NHS
Lancashire and South Cumbria
Integrated Care Board

Subject to Ratification at the Next Meeting

Minutes of the Integrated Care Board (ICB) Primary Care Commissioning Committee Held in Public on Thursday, 10 October 2024 at 10am in Lune Meeting Room 1, ICB Offices, County Hall, Preston

Name	Job Title	Organisation
Members		
Debbie Corcoran	Chair/Non-Executive Member	L&SC ICB
Peter Tinson	Director of Primary & Community Commissioning	L&SC ICB
Corrie Llewellyn	Primary Care Nurse	L&SC ICB
John Gaskins	Associate Director of Finance	L&SC ICB
Paul Juson	Head of Delivery and Assurance	L&SC ICB
Kathryn Lord	Director of Quality Assurance & Safety (Member)	L&SC ICB
Dr Julie Colclough	Partner Member for Primary Medical Service	L&SC ICB
Amanda Bate (deputy for Neil Greaves)	Head of Transformation Communications and Engagement	L&SC ICB
Participants		
Donna Roberts	Associate Director Primary Care, Lancashire (Central)	L&SC ICB
David Armstrong	Primary Care Senior Delivery Assurance Manager	L&SC ICB
Collette Walsh	Associate Director, Primary & Community Commissioning Team	L&SC ICB
David Bradley	Clinical Advisor for Dental Services	L&SC ICB
Umesh Patel	Clinical advisor for Pharmaceutical Services	L&SC ICB
David Blacklock	Healthwatch Representative	Healthwatch
Claire Moore	Claire Moore, Head of Risk, Assurance and Delivery	L&SC ICB
In Attendance		
Jo Leeming (notes)	Committee and Governance Officer (minutes)	L&SC ICB

No	Item	Action
Standing Items		
PCCC/ 36/24	**Welcome, Introductions and Chair's Remarks** The Chair declared the meeting open and welcomed Paul Juson and Julie Colclough, as both were now members of the committee. The Chair advised there were no members of the public in attendance today.	
PCCC/ 37/24	**Apologies for Absence / Quoracy of Meeting** Apologies for absence had been received from Ian Cherry, David Levy, Craig Harris, Andrew White, Lindsey Dickinson, Peter Gregory, Neil Greaves (Amanda Bate attending as deputy), Debra Atkinson (Claire Moore attending as deputy) and Amy Lepiorz. The meeting was declared quorate.	
PCCC/ 38/24	**Declarations of Interest** **(a) Primary Care Commissioning Committee Register of Interests** Noted. The Chair advised that as J Colclough had joined as a member from this meeting onwards, she would be added to the register for the next meeting. J Colclough stated that she employed the wife of a pharmacist at Collins and Butterworth Local Pharmaceutical Services (LPS). **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.**	
PCCC/ 39/24	**(a) Minutes of the Meeting Held on 29 August 2024 and Matters Arising** **RESOLVED: That minutes of the meeting held on 29 August 2024 were approved as a true and accurate record.** **(b) Action Log** The action log was reviewed and updated accordingly.	

No	Item	Action
Commissioning Decisions		
PCCC/ 40/24	**Dental Referral Management Service Market Engagement Report** P Tinson presented the report, which advised the committee that the dental Referral Management Service (RMS) provides a single point of access for the processing of referrals from primary care dentists and orthodontists, ensuring a consistent quality of referrals, ability to monitor volumes, support demand management and triage referrals. There is currently a contract in place until 31 March 2025. The report detailed the results of the market engagement exercise to inform future commissioning arrangements for the RMS which was approved by the Primary Care Commissioning Committee (PCCC) at its meeting held on 13 June 2024. This has been conducted in line with the Public Contract Regulations 2015 (as amended). The market engagement has identified there are several potential organisations who would be prepared to submit a formal application if the ICB was to undertake a formal procurement of the dental Referral Management Service. The ICB must therefore consider initiating a competitive procurement process to secure the service beyond the current	

