

NHS Nene Clinical Commissioning Group Member's Charter

Introduction

This charter is effectively a memorandum of understanding between all member practices of NHS Nene CCG. Whilst we will be a statutory NHS body on 1st April 2013, we are also a membership organisation that is directly accountable to our constituent GP practices and to each other. We must therefore decide, through developing our constitution and charter, and within the framework of legislation, how we will operate together as a team that works towards developing our vision of:

“a community where local people and local clinicians work together to improve health, well-being and equality, through the delivery of comprehensive and integrated high-quality care, that is safe, effective and focused on the clinical needs of patients, their families and their carers.

We are committed to providing best value for money and the most effective, fair and sustainable use of finite resources. We will always be accountable to the public, communities and patients that we serve.”

We are committed to being a completely different organisation to any of our predecessors and will always ensure that we:

- Are clinically led and managerially supported
- Are practice and locality driven
- Have a “bottom up” approach to everything that we do, including service planning that takes into account the views of member practices.
- Have an organisational culture that supports and develops each person, member practice and locality to achieve their maximum potential
- Continuously develop a culture of quality improvement through the support and promotion of research, innovation and education.
- Are a non-hierarchical organisation that is mutually accountable to each other
- Always apply the Nolan Principles of Public Duty (Selflessness, Integrity, Objectivity, Accountability, Openness, Honesty and Leadership)

We are therefore asking each member practice to abide by our charter and to work together with us to maximize our collective potential as NHS Nene Clinical Commissioning Group.

Our Member Practice's charter

Our Member Practice's Charter simply clarifies the way that we will all work together and embeds the seven fair commissioning GPC Charter points which are to:

- Work to improve the quality of and access to local health services and reduce health inequalities.
- Develop a culture of genuinely clinician-led commissioning, taking decisions in the best interests of the local population.
- Engage with patients and the public with respect to decisions taken about their health services.

- Operate in a transparent and open manner, and in the interests of transparency, not engage in any contracts or negotiations which impose unnecessary conditions of commercial confidentiality; in the further interests of transparency will take decisions in public unless to hold them in private for legal reasons.
- Resist any qualified provider (AQP) being imposed from sources outwith CCG.
- Always take decisions in the light of the likely effect on the important relationship between individual GPs and their patients.
- Strengthen working relationships with the LMC, further enabling successful outcomes in commissioning.

As a Statutory Organisation, those of us that have:

1. Strategic and corporate responsibilities will commit to:

- Ensuring that every clinician is liberated to work as efficiently and productively as possible,
- Support every clinician, practice and locality to achieve their maximum potential, deliver the highest quality of care and commission the best possible services on behalf of their patients, carers and local population
- Investing in all educational activities, protected learning time and practice support programmes
- Harness and incorporate the views of all General Practice staff
- Facilitate and simplify all commissioning processes on behalf of all member practices and localities
- Provide all of the necessary corporate governance functions on behalf of member practices
- Ensure that all escalation, appeals and grievance policies are co-produced and agreed with our localities and the LMC
- Progress our agreed organisational priorities which are to:
 - Create localities fit to lead by delegating all of the freedom, budgets and responsibilities possible down to locality level so that each has the capability to use them to maximum effect
 - Tackle unwarranted variation and strengthening out of hospital care delivery by continuing to increase investment in primary and community care and working together with the LMC, Social Services, community providers and the voluntary sector to do this as effectively as possible.
 - Create “community hubs” that support delivery of health services for patients “closer to home”

- Provide System Leadership across our health and social care economy that ensures that we maximise the collective power and influence we have as one of the largest CCGs in the country.

2. Clinical and operational responsibilities will commit to:

- Regularly reviewing and reflecting on our clinical activity so that any learning points can be incorporated and good clinical governance procedures are maintained at all times.
- Appoint a lead clinician from each practice to represent the views of the practice and the needs of their patients at locality meetings, feedback all agreements made at locality meetings and implement agreed changes within their practices.
- Make every reasonable efforts to comply with all agreed clinical pathways, protocols and policies unless there are exceptional circumstances that should be agreed with the rest of the practices in the locality.
- Share all clinical and commissioning activity with their fellow practices in order to identify and understand variation and agree ways in which this variation can be reduced so that the practice works within its commissioning budget.
- Work collaboratively with the practice's and locality's patients, communities and health and social care partners