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**PCRS-UK Service Development Committee:**

**Terms of Reference**

**Definition**

The Service Development Committee is a sub-committee of the Primary Care Respiratory Society UK Executive and is responsible for advising on, developing and implementing the respiratory service development activities of the charity. The purpose of the Service Development Committee is to support primary care clinicians to drive improved practice and system change by equipping them with the knowledge and confidence to work across and influence the healthcare system locally, regionally and nationally. The Service Development Committee is accountable through the Executive to the PCRS-UK Trustees.

**Composition of the Committee**

The Committee shall consist of between 4 and 8 members who shall be appointed by the Executive and shall include representation from at least 2/4 of the 4 UK nations and from the different professional disciplines involved in influencing respiratory service development and commissioning. The Committee will be chaired by the PCRS-UK Service Development Lead. A vice-chair will also be appointed.

A minimum of 4 members of the committee must be formal members of PCRS-UK. Only the formal PCRS-UK members will have voting rights on the committee. Asthma UK and the British Lung Foundation will each be invited to nominate a patient representative to sit on the Service Development Committee to help ensure a patient centred approach is adopted in all activities. Other members will be invited according to expertise and relevant experience to the current work programme.

A representative of the Service Development Committee will sit on the Education Committee and vice versa. A representative of the Service Development Committee will sit on the Conference Organising Committee and the Primary Care Respiratory Update editorial board.

The Chief Executive (or designated deputy) will act as secretary to the Committee, supported by the PCRS-UK Operations Team, but will not have voting rights.

The PCRS-UK Executive Chair may attend Committee meetings and participate in Committee proceedings as he / she sees fit.

**Powers and Responsibilities**

The Committee shall be responsible for:

* Translating and disseminating relevant national respiratory and NHS policy for and to PCRS-UK members and others so they so know how to use national policy (as levers) to bring about change (service improvement) across a population (whole locality and/or one team or practice)
* Providing practical guidance and tools (agreed as part of the annual business plan) to support PCRS-UK members and others to bring about service improvement to achieve the agreed PCRS-UK standards for respiratory in primary care
* Defining and recommending PCRS-UK standards for respiratory primary care with responsibility for any associated PCRS-UK Quality Award(s) and population/practice improvement tools (incl. current EQUIP/practice improvement worksheets)
* Ensuring that the work (aims/outputs) of the Service Development Committee is appropriately used and supported through all relevant PCRS-UK campaigns, programmes and media, including respiratory leaders, conference and affiliated groups
* Making recommendations to PCRS-UK Executive on how PCRS-UK can most appropriately use its expertise/resources to bring about 'system change' to improve respiratory care, including opportunities for partnering and collaboration with others
* Supporting the CE to secure the funding and other resources required to deliver Service Development Committee plans and activities (agreed as part of the annual business plan)
* Responding to and acting upon tasks allocated to them by PCRS-UK Executive
* Identifying and recommending to the Executive suitable candidates for membership of the Service Development Committee and managing the appointment process
* Allocating responsibilities within the Committee and for associated projects/activities
* Establishing working groups as required to develop and conduct the respiratory service development activities of the Charity, ensuring terms of reference are in place and approved by the Executive
* Succession planning for the Committee and its working groups
* Contributing to the performance appraisal of the Service Development lead
* Ensuring all PCRS-UK Service Development Committee activities are conducted in line with agreed PCRS-UK strategic direction and policies/procedures.

All members of the Committee are expected to abide by the PCRS-UK code of conduct.

**Appointment Process and Terms of Office for Service Development Lead**

The Service Development Lead shall be appointed by the Executive. The Service Development Lead’s term of office shall be three years from the date of his/her appointment. The Lead shall not normally serve more than two terms of office, unless otherwise approved by the trustees. The responsibilities of the Lead shall be specified in a role description approved by the Executive and trustees.

**Appointment Process and Terms of Office for Service Development Committee Members**

These shall be compatible with the agreed PCRS-UK guidelines (see appendix 1).