No	Item	Action
	contractual term. The current service specification must be thoroughly reviewed, with the views of all stakeholders considered to ensure the services procured are fit for purpose into the future. To achieve the best outcome from the procurement process and thorough stakeholder engagement to improve and develop the service specification, the Committee was asked to consider approving the request for a single tender waiver to extend the current contract. The development of the Procurement Evaluation Strategy (PES) will be undertaken with the full engagement of the service stakeholders and will be presented for approval by the Committee, at a future date, prior to the formal initiation of the procurement process. P Tinson handed over to D Armstrong to present the paper who advised the committee that a full market engagement process had been undertaken using previous procurement methodologies. There was more interest in the service than previously with 8 respondents now responding to the Request for Information (RFI). The next steps would be for a full procurement process to be undertaken in line with the Procurement Evaluation Strategy (PES). The team would need to get the specification up to date and aligned to the current requirements of the system. It was noted that orthodontics had been identified as a fragile service in secondary care and they were looking to change the pathways and methods by which secondary care operated that service. Work remained ongoing and it was expected to report Q2 to ICB and trust boards. However, this would impact on how referrals moved from primary to secondary care but that would be fully reflected within the specification. Therefore, more time was needed to fully engage with the market and stakeholders. The other impacting element was alignment with GP RMS into secondary care as the ICB was also undertaking a similar review of the specification. The intention would be for contracts to be aligned in the future and for a full RFI to be undertaken. It was noted that at the June meeting the committee had approved the recommendation to undertake a Request for Information exercise to test the market to provide an evidence base for the next steps for a re-procurement of the service from 1 April 2025. However, the review of the GP RMS was not scheduled to report until September 2024, as a result it was not realistic to consider the feasibility of a combined single RMS service that could be procured and implemented by 1 April 2025. It was questioned whether there was a heightened risk of extending the timescale from a quality perspective, but it was confirmed no quality impacts had been indicated as it was more of an administrative process and not a direct patient care service. It was queried whether the proposed financial envelope of £440,292 excluding VAT was an annualised amount or the total contract window. D Armstrong understood this was the annual value but would check and re-confirm. It was questioned if there was an alternative plan if the committee did not agree to the contract extension. There was no other option to be considered, however, the incumbent provider was one of the respondents to the RSI. It was also suggested there could potentially be a mini competition to reward a temporary contract but that would be less ideal. Assurance was requested that everything possible had been done to reduce the 24-month extension timeframe. It was advised that 24 months had been recommended as that would allow completion of the PES and procurement process of 12 months for a new provider, or 9 months if the incumbent was successful. Whilst the implementation and mobilisation period would be lengthy, it was anticipated that this could be shorter. It would be a maximum of 24 months if the single tender waiver was agreed.	**DA**

No	Item	Action
	RESOLVED: The Primary Care Commissioning Committee: ▪ **Noted the results of the market engagement (RFI) which was conducted to support the commitment to determine the market capacity and capabilities of potential providers.** ▪ **Agreed that a competitive procurement process should be initiated.** ▪ **Agreed to consider the Procurement Evaluation Strategy (PES) at a future meeting, to commence a formal competitive procurement process. The development of the PES, and Service Specification, will include consideration to the risks and mitigating actions contained within the Market Engagement Analysis Report.** ▪ **Noted that a wide range of stakeholders will appropriately be involved in the redrafting of the service specification to ensure it covers recent innovative service redesign, particularly in relation to the orthodontic pathway. The procurement timeline will therefore need to allow sufficient time for this engagement.** ▪ **Agreed that a Single Tender Waiver application can be made to the ICB's Chief Finance Officer, to request a contract extension for up to a maximum of 24 months to align with the procurement timeline, noting that the current timeline is draft and ICB dates for governance sign off have yet to be scheduled for 2025.**	
PCCC/ 41/24	**Improvement Grant for Barnoldswick** The paper provided detail of and sought approval from the committee for a General Practice Improvement Grant (GPIG) request of £107,396 for Barnoldswick Medical Centre. The grant application had been thoroughly reviewed to ensure that it was complete, submitted with all the relevant supporting paperwork including commercial quotations, project plans, architect plans, planning permission and was fully compliant with the Premises Cost Direction 2024. The investment in Barnoldswick Medical Centre was included within the prioritised capital pipeline for investment in 2024/25 as agreed at the Primary Care Capital Group meeting on the 15 May 2024 and reported to the committee in the Triple A report. It was explained that as the amount exceeded the delegated limit for the Primary Care Capital Group it needed to be approved by the committee. **RESOLVED: The Primary Care Commissioning Committee:** • **noted the contents of the report and approved the award of the Improvement Grant investment.**	
Group Reporting		
PCCC/ 42/24	**Group Escalation and Assurance Report** The report highlights key matters, issues, and risks discussed at the below group meetings since the last report to the Committee on 29 August 2024 to advise, assure and alert the Primary Care Commissioning Committee. • Primary Medical Services Group: Peter Tinson (Director of Primary and Community Care) • Primary Dental Services Group: Amy Lepiorz (Associate Director Primary Care) • Pharmaceutical Services Group: Amy Lepiorz (Associate Director Primary Care)	

