

Subject to ratification at the next meeting

**Minutes of the ICB Primary Care Commissioning Committee Held in
Public on Thursday, 12 October 2023 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
Ian Cherry	Vice Chair/Co-opted Lay Member	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
Dr David Levy	Medical Director	L&SC ICB
Neil Greaves	Director of Communications and Engagement	L&SC ICB
John Gaskins	Finance Lead for Primary Care	L&SC ICB
Kathryn Lord	Director of Quality Assurance and Safety	L&SC ICB
Corrie Llewellyn	Primary Care Nurse	L&SC ICB
Participants		
Professor Craig Harris	Chief Operating Officer	L&SC ICB
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	Associate Director Primary Care – Blackburn with Darwen and Lancashire (East)	L&SC ICB
Umesh Patel	Clinical Advisor for Pharmaceutical Services	NHS England
David Bradley	Clinical Advisor for Dental Services	L&SC ICB
Greg Reide (up to item 8)	Procurement Assurance Procurement Manager	NHS Shared Business Services
Phil Hargreaves (up to item 7c)	Head of Estates	L&SC ICB
David Rogers (up to item 7b)	Head of Communication and Engagement (Insight)	L&SC ICB
In Attendance		
Debra Atkinson	Company Secretary/Director of Corporate Governance	L&SC ICB
Sarah Mattocks	Head of Governance	L&SC ICB
Wayne Kirkham	Senior Primary Care Manager	L&SC ICB
Sandra Lishman	Committee and Governance Officer	L&SC ICB
Observers	3 members of the public in attendance	-

No	Item	Action
Standing items		
1.	<u>Welcome, Introductions and Chair's Remarks</u> The Chair, D Corcoran declared the meeting open and quorate and welcomed everybody to the meeting held in public.	

	<p>Three members of the public had submitted questions and the Chair advised that following review, all questions would be answered outside of the meeting, with one question relating to Withnell on today's agenda, and the others not relating directly to today's agenda items.</p>	
2.	<p><u>Apologies for Absence</u></p> <p>Apologies for absence had been received from Andrew White, David Blacklock, Dr Peter Gregory, Lisa Rogan and Lindsey Dickinson.</p>	
3.	<p><u>Declarations of Interest</u></p> <p>RESOLVED: That there were no declarations made relating to the items on the agenda.</p> <p>The Chair asked that she be made aware of any declarations that may arise during the meeting.</p> <p>(a) Primary Care Commissioning Committee Register of Interests – Noted.</p>	
4.	<p><u>(a) Minutes of the Meeting Held on 14 September 2023 and Matters Arising</u></p> <p>Two amendments were highlighted:</p> <ul style="list-style-type: none"> - Item 6d, Haverthwaite Practice Premises, paragraph 5, should read 'G Jolliffe suggested undertaking an assessment as to whether in addition to the practice needs, a relocation could add value to the delivery and approach of the Primary Care Network and neighbourhood teams in that area' - Lindsey Dickinson's name had been misspelt within the minutes. <p>RESOLVED: That subject to the above amendments, the minutes of the meeting held on 14 September 2023 were approved as a correct record.</p> <p>There were no matters arising.</p> <p><u>(b) Action Log</u></p> <p>Committee Membership/Regular Participants:</p> <ul style="list-style-type: none"> - Membership – Head of Delivery Assurance – The current position was noted. Item to remain on the action log. - Regular Participants – Clinical Advisor for Ophthalmic Services – The current position was noted. Item to remain on the action log. <p>Dental Access and Oral Health Improvement Programme – A further update to the Committee was scheduled for February 2024, to enable the Committee to contribute in relation to responsibilities.</p> <p>It was confirmed that the risk had been re-written and shared with the clinical</p>	<p>SL (✓)</p>

	governance team. This part of the item to be closed.	
Governance and Operating Framework		
5.	<p><u>Primary Care Commissioning Committee Terms of Reference</u></p> <p>S Mattocks advised that the Terms of Reference (ToR) of the Primary Care Commissioning Committee had previously been approved by the ICB Board on 29 March 2023. Any approved amendments to the ToR would be submitted to the ICB Board in November 2023 for formal approval via the committee escalation report submitted to that meeting. The amendments suggested were:-</p> <ul style="list-style-type: none"> - To include the Chief of Strategy, Commissioning and Integration, to the committee membership - To highlight where individuals were clinically qualified on the list of membership, with quoracy to be two clinically qualified members to ensure clinical input and - A correction had been made in section 4.4 regarding pharmaceutical input with members. <p>Following discussion, at the next committee meeting, S Mattocks would provide an update with regard to the progress of additional core activity to the Primary Care and Integration Programme Group and around risk being considered at different ways by committees and focus groups, to complete assurance around the Terms of Reference. Risk would also be an area of development at the next committee meeting, which would be a development workshop.</p> <p>RESOLVED: That the committee support the updates to the Terms of Reference and recommended for ICB Board approval via the 'Alert, Assure, Alert' report submitted to that meeting.</p>	SM
6.	<p><u>Delegated Services Assurance Framework</u></p> <p>The committee received a report which provided assurance on compliance with the NHS England expectations from the ICB in relation to the commissioning of delegated primary care services. The paper contained the completed section of the assurance framework for dental, pharmaceutical, optometric and medical services for the quarter ending September 2023. Amy Lepiorz highlighted that dentistry was currently highlighted as amber, and a mapping tool was in place highlighting access rates. The primary care team were able to access data to understand access rates, however, a dashboard allowing more sophisticated manipulation of the data would be available shortly. Members noted an error in the meeting paper that 2 PNAs had been engaged with, not 1 as listed in the report.</p> <p>Members raised queries around the use of RAG ratings, scorings against that, and whether numbers were cumulative or separate. The committee asked that the format of the report be reviewed, and assurance within it strengthened. It was noted that the Mersey Internal Audit Agency (MIAA) internal audit of primary care contracting would be reviewing the report and approach, and may offer valuable insight for consideration. In response, A Lepiorz would review</p>	AL

