

## NHS DORSET CLINICAL COMMISSIONING GROUP

### PRIMARY CARE COMMISSIONING COMMITTEE

3 OCTOBER 2018

#### PART ONE PUBLIC - MINUTES

Part 1 of the Primary Care Commissioning Committee of NHS Dorset Clinical Commissioning Group was held at 2pm on 3 October 2018 at Vespasian House, Barrack Road, Dorchester, Dorset, DT1 1TG.

**Present:** Jacqueline Swift, Chair of the Primary Care Commissioning Committee (JS)  
Anu Dhir, Primary Care Lead (AD)  
Tim Goodson, Chief Officer (TG)  
Stuart Hunter, Chief Finance Officer (SH)  
David Jenkins, Vice Chair, Primary Care Commissioning Committee (DJ)  
Mufeed Ni'man, Governing Body GP Representative (MN) (Part)  
Sally Sandcraft, 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)  
Jane Horne, Head of Programmes, Public Health (JHo)  
Conrad Lakeman, Secretary and General Counsel (CGL)  
Pam O'Shea, Deputy Director of Nursing and Quality (POS)  
Andy Purbrick, LMC Representative (AP)  
Emma Shipton, Delivery Director (Dorset Workforce) (ES) (part)  
Charles Summers, Director of Engagement and Development (CS)  
Louise Trent, Personal Assistant (LT)  
Clare Wedderburn, Bournemouth University/Primary Care Workforce Centre (CW) (part)

		Action
1.	<b>Apologies</b> Sam Crowe, Acting Director of Public Health (SC) Claire Lehman, Primary Care Lead (CL) Vanessa Read, Director of Nursing and Quality (VR)	
2.	<b>Quorum</b>	
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 There were no Declarations of Interest, Gifts or Hospitality made.

3.2 Members were reminded of the need to ensure Declarations of Interest were up to date and to notify the Corporate Office of any new declarations.

## 4. **Minutes**

4.1 The draft minutes of Part 1 of the meeting held on 1 August 2018 were **approved** as a true record.

**M Ni'man joined the meeting.**

## 5. **Matters Arising**

5.1 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 received a copy of the long-term plan for the NHS in which Primary Care played an important part.

6.3 The Committee noted the update of the Chair.

## 7.1 **Primary Care Workforce Centre (PCWC) Delivery Plan 2018/19 – 2019/20**

7.1.1 The Delivery Director (Workforce) introduced the Primary Care Workforce Centre Delivery Plan 2018/19 – 2019/20.

7.1.2 Addressing the prior concern of the Committee regarding how the PCWC collected up-to-date workforce data, the Dorset Workforce Action Board had considered how to measure system intervention.

7.1.3 The PCWC had a revised delivery plan to address the recruitment, retention and workforce issues. There were links with Health Education England (HEE) to ensure this aligned with the forthcoming national changes.

7.1.4 The 'Doorway to Dorset' website was undergoing a redesign and 'Passport working' was being developed to enable staff to work across primary, community and secondary care.

- 7.1.5 The Committee noted the Locum Hub was recognised by practices for use in the first instance.
- 7.1.6 Further work was required to assess whether the Doorway to Dorset promotion on social media attracted people from outside the area, but any data measurable work should be undertaken without committing considerable resource.
- 7.1.7 To seek alignment between the DWAB and the PCCC it was proposed that a DWAB member be a PCCC standing attendee. The Committee directed that this be discussed further outside the meeting.
- 7.1.8 The Committee **approved** the recommendations set out in the Primary Care Workforce Centre Delivery Plan 2018/19 – 2019/20.

CGL

**ES and CW left the meeting.**

## **7.2 Primary Care Sustainability and Transformation Programme Planning**

- 7.2.1 The Director of Primary and Community Care introduced the Primary Care Sustainability and Transformation Programme Planning Report.
- 7.2.2 Investment had been put in place to support General Practice with the release of clinicians to support the transformation programmes.
- 7.2.3 A key area of focus was the support to practices to work as networks which was part of an increasing national focus on the benefits of working at scale.
- 7.2.4 Work was progressing with the National Association of Primary Care (NAPC) to develop a baseline position to plan the investment for network maturity across practices. This aligned with the work of the GP Five Year Forward View (GPFV).
- 7.2.5 Work was progressing with GP leads to delineate areas of priority for investment. The GP voice within the system would be strengthened with two GPs nominated to become attendees at the System Leadership Team meetings.
- 7.2.6 The Committee **noted** the Primary Care Sustainability and Transformation Programme Planning Report.

