

Subject to ratification at the next meeting

**Minutes of the ICB Primary Care Commissioning Committee Held in Public  
on Thursday, 20 July 2023 at 10 am  
Meeting Room 1, ICB Offices, County Hall, Preston**

Name	Job Title	Organisation
<b><u>Members</u></b>		
Debbie Corcoran	Chair/Non-Executive Member	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 Care	L&SC ICB
Neil Greaves	Director of Communications and Engagement	L&SC ICB
Kathryn Lord	Director of Quality Assurance and Safety	L&SC ICB
Corrie Llewellyn	Primary Care Nurse (Clinical Quality, Assurance and Governance Lead)	L&SC Primary Care Training Hub
John Gaskins	Finance Lead for Primary Care	L&SC ICB
Lisa Rogan (named deputy for Andrew White)	Strategic Director of Medicines, Research and Clinical Effectiveness	L&SC ICB
<b><u>Participants</u></b>		
Dr Lindsey Dickinson	Associate Medical Director	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
<b><u>In Attendance</u></b>		
Debra Atkinson	Company Secretary/Director of Corporate Governance	L&SC ICB
Sarah Mattocks	Head of Governance	L&SC ICB
Claire Moore (for item 2.3)	Head of Risk, Assurance and Delivery	L&SC ICB
Louise Talbot	Board Secretary and Governance Manager	L&SC ICB
Sandra Lishman	Committee and Governance Officer	L&SC ICB

Item No	Item	Action
<b>1. Introductory Section</b>		
<b>1.1</b>	<p><b><u>Welcome and Introductions</u></b></p> <p>The Committee Chair, Debbie Corcoran, welcomed everybody to the second meeting held in public of the Primary Care Commissioning Committee. To support transparency and accountability members of the public had been invited to observe the meeting. The papers for the meeting had been made available online seven days before the meeting via the Integrated Care Board's (ICB's)</p>	

	<p>website.</p> <p>Two members of the public had submitted questions and the Chair advised that following review, as they did not directly relate to agenda items, they would be dealt with outside of the meeting.</p>	
1.2	<p><b><u>Apologies for Absence</u></b></p> <p>Apologies for absence had been received from Andrew White (Lisa Rogan, named deputy, attended on his behalf) David Blacklock, Lindsay Graham, Craig Harris, David Bradley and Umesh Patel.</p> <p>The meeting was quorate.</p>	
1.3	<p><b><u>Declarations of Interest</u></b></p> <p><b>RESOLVED: That there were no declarations made relating to the items on the agenda.</b></p> <p>The Chair asked to be made aware of any declarations that may arise during the meeting.</p> <p><b>(a) Primary Care Commissioning Committee Register of Interests – Noted.</b></p>	
1.4	<p><b><u>Minutes of the Meeting Held on 8 June 2023</u></b></p> <p><b>RESOLVED: That the minutes of the previous meeting held on 8 June 2023 be approved as a correct record.</b></p>	
1.5	<p><b><u>Matters Arising and Action Log</u></b></p> <p>Actions were updated as follows:-</p> <p><b>Committee Membership/Regular Participants</b> The Chair asked that the vacant representative roles be monitored to ensure that full membership was achieved as soon as possible.</p> <ul style="list-style-type: none"> <li>- <b>Healthwatch representative</b> – Clarification was awaited as to whether Lindsay Graham would be the representative going forward.</li> <li>- <b>Clinical Advisor for Ophthalmic Services</b> – The role would be considered as part of the transfer of clinical advisor arrangements from NHS England to the ICB, planned for September 2023.</li> </ul> <p><b>Terms of Reference Supporting the Groups of the Committee</b> – Neil Greaves updated that engagement was taking place, with an update to be provided at either the August or September Committee meeting.</p> <p><b>Primary Care Finance Report</b> – Action completed. Quarter 1 to be included with the report for the next Committee meeting.</p> <p><b>Public Understanding of Reports</b> – The glossary of terms on the ICB’s website had been updated, and is under constant review. Item to be closed in terms of good practice and guidance, and the team were thanked for their work in this area</p>	

