

Subject to ratification at the next meeting

**Minutes of the ICB Primary Care Commissioning Committee Held in
Public on Thursday, 14 September 2023 at 10am
in Lune Meeting Room 1, ICB Offices, County Hall, Preston**

Name	Job Title	Organisation
<u>Members</u>		
Debbie Corcoran	Chair/Non-Executive Member	L&SC ICB
Ian Cherry	Vice Chair/Co-opted Lay 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
Lindsay Dickinson (Named deputy for Dr David Levy)	Associate Medical Director	L&SC ICB
Neil Greaves	Director of Communications and Engagement	L&SC ICB
John Gaskins	Finance Lead for Primary Care	L&SC ICB
Kathryn Lord	Director of Quality Assurance and Safety	L&SC ICB
Corrie Llewellyn	Primary Care Nurse	L&SC ICB
<u>Participants</u>		
Prof Craig Harris	Chief of Strategy, Commissioning and Integration	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
Wayne Kirkham	Senior Primary Care Manager	L&SC ICB
David Blacklock	Healthwatch Representative	Healthwatch Cumberland
David Bradley	Clinical Advisor for Dental Services	L&SC ICB
<u>In Attendance</u>		
Sarah Mattocks	Head of Governance	L&SC ICB
Nicola Feeney	Pharmacy Delivery Assurance Manager	L&SC ICB
Sarah Bloy	Head of Primary Care	L&SC ICB
Nick Barkworth	Local Professional Network Manager	L&SC ICB
Clare Granger	Dental Clinical Fellow	L&SC ICB
Leanne Fawcett	Dental Delivery Assurance Manager	L&SC ICB
David Armstrong	Primary Integrate Neighbourhood Care - Senior Delivery Assurance Manager	L&SC ICB
Phil Hargreaves	Head of Estates	L&SC ICB
Claire Moore	Head of Risk, Assurance and Delivery	L&SC ICB
Louise Talbot	Board Secretary and Governance Manager	L&SC ICB
Observers	3 members of the public in attendance	-

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. She welcomed Ian Cherry, Non-Executive Member and Deputy Chair of the Primary Care Commissioning Committee who was attending his first meeting.</p>	
2.	<p><u>Apologies for Absence</u></p> <p>Apologies for absence had been received from David Levy (Lindsay Dickinson attended as the named deputy), Andrew White, Colette Walsh (Wayne Kirkham attended as the named deputy) and Umesh Patel.</p>	
3.	<p><u>Declarations of Interest</u></p> <p>RESOLVED: That it be noted that both D Corcoran and I Cherry were members of the former Preston Clinical Commissioning Group's Primary Care Commissioning Committee which was held in common with the former Chorley and South Ribble Clinical Commissioning Group's Primary Care Commissioning Committee. There had, therefore, been contact with A Robinson in the past in respect of commissioning decisions related to Withnell Health Centre. It was noted that whilst there was no material conflict, the information would be recorded in the minutes. The Secretary would also record the information in the committee conflicts of interest log.</p> <p>The Chair asked that she be made aware of any declarations that may arise during the meeting.</p> <p>(a) Primary Care Commissioning Committee Register of Interests – Noted.</p>	LJT (✓)
4.	<p>(a) <u>Minutes of the Meeting Held on 10 August 2023 and Matters Arising</u></p> <p>RESOLVED: That the minutes of the meeting held on 10 August 2023 were approved as a correct record.</p> <p>There were no matters arising.</p> <p>(b) <u>Action Log</u></p> <p>Committee Membership/Regular Participants:</p> <ul style="list-style-type: none"> - Membership – Head of Delivery Assurance – P Tinson advised that the post was currently being progressed via the Vacancy Panel followed by the Establishment Panel. - Regular Participants – Clinical Advisor for Ophthalmic Services – P Tinson advised that former NHSE clinical advisors had transferred to the ICB on 1 September 2023 and the ophthalmic advisor role was being progressed via this process. <p>Primary Care Capital Investment Proposal – To be added to the workplan for consideration at the October meeting of the committee as a more strategic conversation is required. To be removed from the action log.</p>	LJT (✓)

