

Subject to Ratification at the Next Meeting

**Minutes of the Integrated Care Board (ICB)
Primary Care Commissioning Committee
Held in Public on Thursday, 29 August 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
Ian Cherry	Vice Chair	L&SC ICB
Dr Lindsey Dickinson (Deputy for David Levy)	Associate Medical Director	L&SC ICB
Claire Lewis (Deputy for Kathryn Lord)	Associate Director – Quality Assurance	L&SC ICB
Peter Tinson	Director of Primary & Community Commissioning	L&SC ICB
Neil Greaves	Director of Communications & Engagement	L&SC ICB
Corrie Llewellyn	Primary Care Nurse	L&SC ICB
Andrew White	Chief Pharmacist	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
David Bradley	Clinical Advisor for Dental Services	L&SC ICB
Observers		
Dr Julie Colclough	Partner Member for Primary Care	L&SC ICB
Jo Leeming	Committee and Governance Officer	L&SC ICB
In Attendance		
Viv Prentice (notes)	Business Manager	L&SC ICB

No	Item	Action
Standing Items		
PCCC/ 17/24	<p>Welcome, Introductions and Chair's Remarks</p> <p>The Chair declared the meeting open and welcomed everyone to the meeting held in public.</p> <p>The Chair also took the opportunity to welcome Julie Colclough who was observing today's meeting as part of her induction into the ICB, together with Jo Leeming who would be picking up secretariat support for this meeting from October 2024 onwards.</p> <p>It was noted that two questions had been received from members of the public, one of which related to the Special Allocation Scheme included on today's agenda. This would be addressed during the course of today's meeting and would also receive an individual acknowledgement. The second question, unrelated to today's agenda, would also receive an individual acknowledgement.</p>	
PCCC/ 18/24	<p>Apologies for Absence</p> <p>Apologies for absence had been received from Craig Harris, David Levy (Lindsey Dickinson deputising), Kathryn Lord (Claire Lewis deputising), Peter Gregory and David Blacklock.</p> <p>The meeting was declared quorate.</p>	
PCCC/ 19/24	<p>Declarations of Interest</p> <p>(a) Primary Care Commissioning Committee Register of Interests</p> <p>The Vice Chair advised that he had recently updated his Register of Interest as his son-in-law now works in a different role at Alder Hey Children's Hospital. He confirmed that there were no conflicts of interest in respect of any items on today's agenda.</p> <p>Post Meeting Note: The Committee's Register of Interests has since been updated.</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>	
PCCC/ 20/24	<p>(a) Minutes of the Meeting Held on 13 June 2024</p> <p>RESOLVED: The minutes of the meeting held on 13 June 2024 were approved as a true and accurate record, subject to clarification of names on pages seven and eight.</p> <p>(b) Action Log</p> <p>The action log was reviewed, updates provided in respect of open items and closed items noted.</p>	

No	Item	Action
Commissioning Decisions		
PCCC/ 21/24	<p>Lancaster Medical Practice – Scale Hall Branch Closure Application</p> <p>Peter Tinson presented the paper and confirmed that the Scale Hall branch of Lancaster Medical Practice (LMP) was closed in March 2020 as part of the practice response to the Covid pandemic. Since then, LMP had successfully operated from seven branches across Lancaster, instead of the original eight.</p> <p>The purpose of the report was to present an application received from LMP to close their branch surgery site currently located at Scale Hall, 1 West Drive, Lancaster, LA1 5BY.</p> <p>The paper outlined in some detail the engagement that had taken place and had been purposely delayed from being presented to this Committee to ensure outputs from community partnerships had been received.</p> <p>Since closure in 2020, the majority of those patients who were attending Scale Hall would have attended the larger site in Lancaster, which was accessible via public transport.</p> <p>The existing site proposed for closure was not currently Equality Act (EA) compliant. Patients would therefore benefit from better access at other LMP locations. It was also unlikely that it would form part of any estates plans going forward.</p> <p>Reference was made to paragraph 8.15.3 of the policy and guidance manual which had been considered as part of the closure. Assurance was provided to the Committee that there were no risks or concerns.</p> <p>With regards to patient engagement, patients had not attended appointments at Scale Hall for over three years; however, it was acknowledged that the permanent closure may be unwelcome news for some patients. A consultation process was therefore launched in October 2023 to understand patient concerns and challenges associated with the proposed closure. This highlighted a number of concerns regarding parking at Owen Road which would need to be considered and addressed as part of the strategic estates planning.</p> <p>An Equality and Health Inequalities Impact and Risk Assessment had also been undertaken, and whilst this had not been appended to the paper, Peter Tinson assured the Committee that it had not raised any concerns.</p> <p>From a financial perspective, there would be a small saving associated with the closing of this site, and from a risk perspective the risks were considered low.</p> <p>Claire Lewis highlighted that it would be important to understand that those patients that required physical access to Owen Road were accommodated elsewhere. In discussions, the Chair recognised that this was an important factor, and given that an Equality and Health Inequalities Impact and Risk Assessment had been undertaken and was compliant, together with ongoing discussions with estates, the Committee approved the closure.</p>	

