

Inter-Practice Agreement

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This document provides the correct formatting and guidance on developing a policy. All guidance is indicated in blue colour text, and should be read, and deleted prior to the insertion of your own text. All text in black is to stay within all policies.

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1. Introduction

1.1 The Inter Practice Agreement sets out the basis of the relationship between member practices and NHS Bury Clinical Commissioning Group, in entering the agreement enables member practices to undertake Clinical Commissioning as set out in the DoH 'Towards Authorisation' for NHS Bury Clinical Commissioning Groups, consistent with the Health & Social Care Bill 2011, and the Operating Framework.

1.2 It is the intention of NHS Bury Clinical Commissioning Group to become a statutory body from 1st April 2013. To progress and achieve this all 33 member practices will sign up to the emerging NHS Bury Clinical Commissioning Group through the Inter Practice Agreement and –

- Engage in commissioning processes in partnership with clinicians, patients and the public;
- Review practice commissioning budgets and develop action plans where appropriate, supporting the QIPP agenda;
- Participate in education and training events;
- Utilise the Locality Engagement arrangements established

1.3 NHS Bury Clinical Commissioning Group is a membership organisation, members meet the criteria below and the criteria set out within the constitution. The members mandate NHS Bury Clinical Commissioning Group Governing Body to provide commissioning functions, performance monitoring, financial management and engagement with stakeholders on their behalf. The members in turn will commit to engaging with NHS Bury Clinical Commissioning Group and abide by the NHS Bury Clinical Commissioning Group Constitution and related documents, for example – Committee Terms of References, Standing Orders.

2. Definitions

2.1 Constitution is the governance document which sets out the arrangements made by NHS Bury Clinical Commissioning Group to meet its responsibilities for commissioning care for the people who it is responsible.

2.2 Governing Body is responsible for the strategic direction of NHS Bury Clinical Commissioning Group and whose functions will be described in the Constitution and other documents as appropriate

2.3 Sector Clinical Lead is the GP in each Sector who will represent the Members in that Sector and who will each be an advisor to the Cabinet or advisor of the Governing Body; the Sectors are :

- **North**
- **South**
- **East**
- **West**

2.4 Member is the GP Practice which has become a member of NHS Bury Clinical Commissioning Group (as evidenced by its signature to this Agreement and to the Constitution)

2.5 Member Representative is the nominated clinician and non-clinician by each member practice to represent that member at forums of NHS Bury Clinical Commissioning Group

2.6 Buddy is a Clinical member of the Governing body affiliated to a sector

2.7 Clinical Advisor is a clinical member of the Governing Body designated to support a member practice

3. The Agreement

3.1 This agreement is between:

- Each of the Practice listed in Appendix1 (the 'Members') and
- NHS Bury Clinical Commissioning Group

3.2 This agreement sets out the basis of the relationship between member practices and NHS Bury Clinical Commissioning Group, in entering the agreement enables member practices to undertake Clinical Commissioning as set out in the Department of Health publication 'Towards Authorisation' for NHS Bury Clinical Commissioning Groups, consistent with the Health & Social Care Bill 2011, and the Operating Framework.

3.3 The NHS Bury Clinical Commissioning Group is a membership organisation, and will be a statutory body; it cannot meet its objectives without the commitment and contributions of the GP Practices which make up the Membership.

3.4 The NHS Bury Clinical Commissioning Group has developed a Constitution, which sets out how NHS Bury Clinical Commissioning Group will function. This Inter Practice Agreement explains how the Members, as individual GP Practices, will contribute to the design, development and business of NHS Bury Clinical Commissioning Group as it develops from an organisation in its shadow form to a statutory body accountable to the Secretary of State via Authorisation and beyond.

4. Membership

4.1 Membership will be composed of GP Practices who hold a contract for the provision of primary care services such as GMS, PMS, APMS and must have their Primary site located within the Borough of Bury.

4.2 **Membership Conditions** – A member will be entitled to retain its membership of NHS Bury Clinical Commissioning Group as long as the Member is eligible for membership as set out in the Constitution.

4.3 **Engagement with Members** is vital to NHS Bury Clinical Commissioning Groups development, authorisation and success.

