**Minutes of the ICB Primary Care Contracts Sub- Committee**

**Held on 08 May 2025**

**11:00 – 13:00 via MS Teams**

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| **Members** | | |
| Craig Harris | Chief Operating Officer | System |
| Julie Colclough | Primary Medical Care Partner Member | South Cumbria |
| Peter Tinson | Director of Primary & Community Care Commissioning | System |
| Andrew White | Chief Pharmacist | System |
| John Gaskins | Senior Finance Manager | System |
| **Attendees** | | |
| Collette Walsh | Associate Director Primary Care – Blackburn with Darwen and Lancashire East | System |
| Paul Juson | Head of Delivery Assurance | System |
| Dawn Haworth | Head of Delivery – Primary & Community Commissioning | System |
| Ruth Cuthbert | Clinical Advisor for Ophthalmic Services | System |
| Amy Lepiorz | Associate Director Primary Care – Blackpool, Fylde, Wyre & Lancashire North | System |
| Corrie Llewellyn | Primary Care Nurse | System |
| David Bradley | Clinical Advisor for Dental Services | System |
| Sarah Mattocks | Head of Governance | System |
| Louise Fazackerley | Primary Care Manager | South Cumbria |
| Claire Lewis | Associate Director – Quality Assurance | System |
| Wayne Price-Kirkham | Senior Primary Care Manager | Lancashire East and BwD |
| David Armstrong | Primary Care Senior Delivery Assurance Manager | System |
| Sarah Danson | Primary Care Senior Delivery Assurance Manager | System |

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| **No** | **Item** | **Action** |
| **1.** | **Welcome, Introductions and Chair’s Remarks**  The Chair welcomed all to the inaugural meeting of the Primary Care Contracts Sub-committee. He commenced by noting the new financial year and governance changes and that thought needed to be given to the future of these meetings ie how it compares to the other ICB sub-committees, which papers would need to be published and how to manage the communication of decision making and where decisions need to be deferred. |  |
| **2.** | **Apologies for Absence/Quoracy of Meeting**  Apologies were received from Lindsey Dickinson, Andrew Harrison, Andy Knox, Sarah O’Brien, Debra Atkinson and Katherine Lord.  It was noted that the meeting was not quorate as the Terms of Reference specifies a minimum of two Executives. Items for decision will therefore require a full discussion at Executive Committee. |  |
| **3.** | **Declarations of Interest**  None declared. The Chair reminded participants to declare any interests at the relevant agenda point. He also requested that members observe the 28-day rule to advise of an interest, to ensure that it is included in the draft minutes. |  |
| **4.** | **a) Actions from Part 1 of the PCCC, held on 13.02.25**  The Action log from Part 1 of the Primary Care Commissioning Committee held on 13.02.25  was reviewed and updated.  **b) Actions from Part 2 of the PCCC, held on 13.02.25**  The Action log from Part 2 of the Primary Care Commissioning Committee held on 13.02.25  was reviewed and updated. |  |
| **5.** | **New Governance Arrangements**  The Chair confirmed the new governance arrangements within the ICB as follows:   * The ICB now has a Finance and Contracting Committee * The Primary Care Commissioning Committee has been stepped down and replaced with the Executive Commissioning Committee of which this group is a sub-committee * There is now a Quality and Outcomes Committee * The Patient Involvement Committee has been stepped down and other arrangements are being put in place * - There is also the Renumeration Committee, the Audit Committee and the ICB Board.   There are therefore some new combined functions in previous existing committees and the establishment of some new committees. The new arrangements have been partly driven by the ICB Chair, Emma Woollett in response to turnaround issues regarding governance and leadership that were raised for us to undertake and to move forward as a strategic commissioning organisation. |  |
| **6.** | **Draft Terms of Reference**  The Chair discussed the draft Terms of Reference which were signed off by the Board in March and he advised that any nuances can be agreed outside of the Board. He highlighted the core functions, contract performance, procurement, premises issues and the risk management approach. He invited comments and questions from participants.   * Peter Tinson questioned if the meeting will remain a fully private meeting or whether there will be any items to publicly publish prior to meetings for feedback and questions into the private meeting. Also, whether there will be a requirement to produce a report from this meeting highlighting recommendations to the Executive Committee. * John Gaskins updated with regard to the Finance membership and asked members to note that he will be leaving the ICB at the end of May. Steven Harris will determine future finance representation arrangements. * Sarah Mattocks advised that Executives will be required to nominate deputies to be approved by the committee chair who will be added to the quorum.   **Action: Comments and queries are to be emailed to Craig Harris and Sarah Mattocks for review.** | **All** |
