

Subject to Ratification at the Next Meeting

**Minutes of the Integrated Care Board (ICB)
Primary Care Commissioning Committee
Held in Public on Thursday, 08 February 2024 at 10am
Via MS Teams**

Name	Job Title	Organisation
Members		
Debbie Corcoran	Chair/Non-Executive Member	L&SC ICB
Ian Cherry	Vice Chair/Co-opted Lay Member	L&SC ICB
Professor Craig Harris	Chief Operating Officer	L&SC ICB
Peter Tinson	Director of Primary Care	L&SC ICB
David Rogers (Deputy for Neil Greaves)	Head of Communication 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
Lindsey Dickinson (Deputy for Dr David Levy)	Associate Medical Director	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
Donna Roberts	Associate Director Primary Care Lancashire (Central)	L&SC ICB
Collette Walsh	Associated Director, Primary & Integrated Neighbourhood Care	L&SC ICB
Nick Barkworth	Senior Delivery Manager	L&SC ICB
David Bradley	Clinical Advisor for Dental Services	L&SC ICB
Umesh Patel	Clinical Advisor for Pharmaceutical Services	L&SC ICB
In Attendance		
Debra Atkinson	Company Secretary / Director of Corporate Governance	L&SC ICB
Viv Prentice (notes)	Business Manager	L&SC ICB

No	Item	Action
Standing Items		
1.	<p>Welcome, Introductions and Chair's Remarks</p> <p>The Chair declared the meeting open and welcomed everyone to the meeting held in public. Due to the current amber weather warning, the Chair thanked everyone for their flexibility in moving from a face-to-face meeting to MS Teams and asked that the chat facility within MS Teams was not used.</p> <p>Three members of the public had requested the link to access today's meeting and two questions had been received. The first question related to the dental prioritisation item which Peter Tinson would address during the meeting. The second question did not relate to today's agenda and would therefore be responded to outside of the meeting.</p>	
2.	<p>Apologies for Absence</p> <p>Apologies for absence had been received from Dr David Levy (Dr Lindsey Dickinson deputising), Andrew White (no deputy in attendance) and Neil Greaves (David Rogers deputising). The meeting was declared quorate.</p>	
3.	<p>Declarations of Interest</p> <p>(a) Primary Care Commissioning Committee Register of Interests</p> <p>Noted.</p> <p>RESOLVED: That there were no declarations made relating to the items on the agenda.</p> <p>The Chair asked that she be made aware of any declarations that may arise during the meeting.</p>	
4.	<p>(a) Minutes of the Meeting Held on 18 January 2024</p> <p>RESOLVED: The minutes of the meeting held on 18 January 2024 were approved as a true and accurate.</p> <p>(b) Action Log</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) Primary Dental Care Prioritisation Framework</p> <p>Peter Tinson presented the paper and confirmed that the Integrated Care Board (ICB) and Primary Care Commissioning Committee (PCCC) had previously agreed to the delivery of the Dental Access and Oral Health Improvement Programme. One of the key deliverables of the programme was to develop a set of objective measures to help support the prioritisation of resources allocated to improving dental access and reducing oral health inequalities. The paper detailed the engagement undertaken in the development of the framework and based on the feedback from stakeholders, recommended the adoption of the framework with immediate effect.</p>	

