NHS
Lancashire and South Cumbria
Integrated Care Board

Approved: 13.06.24

Minutes of the Integrated Care Board (ICB) Primary Care Commissioning Committee Held in Public on Wednesday, 01 May 2024 at 1:30pm in Lune Meeting Room 1, ICB Offices, County Hall, Preston

Name	Job Title	Organisation
Members		
Debbie Corcoran	Chair/Non-Executive Member	L&SC ICB
Ian Cherry	Vice Chair/Co-opted Lay Member	L&SC ICB
Professor Craig Harris	Chief Operating Officer	L&SC ICB
Dr David Levy	Medical Director	L&SC ICB
Dr Geoff Jolliffe	ICB Partner Member for Primary Medical Services	L&SC ICB
Peter Tinson	Director of Primary Care	L&SC ICB
Neil Greaves	Director of Communications and Engagement	L&SC ICB
Kathryn Lord	Director of Quality Assurance and Safety	L&SC ICB
Corrie Llewellyn	Primary Care Nurse	L&SC ICB
Andrew White	Chief Pharmacist	L&SC ICB
John Gaskins	Associate Director of Finance	L&SC ICB
Participants		
Amy Lepiorz	Associate Director Primary Care Blackpool, Lancashire (North), South Cumbria	L&SC ICB
Donna Roberts	Associate Director Primary Care Lancashire (Central)	L&SC ICB
Collette Walsh	Associated Director, Primary & Integrated Neighbourhood Care	L&SC ICB
In Attendance		
Debra Atkinson	Company Secretary / Director of Corporate Governance	L&SC ICB
Greg Reide	Procurement Assurance Manager	NHS Shared Business Services (SBS)
John Miles	Clinical Lead for Primary Care Data & Intelligence (Fuller)	L&SC ICB
Viv Prentice (notes)	Business Manager	L&SC ICB

No	Item	Action
Standing Items		
1.	**Welcome, Introductions and Chair's Remarks** The Chair declared the meeting open and welcomed everyone to the meeting held in public. Several members of the public were in attendance that had a particular interest in the agenda item relating to Withnell Health Centre. It was noted that three questions had been received from members of the public relating to Withnell Health Centre, one of which had been received at short notice and would therefore need to be considered following the meeting. The remaining two questions would be considered during the course of today's meeting and all questions received would receive an individual written acknowledgment and response.	
2.	**Apologies for Absence** Apologies for absence had been received from David Blacklock, David Bradley and Lindsey Dickinson. The meeting was declared quorate.	
3.	**Declarations of Interest** **(a) Primary Care Commissioning Committee Register of Interests** Noted. **RESOLVED: That there were no declarations made relating to the items on the agenda.** **The Chair asked that she be made aware of any declarations that may arise during the meeting.**	
4.	**(a) Minutes of the Meeting Held on 14 March 2024** **RESOLVED:** The minutes of the meeting held on 14 March 2024 were approved as a true and accurate record subject to amending the reference to Millom PCB on page 9 to Millom PCN. Peter Tinson also took the opportunity to refer to Millom PCN and highlighted that whilst the minutes were correct the paper did not infer that Morecambe Bay Primary Care Collaborative had been anything other than supportive. **(b) Action Log** The action log was reviewed and closed items noted.	
Commissioning Decisions		
5.	**Withnell Procurement Evaluation Strategy (PES)** Peter Tinson presented the paper and reminded Committee members that at its meeting on 14 March 2024 the Committee approved a competitive procedure under the Provider Selection Regime (PSR) to award the contract for the provision of general medical services at Withnell Health Centre. The aim of today's paper was therefore to assure the Committee of the following: ▪ That the PES has been updated to reflect PSR requirements.	

