

**Part 1 Minutes of the ICB Primary Care Contracts Sub- Committee
Held on Thursday 12 March 2026
11:00 via MS Teams**

Members		
Craig Harris (Chair)	Chief Operating Officer and Chief Commissioner (joined the meeting at 11:10)	System
Peter Tinson	Director of Primary & Community Care Commissioning	System
Julie Colclough	Primary Medical Care Partner Member	South Cumbria
Lindsey Dickinson	Associate Medical Director	System
Kathryn Lord	Director of Nursing, Quality Assurance & Safety	System
Judith Williams	Senior Finance Manager	System
Attendees		
Donna Roberts	Associate Director Primary Care – Central Lancashire	System
Amy Lepiorz	Associate Director Primary Care	System
Corrie Llewellyn	Quality Assurance/ Strategic Clinical Lead	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
Dawn Haworth	Head of Delivery, Primary & Community Commissioning Team	System
Clare Moss	Head of Medicines Optimisation	System
Debbie McCann	Delivery Officer, Primary & Community Care Commissioning Team (Minutes)	System
Ref	Item	Action
019	<u>Welcome, Introductions and Chair's Remarks</u> In the absence of the Chair, due to an urgent call, Peter Tinson welcomed all to the meeting of the Primary Care Contracts Sub-committee and advised that Collette Walsh was leaving the organisation on 31.03.26. Sincere thanks were formally noted to Collette, for her contribution and support to the Sub-Committee.	
020	<u>Apologies for Absence/Quoracy of Meeting</u> Apologies were received from Andy Knox, Collette Walsh, David Bradley, Andrew White and Neil Greaves. The meeting was not quorate at this time.	
021	<u>Declarations of Interest</u> None declared. Participants were requested to declare any interest 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.	
022	a) <u>Minutes from the meeting on 12.02.26</u>	

	<p>The minutes of the Primary Care Contracts Sub-committee held on 12.02.26 were reviewed and agreed as an accurate record.</p> <p>b) <u>Actions from the meeting held on 12.02.26</u></p> <p>The Action log from the Primary Care Contracts Sub-committee held on 12.02.26 was reviewed and updated.</p>	
<p>023</p>	<p><u>NHSE GP Contract</u></p> <p>Peter Tinson presented slides providing an overview of changes to the General Practice (GP) Contract for 2026 – 2027 recently announced by NHS England (NHSE).</p> <p>The slides identified contract changes supporting the Government’s long-term ambitions to:</p> <ul style="list-style-type: none"> • Stabilise and grow the general practice workforce • Improve timely access for patients • Support patients to receive more care closer to home • Strengthen prevention and population health • Continue the move from analogue to digital services <p>The changes focus on simplifying contractual arrangements, targeting investment where it has the greatest impact, and giving practices greater flexibility to respond to local patient need.</p> <p>Peter advised of some concerns from the GPC nationally and conversations that are taking place about possible action the GPC may take with agreement from its members, involving some targeted GP collective contractual action. This will be closely monitored.</p> <p>The slides highlighted the following key points:</p> <ul style="list-style-type: none"> • Improving GP Capacity • Incentives and vaccinations and immunisations • Core contract changes • PCN DES changes <p>Action: Sarah Squires, who develops the Integrated Primary Care Performance Report, is to be asked to check what is actually being captured and reported, what are the new metrics to capture and report and to highlight any gaps in the tracking of this.</p> <p>The Primary Care Contracts Sub-Committee received and noted the changes to the GP Contract for 2026/27.</p> <p>At this point in the meeting, Craig Harris took the Chair and the meeting was quorate.</p>	
<p>024</p>	<p><u>Online Consultation Requirements during Protected Learning Time Sessions</u></p> <p>Donna Roberts advised that the Primary Medical Services Group have considered and recommended that general practices should keep their online consultation facility open during their protected learning time sessions and presented a paper requesting that the Sub-Committee agree that recommendation.</p> <p>Practices are required to keep their online consultation tool open for the duration of core hours (08:00am to 6:30pm, Monday to Friday) for non-urgent appointment requests, medication queries and admin requests. This became a contractual</p>	

requirement with effect from 1st October 2025.

