

NHS DORSET CLINICAL COMMISSIONING GROUP

PRIMARY CARE COMMISSIONING COMMITTEE

4 April 2018

PART ONE PUBLIC - MINUTES

Part 1 of the Primary Care Commissioning Committee of NHS Dorset Clinical Commissioning Group was held at 2pm on 4 April 2018 at Vespasian House, Barrack Road, Dorchester, Dorset, DT1 1TG.

Present: Jacqueline Swift, Chair of the Primary Care Commissioning Committee (JS)
 Sam Crowe, Deputy Director of Public Health (SC)
 Anu Dhir, Primary Care Lead (AD)
 Tim Goodson, Chief Officer (TG)
 Stuart Hunter, Chief Finance Officer (SH)
 Claire Lehman, Primary Care Lead (CL)
 Vanessa Read, Director of Nursing and Quality (VR)
 Sally Sandcraft, Acting Director of Primary and Community Care (SSa)

In attendance: Margaret Guy, Vice Chair, Healthwatch Dorset (MG)
 Councillor Jill Haynes, Dorset Health and Wellbeing Board (JH)
 Conrad Lakeman, Secretary and General Counsel (CGL)
 Rob Payne, Head of Primary Care (RP)
 Andy Purbrick, LMC Representative (AP)
 Louise Trent, Personal Assistant (LT)

		Action
1.	Apologies David Jenkins, Vice Chair, Primary Care Commissioning Committee Mufeed Ni'man, Governing Body GP Representative	
2.	Quorum	
2.1	It was agreed that the meeting could proceed as there was a quorum of Committee members present.	
3.	Declarations of Interest	
3.1	Declarations of Interest were made as follows: - The Primary Care Leads (AD and CL) and the LMC Representative (AP) declared an interest in agenda item 15 – Lyme Regis Medical Centre.	

It was agreed they could remain for the debate but could not vote on the issue.

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4. Minutes

- 4.1 The draft minutes of Part 1 of the meeting held on 7 February 2018 were **approved** as a true record.
- 4.2 The draft minutes of the Primary Care Reference Group meeting held on 21 March 2018 were noted.

5. Matters Arising

- 5.1 7.2.8 Effectiveness of the flu vaccine over the 2017 flu season – Rather than review the previous season, Public Health Dorset had agreed to provide regular updates for GPs for the next flu season through the GP Bulletin.
- 5.2 7.2.10 Work with Dorset Workforce Action Board (DWAB) for mandatory NHS staff uptake of flu vaccine – Discussions were ongoing and progress would be updated when available.
- 5.3 The Committee **noted** the Report of the Chair on matters arising from the Part 1 minutes of the previous meeting.

6. Chair's Update

- 6.1 The Chair introduced her update.
- 6.2 Improving Access to General Practice Services (IAGPS) was on target to attain 100% by October 2018. The Core requirements had been for additional evening/weekend services. This provided a good foundation to take forward the Urgent Care work and build system resilience.
- 6.3 Correspondence had been received from NHS England regarding plans for strengthened assurance with delegated commissioning in relation to the effective discharge of Primary Medical Services (PMS) functions. The Quality Team and Internal Audit had been working to progress this requirement.
- 6.4 The Committee **noted** the update of the Chair.

7.1 Primary Care Commissioning Committee Annual Planner for 2018/19

- 7.1.1 The Secretary and General Counsel introduced the Primary Care Commissioning Committee Annual Planner for 2018/19.

7.1.2 The planner had been reworked to ensure that all relevant matters had been included and had been updated to include the annual report on Public and Patient Engagement.

7.1.3 The Committee **approved** the Primary Care Commissioning Committee Annual Planner for 2018/19.

7.2 Medicines Management Report

7.2.1 The Acting Director of Primary and Community Care introduced the Medicines Management Report.

7.2.2 The Medicines Management Team had been working to address the Committee's concern regarding the prescription of homeopathic and herbal treatments. Practices would be approached on an individual basis to address the cessation of prescribing.

