

Approved 18 January 2024

**Minutes of the ICB Primary Care Commissioning Committee  
Held in Public on Thursday, 14 December 2023 at 10am  
in Lune Meeting Room 1, ICB Offices, County Hall, Preston**

Name	Job Title	Organisation
<b>Members</b>		
Debbie Corcoran	Chair/Non-Executive Member	L&SC ICB
Ian Cherry	Vice Chair/Co-opted Lay Member	L&SC ICB
Peter Tinson	Director of Primary Care	L&SC ICB
Neil Greaves	Director of Communications and Engagement	L&SC ICB
John Gaskins	Finance Lead for Primary Care	L&SC ICB
Corrie Llewellyn	Primary Care Nurse	L&SC ICB
Kathryn Lord	Director of Quality Assurance and Safety	L&SC ICB
Andrew White	Chief Pharmacist	L&SC ICB
Professor Craig Harris	Chief Operating Officer	L&SC ICB
<b>Participants</b>		
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
David Bradley	Clinical Advisor for Dental Services	L&SC ICB
Umesh Patel	Clinical Advisor for Pharmaceutical Services	L&SC ICB
<b>In Attendance</b>		
Debra Atkinson	Company Secretary / Director of Corporate Governance	L&SC ICB
Viv Prentice	Business Manager	L&SC ICB

No	Item	Action
<b>Standing Items</b>		
1.	<p><b>Welcome, Introductions and Chair's Remarks</b></p> <p>The Chair declared the meeting open and welcomed everyone to the meeting held in public. It was confirmed that no questions had been submitted from members of the public in relation to the meeting agenda. Whilst there were currently no members of the public present, three members had notified the ICB of their intention to join today's meeting and may therefore join at some point.</p>	

No	Item	Action
	<p>The Chair took the opportunity to apologise for any confusion regarding the date of the next meeting and clarified that this would take place on Thursday, 18 January 2024. The ICB's website had been updated accordingly.</p>	
2.	<p><b>Apologies for Absence</b></p> <p>Apologies for absence had been received from Dr David Levy, Dr Lindsey Dickinson, Dr Peter Gregory, Collette Walsh and David Blacklock</p> <p>The meeting was declared quorate.</p>	
3.	<p><b>Declarations of Interest</b></p> <p><b>(a) Primary Care Commissioning Committee Register of Interests –</b> Noted.</p> <p><b>RESOLVED: That there were no declarations made relating to the items on the agenda.</b></p> <p><b>The Chair asked that she be made aware of any declarations that may arise during the meeting.</b></p>	
4.	<p><b>(a) Minutes of the Meeting Held on 09 November 2023 and Matters Arising</b></p> <p><b>RESOLVED: That the minutes of the meeting held on 09 November 2023 were approved as a true and accurate record.</b></p> <p>There were no matters arising.</p> <p><b>(b) Action Log</b></p> <p>The action log was reviewed, closed items noted, and the following updates provided in respect of the open actions:</p> <ul style="list-style-type: none"> <li>▪ The Committee Terms of Reference had been updated and received. Linkages through to the groups that support the Committee was in progress.</li> <li>▪ A single paper on the Withnell Health Centre engagement was due to be presented to the January meeting.</li> </ul> <p>The Vice Chair took the opportunity to highlight that at a recent meeting of the Audit Committee an update had been received from the Information Governance Oversight Group. Particular reference was made to the completion of the Data Security and Protection Toolkit (DSPT) which some general practices had failed to submit in 2022/23. The Vice Chair had therefore agreed to raise this at this Committee. P Tinson confirmed that he had been provided with a list of the relevant practices and would be following this up with the place-based teams.</p>	
<b>Governance and Operating Framework</b>		
5.	<p><b>Provider Selection Regime Briefing Paper</b></p> <p>P Tinson presented the paper which provided a summary of the new Provider Selection Regime (PSR) that was intended to come into force on the 01 January 2024, subject to parliamentary scrutiny and agreement. He took the opportunity to convey his thanks to Jo Sherborne, Head of Procurement and</p>	