Each sub-ICB area has nine Protected Learning Sessions per year. Three of these are ICB delivered training / information sessions and the other six are arranged by the practice themselves. For all these sessions the ICB contracts with out-of-hours providers or federations to provide telephone and medical cover from 1:00pm to 6:30pm when practices are closed.

Practices have requested that they be allowed to switch off their online consultation facility during the Protected Learning Time Sessions in line with their doors being closed and the telephones being transferred. However, NHS England have stated that GP Practices must not switch off their online consultations during core hours, even during protected learning time sessions except, where agreed with their commissioner. The NHSE guidance is very clear that online consultations are for routine access only, however, it was felt there was a need to flag an ongoing patient safety risk as sometimes non-life threatening emergencies may come through routine consultations.

Following the study of data across Lancashire and South Cumbria, it was found that a significant number of practices leave their online consultation line on overnight and a number of consultations that have been requested overnight are being picked up by practices the following day.

It was noted that the guidance states that Practices are not required to immediately respond to online consultations and following discussion at the Primary Medical Services Group it was recommended that Practices should not be allowed to switch off their online consultations tool during protected learning time.

Peter Tinson advised of a letter received from LMC colleagues and that he had agreed to share the key points with the Sub-Committee:

- Practices have reported that patients frequently submit urgent and emergency problems via online consultation systems, despite clear messaging that these platforms are intended for non-urgent issues only. These presentations would normally require immediate triage.
- Patients may incorrectly assume that they have entered NHS care and the LMC are concerned that where Practices are instructed to keep online consultation systems open during periods when they are unable to review submissions properly, that this represents a commissioner directed approach to managing that risk.
- The LMC therefore believe it is important for the Sub-Committee to consider whether there is a clinical risk and that an assessment has been undertaken. The LMC urges that Practices should be permitted to temporarily disable online consultation.
- The LMC advised that 16 other ICBs have determined that Practices can switch off the online consultation system for PLTs. It was noted however, that some of those ICBs took that decision before NHS England produced FAQs that provided greater clarity.

Peter Tinson advised that the approach in the paper is consistent with Greater Manchester and following a conversation with colleagues at Cheshire & Merseyside, confirmed that although it was still being considered, it was likely they would be supporting Practices to switch off the system for PLTs.

	<p>It was agreed to take extra measures in seeking assurance on Practices level of acceptance, the receipt of information and the implementation of advice from NHS England. The clarity and FAQs received from NHS England needs to be included in Communications to Practices ie that the Online Consultation Tool may only be turned off in exceptional circumstances.</p> <p>The Primary Care Contracts Sub Committee noted the contents of the paper and agreed to recommend to the Executive Committee the approval of the recommendation from the Primary Medical Services Group for the online consultation facility to remain open during General Practice Protected Learning Time sessions.</p>	
025	<p><u>Incorporations Proposed Process</u></p> <p>Peter Tinson presented the approved process that the ICB will take when processing and considering incorporation and disincorporation applications from GP practices. The process includes information from the updated NHS England Primary Medical Services Policy and Guidance Manual (PGM) v6 which has been amended to include a toolkit to support commissioners.</p> <p>The toolkit has been co-developed, with regional and local commissioning colleagues, and provides a Commissioner Assessment Framework (CAF) that includes a standardised approach for assessing the requirements and considerations of incorporation/disincorporation applications.</p> <p>The proposed approach will ensure consistency when the Primary Medical Services Group considers applications for incorporation/disincorporation and will ensure that the commissioner is meeting its statutory duties and provide PMSG members with a comprehensive dossier of information when considering an application.</p> <p>The Primary Medical Services Group has considered and recommends the Primary Care Contracts Sub-Committee agree the proposed process for considering applications to incorporate or disincorporate which is in line with Primary Medical Services Policy and Guidance Manual (PGM) – v6.</p> <p>The Primary Care Contracts Sub-Committee received and noted the paper and agreed to recommend to the Executive Committee to support the proposed process.</p>	
026	<p><u>Primary Care Integrated Performance Report</u></p> <p>Peter Tinson presented the Integrated Primary Care Performance Report (IPCPR) which is produced each month to provide the latest position against key strategic primary care published performance metrics.</p> <p>As set out in last month’s cover paper, the report has now moved to an alternate-month reporting schedule. As a result, the February 2026 report is limited to GP LES performance data. The next report will contain the full data set. The Primary and Community Care Team has not been made aware of any concerning deterioration in the metrics omitted from this report.</p> <p>Peter outlined the following key points:</p> <ul style="list-style-type: none"> • GP LES Long Term Condition Holistic Health Assessments: 86% of practices have delivered more than 50% of their annual target, a 12% increase from last month. This is within expectations for this point in the year. 	