No	Item	Action
	• Primary Optometric Services Group: Dawn Haworth (Head of Delivery) • Primary Care Capital Group: Donna Roberts (Associate Director of Primary Care) Each summary report also highlights any issues or items referred or escalated to other committees or the Board. Appended to the report are the risks currently being managed by the respective groups. Reports approved by each Group Chair are presented to Committee to provide assurance that the committees have met in accordance with their terms of reference and to advise the Committee of business transacted at their meeting. A brief overview of each report was given to the committee and the following points were raised: **Primary Medical Services Group** • A question was raised around whether the two-stage review of vasectomy services across Lancashire and South Cumbria meant there would be additionality. It was advised there would be standardisation of specification and tariff prices for primary care and waiting lists were being reviewed. The second stage of the proposal would be to shift all remaining hospital vasectomy provision to primary care. This was now a Quality, Innovation, Productivity and Prevention (QIPP) scheme as the cost was less in primary care than secondary care. **Primary Care Dental Services Group** • With regards to the Access Pathway Review, the decision for Pathway 3 – Denture Clinic to come to an end was queried. It was advised this was a single provider at a single location, therefore the activities could be absorbed into other primary care services and there were no supply issues. • With regards to Winter Assurance, it was confirmed the paper proposing expectations for the provision of emergency dental services over the bank holiday periods of Christmas 2024, was now going to the Discretionary Spend Panel. • The Barrow Recruitment Pilot Update was commended, and it was suggested it would be interesting to look at the learning to see if this could be used in other areas. **Primary Optometric Services Group** • National guidance had arrived yesterday in relation to the Special Schools Update and a further update would be provided at the next meeting. There would also be an update on Late Claims, which demonstrated the level of grip on the process. • With regards to Care Homes and the whistleblower issue, it was clarified that the matter had been reported to the professional body. **Pharmaceutical Services Group** • With regards to the post payment verification quotes, NHS Business Services Authority (NHSBSA) had confirmed it was both dates of July 21 and March 22. The committee noted thanks to the group Chairs and members as the delegation process allowed decision making and gave assurance, which worked well with the appropriate level of detail being reported to the committee. **RESOLVED: The Primary Care Commissioning Committee:** ▪ **Received and noted the Alert, Assure, Advise (AAA) reports from the five delegated primary care groups and risk registers from each group**	
Other Items for Approval		