4.4 The NHS Bury Clinical Commissioning Groups Strategy, Expectations and Engagement is set out, as below, but is not limited to this:

- Patient & Public Involvement
- Sector Groups/Township Forums
- Member Representatives
- Stakeholder Engagement Events
- Quality Innovation Productivity Performance (QIPP)
- Commissioning Plan
- Organisational Development
- Clinical Reference Groups via Clinical Cabinet
- Promoting the work of the CCG
- Commitment to contribute to the development and delivery of the CCG
- Shared ownership of all performance measures applied to the CCG

5. Mission, Values and Aims

The Mission, Values & Aims of NHS Bury Clinical Commissioning Group are described in the Constitution, as below:

5.1 Mission

5.1.1 The mission of NHS Bury Clinical Commissioning Group is to continually improve Bury's health and wellbeing by listening to key stakeholders and working together across boundaries.

5.1.2 NHS Bury's Clinical Commissioning Group will work as a collective group of practices in Bury to increase self-reliance and provide the best care for our patients and population within a challenging financial climate.

5.1.3 The group will promote good governance and proper stewardship of public resources in pursuance of its goals and in meeting its statutory duties.

5.2 Values

5.2.1 Good corporate governance arrangements are critical to achieving the group's objectives.

5.3 Principles of Good Governance

5.3.1 In accordance with section 14 L (2) (b) of the 2006 Act,¹³ the group will at all times observe "such generally accepted principles of good governance" in the way it conducts its business. These include:

- the highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds, the management of the organisation and the conduct of its business;
- *The Good Governance Standard for Public Services*; ¹⁴
- the standards of behaviour published by the *Committee on Standards in Public Life (1995)* known as the „Nolan Principles“ Appendix 2
- the seven key principles of the *NHS Constitution*; Appendix 3
- the Equality Act 2010.¹⁷

5.3.2 The values that lie at the heart of the group's work are:

- Inclusive and transparent decision making
- Challenge inequalities together with partnership working
- Bold, innovative and support
- People centre, clinically effective and effective care
- Value individuals & promote development
- Listening to key stakeholders, and learning together



5.4 Aims

5.4.1 We will deliver the vision for NHS Bury Clinical Commissioning Group through 5 strategic aims which are both aspirational and measurable. These are:

- Deliver improvement in outcomes for patients.
- Deliver service improvement through system redesign in priority areas.
- Develop CCG and Primary Care capability as commissioners and leaders.
- Deliver through the Health and Wellbeing Board improved population health and reduction in inequalities
- Deliver Improvements in Quality, Innovation, Prevention and Productivity

5.4.2 Achievement of these aims will ensure a reduction in unwarranted variation in service delivery.

6. Sector / Member Responsibilities

6.1. Sector Responsibilities

6.1.1 The NHS Bury Clinical Commissioning Group four sector Groups are:

- North
- South
- East
- West

6.1.2 The Sectors will work to meet the needs of their geographical population, whilst supporting each other across the borough with schemes, as appropriate. Schemes will be progressed and agreed via the robust governance structures

6.1.3 NHS Bury Clinical Commissioning Group recognises the importance of engaging and supporting the establishment of strong commissioning processes and as such will work to support the sectors:

- Appointing Sector Leads (clinical and non clinical) who will lead NHS Bury Clinical Commissioning Group business in the practice and ensure engagement.
- NHS Bury Clinical Commissioning Group will communicate collective & individual practice performance on a monthly basis through performance dashboards to the sector.
- The sectors will analyse collective data needed to inform and audit the commissioning process, with appropriate support and guidance from NHS Bury Clinical Commissioning Group Governing Body and Clinical Cabinet.
- NHS Bury Clinical Commissioning Group will ensure clinical and executive support at every sector meeting to work through areas of concern and support development of improvement plans and identify good practice to share across the whole Clinical Commissioning Group.
- The sectors will continue to work with NHS Bury Clinical Commissioning Group to develop an action plan and monitoring process that will help to ensure that we deliver our financial obligations
- The sectors will hold collective responsibility for the delivery of agreed outcomes, being responsible for the whole.
- The sectors will provide clinical and managerial leadership into the Township forums to consider the health and wellbeing agenda.
- Sectors will provide managerial leads to work with Clinical Commissioning Group and Commissioning Support Unit representatives (through the Operational Management Team), reviewing both practice-specific and locality wide data on referral activities and prescribing data and using this to inform the Clinical Commissioning Groups objectives and commissioning intentions. This will follow agreed best practice and clinical pathways wherever appropriate.
- Sectors will provide clinical leadership to support the Clinical Commissioning Governing Body in contract negotiations and developing commissioning intentions.¹
- The NHS Bury Clinical Commissioning Group will work with sectors to understand their individual variations in terms of practice profile, cultural differences, geographical positions and any other anomaly that could affect the activity of the practice.

