

**NHS DORSET CLINICAL COMMISSIONING GROUP  
PRIMARY CARE COMMISSIONING COMMITTEE**

**7 February 2018**

**PART ONE PUBLIC - MINUTES**

Part 1 of the Primary Care Commissioning Committee of NHS Dorset Clinical Commissioning Group was held at 2pm on 7 February 2018 at Vespasian House, Barrack Road, Dorchester, Dorset, DT1 1TG.

**Present:** Jacqueline Swift, Chair of the Primary Care Commissioning Committee (JS)  
Tim Goodson, Chief Officer (TG)  
Stuart Hunter, Chief Finance Officer (SH)  
David Jenkins, Vice Chair, Primary Care Commissioning Committee (DHJ)  
Mufeed Ni'man, Governing Body GP Representative (MN)  
Sally Sandcraft, Acting Director of Primary and Community Care (SSa)

**In attendance:** Sam Crowe, Deputy Director of Public Health (SC)  
Martin Davies, Independent Lay Member (MD) (Observing)  
Margaret Guy, Vice Chair, Healthwatch Dorset (MG)  
Conrad Lakeman, Secretary and General Counsel (CGL)  
Pam O'Shea, Head of Quality Improvement (PO'S)  
Louise Trent, Personal Assistant (LT)

	<b>Action</b>
<p><b>1. Apologies</b></p> <p>Anu Dhir, Primary Care Lead Claire Lehman, Primary Care Lead Sally Shead, Director of Nursing and Quality</p>	
<p><b>2. Quorum</b></p> <p>2.1 It was agreed that the meeting could proceed as there was a quorum of Committee members present.</p>	
<p><b>3. Declarations of Interest</b></p> <p>3.1 There were no Declarations of Interest made.</p>	
<p><b>4. Minutes</b></p> <p>4.1 The draft minutes of Part 1 of the meeting held on 6 December 2017 were <b>approved</b> as a true record.</p>	

4.2 The draft minutes of the Primary Care Reference Group meeting held on 10 January 2018 were noted.

## 5. Matters Arising

5.1 7.3.7 – Transfer of GP contracts to limited companies. The Acting Director of Primary and Community Care has had communication with the Governing Body GP Lead regarding the issue. The NHS England National Team were happy to engage in a conversation to explore options. A response was awaited from the GP Lead.

5.2 7.5.3 – Learning Disability health checks. This linked with the Public Health Update report at item 8 on the agenda. Public Health and the CCG had been working to address the issue.

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 She had attended a presentation by the National Association of Primary Care (NAPC) on 'Primary Care Home'. This was a new care model developed by NAPC to encourage collaborative working with health care professionals to strengthen and redesign primary care. The features and characteristics of the model mirrored the work of Dorset CCG locally. Further information was available on the NAPC website.

6.3 The CCG had created a new directorate for Primary and Community Care with Sally Sandcraft appointed as Acting Director of Primary and Community Care. Sally was welcomed to the meeting in her new role.

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 This had been compiled iteratively following the changes made to the planner in-year. The recommendation had been to approve the planner however the Primary Care Team had requested the opportunity to rework the planner to create a more robust programme of work for the Committee.

7.1.3	The Committee directed that Members and attendees consider the draft planner and submit any recommendations for inclusion to the Secretary and General Counsel or the Acting Director of Primary and Community Care within the next seven days. The revised planner would return to the next meeting of the Committee for approval.	CGL/ SSa
7.1.4	The Committee directed that an annual report on Public and Patient Engagement in Primary Care be included in the planner.	CGL/ SSa
7.1.5	The Committee <b>noted</b> the Primary Care Commissioning Committee Annual Planner for 2018/19.	
<b>7.2</b>	<b>Primary Care Update</b>	
7.2.1	The Acting Director of Primary and Community Care introduced the Primary Care Update.	
7.2.2	The reinvestment of the £406K of Primary Medical Services (PMS) allocation for 2018/19 had been approved at the December 2017 meeting of the Committee. The premium reinvestment proposals had been assessed through utilisation of a prioritisation matrix supported by the Primary Care Reference Group (PCRG).	
7.2.3	Changes had been made to the Locally Enhanced Services (LES) that would facilitate aligning best practice and reduced duplication of services.	
7.2.4	The Clinical Commissioning Local Improvement Plan (CCLIP) had been progressed through the PCRG. The position reflected in the report with regard to diabetes had been further updated under Medicines Management at paragraph 7.3.3.	
7.2.5	Work had progressed on the model of care to secure services for Lyme Regis Medical Centre (LRMC). An update would be reported to the Directors at the February Performance meeting and a report for approval would be brought to the April meeting of the Committee.	SSa
7.2.6	The CCG had been working with NHS England and the Local Medical Committees (LMC) to progress the ongoing issue with Primary Care Support England (PCSE) services run by Capita.	
7.2.7	The LMC was the central point for collating information on PCSE issues and the Primary Care Team had encouraged practices to escalate any concerns. The Committee noted that the issues with Carillion may impact on Capita, the PCSE provider, and directed that this be included in the Risk Register.	SSh