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	<p>Peter Tinson explained that the current provision of primary care dental services delegated from NHS England (NHSE) largely reflected the same position that Primary Care Trusts transferred to NHSE in 2013. This was due to the nature of the contracts and how provision was locked into contract agreements when the present dental services legislation was introduced in April 2006.</p> <p>In terms of the indicators which had been developed to populate the prioritisation framework, these had been grouped into broad domains which included access, access availability, disease prevalence, deprivation and public health: wider determinants.</p> <p>Aligned to the principles contained within the Equident toolkit, which was developed to support equitable commissioning of dental care services, the indicators had to meet certain specific criteria which included meaningfulness, comparability and availability. As part of the engagement work undertaken, colleagues involved in the original workshop had been asked to consider the importance of these indicators. Some of their feedback was outlined within the paper.</p> <p>The Chair thanked Peter Tinson for his paper which outlined strong engagement and input from colleagues and a strong strategic fit with objectives.</p> <p>The Vice Chair commented that the current contract was not popular amongst dentists and asked what was being done to make delivery of dental contracts more acceptable in order to attract dentists from the private sector back to the NHS. Peter Tinson explained that over the last 12 months and beyond he had been in regular contact with the national director and clinical colleagues to express some of the frustrations received from dental practitioners. The responsible minister had also joined some of those calls, which had been very helpful.</p> <p>Peter Tinson highlighted that this question was also relevant in terms of the National Access Dental Recovery Plan which included a number of measures to incentivise dentists. Dentists would be supported to take on new NHS patients and the plan aimed to ensure everyone who needed to see a dentist, particularly those who had been unable to access care in the past two years, would be able to do so. Dentists would also be rewarded for providing more complex treatment and there were 'golden hellos' to enable recruitment of dentists to areas that had been less attractive. As the plan had only recently been received, this would need to be worked through in more detail.</p> <p>John Gaskins referred to the South Cumbria boundary change and the acknowledgement that this meant that dental access figures had not been possible to collate. Whilst NHS Business Services Authority were keen to try and generate reports based on the legacy pre-April 2023 boundaries, John queried if the data would be refreshed. Nick Barkworth responded and confirmed that the refreshed data was still awaited.</p>	

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	<p>John Gaskins also referred to the number of engagement responses and the fact that out of the 55 stakeholders from across the ICB only 18 responses had been received. Nick Barkworth confirmed that the responses received were from the key people expected to contribute to these conversations, ie stakeholders that were either involved in prevention activity within the Local Authority or people that undertook advocacy on behalf of the ICB's population. Nick was therefore comfortable with the level of engagement and responses received.</p> <p>RESOLVED: The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> ▪ Noted the contents of the report and the additional points of assurance. ▪ Agreed to the implementation of the framework with immediate effect. ▪ The Dental Commissioning Plan and the implications of the Plan to be presented to the March meeting. <p>(b) General Practice Capital Investment</p> <p>Peter Tinson presented the paper, the purpose of which was to provide details of and seek approval from the Committee to the following:</p> <ul style="list-style-type: none"> ▪ The General Practice Information Technology (GPIT) Capital Investment - £156,145. <p>In order to fully invest all the available capital resources, the ICB Digital Team had created a final GPIT investment proposal. The summary of investments outlined within the paper totalled £156,145.</p> <p>Peter Tinson confirmed that the three-year NHS Capital Guidance for 2022-25 and the system allocations were detailed in a previous report, most recently the capital report submitted to the Committee in December 2023, which was included within the paper for information.</p> <ul style="list-style-type: none"> ▪ A General Practice Improvement Grant (GPIG) Request for Castle Medical Group in the sum of £277,778 <p>Castle Medical Group planned to reconfigure their branch surgery which would increase clinical capacity. Peter Tinson confirmed that the proposed works did not increase the size of the practice's estate, it was an internal reconfiguration of the space within their existing footprint or demise. As a result, there were no revenue consequences arising from this scheme for the ICB.</p> <p>John Gaskins drew attention to point 3.3 within the paper which made reference to a new patient lift. It was noted that the word 'lift' was in capitals. This would require amending and the updated paper included on the ICB website to ensure there was no confusion with LIFT initiatives.</p> <p>David Armstrong responded to a question from John Gaskins regarding GPIT and confirmed that some of the equipment planned to be purchased next year had been brought forward to this year.</p>	PT