**Removal of Service Development Committee Members**

Any member of the Service Development Committee shall cease to hold office if he / she:

* ceases to be a member of PCRS-UK
* becomes incapable by reason of mental disorder, illness or injury of managing and administering his own affairs;
* resigns his office by notice to the Chair, PCRS-UK Service Development Committee or in the case of the Chair by notice to Chair, Trustees
* is absent without the permission of the Service Development Committee from two consecutive meetings and the Service Development Committee resolve that his/her office be vacated
* Receives a vote of no confidence or is deemed to have brought the Charity into disrepute and is asked by a majority of the Service Development Committee to resign. The member concerned may appeal to the Trustees.

**Service Development Committee Proceedings**

The Service Development Committee shall meet regularly, at least twice a year.

A meeting of the Service Development Committee may be held in person or by suitable electronic means agreed by the members in which, all participants may communicate simultaneously with all other participants. A quorum of the Service Development Committee shall be four voting members.

Decisions made by the Service Development Committee shall be by simple majority verdict unless otherwise specified in these terms of reference. All Service Development Committee Members with voting rights shall have equal voting rights. In the event of there being a tied vote, then the Chair will have an additional casting vote.

Conflicts of interest will be declared at the start of each meeting in line with PCRS-UK conflict of interest policy.

All Service Development Committee Meetings are to be minuted, with the minutes to be presented at the next Service Development Meeting, and ratified by the Service Development Committee as agreed, and then signed by the Chair. Draft minutes approved by CE and Chair are to be circulated to PCRS-UK Executive within 2 weeks of a Service Development Committee meeting. Any changes to the final minutes are to be communicated to the PCRS-UK Executive within two weeks of the minutes being ratified.

**Service Development Committee Expenses**

Travel costs payable to the individual and locum costs payable to the practice will be reimbursed for Service Development Committee members attending Service Development Meetings. An honorarium may be claimed in lieu of a locum fee as follows, GPs: £400 per full day, nurses: £300 per full day. Expenses will be paid upon presentation of a completed PCRS-UK expenses claim form. Car travel costs will be reimbursed at a rate of 45p per mile and rail or air fares will be refunded at standard class upon presentation of a valid receipt. Locum costs will be paid upon receipt of an invoice from the practice.

**Agreed by PCRS-UK Executive:** May 2015

**Approved by Trustees: June 2015**

**Next Review Date:** June 2018

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**Appendix 1:**

**PCRS-UK Guidelines Appointment to Committees/Working parties**

* Clear criteria (skills, experience) identified for the position to be appointed
* Consideration is given to the most likely/appropriate source of candidates
	+ Candidates should normally be full members of the PCRS-UK: however the

need for specific skills/experience may require candidates from outside the PCRS-UK membership. Such candidates would be appointed in an ‘advisory capacity’ and would not have voting rights on the Committee

* The proposed recruitment process should be agreed with the PCRS-UK Executive Chair/CE and may include one or more of the following:
	+ Advertising to PCRS-UK membership
	+ Advertising beyond the membership (cost effectiveness however must be

 borne in mind)

* + Identification of individuals from the ‘succession planning’ database
	+ Identification of candidate via PCRS-UK member contacts
* Open, transparent advertising processes are to be encouraged but should not be mandatory if a well matched candidate for the role is already known (and there are unlikely to be others within the wider membership) and/or the appointment is part of the wider PCRS-UK succession/development plan
* Formal short listing and interviewing processes (against transparent criteria) should be used where there is more than one candidate for the role
* All candidates should be asked to provide a supporting statement (and CV) confirming their interest in the role
* Recommended candidate with supporting rationale is put to PCRS-UK Executive for approval.

**Terms of Office**

* Appointments to committees are normally made for a period of 3 years (shorter appointments may be made in agreement with the Committee Chair/lead)
* Appointments are reviewed towards the end of the 3 year period and if deemed appropriate/desirable by the Committee/individual can be recommended for renewal for up to a further 3 years
* All re-appointments must be approved by the PCRS-UK Executive and must take account of the wider PCRS-UK ‘succession plan’ (Committee Chairs/leads should check with Succession Planning Working Party before negotiating re-appointments)
* There should be no limit on the number of times an individual is re-appointed to a Committee, provided the Committee and PCRS-UK Executive are convinced they are adding unique value and are not putting a barrier in the way of new people joining the Committee.