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	<p>Contracting, for developing the paper, which was very clear and summarised what was a complex set of regulations.</p> <p>P Tinson confirmed that the PSR required the ICB to make a number of changes to how it works and how it approaches procurement. It was created as part of wider measures to promote greater integration of health and care services and to provide a flexible and proportionate process for selecting providers of healthcare services, so that all decisions are made in the best interest of people who use the services. The new regime does not remove competition from the healthcare market and the ICB will need to justify the route it takes to award contracts, both competitive and non-competitive. The offset of increased flexibility in procurement decision making is that there will be a much sharper focus on transparency around the award of contracts and scrutiny on decision making, well beyond the current governance in place.</p> <p>The five routes in which healthcare contracts can be awarded were outlined. This included:</p> <ul style="list-style-type: none"> <li>▪ Direct Award process A – Where there is an existing provider for the services and that provider is the only capable provider.</li> <li>▪ Direct Award Process B – Where people have a choice of providers, and the number of providers is not restricted by the relevant authority.</li> <li>▪ Direct Award Process C - Where there is an existing provider for the services and that existing provider is satisfying the original contract, will likely satisfy the proposed new contract and the services are not changing considerably.</li> <li>▪ Most Suitable Provider Process - Where the relevant authority is able to identify the most suitable provider without running a competitive process.</li> <li>▪ Competitive Process - Where the relevant authority wishes to run a competitive exercise, or if they wish to establish a framework agreement.</li> </ul> <p>Guidance was expected from NHSE to further explain the five routes and support their consideration in relation to procurements. The key principles around transparency, being fair and proportionate will be crucial. Record keeping will also be essential. The ICB must continue to keep clear records of their considerations throughout the procurement and award process, including in relation to the rationale for the procurement route chosen.</p> <p>Wider work was currently being undertaken across the organisation, led by Jo Sherborne and Craig Harris, Chief Operating Officer, to review those contracts in scope of the new PSR and the changes taking place in accordance with policies and procedures.</p> <p>The Chair thanked P Tinson for a helpful summary and asked for assurance on the ICB's state of readiness to operate in this way from 01 January 2024. C Harris responded, confirming that he was confident that should the PSR be introduced as expected it would be managed properly and through this Committee in relation to its remit. He added that consideration of the approach to and implications of the PSR had taken place through the ICB's formal governance arrangements, and the team had worked hard to ensure all the</p>	

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	<p>requirements were in place to reflect the Scheme of Delegation and that relevant policies had been refreshed.</p> <p>From a governance perspective, D Atkinson added that there would need to be a robust appeals process and that this would need to be publicised and part of the strategy and policy for implementing the new regime. Whilst the intention was to go live on 01 January 2024, if there was any indication of a procurement or exercise before then, then that would need to sit under the current regulations.</p> <p>Following a question from the Vice Chair on whether this would eradicate the need for single tender waivers, C Harris was hopeful that it would reduce them but could not say it would entirely eradicate them.</p> <p>C Harris responded to a question from U Patel regarding any possible challenge to the approach and confirmed that the ICB had the capacity to manage any challenge. NHSE had also set up a separate process to manage challenge and if the challenge was not supported within the ICB and NHSE, there would be an opportunity for a judicial review.</p> <p>D Corcoran highlighted the importance of a supporting communications approach to support members of the public to understand the new regime, and its flexibility – with transparency on the procurement routes which are possible, and then selected. N Greaves confirmed that the engagement process would be robust, open and transparent about the decisions being made. P Tinson added that requests were already being received from providers to explain how the PSR works. It would therefore be important that ICB staff were trained and understood the processes and expectations.</p> <p>C Harris requested that consideration be given to holding a development session post January 2024 on the application of PSR.</p> <p>The Chair welcomed the paper and was confident in the approach being taken and looked forward to the application of the new process from January 2024 if introduced.</p> <p><b>RESOLVED: The Primary Care Commissioning Committee:</b></p> <ul style="list-style-type: none"> <li>▪ <b>Was advised of the PSR changes that were intended to come into force on the 01 January 2024 and assured of the ICB’s approach to its introduction in relation to the Committee’s remit</b></li> <li>▪ <b>Consideration to be given to holding a development session post January 2024 on the application of PSR.</b></li> <li>▪ <b>Supporting comms approach to be developed.</b></li> </ul>	<p>PT</p> <p>NG</p>
<b>Commissioning Decisions</b>		
6.	<p><b>Decisions made/direct/remit of Primary Care Commissioning Committee</b></p> <p><b>(a) Capital Investment Proposals</b></p> <p>Donna Roberts presented the paper, the purpose of which was to provide detail and seek approval from the Committee to:</p> <ul style="list-style-type: none"> <li>▪ <b>The Proposed General Practice Information Technology (GPIT)</b></li> </ul>	

