# BNSSG ICB Primary Care Committee Meeting

## Minutes of the Meeting Held on Tuesday 25th February 9:00 – 11:00

## Minutes

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| **Present** | | |
| Alison Moon (*Chair*) | Chair of Committee, Non-Executive Member – Primary Care | AM |
| Katrina Boutin | GP & GP Collaborative Board Medical Director | KB |
| Jenny Bowker | Deputy Director of Performance Delivery, Primary Care and Children's Services, BNSSG ICB | JB |
| Richard Brown | Chief Officer, Avon Local Pharmaceutical Committee | RB |
| Debbie Campbell | Chief Pharmacist and Director of Medicines Optimisation | DC |
| Terrance Chikurunhe | Senior Hub Manager, Southwest Collaborative Commissioning Hub | TC |
| Jamie Denton | Head of Finance, Primary, Community & Non-Acute Services, BNSSG ICB | JD |
| Ellen Donovan | Independent Non-Executive Member, BNSSG ICB | ED |
| Bev Haworth | Head of Primary Care, BNSSG ICB | BH |
| John Hopcroft | Avon Local Optical Committee | JH |
| David Jarrett | Chief Delivery Officer, BNSSG ICB | DJ |
| Katie Handford | Models of Care Manager, BNSSG ICB | KH |
| Matt Lenny | Director of Public Health, North Somerset Council | ML |
| Susie McMullen | Head of Contracts: Children's, Community and Primary Care, BNSSG ICB | SMc |
| Dr Joanne Medhurst | Chief Medical Officer, BNSSG ICB | JM |
| Shaba Nabi | Chair, Avon Local Medical Committee | SN |
| Sarah Purdy | Partner Non-Executive Member, North Bristol NHS Trust | SP |
| Hayley Richards | Non-Executive Director, Sirona | HR |
| Michael Richardson | Director of Nursing and Deputy CNO, BNSSG ICB | MR |
| **Apologies** | | |
| Jeff Farrar | Chair of the BNSSG ICB | JF |
| Nikki Holmes | Head of Primary Care, Southwest, NHS England, and Improvement | NH |
| Geeta Iyer | Deputy Chief Medical Officer, BNSSG ICB | GI |
| Matthew Jerreat | Clinical Chair of the Southwest Local Dental Network | MJ |
| George Schofield | Avon Local Dental Committee Secretary | GS |
| Rosi Shepherd | Chief Nursing Officer, BNSSG ICB | RS |
| **In Attendance** | | |
| Sandie Cross (*minutes*) | EA to Dave Jarrett, BNSSG ICB | SLC |
| Adrian Day | Primary Care, Service Improvement Project Manager, BNSSG ICB | AD |

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| Laura Winwood | Primary Care Team, BNSSG ICB – for observation | LW |

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| 1 | **Welcome and Apologies**<br>Alison Moon (AM) welcomed everyone to the Primary Care Committee (PCC), emphasising the importance of assurance and scrutiny on primary care matters, on behalf of the ICB Board. AM reminded the Committee of the four core purposes of the ICS:<br>1. Improving health outcomes,<br>2. Reducing health inequalities,<br>3. Productivity and value for money,<br>4. Wider social and economic development.<br><br>AM introduced Hayley Richards (HR) as the new non-executive director of Sirona and welcomed her to the committee. AM expressed the value of non-executive partner input, highlighting how it brings a different perspective to the Committee's discussions. to the PCC.<br><br>Apologies are noted as above, and AM confirmed the meeting was quorate. | |
| 2 | **Declarations of Interest**<br>There were no new declarations of interest to note, and no existing declarations of interest relating to agenda items at the PCC meeting today. | |
| 3 | **Minutes of the Previous Meeting held on 17th December 2024**<br>The minutes from the PCC meeting on 17th December 2024 were agreed to be an accurate record of the meeting. These minutes have been approved and will be forwarded to the ICB Board for information.<br><br>DJ obtained permission from the Committee to allow him to use a new Microsoft tool called Co-Pilot, to test run the ability of this tool today, to help support and generate accurate minutes. | |
| 4 | **Review of Action Log**<br>The Primary Care Committee reviewed the action log:<br>(*Please refer to the action log for full details*)<br><br>***Action 117*** - Michael Richardson (MR) provided an update to the Committee, on the support systems for POD services, explaining that they have a different quality and safety approach to reviewing their services, which is included in the quality report on the agenda today. MR suggested closing the action as it is now on the agenda, and AM agreed to close the action on that basis. | |
| 5 | **General Practice Collective Action (GPCA) & Pharmacy CA Updates**<br>Jenny Bowker (JB) updated the Committee on the general practice collective action (GPCA), including the status of pathways for eating disorders, prescribing issues, and specialist medicines monitoring.<br><br>➢ **Eating Disorders**: JB reported that the pathways for eating disorders have gone live, with most practices signed up to support physical health monitoring for adults with eating disorders. AWP supports the more complex patients, and there is a fail-safe arrangement in place.<br>➢ **Children's Services**: JB noted that the children's services have now been set up at the Children's Hospital, with referrals being processed and children being seen in three different settings. | |