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	<p>RESOLVED: The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> ▪ Noted the contents of the report. ▪ Approved both the GPIT for 2023/24 across the ICB and the GPIG for Castle Medical Centre, Clitheroe. ▪ Requested that the word ‘lift’ that was capitalised within the paper was amended to ensure there was no confusion with LIFT initiatives. The revised paper to be updated on the ICB’s website. 	VP
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 18 January 2024: Primary Medical Services Group, Primary Dental Services Group, Pharmaceutical Services Group, Primary Optometric Services Group and Primary Care Capital Group.</p> <p>The following key points were highlighted:</p> <p>Primary Care Medical Services Group</p> <ul style="list-style-type: none"> ▪ An update regarding the Special Allocation Scheme (SAS) was shared with the group. Patient engagement had been undertaken and 46 replies had been received. A detailed options appraisal would be presented to a future meeting of the Committee. ▪ A detailed update had been received in relation to the delivery of the Local Enhanced Services (LES) in terms of what they were and what they were delivering. A formal update would be presented to the Committee in March. <p>Pharmaceutical Services Group</p> <ul style="list-style-type: none"> ▪ There were a number of applications around core hour changes, one was refused and one was agreed. There was also an agreement to issue a breach notice to one pharmacy that had failed to notify the ICB of a change in superintendent pharmacist on two separate occasions. <p>Primary Optometric Services Group</p> <ul style="list-style-type: none"> ▪ A meeting had not taken place in January 2024. <p>Primary Care Dental Services Group</p> <ul style="list-style-type: none"> ▪ A relocation request was approved and there was a request from Smart Dental to transfer a number of Units of Dental Activity (UDA) from one site to another, that the group agreed was in the best interest of patients. <p>Primary Care Capital Group</p> <ul style="list-style-type: none"> ▪ The Capital Investment Improvement Grant and GPIT were recommended for approval. These would be presented at today’s Committee. 	

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	<p>The Chair thanked Peter Tinson for a comprehensive report which clearly detailed escalations and decisions and requested that her thanks be conveyed to the chairs' of the groups for the work they were taking forward on behalf of this Committee.</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. 	
Other Items for Approval		
7.	None to be considered.	
Items to Receive and Note		
8.	<p>(a) Finance Report – Quarter 3</p> <p>John Gaskins presented the Quarter 3 financial position for primary care budgets and confirmed that he had recently met with the Chair and Vice Chair to discuss the format of the report going forward.</p> <p>The following key points were highlighted:</p> <ul style="list-style-type: none"> ▪ The main variances at Quarter 3 were a continuation of what was seen at Quarter 1 and Quarter 2. ▪ Whilst prescribing remained an ongoing cost pressure, the position was slowly improving. ▪ Primary care and co-commissioning - the overspend was not a spend against individual contracts with GPs but was a consequence of the QIPP and mitigations as part of the 2023/24 financial plan. <p>The Chair thanked John Gaskins for the report and invited comments from Committee members.</p> <p>The Vice Chair asked if the areas where there was any input or control into overspend was discussed at the Finance & Performance Committee. John Gaskins confirmed that any areas of overspend fed into the Business & Sustainability meeting and were picked up within the Finance & Performance Committee. He added that the main area of overspend was prescribing.</p> <p>The Chair highlighted that the Terms of Reference for the Finance & Performance Committee were likely to be reviewed and re-shaped. If this was the case, this Committee would need clarity and assurance to understand where areas of concern were being discussed.</p> <p>Geoff Jolliffe referred to the prescribing overspend and asked if the plan was to work with GPs to resolve this. Lindsey Dickinson confirmed that whilst this was predominantly a national issue and related to the cost pressure of some of the drugs, there were areas where cost efficiencies could be reviewed and that the Medicines Optimisation Team were working on those areas to try to ensure the ICB was using the most cost-effective medicines. Peter Tinson also added that one of the proposals to be presented to a future meeting was the medication review service that linked to the GP Quality Contract.</p>	