No	Item	Action
	<p>RESOLVED: The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> ▪ Considered the report and agreed with the Primary Medical Services Group’s recommendation to approve the closure of Lancaster Medical Practice’s branch surgery site currently located at Scale Hall, 1 West Drive, Lancaster, LA1 5BY 	
<p>PCCC/ 22/24</p>	<p>Adlington Medical Centre – Application to Close a Branch Surgery (Medicare Unit Surgery, Lostock Hall)</p> <p>Peter Tinson presented an application received from P81740 Adlington Medical Centre to close its branch surgery site at Medicare Unit Surgery, 1 Croston Road, Lostock Hall, Preston, PR5 5RS.</p> <p>The practice currently has a GMS contract and provides General Medical services to its registered population from five sites:</p> <ul style="list-style-type: none"> ▪ Adlington Medical Centre – Adlington, Chorley, PR6 9NW ▪ Croston Medical Centre – Croston, Preston, PR26 9HY ▪ Medicare Unit Surgery – Lostock Hall, Preston, PR5 5RS ▪ Village Surgery - Lostock Hall, Preston, PR5 5RZ ▪ Eaves Lane Surgery - Chorley, PR6 0DR <p>The Committee’s attention was drawn to the map (Appendix A) showing the locations of Medicare Surgery (site of proposed closure) and Village Surgery (continuing site). The distance between the two sites was noted as approximately 120 metres, crossing a side street and public car park. The practice took over the premises in 2017 following a merger of practices.</p> <p>Following the merger, the practice shared their proposed plans to close one of the Lostock Hall sites. Evaluation of the premises led the practice to conclude that the Village Surgery was the most suitable for investment, refurbishment and renovation.</p> <p>The practice have actively engaged with patients regarding their proposal to relocate services from the Medicare Unit Surgery site into the Village Surgery site and a detailed Equality and Health Inequalities Impact and Risk Assessment had also been completed (Appendix B). There were also some financial savings associated with the closure of the site in respect of rent and rates.</p> <p>Should the application be approved, the practice would be able to commence with their longer term vision for the development of the practice. Village Surgery had been fully modernised and developed to provide patients with access to services in fully modernised premises, with significantly increased clinical capacity.</p> <p>The Vice Chair was supportive of the recommendation; however, given that the surgery had been fully modernised, assumed that there would be an increase in the rates. Peter Tinson agreed to seek clarification.</p> <p>The Chair thanked Peter Tinson for both this paper and the previous paper and requested that a standardised approach be adopted for future papers, ensuring that, when required, the Equality and Health Inequalities Impact and Risk Assessments were included.</p>	<p>PT</p> <p>PT</p>

No	Item	Action
	<p>RESOLVED: The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> ▪ Considered the report and agreed the Primary Medical Services Group's recommendation to approve the closure of Medicare Unit Surgery, 1 Croston Road, Lostock Hall, Preston, PR5 5RS. 	
<p>PCCC/ 23/24</p>	<p>Options Appraisal for the Special Allocation Scheme</p> <p>Peter Tinson presented the paper and advised that following a direct award by the Primary Care Commissioning Committee (PCCC) in March 2023, the contract for the Special Allocation Scheme (SAS) service remains with the current provider, Compass Medical Practice, which is part of Fylde Coast Medical Services (FCMS), until 30 November 2024.</p> <p>To ensure continued access to primary medical services for patients currently allocated to the SAS, the PCCC is required to decide the best option to secure ongoing service provision for these patients.</p> <p>A market engagement exercise was carried out in November 2023 to test the market's appetite to deliver this service for the Lancashire and South Cumbria area. Further details of this exercise were appended to the paper (Appendix B).</p> <p>In summary, the options available to the ICB were outlined:</p> <ol style="list-style-type: none"> 1) Undertake a competitive process under the Provider Selection Regime (PSR) to award a contract for a period of three years plus the option of a two year extension at the discretion of the ICB. 2) Most Suitable Provider Process under the Provider Selection Regime to award a contract for a period of three years plus the option of a two year extension at the discretion of the ICB. <p>The paper included a more detailed appraisal of each option, and following assessment, the recommendation was to support the preferred option of option two, Most Suitable Provider Process, under the PSR.</p> <p>It was noted that the North of England Commissioning Support (NECS) had provided procurement support and advice in relation to the long term options for providing the SAS. It was also noted that based on the previous market engagement exercise, the paper reaffirmed that there had been little interest in the provision of this service, with only the incumbent provider providing any feedback.</p> <p>Attention was drawn to Appendix A outlining the due diligence undertaken which covered the areas of:</p> <ul style="list-style-type: none"> ▪ Patient experience and stakeholder engagement <ul style="list-style-type: none"> - The ICB Communications and Engagement Team ran a patient engagement exercise from December 2023 to January 2024 in order to gain an insight into the experiences of patients on the SAS. A report detailing the outcome of the patient engagement exercise was included (Appendix B). ▪ Contractual/performance assurance <ul style="list-style-type: none"> - No concerns were identified. 	

