

CCG Constitution: Checklist for practices

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GP practices should use this checklist to ensure that the content of their local CCG constitution is appropriate. The checklist highlights essential elements that should be included in a Clinical Commissioning Group (CCG) constitution. This is not a comprehensive list and each practice should consider issues relevant to their locality and seek LMC advice before signing up to a constitution. The [GPC guidance on constitutions](#) provides more detail and is available on the BMA website.

GP practices should ensure that:

- (i) The constitution makes a commitment for the CCG to engage with the Local Medical Committee (LMC), as local statutory representatives of the profession;
- (ii) The constitution or interpractice agreement clearly outlines the dispute process by which practices can raise grievances with their CCG.

A practice should not sign up to their CCG constitution or interpractice agreement unless they are content with all aspects within either document. If you have concerns, you should immediately seek advice from the LMC or BMA Law.

The CCG constitution should NOT include:

- Any clause or requirement relating contractual responsibilities of practices or any 'obligation' for practices to undertake work for the CCG. Such activity should be voluntary and resourced appropriately;
- Requirements or sanctions relating to performance management of practices. The NHS Commissioning Board will have sole responsibility for the administration and management of practice contracts;
- Details relating to the 'expulsion' of practices from the CCG; CCGs will have no powers to expel a practice;
- Details of any incentive schemes rewarding practices for remaining within budget or achieving financial savings.

The CCG constitution should include details of:

The CCG

- The name of the CCG;
- A list of members of the CCG;
- The geographical area covered by the CCG;
- The date the constitution commences and the duration;
- How the constitution can be amended; this process should require explicit support from member practices for any changes.

Details of the internal structures and operation of the CCG

- The elected board;
- The audit committee;
- The remuneration committee;
- Locality or other devolved structures;
- The governance body, if different from the elected board.

For each body, the constitution should clearly outline:

- Membership, distinguishing between voting members and observers;
- Election/appointment processes;
- Roles and responsibilities;

- Operation; e.g. frequency of meetings, quorum, how decisions will be audited.

Governance systems

- How member practices can hold the CCG to account;
- The roles and responsibilities of the Audit Committee and details of financial audit processes;
- Clear guidance on declaration and handling of conflicts of interest, particularly with relation to the elected officials of the CCG;
- How remuneration for work undertaken for a CCG by GPs and practices will be determined. A consistent and transparent approach will be needed for all work from positions at Board level to practice activity for the CCG.
- Dispute processes where a dispute arises between member practices and the CCG.

Electoral and appointment processes

- The posts for which elections will be necessary and terms of office;
- Electoral timetable and processes;
- Who can stand for and vote in elections. Electoral processes should be inclusive of all GPs, regardless of contractual status;
- The screening process for required competencies. Any panel undertaking screening should include representatives of the GP profession.

Member practices, local GPs and the CCG

- Details of the Terms of Engagement between practices and the CCG; this should **not** entail any requirements relating to contractual or performance responsibilities;
- A commitment from the CCG to communicate decisions and developments to all GPs (regardless of contractual status) in a timely fashion;
- How the CCG will seek the views of member practices and the local GP profession, including non-partner GPs.