84002	Didcot Health Centre	16,026	1.20	12
K84019	Newbury Street Practice	10,924	.80	8
K84043	Woodlands Medical Centre	9,987	.72	7
K84051	White Horse Medical Centre	9,647	.71	7
K84074	Grove	4,282	.31	3
K84077	Fern Hill Practice	4,241	.31	3
K84079	Long Furlong	8,618	.63	6
K84041	Marcham Road	12,582	.93	10
K84624	Oak Tree	8,228	.60	6
K84033	Church Street	12,675	.92	9
K84027	Malthouse Surgery	20,420	1.43	14
K84054	Abingdon Surgery	11,391	.83	8
K84023	Berinsfield Health Centre	5,043	.37	4
K84034	Clifton Hampden Surgery	3,422	.25	3
Totals		**137,486**	**10**	**100**

*Maximum voting share 15

Voting in Practice

A practice with a list size of 12,387 patients would have a vote that was worth 13% of the total votes. If 4 GPs are providing GMS services to the registered patients, the practice *must* decide on a majority decision. It is not permitted for the vote to be divided amongst GPs in the practice. Practices will thus be asked to indicate whether they are for or against a given submission, the value of their decision is then taken into account of the whole vote.

The threshold at which a submission is accepted as being representative of the group's wishes will be 80%.

In situations where a majority fails to be reached

There may be situations where a majority of 80% can not be realised. In such situations the following courses of action will be taken in turn.

1) The submission will be raised and debated again during an Executive meeting and a revote conducted.

2) If the majority is still not attained the submission will not be carried.

The Seven Principles of Public Life (The Nolan Principles)

Selflessness

Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

Integrity

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.

Objectivity

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit

Accountability

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

Holders of public office should promote and support these principles by leadership and example.

These principles apply to all aspects of public life. The Committee has set them out here for the benefit of all who serve the public in any way.