| **7.** | **Dill Hall Surgery (P81711) – Options Appraisal**  Collette Walsh provided the sub-committee with an options appraisal to secure primary medical services to the patient population currently registered with Dill Hall Surgery. Primary Care services are currently provided to Dill Hall Surgery (P81711) patients by the East Lancashire Alliance (ELA), however there will be no contractual provision to extend this contract beyond the contract end date of 11 December 2025.  Hyndburn is the 16th most deprived local authority in the country and among the top 5 most deprived local authorities in Lancashire & South Cumbria. There are currently twelve GP Practices in Hyndburn which address the needs of their practice populations under challenging circumstances. It is important to ensure that the ICB has a full understanding of current pressures within Hyndburn, stakeholder views and the ability of local practices to accept further patients from the P81711 practice list of 2767 patients.  There are three options outlined in the paper:   * Option 1 – to procure a new provider to take on the contract * Option 2 – to undertake an unmanaged dispersal * Option 3 – to undertake a managed dispersal   Despite approaches being made to local practices, there have been no requests to merge.  The Primary Care Contracts Sub-committee is requested to make a recommendation to the Executive Committee to:   * Note the contents of the report including the findings of a recent formal engagement exercise with the Dill Hall Patients, and those GP practices who may be impacted upon, should there be a managed dispersal of the P81711 patient list by 11 December 2025. * Endorse option 3 – a managed dispersal.   Collette advised that there have been continuous discussions in relation to a managed dispersal and it is thought that the most appropriate action would be to manage a time-limited self-dispersal which would be monitored. Following this, for any patients remaining after 01 October a managed dispersal would take place, allocating patients to practices, overseeing the process to ensure a smooth transition for vulnerable patients by looking in detail at their co-morbidities. PCNs have been consulted in the area and they are happy to get engaged in the process and set up a local implementation group, supported by the LMC to ensure a safe and effective change.  Assurance needs to be given to the Executive Committee that there is a full risk management profile and an approach with mitigation as part of this and an opportunity to support practices to improve their patient care.  **Action: The paper needs revising to include additional details for the Executive Committee to consider, addressing the sub-committee’s comments and concerns.**  **The sub-committee were happy with the approach and to recommend the endorsement of option 3 – a managed dispersal.** | **CW** |
| **8.** | **Coniston Medical Practice – Options Appraisal**  Dr Julie Colclough declared a conflict of interest in relation to this item as she is part of the same PCN as Coniston Medical Practice. This declaration was acknowledged by the Chair.  Amy Lepiorz and Louise Fazackerley provided the sub-committee with an options appraisal to secure primary medical services to the patient population currently registered with Coniston Medical Practice.  Dr Katharina Frey and Dr Ahmed Abbas have submitted notice to resign their General Medical Services (GMS) on the 31 July 2025. This is due to the retirement of Dr Frey, the resignation of Dr Abbas, and the practice being unable to recruit a new partner. The paper provided an understanding of the health and geographical needs of the patient population and explores the available options to the ICB.  The paper sets out three options:   * Option one, to procure a new provider to take on the contract * Option two, to undertake an unmanaged dispersal * Option three, to undertake a managed dispersal   Despite approaches being made to local practices, there have been no requests to merge.  Amy advised that procuring a new provider would ensure a continuation of services in Coniston. The risk is that it may not attract a bidder due to the contract being small and the financial viability of the contract is outlined in the paper. However, a request for information was circulated to test the market and two responses were received expressing interest in the contract.  The current practice premises are not considered to meet the requirements of the Equality Act, as it is situated in a self-contained area of the retiring GPs residence, although alternative premises have been identified in the village and are detailed in the paper.  If it was agreed that a new contract should be procured, the ICB would also need to secure a caretaker to manage the patient list whilst the procurement exercise was carried out, and have had assurances from neighboring practices who would be willing to provide a care taker service until the procurement was carried out. However, without formal expressions of interest, a caretaker cannot be guaranteed to be secured at this point and therefore this is a risk.  Both options two and three would see the practice list dispersed to neighbouring practices and the dispensary would close. Option two would be an unmanaged dispersal where patients would need to find themselves an alternative practice and option three would be a managed dispersal by the ICB. The benefits of both option two and option 3 would be that both would increase the sustainability of the surrounding practices of the list, whose income would therefore increase. The additional benefits of option 3 is that having a managed list dispersal, the receiving practices will be aware of the number of patients being allocated to them so they can make some plans and maybe look to recruit some additional staff, to manage that.  