

**Part 1 Minutes of the ICB Primary Care Contracts Sub- Committee**  
**Held on 09 October 2025**  
**11:00 – 12:00 via MS Teams**

<b>Members</b>		
Craig Harris	Chief Operating Officer & Chief Commissioner	System
Andy Knox	Medical Director, NHS L & SC Integrated Care Board	System
Peter Tinson	Director of Primary & Community Care Commissioning	System
Andrew White	Chief Pharmacist (joined at 11:35)	System
Judith Williams	Senior Finance Manager	System
David Bradley	Clinical Advisor for Dental Services	System
Dawn Haworth	Head of Delivery, Primary & Community Commissioning Team	System
Corrie Llewellyn	Quality Assurance/ Strategic Clinical Lead	System
Donna Roberts	Associate Director Primary Care – Central Lancashire	System
Ruth Cuthbert	Clinical Advisor for Ophthalmic Services	System
Amanda Bate	Head of Communications & Engagement (Transformation)	System
Umesh Patel	Pharmaceutical Advisor	System
Sarah Mattocks	Head of Governance	System
Debbie McCann	Delivery Officer (Minutes)	System
Ref	Item	Action
057	<p><b>Welcome, Introductions and Chair's Remarks</b></p> <p>The Chair welcomed all to the meeting of the Primary Care Contracts Sub-committee.</p>	
058	<p><b>Apologies for Absence/Quoracy of Meeting</b></p> <p>Apologies were received from Jane Scattergood, Lindsey Dickinson, Julie Colclough, Collette Walsh, Amy Lepiorz, Neil Greaves, Kathryn Lord, and Debra Atkinson.</p> <p>The meeting was quorate.</p>	
059	<p><b>Declarations of Interest</b></p> <p>None declared. Participants were requested to declare any interests at the relevant agenda point and observe the 28-day rule to advise of an interest, to ensure that it is included in the draft minutes.</p>	
060	<p><b>a) Minutes from the meeting on 11.09.25</b></p> <p>It was noted that Andrew White joined the meeting on 11.09.25 at 11:35 and with this amendment, the minutes of the Primary Care Contracts Sub-committee held on 11.09.25 were reviewed and agreed as an accurate record.</p> <p><b>b) Actions from the meeting held on 11.09.25</b></p> <p>The Action log from the Primary Care Contracts Sub-committee held on 11.09.25 was reviewed and updated.</p>	

061	<p><b><u>General Practice Locally Enhanced Services Commissioning ‘Lessons Learnt’ Review - Action Plan</u></b></p> <p>Dawn Haworth (DH) presented a detailed action plan which has been developed in response to the review of the General Practice Locally Enhanced Services (LES) commissioning process for 2025/2026.</p> <p>The review of the General Practice Locally Enhanced Services (LES) commissioning process for 2025/2026, undertaken by Price Waterhouse Cooper, highlighted several key findings and recommendations relating to:</p> <ul style="list-style-type: none"> <li>• Strategy</li> <li>• Commissioning and contracting</li> <li>• Industrial action</li> <li>• Business case process</li> <li>• Leadership</li> <li>• Communication and stakeholder management.</li> </ul> <p>The review was presented to the ICB Board on 24<sup>th</sup> July 2025, where the recommendations were supported and ICB Executives were asked to develop a detailed action plan.</p> <p>The action plan was agreed by the Executive Committee on 19<sup>th</sup> August 2025 and Executives have requested updates be received on a bi-monthly basis commencing on 11.11.25. Colleagues who were identified to take forward the various actions will produce the updates.</p> <p>DH advised that progress updates have been requested for uncompleted actions and that an update has been received from Claire Moore in relation to conflicts of interest advising that Level 2 mandatory training went live in August and is progressing.</p> <p>Claire Lewis requested that members be aware that the QIA process is instrumental and needs to be included in the future to ensure joined up commissioning between primary and secondary care.</p> <p><b>Action: Craig Harris, chair of the Sub-Committee has requested these updates be provided for the action plan in time for being presented to the Executive Committee on 11<sup>th</sup> November 2025.</b></p> <p><b>Action: Alex Wells and Charmaine McElroy to be invited to attend the Primary Care Contracts Sub-Committee on 13<sup>th</sup> November 2025 for this update.</b></p> <p><b>The Primary Care Contracting Sub-committee received and noted the action plan.</b></p>	
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063	<p><b>MIAA Audit of Delegated Primary Care Functions Annual Self-declaration Process</b></p> <p>Peter Tinson presented a report providing the outcome of an external audit of the ICB's annual self-declaration against the primary care commissioning assurance framework. The audit provided an overall substantial assurance rating and identified three recommendations relating to putting in place a formal procedure note for completion of the self-declaration, ensuring there is an action plan in place to address the one amber rated response and ensuring the declaration is fully completed prior to submission. The management responses have all been completed and the evidence will be submitted to the MIAA today, 09.10.25.</p> <p>A further audit with MIAA will take place focusing on the arrangements in place to understand, explore and address more relevant variations in general practice provision. The draft terms of reference for the audit have been received.</p> <p><b>The Primary Care Contracts Sub-committee received and noted the outcome of the audit and the completion of the responses relating to the three recommendations.</b></p>	