	<p>Primary Care Budgets 2023/24 – Action being taken and information to be incorporated in the next quarterly update. D Corcoran and I Cherry to liaise with J Gaskins outside of the meeting to gain a clearer understanding. To be removed from the action log.</p>	<p>DC/IC/ JG</p>
<p>Governance and Operating Framework</p>		
<p>5.</p>	<p><u>Group Decision-making Matrix – Involvement and Engagement Testing</u></p> <p>N Greaves spoke to a circulated report which summarised engagement and involvement approaches with members of the public to support decision making for the Primary Care Commissioning Committee and its groups.</p> <p>It was noted that the ICB had agreed a Strategy for Working in Partnership with People and Communities which had been refreshed and agreed in August 2023. It had been developed with wide engagement and involvement with partners including NHS, local authorities, Healthwatch, Voluntary, Community and Social Enterprise (VCFSE) and members of the public. It also aligned with national guidance for working in partnership with people and communities by NHSE which sets out the legislation for ICBs.</p> <p>N Greaves advised that the communications and engagement team had reviewed the decision-making matrix for the Primary Care Commissioning Committee and the report recommended an additional section which had been suggested based on examples of good practice, feedback from current engagement and alignment with the principles of the strategy for working in partnership with people and communities.</p> <p>D Corcoran also advised that when the committee terms of reference were refreshed, the importance of involvement and engagement was recognised in terms of decisions, therefore, sharing clarity with communities and the public.</p> <p>D Blacklock sought clarification as to how far the involvement of people could be taken commenting that there were areas around the country where members of the public can set questions and mark responses in procurement exercises. N Greaves advised that work continues with the public to develop the ICB's approach to involving and engaging with the public in primary care commissioning. It was anticipated that the ICB could then be reassured by the community around involvement. He further commented that there was an appetite in this area and work would continue to build it further with some of the communities and embed across the ICB.</p> <p>D Corcoran welcomed the work taking place. She asked N Greaves to review the decision-making lines as some referred to more than one person taking decisions. She advised that the ICB's Public Involvement and Engagement Advisory Committee (PIEAC) had supported a toolkit for ICB staff in terms of involvement and engagement and she suggested that it would be useful if the decision-making process was also built into that toolkit.</p> <p>RESOLVED: That the Primary Care Commissioning Committee endorsed the additions to the decision-making matrix in relation to public involvement and engagement.</p>	<p>NG (✓)</p>

Commissioning Decisions		
6.	<p><u>Decisions made/direct remit of Primary Care Commissioning Committee</u></p> <p>(a) Update on Slaidburn Country Practice - W Kirkham provided a verbal update. The committee had agreed at its meeting on 10 August 2023 that the Primary Care Commissioning Committee Chair and Executive Lead could take an action to extend the existing Slaidburn contract for a further three months until 31 December 2023 if required. This was to enable the successful conclusion of financial negotiations with the preferred (incumbent) provider. The negotiations were progressing, and since the previous meeting of the committee, it was considered that the extension would be required and, therefore, agreement was received from the Chair and Executive Lead.</p> <p>It was noted that the finance model and contract value were currently being finalised and the atypical nature of this rurally isolated practice was recognised.</p> <p>As the locally enhanced service specification was inextricably linked to the financial model, there was a plan to submit both items to the October meeting of the committee.</p> <p>RESOLVED: That the Primary Care Commissioning Committee receive the update and note the action taken by the committee Chair and Executive Lead.</p> <p>(b) Market Engagement for Withnell Health Centre – D Roberts spoke to a circulated report which provided the committee with background information in respect of the procurement process for Withnell Health Centre, the contract for which is with Dr Ann Robinson until 30 September 2024.</p> <p>D Roberts advised that to ensure continued access to General Medical Services for patients currently registered with Withnell Health Centre, the committee was required to decide the best option to secure ongoing service provision. To inform this decision, it was proposed that a market engagement exercise be undertaken. She commented that to ensure the option decided upon could be carried out within the proposed timeline, the request for information would be published in October 2023. It would also allow for the finalisation and sign off of the ICB’s new procurement evaluation strategy (PES) in October 2023.</p> <p>D Roberts referred to the procurement options and timeline included in the report commenting that there had been questions in respect of the impact and significance of the provider selection regime on the planned approach. Latest information received was that the new provider selection regime would not come into effect until the end of 2023 and D Roberts commented that consideration would be given on the forward approach.</p> <p>D Roberts referred to the request for information (RFI) which was a form of market engagement that is used to establish the capability and capacity of a market in relation to a specific service, with the findings used to inform the most appropriate procurement option and the development of the service specification/service model. It was intended that the outcome of the RFI would be presented to the committee in December 2023.</p>	<p>WK/ LJT (✓)</p>