The Primary Care Sub-committee was requested to make a recommendation to the Executive Committee to endorse option one, to procure a new provider to take on the contract.  John Gaskins advised that an alternative building could be a couple of years away and if the existing building is used a lease would be required and discussions are underway with regards to this.  The Chair summed up that the recommendation was to go to procurement and that this is not without risk and that the sub-committee should note that there is a moderate risk that a procurement will be unsuccessful and there could be a number of challenges. However, it is believed to be the right approach based on the health needs of the population and feedback received from the population.  **Action: Revisions are to be made to the paper to ensure the Executive Committee have clarity how the risks and challenges will be managed and mitigated. There was general support to recommend the endorsement of option one – to procure a new provider to take on the contract with the caveats outlined to be articulated to the Executive Committee.** | **AL** |
| **9.** | **Primary Care Capital Report – 2025/26**  Paul Juson and David Armstrong provided a paper outlining the summary of the Primary  Care Capital investments and developments for 2025/26.  The NHS England Capital Guidance 2025/26 published on the 30th January 2025 confirmed a single year capital settlement for 2025/26. The Primary Care capital allocation remains a defined and ring-fenced allocation for Primary Care, to allow systems to take a more cohesive approach to capital investments across all organisations within a system.  The Capital Guidance confirmed two indicative primary care allocations, the initial allocation “Business as Usual” which is a continuation of the historic or standard annual allocation for primary care and the second “Better Utilisation” which is a new additional indicative allocation. The paper provided information regarding both elements.  The Lancashire & South Cumbria ICB indicative allocations for 2025/26 are as follows:-   * Business as Usual - £3,981,000 * Better Utilisation - £3,328,000 * Grand Total - £7,309,000.   The two funds above do come with caveats around what it can be used for and Dave Armstrong briefed on these as went through the paper. However, the papers have been put in place to seek, recommendation for approval for the initial apportionment of the business as usual allocation across both GPIT and primary care medical premises for the case of improvement grants, but also to provide information on proposed investment for the Better Utilisation Fund.  Peter Tinson advised that the additional funding goes a long way to covering the pipeline of improvement grants and it would be useful to bring back a position update to the sub-committee in a couple of months’ time as to what the remainder of the pipeline looks like.  John Gaskins updated in relation to the legacy agreements and a timeline from a revenue perspective and advised that some of the revenue contracts are slightly further on in terms of development than others and that the earliest time there will be a build in place is at least 18 months away and others are probably still 2.5 or 3 years away. He suggested revising the Executive paper with the context of this on the timeline and also to reinforce at the Executive Committee that the 50k budget is within the plan.  Craig Harris requested a briefing note from Peter Tinson and John Gaskins to aid the presentation of this to Executives.    The Sub-committee were requested to note the contents of the report and recommend to the Executive Committee approval of:   * + - The proposed apportionment of the 2025-26 Primary Care Business as Usual Capital investments in GPIT and Capital Grants.     - The submission of investment proposals to maximise the ICB’s allocation of Primary Care Better Utilisation capital allocations.     - The ICB investment in grants at 66%.     - The commissioning intention to honour legacy CCG commitments.     - The commissioning intention to request resources to fund practice with Stamp Duty Land tax when signing new leases pending finance being identified.   **Action: Peter Tinson to produce a briefing paper summarizing the Capital Report and to include the papers with the detail because of the complexity of the report.**  **Paul Juson is requested to bring back a position update to the July sub-committee.** | **PT**  **PJ** |
| **10.** | **Translation and Interpretation Services – Interim Contracting Solutions**  Amy Lepiorz presented a paper to seek approval to issue contracts to support the translation and interpretation services (TIS) currently funded by the ICB.  The ICB has a responsibility to ensure primary care providers have access to TIS in order to deliver NHS care effectively and safely.  In late 2024, the ICB’s Commissioning Resource Group (27 November 2024) and executive team (10 December 2024) approved the following actions regarding the provision of TIS:   1. An additional budget of £120,000 to be allocated for 2025/2026 for TIS in primary care to support equitable across all primary care including pharmacy, dental and optometry services. 2. Person-facing staff employed by the ICB to be able to access TIS as necessary   In 2024/2025 spend was £505,000 against a budget of £550,000 and the 2025/2026 budget is £685,000 including the £120,000 approved in December 2025- 12% growth on 2024/2025 spend plus the expansion.  