No	Item	Action
	<ul style="list-style-type: none"> ▪ Quality and safeguarding metrics <ul style="list-style-type: none"> - In terms of quality assurance, no issues were identified. - Engagement had taken place with quality and safety colleagues and whilst the nature of the service often resulted in more complaints, the ICB's Patient Experience Team reported no problems with working with the practice on any complaints handled by the ICB. - Feedback had been requested from the ICB's quality assurance colleagues in relation to any significant incidents reported by the practice. There were no issues noted with the provider. - CQC - Compass Medical Practice was last inspected in November 2018 and was rated as Good overall. - Quality and Outcomes Framework (QOF) - There were a number of QOF indicators that were difficult to achieve or not relevant to this group of patients. - Prescribing Data – The Medicines Optimisation Team confirmed that there were no concerns with practice prescribing data. - Safeguarding – Safeguarding colleagues confirmed that there were no areas of non-engagement. The Delivery Assurance Team were aware of one active safeguarding issue that was currently not a cause for concern. ▪ Financial Assurance <ul style="list-style-type: none"> - The Associate Director of Finance had reviewed the published accounts and did not have any concerns with the current provider. <p>The Vice Chair was generally supportive of the recommendation but raised a number of points:</p> <ul style="list-style-type: none"> ▪ When the PCCC considered a competitive procedure under the PSR to award the contract for the provision of general medical services at Withnell Health Centre, if the ICB had approved the Most Suitable Provider process then it would have been required to write to GP surgeries capable of delivering this service in the area. Would the same process therefore apply to this contract if MSP was the procurement routeway? ▪ Review of the public domain information on Compass Medical Practice held by Companies House highlighted that there were approximately 10 directors, of which less than half were medical practitioners. Two directors had also resigned in the last financial year. Assurance was therefore requested on the capacity and clinical leadership if the contract is delivered by Compass Medical Practice. ▪ There was no benchmarking on whether this was value for money. 	

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	<p>Peter Tinson responded to each point in turn and confirmed that the ICB would be required to write to providers considered capable of providing this service to inform them of the award of this contract. However, it was considered unlikely that this would elicit any interest.</p> <p><i>Neil Greaves joined the meeting</i></p> <p>In respect of the number of directors, the mix of clinical and non-clinical directors did not preclude Compass Medical Practice from holding this contract. Indeed, part of the attractiveness of this arrangement had been their availability to look at the flexibility of their workforce.</p> <p>Following further concern from the Vice Chair regarding the current staffing arrangements, Peter Tinson agreed to undertake further due diligence around the staffing model. The Committee was in agreement that this was not a pre-requisite for today's decisions.</p> <p>In respect of value for money, John Gaskins highlighted that the contract with the current provider commenced in 2017, which had enabled an open book approach. He added that the same approach had been broadly adopted across the northwest and that the staffing model had been assessed as appropriate.</p> <p>RESOLVED: The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> ▪ Considered the options, procurement advice and Appendix A due diligence. ▪ Supported the preferred option of option two, Most Suitable Provider Process under the Provider Selection Regime to award a contract for a period of three years plus the option of a two year extension at the discretion of the ICB. <p>This was subject to the following caveats:</p> <ul style="list-style-type: none"> ▪ In accordance with the Most Suitable Provider under the PSR, the ICB will write to providers who they consider may have been capable of providing this service. ▪ Further due diligence to be undertaken on the staffing model of Compass Medical Practice. 	PT
Group Reporting		
PCCC/ 24/24	<p>Primary Medical Services Group – Decision Making Matrix</p> <p>Peter Tinson presented the report and confirmed that the ICB holds over 1000 core primary care contracts, resulting in the need to make a significant number of contractual decisions.</p> <p>The contractual requirements for all four contractor groups are underpinned by national legislation and contractual frameworks. In addition, NHS England publishes policy books to support commissioners in the interpretation of the legislation and to ensure consistency in approach to contractual and commissioning decisions.</p> <p>As result of the legislation, national contract models and policy books, the types of decisions that need to be made can be roughly split into three</p>	

