

Subject to ratification at the next meeting

**Minutes of the ICB Primary Care Commissioning Committee
Held in Public on Thursday, 18 January 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/Co-opted Lay Member	L&SC ICB
Peter Tinson	Director of Primary Care	L&SC ICB
Neil Greaves	Director of Communications and Engagement	L&SC ICB
John Gaskins	Finance Lead for Primary Care	L&SC ICB
Dr Geoff Jolliffe	ICB Partner Member for Primary Medical Services	L&SC ICB
Corrie Llewellyn	Primary Care Nurse	L&SC ICB
Kathryn Lord	Director of Quality Assurance and Safety	L&SC ICB
Andrew White	Chief Pharmacist	L&SC ICB
Lindsey Dickinson (named deputy for Dr David Levy)	Associate Medical Director	L&SC ICB
Professor Craig Harris	Chief Operating Officer	L&SC ICB
John Gaskins	Finance Lead for Primary Care	L&SC ICB
Participants		
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
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
Umesh Patel	Clinical Advisor for Pharmaceutical Services	L&SC ICB
David Blacklock	Healthwatch Representative	Healthwatch

In Attendance		
Debra Atkinson	Company Secretary / Director of Corporate Governance	L&SC ICB
Sarah Danson	Senior Delivery Assurance Manager - Medical / Optometry / Pharmacy	L&SC ICB
Viv Prentice (notes)	Business Manager	L&SC ICB

No	Item	Action
Standing Items		
1.	<p><u>Welcome, Introductions and Chair's Remarks</u></p> <p>The Chair declared the meeting open and welcomed everyone to the meeting held in public. Several members of the public were in attendance that had a particular interest in the agenda item relating to Withnell Health Centre.</p> <p>It was noted that six questions had been received from members of the public. Five were in relation to the agenda item relating to Withnell Health Centre, whilst one question did not directly relate to the agenda. All questions received would receive an individual written acknowledgement and response, and the Chair asked that those questions relating to Withnell Health Centre be considered during the agenda item in today's meeting. The Question and Answer (Q&A) section relating to Withnell Health Centre on the Integrated Care Board (ICB) website would also be updated to support transparency.</p> <p>Neil Greaves highlighted that the ICB's Chief Executive had also received a number of emails in relation to Withnell, many of which were from patients. Each email would be acknowledged and responded to in due course in accordance with the ICB's standard process.</p> <p>The Chair highlighted that the finishing time of today's Part 1 meeting had been adjusted to 11:30am to allow for adequate time and discussion. Members of the public were welcome to remain throughout the meeting but were also able to leave should they only be attending for a particular item.</p>	
2.	<p><u>Apologies for Absence</u></p> <p>Apologies for absence had been received from Dr David Levy (Dr Lindsey Dickinson deputising). The meeting was declared quorate.</p>	
3.	<p><u>Declarations of Interest</u></p> <p>(a) Primary Care Commissioning Committee Register of Interests – Noted.</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> <p>Geoff Jolliffe joined the meeting</p>	

