

NHS DORSET CLINICAL COMMISSIONING GROUP

PRIMARY CARE COMMISSIONING COMMITTEE

5 June 2019

PART ONE PUBLIC - MINUTES

Part 1 of the Primary Care Commissioning Committee of NHS Dorset Clinical Commissioning Group was held at 2pm on 5 June 2019 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)
Anu Dhir, Primary Care Lead (AD)
Tim Goodson, Chief Officer (TG)
Stuart Hunter, Chief Finance Officer (SH)
Vanessa Read, Director of Nursing and Quality (VR)
Sally Sandcraft, Director of Primary and Community Care (SSa)
Kay Taylor, Vice Chair, Primary Care Commissioning Committee (KT)

In attendance: Stuart Burley, Head of Programmes, Public Health (SBu)
Conrad Lakeman, Secretary and General Counsel (CGL)
Eleanor Parson, Interim Deputy Director Engagement and Development (EP)
Louise Trent, Personal Assistant (LT)
Lydia Turnbull, LiveWell Dorset Network and Relationship Manager (LTu)
1 x member of the public

1. Apologies

1.1 None received.

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 There were no Declarations of Interest made.

Action

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 April 2019 were **approved** as a true record.

4.1.1 The Chair thanked the Chief Officer for chairing the previous meeting and confirmed that she had and did support the approvals made.

4.2 The draft minutes of the Primary Care Reference Group held on 27 March 2019 were **noted**.

5. Matters Arising

5.1 7.1.7 Falsified Medicines Directive – the concern raised by LMC regarding funding was being progressed. The Head of IT Commissioning would determine the position. An update would be available by the next meeting.

5.2 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 The Chair welcomed Kay Taylor, the new Governing Body Lay Member for Public and Patient Engagement who would also serve as Deputy Chair of the Primary Care Commissioning Committee.

6.3 The achievement of 100% coverage of Primary Care Networks (PCN) across the system was noted.

6.4 The Committee noted the update of the Chair.

7. Reports

7.1 Primary Care Commissioning Strategy Refresh

7.1.1 The Director of Primary and Community Care introduced the Primary Care Commissioning Strategy Refresh.

7.1.2 This had been refreshed in line with the vision for the NHS Long Term Plan (LTP). The update provided inclusion of PCNs alongside a delivery plan and key milestones.

SSa

- 7.1.3 Patient Engagement Groups (PEG) had informed the refresh. Further engagement would be sought from the Patient Participation Groups (PPG) before taking the strategy to the Governing Body for approval. If significant changes to the strategy arose from feedback received, this would return to the Committee before seeking approval from the Governing Body.
- 7.1.4 The Committee **recommended** to the Governing Body for approval the Primary Care Commissioning Strategy Refresh.
- 7.2 Standard Operating Procedure: Handling Habitual, Vexatious or Unreasonably Persistent Communications.**
- 7.2.1 The Director of Primary and Community Care introduced the Standard Operating Procedure: Handling Habitual, Vexatious or Unreasonably Persistent Communications.
- 7.2.2 There had been an increase in persistent communications received from individuals where a disproportionate amount of time and resource was used.
- 7.2.3 The Director of Nursing and Quality said that this linked with the Customer Care Complaints Policy which contained guidance on addressing vexatious complaints and a link to that Policy should be provided.
- 7.2.4 The Committee **approved** the Standard Operating Procedure: Handling Habitual, Vexatious or Unreasonably Persistent Communications subject to the addition of the link to the Customer Care Policy.
- 7.3 Protocol for the Administration and Management of the Special Allocation Scheme and Patient Assignment.**
- 7.3.1 The Director of Primary and Community Care introduced the Protocol for the Administration and Management of the Special Allocation Scheme and Patient Assignment.
- 7.3.2 NHS England (NHSE) had produced new guidance regarding the process for management of the Special Allocation Scheme (SAS) which required changes to be incorporated into the current protocol.
- 7.3.3 LMC had been involved with the development of the protocol through the Primary Care Operational Group (PCOG). The Committee noted that monitoring and oversight would be provided by PCOG and directed that this be referenced in the protocol.