## 7.3 Primary Care Update

- 7.3.1 The Director of Primary and Community Care introduced the Primary Care Update.
- 7.3.2 A Task and Finish group had been established to review a range of incentive schemes aligned to the transformation priorities. The work would align with the national work to avoid duplication.
- 7.3.3 Advance arrangements had been put in place to respond to any potential flu outbreaks. Although a Public Health responsibility, the CCG was responsible for any local response with general practices. The LMC had been working to ensure that plans would be in place.
- 7.3.4 The position regarding the quality issues within the Ophthalmology service had been discussed at the recent Clinical Commissioning Committee. The Chair had discussed the issue with the Head of Primary Care outside of that meeting and work was progressing to address.
- 7.3.5 A provider had been secured for GP Online Consultations which had been received positively by GP Practices with 22 requesting to be early engagers. An ongoing training programme would be offered to assist utilisation of the product.
- 7.3.6 It was anticipated that the GP pay award would be a significant cost pressure for the CCG. In light of this it was being pushed back to NHS England.
- 7.3.7 There had been ongoing communication with practices regarding Data Protection Regulations. The Secretary and General Council confirmed that he had researched the Data Protection Officer role within practices and any such individual would need to be independent of mind but not independent of the practice. That meant that the role could be undertaken by an existing member of staff, but not an individual with management responsibilities.
- 7.3.8 The Committee **noted** the Primary Care Update.

## 7.4 Medicines Management Report

- 7.4.1 The Director of Primary and Community Care introduced the Medicines Management Report.
- 7.4.2 The CCG was on track to deliver the QIPP savings.
- 7.4.3 Following a query regarding patient concern at the lack of access to advice from a pharmacist based at a GP surgery, the Director of Primary and Community Care said that there were differences

in how pharmacies were commissioned in GP practices. A national training programme was underway to support pharmacists to become prescribers. They would then be able to undertake medication reviews and make recommendations to GPs. Due to different skill mixes a qualified pharmacist might not be working in a dispensing practice. The link between dispensing practices and incomes was being reviewed nationally.

7.4.4 The Committee queried the reference in the report to the STAR-PU prescribing measure with a number of practices not meeting the set targets. The Director of Primary and Community Care said that work was ongoing to bring all practices to a similar level.

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

## **7.5 Patient and Public Engagement in Primary Care**

7.5.1 The Director of Engagement and Development/ Delivery Director (Workforce) introduced the Patient and Public Engagement in Primary Care.

7.5.2 The development of GP Patient Participation Groups continued and were being widely accessed.

7.5.3 The Committee noted the arrangements the CCG had in place with Parish and Town Councils to share the information and consultations of the CCG with the public.

7.5.4 The Committee **noted** the Patient and Public Engagement in Primary Care.

## **8. Public Health Update**

8.1 The Head of Programmes, Public Health introduced the Public Health Update.

8.2 The Joint Public Health Board had approved a new approach to health checks, with contracts for health check invitations directly awarded to General Practices, and contracts for delivery of the health check itself awarded through a flexible framework that allowed any qualified provider to deliver based on patient choice.

8.3 All localities now had a Public Health Dorset link worker in place. This was a valuable resource which helped to identify priorities within the area.

8.4 Following a query regarding how housing associations and charitable organisations were engaged and embedded in the Prevention work the Committee noted that in the current Dorset County Council area there were locality Health and Wellbeing Boards that were involved where those groups should be represented, and those groups connected to the main Dorset Health and Wellbeing Board. There was continued discussion regarding how these would continue to be supported in the new council, and a separate discussion within the new Bournemouth and Poole Council regarding how connections may best take place.

8.5 There was a key role for Councillors within locality areas to ensure that the breadth of council services and connected groups were involved and the Public Health Dorset link workers would support this.

8.6 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 5 December 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.