	<ul style="list-style-type: none"> • GP LES Cost and Volume: The Long-Term Condition LES is performing well against the annual target of 76,608 and has delivered 97% (74,494 Holistic Health Assessments) of their annual target by January 2026. <p>Future IPCPR developments and review of metrics</p> <p>Over the next few months, the IPCPR will be reviewed to ensure that it contains the most appropriate and informative metrics for strategic oversight of primary care performance. Considerations will include:</p> <ul style="list-style-type: none"> • Provider Contract Changes • 2026/27 NHSE planning metrics and targets • L&SC’s Primary Care Action Plan (details of which are awaited from NHSE) • Demand management • Forthcoming changes to commissioning <p>Revised content is expected to be in place by May 2026.</p> <p>Update on national dental metrics:</p> <p>NHSE has confirmed that the national Urgent Dental Appointments target (an additional 700,000 appointments nationally) has concluded, and ICBs and dental teams have been thanked for their contribution to improved access. The Government has confirmed that the 700,000 appointment commitment will be broadened with immediate effect to all dental appointments measured through courses of treatment.</p> <p>NHSE has also implemented a number of contractual reforms to General Dental Service (GDS) contracts with effect from 1 April 2026. These reforms cover the following areas, the data for which will be considered for inclusion in future iterations of the IPCPR:</p> <ul style="list-style-type: none"> • Unscheduled care • Skill mix and evidence-based clinical interventions • Quality improvement • Supporting the workforce to feel part of the NHS • Patients with complex needs • Reducing clinical unnecessary check-ups • Funded support for annual appraisals <p>The Primary Care Contracts Sub-Committee noted the achievement against key primary care performance indicators for Lancashire and South Cumbria and reviewed and supported the actions being undertaken to improve performance against metrics. The future planned changes to the content of the report was also noted.</p>	
027	<p>a) <u>Committee Escalation and Assurance Report, February 2026</u></p> <p>Peter Tinson presented a paper highlighting key matters, issues, and risks discussed at the group meetings detailed below to advise, assure and alert the Primary Care Contracts Sub-committee:</p> <ul style="list-style-type: none"> • Primary Medical Services Group: Peter Tinson (Director of Primary and Community Commissioning) • 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: Donna Roberts (Associate Director Primary Care)

It also highlighted any issues or items referred or escalated to Committees or the Board. Reports approved by the chair of each group are presented to sub-committee to provide assurance that the groups have met in accordance with their terms of reference and to advise the sub-committee of the business transacted.

Primary Medical Services Group

Key items discussed:

- Microsuction Of Ear Service LES - Future Arrangements - The group reviewed the current and future position of Microsuction services across Lancashire and South Cumbria. Fylde and Wyre are the only locality still delivering a Microsuction LES, while other areas use Tier 2 ENT services or, in Pennine Lancashire, community treatment rooms where Microsuction is not a core service and is under review.

An ICB wide clinical policy on earwax removal is being developed and three options are being considered. The preferred option is to reallocate approximately £19,000 annually to Planned Care, supported by any savings from the Pennine review, to create a consistent and equitable service across the system. A six month extension of the Fylde and Wyre LES will be required to maintain continuity during mobilisation. The group endorsed this approach.

- South King Street – Breach for Early Closure - South King Street Medical Centre closed its premises at 6:00pm on 24 December due to staff sickness, leaving no clinician on site and resulting in no in person provision during core contractual hours, despite remote access being maintained.

The group therefore agreed to issue a breach notice and to engage with the practice to explain the rationale, reinforce the need for contractual consistency, and acknowledge the challenging circumstances.

- Highfield Surgery – Minor Surgery Des Claims - Highfield Surgery submitted backdated minor surgery claims totalling just under £14,000 for activity undertaken between 2019/20 and 2023/24, following the discovery of historic miscoding by a new GP. Validation checks confirmed there was no duplication and that recent increases in correctly coded claims reflect improved coding accuracy.