The ICB has historic relationships with four main providers. These contracts were previously held by the former CCGs and expired in 2022. Since this date services have been provided based on an implied contract.  This paper is seeking authorisation to issue contracts for 2025/26.  Two of the providers - LanguageLine and Prestige - are on the national SBS framework and 12-month contracts can be issued using the call-off framework.  The two other providers - CoSign and Cumbria Deaf Association - are not on the SBS Framework and it is recommended that:   * Cosign be issued with a non-healthcare contract via single tender waiver and * that Cumbria Deaf Association (as a VCSE organisation) are issued with a grant for the provision of the service.   This is a holding arrangement for all providers in anticipation of a comprehensive procurement review during 2025/26.  The risk of procurement challenge to the proposed direct award is considered low.  The sub-committee is asked to make a recommendation to the Executive Committee to endorse this course of action to secure robust interim contractual arrangements with existing providers.  The Primary Care Contracting Sub-committee supported the request to make a recommendation to Executive Committee to note the contents of the paper and to  to support the recommendations to issue contracts for services. |  |
| **11.** | **Special Allocation Scheme (SAS) Contract Award**  Paul Juson presented a paper to advise the sub-committee:   * of arrangements currently in place to provide primary care services for patients who have been allocated to the Special Allocation Scheme. * of the completion of the Most Suitable Provider process.   The Special Allocation Scheme (SAS) is provided on a Lancashire and South Cumbria basis by Compass Medical Practice which is part of Fylde Coast Medical Services (FCMS).  To ensure continued access to primary medical services for patients currently allocated to the Special Allocation Scheme, a paper was submitted to the Primary Care Commissioning Committee on 29th August 2024 to decide the best option to secure ongoing service provision for these patients.  The Primary Care Commissioning Committee agreed to the recommendation to undertake a Most Suitable Provider Process under the Provider Selection Regime to award a contract for a period of 3 years plus the option of a 2-year extension at the discretion of the ICB.  A decision was taken at the meeting of the Primary Care Commissioning Committee on 25th November 2024 to approve a short-term contract or contract modification in line with the Provider Selection Regime (PSR) 2023 to the current provider (FCMS) for a period of 6 months from 30th November 2024 to 31st May 2025 to allow for the completion of a Most Suitable Provider process. Documentation relating to the Most Suitable Provider Process was subsequently agreed at a meeting of the Primary Care Commissioning Committee in January.  The Primary Care Contracts Sub Committee supported the recommendation to the Executive Committee to:   * + Note the completion of the Most Suitable Provider process.   + Approve the outcome to award a contract with effect from 1st June 2025 to FCMS Ltd for the Special Allocation Scheme Service. |  |
| **12.** | **Primary Care Contracts Sub-committee AAA Report**  Peter Tinson presented this report highlighting key matters, issues, and risks discussed at the group meetings detailed below to advise, assure and alert the Primary Care Contracts Sub 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) * Primary Optometric Services Group: Dawn Haworth (Head of Delivery) * Primary Care Capital Group: Paul Juson (Head of Delivery Assurance)   Each summary report also highlighted 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 Sub-committee to provide assurance that the groupshave met in accordance with their terms of reference and to advise the Sub-committee of business transacted at their meeting.  **Action: Peter Tinson was requested to expand on the Pharmaceutical Services group section in the alert and provide clarity on actions that were taken in relation to the contractual sanctions.** | **PT** |
| **13** | **Draft Annual Work and Forward Plan**  Peter Tinson presented the draft annual work and forward plan, advising the Primary Care Contracts Sub-committee of when core business items are to be presented at meetings for 2025/2026 and a forward plan of items to be presented for recommendation.  The PCCSc work programme and forward plan set out planned dates for the consideration of scheduled core business items.  The plan also includes a forward planner where items which arise requiring consideration throughout the year are included.  The Primary Care Contracts Sub-committee noted the content of both the work plan of core items and the forward plan.  **Action: Sarah Mattocks was requested to support the delivery team to enhance the first tab of the forward plan, ensuring it aligns with the Terms of Reference.**  **The Forward plan is to be updated and forwarded monthly to the sub-committee members.** | **SM**  **DM** |
| **14.** | **Any Other Business**  Grateful thanks were offered to John Gaskins who leaves the ICB at the end of May. Craig congratulated John on his new role at Blackpool Hospital Trust and thanked him for his input and support and wished him well in his new venture.  There was no further business. |  |
| **15.** | **Date, Time and Venue of Next Meeting**  12 June 2025, 14:00 – 16:00 |  |