	<p>in supporting the public to understand the Committee’s business and focus.</p> <p><b>Future Meeting Venues</b> – Venues had been carefully considered for today’s meeting, with Cumbria being an ideal location given agenda items, but unfortunately an accessible and cost-effective venue had not been available. County Hall is likely to be used as a regular venue due to its central location, good transport links and being no cost. The location of future meetings will continue to be reviewed, and ideally be pertinent to agenda items, whilst being mindful of cost. The Chair confirmed that due to complexity, it was preferred not to hold hybrid meetings. It was agreed that a brief summary of discussion and outputs from Primary Care Commissioning Committee minutes would added to the ICB website following each meeting, to enable members of the public to have a timely understanding of the decisions made and support transparency.</p> <p><b>Dental Contracting and Service Provision</b> – The ICB’s Quality Committee had suggested this item be escalated to the Primary Care Commissioning Committee to have an understanding of the issues. Discussion would take place as part of the risk register item at today’s meeting, with further scrutiny and development at the Committee’s September meeting.</p> <p>All actions were noted to be complete or in progress. There were no matters arising.</p>	<b>NG</b> (✓)
<b>2. Governance and Operating Framework</b>		
<b>2.1</b>	<p><b><u>Primary Care Procurement Review and Recommendations</u></b></p> <p>Peter Tinson spoke to a paper presenting a series of recommendations in relation to the future Primary Care Procurement Evaluation Strategy (PES), for the ICB. NHS Shared Business Services had undertaken an independent review at the request of the ICB, considering learning from recent procurement exercised.</p> <p>The review noted that the award criteria adopted for primary care procurements by the ICB previously were broadly similar to those you would find being used for other procurements of similar services by any other NHS commissioner, and were in line with guidance and legal advice communicated to Clinical Commissioning Groups (CCGs) ahead of the formation of the ICB. The review set out observations and recommendations in 4 themed areas: general observations; quality award criteria and weightings; evaluation criteria and also financial evaluation. 11 observations had been shared by SBS, with resulting recommendations all welcomed and endorsed by the Committee (relating to patient involvement and engagement, the evaluation of bidder past performance, selection criteria, award criteria and the identification of service differentiators). The Committee supported the opportunity to increase the value and importance of award criteria and weightings in relation to clinical service delivery and quality in a revised PES, given this parameter currently accounted for 44% of weighted marks.</p> <p>Neil Greaves reported that the Withnell practice’s steering group had been asked to contribute to what the procurement for primary care should look like. The steering group had sight of a headline summary of the review and were supportive of the recommendations.</p>	

David Levy commented that the PES approach should enable the provision of sustainable and accessible primary care services. Peter commented that the recommendations had also been received by ICB Executives who made a number of supporting recommendations including the provision of procurement training for the ICB Board.

Members noted that the PES Development Workshop was held on 19 May 2023, not 2022.

The Chair welcomed that the review had recognised the ICB's commitment to co-production, listening to feedback from both colleagues and members of the public on our processes and approach.

Peter confirmed that NHS Shared Business Services would support the implementation of the recommendations and a proposed ICB standard PES for primary care procurements would be presented at the October meeting for Primary Care Commissioning Committee approval.

Peter confirmed that from a forward planning perspective, the Slaidburn practice was the only potential procurement prior to October.

Peter thanked everyone involved for their input into this work.