No	Item	Action
4.	<p>(a) <u>Minutes of the Meeting Held on 14 December 2023 and Matters Arising</u></p> <p>RESOLVED: The minutes of the meeting held on 14 December 2023 were approved as a true and accurate record subject to noting that the reference to the Capital Working Group Terms of Reference should be Capital Group.</p> <p>There were no matters arising.</p> <p>(b) <u>Action Log</u></p> <p>The action log was reviewed and closed items noted.</p>	
Commissioning Decisions		
5.	<p>Decisions made/direct/remit of Primary Care Commissioning Committee:</p> <p>(a) Withnell Health Centre</p> <p>Craig Harris introduced the two papers and set the context:</p> <ul style="list-style-type: none"> ▪ Public and Patient Engagement - There had been significant engagement with the patient group and a number of lessons learned from the previous process undertaken. Craig felt that this was a positive report and extended his thanks to all those that had been involved. ▪ Withnell Request for Information Outcome - This followed market engagement and related to the five direct questions received from members of the public which had been themed into three areas: <ul style="list-style-type: none"> 1. Why has the ICB chosen not to do a direct award? 2. Queries regarding the contract value increase 3. The decision to procure an APMS contract rather than a GMS contract <p>Craig Harris clarified that the ICB had not made a decision in relation to future service delivery at Withnell Health Centre, and that this was a full committee decision. He confirmed that the recommendations outlined within the paper were based on application of the new guidance relating to the Provider Selection Regime (PSR), which had only come into force on 01 January 2024. There was no case law for the PSR and the ICB had been unable to undertake any benchmarking with other ICB areas undertaking a similar decision. The PSR guidance had been reviewed in light of the circumstances specific to Withnell and specialist legal advice obtained, which had been received today.</p> <p>Craig Harris added that the current contract type was an Alternative Provider Medical Service (APMS) contract and the future contract would be appointed on that basis. He acknowledged the public interest and emphasised that whilst the ICB wanted to secure the right future for Withnell to ensure stability, it would be important to work within the guidance, system and processes and what was now new legislation.</p>	

No	Item	Action
	<p>Public and Patient Engagement</p> <p>Neil Greaves presented the report and confirmed that the Committee had previously received assurance in respect of the approach to engagement with Withnell Health Centre. The ICB’s Communications and Engagement Team had also worked with the Patient Steering Group to ensure members of the public were kept informed.</p> <p>Since February 2023, the ICB had been actively working on engagement to ensure transparency and to provide a clear position. This included an engagement programme to capture views and opinions of members of the public and involvement from the Patient Steering Group in designing and co-producing a new Procurement Evaluation Strategy that would be adopted for all ICB led procurements.</p> <p>During the engagement process, the ICB had heard from more than 2,500 people, both online and in person, and the practice had been helpful in capturing and collating those responses. The overwhelming response from patients evidenced high levels of satisfaction with the current management and service received at Withnell Health Centre.</p> <p>The Chair thanked Neil Greaves for the report which she felt was rich and contained clear feedback from patients on the aspects of the service they valued the most. The Chair also noted that the areas for improvement outlined within the report were very slight.</p> <p>David Blacklock concurred with the Chair. He felt that the report illustrated a clear willingness of involvement and sent a clear message about patient’s views on the current and future service.</p> <p>Withnell Request for Information Outcome</p> <p>Peter Tinson presented the report and confirmed that the existing contract for providing services at Withnell Health Centre was due to expire on 30 September 2024. In preparation, the ICB needed to decide on the most appropriate procurement route to secure those services.</p> <p>To support this decision-making process, in August 2023 the Committee had approved a recommendation to carry out market engagement in the form of publication of a Request for Information (RFI).</p> <p>In terms of the outcome of that process, five organisations viewed the published material and two completed and submitted the RFI. The RFI submitted by both organisations confirmed a high level of interest in bidding for the opportunity.</p> <p>Since the commencement of the market engagement process, the legislation governing the award of contracts for healthcare services had changed with the introduction of the PSR. The PSR governs the award of contracts for specific healthcare services on or after 01 January 2024 and contains some transitional arrangements for procurements commenced prior to 01 January 2024.</p>	