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	<p><b>Capital Investment Plan for 2023/24</b></p> <p>The proposed investment in GPIT for 23/24 included investment in Windows 11 compliant laptops, PCs and peripheral equipment, Windows 11 wireless access points, network switches and engineering and implementation totalling £2.2m leaving a balance of £98k from the total annual GPIT budget.</p> <p>Whilst the investment was to enable a technology refresh, J Gaskins highlighted that some IT kit would have been broken in year and replaced and therefore asked if a read across had been made between what was outlined in the paper and what IT kit had been replaced in year. D Roberts confirmed that this had been undertaken.</p> <ul style="list-style-type: none"> <li>▪ <b>A General Practice Improvement Grant (GPIG) request for Dr Wilson and Partners</b></li> </ul> <p>The proposed works included an increase in practice capacity through occupying a space previously utilised by a dental practice which provided an opportunity to increase capacity to provide a wider range of services.</p> <p>The works include two elements: one which was eligible for General Practice Improvement Grant (GPIG) support and one which was not. The GPIG eligible element would be funded via a GPIG equating to 66% and practice funds equating to 34%. The element that was not eligible for a GPIG would be funded 100% by the practice.</p> <p>The grant application for £295,813 had been through the Capital Group and scrutinised as having all the correct paperwork documentation. The associated paper regarding the additional notional rent required had been presented to the Medical Services Group which had been subsequently approved.</p> <ul style="list-style-type: none"> <li>▪ <b>Revised Terms of Reference for the Capital Group (CG)</b></li> </ul> <p>The proposed revised Terms of Reference (ToR) were presented for approval.</p> <p><b>RESOLVED: The Primary Care Commissioning Committee:</b></p> <ul style="list-style-type: none"> <li>▪ <b>Approved the GPIT investment plan for 2023/24.</b></li> <li>▪ <b>Approved the GPIG request from Dr Wilson &amp; Partners.</b></li> <li>▪ <b>Approved the ToR for the CWG subject to them being aligned with those of the other groups reporting to the Committee to ensure a consistent approach to managing risks. A read across to also be undertaken between the decision-making matrix within the ToR and the Scheme of Delegation to ensure they are cohesive.</b></li> </ul>	DR
7.	<p><b>Group Updates and any Recommendations via Alert, Assure and Advise</b></p> <p><b>(a) Group Escalation and Assurance Report</b></p> <p>Peter Tinson introduced the paper which highlighted key matters, issues and risks discussed at the following meetings: Primary Medical Services Group, Primary Dental Services Group, Pharmaceutical Services Group,</p>	

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	<p>Primary Optometric Services Group and the Primary Care Capital Group.</p> <p>The following key points were highlighted:</p> <p><b>Primary Care Medical Service Group - Peter Tinson</b></p> <ul style="list-style-type: none"> <li>▪ The Refugee and Asylum Seeker Schemes Situation Report would be brought back to the Group in January 2024 with a firm recommendation of what the specifications look like.</li> <li>▪ ECG/Broomwell Contracts - Provide monitoring service for general practice. Not all general practices participate and when they do there is an extra cost. Therefore, need to feed the extra cost into the organisational wide planning process.</li> <li>▪ Vasectomy Service Review is a Quality Innovation Productivity and Prevention (QIPP) opportunity and development proposal to shift more or all activity from secondary to primary care.</li> <li>▪ Application to Increase Practice Boundary in Bamber Bridge - This was as a result of the practice securing three additional GP Partners. This was approved by the group.</li> <li>▪ Market Engagement for Special Allocation Scheme - Will be presented to the January meeting of the PCCC.</li> <li>▪ St Paul's Medical Centre – Asylum Seekers Unmet Indicators - This should state <u>did not</u> approve rather than approve and would be updated in the reports on the ICB website.</li> </ul> <p><b>Pharmaceutical Services Group – A Lepiorz</b></p> <ul style="list-style-type: none"> <li>▪ S Urooj Ltd t/a TSA Pharmacy and Shifa Healthcare Limited t/a Witton Pharmacy - Approved the two relocations.</li> <li>▪ Rainbow Healthcare Limited - Refused application for a future identified leads for a new pharmacy.</li> <li>▪ Notification of Withdrawal from Pharmaceutical List - In October, notification was received that four Boots pharmacies would be closing within the Pennine and Lancs areas. In November, received further notification of withdrawals that were predominantly from Boots and Evercare Pharmacy.</li> <li>▪ Change of Ownership - Was advised of a number of change of ownerships and was satisfied that the applications had been processed correctly.</li> </ul> <p>The Vice Chair referred to Rainbow Healthcare Limited and queried why their application had been refused. A Lepiorz explained that the Pharmaceutical Needs Assessment (PNA) has to state that there is a need for a pharmacy and, in this instance, the PNA did not state there was a need in that area.</p> <p>A discussion followed regarding the closure of pharmacies, recognising that this could pose a risk to worsening health inequalities. P Tinson highlighted that there was clearly a strategic desire, both nationally and locally, to invest in community pharmacies and some of that investment nationally would provide more resilience and stability in the market.</p>	