¹ 'Commissioning intentions' refers to future commissioning of services for the population of Bury PCT

6.2. Member responsibilities

- 6.2.1 Member Practices will work to meet the needs of their practice population, whilst supporting each other across the borough with schemes, as appropriate. Schemes will be progressed and agreed via the robust governance structures
- 6.2.2 NHS Bury Clinical Commissioning Group recognises the importance of engaging and supporting the establishment of strong commissioning processes and as such will work to support the Practices:
- 6.2.2.1 NHS Bury Clinical Commissioning Group will communicate to member practices on practice performance on a monthly basis through performance dashboards.
 - 6.2.2.2 NHS Bury Clinical Commissioning Group will visit all practices annually to work through areas of concern and support development of improvement plans.
 - 6.2.2.3 Where practice activity differs from the mean, additional visits will be offered to the practice to provide support to establish the cause (using the process outlined in Section 7), share good practice and learning.
 - 6.2.2.4 The Practice holds responsibility the delivery of agreed outcomes set with the Clinical Commissioning Group.
 - 6.2.2.5 The Practices will continue to work with NHS Bury Clinical Commissioning Group to develop an action plan and monitoring process that will help to ensure that we deliver our financial obligations
 - 6.2.2.6 Practices will analyse collective data needed to inform and audit the commissioning process, with appropriate support and guidance from NHS Bury Clinical Commissioning Group Governing Body, their Sector and Clinical Cabinet.
 - 6.2.2.7 Reviewing both their practice-specific and locality wide data on referral activity and prescribing data, and using this to inform their own practices' objectives. Following agreed best practice and where applicable Commissioning Group referral guidelines and other Clinical Commissioning clinical pathways wherever appropriate.
 - 6.2.2.8 Practices will agree to the sharing and processing of patient data with a view to informing the commissioning process. Processing will be in compliance with Information governance and data protection at the time of the extraction. In support of this practices may be required to sign the additional data sharing and data processing agreements. Prior to any

extraction practices will be informed of the nature of individual projects and extractions.

6.2.2.9 The NHS Bury Clinical Commissioning Group will work with practices to understand their individual variation in terms of practice profile, cultural differences, geographical positions and any other anomaly that could affect the activity of the practice.

6.2.2.10 Practices will maintain awareness of the Governing Bodies work programme through the attendance at meetings/events, and where appropriate provide evidence of compliance with NHS Bury Clinical Commissioning Group policies where agreed with NHS Bury Clinical Commissioning Group members

6.2.2.11 Practices will adhere to commissioning decisions made by the Governing Body and the Clinical and Patient Cabinet, particularly in relation to commissioned care pathways and service policy.

7. Performance Management and Accountability

7.1. Accountability

7.1.1 The NHS Bury Clinical Commissioning Group will demonstrate its accountability to its members, local people, patient cabinet, stakeholders and the NHS Commissioning Board in a number of ways, including by:

- publishing its constitution;
- appointing independent lay members and non GP clinicians to its governing body;
- holding meetings of its governing body in public (except where the group considers that it would not be in the public interest in relation to all or part of a meeting);
- publishing annually a commissioning plan;
- complying with local authority health overview and scrutiny requirements;
- meeting annually in public to publish and present its annual report and annual accounts;

7.1.2 The governing body of the group will throughout each year have an on-going role in reviewing the group's governance arrangements to ensure that it continues to reflect the principles of good governance through:

- discharging its duty to contribute to the Joint Strategic Needs Assessment and recommend its approval by the Governing Body

- developing the vision, strategy and prioritisation of investment for commissioning services for the registered population of NHS Bury Clinical Commissioning member practices – engaging practices and individuals in decision making
- ensuring that commissioning activities are patient-focused and promote the health and wellbeing of all communities as well as addressing health inequalities, prioritising investment/disinvestment and commissioning activities to ensure effective care is delivered;
- ensuring continuous and meaningful engagement with the Patient Cabinet and the wider general public in the planning, delivery and prioritisation of services.

