

## Agenda

### NHS Greater Manchester Primary Care Commissioning Committee (Part 1)

Date: Thursday 25th June 2026  
 Time: 9:00 am – 11:00 am  
 (Part 2 to commence after part 1)  
 Venue: Microsoft Teams  
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 Meeting ID: 381 238 799 311  
 Passcode: xm6ac6R3

Item No.	Time	Duration	Subject	P / V	Presented by
1.	9:00	2 mins	Welcome, Introductions and Apologies	Verbal	Chair
2.			Declarations of Interest	Verbal	Chair
3.	9:02	3 mins	Minutes of Previous Meetings and Matters Arising	Verbal	Chair
4.	9:05	2 mins	Confirmation of national vaccines and immunisations catch-up campaign for 2026-27 <b>(For information only)</b>	Paper	Amy Ashton
5.	9:07	8 mins	Delegated Commissioning Self-Assessment	Paper	Caroline Bradley
6.	9:15	8 mins	CAIP PPV 24/25 – process considerations	Paper	Caroline Bradley
7.	9:23	8 mins	Sight Testing in Special Educational Settings: Recommended Bidder Report	Paper	Lindsay Lavantae
8.	9:31	4 mins	AOB		Chair

## Minutes



### Greater Manchester Primary Care Commissioning Committee – (PART 1)

Date: 09<sup>th</sup> February 2026




Time: 3:00 pm to 4:00 pm


Venue: Microsoft Teams

<b>Members</b>		
Katherine Sheerin	KS	(Chair) Chief Officer for Commissioning - NHS GM
Manisha Kumar	MK	Chief Medical Officer - NHS GM
Sam Evans	SE	Corporate Director of Finance – Commissioning & Financial Assurance - NHS GM
Ben Squires	BS	Director of Primary Care - NHS GM
Jonathan Kerry	JK	Interim Deputy Place Lead, Wigan - NHS GM
Martin Ashton	MA	Deputy Director, Delivery - Bolton
Anita Rolfe	AR	Deputy Chief Nursing Office
<b>In Attendance</b>		
Don McGrath	DMc	Don McGrath, GM Dental Provider Board Chair
Stuart Allan	S Allan	Chair, Greater Manchester Federation of LDCs
Janna Rigby	JR	Assistant Director Primary Care Operations - NHS GM
Julia Maiden	JM	Optometry Provider Board and Chair of Wigan LOC
Caroline Bradley	CB	Associate Director of Primary Care (Manchester)
Salimata Jarra	SJ	(Minutes) Primary Care Admin Support – NHS GM
Jim Rochford	JiR	Senior Primary Care Programme Manager – Dental
Chris Nortcliff	CN	Chief Clinical Information Officer & GP Digital Lead Greater Manchester Primary Care Provider Board Delivery Team
Alison Scowcroft	AS	Community Pharmacy Integration and Commissioning Portfolio Lead - NHS GM
Steph Fernley	SF	Assistant Director - GM Primary Care Development
Gail Henshaw	GH	Senior Primary Care Programme Manager - NHS GM
Luvjit Kandula	LK	Chair - Community Pharmacy Provider Board & Primary Care Board
Barry McCann	BMc	Strategic medicines optimisation pharmacist Community pharmacy integration and commissioning - NHS GM
Saqib Ahmed	SA	Senior Medicines Optimisation Pharmacist Community Pharmacy Integration and Commissioning Medical Directorate - NHS GM
Jim Ritchie	JiRi	Chief Clinical Information Officer - NHS GM
<b>Apologies</b>		
Jane Brooks		Assistant Director of Finance (Direct Commissioning) - NHSGM
Amy Ashton		Head of s7a Public Health Commissioning and Operations (Screening and Immunisations)
Will Blandamer		Deputy Place Lead - NHS GM (Bury)

Item No.	Topic	Action
1.	<p><b>Welcome, Introduction and Apologies:</b> Katherine Sheerin (KS) welcomed attendees and apologies were noted</p>	
2.	<p><b>Declarations of Interest:</b> None</p>	
3.	<p><b>Minutes of Previous Meetings</b></p> <ul style="list-style-type: none"> <li>Minutes of 8<sup>th</sup> December Committee meeting approved</li> </ul> <p><b>Action Log</b></p> <p><b>GP Out of Hours Review - BS &amp; SE updated:</b></p> <ul style="list-style-type: none"> <li>GM-wide strategic review initiated - kick off meeting held</li> <li>10 existing OOH contracts vary significantly - mapping underway (services, funding routes, visiting models, alternatives to conveyance)</li> <li>Contracts requiring extension will progress through a single GM STAR form, to streamline governance</li> <li>Strategic scope expanding to include non-GP urgent primary care (dental helpline, optometry urgent services)</li> <li><b>KS</b> - requested for the full scope document once available</li> <li>Funding governance to be clarified once funding sources mapped</li> </ul> <p><b>Primary - Secondary Interface Work - JiRi</b></p> <ul style="list-style-type: none"> <li>Workplan updated and aligning with: <ul style="list-style-type: none"> <li>Bridging the Gap work</li> <li>National contractual shifts</li> <li>Red Tape Challenge</li> </ul> </li> <li><b>JiRi</b> will share through interface governance and return to PCCC in April 2026</li> </ul>	 <p>2. GM Primary Care Commissioning Comr</p>
4.	<p><b>Place Based Primary Care Commissioning Committee Chair's Reports – presented by Jonathan Kerry (JK)</b></p> <p><b>Key issues:</b></p> <ul style="list-style-type: none"> <li>Quoracy challenges across several localities</li> <li>Continued work on: <ul style="list-style-type: none"> <li>Local Commissioned Services</li> <li>Online consultation</li> <li>Quality schemes</li> <li>BeCCoR 26/27 development</li> </ul> </li> <li>Need to finalise what sits where between GM and Place - committee to receive full update next meeting in April 2026</li> </ul> <p><b>Risk Reporting</b></p> <ul style="list-style-type: none"> <li>Several localities missing mitigations or risks entirely</li> <li>Concerns raised especially for: <ul style="list-style-type: none"> <li>HMR and Oldham (no risks submitted)</li> <li>Tameside (mitigations not fully articulated)</li> </ul> </li> <li>Agreement to strengthen consistency</li> </ul> <p>Action: Localities to update risk mitigations - <b>JR</b> and <b>CB</b> to support</p>	 <p>3. Place Based PCCC Chair Highlight Repor</p>

	<p><b>BeCCoR 26/27 and Locality Issues</b></p> <p>Tameside LCS Paper</p> <ul style="list-style-type: none"> <li>Engagement underway - Tameside final locality to be met</li> <li>Commissioning paper for BeCCoR will come to PCCC in extraordinary March meeting</li> <li>Risk in Bury LCS expected to be resolved through BeCCoR redesign</li> </ul>	
5.	<p><b>Primary Care Digital Strategy – Presented by Chris Nortcliff (CN) &amp; Jim Ritchie (JiRi)</b></p> <p><b>Overview</b></p> <ul style="list-style-type: none"> <li>A 10-year GM-wide Primary Care Digital Strategy covering: <ul style="list-style-type: none"> <li>All primary care disciplines (GP, pharmacy, optometry, dentistry)</li> <li>Integrated digital architecture</li> </ul> </li> <li>Aims to support strategic investment, avoid siloed purchases, and build an innovation-ready system</li> </ul> <p><b>Feedback from Committee</b></p> <p><b>Key concerns:</b></p> <ul style="list-style-type: none"> <li>Deliverability and investment requirements unclear</li> <li>Governance pathway for digital approval still ambiguous</li> <li>Align with What Good Looks Like national framework</li> <li>Include baseline GM digital spend</li> <li>Strategy arrived same day - request for review time</li> </ul> <p><b>Outcome</b></p> <ul style="list-style-type: none"> <li>Committee supports strategy in principle</li> <li>CN to incorporate feedback and share revised version by email</li> <li>MK to support route to ICB Board</li> </ul>	<p>4. PCCC Committee Report_GM_Primary_t</p>
6.	<p><b>NHSE S7A Screening &amp; Immunisations – 2026/27 Commissioning Programme Changes (for information only)</b></p> <ul style="list-style-type: none"> <li>JM highlighted that Children’s Vision Screening was missing from the documentation and queried where this sits within the screening element</li> </ul> <p><b>Action: MK</b> to confirm with <b>Amy Ashton</b> where Children’s Vision Screening is positioned within the overall screening programme and report back to committee</p>	<p>5. PRN02205 -Section 7A public hea</p>
7.	<p><b>Standardisation of Palliative Care (and other community pharmacy services) – Presented by Alison Scowcroft (AS) and Saquib Ahmed (SA)</b></p> <p><b>Proposal</b></p> <ul style="list-style-type: none"> <li>Standardise all pharmacy LCS/LES across GM</li> <li>Move funding to single GM budget line</li> <li>Commission once at GM level with: <ul style="list-style-type: none"> <li>Single service spec</li> <li>Standard fees</li> <li>Reduction in unwarranted variation</li> <li>Improved equity and access</li> </ul> </li> </ul> <p><b>Feedback from Committee</b></p> <ul style="list-style-type: none"> <li>Strong support from committee</li> <li>Need clarity on: <ul style="list-style-type: none"> <li>Transitional costs</li> <li>Engagement with Deputy Place Leads</li> <li>Local discretionary funding impacts</li> </ul> </li> </ul>	<p>6. PCCC Committee GM CP LES-LCS 0302</p>