<p>I Cherry commented that the RFI appeared time consuming and sought clarification as to whether there was support available to providers to respond, recognising the time commitment required. D Roberts advised that the RFI was not onerous and that the majority of bidders were used to completing RFIs.</p> <p>C Harris was mindful of ensuring organisations do not have an advantage over another, commenting that it was open competition. The RFI is a light touch process testing the market in order that there was assurance that the next options taken were the right ones. He further commented that without testing the market we would not have an indication on appetite. He was mindful of the level of complexity and that the provider selection regime should further resolve issues of this nature in the future. Whilst the ICB was unable to provide support to individual providers, it could provide guidance. D Roberts advised that there would be flexibility should the provider selection regime be implemented sooner.</p> <p>J Gaskins sought clarification as to whether the process could be taken forward without undertaking a risk assessment. N Greaves advised that the timelines were set out around the communications and engagement that required completion and that a piece of work was being undertaken around this. He advised that they were ahead of the schedule in terms of taking the work forward but was mindful that December and January would not be the best months to go out due to flu, winter etc. He thanked the community and voluntary groups for their support and advised that the committee would in future receive information on the work taking place including GP satisfaction surveys.</p> <p>D Corcoran referred to involvement and engagement and asked if the committee could receive an overview at the next meeting as it would provide an insight into the process. N Greaves noted this request and advised that the Withnell steering group would be meeting at the end of September and detail from this and work-to-date can be provided to give the committee assurance. P Tinson also advised that discussion is ongoing with the ICB's communications and engagement team in respect of the procurement evaluation strategy (PES) and the role of involvement and engagement within it.</p> <p>D Corcoran welcomed the update along with the clarification and assurance given on potential barriers to responding fully and the rationale around this. The committee was assured on the current approach to engagement and would be provided with an update at the October meeting in order that the committee was satisfied on progress.</p> <p>RESOLVED: That the committee approve the publication of a request for information in relation to the provision of services to patients registered with Withnell Health Centre.</p> <p>(c) LSC ICB Response to the Draft Cumberland and Westmorland and Furness Pharmaceutical Needs Assessment – N Feeney spoke to a circulated report. Cumbria County Council ceased to exist on 1 April 2023 and had been replaced by two new authorities:</p> <ul style="list-style-type: none"> • Cumberland Council; and • Westmorland and Furness Council. <p>The changes meant that both new Health and Wellbeing Boards had a legal duty to produce two new Pharmaceutical Needs Assessments (PNA) for the two new</p>	<p>NG (✓)</p>
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<p>authorities within this first year of being established (by March 2024).</p> <p>The committee was advised that the ICB uses the PNA when determining routine applications to join the Pharmaceutical List and had, therefore, been asked to comment on the new PNAs as a recognised interested party.</p> <p>Reference was made to paragraph 3.1 in the report: <i>In conclusion, the ICB is supportive of the conclusions made within the PNA but would welcome a strengthening of wording to remove any ambiguity.</i></p> <p>.....within the draft PNA..... would be added.</p> <p>N Feeney advised that the same timelines will be followed as with other local authorities and the new LCC PNA was due in 2025, work commencing in 2024.</p> <p>I Cherry made reference to a number of Lloyds pharmacies closing, potentially leaving patients without pharmaceutical services and asked if it had been taken into account. N Feeney advised that most of the Lloyds branches had taken new ownership.</p> <p>RESOLVED: That the committee note the contents of the report, approve the response as drafted and note that paragraph 3.1 within the report be amended to clarify any ambiguity.</p> <p>(d) Haverthwaite Practice Premises – High Level Options Appraisal – S Bloy spoke to a circulated report advising that Haverthwaite Surgery in Backbarrow, South Cumbria, had contacted the ICB in respect of some issues with their existing premises. The report provided a very high-level options appraisal and the practice had indicated that their preferred option would be to relocate to different premises and the report sought indicative ICB support to progress this option.</p> <p><i>At this juncture, the committee was reminded that Dr G Jolliffe had previously declared an interest in this item as he had worked in the South Cumbria area and was aware of the practice. It was agreed that the interest did not exclude Dr Jolliffe from participating in discussions or decision-making, and that it would be recorded in minutes for absolute transparency and the committee declarations of interest log.</i></p> <p>J Gaskins referred to paragraph 2.5: <i>The ICB is responsible for reimbursing the rent of primary medical services providers for any eligible space up to a value set by the District Valuer. The current rent that is reimbursed is £33,900 per annum. The level of rent is low reflecting the current state of repair of the premises. If the premises were brought up to standard the ICBs financial obligations would be in the region of £50,000 to £55,000 per annum.</i></p> <p>He commented that if the current building premises had had regular maintenance, the ICB would have paid an increased contribution to rent reimbursement, and he was mindful of the committee understanding that it is the bridge around this and there needed to be clarity in terms of next time.</p> <p>G Jolliffe suggested undertaking an assessment as to whether in addition to the practice needs, a relocation could add value to the delivery and approach of the Primary Care Network in that area. S Bloy advised that work had already commenced and there will be consideration of the strategic context in any application and consideration of support.</p>	<p>NF (✓)</p> <p>LJT (✓)</p>
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	<p>P Tinson commended the work undertaken by S Bloy and the communications and engagement team in terms of engagement which would form part of the work in respect of the location further into the process. S Bloy advised that engagement via a patient survey had already commenced, and face to face engagements undertaken including MPs and there was currently a 50% survey response rate. A full report would be submitted to the October meeting of the committee.</p> <p>RESOLVED: That the committee:</p> <ul style="list-style-type: none"> • Note the current situation with regard to the premises used by Haverthwaite Surgery • Provide indicative support for a relocation as one of the options available to the practice to secure premises for the delivery of primary medical services in Backbarrow • Note that the committee will receive a business case at the October meeting in respect of the practice’s intent. 	SB (✓)
7.	<p><u>Group Minutes and Any Recommendations from the Groups via Alert, Assure and Advise</u></p> <p>(a) Group Escalation and Assurance Report – P Tinson spoke to a circulated report which highlighted alerts, advice and assurance from the groups reporting to the committee. Thanks were conveyed to the Group Chairs for their input into the report.</p> <p>RESOLVED: That the Primary Care Commissioning Committee receive the report.</p>	
Other Items for Approval		
8.	<i>None to be considered.</i>	
Items to Receive and Note		
9.	<p><u>Dental Access and Oral Health Improvement Programme</u></p> <p>D Corcoran reminded colleagues of discussions held in respect of access to dental services in prior Committee meetings, with the matter also discussed at the ICB Board, Quality Committee and PIEAC. It was noted that the ICB has accountability around dental services and there had been frustrations from patients trying to access dental services. The Primary Care Commissioning Committee had asked for a deep dive to be undertaken and to understand and address any commissioning issues.</p> <p>A Lepiorz introduced the ICB’s item for this area of work, and the complex areas of primary care in terms of commissioning were acknowledged. It was noted that the challenges with access to NHS dental services were well documented and the Primary and Integrated Neighbourhood Care team had identified improving dental access as a key priority programme.</p> <p>N Barkworth, C Granger and D Bradley gave a presentation which provided an overview on how dental services are commissioned, the background to the services in place and also offered an overview of the dental access and oral health improvement programme. It was anticipated that an update be submitted to the October meeting of the committee depending on the level of engagement undertaken.</p>	