7.2.8	The Committee noted the publicity that the flu vaccine had not been effective. The Deputy Director of Public Health would circulate a post meeting note to update the Committee on the position.	SC
7.2.9	NHS England had confirmed that there would be additional funding available for vaccine-ordering for the 2018-19 Influenza season to offer the quadrivalent vaccines.	
7.2.10	The Committee was concerned with the low uptake of immunisation by NHS staff. There had been discussion nationally whether immunisation of staff should be mandated. The Deputy Director of Public Health would raise the issue with the Dorset Workforce Action Board (DWAB).	SC
7.2.11	There had been an improved position in the delegated Primary Care budget. Planning guidance had been received and work would progress on budgets for 2018/19.	
7.2.12	The Primary Care Team would continue to support Patient Engagement Groups and local people with changes to primary care. A sequence of engagement events had been scheduled.	
7.2.13	The Committee noted that contracts with GP practices required Public and Patient Engagement to be in place. The Acting Director of Primary and Community Care said that this was tested by the CCG in Quality Improvement reviews and issues were raised through the Comms and Engagement Team. The next iteration of the report would contain more detailed information to evidence how this was working.	
7.2.14	The Committee <b>noted</b> the Primary Care Update	
<b>7.3</b>	<b>Medicines Management Report</b>	
7.3.1	The Acting Director of Primary and Community Care introduced the Medicines Management Report.	
7.3.2	Ongoing pressures with category M prescribing continued however the planning guidance indicated that this would not recur next year.	
7.3.3	Audit work had been undertaken with consideration to link medicines management with the diabetes work in the CCLIP however as the work progressed, a different focus had emerged and it could not be connected.	
7.3.4	There had been a successful bid through the Pharmacy Integration Fund for pharmacist work in urgent care.	

7.3.5 The Committee was concerned regarding spend on drugs in Appendix 2 for herbal treatments and homeopathy. The drugs were non-formulary but were still being prescribed. The team had been looking at the patterns of prescribing in the high cost areas. The Committee directed that the next report included how the Team were undertaking scrutiny and action to address these areas.

SSa

7.3.6 The Committee noted the similar issue regarding variation in the provision of free travel vaccinations across GP practices.

7.3.7 The Committee **noted** the Medicines Management Report.

#### 7.4 **Infrastructure: Estates and Technology Update**

7.4.1 The Acting Director of Primary and Community Care introduced the Infrastructure: Estates and Technology Update.

7.4.2 The Estates and Technology Transformation Fund (ETTF) had experienced continued issues with progression of work. The Primary Care Team had been working with the National Team to address the difficulties. It was anticipated by the National Team that Accountable Care System (ACS) areas may be allowed to progress at pace without further checks and balances.

7.4.3 The Committee was concerned that public funds could be used inappropriately. The Acting Director of Primary and Community Care said that the parameters under which the ETTF operated had been previously shared with the Committee and these should ensure appropriate use.

7.4.4 Three Locality Feasibility Studies had been progressing. These studies had reviewed the existing sites for three practices to determine opportunities for relocation. It was anticipated that the projects would attract funding from third party investors.

7.4.5 The Committee was concerned regarding the reference to increasing void space liability for the CCG. The Committee directed that the figures on costs for void space be included in the next iteration of the report.

SSa

7.4.6 The Committee **noted** the Infrastructure: Estates and Technology Update.

**8. Public Health Update: Prevention at Scale – Provision of Health Checks**

- 8.1 The Deputy Director of Public Health introduced the Public Health Update: Prevention at Scale – Provision of Health Checks.
- 8.2 The current position regarding the Health Check programme in Dorset was inadequate with no formal call or recall system. The transfer of the programme from the NHS to the Local Authority (LA) had resulted in a competitive tender process with Boots PLC successful in the bid for six localities. This had led to difficulty in calling patients to checks due to access issues with patient details.
- 8.3 It was proposed to develop a new model for the Health Check programme through an extended period of consultation with localities. This would allow practices to work together at scale to improve the provision of the Health Check programme.
- 8.4 The Committee noted the ongoing issue with the provision of health checks across different groups of patients including those with Learning Disabilities. The Deputy Director of Public Health said that this had been discussed at the Primary Care Board and would be part of the revised development by the Task and Finish Group. Volunteers for the Task and Finish Group were encouraged.
- 8.5 The Committee **noted** the Public Health Update: Prevention at Scale – Provision of Health Checks.

**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 4 April 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.

ALL