

Subject to ratification at the next meeting

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

Name	Job Title	Organisation
<u>Members</u>		
Debbie Corcoran	Chair/Non-Executive Member	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
Lindsey Dickinson (Named deputy for Dr David Levy)	Associate Medical Director	L&SC ICB
Andrew White	Chief Pharmacist	L&SC ICB
John Gaskins	Finance Lead for Primary Care	L&SC ICB
Claire Lewis (Named deputy for Kathryn Lord)	Associate Director of Quality Assurance	L&SC ICB
<u>Participants</u>		
Amy Lepiorz	Associate Director Primary Care - Blackpool, Lancashire (North), South Cumbria	L&SC ICB
Collette Walsh	Associate Director Primary Care - Blackburn with Darwen and Lancashire (East)	L&SC ICB
David Blacklock	Chief Executive, People First, Healthwatch Cumberland, Healthwatch Westmorland and Furness and Healthwatch Lancashire	Healthwatch
<u>In Attendance</u>		
Sarah Mattocks	Head of Governance	L&SC ICB
Louise Talbot	Board Secretary and Governance Manager	L&SC ICB
Louise Coulson (Minutes)	Committee and Governance Officer	L&SC ICB

Item	Note	Action
Standing items		
1.	<p><u>Welcome, Introductions and Chair’s Remarks</u></p> <p>The Chair, D Corcoran declared the meeting open and quorate and welcomed everybody to the meeting held in public including David Blacklock from Healthwatch who was attending his first meeting.</p> <p>Two contacts had been made via the website which included one question which did not relate to the agenda items for this meeting and, therefore, would be responded to outside of the meeting.</p>	
2.	<p><u>Apologies for Absence</u></p> <p>Apologies for absence had been received from Dr David Levy (named deputy Lindsey Dickinson attending), Corrie Llewellyn including her named deputy Sara Baldwin, Kathryn Lord (named deputy Claire Lewis attending), Neil Greaves, Dr Peter Gregory, Donna Roberts, Craig Harris, Umesh Patel, David Bradley and Debra Atkinson.</p> <p><i>Post meeting note:</i> Amanda Bate was unable to attend the meeting at short notice.</p>	
3.	<p><u>Declarations of Interest</u></p> <p>RESOLVED: That there were no declarations made relating to the items on the agenda.</p> <p>The Chair should be made aware of any declarations that may arise during the meeting.</p> <p>(a) Primary Care Commissioning Committee Register of Interests – Noted</p>	
4.	<p>(a) <u>Minutes of the Meeting Held on 20 July 2023 and Matters Arising</u></p> <p>RESOLVED: The minutes of the meeting held on 20 July 2023 were approved as a correct record subject to the additional underlined wording being included at minute 3.1 in respect of Slaidburn Country Practice, “Market testing was last completed in October/November 2022, <u>using the atypical population methodology and basis,</u> and with limited interest.”</p> <p>(b) <u>Matters Arising</u></p> <ul style="list-style-type: none"> Committee Membership/Regular Participants – The Chair advised that Ian Cherry (currently Co-opted Lay Member on the ICB Audit Committee) had been appointed as the Lay Member/Deputy Chair on the Primary Care Commissioning Committee and would be joining the committee in September. 	LJT (✓)