D Corcoran welcomed the presentation, acknowledged the degree of challenge and recognised the input and engagement from a variety of people. She also made reference to the discussion held at the Quality Committee in terms of impact, Finance and Performance Committee in respect of contracts and performance and the ICB Board holistically across including population health and prevention. D Corcoran sought clarification and a focus on commissioning challenges and decisions the committee can take.

C Harris stressed the importance of being clear on what we are trying to achieve, acknowledging the ICB's core commissioning responsibilities and specialist commissioning. He was mindful that the public want good access to a dentist and there needed to be simplified arrangements in place even if the background work is complex. C Harris commented that there needed to be a commissioning strategy that sets it out in simple terms.

N Greaves advised that Healthwatch had published a detailed report in 2021. A communication would be issued with key themes asking which of the five projects they wish the communications and engagement team to be involved in. Consideration needed to be given on our insight, how we respond and also how we respond to key concerns not just our successes.

D Blacklock sought clarification as to the ICB's advice to members of the public in respect of access to dental services. He further commented that success criteria has to include that people have the right information to make a choice. P Tinson commented that we need to be realistic as to what is and is not achievable and ensure everybody has access to urgent dental care. It was acknowledged that not everybody has access to routine dental care.

K Lord commented that there were two elements, ie, prevention support and asked whether we were involving education, pre-schools etc. Also in relation to contracting units of activity, whether there was a defined quality element of the contract and do we measure quality of outcomes. She sought clarification as to how it is measured and how it is fed through.

I Cherry welcomed the report and presentation and made particular reference to prevention versus treatment. He referred to the links to different stakeholders, public health etc and sought clarification as to who the key players were. He further commented that it was about embedding good habits, giving away free dental items in schools and seeking ideas from children. He also referred to water fluoridation and whether it needed to be revisited.

Reference was made to the alert to the ICB Board which needed to be a strong statement in respect of the current situation and risks.