	<p>and agree with the Chair outside of this meeting, whilst considering how to include this detail within future reports.</p> <p>RESOLVED: That the Primary Care Commissioning Committee note the local delegated services assurance framework and reporting process.</p>	
Commissioning Decisions		
7.	<p><u>Decisions made/direct/remitted of Primary Care Commissioning Committee</u></p> <p>(a) Update on the Withnell Health Centre Engagement – D Rogers introduced the item which provided the committee with an update regarding the engagement on the Withnell Health Centre to support a procurement process. The engagement had taken place during September until 8 October 2023. A large number of responses had been received to the survey which had been shared both online and also through interaction at engagement events. It was hoped that the engagement had allayed some of the concerns people had around the future of the practice. An evaluation of the engagement and insights would be presented to the Committee at the December meeting to support forward decision-making.</p> <p>C Harris had previously met with the Withnell Group and a public meeting was being held later that day to discuss the next steps of the ICB’s procurement process. A request for information (RFI) had been approved by the committee at its previous meeting and the outcome of this would come through this committee for decision. It was noted that due process, procurement and the procedure policies must be followed.</p> <p>Challenge was made as to whether the practice patient groups significant contribution into the procurement process was allowed in procurement guidance and did not prejudice other providers being considered. C Harris assured members that advice had been sought from NHS England and legal teams, confirming that this was around the community engagement. A procurement bidding process would be held, designed impartially and be objective in view of a fair conclusion.</p> <p>N Greaves advised that the engagement approach and model used in Withnell had also been used in other procurement exercises and is line with the ICB’s broader approach to engagement across the whole organisation. The purpose of engagement was about understanding detail from members of the public. Work had taken place with the Withnell Group to ensure no information had been missed and was responded to.</p> <p>The Chair reported that the Public Involvement Engagement Advisory Committee (PIEAC) was also looking at quality of engagement, how this was conducted, learning, etc, and other similar pieces of work which had been excellent practice and there had been real improvement around work at Place.</p> <p>Members were made aware that an audit of public patient care engagement across the ICB had recently been undertaken and completed by Mersey</p>	

Internal Audit Agency, which was expected to be published shortly. The outcome included actions to build on, and good practice had been recognised. The Chair thanked N Greaves, C Harris and their teams for ensuring an effective approach to public engagement and involvement in this area.

RESOLVED: That the Primary Care Commissioning Committee:-

- **Note the update to the Withnell Health Centre engagement**
- **Receive a further update at the December 2023 meeting**
- **Note the ongoing work to inform and engage local people in Withnell in relation to the procurement process.**

NG

D Rogers left meeting.

(b) Haverthwaite Practice Premises Relocation Application – A Lepiorz reported that Haverthwaite practice in Backbarrow, South Cumbria, had submitted a relocation application to ensure that they met their contractual requirements of having suitable premises, highlighting that the patient population was supportive of a relocation and that a new premises would help support national and local strategic requirements. Phil Hargreaves confirmed that the application had been submitted in line with regulations and policy guidance and the proposed new site was approximately 200 yards from the existing site. The proposed new premises were planned to be slightly larger than as current, and the committee assured that this increase in size may support helping to meet growing needs of the primary care network and delivery of the neighbourhood development model. Extensive patient engagement had taken place and a high number of patients had responded in support of the new build. The proposal would result in an increase to revenue cost of £20,000 per year and it had been confirmed that this would be affordable for the ICB. The local landlord would fund all capital costs.

Following challenge to the increase in revenue, P Hargreaves explained that the replacement building was planned to be approximately 35% larger than the existing premises, partly driven by new regulations where certain facilities that currently were not available would be provided, along with an enhanced specification. A refurbishment to the current building would not be to the standard of the proposed development. Dr D Levy queried a risk around planning permission and in response, A Lepiorz confirmed that planning permission had been submitted with local support adding that there would be both a degree of risk and a degree of confidence. P Hargreaves continued that the site chosen was brown field, being a primary target for development, and was confident that this project could be delivered.

