NHS
Lancashire and South Cumbria
Integrated Care Board

Approved 29 August 2024

Minutes of the Integrated Care Board (ICB) Primary Care Commissioning Committee Held in Public on Thursday, 13 June 2024 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
Professor Craig Harris	Chief Operating Officer	L&SC ICB
Dr David Levy	Medical Director	L&SC ICB
Dr Geoff Jolliffe	ICB Partner Member for Primary Medical Services	L&SC ICB
Peter Tinson	Director of Primary & Community Commissioning	L&SC ICB
Amanda Bate (Deputy for Neil Greaves)	Head of Transformation Communications and Engagement	L&SC ICB
Kathryn Lord	Director of Quality Assurance and Safety	L&SC ICB
Corrie Llewellyn	Primary Care Nurse	L&SC ICB
Julie Lonsdale (Deputy for Andrew White)	Community Pharmacy Clinical Lead	L&SC ICB
John Gaskins	Associate Director of Finance	L&SC ICB
Participants		
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	Associated Director, Primary & Integrated Neighbourhood Care	L&SC ICB
Dr Lindsey Dickinson	Associate Medical Director	L&SC ICB
David Bradley	Clinical Advisor for Dental Services	L&SC ICB
Umesh Patel	Clinical Advisor for Pharmaceutical Services	L&SC ICB
In Attendance		
Claire Moore (Deputy for Debra Atkinson)	Head of Risk, Assurance and Delivery	L&SC ICB
Kath Gulson	Local Pharmacy Network Chair	L&SC ICB
Viv Prentice (notes)	Business Manager	L&SC ICB

No	Item	Action
Standing Items		
PCCC/ 1/24	**Welcome, Introductions and Chair's Remarks** The Chair declared the meeting open and welcomed everyone to the meeting held in public. There were no members of the public in attendance. One question had been received prior to the meeting which would receive an individual acknowledgement. This was a follow up question with regards to the GP quality contract.	
PCCC/ 2/24	**Apologies for Absence** Apologies for absence had been received from Ian Cherry, Andrew White (Julie Lonsdale deputising), Debra Atkinson (Claire Moore deputising) and Neil Greaves (Amanda Bate deputising). The meeting was declared quorate.	
PCCC/ 3/24	**Declarations of Interest** **(a) Primary Care Commissioning Committee Register of Interests** Noted. **RESOLVED: That there were no declarations made relating to the items on the agenda.** **The Chair asked that she be made aware of any declarations that may arise during the meeting.**	
PCCC/ 4/24	**(a) Minutes of the Meeting Held on 01 May 2024** **RESOLVED:** The minutes of the meeting held on 01 May 2024 were approved as a true and accurate record, subject to including additional information on the rationale for the decision in respect of the Grasmere local pharmaceutical service contract uplift of £15,000 per annum. **(b) Action Log** The action log was reviewed and closed items noted.	
Commissioning Decisions		
PCCC/ 5/24	**Dental Referral Management Service Procurement** Peter Tinson presented the paper, the purpose of which was to request approval to undertake a request for information (RFI) exercise to test the market for re-procuring the dental Referral Management Service (RMS). The exercise would inform the next steps for securing provision. The dental RMS provides a single point of access for the processing of referrals from primary care dentists and orthodontists, ensuring a consistent quality of referrals, ability to monitor volumes and support demand management and the ability to triage referrals. NHS England originally commissioned the service in 2015, with Greater Manchester leading the contracting process. The total value of the contract is £440,292 plus VAT to manage approximately 69,000 referrals.	

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	On 08 March 2024, the ICB's Chief Finance Officer approved the request to proceed to a direct award of a one year contract to the current provider, confirmed as being Referral Management Services Limited. The current contract in Lancashire and South Cumbria is due to expire on 31 March 2025. The direct award was for a period of 1 year, to 31 March 2025. The purpose of awarding a contract to the current provider was to allow sufficient time to run a procurement process, the first step being the initial market engagement using the Request for Information (RFI) process. Following the contract direct award, it was identified that a review of the General Practice (GP) RMS was underway and it was explored whether there were any opportunities to secure a combined GP and Dental RMS. The review of the GP RMS will not report until September 2024 and therefore there would be insufficient time to consider the outcome of the review, determine whether there was an opportunity to secure a combined RMS and secure and mobilise either a combined or dental only RMS service by 01 April 2025. It is, however, intended to undertake a further review of all referral management services at a later date and consider the options for future service provision. David Levy strongly supported the recommendation and highlighted that working with the dental team and secondary care orthodontic service had brought primary care dental services together to understand the patient pathway. There were also a significant number of patients who did not need to be referred to secondary care but treated in primary care, therefore having this service in place would help to deliver some of that less fragile service for orthodontics. The Chair also supported the recommendation. It provided assurance of an integrated approach and evidenced that the opportunities to strengthen the service would be taken into consideration. **RESOLVED: The Primary Care Commissioning Committee:** ▪ **Approved the recommendation to undertake a Request for Information exercise to test the market in order to provide an evidence base for the next steps for a re-procurement of the service from 1 April 2025.**	
Group Reporting		
PCCC/ 6/24	**Group Escalation and Assurance Report** Peter Tinson presented the report which highlighted key matters, issues and risks discussed at the following group meetings since the last report to the Committee on 01 May 2024: Primary Care Medical Services Group, Primary Care Dental Services Group, Pharmaceutical Services Group, Primary Optometric Services Group and Primary Care Capital Group. The following key points were highlighted: ▪ **Primary Care Medical Services Group** A number of items were referred to a future meeting of the Primary Care Commissioning Committee. This included the Scale Hall	