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| | ➢ **Prescribing Issues**: JB highlighted ongoing work around prescribing issues, particularly 28-day prescribing, and the expectation of national guidance in March. The guidance will likely leave room for local interpretation.<br>➢ **Specialist Medicines**: JB noted that changes to the LES for specialist medicines monitoring have been agreed and will be issued to general practice imminently, including ADHD, Mesalazine, and lithium.<br>➢ **Bariatric Monitoring**: JB advised that options for bariatric monitoring are still being developed, with an options appraisal in progress to determine the best approach.<br>➢ **National GP Contract**: JB informed the Committee that the national GP contract negotiations are ongoing, with updates expected in March 2025.<br><br>Shaba Nabi (SN) provided an update on the GMC's *Emergency Meeting*, being held, to discuss progress on contract negotiations which are confidential at the moment. The main focus is to share progress and determine next steps.<br><br>SN reported that locally, the LMC plans to share a survey with practices to prioritise areas within the interface space and adopt a more collaborative approach with stakeholders.<br><br><u>Questions / Reflections Raised Included:</u><br>➢ Ellen Donovan (ED) thanked JB & SN on providing a helpful update, however raised concerns about ensuring patients understand alternative arrangements in primary care.<br>**JB** explained that updates are provided on the website, and individual enquiries are addressed through customer services, and acknowledged the need for more targeted communications.<br>➢ ED asked what further support the ICB Board could offer with the system response to GPCA?<br>**JB** suggested the need for board-level support to move from a reactive to a proactive position regarding 28-day prescribing, once national guidance is received. DC also requested Board support and recognition for the continuation of system relationships as we manage the response to GPCA, and recognition that there is no additional funding to support mitigations.<br>➢ Sarah Purdy (SP) asked whether we are seeing differences in the number of consultations that GPs are offering, because of the considerable increase in attendances at ED?<br>**Bev Haworth (BH)** responded by saying at present, we are seeing 5% more appointments compared to this time last year. We are recognising we are seeing a slight change in same day appointments, as we have been consistent with around 30%, this is starting to drop off. BH will share the access report, including the metrics at Committee later in the agenda to explain in more detail~~s~~.<br>➢ Matt Lenny (ML) enquired about the process for monitoring outcomes and potential impacts on the population, particularly by characteristic, and suggested using sample audits or other methods.<br>**JB** acknowledged the need for more work in this area and explained that broad ICB-level metrics are used to understand impacts currently. Jo Medhurst (JM) advised reviewing the NHSE annual statement of health inequalities. There is a full set of metrics connecting the monitoring efforts, which include metrics broken down by place, gender, and ethnicity as an approach that could be used.<br>➢ ML raised the current issues and challenges with fit notes.<br>➢ **JB** explained that fit notes should be provided by secondary care providers as part of completing an episode of care.<br><br>It was suggested for JB to link in with Tom Hodgett, Head of System Intelligence at the ICB, who would be best placed to support with looking at certain metrics and process | |