Comments received from the extensive public engagement included that there were strong views to keep the service local, with around 90% of people living under a 20-minute travelling distance from the practice and that the

current building required upgrade.

Following a visit from the infection prevention team, K Lord confirmed that from a quality perspective, the proposal was fully supported and the team felt a new premises would be future proofing, providing the ability to deliver.

J Gaskins reported that the senior finance team had discussed the costs associated with the proposal and were in agreement that this would require to be budgeted for. J Gaskins confirmed that the process for this type of application, to ensure clarity of funding required over a number of years, had been taken.

The Chair asked each individual voting member of the committee if they were in support of the application, and they confirmed they were.

RESOLVED: That the Primary Care Commissioning Committee approve the application from Haverthwaite Surgery to relocate the practice, to ensure they meet their contractual requirements of having suitable premises.

P Hargreaves left the meeting.

(c) **Primary Care Procurement Evaluation Strategy (PES)** – G Reide from NHS Shared Business Services introduced the report highlighting that the committee had previously received the PES recommendations and explained that a PES is developed by the ICB following a decision to procure a service. The previous PES, inherited by predecessor organisations, had been reviewed with learning from recent procurement exercises, independently led by NHS Shared Business Services and engagement had been made with functional colleagues and the procurement department. The revised PES had been designed within the context of the existing ICB governance rules and, in particular, recognising that the ICB has an obligation to treat any bidding organisations equally and in a transparent way. Principles in the design of the framework including focusing scoring on areas of greatest value and differentiation of quality for better service delivery and outcomes for patients and the public. Greg continued that questions within the PES were set out in a way that bidders could respond, providing space to understand and suggest solutions. An evaluation panel would score against tenders and the scoring methodology had been revised and amended. There were recommendations in terms of an evaluation panel with the appropriate level of support and training. It was explained that the previous version of the PES was restrictive which would preclude many bidders. It was confirmed that the criteria presented could be used for the procurement and commissioning of a new service not currently being delivered, and it was noted this was not clear in the document version shared with members.

C Harris added that the same strategy approach would be used for any procurement of primary care in future.

	<p>Dr G Jolliffe welcomed this piece of work which had moved the process forward substantially. There was a keenness for a further review to the PES once it had been used a few times to ensure improvement continued to be made.</p> <p>P Tinson advised that staff and committee training would be available in relation to the new PES.</p> <p>RESOLVED: That the Primary Care Commissioning Committee approve the revised PES, subject to an explanatory statement being included in relation to the scope of procurement of new services, as well as existing services, and that further work would take place to develop a consistent approach to the composition of evaluation panels, including consideration of patient involvement.</p> <p><i>G Reide left the meeting.</i></p>	
8.	<p><u>Group minutes and any recommendations via Alert, Assure and Advise:</u></p> <p>(a) Group Escalation and Assurance Report – The report was presented highlighting key matters, issues and risks discussed at the Service Group meetings. A Lepiorz highlighted that formal notice had been served to terminate Safehand's Dental Practice in Thornton Cleveleys, with effect from 1 December 2023. As part of the dental access and improvement programme, resource would be relocated. An update would be provided to committee in December for oversight.</p> <p>Peter Tinson confirmed that recommendations were expected from the national review on updating and reviewing the special allocation service, and a proposal on recommissioning the service would be submitted to a future meeting.</p> <p>RESOLVED: That the Committee receive and note the Alert, Assure, Advise reports from the four delegated primary care groups.</p>	
Other Items for Approval		
9.	<i>None to be considered.</i>	
Items to Receive and Note		
10.	<i>None to be considered.</i>	
Standing Items		
11.	<p><u>Committee Escalation and Assurance Report to the Board</u></p> <p>The Chair would liaise with the Committee and Governance Officer outside of the meeting to populate the report for the ICB Board.</p>	DC/SL (✓)

12.	<p><u>Items Referred to Other Committees</u></p> <p>No items.</p>	
13.	<p><u>Any Other Business</u></p> <p>No issues raised.</p>	
14.	<p><u>Items for the Risk Register</u></p> <p>RESOLVED: There were no new items for the risk register.</p>	
15.	<p><u>Reflections from the Meeting</u></p> <p>The Chair asked that she receive any comments outside of the meeting. All colleagues were thanked for attending.</p>	
16.	<p><u>Date, Time and Venue of Next Meeting</u></p> <p>The next meeting would be held on Thursday, 14 December 2023 at 10.00am-11.30am in Lune Meeting Room 1, ICB Offices, County Hall, Preston.</p> <p><i>Post meeting update:</i> <i>A meeting would be held in public on 9 November 2023 (single item agenda) commencing at 10.00 to 10.30am in Lune Meeting Room 1, ICB Offices, County Hall, Preston.</i></p>	