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	Branch Surgery Closure. The Group were informed about complaints received from a pharmacy contractor in relation to a GP practice. The complaint concerned the amendment of electronic prescription service (EPS) nominations by the practice without the consent of patients. Based on the information provided, the Group agreed to issue a breach notice to the practice and make a referral to NHS England in relation to professional conduct. The Special Allocation Scheme procurement options will be considered by the Group in June 2024 prior to consideration by the Primary Care Commissioning Committee. ▪ **Primary Care Dental Services Group** In April 2024, two breach notices were issued which related to the relocation of a practice prior to agreement by the ICB, and failure to respond to the ICB in relation to contractual concerns. ▪ **Primary Optometric Services Group** Special Schools Update – Three special schools contracts transferred from NHS England to the ICB on 01 April 2024. Electronic referral – The Electronic Referrals System has successfully been secured for a further 12 months. ▪ **Pharmaceutical Services Group** Pharmaceutical Needs Assessment (PNA) work will shortly commence with the Health & Wellbeing Boards (HWBBs) on the new PNAs. ▪ **Primary Care Capital Group** The Group received a report regarding the District Valuation (DV) offices tri-annual rent reviews for seven practices, of which five were agreed and two were not. Improvement Grant – Prioritisation of Capital Pipeline 2024/25 - The Group undertook a review of the high volume of expressions of interest received from 78 practices across the ICB. The Group agreed to prioritise projections that: - Already received approval for any revenue cost increase or would be revenue neutral. - Had the highest utilisation rates identified in the PCN Estate plans. - Submitted proposals that would increase the practice and PCN capacity. The group agreed to prioritise 12 projects. Those unsuccessful had been notified. All applications not prioritised for investment in 2024/25 will form the basis of the prioritised investment pipeline for consideration in future years.	

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	Kathryn Lord referred to the complaints concerning the amendment of EPS nominations and confirmed that the Complaints Team were working with those families that had been affected. An update on any learning would be presented to a future PCCC. John Gaskins referred to the update from the Primary Medical Services Group and queried when the updated paper regarding the out of hours contracting arrangement at Kirkham practices would be considered by the Group. Peter Tinson responded and confirmed that this would be presented to the PSMG next month. Following a further question regarding changes to EPS nominations without patient consent, Peter Tinson assured the Committee that the breach notice had now been issued and a referral had been made to NHS England. The Chair observed that there was more detail coming through from the local risk registers, which was positive; however, given there had been a number of breaches in relation to contracts, asked if any trends had been identified. Amy Lepiorz explained that the dental and pharmacy breaches were due to processes not being followed. The local dental committee had therefore provided information to the practices to outline the process and to share any learning. Peter Tinson added that from a general practice perspective, there tended to be fewer breach notices issued and suggested that this was due to behavioural issues as opposed to process issues. In terms of the specific breach notice within this report, it was clear why this had occurred, it should not have happened and there was a process in place to follow this up. Having been previously linked with various professional regulators over similar matters, Umesh Patel took the opportunity to offer his support. The Chair conveyed her thanks to the various Group Chairs for the detailed information contained within the reports and noted the assurance provided in respect of the breaches and the supportive approach that had been taken. **RESOLVED: The Primary Care Commissioning Committee:** ▪ **Received and noted the Alert, Assure, Advise (AAA) reports from the five delegated primary care groups.**	**KL**
Other Items for Approval		
PCCC/ 7/24	None to be considered.	
Items to Receive and Note		
PCCC/ 8/24	**Risk Management Report** Claire Moore presented the report, the purpose of which was to provide the PCCC with an update on risk management activity in relation to risks specific to the business of the Committee, since the last report presented in March 2024.	

