



A Practice Charter for Members

Clinical Commissioning Groups (CCGs) will assume responsibility for commissioning health services for their population from April 2013. CCGs will be a different sort of body to any previously seen because they are membership organisations with the members being the constituent GP practices. This elevates the responsibility and accountability held by GP practices to a level significantly greater than ever before - they will be responsible for all aspects of commissioning - clinical, financial and operational.

The actual day to day operation of commissioning duties will be carried out by an executive team, overseen and guided by a Governing Body. The Governing Body will be chaired by a GP and composed of practice Members as well as lay and senior executive members (together known as the Board).

The Board will act on behalf of all the Member practices and Members retain ultimate responsibility as the constituent members of the CCG.

The interests of Member practices are therefore bound together very tightly. So it is vital that all practices support the Board and executive team and adopt an agreed range of mutually supportive and progressive behaviours. This approach will lead to the improved health of the population through strong, consistently high quality commissioned services, and will, of course, in turn strengthen the position and local autonomy of the Member practices themselves.

To achieve this, the Board, executives and Members will need to be clear about their relative roles and responsibilities. The formal description of how member practices and the CCG interrelate in governance terms is enshrined within the CCG Constitution. Unfortunately, because of its formal nature, it is rather lengthy and so the Board has agreed this short document, to be known as the *Practice Charter*, which describes how we hope to work together. This is easy to read, and briefly lays out what the Board and its executive team will do for member practices, and what practices should do in support of the Board and in relation to commissioning responsibilities and CCG operational arrangements.

Working together cooperatively will help us to achieve high quality commissioning, through which patients will receive the highest care possible within resources available and the CCG will achieve any targets for performance set by the NHS Commissioning Board.

Members can expect that the CCG Board and executive team will on their behalf:

- Provide strategic leadership and consistency of approach to maximise high quality, affordable care for our patient population
- Seek to maximise resources available to the people and practices of Great Yarmouth and Waveney
- Produce high quality commissioning plans, in conjunction with member practices, taking heed of what clinicians say and advise
- Provide information on commissioning activities and performance, to practice level, so that members can follow how the CCG is performing
- Be open and fair in all that they do
- Create an environment and meetings structure so that practices and clinicians can fully contribute to guiding how commissioning takes place and on important decisions of priority setting and strategy. Individual clinicians will be encouraged to participate in CCG business
- Seek out the views of and then listen to patients and the local public
- Manage budgets to get the most out of available resources
- Set and pursue targets appropriate to our population
- Liaise with other local CCGs to maximise where working together can be beneficial to our practices/patients or will yield economies or manage risk
- Work with the local office of the NHS Commissioning Board to coordinate commissioning undertaken by them to fit in with the overall aims of the CCG for Great Yarmouth and Waveney's population
- Support and develop member practices, seeking to ensure equity at all times
- Act as the public voice for the people and practices of Great Yarmouth and Waveney with regard to all health issues
- Work with other local public sector stakeholders to provide integrated care for patients
- Create a robust, high performing CCG, working on behalf of the member practices

In return Members will:

- Support the Board in its efforts to represent them and make the CCG successful
- Support the Board's decisions and agreed strategies and plans after suitable and active member input
- Play a full part in the life of the CCG through contribution to meetings and responding to requests for opinion and feedback so that the individual views of each practice are accurately represented in Board decision making and service transformation.
- Work with colleague practices to create better solutions for patient care, sometimes sharing resources and sometimes agreeing joint operational approaches to issues

- Recognise that different groups of patients will have different needs but all will receive appropriate attention when services are commissioned
- Put high quality and consistency of services for patients at the head of their priorities
- Support the aim of achieving equity of care across the Great Yarmouth and Waveney area
- Work within organisational and practice level budgets – not spending the allocations of other practices
- Communicate fully with clinical colleagues – sharing information up and down
- Agree to open and honest sharing of information across the CCG
- Support a patient ‘voice’ and input to commissioning, however challenging, and support the development of active Patient Participation Groups (PPGs) in every practice
- Recognise the role of the Clinical Leads Forum as the prime setting where each practice has a voice on all aspects of commissioning. In particular, those relating to patient care. This will ensure decisions are informed by the authentic voice of member practices meetings engagement of practices
- Hold themselves, colleagues, and the Board and officers of the CCG to account for the health outcomes of the population of Great Yarmouth and Waveney via constructive peer to peer challenge

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