	<p><b>Decision</b> <b>Approved - subject to:</b></p> <ul style="list-style-type: none"> <li>Further engagement with localities</li> <li>Detailed financial modelling</li> <li>Clear transitional plan</li> </ul> <p>Action: <b>AS, SA and Finance team</b> to refine finances and re-engage places</p>	
7.	<p><b>Capacity Access and Improvement Payments (CAIP) 2025/26 and approach to Post Payment Verification (PPV) – Presented by Steph Fernley (SF)</b></p> <p><b>Proposal</b></p> <ul style="list-style-type: none"> <li>PPV sampling: 1 PCN per locality (15% sample)</li> <li>Desktop review and DCCP for evidence assurance</li> <li>Outcomes to return to PCCC in July</li> </ul> <p><b>Risks Discussed</b></p> <ul style="list-style-type: none"> <li>System One search failures (particularly Wigan &amp; Bolton)</li> <li>Capacity constraints during April - June</li> <li>Online consultation procurement impact</li> <li>Data limitations in GM Intelligence Hub</li> <li>Need for system-wide prioritisation due to reduced workforce capacity</li> </ul> <p><b>Decisions</b></p> <ul style="list-style-type: none"> <li>PPV process approved</li> <li>DMOG to produce system-wide commissioning priorities for Q1 26/27</li> </ul> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li><b>SF</b> to run PPV process as proposed</li> <li>DMOG to develop prioritisation paper - return to PCCC</li> </ul>	<p> 7. 2026_02_09 GM PCCC CAIP 25_26 PPV</p>
8.	<p><b>NHS Greater Manchester Protected Learning Time (PLT) Policy &amp; Process – Presented by Gail Henshaw (GH)</b></p> <ul style="list-style-type: none"> <li>The committee reviewed the proposal for a GM-wide PLT policy to ensure consistency and equity across localities, aiming for implementation from 1st April 2026</li> <li>Significant variation in funding across GM was highlighted as the major barrier to implementation <ul style="list-style-type: none"> <li>Some localities fund PLT - others (e.g., Wigan) do not</li> <li>Committee agreed this must be resolved before a GM-wide approach can be enacted</li> </ul> </li> <li>Concerns were raised about the impact on capacity and appointment loss, with modelling showing potentially large reductions in available appointments if monthly 5-hour PLT is applied uniformly</li> <li>Committee agreed PLT is valuable, but unnecessary bureaucracy must be avoided given future reduced ICB capacity</li> <li>Consensus that PLT should not be centrally funded, except where part of a mandatory BeCCoR QI session</li> <li>Need to consider wider primary care disciplines and ensure equitable access to learning opportunities for all practices</li> </ul>	<p> 8. 251209 NHS GM Commissioning Policy</p> <p> 8a. NHS Greater Manchester policy and</p>

	<ul style="list-style-type: none"> <li>Operational considerations identified, including ensuring safe management of online consultations during PLT</li> <li>Committee supported the principles, but further work is required before agreeing the operational model</li> </ul> <p><b>Actions</b></p> <ol style="list-style-type: none"> <li>Undertake detailed financial modelling, including appointment/capacity impacts and options to address funding inequity across localities Owner: GH</li> <li>Refine PLT proposals with the DEMOG working group, drawing on colleagues with historical knowledge Owner: GH and DEMOG colleagues</li> <li>Develop a phased implementation plan to support transition from locality variation to a standard GM model Owner: GH</li> <li>Return a revised proposal to PCCC with options and recommendations Owner: Gail</li> </ol>	
9.	<p><b>National Dental Contract Reforms - Presented by Janna Rigby (JR)</b></p> <ul style="list-style-type: none"> <li>National guidance expected late February / early March for April 1st start</li> <li>Significant changes to: <ul style="list-style-type: none"> <li>Provider activity</li> <li>Patient-facing models</li> <li>ICB commissioning responsibilities</li> </ul> </li> <li>Potentially large financial pressures for GM</li> <li>Some discretionary schemes may become unviable</li> <li>Risk of reduced access - may create a new dental access crisis</li> <li>Risk to ICB planning requirements: <ul style="list-style-type: none"> <li>Urgent dental care</li> <li>Child &amp; adult access</li> </ul> </li> </ul> <p><b>Feedback from Committee</b></p> <ul style="list-style-type: none"> <li>Finance modelling underway</li> <li>Concern national model will override or undermine successful GM schemes</li> <li>Need early comms if disinvestment required</li> <li>Proposal to hold: <ul style="list-style-type: none"> <li>1-hour BeCCoR</li> <li>1-hour Dental Contract deep dive in March extraordinary PCCC meeting</li> </ul> </li> </ul> <p><b>Decisions</b></p> <ul style="list-style-type: none"> <li>Committee noted significant risk</li> <li>Work to continue with Dental Finance and GM Dental team</li> <li>Include risk on ICB Risk Register</li> </ul>	 <p>9. National Dental Contract Reforms ove</p>

	<b>Action:</b> <ul style="list-style-type: none"> <li>• <b>JR</b> and Dental Finance to bring detailed modelling to March extraordinary PCCC meeting</li> </ul>	
10.	<b>AOB</b> None	
	<b>Next Meeting Date and Time:</b> <b>Monday 13<sup>th</sup> April from 3pm – 5pm (Via MS Teams)</b> <b>Monday 8<sup>th</sup> June from 3pm – 5pm (Via MS Teams)</b>	

## Minutes





### Greater Manchester Primary Care Commissioning Committee – (PART 1)

Date: 13<sup>th</sup> April 2026

Time: 4:00 pm to 5:00 pm

Venue: Microsoft Teams

<b>Members</b>		
Katherine Sheerin	KS	(Chair) Chief Officer for Commissioning - NHS GM
Sam Evans	SE	Corporate Director of Finance – Commissioning & Financial Assurance - NHS GM
Ben Squires	BS	Director of Primary Care - NHS GM
Amy Ashton	AA	Associate Director - Lead for Screening and Immunisations (GM) GM Screening and Immunisation Team - NHSE/NHS GM
Jane Brooks	JB	Assistant Director of Finance – Direct Commissioning - NHS GM
<b>Non-Voting Members / Provider Representatives (Part 1 only)</b>		
Luvjit Kandula	LK	Primary Care Provider Representative (Community Pharmacy), GM Community Pharmacy Provider Board Chair
Tracy Vell	TV	Primary Care Provider Representative (General Practice), GM Primary Care Provider Board Chief Officer
<b>In Attendance</b>		
Jackie Woodall	JW	Transformation & Delivery Lead, Primary Care, Neighbourhoods & Community (HMR) - NHS GM
Janna Rigby	JR	Assistant Director Primary Care Operations - NHS GM
Julia Maiden	JM	Optometry Provider Board and Chair of Wigan LOC
Caroline Bradley	CB	Associate Director of Primary Care (Manchester)
Salimata Jarra	SJ	(Minutes) Primary Care Admin Support – NHS GM
Jim Rochford	JiR	Senior Primary Care Programme Manager – Dental
Sarah Crossley	SC	TBC
Alison Scowcroft	AS	Community Pharmacy Integration and Commissioning Portfolio Lead - NHS GM
Rachele Schofield	RS	Primary Care Lead (Bury) NHS GM
<b>Apologies</b>		
Manisha Kumar		Chief Medical Officer - NHS GM
Jonathan Kerry		Interim Deputy Place Lead, Wigan - NHS GM
Stephanie Fernley		Assistant Director – Primary Care Development – NHS GM

Item No.	Topic	Action
1.	<b>Welcome, Introduction and Apologies:</b> Katherine Sheerin (KS) welcomed attendees and apologies were noted	
2.	<b>Declarations of Interest:</b> No declarations of interest were made in relation to agenda items	
3.	<b>Minutes of Previous Meetings &amp; Matters Arising</b> <ul style="list-style-type: none"> <li>Minutes of 9 February Committee meeting approved</li> <li>Minutes of 26 March Extraordinary meeting approved</li> </ul> <b>Matters arising:</b> <ul style="list-style-type: none"> <li>The Committee reflected on actions from the 9 February meeting, specifically relating to GP Out of Hours. It was clarified that:               <ul style="list-style-type: none"> <li>GP Out of Hours sits within the Urgent and Emergency Care (UEC) programme</li> <li>It is not part of the primary care delegation agreement, although appropriate visibility at this forum is expected</li> </ul> </li> </ul>	 2. GM Primary Care Commissioning Comr   2a. Extraordinary Primary Care Commis
4.	<b>Place Based Primary Care Commissioning Committee Chair's Reports: Presented by Caroline Bradley (CB)</b>  <b>Overview:</b> <ul style="list-style-type: none"> <li>Five locality PCCCs had stood down, with five continuing to meet</li> </ul> <b>Decisions noted within locality reports (reflecting routine and seasonal business):</b> <ul style="list-style-type: none"> <li>APMS contract extensions</li> <li>Changes to enhanced access arrangements</li> <li>One-year SAS direct award</li> </ul> <b>Actions across localities:</b> <ul style="list-style-type: none"> <li>Implementation of the BeCCoR scheme</li> <li>Delivery of locally retained services and schemes</li> <li>Ongoing evaluation of winter schemes</li> </ul> <b>Escalations highlighted:</b> <ul style="list-style-type: none"> <li>Bury: Financial implications of locally retained services linked to BeCCoR Discussions with Finance and stakeholders are already underway</li> <li>Manchester and Trafford: Concerns regarding capacity and workload pressures as the system transitions to the new operating framework</li> </ul> The Committee noted the reports and the escalations raised	 3. Place Based PCCC Chair Highlight Repor
5.	<b>Community Pharmacy Independent Prescriber (IP) Pathfinder Programme Evaluation: Presented by Alison Scowcroft (AS)</b>  The Pathfinder involved 10 community pharmacies out of approximately 620 across Greater Manchester <ul style="list-style-type: none"> <li>The programme tested how independent prescribing could operate within community pharmacy</li> </ul>	 5. PCCC Committee IP Evaluation 090426