7.2. Member Practice Support

7.2.1 Member practice support is an opportunity to share good practice and share lessons learned. NHS Bury Clinical Commissioning Group will support practices through the following stages:-

Stage 0

- NHS Bury Clinical Commissioning Group will recruit 2 Sector Development Managers, a Business Intelligence Manager and a Finance Manager.
- These staff will be employed by the NHS Bury Clinical Commissioning Group and will work directly with practices to:
 - Review Practice Budgets
 - Understand the cause for areas of under/over performance
 - Share good practice and lessons learned.
 - Support with data analysis
 - Support with contract challenges
 - Support the development of business cases for pathway redesign
 - Ensure practices are linked into QIPP programs
- NHS Bury Clinical Commissioning Group Executives and Clinical Governing Body members will attend every sector meeting to:
 - Review Sector Budgets
 - Understand the cause for areas of underperformance
 - Share good practices
 - Ensure support with data analysis
 - Ensure support with contract challenges
 - Support the development of business cases for pathway redesign
 - Ensure practices are linked into QIPP programs
 - Foster links with other providers

Stage 1

- Members will be supported by their respective Clinical Governing Body clinical advisor to identify the causes of issues that maybe cause for concern in relation to CCG functions and produce a remedial action plan which will be reviewed after 3 months. .
- If upon review the action plan has delivered the agreed outcomes, the matter will be closed.
- If however, upon review, the action plan has not delivered on the agreed outcomes, Stage 2 will be implemented.

Stage 2

- The clinical advisor will meet with the member practice and agree a plan for a limited time period.
- This plan will be taken to the Executive Management Team for discussion and agreement. The member may also be offered additional peer support to help affect changes required.
- If upon review, within the agreed timescale, the plan has still not produced the agreed outcomes, stage 3 will be implemented

Stage 3

- The clinical advisor, by mandate of the Governing Body, will inform the Governing Body of any unresolved issues from the review with the Member Practice in relation to the concerns and identified areas for improvement. The Chair of the Governing Body will make direct contact with the member practice
- Formal written objectives will be given to the Member practice by the Governing Body via the Chair of the Governing Body.
- Peer support maybe agreed and provided by the Governing Body, if appropriate.
- The member then has one quarter period (3 months) in which to clearly demonstrate they have implemented the objectives.If agreed outcomes are is seen at this stage, the Member will revert to Stage 2 and performance will be closely monitored for a further 3 months by the clinical advisor.

Stage 4

- If improvement is not seen the NHS Bury Clinical Commissioning Group will refer to the Board and may seek support from the National Commissioning Board.

NB: Member practices have the option of approaching the LMC for advise and support at any stage of the above process

8. Functions and General

8.1. Functions

The functions that the group is responsible for exercising are set out in the 2006 Act, as amended by the 2012 Act. These are contained in the Department of Health's Functions of clinical commissioning groups. In summary they are:

- a) commissioning certain health services (where the NHS Commissioning Board is not under a duty to do so) that meet the reasonable needs of:
 - i) all people registered with member GP practices, and
 - ii) people who are usually resident within the area and are not registered with a member of any clinical commissioning group;
- b) Commissioning emergency care for anyone present in the group's area;
- c) determining the remuneration and travelling or other allowances of members of its governing body;
- d) paying its employees remuneration, fees and allowances in accordance with the determinations made by its governing body and determining any other terms and conditions of service of the group's employees.

8.2. Support

- 8.2.1 The NHS Bury Clinical Commissioning Group will produce an Organisational Development Plan which describes the development support to be provided to members. Members will be notified by NHS Bury Clinical Commissioning Group of the support, events and training available.
- 8.2.2 The provision of high quality information to practices/sectors will be used to under-pin their monitoring of practice performance and outcomes.
- 8.2.3 The members and Governing Body shall develop methodologies that integrate activity and cost information in terms of practice referral and prescribing behaviour with quality and prevalence data to better assess health outcomes for our patients. This will require close collaborative working with acute providers and public health teams in developing timely and accurate sources of information.

9. Risk

- 9.1 The NHS Bury Clinical Commissioning Group shall operate a system of integrated governance that reflects best practice within the NHS. This will include the maintenance

of a risk register and the development of strategies and protocols to mitigate all identified risks.

9.2 It shall produce and maintain a Risk Management Framework that will include operational policy in managing the Integrated Governance structure.

9.3 To support risk management NHS Bury Clinical Commissioning Group has established a risk pool to support the management of practice budgets.

