

## NHS DORSET CLINICAL COMMISSIONING GROUP

### PRIMARY CARE COMMISSIONING COMMITTEE

5 December 2018

#### PART ONE PUBLIC - MINUTES

Part 1 of the Primary Care Commissioning Committee of NHS Dorset Clinical Commissioning Group was held at 2pm on 5 December 2018 at Vespasian House, Barrack Road, Dorchester, Dorset, DT1 1TG.

**Present:** Jacqueline Swift, Chair of the Primary Care Commissioning Committee (JS)  
Sam Crowe, Acting Director of Public Health (SC)  
Tim Goodson, Chief Officer (TG)  
Stuart Hunter, Chief Finance Officer (SH)  
Claire Lehman, Primary Care Lead (CL)  
Mufeed Ni'man, Governing Body GP Representative (MN) (Part)  
Vanessa Read, Director of Nursing and Quality (VR)  
Sally Sandcraft, Director of Primary and Community Care (SSa)

**In attendance:** Kate Calvert, Deputy Director of Primary and Community Care (KC)  
Margaret Guy, Vice Chair, Healthwatch Dorset (MG)  
Helen Howells GP Bournemouth Streaming Service CL for Community Paediatrics, GP Paediatric Allergy Specialist  
Conrad Lakeman, Secretary and General Counsel (CGL)  
Andy Purbrick, LMC Representative (AP)  
Louise Trent, Personal Assistant (LT)  
James Woodland, Assistant Director of Business Intelligence Services (JW) (part)

1.

#### Apologies

Anu Dhir, Primary Care Lead (AD)  
David Jenkins, Vice Chair, Primary Care Commissioning Committee (DJ)

2.

#### Quorum

2.1

It was agreed that the meeting could proceed as there was a quorum of Committee members present.

**Action**

## 3. Declarations of Interest

3.1 Declarations were received as follows:

- The Governing Body GP Representative (MN) declared an interest in agenda item 7.1 – Primary Care 2019/20 Commissioning Intentions.

SL

It was agreed he could remain for the debate and decision but could not participate in the vote.

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 3 October 2018 were **approved** as a true record.

4.2 The draft minutes of the Primary Care Reference Group held on 26 September 2018 were **noted**.

## 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 had no matters to update.

## 7.1 Primary Care 2019/20 Commissioning Intentions

**The Governing Body GP Representative (MN) declared an interest. It was agreed he could remain for the debate but could not vote on the issue.**

7.1.1 The Director of Primary and Community Care introduced the report on Primary Care 2019/20 Commissioning Intentions.

7.1.2 A Task and Finish Group comprising Stakeholders from across the system had considered the commissioning plans and reported to the Primary Care Reference Group (PCRG). The identified areas of priority for focus had been set out in the report for approval.

## 11.2.2

- 7.1.3 Work had progressed with GPs as part of the new models of care for frailty.
- 7.1.4 Work had progressed on the Clinical Commissioning Local Improvement Plan (CCLIP) with the following areas targeted:
- Population health management work
  - Diabetes
  - Chronic Obstructive Pulmonary Disease (COPD).
- 7.1.5 Priorities had been identified for the reinvestment of Primary Medical Service (PMS) allocation of £406K. The PCRG had recommended investment into growing the financial offer for the Phlebotomy Service. This would support the increasing demand of care closer to home.
- 7.1.6 Further small investment had been identified to address the gap for the Diabetes Local Enhanced Service (LES) to offer to all 86 practices.
- 7.1.7 The Committee noted the total value of the budget allocation at £2.3M and the proposed split across areas which was still to be finalised.
- 7.1.8 The Committee noted that the issues with the delivery of the Phlebotomy Service had been ongoing with a mixed model of provision. It was proposed to align the services in the East of Dorset with the West for Phlebotomy and Anticoagulation next year.
- 7.1.9 The Committee noted that moving the Phlebotomy Service to the community setting would improve access and experience for patients but queried the locations for the provision of service in the community. The Director of Primary and Community Care would circulate information regarding the locations.
- 7.1.10 The Committee questioned the collection element of the Phlebotomy Service. The Director of Primary and Community Care said that there was currently a traditional arrangement in place with the one pick up per day however it was planned to increase this.
- 7.1.11 The Committee **approved** the recommendations set out in the Primary Care 2019/20 Commissioning Intentions.
- 7.2 Paediatrics in Primary Care Joint Clinics Options 2019/20**
- 7.2.1 The Director of Primary and Community Care and the GP Clinical Lead for Paediatrics introduced the Paediatrics in Primary Care Joint Clinics Options 2019/20 Report.