No	Item	Action
	▪ That the patient survey results had directly shaped the PES and the evaluation process, which included patient evaluation of bids received. ▪ That the procurement timeline remained deliverable. Peter Tinson introduced Greg Reide, Procurement Assurance Manager, NHS Shared Business Services (SBS), who was providing independent expert procurement advice and managing the procurement process and was in attendance to summarise the brief changes to the PES and to discuss some of the specifics of the procurement and how the patient engagement results had directly shaped the PES. Greg Reide explained that the PES had originally been written last summer with support from SBS and had been subsequently reviewed and the terminology updated to reflect the new PSR. As part of that review exercise to check alignment and implications of the introduction of the PSR, the award criteria in the PES had been checked to ensure alignment to the 'key criteria' that the ICB must consider when awarding a contract under the PSR competitive process and to ensure that the PES for this procurement uses the questions agreed in the core generic PES and proposes section and question weightings. An exercise had also been undertaken to ensure that the areas highlighted as important to patients of Withnell Health Centre, identified during the engagement process, had all been included. Attention was drawn to Appendices 2 and 3. Greg Reide explained that Appendix 2 mapped the PES questions to the results of the patient engagement undertaken with Withnell practice patients. Appendix 3 detailed the proposed evaluation process which had been directly shaped by the patient engagement process and included patient evaluation of bids received. Neil Greaves confirmed that a number of questions had been received prior to today's meeting regarding the process described in Appendix 3, one of which related to the selection method that would be used to agree the patients who would take part on the evaluation panel. He explained that the proposal was for three patients to be involved in the evaluation exercise. The ICB intended to work with the Withnell Patient Steering Group to consider the practical arrangements and to develop a process for expressions of interest from the group, and potentially wider community, for two patients currently registered with the practice to be part of the panel. For the representative not from the practice, expressions of interest would be sought from the ICB's Citizen's Health Reference Group, a group of experienced patient representatives which had been established to support the ICB. In both instances, setting out the conflicts of interest, expectations of the process and confidentiality required would be important and may determine eligibility. A session would also be held with the Withnell Patient Steering Group to discuss the logistics of the process, what this would involve and to consider any questions or concerns. Should the ICB receive eligible expressions of interest above the number required, then this may require individuals being randomly selected to ensure a fair process for those involved and to support the procurement.	

No	Item	Action
	A further question received from the public ahead of the meeting, queried if it was normal practice for an out of area patient to be selected. Neil Greaves explained that the new PES had been developed based on engagement, feedback and was based on good practice from other areas across the country. He added that it was not uncommon practice for commissioners to involve patients with different perspectives in commissioning processes due to the required training and experience of being involved in evaluation panels. The Vice Chair referred to the thresholds for an automatic pass outlined within Appendix 1 which he felt were unfairly prejudiced against the existing contract holder and asked that this be reviewed. Geoff Jolliffe welcomed the involvement of patients in the evaluation panel and asked if they would be protected against any potential criticism or challenges from their communities which may make participation difficult. Neil Greaves responded and confirmed that their names would be kept confidential. Following a question from John Gaskins regarding the reference to the completion of commercial schedules in Appendix 1, Greg Reide confirmed that a template would be provided. The Chair drew attention to the detailed award criteria within Appendix 1, in particular the proposed staffing model / skills mix, and asked when assessing this if there was clarity of what that particular model would be and if it would have any impact on smaller practices. Peter Tinson responded and confirmed that the subject matter experts would have a view on what constitutes a robust staffing model. He added that whilst the size of the provider would not be taken into account, the sustainability of the workforce would be important. The Chair thanked Peter Tinson and Greg Reide for the work undertaken and welcomed the transparency of patient involvement and mapping. **RESOLVED: The Primary Care Commissioning Committee:** ▪ **Approved the proposed Withnell PES but requested that the thresholds for an automatic pass be reviewed and agreed with the Committee Chair and Vice Chair in line with feedback above.** ▪ **Approved the proposed evaluation process.** ▪ **Approved the proposed procurement timeline.** Greg Reide left the meeting Two members of the public remained in the meeting.	**GR**
6.	**Primary Care Capital Report 2024-25** Peter Tinson and Donna Roberts presented the paper, the purpose of which was to provide further information on the primary care capital allocations and outline the 2024/25 general practice capital investment plans. Approval was also sought on the proposed apportionment of the capital allocation and the recommendation for a development session. Donna Roberts referred to Table 1 within the paper which outlined the initial apportionment of the proposed capital investments for the forthcoming financial year 2024/25 which totalled just over £3.1m. As highlighted in previous papers	