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	The paper also provided an update on the arrangements to support the implementation of the ICB's revised Risk Management Strategy and Policy (2024 - 2027) which was approved by the ICB board at its meeting in March. Following this, work was underway to support the transition to a single risk management framework and organisational-wide operational risk register (ORR), which would provide a single repository for all risks held by the ICB. The report included updates on the open risks held by the Committee as well as new risks, which had been approved by the Executive Management Team (EMT) for inclusion on the ORR. Whilst the reporting of assurance on the management of strategic risks, ie those impacting on the achievement of the ICB's strategic objectives, would continue to be presented to the board through the Board Assurance Framework (BAF), operational risks, ie those identified as a result of the day-to-day activities of the ICB, would be assessed, and based on the severity and likelihood of the risk, would be monitored through either functional or corporate oversight. The risks relating to the business of the PCCC had been aligned to the revised policy and would continue to receive corporate oversight through the risk management reports provided to the Committee. Whilst work is underway to transition to the new organisational-wide ORR, members are able to access details of the current risks held on the Corporate Risk Register. In terms of risk activity and monitoring, the following was summarised: ▪ One new risk had been approved during the reporting period (Risk ID: ICB044) which related to a GP contract 2024/25 dispute – potential industrial action. The risk had been opened with a score of 16 and a target risk score of 8 which meets the threshold for oversight. ▪ Following review of the risk relating to high levels of oral health issues (Risk ID: ICB038) this remained at a score of 16 with target risk score of 8. The risk was mitigated through a number of both short and longer term action plans which were summarised within the paper. Following the last update to the Committee, a new risk had been approved for inclusion on the ORR in relation to quality concerns in primary care (Risk ID: ICB050). The risk had been opened with a score of 16 and a target risk score of 8 by 31 March 2025 and would be jointly overseen by Senior Responsible Officers (SROs) from both the primary care and quality teams and updates reported through the Quality Committee. Finally, Claire Moore referred to the risks relating to the Primary Care Groups and confirmed that work had taken place to support the PCCC Groups to align their risk process to the ICB's risk management framework to ensure a consistent approach to identifying, managing and reporting risks.	

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	John Gaskins queried what mitigations were in place in respect of the Medical Group risk relating to access to community phlebotomy and the Capital Group risk relating to the estates risk in Ormskirk, both of which remained at a risk score of 16. Donna Roberts responded and confirmed that the estates risk related to funding, and whilst there was no easy solution, discussions were taking place with the estates lead. Peter Tinson added that this would feed into the Capital Planning Workshop that was scheduled to take place with the Committee in August. In terms of access to community phlebotomy, Donna Roberts explained that this had been an issue for some time. She added that a review was being undertaken of all local services, which would include phlebotomy, the recommendations of which would go through the governance structure at end of the year. The Chair referred to the new risk (ICB 050) which related to quality concerns in primary care, which she felt was articulated very well, but noted that there were gaps around controls and assurance and asked if mitigations are being confirmed and considered to reduce that risk. Kathryn Lord responded and confirmed that the Quality Committee held a further risk (ICB 010) connected to capacity to deal with those quality concerns, and whilst the mitigating actions would take time to reduce the risk there may be an opportunity to deal with some of the risk element by working jointly across the teams. Following a further question from the Chair around the process in terms of the escalation of those risks, Claire Moore confirmed that the ICB Executives received a monthly report and the Committee received an update on a quarterly basis. The Chair noted the update and assurance provided and appreciated the openness in relation to the degree of challenge and risk. **RESOLVED: The Primary Care Commissioning Committee:** ▪ **Noted the contents of the report.** ▪ **Noted the work underway to support the implementation of the ICB's revised Risk Management Strategy and arrangements to transition to a single risk management framework and organisational-wide ORR.** ▪ **Noted the new risks approved for inclusion on the ORR.** ▪ **Noted the reporting of risks arising from the work of the PCCC's Groups.**	
PCCC/ 9/24	**Q4 Finance Report** John Gaskins presented the report which provided the Committee with the Quarter 4 financial position for primary care budgets. **RESOLVED: The Primary Care Commissioning Committee:** ▪ **Noted the financial position at the end of Quarter 4.**	
PCCC/ 10/24	**Pharmacy Access Programme** Amy Lepiorz presented the report and confirmed that the pharmacy access programme was one of the key work priorities for the primary and	