064	<p><b>Committee Escalation and Assurance Report</b></p> <p>Peter Tinson presented the report, highlighting key matters, issues and risks discussed at the group meetings as outlined below and to advise, assure and alert the Primary Care Contracts Sub-committee. The report also highlighted any issues or items, referred or escalated to Committees or the Board.</p> <p><u>Primary Medical Services Group</u></p> <ul style="list-style-type: none"> <li>• <u>Carpal Tunnel Syndrome</u> - A report was presented on the Open Release Carpal Tunnel Surgery service provided by Blakewater, Blackburn with Darwen, which offers significant cost savings and clinical benefits through delivery in a primary care setting.</li> </ul> <p>The service provided historically as a Local Enhanced Service in Blackburn with Darwen saves approximately £27,000 annually compared to secondary care.</p> <p>Continuation as a pilot was supported pending the submission of a proposal to the Commissioning Resource Group (CRG) for future funding as part of the wider commissioning intention proposal.</p> <ul style="list-style-type: none"> <li>• <u>SMS Gateway Contract</u> - A report was presented on the SMS gateway which enables GP practices to send text messages to patients and is a requirement under the GP IT operating model.</li> </ul> <p>The contract will ensure service continuity while a national framework is under development. Without the SMS Gateway, practices would be unable to send SMS messages, potentially disrupting patient communications.</p> <p>The contract is valued at £660 plus VAT per year. Finance and procurement confirmed budget availability and compliance with procurement procedures.</p> <p>The group approved a two-year contract for the SMS gateway.</p> <ul style="list-style-type: none"> <li>• <u>Dill Hall Surgery (P81711)</u> - A report was presented on the temporary contract arrangements for Dill Hall Surgery (P81711) provided by the East Lancashire Alliance (ELA) which is due to end on the 11 December 2025.</li> </ul>	

	<p>The patient list for Dill Hall Surgery is currently 2,813.</p> <p>To minimise disruption to patients, a proposed dispersal methodology was presented to the group, recommending the allocation of patients living within 1.5 miles of the current premises to nearby practices on a fair-share basis, while those living further away will be assigned to their nearest practice by postcode.</p> <p>Vulnerable patients have received a full review and additional support, and all patients have been informed of the process and retain the right to choose a different practice to the one they have been allocated should they wish to.</p> <p><u>Primary Care Dental Services Group</u></p> <ul style="list-style-type: none"> <li>King Street Dental Surgery - A request to reduce the contractual operating hours was presented to the group on the 23rd of July 2025. The group's decision was to decline this request and require the provider to continue provision of the agreed contracted hours. The provider has not agreed to this request and local dispute resolution commenced on 26 August 2025 as set out in the national dental handbook</li> </ul> <p>An updated position report was presented to the group containing an appraisal of the available options. The group considered the report and agreed that the provider should continue to provide the contractual opening hours in accordance with their PDS agreement awarded following a formal procurement process in 2019.</p> <ul style="list-style-type: none"> <li>Minor Oral Surgery – Direct Award C - A report was presented to request support to action a Direct Award under the Provider Selection Regime to the 13 incumbent Minor Oral Surgery Service (MOSS) Providers in Lancashire and South Cumbria (LSC) for a period of 24 months from 1 September 2026 to 31 August 2028.</li> </ul> <p>The group noted the content of the report and recommended that the Primary Care Contracts Sub-committee recommend the approval of the award to the Executive Committee of the 12 MOSS contracts under Direct Award C. A paper will be presented to the Primary Care Contracts Sub-committee.</p> <ul style="list-style-type: none"> <li>University of Lancashire Proposal - A report was presented outlining a request received from the University of Lancashire for a zero-value NHS dental contract to support clinical placements for international students enrolled in the Bachelor of Dental Surgery – International Route (BDSI). The proposed arrangement would enable students to deliver NHS dental services from the University's on-site clinic in Preston, with no financial cost to the NHS. The group noted the content of the report and supported the recommendation for a formal MoU.</li> <li>Patient/Carer Engagement – Paediatric Oral Health Needs Assessment - A report was presented requesting the release of funding to involve and engage with service users to help inform the recommendations in the paediatric oral health needs assessment (OHNA).</li> </ul> <p>Insights gathered will inform the '5 Year Dental Access and Oral Health Improvement Plan,' guiding future service transformation and funding allocation.</p> <p>A budget ceiling of £20k has been proposed, to be delivered by Healthwatch between October and December 2025.</p>	