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	presented to the Committee, the GPIT element was generally used on a cyclical refresh of IT equipment in general practice, whilst capital grants were used by general practice to undertake small improvements. The proposed programme for GPIT refresh and GP improvement grants had gone out for expressions of interest this year, which resulted in 79 requests being received. These would subsequently be reviewed and prioritised. In addition to the practice improvement grant capital investment, there were several larger legacy Clinical Commissioning Group (CCG) capital schemes entering initial development stages since CCGs transitioned into the ICB. These included: ▪ Adelaide Street & South King Street – The project is to build a new primary care centre to replace the premises of the two practices. ▪ Wesham Primary Care Centre – Very similar in nature to the scheme above. ▪ South Shore Primary Care Centre – The project is to create additional car parking. ▪ Lockwood Surgery – The practice sought authorisation to increase the practice demise in a leased council building, proposing to occupy a further six rooms on the first floor of the council owned Civic Centre in Poulton. In addition to the above, two schemes had been approved in principle but the works were yet to commence: ▪ Haverthwaite Surgery ▪ Birleywood Surgery Also included within the paper was a summary of the governance arrangements relating to general practice infrastructure and an overview of the financial and reputational risks. The Chair thanked Peter Tinson and Donna Roberts for the paper, which was well written and set out, and opened up to the Committee for comment. John Gaskins highlighted the importance of ongoing space utilisation to ensure the best use of the space available. Following a question from Geoff Jolliffe regarding the importance of obtaining greater investment in primary care, Peter Tinson confirmed that since the paper had been written they had received the outputs from the Community Health Partnerships review and had a good understanding in terms of current utilisation and future requirements. A recent estates workshop had also been held. Debra Atkinson referred to the governance diagram and clarified that the reference to the Executive Director of Finance should be Chief Finance Officer. The Chair agreed that a development session would be beneficial to thoroughly review the larger, more strategic, proposed infrastructure. **RESOLVED: The Primary Care Commissioning Committee:** ▪ **Noted the contents of the report, approved the proposed apportionment of the capital allocation and the recommendation**	**DR** **PT/DR**

No	Item	Action
	for a primary care capital development session.	
7.	**Local Enhanced Services (LES) including General Practice Quality Contract (GPQC) Update** Peter Tinson presented the paper and reminded Committee members that at its previous meeting the Committee agreed the approach to LES and GPQC commissioning for 2024/25, which had now been ratified through the Board's agreement of commissioning intentions on 10 April 2024. The Committee also agreed that the Primary Medical Services Group (PMSG) would oversee the detailed operational implementation arrangements. The paper provided an update on those arrangements including any changes agreed by the PMSG. It was highlighted that the Committee had previously been informed that a clinically led review of all inherited LES and GPQC requirements had been undertaken and that services had been classified as: ▪ Continue ▪ Continue subject to review during 2024/25 ▪ Cease and associated funding redirected into the three new service specifications Following further engagement and consideration of impact assessments, the PMSG had agreed to reclassify two services: ▪ Prostate cancer injections in Morecambe Bay reclassified from cease, to continue subject to review. ▪ Diabetic foot screening in Central Lancashire reclassified from cease, to continue subject to review. At the time of writing the paper, discussions were continuing with both ICB and practice colleagues within Blackburn with Darwen and East Lancashire regarding potential risks requiring mitigation. In respect of next steps, the contract documentation, including specification and monitoring templates, had been formally issued to practices, with contract delivery monitored via the PMSG. The existing GPQC working group would continue with oversight of the service reviews, developing the approach for next year. David Levy welcomed this opportunity to incentivise primary care in keeping people out of hospital. Part of that work included ensuring proactive care was offered in the community. The Chair accepted that the subgroup would monitor contract delivery but requested that any issues be escalated to this Committee. In addition, it would also be important to schedule a paper regarding next year's approach and any learning into the Committee's business plan. **RESOLVED: The Primary Care Commissioning Committee:** ▪ **Received the paper for information and requested that a paper outlining next year's approach together with any learning be scheduled onto the Committee's business plan.**	**PT**