No	Item	Action
	<p>The report set out that the PSR provides for five different procurement routes for awarding a contract: Direct Award Process A, Direct Award Process B, Direct Award Process C, Most Suitable Provider and Competitive Procedure. These are new and some of the routes are untried and untested.</p> <p>A review of each procurement route had been undertaken and consideration given as to its suitability. It was set out in the report that the Direct Award Processes A and B were not applicable due to the nature of services being provided. Having taken specialist procurement advice and reviewed Direct Award Process C, specifically the criteria for considerable change, the report concluded that this could not be applied.</p> <p>The remaining two routes had been considered and it was concluded that the Competitive Procedure route provided a more proportionate, timely and robust process. It was therefore recommended that this route be progressed. This process would be based on the new ICB Procurement Evaluation Strategy (PES) agreed by the Committee at its October 2023 meeting and significantly informed by patient feedback.</p> <p>Craig Harris recognised that understandably, since the publication of the agenda and papers for today's meeting, there had been considerable public interest in the applicability of Direct Award Process C, through public questions and also direct questions received by himself and the ICB's Chief Executive. As such, further consideration had been given to the application of the guidance and legal advice sought. Due to the nature of the complexities, additional specialist legal advice had also been sought to which a response had been received this morning. As such, it was recognised that there had not been sufficient time to review the advice to share with the Committee and support its consideration in decision-making in today's meeting. In addition to the legal advice, verbal advice had also been received from the NHS England (NHSE) Policy Team and Craig Harris was hopeful that written advice would also be received in regard to this particular contract and the application of the PSR procurement routes.</p> <p>Given the significance of this new information, the Chair's view was that more time was needed to reflect on this information and that the decision should be deferred to a future meeting. Where possible, the information received should also be made publicly available. The Vice Chair was in agreement, adding that the ICB would seek clarity in any areas of ambiguity.</p> <p>The Chair questioned if the ICB was still able to work within the framework if there was a pause in timescales. Craig Harris assured the Chair that having now received the specialist legal advice alongside the verbal opinion from the Policy Team, a pause would not cause the Committee any undue concern and planned timescales for a procurement decision were still in line to be met. However, he acknowledged that from a practice and patient point of view, not making a decision today would cause some anxiety and therefore agreed to attend and speak at the next Withnell User Group.</p>	

No	Item	Action
	<p>Geoff Jolliffe commented that this procurement approach under the PSR would be of interest to members of the public, not just in Withnell but also other areas where primary care would be under review. He was in agreement with the previous comments regarding public engagement but was keen from a clinical perspective that the ICB would be able to demonstrate how it had followed the new PSR approach recently introduced.</p> <p>Craig Harris agreed and felt that obtaining the further specialist advice would provide that assurance and would demonstrate that the ICB would ensure careful consideration to support a robust and transparent approach and decision. Craig Harris added that it would also be important to stand by the ongoing commitment to secure a long-term sustainable solution for the Withnell Practice.</p> <p>David Blacklock agreed that the decision to pause was the right decision but was interested to understand how patients would be involved in any future selection process. The Chair responded and confirmed that within its Terms of Reference it clearly states that the Committee must be assured that sufficient engagement has taken place prior to making any decision.</p> <p>In terms of engagement, Neil Greaves confirmed that the process had been discussed in the ICB's Public Involvement and Engagement Advisory Committee (PIEAC) and was informed through engagement with the Withnell Patient Steering Group and would be happy to share some of that work with Healthwatch.</p> <p>RESOLVED: The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> ▪ Noted the Engagement Evaluation Report and the insights from the patients and public of Withnell Health Centre. ▪ Noted the Withnell Request for Information Outcome together with the rationale and recommendations. ▪ Agreed that consideration of the recently received specialist legal advice was necessary to support decision-making, therefore the decision to agree the most applicable procurement route should therefore be deferred to a future meeting <p>Members of the public left the meeting</p> <p>(b) Market Engagement for Special Allocation Scheme (SAS)</p> <p>Peter Tinson presented the report and confirmed that following a direct award by the Primary Care Contracting Group (PCCG) in March 2023, the contract for the Special Allocation Scheme (SAS) service remained with the current provider, Compass Medical Practice, which is part of Fylde Coast Medical Services (FCMS).</p> <p>To ensure continued access to General Medical Services (GMS) for patients currently allocated to the SAS, the Primary Care Commissioning Committee (PCCC) approved at its meeting on 09 November 2023 the</p>	<p style="text-align: center;">PT</p>