	(b) Action Log – A number of items had been completed and closed on the action log.	
Governance and Operating Framework		
5.	<p><u>Group Decision-making Matrix – Involvement and Engagement Testing</u></p> <p>Due to unforeseen circumstances, A Bate was unable to attend to present the item. It was, therefore, deferred to the September meeting of the committee.</p>	AB/ LJT (✓)
Commissioning Decisions		
6.	<p><u>Decisions made/direct remit of Primary Care Commissioning Committee</u></p> <p>(a) Slaidburn Country Practice – Service Specification – C Walsh provided a verbal update and advised the committee that the current contract for the Slaidburn Country Practice was due to expire on 30 September 2023. Following the decision made in principle by the committee on 20 July 2023 regarding contract award, due to unforeseen circumstances detailed discussions to progress this had not yet been held with the incumbent provider of Slaidburn Country Practice.</p> <p>Work had been undertaken in relation to the funding methodology for the practice ahead of discussions with the incumbent provider which it was expected would take place at the end of August/early September 2023.</p> <p>The committee was advised that there may, therefore, be a slight delay in respect of the contract award. A definitive timetable would be established once the discussions have concluded. C Walsh advised it was not anticipated that the delay would impact beyond three months of the original timetable. Therefore, the new contract start date would be 1 January 2024 at the latest.</p> <p>C Walsh sought approval from the committee in principle to grant an extension of the current contract up to a maximum of three months for the current service delivery, with delegated authority under Chair’s action to progress the extension in conjunction with Dr D Levy as the Executive lead, if it was required. A further update would be provided should the extension be enacted.</p> <p>RESOLVED: That the Primary Care Commissioning Committee agreed to delegate via a Chair’s action if required as outlined above.</p> <p>For transparency and awareness, that the update be included in the key decisions made by the committee to be published on the ICB website after the meeting.</p>	<p>CW/ DC/ DL (✓)</p> <p>SM (✓)</p>

<p>7.</p>	<p><u>Group Minutes and Any Recommendations from the Groups via Alert, Assure and Advise</u></p> <p>(a) Dental Provision South Cumbria – Additional Sessions Request - A Lepiorz presented this item which proposed an extension to the number of sessions commissioned from Miss Julie Forde (the provider) due to dispersed patients arising from the closure of the Grange-over-Sands practice on 31 March 2023.</p> <p>The committee was advised that the provider was currently commissioned to provide five additional sessions on a weekly basis and had identified that patient demand was greater than the additional capacity commissioned. The provider had put forward a proposal to help alleviate the current pressures and to provide additional dental capacity for the benefit of the local population.</p> <p>The report included four options for consideration. Option four had been recommended to the Committee, and it was recognized that an offer to support three further additional sessions (eight in total) had been made ahead of today’s review, on an interim basis for four weeks, pending consideration of the report. Option four would allow the senior delivery assurance manager and the dental clinical advisor to work with the provider to increase sessions up to a maximum of 12 per week based on a safe staffing model.</p> <p>The Chair invited questions from the committee and the following points were made:</p> <ul style="list-style-type: none"> • Due to the nature of dental commissioning and classification as a private provider, comprehensive patient lists are not available as part of the contractual arrangements therefore, there can be no accurate capture of patient requirements or numbers. • The use of social media regarding the closure of the Grange-Over-Sands practice would be withdrawn as this produced enquiries from patients throughout the country. • Ongoing clinical audits were being performed to capture quality of care and profile of patients receiving treatment. • Although providers were given a dental budget, they rarely fulfil 100% of the contract value. There was some funding that could be invested throughout the year. It was noted that national team requires all contractors to achieve 100% of the list however, there was no additional money provided. Whilst it was important to avoid an overspend, it was equally important not to have any remaining funding. Further discussion in respect of the funding of dentistry would be held at the September meeting of the committee. • There was a necessity to support a wider conversation about funding in the longer term and to have a focus on patient need rather than demand. It was acknowledged that there was funding for typically between 50-60%of the population in relation to access to dental services and further discussion was required to support future strategic investment of this funding by the ICB in response to requests from 	<p>AL (✓)</p>
-----------	---	-------------------

practices

The Chair welcomed the comments made. The committee recognised the issues around access to dental services and were assured in respect of the demographics and to deliver to feed into future dental access plans.

Assurance was sought in respect of quality and patient experience which would be captured via clinical audit reporting back to the Primary Care Commissioning Committee and the Quality Committee.

RESOLVED: That the Primary Care Commissioning Committee approve additional sessions, up to the total value of 12 additional sessions per week, which includes the temporary increase agreed previously - until the end of March 2023. These sessions would only be available to patients within the Lancashire and South Cumbria Integrated Care Board geography. The committee noted that there were no revenue consequences for the ICB.

(b) Primary Care Capital Investment Proposal - J Gaskins presented this item which sought approval to offer a Primary Care Improvement Grant as recommended by the Lancashire & South Cumbria (L&SC) Capital Working Group. The working group had reviewed a grant application from North Shore Surgery requesting approval to issue an improvement grant totalling £25,316 for the practice. The request includes conversion of the former medical records storage room to clinical space and is the type of scheme expected following the Lloyd George medical records digitisation programme. The approval of the improvement grant would be passed onto the NHS England team to formally authorise the grant agreements with the practice.