Under the SFE, practices may claim up to six years after a procedure, and there is no local specification or contractual basis for the ICB to reject these submissions; a review of DES and CQRS guidance also identified no grounds for refusal. The group therefore agreed that the claims should be approved and paid.

- Primrose Bank Application to Adjust Opening Hours - Primrose Bank Medical Centre has requested to close its Ewood Medical Centre branch on Fridays,

redirecting all patients to the main site with clear communication and ongoing monitoring.

The practice cites financial sustainability concerns due to a significant reduction in the branch's patient usage. However, the group raised concerns about the impact on patients in a deprived area particularly those with mobility or transport challenges alongside questions about the reliability of list-size data, insufficient clarity on the financial case, and potential operational risks such as managing documents and maintaining continuity.

The group agreed to not approve the request to adjust opening hours and requested further analysis of the request and report back to the group.

- SMS Funding in Primary Care (General Practices) 2025-26 - Under the NHS England GP IT Operating Model, ICBs must fund SMS and electronic messaging used for direct patient communication. For 2025/26, the ICB allocated around £1 million, and current forecasts show the budget remains on track.

Practices received fair-share SMS allocations, but some exceeded these by 200–500% due to increased digital demand, triage models, merger communication, and new patient registrations.

National guidance confirms that although SMS itself is not mandatory, digital messaging is a contractual requirement and must be funded by ICBs.

Given limited options to restrict usage and rising demand, the group agreed to use the overall underspend to cover overspend in 2025/26, with no recharge to practices. The Primary Medical Services Group agreed to meet all SMS costs for the current year by using the overall budget underspend to offset any practice overspend. As a result, no practices will be recharged for exceeding their SMS allocation, and the total SMS expenditure remains within the ICB's approved financial envelope with no additional cost pressures.

- Buckshaw Village Surgery Y02466 – Continuity of Primary Care Medical Services to the Registered Population - Buckshaw Village Surgery's APMS contract is nearing its extension point. The group reviewed key risks to service continuity, including the vulnerability of a singlehanded contractor, the absence of a signed premises lease, and previously raised concerns about access and appointment data.

The practice confirmed it is recruiting an additional clinical partner to improve resilience, expecting this to be in place by the end of September. A signed partnership agreement will be required as evidence for the extension starting 1 October.

Lease issues remain unresolved. The practice highlighted significant concerns with the landlord's proposed terms, including liability for expensive rooftop equipment, costs for unused air conditioning, unmetered electricity, and charges for a non-existent helipad.

The group agreed these concerns were reasonable and noted similar challenges across NHS Property Services sites. Access and activity data were also considered.

The practice demonstrated that appointment provision is above average and that earlier issues were mainly due to GPAD data inaccuracies rather than

performance problems.

The Primary Medical Services Group agreed to meet all SMS costs for the current year by using the overall budget underspend to offset any practice overspend. As a result, no practices will be recharged for exceeding their SMS allocation, and the total SMS expenditure remains within the ICB's approved financial envelope with no additional cost pressures.

- CAIP Update - The update provided a summary of CAIP submissions received from PCNs since 17 December, outlining those that had been approved and those still undergoing review. Three submissions have been validated and approved, while a further three remain under assessment. The group was asked to note the submissions still in progress and to approve those already validated and recommended for payment. During the discussion, clarification was sought regarding the number of outstanding PCN submissions for the final month of the CAIP scheme. It was also acknowledged that, as with the previous year, a year-end summary report is expected and will be presented at the next meeting.

The Primary Medical Services group approved the three validated submissions, noted the remaining three still under review, and agreed that a further year-end CAIP summary paper would be brought forward for consideration at the next meeting.

- Protected Learning Time – Online Consultations - Practices across Lancashire and South Cumbria requested clearer guidance on what online consultation functions must remain available during PLT sessions, as current NHS England guidance is ambiguous and interpreted inconsistently.

Practices highlighted safety concerns with keeping the clinical/medical triage function active, as it often receives urgent presentations that cannot be monitored during training. In contrast, routine administrative functions such as fit note requests, referral updates and bookings were recognised as low risk and suitable to remain available.