No	Item	Action
	<p>request for a market engagement exercise to determine the best option for the ongoing service provision for these patients. The report detailed the outcome of the market engagement exercise and the options available for the future delivery of the service.</p> <p>Peter Tinson confirmed that the RFI was viewed by eight organisations with feedback provided by one organisation. Based on these responses, it was evident that there would be limited provider interest in the procurement opportunity for the SAS scheme.</p> <p>Peter Tinson further added that the transitional rules around the PSR had been considered and drew attention to a slight correction to item 3.18 in the report which should state 'as the ICB did contact a provider to seek an expression of interest in relation to the services, the PSR <u>will not</u> apply to the procurement'. The corrected paper would be updated on the ICB website.</p> <p>In terms of next steps, Neil Greaves had been undertaking engagement work with patients being served by Compass and further engagement work was taking place with stakeholders. A detailed options paper would be presented to either the February or March meeting of the Committee.</p> <p>RESOLVED: The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> ▪ Noted the results of the RFI. ▪ Noted the proposal to submit a detailed options appraisal to the February or March meeting of the Committee to determine the best option. <p>(c) Dental Commissioning Plan</p> <p>Peter Tinson presented the report, the purpose of which was to seek approval for the costed dental commissioning plan for 2024/25. The plan was primarily based on the Dental Access and Oral Health Improvement Plan (DAOHIP) which was previously received by the Committee at its meeting in September 2023, and the ICB Board at its meeting in November 2023.</p> <p>The report provided some background in terms of how primary care dental contracts currently work and identified that some of the ICB's investment opportunities arise from when dental providers choose to hand back contracts.</p> <p>The DAOHIP had already identified a number of areas for immediate investment, these included paediatric services, elderly services and urgent care.</p> <p>The Vice Chair referred to the proposals for 2024/25 which totalled £2.9m and felt that further clarity about the 2024/25 financial planning process was needed before approving the plan. He also queried how management support totalling £210k could be expressed as a priority area.</p>	

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	<p>The Chair agreed that a budgetary decision could only be made following clarity on the ICB's over-arching 2024/25 financial planning process. An updated paper would therefore need to be presented to a future Committee meeting.</p> <p>RESOLVED: The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> ▪ An updated paper including clarity around the 2024/25 financial planning process will be presented to a future Committee meeting. 	PT
6.	<p>Group Updates and any Recommendations via Alert, Assure and Advise:</p> <p>(a) 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 14 December 2023: Primary Medical Services Group, Primary Dental Services Group, Pharmaceutical Services Group and Primary Optometric Services Group.</p> <p>The following key points were highlighted in the report related to discussions and agreements in the Groups:</p> <p>Primary Medical Services Group</p> <ul style="list-style-type: none"> ▪ There was a discussion in relation to patient medical sharps collection and disposal and the responsibility of the local authority to provide that service. The team were working with local authority colleagues to understand who is providing what and offering some potential solutions. <p>Pharmaceutical Services Group</p> <ul style="list-style-type: none"> ▪ A number of changes to premises and consolidations was discussed <p>Primary Optometric Services Group</p> <ul style="list-style-type: none"> ▪ The group reviewed the children's second pair policy in terms of providing glasses for children with health conditions and learning disabilities. There were no additional cost implications. ▪ There was discussion regarding the risk and issues log where two new risks were identified: <ul style="list-style-type: none"> ➤ No funding for subscription to Primary Care Commissioning - Support Service that provides expert advice to primary care colleagues. ➤ Electronic referral system to GPs/hospitals – No longer funded. Referrals will now be paper based. <p>Primary Care Dental Services Group</p> <ul style="list-style-type: none"> ▪ Relocation request – The Smile Clinic. The Group reviewed and discussed the content of the report and approved the recommendations to support the application. 	