	<ul style="list-style-type: none"> <li>This aligns with the Medium-Term Planning Framework commitment to commission community pharmacy IP services in 2026 - 27, subject to national arrangements</li> </ul> <p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>Exceptional delivery at several sites</li> <li>Very positive patient feedback, particularly on access and convenience</li> <li>Positive impact on general practice capacity, allowing focus on more complex patients</li> </ul> <p><b>Future considerations:</b></p> <ul style="list-style-type: none"> <li>Scaling the programme will require careful planning, workforce support and close working with Community Pharmacy Greater Manchester (CPGM)</li> <li>National negotiations between DHSC, NHS England and Community Pharmacy England on the Community Pharmacy Contractual Framework (CPCF) are ongoing</li> <li>Prescribing costs are likely to remain an ICB cost pressure</li> </ul> <p><b>LK</b> emphasised the importance of early planning, noting that:</p> <ul style="list-style-type: none"> <li>The first cohort of newly qualified independent prescribers will complete training in September</li> </ul> <p><b>KS</b> welcomed the programme and recognised its potential system benefit.</p>	
6.	<p><b>AOB</b> None raised</p>	
7.	<p><b>Actions:</b></p> <ol style="list-style-type: none"> <li>Bring responsibilities matrix and governance update to the Group Owner: Janna Rigby &amp; Caroline Bradley Deadline: 8<sup>th</sup> June</li> <li>Present capacity and access improvement payments paper for sign-off Owner: Gail Henshaw <b>(added to the forward plan for the next meeting)</b></li> <li>Provide COVID-19 vaccination delivery update for winter planning Owner: Amy Ashton Deadline: June/July <b>(added to the forward plan for the next meeting)</b></li> <li>Share GM ICB governance structure and committee / group Terms of Reference Deadline: Before 8<sup>th</sup> June</li> </ol>	
<p><b>Next Meeting Date and Time:</b>  <b>Monday 8<sup>th</sup> June from 3pm – 5pm (Via MS Teams)</b>  <b>Monday 10<sup>th</sup> August from 3pm – 5pm (Via MS Teams)</b></p>		

- To:
- Regional directors of public health and commissioning
  - Integrated care board chief executives
  - General practices and primary care networks

NHS England  
Wellington House  
133-155 Waterloo Road  
London  
SE1 8UG

18 June 2026

- cc.
- Heads of primary care
  - Head of public health

Dear colleagues

## Confirmation of national vaccines and immunisations catch-up campaign for 2026/27

You will be aware that practices are required to participate in a national vaccines and immunisations catch-up campaign each year, as a requirement of the GP contracts.

We are writing to confirm that the 2026/27 national vaccines and immunisations catch-up campaign will focus on the **measles, mumps, rubella (and varicella) (MMR/V) vaccination**. The focus is due to recent measles outbreaks and the removal of England's elimination status.

This letter confirms the details of the national MMR/V catch-up campaign, including what we are doing nationally to encourage uptake and the ask of practices.

### Campaign timings

The campaign will run from June 2026 to March 2027 and will focus on the following:

- general practices will be required to undertake local call and recall for eligible individuals aged 12 months to less than 6 years who are missing 1 or 2 doses of MMR/V
- practices are asked to support requests for vaccination of individuals aged 6 years up to and including 11 years. This will work as follows:
  - cohort will be identified through a phased national invite
  - where parents and carers contact their practice after receiving an invitation, practices are required to check the individual's vaccination status for valid

- vaccinations (for example, given at the correct age and at the correct intervals) and book an appointment for vaccination if clinically appropriate
- further information will follow via the Primary Care Bulletin and Regional cascade, to provide advanced notice of the phased national invites, including the invite communications schedule

Please note that there is also [a selective catch-up of varicella vaccination that was agreed as part of the MMRV roll out in January 2026](#). The selective catch-up will be for those eligible individuals who have not yet had a chickenpox infection or 2 doses of varicella vaccination. The catch-up will run from 1 November 2026 to 31 March 2028.

A summary of the requirements can be found in annex A. Most are existing activities and systematic checks to improve uptake of measles-containing vaccine, which practices will already be carrying out for their eligible patients.

## Funding and vaccine ordering

Funding for participation in the national catch-up campaign is included in global sum payments. Practices will also be able to receive an item of service payment of £12.06 for each vaccination given as part of this activity.

Practices will also be able to earn additional funding through the Quality and Outcomes Framework (QOF) for the delivery of MMR/V vaccinations, specifically:

- indicator VI002: the percentage of children who reached 18 months old in the preceding 12 months, who have received at least 1 dose of MMR or MMRV between the ages of 12 and 18 months
- indicator VI003: the percentage of children who reached 5 years old in the preceding 12 months, who have received a reinforcing dose of DTaP/IPV and at least 2 doses of MMR or MMRV between the ages of 1 and 5 years

See [QOF guidance](#) for further details.

The MMR and MMRV vaccines remain available for practices to order through ImmForm.

Thank you for supporting this vital campaign and helping protect children against these highly infectious diseases.

Yours sincerely,



**Caroline Temmink**

Director of Vaccinations

NHS England

## Annex A: summary of requirements of general practices

Practices must complete the following activities.

### Leadership and oversight

- Ensure the named practice immunisation lead is engaged and oversees participation in the catch-up campaign, including informing the local commissioner of the outcome of the campaign.

### Applying contractual standards

- Apply vaccination and immunisation core contractual standards to the planning and delivery of the MMR/V catch-up campaign (see part 9A of the [General Medical Service Regulations](#) and [guidance](#)).

### Proactive checks

- Undertake the following proactive, systematic checks to ensure all records are accurate:
  - check patient paper records and Electronic Patient Record
  - if necessary, correct computerised record to ensure accurate MMR/V vaccination status is recorded
  - confirm that the patient is still in the area – if they are not, remove them from the list and inform the local Child Health Information Service (CHIS)

### Inviting eligible patients

- Actively invite all those missing 1 or both doses of MMR/V, aged 12 months to less than 6 years, to a vaccination clinic held in the practice or to book an appointment.
- Priority should be given to patients missing both doses, as this is where most clinical value is gained.
- A minimum of 3 invitations per patient should be sent as follows:
  - first invitation to offer an appointment
  - second invitation to offer an appointment, confirm receipt and/or check if the parent or guardian already has a record of vaccination, for example, in the Personal Child Health Record
  - third invitation should be a practice healthcare professional discussion with the parent or guardian, either face-to-face or by telephone. Practices can use [UKHSA resources](#) in call and recall discussions to support informed choice and improved uptake and coverage. At this point, also check for and offer any other missing childhood immunisations

## **Follow-up, flexibility and opportunistic vaccination**

- Consider options to offer vaccinations more flexibly to the eligible cohort.
- Ensure that parents/guardians of who need a second dose are invited and attend, with invitation sent to their parents and guardians, using a minimum of 3 invitations.
- Continue to follow up, recall and update computerised records for patients who do not respond or fail to attend scheduled clinics or appointments, and offer opportunistically when eligible children present.
- If there is no response achieved by following the above process, practices must:
  - notify school nursing service or the school-aged immunisation provider to follow up at school
  - inform local commissioning team of the outcome of the campaign
  - implement a Make Every Contact Count (MECC) approach for review of MMR/V vaccination status and administration of MMR/V vaccine; every point of patient contact (for example, booking, attending the practice, text and written communications) should promote a review of MMR/V vaccination status and, if required, booking

## **Patient record review and data quality**

- Review and update patient record to ensure accuracy:
  - check registered populations, vaccine eligibility and status, investigate any discrepancies and correct the record accordingly
  - check the CHIS report of unvaccinated children, investigate any discrepancies and correct the record accordingly
  - update scanned vaccination records that have not been coded to the patient record, using the correct coding and available template
  - confirm that the patient is still in the area – if they are not, remove them from the list and inform the local CHIS
  - ensure that there are up-to-date phone numbers, email addresses and addresses for patients who are eligible for vaccination, including preferred contact methods and whether there are additional literacy issues or language needs