The group also noted the need for consistency across practices and that any agreed approach must apply during core hours and account for existing variation in online triage processes.

The Primary Medical Services Group therefore recommended that, during PLT sessions, practices should keep administrative online consultation functions active while switching off medical or clinical triage functions to balance patient safety, operational practicality, national guidance, and alignment with neighbouring ICBs.

Primary Care Dental Services Group – no meeting held

Pharmaceutical Services Group

Key items discussed:

- 4 Court Ltd No Significant Change Relocation FPT24 - 4 Court Ltd would like to relocate from their existing site at Blackburn Service Station, Whalley Banks, Blackburn, BB2 1NT to Unit 2, Atlas House, 73-75 Whalley Banks, Blackburn, BB2 1NT. Approved: Paperwork to be completed and forwarded to PCSE.

- AI Pharm Ltd – Unforeseen Benefits (UB) - An application has been received from AI Pharm Ltd to open a new pharmacy in the area within the commercial section of Lancaster Road in Torrisholme, Morecambe LA4, specifically between Longton Drive and Thorpe Avenue under Regulation 18 (Unforeseen Benefits).

The contractor has not met all of the regulation tests.

Refused: Paperwork to be completed and forwarded to PCSE.

- Blackpool Express Chemist (FN336) – Redistribution of Core Hours - Blackpool Express Chemist is a 40-hour pharmacy located in Blackpool wish to redistribute their current core hour opening times. They currently provide 47.5 total opening hours to be reduced to 45 hours by replacing some supplementary hours with core hours on weekdays. Overall core hours will remain at 40 hours.

The contractor met all requirements. Approved: Paperwork to be completed and sent to BSA.

- Prestford (FAD69 continuing site, FXQ05 closing) – Consolidation - An application has been received from Prestford Ltd who operate a 40-hour pharmacy based at 13-17 Peel Street, Accrington, BB5 1EA, who would like to consolidate onto 1a Paradise Street, Accrington, BB5 2EJ.

The contractor owns both premises and met all regulations. Approved: Paperwork to be completed and sent to PCSE.

- AP SD Thirteen Limited, Sedbergh Pharmacy - Change of Ownership has been approved for Sedbergh Pharmacy, and it is no longer operated by Jhoots Pharmacy. The Contract Manager is making decisions in line with the Pharmacy Policy Handbook.

Primary Optometric Services Group

- Suspended Contractor - The group reviewed the case of a contractor who has existing applications and contracts across multiple regions but is currently suspended by external regulators, creating uncertainty about their ability to continue operating.

The contractor has been arrested, removed from the West Yorkshire performers list, and given a ten month interim suspension by the General Optical Council, with West Yorkshire ICB still considering whether to terminate their contract.

With NHS BSA coordinating issues across affected ICBs, the group agreed they must write to the contractor to acknowledge the suspension, request evidence of how safe and continuous service delivery will be maintained, and seek clarity on the handling of patient records, prescriptions, and outstanding orders should termination occur.

Given the seriousness of the situation and the ICB's statutory duties, the group emphasised that proactive action is necessary to demonstrate appropriate governance and risk management.

Then Delivery Assurance Team to write to suspended contractor to request assurance regarding safe service arrangements and continuity of care.

- Domiciliary Contract - A new application for a domiciliary General Ophthalmic Services (GOS) contract was reviewed, during which the group noted serious

concerns previously raised by East Midlands ICB following extensive checks into earlier issues involving this contractor.

East Midlands reported longstanding problems with governance, conduct, and compliance, including repeated breaches of GOS contractual boundaries and significant safeguarding and data governance issues, such as unsolicited contact with care homes outside authorised areas to request resident lists and dates of birth while falsely claiming to act on behalf of the NHS an action prohibited under Section 5.2 of NHS eye care policy.

Further concerns arose from the contractor approaching care homes in areas where they held no domiciliary contract, including Birmingham and Cheshire & Mersey, indicating activity outside their permitted scope.

The Optometric Services Group agreed that a contract should not be issued in Lancashire and South Cumbria at this time.

- Post Payment Variation (PPV) - The group received an update on the latest cycle of Post Payment Verification (PPV) sampling and contractor audits covering claims submitted between 1 April 2022 and 31 March 2024.