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	<p>types:</p> <ul style="list-style-type: none"> ▪ Those where the commissioner has no discretion if due process has been followed. ▪ Those where the commissioner has a degree of discretion but there is a clear policy to be followed (local or national). ▪ Those where the commissioner has more flexibility in its decision making. <p>A decision making matrix and terms of reference were developed based on these principles to support the groups in safely and effectively discharging their duties.</p> <p>The decision making matrix for the Primary Medical Services Group had recently been reviewed and a change to the decision making matrix was being requested.</p> <p>Amy Lepiorz outlined the two proposed changes:</p> <ul style="list-style-type: none"> ▪ Primary Care Network Structures - It was recommended that this decision is made by the group where the proposed boundary aligns with the local Integrated Neighbourhood Team (INT) footprint. Where the footprint does not align, this decision will be made by the Committee. To date, the Committee had only made one decision which related to Millom PCN, which was a type of decision which would be delegated to the group if the new approach was approved. ▪ Changes to Enhanced Access Plans - It was recommended that this decision is made by the group as it is operational in nature with clear guidance in the PCN Directed Enhanced Service. The Committee to date had not made any decisions on this matter. <p>The Vice Chair referred to Appendix One and the area of decision relating to contract extensions, and queried the decision making process. Amy Lepiorz clarified that this applied when there was a clear extension and would be subject to there being no concerns.</p> <p>In relation to contract uplifts, Amy Lepiorz also confirmed that anything greater than £100,000 and/or 10% of the original contract would be presented to this Committee for decision.</p> <p>RESOLVED: The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> ▪ Approved the changes to the decision making matrix for the Primary Medical Services Group. <p>Peter Tinson took the opportunity to respond to the question received from a member of the public regarding the Special Allocation Scheme in respect of Key Performance Indicators (KPIs) for the existing service. He confirmed that in addition to the standard core contract metrics, there were additional KPIs which included: face to face appointments and telephone consultations taking place in 24 hours, appointment waiting times, completion of reports to patient review panel, patients receiving substance misuse care and patients discharged from the service. At the last review, the provider had achieved 95% compliance.</p>	

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PCCC/ 25/24	<p>Group Escalation and Assurance Report</p> <p>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 13 June 2024: Primary Medical Services Group, Primary Dental Services Group, Pharmaceutical Services Group, Primary Optometric Services Group and Primary Care Capital Group</p> <p>Each summary report also highlighted any issues or items referred or escalated to other committees or the Board. Appended to the report were the risks currently being managed by the respective groups.</p> <p>The following key points were highlighted:</p> <ul style="list-style-type: none"> ▪ Primary Medical Services Group Leyland Primary Care Network (PCN) - In April 2024, the Lancashire Central and West place facing team received notification from both Moss Side Medical Practice and Clayton Brook Surgery that they wished to leave the Leyland PCN. The group had been presented with three options, with the preferred option being to allow the practices to move into Greater Preston PCN. An updated paper would be presented to the July 2024 meeting of the Primary Medical Service Group. <p>Out of Hours Contracting Arrangement – Kirkham Practices – Discussions had taken place regarding the current arrangement. The Primary Medical Services Group agreed to the review of funding being included in the Local Enhanced Services Review and that funding should continue for this financial year.</p> <p>Hyndburn Central Enhanced Access Service – Hyndburn Central PCN had proposed to deliver the Enhanced Access Service for Hyndburn Central commencing on 01 August 2024. Although there had been some challenges in agreement of the new model from GP practices, the group was made aware that all parties were now in agreement. Further engagement was required with Richmond. The Committee noted that the request for agreement under Chairs action for approval had not been progressed.</p> <p>Stanley Court – Request to temporarily close their list to new patient registrations for a period of nine months. This was due to staff sickness at the practice.</p> <ul style="list-style-type: none"> ▪ Primary Care Dental Services Group Update Bateman & Best – Student Therapist Extension Request - The group approved the provider’s request to extend the number of student therapists for the 2024/25 academic year to eight students with a view to extending into future years. The request confirmed that approximately 75% of graduating students remained in employment within Lancashire & South Cumbria. <p>My Dentist update proposal – Poulton and Fleetwood non-recurrent transfer. The Dental Team and the Local Dental Network met with {my}dentist to discuss a proposal to temporarily transfer activity from Poulton and Fleetwood to Blackpool and Blackburn whilst</p> 	