The following comments were made:

- Clarification was sought as to whether the ICB had developed a strategic approach to capital investment in primary care, and how the request aligned with the recommendations in the Fuller Report along with the recommended approach to capital funding. In response it was noted that whilst further work was required in respect of some aspects of the ICBs strategic approach to capital, for this particular type of request there was strategic alignment. It was also important to note the scheme had no revenue consequences or the ICB as the space was within what was already reimbursed.
- It was noted that this request and others previously received in 2023/24 broadly reflected the levels of spend in comparison to previous years. There is a need for the ICB to draw estate and digital proposals more closely together and view the primary care capital resource as a single resource, the use of which should align to the strategic aims and objectives going forward. .
- Community health partnerships were working with the ICB to look at strategies in line with the Fuller Report implementing a phased

	<p>approach.</p> <ul style="list-style-type: none"> • Clarity was required in understanding the definition of occupancy as it appeared to be contradictory. • It was commented that there is a space eligibility calculator based on patient list size which calculates reimbursement however, it was out of date and didn't reflect new roles and ways of working. It had been flagged through the regional team as challenges with the calculator were a national issue. This had fed into a discussion nationally around the additional roles reimbursement scheme (ARRS) and the Directed Enhanced Services (DES) and the impact of these on the eligible space calculation. • It was noted that for major capital schemes in addition to NHS funding alternative options included, amongst other options, third party developers. It was acknowledged that the estates requirement was broadly in a good position but required further understanding of potential obstacles. • It was recognised that the next three years were pivotal for the ICB. <p>The Chair welcomed the discussion and requested that further detail be provided to the committee on capital and estates demand and current position, for further scrutiny in respect of the 2023/24 position, and the balance and funding splits in order that the best value on the use of funding could be undertaken. There was also a request that a 2024/25 projection be carried out in order to have a greater understanding of the strategic view to enable informed conversation and build understanding into the workplan to allow the committee to make robust decisions. It was also noted that supportive capital investment sessions will be held and that deep dives were planned. J Gaskins would liaise with D Roberts with a view to providing a report to the committee to help them understand the decision-making criteria and a flow of the 'asks' and pipeline coming forward.</p> <p>RESOLVED: That that the Primary Care Commissioning Committee approve the request and note the actions being taken forward as outlined above.</p> <p><i>Post meeting note: Due to timescales and the information required, a report would be submitted to the October meeting of the committee.</i></p> <p>(c) Group Escalation and Assurance Report – P Tinson referred to the escalation and assurance report which provided an update on areas of work from the Groups underpinning the committee. The following comments were made:</p> <ul style="list-style-type: none"> • D Blacklock referred to primary care and dental access for asylum seekers and their experiences and asked if there was data available as to how they were being supported. The Primary Medical Services Group would be asked to consider capturing available feedback to the committee in respect of access in the local community. It was commented that there may be information in the Five Year Forward Plan. 	<p>DR/ JG</p>
--	--	-------------------

	<ul style="list-style-type: none"> Reference was made to the Primary Care Network (PCN) access plans and that PCNs were being encouraged to include population data in their plans. There was a necessity to acknowledge that a very western centric approach may be applied to how the data is captured and it was suggested that the committee looked at lessons learned to reflect how primary care access could better serve a diverse population requirement. In respect of the Investment Impact Fund (IIF), the chair requested confirmation of the decision making responsibilities in relation to requests from practices and PCNs for such discretionary payments. Update: Contained in the decision making matrix – Primary Medical Services Group but recognising that there are also now the wider ICB financial recovery governance arrangements in place. <p>RESOLVED: That the Primary Care Commissioning Committee note the report.</p>	PT (✓)
Other Items for Approval		
8.	<i>None to be considered.</i>	
Items to Receive and Note		
9.	<p><u>Primary Care Budgets 2023/24 – Quarter 1 (April – June)</u></p> <p>J Gaskins presented this item which provided the committee with the Quarter 1 position (April-June) 2023/24 primary care budgets. He referred to Quality, Innovation, Productivity and Prevention (QIPP) and the variances at the end of Quarter 1 as some schemes of work had only just commenced. The Chair requested a more detailed breakdown of the budget lines to enable the committee to have greater clarification of spend and a similar request was made for any funding requests received.</p> <p>G Jolliffe asked if there were any visible possibilities of overspend and J Gaskins advised that the challenge related to QIPP and across different places. There was a risk of overspending in Quarter 1 however, work was taking place collectively to mitigate the risk.</p> <p>It was noted that in relation to dispensing, the overspend position was replicated nationally and to a certain extent inflationary costs were beyond the control of the ICB with a year-on-year increase of 15%.</p> <p>It was commented that de-prescribing on safe medicines was seeing an 11% growth on the same items and the impact of inflation on said items and the issues of supply and demand were also contributing factors. Over recent years there had been a big impact on stock levels for medication and the national position was not improving.</p>	JG

