

NHS DORSET CLINICAL COMMISSIONING GROUP

PRIMARY CARE COMMISSIONING COMMITTEE

2 OCTOBER 2019

PART ONE PUBLIC - MINUTES

Part 1 of the Primary Care Commissioning Committee of NHS Dorset Clinical Commissioning Group was held at 2pm on 2 October 2019 at Vespasian House, Barrack Road, Dorchester, Dorset, DT1 1TG.

Present: Jacqueline Swift, Governing Body Lay Member and Chair of the Primary Care Commissioning Committee (JS)
Sam Crowe, Director of Public Health Dorset (SC)
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, Director of Primary and Community Care (SSa)
Kay Taylor, Governing Body Lay Member and Vice Chair, Primary Care Commissioning Committee (KT)

In attendance: Jon Bird, Healthy Homes Dorset Project Manager, Public Health (JBi)
Jack Blankley, Public Health Locality Link Worker for Bournemouth (JBI)
Susan McAdie, Public Health Locality Link Worker for Bournemouth (SM)
Eleanor Parson, Interim Deputy Director Engagement and Development (EP)
Louise Trent, Personal Assistant (LT)
1 member of the public

		Action
1.	Apologies	
1.1	Mufeed Ni'man, Governing Body GP Representative (MN)	
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.	

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 7 August 2019 were **approved** as a true record.

4.2 The draft minutes of the Primary Care Reference Group held on 31 July 2019 were **noted**.

5. Matters Arising

5.1 6.2 – Letters to GP surgeries who had attained a high performance rate in the GP Patient Survey 2019. The Director of Nursing and Quality requested the list of practices who had received a letter from the Chair.

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 Dr Anu Dhir had left the CCG Primary Care Lead role to take up a new position in London. On behalf of the Committee, thanks were recorded for his contribution to the CCG.

6.3 A replacement role would be considered as part of the ongoing clinical lead review.

6.4 The Committee noted the update of the Chair.

7. Reports

7.1 Primary and Community Care Commissioning Update

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

7.1.2 Work was underway to address pressures on dermatology which included the delivery of minor surgery and dermatology services in the community, but there was an associated financial impact.

7.1.3 Delivery of the Primary Care budget was on track but financial pressures remained.

LT

- 7.1.4 PCN development was underway with regular meetings held with the newly appointed Clinical Directors. A forward plan would be being created which linked to the maturity matrix and development support working with the Primary Care Workforce Centre (PCWC).
- 7.1.5 Work had progressed on technology initiatives including a focus on electronic prescribing and practice uptake was being encouraged.
- 7.1.6 The Committee noted the reference in the report to Integrated Community and Primary Care Services (ICPCS) investment and slippage in the system. Issues had been identified with recruitment to particular posts and alternative options were being considered.
- 7.1.7 The Committee noted the achievements in primary care with a number of Dorset practices shortlisted for the National General Practice Awards due to be held on 29 November. The Director of Primary and Community Care would update regarding the outcome.
- 7.1.8 The Committee **noted** the Primary and Community Care Commissioning Update.

SSa

7.2 Medicines Optimisation Report

- 7.2.1 The Director of Primary and Community Care introduced the Medicines Optimisation Report.
- 7.2.2 The GP prescribing audits for 2018-19 had seen a positive impact.
- 7.2.3 Pilot work for the Community Pharmacist Consultation Service (CPCS) had commenced and had been positively received. Work was underway for further roll-out of the service.
- 7.2.4 The Committee noted the reported cost pressure arising from the introduction of Freestyle Libre. Trusts had advised that a different approach had been undertaken for provision to patients earlier than their regular review. It was anticipated that this would reduce and the position would be monitored.
- 7.2.5 The Committee **noted** the Medicines Optimisation Report.

7.3 GP Satisfaction Survey Results

- 7.3.1 The Director of Nursing and Quality introduced the GP Satisfaction Survey Results report.