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	<p>The group noted the content of the report and approved funding from the £50k communications budget.</p> <p><b>Pharmaceutical Services Group</b></p> <ul style="list-style-type: none"> <li>Appliance Use Review – Post Payment Verification - A report was presented outlining the post payment verification work undertaken by the NHS Business Services Authority (NHSBSA) for the Appliance Use Review service, covering the period of April 2023 and March 2024, on behalf of NHS England.</li> </ul> <p>Evidence presented shows that, despite the best efforts of NHSBSA, no supporting information has been provided by relevant contractors when contacted regarding the claims associated with this service.</p> <p>The Group approved the request to reclaim any payments made.</p> <p><b>Primary Care Capital Group</b></p> <ul style="list-style-type: none"> <li>General Practice – Notional Rent revaluations - The group reviewed the District Valuation Offices' tri-annual reports for notional rents for several practices. All revaluations were approved, with a single exception and are reported in line with the Premises Cost Directions (2013 or 2024).</li> </ul> <p>The group requested further advice relating to one practices' review as the practice has undertaken some self-funded works the ICB was not notified of and had not pre-approved.</p> <ul style="list-style-type: none"> <li>Recurrent Revenue Application – Fishergate Hill Surgery - The group reviewed an application from the practice to increase their recurrent reimbursable rents because of the enlargement of the patient car park by 5 parking spaces, at a cost to the ICB of £1,300 per annum.</li> </ul> <p>The group rejected the application as the practice had not pre-notified the ICB of the works and sought approval before progressing and increasing the number of car parking spaces.</p> <ul style="list-style-type: none"> <li>GPIT Applications - The group undertook a review of the GPIT project Initiation Document (PID).</li> </ul> <p>The PID submitted was in line with the guidance on GPIT investments, has been developed to provide additional equipment for ARRS (Additional Roles Reimbursement Scheme) staff, to fully utilise the additional capital allocation received by the ICB for the specific use for ARRS roles.</p> <p>In accordance with the decision-making matrix the PIDs have been approved and will progress to NHS England for their formal approval.</p> <p><b>Primary Optometric Services Group</b></p> <p>Dawn Haworth advised that there was nothing to escalate from the Primary Optometric Services Group.</p> <p>Each of the service groups have conducted their business in line with their Terms of Reference.</p> <p><b>The Primary Care Contracts Sub-committee received and noted the Alert, Assure and Advise (AAA) reports from the five primary care groups.</b></p>	
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065	<p><b>Integrated Primary Care Performance Report</b></p> <p>Peter Tinson presented the September 2025 Integrated Primary Care Performance Report which contained the most current performance metric data available at the time of publication.</p> <p>The report included a summary and benchmarking table, providing an overview of the ICBs current performance for the metrics and a detailed overview of each metric.</p> <p>There were three key points to note:</p> <ul style="list-style-type: none"> <li>• <b>General Practice LES: long term condition holistic health assessment initial delivery</b> A total of 71% of practices have delivered more than 25% of their total annual target, which is an improvement of 18% on the previous month. Overall, this level of activity is within expectations for this point in the year.</li> <li>• <b>Units of Dental Activity delivered as a proportion of all units of dental activity contracted</b> In August 2025 the cumulative year-to-date position is 100.7% of contracted activity which has been delivered.</li> <li>• <b>Urgent Dental Appointments – 700k National Target increase in urgent appointments</b> The cumulative year to date figure is 92.97%. To support the delivery of urgent dental care within LSC NHSE have introduced the national urgent dental care incentive (UDCI) scheme which will run from 25<sup>th</sup> September 2025 to 31<sup>st</sup> March 2026. The scheme aims to incentivise eligible dental providers to provide more unscheduled care to patients in 2025/26. LSC has developed a communications campaign which will help to promote this initiative.</li> </ul> <p><b>The Primary Care Contracts Sub-committee received and noted the achievement against the key primary care performance indicators for Lancashire and South Cumbria and the actions being undertaken to improve performance against metrics.</b></p>	
066	<p><b>Any Other Business</b></p> <p>There was no further business.</p> <p>Part 1 of the meeting closed at 11:35.</p>	
067	<p><b>Date, Time and Venue of Next Meeting</b></p> <p>13 November 2025, 11:00 – 13:00 via MS Teams</p>	