7.2.3 The GP Medicines Optimisation Plan (MOP) 2018-19 Audits had been included for approval, pending receipt of national guidance from NHS England. This included antibiotic prescribing, patient safety and Direct Oral Anticoagulants (DOACs). The MOP would be subject to a payment award.

7.2.4 Work had progressed with GP practices to implement the use of software to monitor and ensure patients received appropriate treatment and follow-up. This had been a feature of one of the national safety reports.

7.2.5 It was noted that where a practice had robust antibiotic prescribing controls in place, it would be difficult to achieve further reduction in line with the national target.

7.2.6 The Committee **approved** the recommendations set out in the Medicines Management Report.

7.3 Primary Care Update

7.3.1 The Acting Director of Primary and Community Care introduced the Primary Care Update.

7.3.2 The Estates and Technology Transformation Fund (ETTF) had progressed with the Project Initiation Document for Wareham Health Centre approved by the NHS England Wessex Area Team. The Committee queried whether progress could be escalated with Carlisle House and for more detailed information in the next Primary Care Update paper on the plans for Boscombe and Springbourne Health Centre.

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7.3.3 The Committee questioned the position regarding delegation from NHS England in respect of resilience funding. The Acting Director of Primary and Community Care said that any accessed funding would go directly to practices. The current position provided resilience funding across Wessex however the ambition was to have a Dorset focus on locality resilience.

7.3.4 The Committee noted the achievements with IAGPS and highlighted the need to increase the communication to the public. The Acting Director of Primary and Community Care reassured the Committee that enhancing the communications around this scheme and the other positive work being undertaken was being addressed.

7.3.5 The Committee **noted** the Primary Care Update.

7.4 Primary Care Quality

7.4.1 The Director of Nursing and Quality introduced the Primary Care Quality and Profiling Report.

7.4.2 Internal Audit had recommended an increase in the number of Quality Assurance and Improvement visits to GP practices. This was being progressed jointly with the Primary Care and Quality Teams and visits would commence next month.

7.4.3 There had been an increase in the uptake of Learning Disability (LD) healthchecks but this was reflective of the increase in patients added to the LD register rather than an improvement in the current position.

7.4.4 The Committee **noted** the Primary Care Quality and Profiling Report.

7.5 Primary Care Commissioning Committee Terms of Reference (TOR)

7.5.1 The Secretary and General Counsel introduced the Primary Care Commissioning Committee Terms of Reference (TOR) Report.

7.5.2 He would advise NHS England of the changes to the TOR.

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7.5.3 The Committee **noted** the Primary Care Commissioning Committee Terms of Reference Report.

7.6 Primary Care Commissioning Committee Self-Assessment

7.6.1 The Secretary and General Counsel introduced the Primary Care Commissioning Committee Self-Assessment.

- 7.6.2 The Committee noted the lower-scoring areas on the questionnaire with determining clinical priorities. The issues regarding clinical priorities were debated at other Primary Care groups with the recommendations brought to the Committee, giving the Committee time to focus on the value of the recommendations rather than the debate.
- 7.6.3 Positive feedback was received regarding the Primary Care Update paper.
- 7.6.4 The Committee **noted** the Primary Care Commissioning Committee Self-Assessment.
- 8. Public Health Update**
- 8.1 The Deputy Director of Public Health introduced the Public Health Update.
- 8.2 LiveWell Dorset had been taken back in-house by Public Health. This was part of the wider workforce model and provided a referral mechanism for people to improve their wellbeing.
- 8.3 The LMC Representative highlighted the difficulties for GPs in accessing the various prevention services for patients. The Committee noted that Public Health representatives working in localities would progress the prevention work with practices working together at scale.
- 8.4 The Committee noted that there were various independent groups working separately within localities to progress the same areas of work. This was being addressed accordingly.
- 8.5 The Committee **noted** the Public Health Update.
- 9. Any Other Business**
- 9.1 There was no further business discussed.
- 10. Date and Time of the Next Meeting**
- 10.1 The next meeting of the Primary Care Commissioning Committee would be held at 2pm on Wednesday 6 June 2018 at Vespasian House.

11. Exclusion of the Public

- 11.1 Resolved : that representatives of the Press and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business transacted, publicity of which would be prejudicial to the public interest.

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