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| | for monitoring outcomes and potential impacts on the population, particularly by characteristic.<br><br>**Action – JB to link in with Tom Hodgett BI, to help support in looking at certain metrics and process for monitoring outcomes and potential impacts on the population, particularly by characteristic.**<br><br>AM advised the need for the Committee to gain assurance in the ways we are working, and the foundation of relationships.<br><br>DJ wanted to offer another level of assurance to the Committee, and advised that as well as ICB Board, the GPCA update paper has been presented to the monthly System Executive Group (SEG), where system chief executives sit. This is providing assurance of a route of escalation also if required. Debbie Campbell (DC) sits on the Medicine Optimisation Groups, and BH runs operational groups, so assuring the Committee there are multiple arenas where these issues are being discussed across the entire system.<br><br>AM and the Committee fully support and encourage the continuation of those conversations and support the focus. AM requested that feedback from some of those meetings, be included as part of future Committee briefings.<br><br>**Action – Primary Care team to add feedback from other committees to PCC cover paper going forward.**<br><br>**Pharmacy CA (PCA) Updates**<br>JB advised she did not have an update on Pharmacy Collective Action (PCA) but brought in Richard Brown (RB) for comment.<br><br>RB explained there had not been an update, due to the government only just starting conversations with Community Pharmacy England regarding this. RB reported that there is already concern from pharmacy providers about the potential outcome of this.<br><br>Any updates as and when available will come to a future PCC.<br><br>**The Primary Care Committee noted the update on GPCA.** | **JB**<br><br>**BH/JB** |
| 6 | **PCOG Report**<br>DJ provided an update on the decisions made at the Primary Care Operational Group (PCOG) meetings in January & February 2025. DJ and JB pulled out the key highlights within the paper. PCOG continues to reflect the core purposes, and reflecting the aim at reducing health inequalities, in terms of decisions being made.<br><br>DJ wanted to formally note to the Committee and expressed gratitude to Claire Ripley, who had been working with the ICB for the past 18 months. Claire has supported our development of the dental strategy and made significant progress in taking forward our ambitions to improve access to dental care.<br><br>AM asked at what stage are we with appointing an ICB clinical dental lead to help support the dental work? JB advised this role had gone out to advert and is live, with interviews planned for mid-March. JB would provide an update at the next PCC in April 2025.<br><br><u>Questions / Reflections Raised Included</u>:<br>➢ ED referred to the rise to £32 UDA as a positive move, but asked what dental colleagues' reactions were to that response? ED further queried when would this rise be implemented. | |

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| | **JB advised** there were no dental colleagues at PCC today, however advised she had previously had conversations with the LDC, who welcomed the additional uplift from £30 to £32, noting they would recommend going further. JB advised that this will be implemented from April 2025, to coincide with the next financial year, and to put us in line with our neighbouring ICBs.<br>➢ AM asked a question regarding LES, recognising this is optional for practices to pick them up. AM asked what assurance we have that a LES offer and uptake will mitigate GPCA shared care actions?<br>**DC responded** – with all LES's, there will always be a risk. DC advised there is 100% uptake of the Specialists Medicines Monitoring LES, so we anticipate this risk is low.<br>➢ SN reflected that the LESs have not kept up with inflation, so in her opinion feel inadequate. SN advised that some practices have taken these up, because the alternative means that they would have to make redundancies, as some practice staff are employed to deliver LESs. SN reported practices cannot break even, they must make a profit to be sustainable.<br><br>AM thanked DJ and JB for the PCOG report, recognising the large amount of work which takes place.<br><br>**The Primary Care Committee have received and noted the PCOG Report.** | |
| 7 | **Operational Plan**<br>BH provided an overview of the 25/26 national primary care operational plan noting that disappointingly the objectives did not include Optometry and Community Pharmacy. . The document provides an overview of the 25/26 operational planning process for our healthcare system. Key items to draw out include:-<br><br>➢ **Operational Plan Guidance**: The 25/26 operational plan guidance was released at the end of January, emphasising outcomes, productivity, and living within means, with fewer metrics.<br>➢ **Planning Process**: The planning process begins in October, with weekly ICB core planning and system planning meetings, involving system partners and governance through Operational Delivery Groups (ODGs)<br>➢ **Primary Care Objectives**: The primary care objectives focus on general practice, and Dental Services, focusing on access improvement and contract oversight.<br>➢ **Contract Oversight**: Plans to improve contract oversight, commissioning, and transformation by June 2025 are likely influenced by NHS England reports on potential general practice breaches due to GPCA, which we are not currently aware of in BNSSG, and the need to make difficult decisions as part of productivity and living within our means.<br>➢ **Metrics and Submission Timelines**: Metrics to monitor include general practice appointments, dental activity, and pharmacy first consultations, with initial headline submission due on February 27 and full submission on 27th March.<br>➢ **Workforce Planning**: Workforce planning faces challenges due to uncertainty around future funding for additional roles, the increase in national insurance contributions, and the absence of a new contract, affecting recruitment and retention.<br>➢ **Collaborative Efforts**: Collaborative efforts with LMC and GPCB are essential to prioritise and evaluate work, ensuring effective and efficient delivery of objectives.<br><br>*(For full details, please refer to the paper that was sent in the pack to Committee members)* | |