No	Item	Action
PCCC/ 43/24	None to be considered.	
Items to Receive and Note		
PCCC/ 44/24	**Risk Management Update** C Moore presented the report, which advised that the ICB's arrangements for risk management were now well established and provided the framework for the oversight and management of risks at all levels across the organisation. Risks held on the Operational Risk Register (ORR) assessed as having the potential to significantly impact on the delivery of plans or priorities had been categorised as "high" and received corporate oversight through the Executive Management Team (EMT) and at the relevant assuring committee. There are currently no risks held on the Board Assurance Framework (BAF) in relation to the business of the committee. There are two risks currently held in relation to the business of the Primary Care Commissioning Committee (PCCC) which were assessed as meeting the threshold for Corporate Oversight. One risk previously held on the ORR has been de-escalated to functional oversight. A summary of the actions taken to mitigate these risks, including any approved changes/movement in risk scores is presented within section 2 of the report. The risk register entries were provided in full at Appendix 1 and a high-level summary dashboard of all risks currently held which meet the threshold for corporate oversight through other assuring committees was attached at Appendix 2. The reduction in score of Risk ID ICB 009: GP Contract 2024/25 dispute Collective Action was discussed as it was still felt to be a significant risk. The ICB had now received correspondence from two practices identifying several services they are considering ceasing to provide. These are services that may represent shifts in services from secondary care or services commissioned by some former CCGs but not others. It was agreed it was important the committee was sighted on this as it could escalate further over the coming weeks and months. However, it was noted that the risk score would vary depending on the place and provider. It was acknowledged that this only related to a particular point in time as we now have more information and greater understanding. It was requested this risk score be reviewed due to the dynamic situation. Risk ID ICB 010: staff resource and capacity to effectively deliver quality oversight for primary care was noted as the position remained concerning. The impact related to the lack of a single permanent Primary Care Quality Manager was queried. It was advised that capacity was limited within the team, and they were heavily reliant from a quality perspective on this post. Proactive visiting arrangements were now in place with professional leads, but it needed to be recognised that, as an ICB, we did not inherit a workforce that undertook this work and therefore the capacity was still very restricted. It was also about the broader impact across the acute providers. It was confirmed the risk was discussed regularly at Quality Committee and there was an additional member of staff in post until the end of March, which was making an impact. There had been assurance that the posts held vacant were needed but nothing could be done due to the financial position. The team were working within the current level of resourcing, but this meant heightened risk. K Lord would feed back to Quality Committee that they had tested the rationale around reduction of the risk as there was just one member of staff and it was only a temporary post plus the realism about recruiting to the other roles.	 **CM** **KL**

<table>
<tr><th>No</th><th>Item</th><th>Action</th></tr>
<tr><td></td><td>It was requested for future reports there could be annotations to indicate changes that had been made from the position in the last report.

RESOLVED: The Primary Care Commissioning Committee:
Noted the contents of the report;
Reviewed the actions taken to mitigate the risks held in relation to the business of the PCCC;
Noted the update provided on actions taken to reduce the risk score in relation to ICB 010 regarding the primary care quality team staffing capacity.
Noted the reduction in risk score for risk ICB 009 and subsequent de-escalation of that risk for management and oversight at functional level but requested this risk score be reviewed due to the dynamic situation.</td><td>CM</td></tr>
<tr><th colspan="3">Standing Items</th></tr>
<tr><td>PCCC45/24</td><td>Committee Escalation and Assurance Report to the Board (Alert, Assure and Advise)
The Chair confirmed that this would be produced and submitted to Board.</td><td></td></tr>
<tr><td>PCCC/46/24</td><td>Items Referred to Other Committees
There were no items that required referring to other committees.</td><td></td></tr>
<tr><td>PCCC/47/24</td><td>Any Other Business
A query was raised regarding the Lord Darzi report and what action was being taken to consider implications for the ICB and in respect of Committee’s remits. It was advised this was being discussed at the Transformation Programme Group, which fed into the Recovery and Transformation Board and the Transforming Community Care Board. There had also been a discussion at Quality Committee and a detailed paper would be presented at the next meeting from a quality perspective. It was expected that the 10-year plan would include actions that had been formed from the recommendations in the report.
It was noted there would be outputs from the Big Primary Care Conversation with an action plan being developed by executives, which the committee should be sighted on at a future meeting, along with updates on relevant policy.</td><td>PT</td></tr>
<tr><td>PCCC/48/24</td><td>Items for the Risk Register
There were no new items for the risk register.</td><td></td></tr>
<tr><td>PCCC/49/24</td><td>Reflections from Meeting
All colleagues were thanked for attending today’s meeting. The reduced agenda had allowed more time to consider the group escalation report, which had been valuable. This had also allowed more time for discussion and consideration for triangulation.
The Chair noted that there had been no questions submitted by the public in terms of the reports for today’s meeting.</td><td></td></tr>
<tr><td>PCCC/50/24</td><td>Date, Time and Venue of Next Meeting
This will be held on Thursday, 12 December 2024 at 10:00am in Lune Meeting Room 1, ICB Offices, County Hall, Preston.</td><td></td></tr>
</table>