10. Quality

10.1 The NHS Bury Clinical Commissioning Group has developed a quality strategy which outlines the approach to quality improvement within all providers and member practices. http://www.bury.nhs.uk/Library/Board_Papers/Quality%20and%20performance%20improvement.pdf

10.2 This includes quality standards which will be used to bench mark quality.

10.3 Sectors will be responsible for monitoring quality performance dashboards.

11. Management Resources

The Governing body shall be under a duty to ensure that all management resources utilised represent the highest quality of skill and value for money.

12. Patient and Public Involvement ('PPI')

12.1 The Governing Body and members shall be under an absolute duty to comply with the National Health Service Act 2006 by embedding high levels of patient and public participation in the management, commissioning decisions and provision of services in the communities within Bury and enabling patient choice.

12.2 The Chair shall be responsible for the development and implementation of a PPI engagement policy in accordance with this agreement. The Chair shall also report on the outcomes of this policy to the Governing Body, the members and any other external bodies that are deemed appropriate.

13. Commissioning Plans and Business Cases

13.1 The Governing Body and its members shall be responsible working in partnership with patients and the local community to secure the best care for them adapting engagement activities to meet the specific needs of the different patient groups and communities publishing information about health services.

- 13.2 The Governing Body shall ensure that the procedures and processes for business planning within the organisation meet the needs of the governing body and its decision-making processes and timelines.
- 13.3 The Governing Body shall be responsible for the submission of a Consolidated Commissioning Plan to the NCB annually and to monitor business case production performance against the plan.

14. GP-led Provider Activity

- 14.1 The Governing Body hereby recognise that GPs and other primary care professionals have a right to invest in businesses aimed at delivering healthcare services in competition with other providers including local NHS provision.
- 14.2 Such GP-led provision can make a significant contribution to the delivery of high quality care 'closer to home' and can offer significant cost benefits in comparison with NHS tariff costs.
- 14.3 The Governing Body and its members have an absolute duty to maintain the essential separation of Governance between commissioning and providing of services. The Governing Body must create its own corporate governance policy and procedures to ensure probity in commissioning, procurement and contracting activity in this shadow year.
- 14.4 At the heart of good governance in healthcare commissioning and provision there must be a transparent fair and accountable structure that will bear the closest external scrutiny. This is outlined further in the NHS Bury Clinical Commissioning Group Constitution.

15. Conflicts of Interest and standards of business conduct

15.1. Standards of Business Conduct

- 15.1.1 Employees, members, committee and sub-committee members of the group and members of the governing body (and its committees) will at all times comply with this constitution and be aware of their responsibilities as outlined in it. They should act in good faith and in the interests of the group and should follow the Seven Principles of Public Life, set out by the Committee on Standards in Public Life (the Nolan Principles) The Nolan Principles are incorporated into this Inter Practice Agreement at Appendix F.

15.1.2 They must comply with the Governing bodies policy on business conduct, including the requirements set out in the policy for managing conflicts of interest.

15.1.3 This policy will be available on the website.

15.1.4 Individuals contracted to work on behalf of the group or otherwise providing services or facilities to the group will be made aware of their obligation with regard to declaring conflicts or potential conflicts of interest. This requirement will be written into their contract for services.

15.2. Conflicts of Interest

Employees, members, committee and sub-committee members of the group and members of the governing body (and its committees) will at all times comply with the conflict of interest policy.

http://www.bury.nhs.uk/Library/Board_Papers/Conflict%20of%20interest%20policy.pdf

16. Dispute Resolution

16.1 We hope that disputes arising as a result of conflicts of interests can normally be resolved informally, without recourse to a formal process. If however the dispute cannot be resolved informally, this dispute be handled through the process below.

16.1.1 Any complaint must be submitted to the Chair of NHS Bury Clinical Commissioning Group in writing. The complaint will be acknowledged within five working days. Following the receipt of the complaint, NHS Bury Clinical Commissioning Group may contact the complainant to request clarification or further information. If the complaint is not deemed to warrant proceeding further the complainant will be notified that the complaint will not progress. If the complaint should be fast tracked to another organisation, for legal, governance or safety reasons, the claimant will be informed of the course of action.

16.1.2 Where the complaint is in scope and not subject to fast tracking, it will proceed to the next stage. In most cases we would envisage that the triage process will be carried out within five working days.