## **For children aged 6 to 11 years only**

- Practices must have a process in place to respond to patients aged 6 to 11 who contact the practice following the national MMR invite; this should include:
  - checking vaccination status (including validity of doses in line with age and interval requirements)
  - where clinically appropriate, arranging vaccination or updating patient records following review of vaccination history

# ICB Delegated Commissioning Self-Declaration Process

## 2025/26 Final Submission

**GM Primary Care Commissioning Committee**

25<sup>th</sup> June 2026

Required information	Details
<b>Title of report</b>	ICB Delegated Commissioning Self-Declaration
<b>Author</b>	Janna Rigby, Assistant Director of Primary Care Operations
<b>Presented by</b>	Caroline Bradley
<b>Contact for further information</b>	<a href="mailto:janna.rigby@nhs.net">janna.rigby@nhs.net</a>
<b>Executive summary</b>	This report provides Committee with the final Quarter 4 assurance position as part of the agreed process, for submission of the Self-Declaration on an annual basis for the 2025/26 financial year. MIAA are undertaking an audit for this period and the outcome of this will be brought to a future PCCC meeting at the appropriate time.
<b>The benefits that the population of Greater Manchester will experience.</b>	By holding delegated commissioning responsibilities for primary care services, NHS GM is able to design services and pathways of care that better meet local priorities, ensuring continuity of patients and improved care quality and health outcomes for the local population.
<b>How health inequalities will be reduced in Greater Manchester’s communities.</b>	Through delegated commissioning responsibilities of the ICB, local primary care services are able to be designed to address the health inequalities of local communities.
<b>The decision to be made and/or input sought</b>	Approve the Quarter 4 – final Self-Declaration for submission at the end of the Year.
<b>How this supports the delivery of the strategy and mitigates the BAF risks</b>	
<b>Key milestones</b>	
<b>Leadership and governance arrangements</b>	Sign-off of the Self-Declaration shall be by the Chair of the Committee
<b>Engagement* to date</b>	n/a

Table 1 - core information relating to the content and creation of paper

Public engagement	Clinical engagement	Sustainability impact	Financial advice	Legal advice	Conflicts of Interest	Report accessible
N	N	N	N	N	N	N

Table 2 - checklist of engagement carried out, advice sought, conflict of interest and accessibility of report

# **Introduction**

## **1.0 Background**

NHS England's Primary care commissioning assurance framework requires Integrated Care Boards (ICBs) to complete an 'annual self-declaration form' covering its delegated primary care functions under five headings:

- General
- Pharmaceutical Services
- Primary Ophthalmic Services
- Dental Services
- Primary Medical Services

The framework further states that for consistency across each of the delegated functions, the assurance requirements have been grouped into four domains, each covering core components of commissioning assurance. The domains underpin the completion of the self-declaration and are:

- Compliance with mandated guidance issued by NHS England
- Service provision and planning
- Contracting
- Contractor/ Provider compliance and performance.

The framework sets out 'what will NHS England need to be assured of' and 'examples of the type of data that could be provided to demonstrate assurance'.

The self-declaration must be accompanied by 'evidence of compliance' and the ICB must give a red/amber/green (RAG) rating to its response to each question. The Self-Declaration Form as issued by NHS England to NHS GM for 2025/26 is presented in Appendix 1.

## **2.0 Process for Self-Declaration**

The ICB is required to complete the Annual self-declaration form as part of the ICB Assurance Framework. This is submitted to NHS England and is subject to internal audit processes.

## **3.0 Recommendation**

The Committee is requested to approve the ICB Delegated Commissioning Self-Declaration for 2025/26.

# Appendix 1: Annual self-declaration form

## ICB Assurance Framework

### Delegated Primary Care Functions - Self-certification.

For each question, please rate your response following the key provided below. Full details of what assurance is required for each domain is set out in Table 1 of the Framework.

<b>Red</b>	Non-compliant
<b>Amber</b>	Compliant but some risks identified
<b>Green</b>	Fully compliant

<b>ICB Name</b>	NHS Greater Manchester
<b>Year to which certification applies</b>	2025/26

General		
	R/A/G Rating	Comments
<b>Compliance with the Delegation Agreement</b> Has the ICB complied with the terms and associated responsibilities and measures required to ensure the effective and efficient exercise of the Delegated Functions?	<b>GREEN</b>	In accordance with the Delegation Agreement, NHS GM has reported contractual matters to the NHSE NW office, and maintains regular contact to ensure ongoing assurance for NHSE. Examples of this include the arrangements through APMS, and GMS/ PMS compliance.
<b>Governance structures</b> Does the ICB have the appropriate governance structures for the delegated functions in place to enable the commissioning and delivery of high quality care	<b>GREEN</b>	Primary Care Commissioning Committees remain established at GM and locality level during 25/26, with consistency in the terms of reference. Delegated Commissioning Contracts Panel (DCCP) manages contractual matters for all Primary Care (GP, Optometry, Community Pharmacy and Dental). Pharmaceutical Services Regulations Panel (PSRC) manages all regulatory matters.
Pharmaceutical Services		
	R/A/G Rating	Comments
<b>Compliance with mandated Guidance issued by NHS England</b>		
Has the ICB understood and complied with all nationally set operating procedures and policies (e.g. the Pharmacy Manual)?	<b>GREEN</b>	Evidence through PSRC minutes
<b>Service provision and planning</b>		
Has the ICB been actively involved with all Pharmaceutical Needs Assessments (PNA) in their area, as undertaken by HWBs in year?	<b>GREEN</b>	The ICB contributes to all PNAs for Greater Manchester through the HWBs engagement and consultation processes. GM PSRC reviews the details set out in each of the 10 local PNAs when managing applications for market entry to ensure alignment to material gaps in provision and also maintains consideration of any supplementary statements which may be issued against published PNAs.
Has the ICB assured itself that there are no material gaps (as defined by the PNA) in pharmaceutical provision and has it taken action to address any gaps identified?	<b>GREEN</b>	The process for GM PNAs review (2025/26) was undertaken with ICB feedback presented to the HWBs as appropriate. Resulting PNAs will be reviewed by PSRC in line with due process and application considerations.
Can the ICB confirm that all payments made to community pharmacy contractors, dispensing appliance contractors and dispensing doctors are as outlined in the Drug Tariff, in line with	<b>GREEN</b>	Payments are processed in accordance with the ICB Scheme of Delegation. The ICB has secured additional assurance by undertaken Post-payment Verification.

usual NHSBSA custom and practice or are made within other formal contractual routes (e.g. LPS contracts or NHS Standard Contract)?		
Can the ICB confirm that all contracts put in place for local enhanced services are in line with <u>The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013</u> ?	GREEN	
Has the ICB obtained written consent of NHS England prior to making any new LPS schemes?	GREEN	During 2025/26, there have been no new LPS schemes commissioned within the ICB.
Can the ICB confirm that all applications for the Pharmaceutical List received by the ICB related to community pharmacy contractors, dispensing appliance contractors and dispensing doctors have been decided within their regulatory timescales? Reasons should be provided where this is not the case.	GREEN	All applications are received by PSRC through the monthly meeting schedule. In the cases where the timescales do not meet with regulation, the panel manages through a process of virtual consideration and decision.
<b>Contractor/ Provider compliance and performance</b>		
Can the ICB confirm that it has the necessary processes in place to comply with all guidance/regulations for contractor compliance and has taken appropriate action where necessary.	GREEN	PSRC has introduced regular review of NHS Resolution determinations, to ensure application of learning and adherence to outcomes.
Can the ICB confirm that contractors have completed the Community Pharmacy Assurance Framework (CPAF) and it has taken appropriate action where this is not the case?	GREEN	Due to robust processes being in place, it is known that there are 2 pharmacies that have not submitted the CPAF. This has been duly reported to PSRC and following due process, agreement given to issue remedial notices as appropriate.
<b>Primary Ophthalmic Services</b>		
	<b>R/A/G Rating</b>	<b>Comments</b>
<b>Compliance with mandated Guidance issued by NHS England</b>		
Has the ICB understood and complied with all nationally set operating procedures and policies (e.g. the Eye Health Policy Book)?	GREEN	
<b>Service provision and planning</b>		
Can the ICB confirm that it has the necessary processes in place to plan and manage service provision.	GREEN	Processes in place to regularly review service provision and quality, including escalation through DCCP and PCCC as appropriate for robust decision making.
<b>Contracting</b>		
Can the ICB confirm that it is managing the processes involved for new, varied and terminated contracts effectively and efficiently.	GREEN	Processes in place to regularly review service provision and quality, including escalation through DCCP and PCCC as appropriate for robust decision making.
<b>Contractor/ Provider compliance and performance</b>		
Can the ICB confirm that it has the necessary processes in place to comply with all guidance/regulations for contractor compliance and has taken appropriate action where necessary.	GREEN	Contract compliance is monitored regularly and including through PPV opportunities. Adherence to contractual requirements is managed by due process and reported through DCCP for transparency and accountability.
<b>Dental Services</b>		
	<b>R/A/G Rating</b>	<b>Comments</b>
<b>Compliance with mandated Guidance issued by NHS England</b>		
Has the ICB understood and complied with all nationally set operating procedures and policies (e.g. the Policy Book for Primary	GREEN	Substantive engagement with national colleagues to ensure that local commissioning developments (including PAQS) are compliant with national

