

NHS North Cumbria CCG Full Council of Members	Agenda Item
8 February 2017	8

Voting Options for the Council of Members

Purpose of the Report
<p>When NHS Cumbria CCG agreed its constitution with its member practices it agreed that voting rights would be based on a one practice one vote.</p> <p>On the redrawing of the CCG boundaries the new constitution for NHS North Cumbria CCG was approved with the same voting rights. At the first Council of Members meeting in May 2017 members raised the question about whether this was appropriate for the future. It was agreed that options would be considered and that member practices would have the opportunity to review and decide on the preferred approach for the future.</p> <p>In September 2017 that attached options paper, prepared by the GP leads, was sent to all practices to enable discussion. The stated intention in the paper was that at the February Council of Members meeting a vote would be held (under existing voting processes set out in the Constitution) on this issue.</p> <p>Member practices are now being asked to consider and vote on the following:</p> <ol style="list-style-type: none">1. Should the CCG retain the current voting rights of practices (one practice one vote). This will be a Yes/No vote <p>If the majority of practices vote No then a second question will be considered:</p> <ol style="list-style-type: none">2. Should the CCG adopt a proportional voting system based on: A) One vote per 10,000 registered patients per practice , or B) One vote per 7,000 registered patients per practice <p>This will be the subject of a majority vote.</p> <p>Based on the outcome of the votes then the CCG constitution will be revised, if required, and formal adoption of the revised constitution will be brought to the next Council of Members meeting for approval.</p>

Outcome Required:	Approve	X	Ratify		For Discussion		For Information	
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Assurance Framework Reference:
 4, Leadership - The CCG needs to develop and implement robust governance and management arrangements to operate in a safe and sound manner.

Recommendation(s):

The Council of Members is asked to:
Undertake the following votes on the future voting rights of CCG member practices.

1. Should the CCG retain the current voting rights of practices (one practice one vote).

If the majority of practices vote No then a second question will be considered:

2. Should the CCG adopt a proportional voting system based on:
 - A. One vote per 10,000 registered patients per practice , or
 - B. One vote per 7,000 registered patients per practice

Executive Summary:

Key Issues: Practices working together and reaching a broad consensus on issues is important. Voting is one way of expressing that consensus. It is important that the CCG has a clear and supported approach to voting that it adopts within its constitution

Key Risks: There is a lack of clarity about voting rights within the Council of Members

Implications/Actions for Public and Patient Engagement: This issue is for GP practice engagement

Financial Impact on the CCG: No financial implications

Strategic Objective(s) supported by this paper:	Please select (X)
Support quality improvement within existing services including General Practice	
Commission a range of health services appropriate to Cumbria's Needs	
Develop our system leadership role and our effectiveness as a partner	
Improve our organisation and support our staff to excel	X

Impact assessment: (Including Health, Equality, Diversity and Human Rights)	n/a
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Conflicts of Interest Describe any possible Conflicts of interest associated with this paper, and how they will be managed	The meeting will be chaired by officers of the CCG and the paper presented by CCG officers.
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Presented By	Caroline Rea
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Date Report Written	January 2018

Discussion document:

Council of Members Voting Options

August 2017

Introduction

When NHS Cumbria CCG was established in 2013 through discussion with its member practices it was agreed that voting rights at Council of Members meetings would be based on 'one practice one vote'.

On the redrawing of CCG boundaries the new constitution for NHS North Cumbria CCG was approved with the same adoption of voting rights at the first Council of Members meeting in May 2017. However at this meeting the question was raised about whether this was appropriate for the future. It was agreed that options would be considered and that member practices would have the opportunity to review and decide on the preferred approach to be adopted at a future Council of Members meeting.

This is an important issue for member practices to consider. In voting, practices are reaching a consensus view on the issues before us. Voting is a key part of reaching that consensus and it is important that we do that in a way that best reflects member practices views.

The GP leads have now had the opportunity to consider this issue and this short paper describes two broad options. The paper is being circulated to help all practices consider their views over the autumn. It is the intention to ask member practices to make a decision on this issue at the next Council of Members meeting in February 2018.

Current Member Practices

The CCG currently has 40 member practices. The table below summarises the list sizes (unweighted) across the practices.

Total number of practices: 40

Practice list sizes in the CCG range from 700 patients to over 36,000

Mean list size: 7858

Median list size: 6000

Mode list size: 4001-5000

Possible Options

Option 1: 1 Practice: 1 Vote

This is the continuation of the existing approach. In the current constitution it states that:

6.1.1 The voting system for the Full Council of Members is:

- i. Each member practice will have one vote which will be by show of hand and no proxy voting will be permitted. In the case of an equal vote, the person presiding shall have a second and casting vote.
- ii. Practice representatives may (if agreed in advance by the Chair in respect of specific issues for decision at a Council meeting) submit votes by post, email or other electronic means, but submission of votes by these means shall not constitute presence in person at a meeting.

Advantages

- It is simple to understand and administer.
- It appeals to practices on the basis that everyone has an equal voice.
- It preserves the status quo and avoids a potentially divisive discussion over alternative options

Disadvantages

- Populations of patients do not have an equal voice, with small practices having the same rights as larger practices
- The number of GP partners do not have an equal voice with larger practices likely to have more GPs
- The trend to larger practices may not be reflected in the decisions made at Council of Members

Option 2: 1 vote per 10,000 list size

This option has been adopted by Morecambe Bay CCG. They adopt the following:

List size up to 10,000	1 vote
List size 10,001-20,000	2 votes
List size 20,001-30,000	3 votes

With an additional vote for each additional 10,000 patients over 30,000.

For North Cumbria this would currently translate to:

31 practices	1 vote each
7 practices	2 votes each
1 practice	3 votes
1 practice	4 votes

This would make a total number of 53 votes across 40 practices

Given that the mean list size in North Cumbria is 7858 and the median and mode are both smaller it might be worth considering alternative bandings, for example,

List size up to 7,000	1 vote
List size 7001-15,000	2 votes
List size 15,001-23,000	3 votes

With an additional vote for each additional 8,000 patients over 23,000.

For North Cumbria this would currently translate to:

25 practices	1 vote each
10 practices	2 votes each
4 practices	3 votes
1 practice	4 votes

This would make a total number of votes of 61 votes across 40 practices

The advantages are disadvantages are largely the opposite for those given as Option 1.

Advantages

- Populations of patients are proportionately represented in the voting structure
- The number of GP partners are proportionately represented in the voting structure
- The trend to larger practices is reflected in the decisions made at Council of Members

Disadvantages

- It is not simple to understand and administer.
- It is potentially divisive
- With the complexity of agreeing what votes larger practices should have may be distracting when collaboration is being sought across practices

Next Steps.

Member practices of NHS North Cumbria CCG are asked to consider over the Autumn what their preferred future voting approach would be. A decision on voting and if required any change to the agreed CCG constitution will be made at the February 2019 Council of Members meeting.

As the current constitution is adopted with 'one practice one vote' any vote to change the constitution would be made on the one practice one vote system

Caroline Rea
Director of Primary Care
NHS North Cumbria CCG
August 2017.