No	Item	Action
	<p>recruitment of a new dentist took place. The group considered the resource allocation framework and agreed in principle to the proposal subject to a plan being developed for the innovative elements by mid-September.</p> <ul style="list-style-type: none"> ▪ Primary Optometric Services Group Extension of Service Level Agreement for Learning Disabilities (LD) & Autism – It was agreed to extend the service until 31 March 2025. ▪ Primary Care Capital Group Revenue Report – Notional Rent Reviews and Stamp Duty Land Tax - A paper will be submitted to the Primary Care Medical Group to review the proposed approval criteria for stamp duty land tax funding applications. <p>Improvement Grant Applications - The group undertook a review of two grant applications prioritised for investment in 2024/25. The formal grant agreements will be issued for practices to sign off and will require authorisation by the ICB Director of Finance and NHS England Northwest Regional Director of Finance before the grants are formally awarded to the practices.</p> <p>RESOLVED: The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> ▪ Received and noted the Alert, Assure, Advise (AAA) reports from the five delegated primary care groups and risk registers from each group 	
Other Items for Approval		
PCCC/ 26/24	None to be considered.	
Items to Receive and Note		
PCCC/ 27/24	<p>Community Pharmacy Assurance Framework (CPAF) – Annual Visit Summary Report</p> <p>Amy Lepiorz presented the paper, the purpose of which was to provide the PCCC with an overview of the Community Pharmacy Assurance Framework (CPAF) process for 2023/24.</p> <p>The report provided assurance that the CPAF process and subsequent actions had taken place in line with the NHS England Policy Book.</p> <p>Resolved: The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> ▪ Noted the contents of the paper. 	
PCCC/ 28/24	<p>Delivery Assurance End of Year Report 2023/24</p> <p>Peter Tinson presented the paper which provided an overview of the contractual management of primary care contracts which is undertaken by the Delivery Assurance Team within the Primary Care and Community Care Commissioning Team. There is a range of contractual administration and contract monitoring that is undertaken by the Delivery Assurance Team, in addition to the significant contractual decisions undertaken by the</p>	

No	Item	Action
	<p>Committee and the operational ones undertaken by the relevant groups.</p> <p>The work undertaken by the Delivery Assurance Team ensures the ICB meets the requirements of the delegation agreement with NHS England and that the ICB manages contracts in line with national legislation and policy.</p> <p>The report provided an overview of activity for all four contractor groups. It also provided an insight into levels of contractual changes which are being received and processed by the team and operational issues encountered by the team.</p> <p>The Chair thanked Peter Tinson for a helpful report but commented that it would be helpful to see the difference in any trends and understand patterns of behaviour in future reports.</p> <p>RESOLVED: The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> ▪ Noted the content of the report 	PT
PCCC/ 29/24	<p>Primary Care Budgets 2024/25 Quarter 1 (April-June 2024)</p> <p>John Gaskins presented the paper which provided the Quarter 1 financial position for primary care budgets.</p> <p>RESOLVED: The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> ▪ Noted the financial position at the end of Quarter 1. 	
Standing Items		
PCCC 30/24	<p>Committee Escalation and Assurance Report to the Board (Alert, Assure and Advise)</p> <p>The Chair confirmed that this would be produced and submitted to Board.</p>	
PCCC/ 31/24	<p>Items Referred to Other Committees</p> <p>There were no items that required referring to other committees.</p>	
PCCC/ 32/24	<p>Any Other Business</p> <p>There was no other business discussed.</p>	
PCCC/ 33/24	<p>Items for the Risk Register</p> <p>There were no new items for the risk register.</p>	
PCCC/ 34/24	<p>Reflections from Meeting</p> <p>All colleagues were thanked for attending today's meeting.</p>	
PCCC/ 35/24	<p>Date, Time and Venue of Next Meeting</p> <p>This will be held on Thursday, 10 October 2024 at 10:00am in Lune Meeting Room 1, ICB Offices, County Hall, Preston.</p>	