SSa

SSa

7.3.4 The Committee was concerned that the length and complexity of the policy could lead to it not being administered thoroughly. The Director of Primary and Community Care agreed to create a flow chart to signpost to the required areas within the policy.

SSa

7.3.5 The Committee **approved** the Protocol for the Administration and Management of the Special Allocation Scheme and Patient Assignment.

7.4 Primary Care Organisational Development Framework 2019/2020 to 2020/2021

7.4.1 The Interim Deputy Director Engagement and Development introduced the Primary Care Organisational Development Framework 2019/2020 to 2020/2021.

7.4.2 The Committee was concerned regarding the reference to 7 out of 10 patients being positive about Out Of Hours (OOH) experience. Access to OOH services was a key area of improvement with ongoing work to address. Going forward, Improving Access to General Practice Services (IAGPS) would form part of the PCN Direct Enhanced Service (DES).

7.4.3 The Committee **approved** the Primary Care Organisational Development Framework 2019/2020 to 2020/2021.

7.5 Primary and Community Care Commissioning Update

7.5.1 The Director of Primary and Community Care introduced the Primary and Community Care Commissioning Update.

7.5.2 The PCNs had been mapped and Clinical Directors appointed to each.

7.5.3 The Social Prescribing role had progressed with 17 out of 18 networks having joined up with Help & Care for social prescribing support. Work was progressing to secure the outstanding area.

7.5.4 The Governing Body had requested increased oversight by the PCCC of the infrastructure estates programme. Progress had been seen with the Wareham Hub.

7.5.5 The Parkstone Health Centre Outline Business Case (OBC) had not yet been approved. If further progress could not be achieved, it would be escalated to the National Team.

7.5.6 NHS Property Services had now agreed the transfer of the Boscombe and Springbourne building to Dorset Healthcare University NHS Foundation Trust (DHUFT).

7.5.7 The uptake for GP Online Consultations had progressed. The NHS app would no longer be the single portal which would allow for other apps to be utilised.

7.5.8 The Committee **noted** the Primary and Community Care Commissioning Update.

7.6 Medicines Optimisation Report

7.6.1 The Director of Primary and Community Care introduced the Medicines Optimisation Report.

7.6.2 84 out of 86 practices had completed medicines safety audits. There had been a mixed response from practices regarding Electronic Repeat Dispensing (eRD).

7.6.3 The Committee was concerned that whilst eRD was part of the GP contract some practices had not complied. The Director of Primary and Community Care said that this had only become part of the contract from April 2019.

7.6.4 Work was ongoing with the Chief Pharmacist and the Primary Care Workforce Centre to create a joined up approach to recruitment to address the shortages of Clinical Pharmacists in the system.

7.6.5 The Committee **noted** the Medicines Optimisation Report.

7.7 Workforce Planning and Redesign

7.7.1 The Interim Deputy Director Engagement and Development introduced the Workforce Planning and Redesign Report.

7.7.2 A Degree Nurse Apprenticeship had been launched which had received a significant number of applications.

7.7.3 The Our Dorset Passport had been positively received across primary care and secondary care colleagues.

7.7.4 The Acting Director of Public Health noted the development of Task and Finish groups aligned to the development of integrated workforce plans and asked how system colleagues could become involved. The Interim Director of Engagement and Development would circulate a list with the assigned lead for each group.

7.7.5 The Committee **noted** the Workforce Planning and Redesign report.

EP

8. Public Health Update.

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

8.2 The LiveWell scheme supported the Prevention at Scale Programme. It provided a platform for primary care to support GPs with the cultural development of changing unhealthy behaviours and to be part of the solution to address population health.

8.3 The Director of Primary and Community Care said that a risk stratification tool was being sought for MDTs for comorbidities. The Acting Director of Public Health Dorset said that a Healthy Behaviours tool had been utilised previously and he would review if this had been replaced.

SC

8.4 The Interim Deputy Director of Engagement and Development would contact the CCG Innovation Catalyst to determine whether any tool was available that could align with the registered GP list to target patients who would benefit from referral to LiveWell.

EP

8.5 The Committee directed that a summary be provided for the next meeting.

SC

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 7 August 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.