L Fawcett referred to the NHS Dental Services Business Services Authority in respect of the dental assurance framework and clarified that they do look at the quality aspects of the contract and meet quarterly. Any areas of slight concern are flagged and D Bradley picks up and undertakes are more detailed review including targeted record checks with practices. A daily communication is undertaken. D Bradley advised that if there was underperformance, remedial actions would be put in place.

D Corcoran welcomed the discussion, particularly the overview as to how commissioning is undertaken but recognised the degree of challenge and links back to priorities and on a system footing.

	<p>In terms of the alert to the ICB Board, D Corcoran stressed the importance of making a distinction relating to prevention and treatment in respect of the cross committee and system wide response. The challenge to the Board would be around the degree of appetite to undertake it differently. She suggested that there could be a focus on the existing budget in terms of need and maximizing impact however, recognising the limitations around this given the budget delegated to ICB's can not fund universal access.</p> <p>RESOLVED: That the Primary Care Commissioning Committee note the report and presentation and also the current position in respect of dental access and oral health. An update report would be submitted to the Board in November.</p> <p><i>Post meeting note:</i> <i>As a number of projects were not due to be fully mobilized until early 2024, an update would be submitted to the February 2024 committee meeting. This would be added to the committee workplan.</i></p> <p>(a) Risks of Patients Being Unable to Access Routine Dental Care – The committee was reminded that a risk associated to challenges with access to NHS dental services was currently held on the ICB's Board Assurance Framework. A report was appended which supported the main item in respect of dental access and oral health improvement programme and highlighted the current risk, the controls and assurances in place to mitigate the risk and any actions being progresses to mitigate these.</p> <p>Discussion ensued in respect of the risk to access to routine dental care which was currently:</p> <ul style="list-style-type: none"> - Consequence 3 - Likelihood 4 <p>Consideration was given as to whether the risk score was too low and the risk lead was asked to reflect on the discussions held at the ICB Board meeting and today in the Primary Care Commissioning Committee with a view to recalibrating the score. It was commented that the risk should be scored higher than 3.</p> <p>RESOLVED: That the Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> • Note the ICB's risk management approach. • Review the risk content: Patients being unable to access routine dental care. • Agree that the consequence risk score of 3 was too low and should be reviewed in light of the discussion held. • Give further consideration as to whether the risk should be held on the Board Assurance Framework or the Corporate Risk Register. <p><i>Post meeting update:</i> <i>Following discussion and review outside of the meeting, it was clear that the risk was not correctly articulated. The risk would be closed and rewritten for approval by Dr D Levy as the Executive lead.</i></p>	<p>DL</p> <p>AL</p> <p>AL</p> <p>DL</p>
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Standing Items		
10.	<p><u>Committee Escalation and Assurance Report to the Board</u></p> <p>D Corcoran would liaise with the Board Secretary outside of the meeting to populate the report for the ICB Board. The report would include:</p> <p>Alert – Access to dental services Assure – Group report to the committee Advise – Commissioning decisions</p>	DC/ LJT
11.	<p><u>Items Referred to Other Committees</u></p> <p>Risk, quality oversight, and how dentistry reaches in and spans across the other committees was noted.</p> <p>There was recognition of the importance of public health and prevention and the biggest change would come from the prevention agenda with other agencies being involved and moving it forward. It was suggested that the internal team liaised with system wide partners.</p> <p>RESOLVED: That the Primary Care Commissioning Committee note the current position in respect of access to dental services which spanned across other committees of the Board.</p>	
12.	<p><u>Any Other Business</u></p> <p>No issues raised.</p>	
13.	<p><u>Items for the Risk Register</u></p> <p>RESOLVED: That the risk scoring in respect of access to dental services would be reviewed. There were no other items for the Risk Register.</p>	PT/ AL
14.	<p><u>Reflections from the Meeting</u></p> <p>D Corcoran asked the committee to let her have any reflections on the discussion held outside of the meeting.</p> <p>Dr G Jolliffe commented on a point raised at the ICB Annual General Meeting about holding meetings in public across the geographical boundaries of the system. All meetings of the PCCC had been at the ICB's offices to-date, which had good transport links. The commitment to being accessible was acknowledged, however the committee noted it needed to be mindful of the logistical arrangements and potential additional cost to the organisation. Consideration could be given to holding a future meeting at a location other than the ICB's offices, once per year.</p>	ALL DC/ LJT
15.	<p><u>Date, Time and Venue of Next Meeting</u></p> <p>The next meeting would be held on Thursday, 12 October 2023 at 10.00am-11.00am in Lune Meeting Room 1, ICB Offices, County Hall, Preston.</p>	