**RESOLVED: That the Committee approve the recommendations and the continued support from NHS SBS to implement a revised Procurement Evaluation Strategy for primary care delegated services (within existing resources).**

## 2.2 Delegated Services Assurance Framework Quarterly Review

Amy Lepiorz spoke to the circulated report, explaining that the ICB had delegated responsibility from NHS England for the commissioning of primary care services of GP practices, dental practices, optometry practices and pharmacies. The ICB was required to complete a retrospective annual self-declaration by NHS England to confirm compliance against the assurance requirements for the four service areas. When considering each service, there were four domains to be considered and evidenced against – these self-assessed against (i) compliance with mandated guidance issued by NHS England, (ii) service provision and planning, (iii) contracting and contractor/provider compliance and also (iv) performance. The annual self-declaration to confirm compliance had been developed into a 'Delegated Services Assurance Framework', which would be populated on an ongoing basis by lead managers and the Delivery and Assurance team, and reviewed by both the four service groups supporting the Primary Care Commissioning Committee, and the Committee itself.

The report included an updated Assurance Framework with the latest position RAG rated, and evidence and activity included for the period April 2023 and June 2023. All delegated services were RAG rated as green (compliant) apart from dentistry which included an amber RAG rating within service provision and planning (with amber being - compliant, but still some risks identified).



	<p>care, and that this was welcomed.</p> <p><b>RESOLVED: That the Primary Care Commissioning Committee note the completed assurance frameworks for the four delegated primary care service groups for the period April 2023 – June 2023.</b></p>	
2.3	<p><b><u>ICB Risk Register Report – Primary Care</u></b></p> <p>Claire Moore provided the Committee with the first ICB risk management update report, as part of the annual cycle of review during 2023/24. Claire explained that the meeting report included the Board Assurance Framework (BAF) and Corporate Risk Register (CRR), highlighting risks relating to the business of the Primary Care Commissioning Committee. A risk around primary care dental services held on the BAF was highlighted, and it was explained that this service was taking time to recover from COVID, resulting in patients finding it difficult to access routine dental care. The summary dashboard included within the report provided members with detail of risks held on full risk registers. Claire reported that systems and processes were in place for managing risks, allowing real time access to risks if required.</p> <p>David Levy highlighted the implementation of the Fuller Report recommendation risk on the BAF. David continued that with regard to the risk relating to primary care dental services, a paper was received by the Quality Committee at its recent meeting and David would share this paper with the Primary Care Commissioning Committee ahead of the deep dive into this area, planned for the September meeting. A lot of work had been undertaken around dental services since COVID and innovative plans were being put together nationally. David recommended that the score for this risk remained at a 12 as there had been no significant improvement in the service to reduce the risk.</p> <p>The Chair recognised that there would be change with risks as the impact of the Long-Term Strategic Plan was reviewed. Dentistry processes continued to be established which would bring in a further check to provide additional assurance. The Committee felt it would be helpful to see all of the risks at each meeting as they cut across various committees.</p> <p>The Chair reflected that if a recommendation came to a Committee to reduce or escalate a risk, the Committee would need to receive a narrative articulating why the change was to be made to provide a rationale to base decisions on. The Committee would consider the recommendation to reduce the dental risk from a 12 to an 8 at the September meeting when a more detailed dental paper would be received.</p> <p>Peter Tinson reported that there was governance around the Fuller Report which reported to the Transforming Community Care Board. A regular update paper would be shared with the Committee.</p> <p>The Chair summarised that the Committee welcomed and supported the process of reporting risk registers.</p>	

**RESOLVED: That the Committee:-**

- **Note the content of the report and risk reporting scheduled for 2023/24**
- **Review the risk which related to the business of the Committee.**

**3. Commissioning Decisions**

**Decisions made direct/remit of the Primary Care Commissioning Committee**

**3.1 (a) Slaidburn Country Practice – Options Appraisal with Recommendation**

Peter Tinson thanked Colette Walsh and colleagues for the significant amount of work undertaken, which set a standard for what the Committee would require in future.

Peter introduced the item highlighting that the options appraisal had been informed by independent legal and procurement advise and patient and stakeholder feedback around the current provision and performance of the incumbent provider.