	<p>Reference was made to Internal Medicine Training (IMT) for doctors which may level out and if proved successful, the position may improve.</p> <p>The Chair requested clarification of budget lines within the report and it was noted that the Finance and Performance Committee would likely draw out this information. Assurance was also required in respect of profiling for the full financial year.</p> <p>RESOLVED: That the Primary Care Commissioning Committee note the report and the actions to be taken forward.</p>	JG
Standing Items		
10.	<p><u>Committee Escalation and Assurance Report to the Board</u></p> <p>Alert - Dental Provision - The committee to alert the ICB Board of the request from the provider to provide an additional 10 sessions (in addition to the 5 sessions currently commissioned) of dental care for the benefit of patients that previously received NHS dental care from a practice in Grange-over-Sands.</p> <p>Advise – Capital Working Group – The committee to advise the ICB Board of the approval to award an improvement grant to North Shore Surgery, Blackpool.</p> <p>Advise – To provide an update on the current position regarding Slaidburn Country Practice.</p> <p>Assure – Group escalation and assurance report and Primary Care Budgets 2023/24 – Quarter 1 (April – June) report received.</p>	
11.	<p><u>Items Referred to Other Committees</u></p> <p>It was recognised that other committees have focus in some similar areas.</p>	
12.	<p><u>Any Other Business</u></p> <p>No issues raised.</p>	
13.	<p><u>Items for the Risk Register</u></p> <ul style="list-style-type: none"> • Hyperlink to the Risk Register to be included on the agenda. L Talbot to advise on the cycle of the Risk Register being submitted to the committee. <p>Update: Cycle included on the committee workplan and managed by L Talbot. Hyperlink will be included within each risk update.</p> <ul style="list-style-type: none"> • Financial situation of the country accounting for situations beyond the control of the ICB, eg, the risks around the climate crisis and air pollution to health which are not included in the ICB Risk Register. S Mattocks 	LJT (✓)

	<p>to liaise with risk leads in the corporate governance team.</p> <p>Update: There is a risk on the risk register regarding population health which references the current economy and fuel poverty. This risk is monitored and scrutinised by the Quality Committee and is also referenced on the BAF. This risk captures the elements within population health which are within the gift of the ICB to manage.</p> <ul style="list-style-type: none"> • Risk of the financial situation of the country - community pharmacy and people being unable to heat their homes and the impact this may have on health. <p>Update: As above the current economical crisis is covered within the risk assessment for population health.</p> <ul style="list-style-type: none"> • Capital risks within the L&SC ICB footprint. <p>Update: Potential risk area of capital flagged to corporate risk leads to consider with primary care team.</p> <ul style="list-style-type: none"> • The capacity to support the infrastructure team. <p>Update: Potential risk area of infrastructure flagged to corporate risk leads to consider with primary care team</p>	<p>SM (✓)</p> <p>(✓)</p> <p>(✓)</p> <p>(✓)</p>
14.	<p><u>Reflections from the Meeting</u></p> <p>It was requested that all papers capture patient feedback and quality as standard in order that assurance on these is provided.</p>	ALL
15.	<p><u>Date, Time and Venue of Next Meeting</u></p> <p>The next meeting would be held on Thursday, 14 September 2023 at 10.00am-11.00am in Meeting Room 1, ICB Offices, County Hall, Preston.</p>	