No	Item	Action
8.	**Grasmere Local Pharmaceutical Services Contract Uplift** Peter Tinson presented the paper which provided the background to the Local Pharmaceutical Services (LPS) contract which was currently operating in Grasmere. The existing contract was signed and agreed in 2020 with NHS England for an initial term of five years with the option to extend for two years. The current provider had recently approached the ICB and indicated that the contract was no longer financially viable within the current funding structure. The baseline funding for the Grasmere contract had been set at £86,140 (£7.1783 per item). This compared to an LPS based in a similarly rural location with baseline funding of £135,000 per annum (£8.4375 per item). The purpose of this paper was to seek approval from the Primary Care Commissioning Committee to award an uplift of £15k per annum that brings the per item rate in line with similar LPS contracts this would ensure financial stability and continued service provision for the Grasmere LPS contract. Amy Lepiorz explained that there was an assumption that the pharmacy would make an annual income of £96k for over the counter sales. However, the actual figure was close to £12k. This had been confirmed by the ICB's pharmaceutical advisor. Amy Lepiorz added that it had not been possible to establish how the figures for the over the counter sales had been arrived at in the costing model for the contract. In comparison, using the Hawkshead LPS costing model, the over the counter sales figures had been based on 5% of the NHS contract, £1,906 per annum. The same methodology did not appear to have been applied to Grasmere. On reviewing the LPS budget with finance colleagues, the uplift of £15,000 was affordable. This was calculated using the average price paid per item dispensed at the Hawkshead location. Amy Lepiorz responded to a question from the Vice Chair regarding over the counter sales, and explained that whilst there were peaks and troughs, habits had changed and members of the public were now buying the same products from supermarkets. Following a comment from Andrew White regarding the Hawkshead pharmacy and whether it was a suitable benchmark and that there may well be many other pharmacies in the same position in other villages and towns, it was noted that providing an uplift to the contract would not set a precedence. If future requests were made by existing LPS contractors, they would be reviewed on their individual merit. Peter Tinson highlighted that there was a national push for the re-balancing of the pharmacy market and it would therefore be important to ensure this did not have unforeseen consequences for rural communities. He added that the route to respond to these issues was via the Pharmaceutical Needs Assessment. **RESOLVED: The Primary Care Commissioning Committee:** ▪ **Approved an uplift of £15,000 per annum to support the continuation of the LPS contract in Grasmere for remainder of the contract, (one year plus any approved extension).**	

No	Item	Action
Governance and Operating Framework		
9.	**Draft Primary Care Commissioning Committee Business Plan 2024/25** Craig Harris presented the draft PCCC business plan which had been drawn up via the Committee's Terms of Reference and business of the groups reporting to the Committee. It had also been built on from the previous 2023/24 plan and would link to the ICB's commissioning intentions. It was acknowledged that there may be matters that may arise during the year which would be added to the plan. In terms of a risk management update, Deb Atkinson proposed that this be scheduled to be presented to the Committee on a quarterly basis. **RESOLVED: The Primary Care Commissioning Committee:** ▪ **Approved the Business Plan for 2024/25.**	**DA**
10.	**Primary Care Assurance Framework Annual Submission** Peter Tinson presented the paper, the purpose of which was to seek agreement on the contents of the primary care assurance framework annual submission. Whilst this was due to be submitted to NHSE by the 30 April 2024, NHSE had formally confirmed that they were happy to receive this on the 01 May 2024. Peter Tinson explained that NHSE had published an assurance framework which focused on the ICB's delegated responsibility structure around four main domains: ▪ Compliance with mandated guidance ▪ Service planning and provision ▪ Contracting and contractor ▪ Provider compliance and performance The ICB was required to submit a retrospective self-declaration to NHS England. This had been presented to each of the relevant committee groups and was also subject to a separate and distinct audit by Mersey Internal Audit Agency (MIAA) who were satisfied with the evidence provided. The Chair asked that her thanks be conveyed to the team. The position at the end of the year was positive, and receiving assurance from MIAA in terms of an internal audit focus was a helpful approach. The Vice Chair also took the opportunity to convey his thanks. **RESOLVED: The Primary Care Commissioning Committee:** ▪ **Approved the ICB's submission of the Assurance Framework.**	
Group Reporting		
11.	**Group Escalation and Assurance Report** Peter Tinson presented the paper which highlighted key matters, issues, and risks discussed at the following group meetings since the last report to the	