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	community care team. The presentation included with the report provided an overview of how pharmacy services are commissioned, the challenges facing community pharmacy and an overview of the Pharmacy Access Programme. Amy Lepiorz introduced Kath Gulson, Chair of the Local Pharmacy Network who had joined today's meeting to talk about the pharmacy access programme. An overview of the presentation 'Pharmacy Access Programme' was provided, the key points being: ▪ **Community Pharmacy Commissioning** Since 2013, Local Authorities have been responsible for assessing and defining the need for pharmaceutical services in their area. Prior to 2013, applicants needed to demonstrate that a new pharmacy was 'necessary or desirable'. ▪ **Market Changes** Currently, the market is made up of 70% independent providers/single or small chains, whilst the other 30% are larger national organisations such as Boots. Currently there are no gaps in service provision identified in the PNAs. Over the last 12 months there have been 22 closures. Eight community pharmacy providers have reduced their hours from 100-hour delivery. Attention was drawn to the graph depicting the changes in the number of community pharmacies. ▪ **Overview of Community Pharmacy Services** The regulations define a pharmacy's terms of service. There are three tiers to the terms of service: essential services, advance services and enhanced/locally commissioned. Funding for essential and advanced services is nationally negotiated. The total value for this funding is referred to as the Global Sum which currently stands at £2.592bn. There is no fixed or guaranteed minimum income for community pharmacies. ▪ **Community Pharmacy Challenges – Finance** Attention was drawn to the chart illustrating the volume of prescription items that each community pharmacy dispenses in Q3 2023/24. ▪ **Community Pharmacy Access Programme** There are three main community pharmacy services the programme is initially focused on: - Pharmacy First	

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	- Medicine Supply Service - Hypertension Case Finding - Contraception Amy Lepiorz referred to the progress tracker, including target dates, and confirmed that following a recent planning and development workshop, it was felt that the oral contraception service should be pushed forward. ▪ **Outcomes/Success** Attention was drawn to the table outlining what stakeholders want, the reality/constraints and what the programme would deliver. Following a question from Geoff Jolliffe regarding GP practices and if they would be expected to step in as dispensing practices, Amy Lepiorz confirmed that this would be highly unlikely as they were limited to what they could offer. Kath Gulson highlighted that the opportunity to slow down rates of closure was to focus on services and the rate of referrals. Further discussion generated questions around PNAs and what was considered 'good' access, what the application process was, whether there were robust quality metrics and whether the workforce was being trained sufficiently or differently for the future. Amy Lepiorz responded and confirmed that the Local Authority are notified every time there is a change or closure and they then take the decision on whether to re-write the PNA. With regards to the application process, there are basic checks undertaken in respect of the owner, but the majority of the quality work has to be undertaken after the pharmacy has opened. The General Pharmaceutical Council undertake the majority of the quality work whilst the ICB use the community pharmacy assurance framework to check compliance against the contract In respect of workforce, Julie Lonsdale had taken the lead and had seen first-hand some of challenges faced. Those that are finishing their training and going onto the register for 2025/26 will have the ability to prescribe but will still need some support. Whilst this is a massive transformational change for pharmacies, it enables community pharmacies to provide more clinical services. Geoff Jolliffe highlighted that pharmacies have a huge role to play. It would therefore be important when PNAs are being produced that Health and Wellbeing Boards (HWBBs) are observing the ICB's strategy of focusing on deprived communities. Given the significance and importance of the Pharmacy Access Programme, particularly as the data becomes evident, the Chair suggested that the Public Involvement and Engagement Advisory Committee (PIEAC) review this to gain further insight. In respect of workforce, Julie Lonsdale confirmed that a Case for Change for pharmacy workforce was being developed which was linked to the People Strategy and would be presented to Board. Amanda Bate also confirmed that the ICB was supporting the national comms. The Chair conveyed her thanks to both Amy Lepiorz and Kath Gulson for their helpful presentation. This was a critical local service that was of huge	

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	importance and the Committee supported oversight moving forward in order to address areas of priority. **RESOLVED: The Primary Care Commissioning Committee:** ▪ **Noted the presentation and the work taking place.**	
Standing Items		
PCCC/ 11/24	**Committee Escalation and Assurance Report to the Board (Alert, Assure and Advise)** The Chair confirmed that this would be produced and submitted to Board.	
PCCC/ 12/24	**Items Referred to Other Committees** Pharmacy Access Programme - Public Involvement and Engagement Advisory Committee (PIEAC) to review the service from a patient involvement and engagement perspective.	**DC**
PCCC/ 13/24	**Any Other Business** There was no other business discussed.	
PCCC/ 1/24	**Items for the Risk Register** There were no new items for the risk register.	
PCCC/ 14/24	**Reflections from Meeting** All colleagues were thanked for attending today's meeting. The Chair took the opportunity to highlight that this was Geoff Jolliffe's last meeting as the ICB Partner Member for Primary Medical Services and thanked him both personally, and on behalf of Committee members, for his open, honest, authoritative and evidence based approach to the Committee.	
PCCC/ 15/24	**Date, Time and Venue of Next Meeting** The next meeting scheduled to take place is the Extraordinary Meeting of the PCCC to receive for consideration the contract award recommendation report for the provision of primary medical care services at Withnell Health Centre. This will be held on Thursday, 11 July 2024 at 10:00am in Lune Meeting Room 1, ICB Offices, County Hall, Preston.	