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	<p>Whilst this provided some level of assurance, Geoff Jolliffe queried how much variation there was between practices and if this needed to be addressed. John Gaskin responded and confirmed that some of that variation was being picked up by Andrew White, the ICB's Chief Pharmacist. He also added that in terms of cost pressure, the cost growth on prescribing was approximately 10% more than the national assumption and was driving the vast majority of these numbers.</p> <p>Resolved: The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> ▪ Noted the financial position at the end of Quarter 3. <p>(b) Primary Care Contracts Assignment Report 2023/24</p> <p>Peter Tinson presented the report and confirmed that Mersey Internal Audit Agency (MIAA) had recently completed an audit of the ICB's primary care commissioning arrangements and whether they fulfilled the requirements of its delegation agreement with NHS England (NHSE), with specific reference to the supporting assurance framework.</p> <p>The key findings outlined within the report provided an overall moderate assurance rating and recognised the sound progress that had been made. It also recognised that some processes needed to be more fully embedded, such as enhanced quality and performance reporting for all four primary care contractor groups.</p> <p>A summary of the key recommendations alongside the management response outlined within the report was provided, which included:</p> <ul style="list-style-type: none"> ▪ Quality dashboards should be developed for all primary care contractor groups. ▪ All committee groups and the Primary Care Quality Group should agree workplans. ▪ The collation of evidence to support the NHSE Delegated Services Assurance Framework should continue with a consistent approach to risk reporting. ▪ Work should be undertaken to assess the resources required to deliver priorities and delegated responsibilities. Peter Tinson confirmed that a productive workshop had taken place on the 31 January 2024 to develop approaches and processes to respond reactively and proactively to address some of those service delivery challenges. Feedback to shaping this approach would be brought back to a future Committee. ▪ Operational groups should provide updates on financial performance and QIPP delivery. Peter Tinson highlighted that this linked to the earlier comments regarding the Finance & Performance Committee Terms of Reference and that most of this information is fed into the weekly Business & Sustainability meeting. <p>The Chair welcomed the clarity and recommendations alongside the recognition of work done to date and highlighted the Committee's responsibility in having oversight of the delivery of the plan and requested that consideration be given to updating the Committee on its progress.</p>	

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	<p>The Vice Chair highlighted that the report had also recently been presented to the Audit Committee where he had expressed disappointment that the report had not been updated with the actions that had already taken place. The Vice Chair went on highlight the need for the timely development of a quality dashboard. Peter Tinson confirmed that in terms of general practice, a dashboard was live and had been live for many months on Aristotle, the performance tool within the ICB.</p> <p>In respect of the rapid delivery of these recommendations, Peter Tinson confirmed that he had purposely included some short timeframes within the management response, ie a dental and community pharmacy dashboard by the end of this month. This was based on the fact that the information was available and monitored but was not yet included on the Aristotle dashboard. That information also flowed into the Primary Care Quality Group which was triangulated with other information ie soft intelligence.</p> <p>The Chair thanked Peter Tinson for the update and confirmed that the Committee would be keen to see pace behind the priority actions and requested an update at the next meeting on progress and impact. Peter Tinson confirmed that an update would be provided and suggested inviting Dr John Miles to the next meeting as he was leading the ICB's Data Intelligence Group</p> <p>Resolved: The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> ▪ Noted the report and requested an update on progress and impact at the next meeting. 	PT
Standing Items		
9.	<p>Committee Escalation and Assurance Report to the Board (Alert, Assure and Advise)</p> <p>The Chair confirmed that this would be produced and submitted to Board.</p>	
10.	<p>Items Referred to Other Committees</p> <p>The Chair highlighted that the Terms of Reference for the Finance & Performance Committee were likely to be reviewed and re-shaped. If this is the case, this Committee would need clarity and assurance to understand where areas of concern were being discussed.</p>	VP
11.	<p>Any Other Business</p> <p>Dental Commissioning</p> <p>Following a question received from a member of the public regarding the allocation of primary dental care additional funding, Peter Tinson confirmed that a draft response had been prepared. Once clear around budgetary position, Peter would be in a position to provide absolute clarity.</p> <p>Post Meeting Update: This will subsequently be closed off in the March 2024 meeting as Dental Commissioning is included as a report.</p>	
12.	<p>Items for the Risk Register</p> <p>The outcomes from the internal audit to be included on the risk register.</p>	PT

No	Item	Action
13.	<p>Reflections from Meeting</p> <p>All colleagues were thanked for attending today's meeting and were asked for any feedback. Geoff Jolliffe reflected positively on the benefit of holding today's meeting via MS Teams.</p>	
14.	<p>Date, Time and Venue of Next Meeting</p> <p>The next meeting was scheduled to take place on Thursday, 14 March 2024 at 10:00am in Lune Meeting Room 1, ICB Offices, County Hall, Preston.</p>	

Draft