Colette Walsh highlighted the importance of context to considerations by the Committee. Slaidburn practice is unavoidably small and rurally isolated, being 23 miles to the nearest accident and emergency department. Ambulance access to the area is challenging and community services are stretched across a significant patch with no public transport at all. Slaidburn is an a-typical practice, meaning that funding is received differently. The practice was also noted to be a dispensing pharmaceutical practice, which the public relied upon.

The Committee noted that short term contract extensions had been in place since 2019 and were coming to an end on 30 September 2023. A market engagement exercise had been undertaken in October 2022 by NECs on the ICB's behalf, which reported in November 2022, and aimed to support the ICB to fully risk assess commissioning options. It was noted that 5 providers had viewed the documentation published in the market engagement exercise – with only the current incumbent provider submitting a response. One provider had shared that they did not respond due to the small patient list size, and indicated they may be interested in discussing the opportunity further, however no further correspondence or contact had been received. It was confirmed that there was no evidence to indicate changes in the market or in the needs of the population served by the practice since this time.

3 options were set out for the Committee's consideration – each of which had been subject to a quality impact and equality impact assessment, and a detailed options appraisal was shared and considered for each, including assessment of risks and benefits. The 3 options were:

*Option A* - Undertake a competitive procurement process in line with Public Contract Regulations 2015 to award a contract for a period of 10 + 5 years and request a short-term continuation of the current delivery terms and continuation.

*Option B* - Direct Award to the current provider (10+5 years) without further market engagement.

*Option C* - Publish a Voluntary Ex Ante Transparency (VEAT) notice via Find a Tender Service (FTS) and Contracts Finder, advising the market of the ICB's intention to direct award a contract to the incumbent without competition (prior to awarding the contract and publishing contract notice as required under the Public Contract Regulations 2015).

Option B was recommended to the Committee, and the rationale considered. Due diligence was included in the report and considered in decision-making, and related to patient experience and stakeholder engagement, contractual/performance assurance, quality and safeguarding metrics, Quality Outcomes Framework (QOF) for 2012/22 and also financial assurance.

The Committee noted in discussions that the recent market testing had confirmed there was very little competition to deliver the service, with the due diligence evidencing that a good quality experience and service was being delivered to patients. It was recognised that a competitive procurement process or publishing a Voluntary Ex Ante Transparency notice would potentially destabilise the service delivery. The Committee recognised the clear views which had been shared through patient involvement and engagement, which had included direct engagement face to face and online, and thanked the Communications and Engagement team for their work. There was a clear view of patient experience, demonstrating effectiveness of service and good quality medicine and delivery outcomes had been seen. It was noted that should option B be agreed, the sustainability of the practice workforce would need to be considered, ensuring retainment and recruitment of staff in future. Performance ratings in 3 areas (diabetes, heart failure and hypertension) were noted to be below the England average, with Lisa Rogan confirming that the data was gathered during COVID, and explaining the likely impact of rurality and limited services being available – the Committee was updated and assured that performance continued to improve.

It was highlighted that in relation to the existing funding model for the practice, as referred to in paragraph 1.3 in the meeting paper, the practice did not receive an inducement payment, but that the funding model in place reflected that Slaidburn was an atypical practice, meaning that funding was received differently as such. Colette confirmed that if option B was approved as the preferred commissioning approach by the Committee, this would be in principle as further due diligence could then commence, with a service provision and also financial model needing to be developed for the Committee's approval.

The Committee members reflected that the ICB has a responsibility to ensure provision of services with the best outcomes for the public, working within the statutory frameworks that were in place. This included understanding and responding to needs within communities that were unique and presented both challenges and opportunities based on their location. Given the rurality of the area and the associated challenges that it presented for delivering primary care, for example, staff recruitment and the logistics of accessing care, it was recognised that it was important that all these factors were taken into consideration when making a decision. Colette confirmed that she was not



aware of any issues regarding lease agreements at present.