16.1.3 Following the triage, NHS Bury Clinical Commissioning Group Chair will review the complaint to determine whether a swift resolution can be achieved without the need to involve the Governing Body. The Chair may call a meeting of the parties concerned to discuss the matter informally and without prejudice. If the Chair is unavailable or if the complaint involves the Chair, the Accountable Officer (Chief Officer) will review the complaint and act in accordance with this dispute resolution procedure as appropriate.

The Lay Member for Governance will be made aware, and will make themselves available for advice

16.1.4 If the complaint cannot be resolved by the Chair, an appropriate committee of the Governing Body, chaired by the Lay Member for Governance will then formally review the complaint (with external advice if required) and may refer on to the Audit Committee to advise on the appropriateness of the procedure followed.

16.1.5 Once the Governing Body has made the decision, it will write to the complainant notifying them of the decision, explaining the rationale and necessary the course of action. It will also notify the NHS Commissioning Board of the dispute and the outcome.

16.1.6 While the timescales set out for each stage above are illustrative, the process as a whole will take no longer than three months.

16.1.7 The expectation is that most complaints will be successfully resolved. However, if the complainant is unsatisfied by the results of this procedure, they can refer the complaint to the NHS Commissioning Board process. Appeals to the NHS Commissioning Board must be made within 3 months of the complainant being informed of NHS Bury Clinical Commissioning Group's decision. This will be subject to change as laid out by the NHS Commissioning Board.

17. Whistle-blowing

17.1.1 The NHS Bury Clinical Commissioning Group Governing Body will ensure robust procedures are in place in the case where member practices need to invoke the Whistle-blowing policy which is available on the website. http://www.bury.nhs.uk/Library/Board_Papers/Whistleblowing%20policy.pdf

18. Communications and Reporting

18.1. Communication Strategy

18.1.1 A Strategy will be produced and revisited annually.

18.1.2 An Operating Plan will be produced annually and the executive summary will be shared with member practices.

18.1.3 The Governing Body will be responsible for the design of a communications strategy aimed at demonstrating open and transparent governance of its activity and that of the Primary care membership.

18.1.4 The Governing Body must recognise the public interest obligations attaching to the management of high levels of NHS funds and responsibility for the health outcomes of a local patient population when designing a communications strategy that meets the needs of a wide cohort of stakeholders.

18.2. Reporting

18.2.1 The Governing Body will provide members with a monthly information pack outlining performance against the devolved provider and prescribing budgets. Reporting of necessary functional, operational and strategic information including detailed performance information in terms of referral and prescribing performance against budgets and other outcomes measures.

18.2.2 The Governing Body will provide performance against agreed quality standards through quality dashboards.

19. Signatures of Parties to this Agreement

Signature of Clinical Lead	Signature of Non clinical lead	Signature of NHS Bury Clinical Commissioning Group Chair
Date	Date	Date

APPENDIX 1

Membership of the Clinical Commissioning Group

The following practices comprise the members of NHS Bury Clinical Commissioning Group.

Practice Name	Address
Garden City Medical Centre	Holcombe Brook, Bury, BL0 9TN
Greenmount Medical Centre	9 Brandlesholme Road, Greenmount, Bury, BL8 4DR
Woodbank Surgery	2 Hunstanton Drive, Bury, BL8 1EG
Ramsbottom Health Centre	Carr Street, Ramsbottom, Bury, BL0 9DD
Tottington Health Centre	16 Market Street, Tottington, Bury, BL8 4AD
Mile Lane Health Centre	Mile Lane, Bury, BL8 2JR
RLC Surgery	Radcliffe Primary Care Centre, 69 Church Street West, Radcliffe, M26 2SP
Monarch Medical Centre	65 Cross Lane, Radcliffe, Manchester, M26 9TQ
Spring Lane Surgery	17 Spring Lane, Radcliffe, Manchester, M26 9TQ
Radcliffe Medical Practice	Radcliffe Primary Care Centre, 69 Church Street West, Radcliffe, M26 2SP
Redbank Group Practice	Radcliffe Primary Care Centre, 69 Church Street West, Radcliffe, M26 2SP
Walmersley Road Practice	110 Walmersley Road, Bury, BL9 6DX
Peel GPs (Dr Cleary)	Townside Primary Care Centre, 1 Knowsley Place, Knowsley Street, Bury, BL9 0SN
Peel GPs (Dr Chacko)	Townside Primary Care Centre, 1 Knowsley Place, Knowsley Street, Bury, BL9 0SN
Peel GPs (Dr Jackson)	Townside Primary Care Centre, 1 Knowsley Place, Knowsley Street, Bury, BL9 0SN
Rock Healthcare	Moorgate Primary Care Centre, 22 Derby Way, Bury, BL9 0NJ
Minden Family Practices Ltd (Dr	Moorgate Primary Care Centre, 22 Derby Way,