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	<p>Lindsey Dickinson referred to the Primary Optometric Services Group update and the risk regarding paper-based referrals and queried what mitigations were in place. Amy Lepiorz explained that whilst the risk was captured on the risk log it sat under the remit of planned care.</p> <p>Debra Atkinson referred to an earlier Committee development session on risk management and confirmed that there was some time set aside outside of the meeting to look at the outputs of that session with a focus on risk management.</p> <p>The Chair recognised that whilst the risk did not sit with this Committee, it had been highlighted within the report and would need assurance of the mitigations in place.</p> <p>The Chair thanked Peter Tinson for the report and asked that her thanks be conveyed to the paper authors who had taken on board previous feedback and produced a report that was easy to read.</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 four delegated primary care groups. ▪ Requested assurance around the mitigations that were in place in respect of the risk relating to the Primary Optometric Services and the change to paper-based referrals. 	
Other Items for Approval		
7.	None to be considered.	
Items to Receive and Note		
8.	None to be considered.	
Standing Items		
9.	<p><u>Committee Escalation and Assurance Report to the Board (Alert, Assure and Advise)</u></p> <p>There were no items to alert the Board to.</p> <p>The intention is that the Board would be advised of the following:</p> <ul style="list-style-type: none"> ▪ Withnell Health Centre Public and Patient Engagement – In view of the need to consider additional specialist legal advice received and the written views from NHSE, it had been agreed that a decision would need to be made at a future meeting of the Committee and timescales clarified and communicated. ▪ Market Engagement for Special Allocation Scheme – A detailed options appraisal would be presented to the February or March meeting of the Committee in order to determine the best option. 	

No	Item	Action
	<ul style="list-style-type: none"> ▪ Dental Commissioning Plan – An updated paper to be received including clarity around the broader 2024/25 financial planning process. <p>The Board would be assured of the following:</p> <ul style="list-style-type: none"> ▪ Withnell Health Centre Public and Patient Engagement - The approach to engagement and involvement had been robust, supported by the Withnell Patient Steering Group, and adheres to the ICB's principles of working in partnership with people and communities. ▪ Withnell Request for Information Outcome - A Request for Information exercise had been completed, and the outcomes noted. 	
10.	<p><u>Items Referred to Other Committees</u></p> <p>Primary Optometric Services Group – It was identified that the risk relating to paper-based referrals and what mitigations were in place sat within the 'planned care' team and would need to be conveyed to the appropriate committee to ensure assurance was given of the mitigations in place.</p>	
11.	<p><u>Any Other Business</u></p> <p>There were no other items of business raised.</p>	
12.	<p><u>Items for the Risk Register</u></p> <p>Risk relating to the Primary Optometric Services Group – As identified at agenda item 10 – to be conveyed to the Executive Lead and Head of Risk, Assurance and Delivery.</p>	VP
13.	<p><u>Reflections from the Meeting</u></p> <p>All colleagues were thanked for attending.</p> <p>David Blacklock reflected on the meeting and asked how Committee members could be prepared in advance when dealing with an agenda item that may be of high public interest. The Chair highlighted the importance of not preempting decisions or discussions and to direct any queries regarding future agendas through Viv Prentice. If it was found that additional information was needed, or that a pre-meet before the meeting would be beneficial, then this would be considered.</p> <p>Geoff Jolliffe added that a learning event following the Withnell case would be useful. The Chair agreed that it would be helpful to receive a report on reflections at a future meeting of the Committee and agreed to build that into the workplan informed by Neil Greaves and Deb Atkinson.</p> <p>David Blacklock highlighted that whilst the ICB was still carefully considering the recently received legal advice in relation to Withnell, some members of the public may have been disappointed with today's decision. Craig Harris explained that the meeting papers had been published on the ICB's website on the Friday before the meeting and a number of questions were subsequently received the following Monday and Tuesday, which the ICB had an obligation</p>	PT/NG /DA

No	Item	Action
	to consider. The ICB were only in receipt of the legal advice this morning and this had to be carefully considered. Whilst there would potentially be a level of disappointment, the ICB could also be challenged if each piece of information available had not been reviewed.	
14.	<p><u>Date, Time and Venue of Next Meeting</u></p> <p>The next meeting was scheduled to take place on Thursday, 08 February 2024 at 10:00am in Lune Meeting Room 1, ICB Offices, County Hall, Preston.</p>	

Draft