Dental Services)?		procedures and policies.
<b>Service provision and planning</b>		
Can the ICB confirm that it has the necessary processes in place to plan and manage service provision.	<b>GREEN</b>	Contract compliance is monitored regularly and including through robust mid and end of year processes. Population health needs, access and commissioning gaps are planned in accordance.
<b>Contracting</b>		
Can the ICB confirm that it is managing the processes involved for new, varied and terminated contracts effectively and efficiently.	<b>GREEN</b>	Contract compliance is monitored regularly and including through robust mid and end of year processes. Contract changes and notices are reported through governance for transparency and accountability.
Does the ICB have local process mechanisms in place for the collection of data relating to decisions on Discretionary Payments or Support?	<b>GREEN</b>	Robust processes for data analysis and decision making are in place to support cases where this is warranted.
<b>Contractor/ Provider compliance and performance</b>		
Can the ICB confirm that it has the necessary processes in place to comply with all guidance/regulations for contractor compliance and has taken appropriate action where necessary.	<b>GREEN</b>	Commissioners and clinical leads regularly engage with provider colleagues to ensure consistent messaging. Identified issues escalated through appropriate channels and wider engagement with stakeholders as required e.g. professional standards.
<b>Primary Medical Services</b>		
	<b>R/A/G Rating</b>	
<b>Compliance with mandated Guidance issued by NHS England</b>		
Has the ICB understood and complied with all nationally set operating procedures and policies (e.g. the Primary Medical Care Policy and Guidance Manual?)	<b>GREEN</b>	NHS GM DCCP refers to Policy Manual for consideration of contractual matters.
<b>Service provision and planning</b>		
Can the ICB confirm that it has the necessary processes in place to plan and manage service provision	<b>GREEN</b>	Delegated management oversight in place for GM and locality coordinated approach. National programme delivery coordinated at GM level e.g. PCARP
<b>Contracting</b>		
Does the ICB have local process mechanisms in place for the collection of data relating to decisions on Discretionary Payments or Support?	<b>GREEN</b>	Robust processes for data analysis and decision making are in place to support cases where this is warranted. DCCP receives appeals cases with consideration for individual circumstances and with management of precedent.
Does the ICB have processes to implement Premises Costs Directions Functions?	<b>GREEN</b>	Robust financial processes in place for adherence.
<b>Contractor/ Provider compliance and performance</b>		
Has the ICB got the appropriate systems and processes in place to manage quality and performance of providers? Has the ICB taken appropriate action where necessary.	<b>AMBER</b>	Systems and processes in place enable identification of and support to providers where required, however it is acknowledged that these could be strengthened, as part of internal QI considerations regarding ways of working. Development and utilization of a PC Quality Framework enables evidence based approach and ensures appropriate systems are in place across GM. Intentions to develop quality frameworks for Community Pharmacy, Optometry and Dentistry are in place and will be progressed during 2026-2028.

	<p>GM governance for Primary Care Quality Group and Primary Care Quality Leads Network connecting across the ICB.</p> <p>GM Primary Care Blueprint Chapter 8 - Quality Improvement and Innovation driving collective ambitions for greater consistency where warranted and has informed the Quality and Sustainability section of the BeCCoR (Beyond Core Contract Review) scheme for GM.</p>
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# CAIP Post-Payment Verification 2024/25: Extended Audit update

**GM Primary Care Commissioning Group**

25<sup>th</sup> June 2026

Required information	Details
<b>Title of report</b>	CAIP Post-Payment Verification 2024/25: Extended Audit Update
<b>Author</b>	Janna Rigby, Assistant Director of Primary Care Operations
<b>Presented by</b>	Caroline Bradley
<b>Contact for further information</b>	Janna.rigby@nhs.net
<b>Executive summary</b>	This paper provides an update on progress of the extended CAIP PPV 2024/25 process, and sets out issues and matters arising, and suggested next steps in order to move forwards, for consideration by the Group.
<b>The benefits that the population of Greater Manchester will experience.</b>	The CAIP PPV provides assurance to the ICB that delivery of key requirements within the PCN DES, and associated payments, have been met
<b>How health inequalities will be reduced in Greater Manchester’s communities.</b>	Improving access to Primary Care Services.
<b>The decision to be made and/or input sought</b>	<ul style="list-style-type: none"> <li>• Acknowledge the issues and matters arising (section 3.0) reported in this paper and confirm approval to proceed in line with the suggested mitigating actions (section 4.0).</li> <li>• Approve a timeline for completion of the process by end July 2026.</li> <li>• Consider how the learning from the 24/25 process can be applied to the CAIP PPV 2025/26 process that is underway to mitigate similar issues re-occurring.</li> <li>•</li> </ul>
<b>How this supports the delivery of the strategy and mitigates the BAF risks</b>	<ul style="list-style-type: none"> <li>• Delivering operational planning delivery standards around GP (and primary care) access to ensure we meet the nationally required standard for this (SR2)</li> <li>• Supporting financial balance in the GM system and moving health and care to a more upstream model, with people being able to access care in a timely way (SR3)</li> </ul>
<b>Key milestones</b>	Initial CAIP PPV 24/25 undertaken

	Decision to carry out extended PPV audit taken at PCCC Extended PPV audit initiated
<b>Leadership and governance arrangements</b>	Remit to carry out an extended audit given by PCCC PPV audit outcomes appeals managed through Direct Commissioning and Contracts Panel
<b>Engagement* to date</b>	

Public engagement	Clinical engagement	Sustainability impact	Financial advice	Legal advice	Conflicts of Interest	Report accessible

*Table 1 - checklist of engagement carried out, advice sought, conflict of interest and accessibility of report*

<b>Area of Primary Care Commissioning</b>	<b>General Primary Care</b>	<b>Primary Ophthalmic Services</b>	<b>Dental Services</b>	<b>Primary Medical Services</b>	<b>Pharmaceutical Services</b>
Compliance with mandated guidance	x				
Service provision and planning					
Contracting					
Contractor / Provider compliance and performance	x				

*Table 3 – Checklist against Delegated Primary Care Functions Assurance Framework – contribution to self-certification declaration*

## Introduction

### 1.0 Background

In February 2025, the following paper was presented to Primary Care Commissioning Committee setting out the proposed process for post-payment verification of the CAIP elements set out in the PCN DES. This was a Part 1 agenda item and PCCC approved the PPV process set out and this was duly actioned.



7b. CAIP process and timelines - GMPCC 10

In November 2025, virtual consideration was given to the PPV audit outcomes and related recommendations. The paper is shared here:



Commissioner post payment verification €

The virtual considerations also concluded the following actions:

- Payments are being recovered where non-compliance was identified
- A broader review is underway for all PCNs regarding online consultation compliance, informed by PPV learnings
- PCNs involved in the initial PPV have been notified and given the opportunity to appeal

Further to this, an extended PPV audit was initiated, with all PCNs not selected in the initial PPV random sample notified of the ICBs planned action to audit online consultation compliance applying the same process that was agreed in February 2025.

It should be noted that in the meantime, appeals relating to the PCNs included in the initial PPV process were taken through Direct Commissioning Contracts Panel.

During more recent months, some issues relating to the completion of the extended audit have been identified and are set out in this paper, for the consideration of PCCG.

## **2.0 Summary**

CAIP PPV 24/25 extended audit progress update:

2.1 Initial audit undertaken on all PCNs not included in the original randomly selected group, utilising OC data to provide an indication of compliance/ non-compliance.

2.2 All PCNs were notified of the initial findings confirming the outcome categorisation for their PCN. This was set out as either compliant (no further action) or potential non-compliance. No data is being provided in this paper, due to the related sensitivities .

2.3. A number of PCNs notified of potential non-compliance made initial representations back to the ICB. The team in the ICB undertaking the PPV work requested reporting from all OC software suppliers that had not previously been shared, in order to confirm the initial findings outcome.

2.4 Due to a prolonged wait for data provision, further correspondence has not yet been possible. This information is now available and has been added to the initial findings for each PCN, which will now be shared to enable fully evidenced appeals to be submitted if they are warranted.

### **3.0 Issues and matters arising:**

- Timely availability of data from OC software suppliers has caused undue delay to progress of the process. This has now been resolved and the final correspondence to PCNs can now be finalised, subject to agreement or advice from PCCG today.
- Some issues raised via the (SST) LMC regarding reasonableness of the initial and extended PPV process are set out below:
  - DCCP consideration of locality variations (from agreed GM position) in determining the appeal outcome not felt to have been given appropriate consideration by the panel.
  - Clawback management - repayments taken in a single amount creating pressure for the PCN
  - A significant challenge has been reported in relation to a PCN appeal outcome as an example of the strength of feeling being reported, which will need to be managed further to the considerations given by PCCG to the matters raised in this paper.