Practice Name	Address
Deakin)	Bury, BL9 0NJ
Minden Family Practices Ltd (Dr Saxena)	Moorgate Primary Care Centre, 22 Derby Way, Bury, BL9 0NJ
Minden Family Practices Ltd (Dr Shekar)	Moorgate Primary Care Centre, 22 Derby Way, Bury, BL9 0NJ
Huntley Mount Medical Centre	Huntley Mount Road, Bury, BL9 6JA
Ribblesdale Medical Practice (Dr Subbiah)	Townside Primary Care Centre, 1 Knowsley Place, Knowsley Street, Bury, BL9 0SN
Ribblesdale Medical Practice (Dr Woodcock)	Townside Primary Care Centre, 1 Knowsley Place, Knowsley Street, Bury, BL9 0SN
Knowsley Medical Centre	9-11, Knowsley Street, Bury, BL9 0ST
Blackford House Medical Centre	137 Croft Lane, Hollins, Bury, BL9 8QA
The Birches	Polefield Road, Prestwich, Manchester, M25 2GN
Fairfax Group Practice	Prestwich Health Centre, Fairfax Road, Prestwich, Manchester, M25 5BT
St Gabriel's Medical Centre	4 Bishops Road, Prestwich, Manchester, M25 0HT
The Elms Medical Centre	Green Lane, Whitefield, Manchester, M45 7FD
Longfield Medical Centre	Prestwich Health Centre, Fairfax Road, Prestwich, Manchester, M25 5BT
Whittaker Lane Medical Centre	'Daisy Bank', Whittaker Lane, Prestwich, Manchester, M25 1EX
Greyland Medical Centre	468 Bury Old Road, Prestwich, Manchester, M25 5NL
Unsworth Medical Centre	Parr Lane, Bury, BL9 8JR
Uplands Medical Centre	Bury New Road, Whitefield, Manchester, M45 6GH

APPENDIX 2 - NOLAN PRINCIPLES

1. The „Nolan Principles“ set out the ways in which holders of public office should behave in discharging their duties. The seven principles are:

a) **Selflessness** – Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

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

c) **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.

d) **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.

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

f) **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.

g) **Leadership** – Holders of public office should promote and support these principles by leadership and example.

Source: *The First Report of the Committee on Standards in Public Life* (1995)⁶⁷

APPENDIX 3 – NHS CONSTITUTION

The NHS Constitution sets out seven key principles that guide the NHS in all it does:

1. the NHS provides a comprehensive service, available to all - irrespective of gender, race, disability, age, sexual orientation, religion or belief. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population

2. access to NHS services is based on clinical need, not an individual's ability to pay - NHS services are free of charge, except in limited circumstances sanctioned by Parliament.

3. the NHS aspires to the highest standards of excellence and professionalism - in the provision of high-quality care that is safe, effective and focused on patient experience; in the planning and delivery of the clinical and other services it provides; in the people it employs and the education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion and conduct of research to improve the current and future health and care of the population.

4. NHS services must reflect the needs and preferences of patients, their families and their carers - patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment.

5. the NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population - the NHS is an integrated system of organisations and services bound together by the principles and values now reflected in the Constitution. The NHS is committed to working jointly with local authorities and a wide range of other private, public and third sector organisations at national and local level to provide and deliver improvements in health and well-being

6. the NHS is committed to providing best value for taxpayers' money and the most cost-effective, fair and sustainable use of finite resources - public funds for healthcare will be devoted solely to the benefit of the people that the NHS serves

7. the NHS is accountable to the public, communities and patients that it serves - the NHS is a national service funded through national taxation, and it is the Government which sets the framework for the NHS and which is accountable to Parliament for its operation. However, most decisions in the NHS, especially those about the treatment of individuals and the detailed organisation of services, are rightly taken by the local NHS and by patients with their clinicians. The system of responsibility and accountability for taking decisions in the NHS should be transparent and clear to the public, patients and staff. The Government will ensure that there is always a clear and up-to-date statement of NHS accountability for this purpose

Source: *The NHS Constitution: The NHS belongs to us all* (March 2012)⁶⁸