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	<p><b>Primary Optometric Services Group – P Tinson</b></p> <ul style="list-style-type: none"> <li>▪ Quality in Optometry - Received confirmation of the programme of optometry quality visits. Randomly selected 5% of contractors to visit.</li> <li>▪ Delegated Services Assurance Framework - Received the framework for the optometry services and approved the content of the local Delegated Services Assurance Framework.</li> <li>▪ Local Risk and Issues Log - There was no significant update to the risk log at the October meeting, but a piece of work had been identified to progress the standardisation of those risks.</li> </ul> <p><b>Primary Care Dental Services Group – A Lepiorz</b></p> <ul style="list-style-type: none"> <li>▪ Mid-Year 23-24 - This process had commenced. Commissioners are required to engage with contractors failing to achieve the required threshold of 30% of the annual targeted activity and to identify and correct potential issues before the annual year-end reconciliation.</li> <li>▪ Specialist Orthodontic Procurement Update - The recommended bidder report was approved through governance processes in September. At the time of the meeting, two challenges had been received during the standstill period which did not come to anything, and the contact awarded.</li> <li>▪ Incorporation Request - Dr W Mohammed - The group approved the contractor's request to incorporate the NHS GDS Contract to the limited company. The group also approved the proposed recommendation to include Clause 7 - Guarantee within the Novation Agreement for a period of 5 years from the date of novation</li> <li>▪ Year End 22-23 Overview - Received information regarding the year-end process. There were 113 contractors that had delivered less than 90% of targeted activity. Remedial notices were issued to contractors who did not hit the target and remedial notices issued to contractors who had failed to submit their workforce return.</li> <li>▪ Minor Oral Surgery Waiver - Signed off through the governance process within the ICB.</li> <li>▪ Training Pilot Update - Previously agreed the use of flexible commissioning to support a two-year pilot programme to train a minimum of six new clinicians per year in Lancaster and Garstang to become a training practice. Managed to recruit trainee dentists and previously agreed to provide some funding to a dentist in Barrow to encourage dentists to work in that area and successfully recruited five dentists.</li> <li>▪ Brierfield Remedy of Breach Notice - Issued remedial notice to dentist who was now successfully meeting requirements.</li> <li>▪ Contract Changes - The group were assured that all processes and contractual changes made by the Delivery Assurance Team were in line with the regulations and the delegated authority for the Dental Services Group.</li> </ul>	