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| | Questions / Reflections Raised Included:<br>➢ AM reflected on achieving the operational plan for primary care, this would be difficult even without GPCA. AM recognised that workforce is a significant risk.<br>➢ AM asked regarding the operational plan metrics, do not seem to flow seamlessly to reflect the objectives?<br>➢ AM asked what is the voice of the people who use these services, suggesting this needs to be stronger in the paper?<br>**BH advised** this also links to the item later on the PCC agenda (access recovery plan). BH recognises the metrics do not link. BH advised here are different sets of metrics that are given by NHSE ; however, we have our local access metrics that sit under the programmes of work. With regard to the patient voice, BH advised the access report includes results of the 2024 patient survey with a comparison against the national position, and a cross check with Health Watch reports.<br>➢ ML asked with regard to linking in with local authority and the 25/26 plan, it is recognised there are fundamental challenges e.g. expansion in terms of housing etc. ML suggested how we can align the process with future planning, particularly primary care, and new communities.<br>➢ ML suggested thinking about access and quality of experience of people accessing these services, he would be happy to bring back and share at a future PCC meeting, what is happening in North Somerset, around how that may put more pressure on our resources and planning.<br>➢ ED would be interested in terms of governance, to see what the structure looks like with system working between LA and ICB colleagues, and how that would be captured, noting GP services are crucial to those developments with additional housing etc.<br>➢ ED mentioned conversations have been ongoing at various meetings and committees, regarding moving from acute to a community and prevention space, and asked if those conversation are being shown in the operational plan?<br>**DJ suggested** this would be a helpful discussion to have at ICB Board when the operational plan is presented there.<br><br>The link below was shared by ML to Committee members.<br>Regulation 19 - Additional Sites Consultation (February 2025) - North Somerset Council Consultations<br><br>It was further discussed and suggested from a Local Authority planning perspective, linking in, and holding a conversation with Tim James, Head of Strategic Estates at the ICB. ML would be happy to bring an appropriate colleague from North Somerset to help field questions to a future PCC.<br><br>**Action – for BH to link in with Tim James to discuss LA planning and to provide assurance on the steps taken to align local housing plans with primary care services at a future meeting. SLC to invite TJ to a future PCC meeting.**<br><br>AM thanked BH and primary care colleagues for the report which gives assurance of systems and processes in place. AM noted she would expect to see the progress reports built into the forward planner.<br><br>**The Primary Care Committee are asked to note and discus the Operational Plan** | **BH**<br>**SLC** |
| 8 | **POD Monthly Report from Commissioning Hub**<br>Terrence Chikurunhe (TC) provided a brief update on the POD report, taking the paper as read. As Nikki Holmes was not in attendance at the PCC, TC would just be covering | |

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| | the dental update, including UDA delivery, contract rebasing, and the urgent dental care delivery challenge.<br><br>**Dental**<br>**Performance and Contract Reviews**: BNSSG is performing slightly above the Southwest delivery rate for UDA and orthodontic delivery. The team is reviewing contracts to ensure delivery and making necessary adjustments with contractors who cannot meet 100% delivery targets.<br>**Contract Rebasing and UDA Uplift**: Significant progress has been made in rebasing contracts from April 2025, and UDA uplift principles have been agreed upon, with BNSSG setting a minimum of £32 UDAs for next financial year. However, this must be managed within the existing financial envelope.<br>**Urgent Dental Care Delivery**: The target for urgent dental care delivery in BNSSG is 19,076, slightly below Devon's target. The team is working with regional offices to establish a unified approach across all seven ICBs to meet this target.<br>**Dental Helplines**: it is recognised the dental helplines need review as there are pathway constraints with patients not being able to get through to helplines in order to access urgent care slots.<br><br>AM reflected on the report, and advised the role of the Committee is to ensure connecting of the dots, a good example of this is with the strategy and operational plans, unfortunately this is not evident in the POD report. It is recognised the level of oral tooth decay in under 5-year-olds is very high, and we have higher levels of oral cancer in Bristol, but we are not having this explained in the report and how we are addressing these.<br><br>AM asked if it should be the dental strategy update that is brought and discussed at PCC, which talks about the improvement in services?<br><br>AM asked if the Commissiong hub could look at ways to improve and evolve the report, so the Committee see outcomes and results, not just figures which does not mean much to some of the Committee members who are not clinical.<br><br>Questions / Reflections Raised Included:<br>➢ ED advised dentistry is one of the most difficult areas of performance across the whole of the UK. Lots of work is being done to correct this, however it would be good to see this reflected in the report. ED suggested if the Committee could see how things have moved forward on an annual basis and what the trend looks like.<br>➢ ML asked on page 48 of the report, it is good to see we have a service for children looked after, extending to care leavers, but expressed his concern about asking patients to call 111 themselves, questioning they may not do this. ML suggested there are services in local authorities who work with care leavers, and asked why we could not enable that contact for those people, rather than coming in. It is recognised LA / health care have responsibility for looked after children until they are 25 years old.<br>**JB responded** and advised that Claire Ripley has been working with colleagues in Sirona to do this, to see if we can write out to the care settings of children in care and carers, to promote this service.<br><br>It was suggested and agreed for DJ and the primary care team to discuss off-line with TC and the commissioning hub, ways to improve the details of the report for future PCC meetings.<br><br>**Action – Primary Care Team to link in with TC and the Commissioning Hub team to work on developing POD reporting to the Committee.** | |