SSa

## 11.2.2

- 7.2.2 The options had been discussed at the PCRG who had not supported option two.
- 7.2.3 Paediatrics in Primary Care and the Paediatric Allergy Service had been previously commissioned together and it was proposed to segregate the services. There was an intent to allocate a proportion of resource to enable GPs and clinicians to train and support paediatrics in primary care. This would address the provision across the East and West dynamic with pilots across the county.
- 7.2.4 The provision of a Paediatric Allergy Service required a full system redesign with further engagement required for the service offer. The proposal was to extend the current contract for the allergy service with a proposal ready in September 2019. Work would progress alongside this to redesign the Paediatric Service in Primary Care.
- 7.2.5 Option 2 as set out in the report was the preferred option.
- 7.2.6 The provision of a Paediatrics Allergy Service was unequal across the East and West with only one clinic a month in the Dorchester area. The Committee was concerned that the current provision was not acceptable.
- 7.2.7 The Committee directed that future reporting should not contain an option for 'Do nothing' as this was not acceptable.
- 7.2.8 The Committee was concerned that many practices did not currently provide an allergy service and that the development of the service provision across primary care could create demand. This could have a detrimental effect on waiting lists in secondary care.
- 7.2.9 The LMC Representative noted that a Paediatric Allergy Clinic would work well in General Practice however GPs would need to be educated regarding appropriate referrals.
- 7.2.10 The model of care for the provision of service was in line with the traditional Multi-Disciplinary Team (MDT) setting. Children with long term conditions could access management, support and care plans.
- 7.2.11 Approval was sought from the Committee for (preferred) option two with a further review of the Allergy Service to be completed in September 2019. Further communication with the PCRG would take place subject to their support for that approach.

ALL

7.2.12 The Committee **approved** option 2 as set out in the Paediatrics in Primary Care Joint Clinics Options 2019/20 Report subject to the additional discussion as set out above.

## 7.3 Primary Care Update

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

7.3.2 Written confirmation had been received from NHS England regarding support with the GP pay award.

7.3.3 Ongoing workstreams in Primary Care included a focus on continued development in General Practice supporting the population and improved population health. General progress had been made with differing levels of maturity in localities. A matrix had been included within the report showing the progression of the localities in network working.

7.3.4 Due to partnership working, 100% of the Improving Access to General Practice Services (IAGPS) core requirements had been met.

7.3.5 The Governing Body GP Member raised concern regarding information he had regarding IAGPS. The Director of Primary and Community Care said that the Committee was not the forum to raise concerns and these should be brought directly to the Primary Care Team.

SSa/MN

7.3.6 There had been a productive panel meeting with NHS England regarding the relocation of Carlisle House Surgery. It was anticipated that the full business case would be approved and the work would then progress to implementation.

7.3.7 The Committee noted the progress with the relocation of Carlisle House and the significant work undertaken to achieve.

7.3.8 The Committee directed that updates regarding Springbourne should be featured in future iterations of the report.

SSa

7.3.9 The Committee was concerned regarding the absence of an update regarding Wareham Centre. The Director of Primary and Community Care said that Dorset HealthCare University Foundation Trust (DHUFT) would provide an update at a forthcoming development session.

7.3.10 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 Chief Pharmacist had been concerned regarding the Falsified Medicines Directive.

### **JW joined the meeting.**

7.4.3 The LMC Representative said that the Falsified Medicines Directive affected all practices, not just dispensing practices. There had been support provided to dispensing practices but no clear direction or guidance had been provided to other practices.

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

## **7.5 Population Health and Population Health Management**

7.5.1 The Assistant Director of Business Intelligence Services introduced the Population Health and Population Health Management Report.

7.5.2 The programme aligned to other plans and incentives set out in the report. Work would progress through the Population Health Steering Group and would be taken forward with the Locality Leads from the three localities piloting the scheme. The Director of Primary and Community Care said that the Primary Care Team was engaged with the programme.

7.5.3 The Committee noted that the political agenda for the NHS utilised waiting lists as a general driver. The programme should be progressed to fruition as the current political climate may result in a change in government which could revert to waiting-list driven targets.

7.5.4 The Committee **noted** the Population Health and Population Health Management Report.

### **JW left the meeting.**

## **8. Public Health Update**

8.1 The Acting Director of Public Health introduced the Public Health Update.

8.2 The Committee was concerned with the reference in the report that the services had “improved hugely” since the transition of Public Health from the NHS to Local Authority with no examples given.

8.3 The Committee noted the opportunity for the CCG to sit on the Joint Public Health Board however noted that it was in the remit of the Governing Body to take forward rather than the PCCC.

SL/CGL

8.4 The Director of Nursing and Quality noted the opportunity for representation on the board to progress the safeguarding and domestic abuse agenda. This would provide an opportunity to progress safeguarding and prevention.

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 February 2019 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.