

Subject to Ratification at the Next Meeting

**Minutes of the Extraordinary
Primary Care Commissioning Committee
Held in Public on Monday 25 November 2024 at 2pm via MS Teams**

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
Craig Harris	Chief Operating Officer	L&SC ICB
Peter Tinson	Director of Primary & Community Care	L&SC ICB
Corrie Llewellyn	Primary Care Nurse	L&SC ICB
John Gaskins	Associate Director of Finance	L&SC ICB
Paul Juson	Head of Delivery and Assurance	L&SC ICB
Kathryn Lord	Director of Quality Assurance & Safety (Member)	L&SC ICB
Neil Greaves	Director of Communications and Engagement	L&SC ICB
Andrew White	Chief Pharmacist	L&SC ICB
Participants		
Donna Roberts	Associate Director Primary Care, Lancashire (Central)	L&SC ICB
Collette Walsh	Associate Director, Primary & Community Commissioning Team	L&SC ICB
Umesh Patel	Clinical advisor for Pharmaceutical Services	L&SC ICB
Sarah Danson	Senior Delivery Assurance Manager	L&SC ICB
In Attendance		
Jo Leeming (notes)	Committee and Governance Officer (minutes)	L&SC ICB
Sarah Mattocks (deputising for Debra Atkinson)	Head of Governance	L&SC ICB

No	Item	Action
Standing Items		
PCCC/51/24	Welcome, Introductions and Chair's Remarks The Chair declared the meeting open and advised there were no members of the public in attendance today. The meeting had been called as the items could not wait until the next scheduled meeting in December.	

No	Item	Action
PCCC/ 52/24	<p>Apologies for Absence / Quoracy of Meeting</p> <p>Apologies for absence had been received from David Levy, Julie Colclough, David Blacklock, Lindsey Dickinson, Debra Atkinson (Sarah Mattocks deputising), and Amy Lepiorz.</p> <p>The meeting was declared quorate.</p>	
PCCC/ 53/24	<p>Declarations of Interest</p> <p>(a) Primary Care Commissioning Committee Register of Interests</p> <p>Noted.</p> <p>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.</p>	
Commissioning Decisions		
PCCC/ 54/24	<p>ELA (Dill Hall) Contract Extension</p> <p>P Tinson advised that colleagues were aware of much of the background and award of the temporary contract to ELA for Dill Hall Surgery. The paper was recommending extension of the contract and a full options appraisal for the future provision.</p> <p>C Walsh advised that Hyndburn was one of the most deprived areas in the country with 12 practices, most of which were single handed, and the residents had some of the lowest life expectancy and rates of premature deaths within the region. There were three (potentially four) complex practice relocations planned which would be ongoing until at least 31 December 2024. Patients and staff at their new locations would need time to embed and become familiar with the new access arrangements. Longer term planning must consider interdependencies and opportunities for these practices. The ELA had stabilised service provision and maintained business continuity. They had also significantly improved care and reduced risk for patients. A competitive tender process at this time was not feasible and it would also not be advisable to undertake patient dispersal.</p> <p>With regards to section 5.2 and the wording on Burnley and Hyndburn having the lowest life expectancy, this was clarified to be from a LCC perspective not as an ICB. It was noted that it needed to be made clear that the contract would not be extended beyond the 6m + 6m and that a more long-term arrangement would be put in place. It was suggested that in terms of the extension and needs assessment, consideration should be given to continuity of provider due to the level of stability and improvement in patient care.</p> <p>It was agreed there was strong assurance that the committee was being asked to consider extension of a very high-quality service that had significantly improved patient care. It was recognised this was only a temporary fix to extend the contract, after which the process would be implemented to progress the longer-term options.</p> <p>The committee approved delegated authority to C Harris to approve the final contract up to £500k.</p>	

No	Item	Action
	<p>RESOLVED: The Primary Care Commissioning Committee approved the proposal to continue to contract with the ELA, for a further twelve months (6m + 6m) as described in Option 2; by way of a contract modification to vary the current contract term under the Healthcare Services (Provider Selection Regime) Regulations (PSR) 2023.</p>	
<p>PCCC/ 55/24</p>	<p>Special Allocation Scheme Contract Extension</p> <p>The Special Allocation Scheme (SAS) is provided on a Lancashire and South Cumbria basis by Compass Medical Practice which is part of Fylde Coast Medical Services (FCMS). There is currently a contract in place until 30 November 2024. To ensure continued access to primary medical services for patients currently allocated to the Special Allocation Scheme, a paper was submitted to the committee on 29 August 2024 to decide the best option to secure ongoing service provision for these patients. The committee agreed to the recommendation to undertake a Most Suitable Provider Process under the Provider Selection Regime to award a contract for a period of 3 years plus the option of a 2-year extension at the discretion of the ICB. This was subject to further assurances in relation to value for money and the staffing model. The provision of these assurances has impacted on the timeline to undertake the Most Suitable Provider Process and would result in the required standstill period exceeding the current contract expiry date (30 November 2024). NECS have identified options available to the ICB which are detailed in this paper to maintain continuity of service provision in the interim period whilst a Most Suitable Provider process is completed by 31 May 2025. This will provide sufficient time to complete the process and ensure that if there are any challenges from other interested providers these can be reviewed and responded to during the allotted time.</p> <p>This paper requests that PCCC approves a short-term contract or contract modification in line with the Provider Selection Regime (PSR) 2023 to the current provider (FCMS) for a period of 6 months from 30th November 2024 to 31st May 2025. This will ensure that there is sufficient time to complete the Most Suitable Provider Process. This is considered to be low risk.</p> <p>A timeline would be prepared to be presented to the committee in January along with the most suitable provider process, associated financial documentation and the financial envelope for sign off. The process would take until March to determine who was the most suitable provider then the contract award would need to come back to committee for sign off. Sufficient time needed to be allowed to assess any representations from providers answering the Prior Information Notice.</p> <p>Assurance was requested that this process would not be delayed again. P Tinson confirmed discussion had been undertaken along with communication with NECS which is why a slightly longer extension had been proposed than was required. There was now a better understanding of the MSP process, the timeframe and committee sign off points. The relative merits of a short-term contract opposed to contract modification were queried but it was advised they were similar.</p> <p>The committee noted the timeline would be provided for consideration at a further date. Thanks were given to the team for the work, and for guiding the committee through the process and for the assurance provided.</p>	

No	Item	Action
	<p>RESOLVED: The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> - Noted the assurances regarding value for money considerations and the staffing model. - Approved a short-term contract or contract modification in line with the Provider Selection Regime (PSR) 2023 to the current provider (FCMS) for a period of 6 months from 30th November 2024 to 31st May 2025. - Noted that either of the above would be out with the PSR regulations but are considered to low risk in recognition of the market interest and the process underway to secure a provider. 	

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