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| | **Action – It was requested for MR to update on POD quarterly quality report to the Committee.**<br><br>**Pharmacy**<br><br>DC highlighted the vulnerability of pharmacy services, and the need for better reporting and monitoring to ensure access and quality. It is recognised we hear about access to pharmacies and medicines is getting worse, but this should be reflected in the report. JB suggested for any questions on the POD report, if members could send to her, and she can relay this back to Nikki Holmes, recognising at present we are seeing a more operational report, and this should evolve to a more strategic report for the Committee.<br><br>JB mentioned the Community Pharmacy Assurance framework visits are taking place, and Ali Mundell, from Meds Op Team at ICB, is going to be working on some of these, alongside commissioning hub colleagues to support that process.<br><br>**Optometry**<br>The Committee briefly discussed optometry services, emphasising the need for better integration of updates from the local eye system group.<br><br>John Hopcroft (JH) mentioned the system has been taking a more proactive approach with Qio for this cycle, (QIO Process is an agreed 3-year cycle), we are getting visits in earlier to those stores that did not submit a response, together with supporting any stores who need support with their response.<br><br>**The Primary Care Committee received and noted the POD Monthly Report from The Southwest Collaborative Commissioning Hub. The Committee expect to see iterations for the next report due to the Committee in April 2025** | **JB/DJ**<br><br>**MR** |
| 9 | **Primary Care Finance Report**<br>Due to time restraints at the Committee today, Jamie Denton (JD) mentioned there is not a huge difference in the financial reporting this month.<br><br>One thing to update on, is that the report is a month 9 reported position and for month 10, reporting which will be going to the next PCOG meeting, the system is now expecting to mitigate what we had been reporting as an unmitigated risk, with non-recurrent solutions to achieve a financial break even position for this year.<br><br>AM thanked JD for the comprehensive and easy to read finance reports.<br><br>**The Primary Care Committee are noting the financial report and the position, as of month 9.** | |
| 10 | **General Practice Performance Contracts & Quality Updates:**<br>Primary Care Access Improvement Report<br>BH had already covered a lot of the content in item 7. This access recovery update provides further detail to the regular highlight report. The committee is asked to note the ongoing work and offer feedback that will enhance the report before it is presented to the ICB board in March.<br><br>BH mentioned the paper outlines the ambitions of the plan and the four areas aimed at supporting recovery and achieving those goals. A high-level summary of key achievements in year two has been provided, which includes metrics to gauge our | |