Following consideration of the three options and their robust appraisal and risk assessment, the Committee approved Option B: Direct Award to the current provider (without further market engagement). This option provided the most robust option in terms of maintaining a safe, cost effective service with the least risks to business continuity, at a time when primary care was under significant pressure to clear a backlog of care created by the Covid 19 Pandemic, and to modernise services in line with the requirements of the GP Access Recovery Plan 2023. Evidence showed a high level of patient satisfaction with the current service provider, no areas of concern in relation to performance (either contractual or financial), a well-led practice and outstanding responsiveness to patient need.

Whilst there were risks with this option, the Committee's consensus was that on balance the risk of legal challenge was considered to be low and was, arguably, significantly outweighed by the benefits for patients living in this area, in that a high quality, safe, effective service would be secured and supported to develop further with the stability of a long-term contract underpinning any service development. Market testing was last completed in October/November 2022, and with limited interest. There was no evidence to indicate changes in the market or in the needs of the population served by the practice. Members were also assured that the ICB had carefully considered key factors relating to the current contractual provision, given that one of the options was to direct award the contract to the incumbent provider (patient experience and stakeholder engagement, contractual and performance position, quality and safeguarding metrics and also financial assurance) and was clear on the current position.

The Chair thanked Peter, Collette and their colleagues for the work on the report and approach.

**RESOLVED: That the Primary Care Commissioning Committee:-**

- **Receive and consider the report and options appraisal for Slaidburn, supported by legal/expert procurement advice**
- **Approve a decision in principle (subject to further due diligence) to proceed with Option B, a Direct Award to the current provider (10+5 years) without further market engagement.**

3.2

**(b) Minutes and any recommendations from the four delegated primary care service groups via Alert, Advise and Assure**

Peter Tinson reported that from a dental perspective, investment had been made in two practices in Lancashire and South Cumbria, to help recruitment and retain workforce. Members noted that with regard to late payment claims received from several practices, the request for one practice had been reconsidered and was being reviewed, based on further information received.

	<b>RESOLVED:</b> That the Committee receive and note the Alert, Advise, Assure reports from the four delegated primary care groups.	
<b>4. Other Items for Approval</b>		
4.1	<b>RESOLVED:</b> That the Primary Care Commissioning Committee note that there were no other items for approval.	
<b>5. Items to Receive and Note</b>		
5.1	<b>RESOLVED:</b> That the Primary Care Commissioning Committee note that there were no items to be received or noted.	
<b>6. Items for the ICB Risk Register</b>		
6.1	Dentistry risk discussed earlier in this meeting.  <b>RESOLVED:</b> That there were no further items identified for the ICB Risk Register.	
<b>7. Committee Highlights Report to the ICB Board</b>		
7.1	The Chair advised that each committee was required to provide the ICB Board of highlights arising out of meetings in the form of Assure, Advise and Alert (AAA). She provided the following summary of the discussion held and welcomed any comments or additions: <ul style="list-style-type: none"> <li>• <b>Assure:</b> Assurance Framework was in place – The Chair to pick up with Debra Atkinson and Louise Talbot</li> <li>• <b>Advise:</b> Risk Register, sharing the dental paper that had been previously reported to the Quality Committee</li> <li>• <b>Alert:</b> Primary Care Procurement Evaluation Strategy (PES).</li> </ul>	
<b>8. Any Other Business</b>		
8.1	<b>RESOLVED:</b> That there were no other items of business raised.	
<b>9. Reflections on the Meeting</b>		
9.1	Reflections of the meeting of the Primary Care Commissioning Committee were as follows: <ul style="list-style-type: none"> <li>• Focused and open discussion</li> <li>• Papers were thorough and well prepared</li> <li>• Nice venue, however, acoustics were not good and to be improved.</li> </ul>	
<b>10. Date, Time and Venue of Next Meeting</b>		
10.1	The next meeting would be held on Thursday, 10 August 2023 at 10.00am-12noon – venue to be confirmed.	

**Exclusion of the public:**

*“To resolve, that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest” (Section 1(2) Public Bodies (Admission to Meetings Act 1960).*

Draft