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	<ul style="list-style-type: none"> <li>▪ Lotus Dental - In November Lotus Dental in Preston who requested uplift wanted to deliver less activity and we have a test we apply to see if it's appropriate to increase value or not.</li> <li>▪ Drakes Dental Care Limited - Submitted request to reduce the practice opening times to help them with their recruitment. Approved in line with the mini engagement undertaken with their patients.</li> <li>▪ Winter Capacity - The group reviewed the proposed additional capacity for primary care dentistry across the Christmas period and agreed with the proposals.</li> <li>▪ Flexible Commissioning - The guidance provided by NHSE England for flexible commissioning was reviewed and approved for implementation.</li> <li>▪ Workforce Returns - Advised of workforce return taking place nationally.</li> </ul> <p>The Chair was pleased to see the Barrow pilot and the impact it was having. Where there was under delivery, the Chair queried why the money had not been spent. A Lepiorz confirmed that this was due largely to recruitment and retention issues. However, the ICB was working closely with the local dental committee to attract dentists into the area. The Chair suggested that the People Board may be able to provide some support with recruitment and retention.</p> <p><b>Primary Care Capital Group – D Roberts</b></p> <ul style="list-style-type: none"> <li>▪ Capital Investment Improvement Grant - Recommended that approval be granted to award a grant of £295,813 to Dr Wilson &amp; Partners.</li> <li>▪ Capital Investment GPIT - The initiation documents detailing the capital investment in GPIT for 2023/24 were approved and signed off by the ICB Director of Finance and the NHSE Digital Team.</li> </ul> <p><b>Resolved: The Primary Care Committee:</b></p> <ul style="list-style-type: none"> <li>▪ <b>Received and noted the Alert, Assurance and Advise (AAA) reports from the four delegated Primary Care Groups.</b></li> <li>▪ <b>V Prentice to inform the Chair and Executive Lead of the People Board regarding possible support required with the recruitment and retention of dentists.</b></li> </ul>	VP
<b>Other Items for Approval</b>		
8.	None to be considered.	
<b>Items to Receive and Note</b>		
9.	<p><b>Finance Report Q2</b></p> <p>J Gaskins presented the paper which provided the Committee with the Quarter 2 financial position for primary care budgets.</p> <p>As part of a national exercise, the ICB had recently been required to submit a refreshed forecast outturn position to NHSE (based on month 7) reflecting the 2023/24 priorities set out in the 08 November letter to ICBs and Trusts. These priorities were to achieve financial balance, protect patient safety and prioritise</p>	

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	<p>emergency performance and capacity, while protecting urgent care, high priority elective and cancer care. Dental is one area which remains ringfenced and there is an acknowledgement that there will be an underspend which was not the case in the previous guidance.</p> <p>The Q3 paper will be presented to the January 2024 Committee meeting and will include the forecast outturn for the primary care budget areas.</p> <p>A discussion ensued regarding the format of the report and consideration was given as to where assurance sits with the Finance and Performance Committee and what this Committee needs to take account of when making decisions. It was agreed that the Committee Chair and Deputy Chair would meet with J Gaskins to discuss the format of future finance reports.</p> <p><b>Resolved: The Primary Care Commissioning Committee:</b></p> <ul style="list-style-type: none"> <li>▪ <b>Noted the financial position at Quarter 2.</b></li> <li>▪ <b>The Committee Chair and Deputy Chair to meet with the finance lead to discuss the format of future finance reports.</b></li> </ul>	<b>JG</b>
<b>Standing Items</b>		
10.	<p><b>Committee Escalation and Assurance Report to the Board (Alert, Assure and Advise)</b></p> <p>There were no items to <b>alert</b> the Board to.</p> <p>The Board were <b>advised</b> of the following:</p> <ul style="list-style-type: none"> <li>▪ Provider Selection Regime - Consideration and options for implementation of the regime in relation to PCCC from January 2024 onwards.</li> <li>▪ Capital Group Terms of Reference - Approved subject to them being aligned with those of the other groups reporting to the committee to ensure a consistent approach to managing risks. In addition, a read across would be undertaken across between the decision-making matrix within the ToR and the Scheme of Delegation to ensure they are cohesive.</li> <li>▪ Primary Care Budgets – Committee Chair and Deputy Chair to meet with finance lead to discuss the format of future reports.</li> </ul> <p>The Board were <b>assured</b> of the following:</p> <ul style="list-style-type: none"> <li>▪ Provider Selection Regime - Consideration to be given to holding a development session post January 2024 on the application of PSR. A supporting communications approach would also be put in place.</li> </ul>	
11.	<p><b>Items Referred to Other Committees</b></p> <p>The Chair suggested that the People Board may be able to provide some support with the recruitment and retention of dentists. V Prentice to advise the People Board Chair and Executive Lead.</p>	<b>VP</b>
12.	<b>Any Other Business</b>	

No	Item	Action
	There were no other items of business raised.	
13.	<b>Items for the Risk Register</b> No items raised.	
14.	<b>Reflections from the Meeting</b> All colleagues were thanked for attending.	
15.	<b>Date, Time and Venue of Next Meeting</b> The next meeting would be held on Thursday, 18 January 2023 at 10:00am in Lune Meeting Room 1, ICB Offices, County Hall, Preston.	