

CCG constitutions: Guidance and checklist for GP practices

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The relationship between Clinical Commissioning Group (CCG) and practice should be characterised by genuine clinical engagement and collaboration. The CCG should not be seen to regulate or penalise practices and practices need to feel empowered to hold their CCG to account for the decisions made on their behalf. The CCG constitution will play an important role in determining the relationship between practices and CCGs.

Background

All CCGs are working towards becoming NHS Statutory Bodies on 1st April 2013. To achieve this they all have to successfully complete an authorisation process. In order to be authorised, a CCG is required to have a constitution outlining a robust governance structure, with the support of member practices. The constitution will define the governance and operating policies of the CCG and will impact on the relationship between practices and the CCG. It is therefore essential that every practice understands the components of the CCG constitution.

GPC Guidance

The GPC constitutions guidance for Local Medical Committees (LMCs) and practices can be found on the [BMA website](#). Attached is the GPC 'Constitution Checklist' to assist practices in assessing their local CCG constitution before signing. All practices should also seek LMC advice regarding their CCG constitution.

Your CCG Constitution

The constitution should be limited to governance arrangements of the CCG and should not place any contractual or performance requirement on practices. The NHSCB will have sole responsibility for the administration and management of practice contracts. Some CCGs are developing draft constitutions with wholly inappropriate clauses. For example:

- Clauses to 'expel' practices, whether on the grounds of 'poor performance' or if they fail to follow CCG policies. CCGs will not have the power to expel practices or to apply economic sanctions against them.
- Clauses relating to the performance management of practices. These may be based upon budgetary considerations, relating to prescribing, referrals and emergency admissions. Although it is important that CCGs have access to data relating to patient management, this should not be used to penalise practices, but to understand the reasons for variation and improve outcomes.
- Clauses relating to monitoring of areas covered by the GP contract. This is the responsibility of the NHS Commissioning Board, not the CCG.

The NHS Commissioning Board's draft applicant guide for CCG authorisation proposes that to demonstrate practice support, CCGs should be required to ask every practice to sign their CCG constitution. Although it may be impractical for every GP or practice to have read a constitution in detail, it is essential that every practice understands what the constitution contains, and to propose amendments as appropriate. This can be facilitated by:

- A short and focussed constitution, written in plain English, and confined to a governance and operational remit;
- A clear and concise summary of key points for practices;
- Involvement of the LMC in developing the constitution, to ensure practices are represented in the process and to reassure member practices.

CCG constitutions may presently be in draft form and are likely to develop further over time. It is important that there is provision for practices to approve any modifications or additions to the constitution as they arise, to ensure that the constitution has the continuing support of constituent practices.

Your LMC

We urge all practices to reassure themselves of the appropriateness and content of their proposed CCG constitution, to seek advice from their LMC and to use GPC guidance and the attached checklist as an aid. CCGs are membership organisations and CCGs have no right to compel practices to sign constitution they are not content with. A practice has the right to refuse to sign these documents until their concerns have been addressed by the CCG.

If you have any questions or would like further information, please email info.commissioning@bma.org.uk.