### **4.0 Suggested mitigating actions**

- The extended CAIP PPV process for 24/25 will continue for all PCNs as agreed in November 2025.
- PCNs will be provided with the data on which the assessment of non-compliance has been made, as set out in 2.4.
- The process for appeal to be clearly set out including that no further action will be taken by the ICB until such a time as the appeal has been considered by DCCP, and an outcome reached. Timescales will be clearly communicated for the avoidance of doubt.
- The appeals process will include consideration of the GM agreed position regarding compliance in the first instance, however where there has been locality approval outside of

this agreed position (confirmed by the locality) then this will be taken into account by the panel in the appeal outcome.

- Where there are financial clawbacks to be made, these will be managed over a period of time in recognition of the impact it may have on the PCN
- A practical stance will be taken to each case and lessons learned will be taken into the process for CAIP PPV 25/26.

## **5.0 Next steps**

5.1 In order to move this work forward, a practical, clear approach is required in order to mitigate the challenge from PCNs on the process and appeal outcomes. This requires demonstration of a fair and reasonable approach in the audit process, appeal considerations and the repayment process in the cases that this is required.

5.2 A completion date for the process of end July 2026, including management of appeals, is proposed in order to ensure a conclusion is reached as soon as possible, and in light of the delays that have already taken place.

## **6.0 Recommendations**

### **PCCG is asked to:**

- Acknowledge the issues and matters arising (section 3.0) reported in this paper and confirm approval to proceed in line with the suggested mitigating actions (section 4.0).
- Approve a timeline for completion of the process by end July 2026.
- Consider how the learning from the 24/25 process can be applied to the CAIP PPV 2025/26 process that is underway to mitigate similar issues re-occurring.



# Special Educational Setting (SES) Service for sight testing and dispensing of spectacles to children and young people with special educational needs and disabilities (SEND) in special educational settings – Recommended Provider Report

**GM Primary Care Commissioning Committee**

**DATE**

Required information	Details
<b>Title of report</b>	Special Educational Setting Sight Testing Service for children and young people with special educational needs and disabilities (SEND) – Recommended Provider Report
<b>Author</b>	Lindsay La Vantae – Primary Care Business Partner
<b>Presented by</b>	Lindsay La Vantae
<b>Contact for further information</b>	<a href="mailto:Lindsay.lavantae@nhs.net">Lindsay.lavantae@nhs.net</a>
<b>Executive summary</b>	<p>This is a nationally mandated service and is part of the operational plan for ICBs for 25/26. The service will offer all children and young people in special educational settings, day, residential and colleges the opportunity for an annual sight test (unless a more frequent interval is clinically indicated).</p> <p>Approval was given by PCCC to undertake the procurement across the North West Region. A total of 7 bids were submitted, for Lot 1 – Greater Manchester, 5 bids were received.</p> <p>All the bids were evaluated and scored with a Recommended Provider selected for Greater Manchester.</p>
<b>The benefits that the population of Greater Manchester will experience.</b>	This service will provide benefits to those children and young people in special education settings that may require additional needs and support in accessing sight tests, in the educational setting.
<b>How health inequalities will be reduced in Greater Manchester’s communities.</b>	Studies have shown that children with a learning disability and/or autism experience a high prevalence of serious sight problems compared to the general population. This service will help support these patients with their individual needs.
<b>The decision to be made and/or input sought</b>	To provide support to the recommended bidder for Greater Manchester for contract award and mobilisation of the service to start in September 2026.
<b>How this supports the delivery of the</b>	

<b>strategy and mitigates the BAF risks</b>	
<b>Key milestones</b>	
<b>Leadership and governance arrangements</b>	
<b>Engagement* to date</b>	<p>Approval was given for a regional open procurement jointly with Cheshire &amp; Merseyside and Lancashire &amp; South Cumbria ICBs with 1 lot for each ICB.</p> <p>A Notice was published to formally advertise the opportunity on 27<sup>th</sup> March 2026. 7 bids were received across the North West. All bids were evaluated by each ICB and consensus undertaken with a Recommended Provider Report (Appendix 1) being produced by NECS as part of the procurement support, please find attached the document.</p>

Public engagement	Clinical engagement	Sustainability impact	Financial advice	Legal advice	Conflicts of Interest	Report accessible

Table 1 - checklist of engagement carried out, advice sought, conflict of interest and accessibility of report

<b>Area of Primary Care Commissioning</b>	<b>General Primary Care</b>	<b>Primary Ophthalmic Services</b>	<b>Dental Services</b>	<b>Primary Medical Services</b>	<b>Pharmaceutical Services</b>
Compliance with mandated guidance		Yes			
Service provision and planning		Yes			
Contracting		Yes			
Contractor / Provider compliance and performance		Yes			

Table 3 – Checklist against Delegated Primary Care Functions Assurance Framework – contribution to self-certification declaration

## **Introduction**

### **1.0 Summary**

The NHS long Term Plan (2019) set out a commitment to provide sight tests for children and young people with learning disabilities and autism in residential special educational settings and day schools. Children with a learning disability and/or autism experience a high prevalence of serious sight problems with studies reporting a greatly increased risk to significant visual problems compared to the general population.

This nationally mandated service will offer all children and young people in special educational settings (SES), day, residential and colleges the opportunity for an annual sight test (unless a more frequent interval is clinically indicated). It is intended that the service will help to build good relationships between Contractors, SES schools and parents/children/young people to develop a wider understanding of visual challenges for this population.

In line with The Healthcare Services (Provider Selection Regime) Regulations 2023 a competitive process has been undertaken to identify a suitable lead provider to deliver this service for each of the North West ICBs, Lot 1 - Greater Manchester, Lot 2 - Cheshire & Merseyside and Lot 3 - Lancashire & South Cumbria. A total of 7 bids were submitted following the published notice advertising the opportunity.

Each bid has been evaluated by representatives from each of the 3 ICBs and consensus meetings undertaken. The results from the evaluations have been calculated and the attached Recommended Provider Report has been produced with anonymised detail.

### **2.0 Recommendations**

The Committee are asked to review and consider the information within this Recommended Provider Report (Appendix 1). The recommendation would be for the approval of the recommended bidder. An Intention to award notice can then be issued to the successful bidder and the standstill period of 8 working days can be undertaken. Following the standstill period, if no appeals are received, the recommended bidder will then begin mobilisation of the service with a contract commencement date of 1<sup>st</sup> September 2026.

## Appendices

### Appendix 1

#### Recommended Provider Report



NHSE987 -  
Recommended Provi

# Recommended Provider Report

## ***NHSE987 Eye Testing in Special Education Settings in North West***

*For and on behalf of: NHS Greater  
Manchester Integrated Care Board (ICB),  
NHS Cheshire and Merseyside ICB and NHS  
Lancashire and South Cumbria ICB*

*Pete Rooney  
Procurement Officer*

<b>Document</b>	<b>Initials</b>	<b>Date</b>
Developed by:	PR	29/05/2026
Quality check by:	DC	05/06/2026

## 1. Purpose

The purpose of this paper is to:

- 1.1 Advise NHS Greater Manchester ICB, NHS Cheshire and Merseyside ICB and NHS Lancashire and South Cumbria ICB (the Relevant Authorities) Governance Groups of the outcome of the competition evaluations for the Eye Testing Services in Special Education Settings (SES) in the North West.
- 1.2 Request approval of the Recommended Providers in order to award the contracts for the Eye Testing Services in SES in the North West with a service commencement date of 01 September 2026.
- 1.3 Request approval, to publish an intention to award transparency notice and on completion of the 8 working-day standstill period without representation, publish a contract award notice.
- 1.4 Request that the minutes of any meeting for this agenda item are forwarded to NECS for audit purposes via email [necsu.neprocurement@nhs.net](mailto:necsu.neprocurement@nhs.net).

## 2. Background

- 2.1 The Provider Selection Strategy (PSS) was approved by NHS Greater Manchester ICB, NHS Cheshire and Merseyside ICB and NHS Lancashire and South Cumbria ICB (the Relevant Authorities) Governance Groups by 25 March 2026. The competition process was completed in accordance with the timescales and objectives set out within the approved PSS.
- 2.2 There were no further amendments or changes to the competition process following the approval of the PSS.
- 2.3 From a total of 19 providers who viewed the opportunity, 7 providers submitted a response by the closing date and time of 12 noon on 30 April 2025.
- 2.4 Lot 1 - Greater Manchester received 5 bid submissions, Lot 2 – Cheshire and Merseyside received 3 bid submissions and Lot 3 – Lancashire and South Cumbria received a total of 7 bid submissions.
- 2.5 A request for feedback was sent to providers who viewed the opportunity but chose not to submit a response. At the time of writing this report, 4 providers responded with feedback which can be found in Appendix 2 below.

## 3. Evaluation (see Appendix 1 – Summary of Evaluation)

- 3.1 A recommended provider must have:
  - i. Submitted a compliant response;

- ii. Have included all requested documents including self-certified statements and evidence
- iii. Answered and passed all questions (or explained satisfactorily if considered not applicable) in response to the SC Document Part 1, Part 2, and Part 3;
- iv. Have submitted a completed FMT;
- v. Achieve a minimum of 50% from the 90% i.e. 45% for non-finance related criteria (quality) in response to Section 6 PRD Questions Part 3; the Relevant Authorities will not award a contract to any provider who does not achieve this minimum score.
- vi. Achieved the highest combined percentage score for both quality and finance in line with the evaluation criteria; and
- vii. Passed the economic and financial standing and validation of the Highest Scoring Provider self-certification evidence.