The risk sampling data for PPV Period 7 has now been received, and the team, working with the clinical advisor, reviewed the reports to identify contractors whose claiming patterns placed them as high outliers.

These reports were then issued to the relevant contractors for response and supporting evidence. One contractor disputed their findings and requested a review meeting; after the meeting, they accepted the PPV outcome and the matter was resolved.

- Quality in Optometry (QIO) - The QIO update highlighted ongoing difficulties engaging with two contractors, one of which has been a longstanding concern for the Delivery Assurance team and the wider group.

One contractor has repeatedly failed to engage with attempts to arrange a QIO visit, despite letters offering dates in October and December, later claiming no communications had been received.

Following discussion with the Associate Director of Primary Care, a further letter was issued detailing all contact attempts and including calllog screenshots, along with two new February dates and a clear instruction that failure to agree would result in a breach notice.

Additional complications emerged, including two requests to change the registered office, discrepancies between Companies House and NHS BSA records attributed to accountant error, and reference to an unverified complaint supposedly submitted to the former ICB CEO and HR in January 2025, seemingly used as a deflection tactic.

The group raised serious concern, noting the contractor's behaviour suggested avoidance, that attempts to secure the visit have spanned nearly two years, and that an NHS BSA colleague had been left in tears after a call with the contractor.

The group agreed that the complaint and the QIO visit are separate matters and, given the contractor's continued refusal to accept any dates, the ICB should issue a breach notice authority for which was subsequently confirmed.

A second contractor also remains problematic, as they have not submitted any evidence ahead of their scheduled QIO visit next week despite repeated requests, which is expected to prolong the visit and require a more extensive action plan.

The Optometric Services Group agreed to issue a breach notice to the contractor who has not been compliant in organising a QIO Visit.

- Complaints Annual Submission 2024-2025 - The group received a brief update on the annual complaints data collection for 2024–2025, a routine Delivery Assurance quality assurance requirement supporting oversight of contractor performance across the optometry sector.

Due to current capacity constraints, practices have not yet been contacted to submit their annual complaints returns, leaving this essential activity outstanding; however, members acknowledged that although delayed, the collection of current complaints information remains necessary to meet monitoring and assurance duties.

The issue was raised again during the actions and risk updates, confirming that the complaints submission process cannot be closed because no practices have been contacted and no data has been collected.

As a result, the Complaints Annual Submission for 2024–2025 remains incomplete and will need to be progressed when team capacity allows.

- Special Schools - The group received a positive update on the development of an Eye Test and Optometry Service for Special Schools across Lancashire and South Cumbria (LSC), with executive approval now granted for LSC to proceed with procurement bringing a lengthy process to its conclusion and welcomed by members.

LSC will now join Greater Manchester and Cheshire & Mersey in a joint procurement approach, with confirmation of participation arriving just in time for the next meeting with partner ICBs, ensuring all three systems remain aligned.

A project team meeting will be required, as LSC is slightly behind in early engagement activities with special schools, and work will now begin on school engagement, planning, coordination, and aligning timelines with partner ICBs.

The team is also awaiting the Procurement Evaluation Strategy, which will move forward for approval once received.

Primary Care Capital Group

Key items discussed:

- General Practice – Notional Rent revaluations - The group reviewed the District Valuation Offices' tri-annual reports for notional rents for a number of practices. All revaluations were approved and are reported in line with the Premises Cost Directions (2013 or 2024), including the practice under query from the January meeting.

Documentation will be issued to Practices notifying and requesting acceptance

	<p>of the revised values.</p> <ul style="list-style-type: none"> • CCG Legacy Schemes - The group received a detailed update for the Adelaide & South King Street scheme which is progressing. The local trust Blackpool Teaching is currently proposing to hold the head lease for the premises and is reviewing within their governance system, if approved the scheme will move on to the detailed design and tender stage. <p>Each of the service groups have conducted their business in line with their terms of reference.</p> <p>The Primary Care Contracts Sub-committee received and noted the Alert, Assure, Advise (AAA) reports from the five primary care groups</p>	
028	<p><u>Any Other Business</u> There was no further business.</p> <p>Part 1 of the meeting closed at 11:55</p>	
029	<p><u>Date, Time and Venue of Next Meeting</u> 09 April 2026, 11:00 – 13:00 via MS Teams</p>	