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| | progress. Based on the committee's request, we have included columns showing the year-end position last year and an average of our current status. We aim to provide a comprehensive update despite some data from SW averages not being available for this report.<br><br>Key challenges discussed include the increasing demand for appointments and an increasing number of practices disabling online consultations. We continue to work with practices to ensure at least one access route remains open. Some practices now fall below the national average on certain metrics, and we address issues on an individual basis, linking with quality and resilience teams to support practices.<br><br>The patient survey results for 2024, are detailed in the appendix. The main body of the paper includes a summary table comparing our performance against national averages. Although we generally compare well, the survey captures only a small segment of the population, and national percentages are lower than desirable, indicating continued efforts are needed.<br><br>The committee has also previously requested more details on the NHS app, digital inclusion, and DNA.<br><br>Katie Handford (KH) provided a brief update on these areas and the ongoing work. KH wanted to highlight efforts to boost NHS app usage. We have seen a 62% uptake, surpassing the national average, with notification usage rising from 22% to 32%, reducing SMS costs. Prescription orders via the app have increased by 30%, easing general practice workloads.<br><br>We have also focused on digital inclusion through community outreach with Caffi Health, supporting over 150 people, particularly in marginalised communities and non-English speakers. This has empowered patients to access their health information and bring it to appointments.<br><br>Regarding DNAs, BNSSG's rate is 5.4%, which is better than the NHS average of around 10%. Effective processes allow patients to easily cancel appointments via text or the NHS app.<br><br>BH advised this paper was going to the ICB Board in March, and requested for any comments or feedback to be sent to her by COP Thurs 27th Feb.<br><br>AM was supportive of the report and thanked BH for adding extra columns, which relates to a conversation at the last PCC meeting in December 2024.<br><br>**Action – it was suggested for all Committee members to provide comments & Feedback to BH by 12:00 Thursday 26th February 2025.**<br><br><u>Q3 Quality Report, to include POD Services</u><br>Michael Richardson (MR) presented the quality report from the collaborative commissioning hub. MR posed a question for the Committee regarding the quality report, which monitors quality assurance, patient complaints, and feedback. It is recognised the quarterly report seems very high level, possibly more so than our own reports, which are often considered descriptive.<br><br>Noting Section 10.2 of the paper, which shows information directly from the hub, with only the names of individual practices removed. | **All Members** |

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| | Regarding dental services, the report states there are no new quality issues or patient safety incidents this quarter. However, it lacks details on previous issues, their monitoring, and learning outcomes.<br><br>MR requested for Committee members to review the report and provide feedback via e-mail. We plan to request more detailed reporting and meet with the hub. Any additional thoughts would be appreciated. Thank you.<br><br>The Committee agreed that more work was needed to provide assurance on the quality of services and to provide feedback on the quality report, to ensure better alignment of operational plans with strategic goals. It was suggested and agreed for Committee members to send feedback via email on the quality report to MR, by Thursday 27th February, to help improve the next iteration.<br><br><u>Questions / Reflections Received Included:</u><br>➢ DC suggested triangulating some of the information with wider system issues that are ongoing, then we can bring that all together, after MR meets with the Commissioning Hub colleagues.<br>➢ DC suggested trying to better relationships and ways of working with those team, as at present the report feels a bit siloed.<br>➢ to add link in to relay back into hub – triangulating systems together and ways of working with the teams less of a siloed report.<br>➢ ED suggested if this report could be sent to the Quality & Performance Committee also, so this is being seen from a quality perspective and therefore there would be a monthly review.<br><br><u>Graham Road/ Horizon Procurement</u><br>Susie McMullen (SMc) provided updates on the market engagement, and we are currently out for invitation to tender. The ITT was released on 28th January 2025, and a market engagement event was held on 12th February. We close clarification questions on 3rd March and closing to bids on 10th March. The Primary Care Team will be evaluating during March 2025, with moderation to take place at the end of March / beginning of April. Contact commencement date of December 2025<br><br><u>Charlotte Keel Medical Practice Mobilisation</u><br>SMc reported we are currently in mobilisation period, with a contract commandment date of 1st July 2025.<br><br>**The Primary Care Committee are asked to note and comment on the report.** | |
| 11 | **Good News Stories – Community Pharmacy First**<br>Unfortunately, due to time restraints at the meeting today, it was discussed and agreed to move this item to the next PCC in April 2025, to be the first item on the agenda, so as to not lose sight of this excellent piece of work. | **SLC** |
| 12 | **Key Messages for the ICB Board**<br>AM advised that she would develop some key messages for the ICB Board. | |
| 13 | **Primary Care Operational Group (PCOG) Minutes 10th Dec 2024, 14th Jan & 11th Feb 2025**<br>**The Primary Care Committee received the PCOG minutes for information.** | |
| 14 | **Any Other Business**<br>There was no other business to note, and the meeting closed. | |
| | **Date of Next Meeting** | |

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| | Tuesday 22nd April 2025 – 09:00–11:30 (*Via MS Teams*). for 2 .5 hour meeting next time. | |