## 3.2 Summary of Evaluation:

## Lot 1 – Greater Manchester

Provider	Submitted a compliant response	Included all documents, self-certified statements, and evidence and passed all questions for SC Document Part 1, Part 2, and Part 3	Submitted a completed Financial Model Template (FMT)	Achieved a minimum of 50% from the 90% (45%) available for all non-finance related criteria (quality);	Achieved the highest combined percentage score for both quality and finance in line with the evaluation criteria	Passed the economic and financial standing and validation of the Highest Scoring Provider self-certification evidence	Summary
Provider 1	Yes	Yes	Yes	Yes (80%) combined quality and finance score (90%)	Yes	Yes	Provider 1 is the Recommended Provider as they submitted a compliant response and achieved the highest combined percentage score for both quality and finance in line with the published evaluation criteria.
Provider 3	Yes	Yes	Yes	Yes (77.5%) combined quality and finance score (87.5%)	No	NA	Provider 3 submitted a compliant response but failed to achieve the highest overall score for both quality and finance in line with the published evaluation criteria.
Provider 4	No	Yes	No	Yes (50%) combined quality and finance score (50%)	No	NA	Provider 4 was non-compliant because they failed to submit a completed Financial Model Template.
Provider 5	No	No	No	Yes (56.25%) combined quality and finance score (56.25%)	No	NA	Provider 5 was non-compliant because they failed to submit all documents and evidence, did not pass all questions for SC Document Part 1, Part 2, and Part 3, and did not submit a completed Financial Model Template.
Supplier 7	No	Yes	No	Yes (71.25%) combined quality and finance score (71.25%)	No	NA	Provider 7 was non-compliant because they failed to submit a completed Financial Model Template.

## Lot 2 - Cheshire and Merseyside

Provider	Submitted a compliant response	Included all documents, self-certified statements, and evidence and passed all questions for SC Document Part 1, Part 2, and Part 3	Submitted a completed Financial Model Template (FMT)	Achieved a minimum of 50% from the 90% (45%) available for all non-finance related criteria (quality);	Achieved the highest combined percentage score for both quality and finance in line with the evaluation criteria	Passed the economic and financial standing and validation of the Highest Scoring Provider self-certification evidence	Summary
Provider 3	Yes	Yes	Yes	Yes (77.5%) combined quality and finance score (87.5%)	Yes	Yes	<b>Provider 3 is the Recommended Provider as they submitted a compliant response and achieved the highest combined percentage score for both quality and finance in line with the published evaluation criteria.</b>
Provider 4	No	Yes	No	Yes (50%) combined quality and finance score (50%)	No	NA	Provider 4 was non-compliant because they failed to submit <b>all</b> documents, self-certified statements, and did not submit a completed Financial Model Template.
Provider 7	No	Yes	No	Yes (71.25%) combined quality and finance score (71.25%)	No	NA	Provider 7 was non-compliant because they failed to submit a completed Financial Model Template.

### Lot 3 – Lancashire and South Cumbria

Provider	Submitted a compliant response	Included all documents, self-certified statements, and evidence and passed all questions for SC Document Part 1, Part 2, and Part 3	Submitted a completed Financial Model Template (FMT)	Achieved a minimum of 50% from the 90% (45%) available for all non-finance related criteria (quality);	Achieved the highest combined percentage score for both quality and finance in line with the evaluation criteria	Passed the economic and financial standing and validation of the Highest Scoring Provider self-certification evidence	Summary
Provider 2	No	Yes	Yes	No (28.75%) combined quality and finance score (38.75%)	No	NA	Provider 2 was non-compliant because they failed to achieve the minimum score of 45% available for all non-finance related criteria (quality), achieving 28.75% for their quality submission.
Provider 3	Yes	Yes	Yes	Yes (77.5%) combined quality and finance score (87.5%)	Yes	Yes	<b>Provider 3 is the Recommended Provider as they submitted a compliant response and achieved the highest combined percentage score for both quality and finance in line with the published evaluation criteria.</b>
Provider 4	No	Yes	No	Yes (50%) combined quality and finance score (50%)	No	NA	Provider 4 was non-compliant because they failed to submit <b>all</b> documents, self-certified statements, and did not submit a completed Financial Model Template.
Provider 5	No	No	No	Yes (56.25%) combined quality and finance score (56.25%)	No	NA	Provider 5 was non-compliant because they failed to submit <b>all</b> documents and evidence, did not pass all questions for SC Document Part 1, Part 2, and Part 3, and did not submit a completed Financial Model Template.
Provider 6	Yes	Yes	Yes	Yes (50%) combined quality and finance score (60%)	No	NA	Provider 6 submitted a compliant response but failed to achieve the highest overall score for both quality and finance in line with the published evaluation criteria..
Provider 7	No	No	No	Yes (71.25%) combined quality and finance score (71.25%)	No	NA	Provider 7 was non-compliant because they did not submit all documents and evidence and did not submit a completed Financial Model Template.

### 3.3 This process has supported the following key objectives:

- Providing sight testing and dispensing services to meet pupils' eye care needs.
- The service will be delivered in SES on a continuous basis, ensuring that pupils are offered access to the service as and when required.
- The service will be flexible and responsive to individual pupil needs in accordance with the Equality Act 2010 and the NHS and Social Care Act 2008. The SES is responsible for providing accessible premises, including wheelchair access.
- The intention is to build good relationships, especially with parents/carers, share information and develop a wider understanding of visual challenges for children and young people in a SES setting.
- Work collaboratively with other relevant providers as identified by the commissioner, to support the care and or treatment of children and young people attending the SES specified in their contract, where active consent to care has been received.

## 4. Risks

### 4.1 Intention to Award Notice

Under the Public Contracts Regulations 2015, details regarding the intention to award were kept confidential during the standstill period. However, the introduction of the Healthcare Services (Provider Selection Regime) Regulations 2023 (PSR 2023) has changed this process.

In line with Regulation 11 of the PSR 2023, a notice of intention to award to the successful provider will be published on Find a Tender Service (FTS) on the day after agreement to proceed to award is received from all three ICB's, and this information will be available in the public domain immediately after publication.

The Relevant Authorities should consider any potential risks associated with publicly announcing the intention to award at this stage of the procurement process.

To help mitigate these risks, standstill letters will be issued to providers one day prior to the publication of the Notice of Intention to Award. Commissioners will also be notified in advance, allowing them to inform incumbent providers that this information will soon be publicly available.

### 4.2 Contract Award Notice

There is a requirement that all contract award notices are to be published within 30 calendar days after contract award.

As the Relevant Authorities will have ownership and ultimate responsibility for the management of obtaining contract signatures, there is a risk that the NECS Healthcare Procurement Team will not be notified of when the contracts have been signed. Therefore, there is a risk that a contract notice will not be published within 30 calendar days which would be a breach of the Healthcare Services (Provider Selection Regime) regulations (PSR 2023). To mitigate this risk, NECS will publish a contract award notice within 30 calendar days after the successful provider has accepted award of the contract via notification of the e-Tendering system.

#### 4.3 Net zero commitment requirements for the procurement of NHS goods, services and works

For all contracts under £5 million per annum, the Relevant Authorities must ensure they obtain the recommended provider's formal commitment to achieving Net Zero by 2050, as outlined in the Selection Questionnaire. The provider is required to supply a website URL where this commitment is clearly stated. It is the responsibility of the Relevant Authorities to request this evidence during the mobilisation phase. A deadline for submission will be agreed between the Relevant Authorities and the successful provider.

### 5. Beneficial Outcomes

Outcome	Details
Financial efficiencies / savings achieved ( <i>per annum</i> )	N/A – Activity Based Contract
Anticipated quality outcomes from the specification / service requirements	The aim of this competition process was to identify providers which offer the most value, in terms of quality and price, to deliver Eye Testing Services in Special Education Settings (SES) in the North West, for; Lot 1 - Greater Manchester, Lot 2 - Cheshire and Merseyside, and; Lot 3 - Lancashire and South Cumbria.
Quality outcomes from the procurement process	Undertaking market engagement impacted positively on the outcome, supporting provider interest, raising awareness of the opportunity, which resulted in several quality bid submissions for the services.  The competition process has identified providers who demonstrated they had the

	<p>expertise to deliver these services at, and above the required level. Quality questions were asked covering a range of elements of the services, as well as covering the 5 key criteria identified under the PSR.</p>
<p>Social value policy outcomes, including outcome(s) for achieving NHS Net Zero by 2045</p>	<p>Organisations proposed to deliver additional environmental benefits through the performance of the contract, including working towards net zero greenhouse gas emissions, and considerations not limited to:</p> <ul style="list-style-type: none"> <li>• Ensuring efficient planning of testing to minimise potential travel.</li> <li>• The use of electric vehicles</li> <li>• Reviewing potential waste reduction</li> <li>• Recycling options for non-confidential waste</li> <li>• Use of reuseable resources in line with infection control.</li> </ul>

**6. Recommendations**

NHS Greater Manchester I ICB, NHS Cheshire and Merseyside ICB and NHS Lancashire and South Cumbria ICB (the Relevant Authorities) Governance Groups are asked to note the contents of this report and:

- 6.1 Approve the outcome to award a contract for Lot 1 Greater Manchester, to Provider 1, with effect from 01 September 2026 for the Eye Testing Services in Special Education Settings (SES). The maximum contract value of the successful provider's submission is £2,190,000 (Net Present Value) over a maximum duration of 3 years.
- 6.2 Approve the outcome to award a contract For Lot 2 Cheshire and Merseyside, to Provider 3, with effect from 01 September 2026 for the Eye Testing Services in Special Education Settings (SES). The maximum contract value of the successful provider's submission is £1,923,000 (Net Present Value) over a maximum duration of 3 years.
- 6.3 Approve the outcome to award a contract for Lot 3 Lancashire and South Cumbria, to Provider 3, with effect from 01 September 2026 for the Eye Testing Services in Special Education Settings (SES). The contract value of the successful provider's submission is £1,254,000 (Net Present Value) over a maximum duration of 3 years.