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	Committee on14 March 2024 to advise, assure and alert the PCCC: ▪ Primary Medical Services Group ▪ Primary Dental Services Group ▪ Pharmaceutical Services Group ▪ Primary Optometric Services Group ▪ Primary Care Capital Group The report contained significant detail and not only reflected the amount of work through the groups but also demonstrated the connectivity between those groups and this Committee. Amy Lepiorz drew attention to the report of the Primary Care Medical Services Group meeting, in particular the update regarding the Elms Practice, and clarified that it was in fact NHSE and not the West Lancashire Primary Care Commissioning Committee that had approved the relocation of the practice and would therefore ensure the paper was corrected. The Chair conveyed her thanks to the teams and the chairs of the groups for continuing to provide assurance to this Committee. **RESOLVED: The Primary Care Commissioning Committee:** ▪ **Received and noted the Alert, Assure, Advise (AAA) reports from the four delegated primary care groups.**	**AL**
12.	**Groups Reporting to the Committee** **(a) Primary Care Commissioning Committee Groups Terms of Reference and Decision-Making Matrix** Peter Tinson presented the report and highlighted that the ICB holds over 1000 core primary care contracts, resulting in the need to make a significant number of contractual decisions. The contractual requirements for all four contractor groups are underpinned by national legislation and contractual frameworks. In addition, NHSE publishes policy books to support commissioners in the interpretation of the legislation and to ensure consistency in approach to contractual and commissioning decisions. As a result of the legislation, national contract models and policy books, the types of decisions that need to be made can be roughly split into three types: ▪ Those where the commissioner has no discretion if due process has been followed. ▪ Those where the commissioner has a degree of discretion but there is a clear policy to be followed (local or national). ▪ Those where the commissioner has more flexibility in its decision making. A decision-making matrix and Terms of Reference were developed based on these principles to support the groups in safely and effectively discharging its duties.	

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	The Terms of Reference and the decision-making matrix had been reviewed by the groups as part of the annual review process and were presented to the Committee for ratification. **RESOLVED: The Primary Care Commissioning Committee:** ▪ **Approved the Terms of Reference and decision making matrix for the five groups of the Committee.** **(b) Primary Care Groups Annual Work Plans** Peter Tinson presented the report and confirmed that the PCCC has five groups which support it in the management of primary care commissioning: ▪ Capital and Infrastructure Working Group ▪ Pharmaceutical Services Group ▪ Primary Dental Services Group ▪ Primary Medical Services Group ▪ Primary Ophthalmic Services Group The five groups had developed annual work plans to describe the proactive work that would be considered during 2024/25. It was noted that a significant amount of primary care commissioning was reactive in nature, for example based on the submission of an application from a provider. **RESOLVED: The Primary Care Commissioning Committee:** ▪ **Approved the work plans of the five groups.**	
Other Items for Approval		
13.	None to be considered.	
Items to Receive and Note		
14.	None to be considered.	
Standing Items		
15.	**Committee Escalation and Assurance Report to the Board (Alert, Assure and Advise)** The Chair confirmed that this would be produced and submitted to Board.	
16.	**Items Referred to Other Committees** None.	
17.	**Any Other Business** There was no other business discussed.	
18.	**Items for the Risk Register** There were no items for the risk register.	

No	Item	Action
19.	**Reflections from Meeting** All colleagues were thanked for attending today's meeting.	
20.	**Date, Time and Venue of Next Meeting** The next meeting is scheduled to take place on Thursday, 13 June 2024 at 10:00am in Lune Meeting Room 1, ICB Offices, County Hall, Preston.	