

08 DEC 1998

File Gordon PCG



Portsmouth and  
South East Hampshire

**Health Authority**

Finchdean House *Guy Farcher PCG*  
Milton Road  
Portsmouth PO3 6DP

Switchboard: (01705) 838340  
Central Fax: (01705) 733292

Direct Line:  
Fax Number:

**Code A**

JRH

**X400 Address:**

C=GB;A=NHS;P=NHS S and W HN;  
O=NHS Portsmouth and SE Hants HA;  
OU1=GW;G=John;S=Henly

7 December 1998

To : Dr Jane Barton  
Dr John Hughes  
Dr Charles Lewis  
Dr Gordon Sommerville

Mrs S Clark  
Mr J Kirtley  
Mrs S Robson

Dear *John*

**HSC 1998/230 - Governing Arrangements for Primary Care Group**

I believe that a copy of this circular has already been sent to you.

The additional detailed guidance contained within it will mean some amendments being made to the draft local terms of reference document which is currently being considered within shadow PCGs, and I therefore thought I should write to confirm the necessary changes.

Attached is a schedule setting out the details which I believe are either additional to or different from previous guidance. I do not think that there are major issues here, although you might wish to look particularly at the content of paragraphs 9, 10, 29 and 32 as these may require some action.

I am proposing to incorporate these changes in the next version of the draft terms of reference, but if you have any concerns about this approach or wish to discuss any aspects, please let me know.

I will be writing to you shortly about the implications of the other circular just received (HSC 1998/228 - PCGs : Delivering the Agenda) as this may also require some amendments to the terms of reference document.

Yours sincerely

**Code A**

John Henly

**Director of Performance and Change Management**

### **Summary of changes contained in HSC 1998/220**

- Para 6 GP or registered nurse non-executive members of HAs are not eligible to serve as the nominated HA representative on PCG boards
- Para 7 GP or registered nurse members of PCG boards should not also serve as non-executive HA members
- Para 9 The GP chair of the board should be nominated by those GPs who have been elected to the board
- Para 10 Eligibility to be a GP member is defined as including principals, salaried GPs, those delivering personal medical services and Defence Medical Services practitioners
- Para 11 Where there are 4 but less than 7 GPs, there is no automatic eligibility to fill the vacant GP positions on the board, and the process for filling any vacancies will be a matter for the PCG board and the HA to agree
- Para 13 Eligibility to be a nurse member is defined as where the work is predominately in the community, delivering community services
- Para 20 Non-eligible groups to be a lay member are defined as practising GPs, practising nurses, non-executive directors of NHS Trusts or HAs or staff working in the NHS, the Department of Health or NHS Estates
- Para 22 Board members will normally hold their position for no more than three years and not less than 12 months
- Para 23 Where an elected board member resigns, takes early retirement, dies or where there are not 7 GPs or 2 nurses on the board, elections can take place to fill those vacancies
- Para 25 The chair of the PCG board may delegate to the Chief Executive day-to-day management of those budgets devolved to the PCG
- Para 28 The PCG board will be required to be quorate when any decisions need to be made, or vote taken
- Para 29 Meetings of PCG boards should be held in public; sub-committee meetings are not required to be public meetings
- Para 32 PCG boards should, wherever possible, meet the targets the Government has set for the participation of women and people from ethnic minorities on NHS boards; these are 50% for women and 7% for people from ethnic minorities respectively