- 6.4 Allow contract award and approve the publication of an intention to award notice on published on Find a Tender Service.
- 6.5 Approve the publication of a contract award notice following the 8 working day standstill period, without representation, within 30 days of the successful provider accepting the contract award.
- 6.6 That NHS Greater Manchester ICB, NHS Cheshire and Merseyside ICB and NHS Lancashire and South Cumbria ICB (the Relevant Authorities) note the request for approvals and / or copy of minutes should be forwarded via email to: [necsu.neprocurement@nhs.net](mailto:necsu.neprocurement@nhs.net)

Pete Rooney  
**Procurement Officer**  
NECS



### Summary of Evaluation – Appendix 1

Table 1 below provides a summary of the outcome of the evaluation. Please note that for this competition, there were no local questions, all questions were generic and scored once for all Lots the Provider submitted a bid for:

SECTION	Macro %	Question No	Micro %	Each Question worth depending on score				
				No relevant information	Low degree of Confidence	Meets Requirements	High degree of Confidence	Excellent
				0	1	2	3	4
				0%	25	50	75	100
SECTION 1 - Quality and Innovation	40	A01	20	0	5.00	10.00	15.00	20.00
		A02	10	0	2.50	5.00	7.50	10.00
		A03	10	0	2.50	5.00	7.50	10.00
SECTION 2 - Integration, Collaboration and Service Sustainability	10	B01	10	0	2.50	5.00	7.50	10.00
SECTION 3 - Improving Access, Reducing Health Inequalities, Facilitating Choice	30	C01	15	0	3.75	7.50	11.25	15.00
		C02	15	0	3.75	7.50	11.25	15.00
SECTION 4 - Social Value	10	D01	10	0	2.50	5.00	7.50	10.00
Finance	10	FIN01	10					
	100		100	0	23	45	68	90

Bidder 1 -		Bidder 2 -		Bidder 3 -		Bidder 4 -		Bidder 5 -		Bidder 6 -		Bidder 7 -		
0-4 Score	Weighted % score	0-4 Score	Weighted % score	0-4 Score	Weighted % score	0-4 Score	Weighted % score	0-4 Score	Weighted % score	0-4 Score	Weighted % score	0-4 Score	Weighted % score	
3	15.00	1	5.00	3	15.00	2	10.00	2	10.00	2	10.00	3	15.00	
3	7.50	1	2.50	3	7.50	2	5.00	3	7.50	2	5.00	2	5.00	
4	10.00	1	2.50	3	7.50	1	2.50	4	10.00	3	7.50	3	7.50	
3	7.50	1	2.50	3	7.50	4	10.00	2	5.00	2	5.00	3	7.50	
4	15.00	2	7.50	4	15.00	2	7.50	3	11.25	2	7.50	4	15.00	
4	15.00	1	3.75	4	15.00	2	7.50	2	7.50	2	7.50	3	11.25	
4	10.00	2	5.00	4	10.00	3	7.50	2	5.00	3	7.50	4	10.00	
10	10.00	10	10.00	10	10.00	0	0.00	0	0.00	10	10.00	0	0.00	
90.00	90.00	38.75	38.75	87.50	87.50	50.00	50.00	56.25	56.25	60.00	60.00	71.25	71.25	
Quality	80.00	80.00	Quality	28.75	28.75	Quality	77.50	77.50	Quality	50.00	50.00	Quality	71.25	71.25
Finance	10.00	10.00	Finance	10.00	10.00	Finance	10.00	10.00	Finance	0.00	0.00	Finance	10.00	10.00
Overall total	90.00	90.00	Overall total	38.75	38.75	Overall total	87.50	87.50	Overall total	56.25	56.25	Overall total	60.00	60.00

## Summary of Feedback Received – Appendix 2

Organisation Name	Feedback Provided
<b>Primary Eyecare Services</b>	<p>The proposed service does not include the contractual and financial flexibilities to deliver an effective, high quality and sustainable service within the allocated budget.</p> <p>Our financial modelling alongside review of the service specification raises a risk to patient safety, delivering equitable care and undermines provider sustainability. We are therefore unable to proceed with the procurement.</p> <p>If the procurement does not proceed, or issues arise, we would welcome the opportunity to work with the commissioner to agree and model a safe, sustainable, equitable and effective service for your population.</p>
<b>Specsavers Hearcare</b>	<p>Specsavers Optical Superstores Limited did not submit a response for this tender as we are interested in providing services as a subcontractor not a prime provider for the scope of this opportunity.</p>
<b>Warrington and Halton Teaching Hospitals NHS Foundation Trust</b>	<p>I am writing on behalf of North Cheshire and Mersey NHS Foundation Trust, as the current provider of the current Children and Young People (CYP) SEND Sight Testing service, since 2013. After discussion and consideration by the Executive Team, our Chief Executive has requested that we submit a formal response advising that we would have liked to progress for Cheshire and Merseyside however due to the change of ask, we do not believe we have enough information to submit a competitive bid.</p>
<b>Travers Opticians</b>	<p>Thank you for asking for feedback. I am a Special Schools Eye Care Service contractor &amp; Optometrist and have been providing the service in six schools since April 2021. Together with my Dispensing Optician, we would both very much like to continue providing this very important and necessary service to all our learners. I was planning to submit a bid until I saw the final specification.</p> <p>There is one reasons I have not submitted a response: COST.</p> <p>From my own experience in providing the service I do not think the service is viable at £85 per eye test. This is backed up by the published statements of other bodies</p>

## AOP:

“the Association of Optometrists warned that, by reducing the cash sum, the government risked “becoming the architect of the service’s collapse before it has even been built”.”

## See Ability:

Lisa Donaldson, SeeAbility’s head of eye care and vision, added “the promise of a service could ring very hollow and we are urging the minister to bring everyone around the table again now he has seen the service for himself”.

## OFNC:

“The newly proposed fee for this service is insufficient to provide the unique, ongoing care that is required”

SeeAbility, the Association of British Dispensing Opticians, the British and Irish Orthoptic Society, the College of Optometrists, the Local Optical Committee Support Unit (LOCSU) and the Royal College of Ophthalmologists:

Framework for provision of eye care in special schools in England (published 2015/16)

“SeeAbility’s first year of service has been costed at £85”

After inflation is taken in to account what cost £85.00 in 2015 would cost £119.64 in March 2026.

Change in value: 40.8% ; Average annual inflation: 3.11%

Source: <https://www.bankofengland.co.uk/monetary-policy/inflation/inflation-calculator>)

The £85 fee which is fixed until 31August 2029, is inadequate to fully fund a unique specialized service,

which is a part-time job which requires a full time commitment. This is echoed by the letter I received from See Ability, the charity which runs the service in London. They are wanting me to donate to their current fund raising appeal for their Special Schools Eye Care Service, as the government funding is inadequate.

We were led to believe that the service would be divided up into lots. The only reason I was planning to submit a bid, was I have already made a large investment both in money, time and effort into running the service. Together with my Dispensing Optician we would be able to continue the service in a larger number of schools without a large financial investment.

From my experience in running the service in 6 schools, even at the current funding level some, some of these have never been financially viable.

At the new reduced funding level I believe it would be hard to recruit suitable professorial staff at a rate far the current market rates.

I do not see any viability in bidding to run the service across the whole allotted area. Up sizing any business involves a lot of extra expenses, including extra layers of management. As our main operating cost is paying for the Optometrist and Dispensing Optician, any reductions in costs due to economies in scale would be minimal. I have been in discussion with other interested parties but the new funding level is too low.

I am disappointed that NHS England has only published limited information it has on the POC scheme

Special Schools Eye Care Proof of Concept Evaluation Report (November 2022): “this report and analysis does not include analysis of activity data from the POC, nor does it include any economic analysis or assessment, as it is understood that these are being completed separately. As a result the findings should not be reviewed in isolation, but rather interpreted within the broader context of the wider evaluation work being undertaken by NHS England”.

	<p>A copy of this evaluation has not been made public!</p> <p>And finally, despite what I have been told previously the current contractors were not told of the launch of the bidding process.</p>
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