- 7.3.2 The slight variation in the questions each year created difficulty in benchmarking the results. 2019 had been positive overall with a 'good' rating in Dorset that was higher than the national average. A summary of the analysis would be circulated.
- 7.3.3 The intelligence gained from the survey was followed up at practice visits undertaken by the Quality and Primary Care Teams. Work would be undertaken with the PCNs to identify areas of improvement and to share best practice.
- 7.3.4 Areas of low rated response had been anticipated due to issues already known to the team. Where not anticipated, low response areas would provide the opportunity to check for emerging issues.
- 7.3.5 Difficulties for patients obtaining appointments was an ongoing issue but there would be an opportunity for the PCNs to further develop the online appointment booking platforms to make them more user friendly.
- 7.3.6 The Committee **noted** the GP Satisfaction Survey Results report.

VR

7.4 Patient and Public Engagement in Primary Care Annual Update

- 7.4.1 The Interim Deputy Director of Engagement and Development introduced the Patient and Public Engagement in Primary Care Annual Update.
- 7.4.2 Two Communications and Engagement Coordinators for Patient and Public Engagement had been appointed and were supporting practices with their statutory patient engagement duties. Work was underway to establish a digital platform to provide a central place for practices to use for public engagement.
- 7.4.3 Work was underway to arrange an engagement workshop for PCNs to provide support regarding engagement with local communities and the voluntary sector.
- 7.4.4 The Committee noted that the work on establishing the PPGs had provided a benchmark that good progress had been made but directed that future reports include the current position regarding progress/achievements.
- 7.4.5 The Committee noted the correlation between the engagement and the variation in the GP Survey areas and directed that the PPG Coordinators be provided with the detailed results of the survey to link with practices accordingly.

VR

7.4.6 The Committee **noted** the Patient and Public Engagement in Primary Care Annual Update.

7.5 Primary and Community Care Workforce Update

7.5.1 The Interim Deputy Director of Engagement and Development introduced the Primary and Community Care Workforce Update.

7.5.2 Workforce planning was underway at a network level aligned to community services. A Primary Care workforce data tool had been introduced which had received a positive response from practices testing the data.

7.5.3 Work had been undertaken at system level to establish 'heat maps' to identify recruitment and retention hotspots.

7.5.4 The Primary Care Workforce Centre (PCWC) would receive an allocation from NHS England (NHSE) to support GP Fellowships and Training Hubs. The GP Fellowship roles had contributed to the positive results regarding the community work on promoting LiveWell initiatives.

7.5.5 The Director of Public Health said that the Prevention at Scale Public Health Fellows funding had ended and would welcome a conversation regarding re-developing the posts. The Committee directed that the Interim Deputy Director of Primary and Community Care liaise with the Workforce Delivery Director accordingly.

EP

7.5.6 The Committee was concerned that the report did not accurately reflect the total funding being put into the PCWC and whether there were any Key Performance Indicators (KPI) to monitor. The Committee directed that this be clarified.

EP

7.5.7 Work was underway to prepare a Memorandum of Understanding (MoU) regarding the functions provided by the PCWC. Dorset was ahead nationally on the development of the Training Hub. A forthcoming workshop would be held to determine work with the Primary Care team and the Workforce Centre.

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

8. Public Health Update.

8.1 Healthy Homes

- 8.1.1 The Healthy Homes Dorset (HHD) Project Manager introduced the Healthy Homes Report.
- 8.1.2 The Healthy Homes Dorset project was an element of Prevention at Scale work with cold homes being the second biggest cause of the 500 excess winter deaths across Dorset annually.
- 8.1.3 Funding for the project was via a one-off contribution. Although the project featured in the STP, funding had not yet been secured for delivery beyond the end of the current financial year.
- 8.1.4 HHD was working with a number of GP surgeries targeting engagement with those patients on frailty registers or living in poor housing. The case studies show had illustrated real benefit.
- 8.1.5 The prediction figure for the reduction in winter deaths locally was difficult to quantify and had been based on the national figures. Regarding the benefits of the project, local feedback included improved energy efficiency and patients reporting reduced visits to the GP. Flu vaccines, improvements in housing stock and reduction in smoking would also contribute to a reduction in winter deaths.
- 8.1.6 Housing data had been utilised to identify which houses were poor and required intervention but it was difficult to identify the size of the need in the population versus the numbers actually receiving advice.
- 8.1.7 It was suggested a discussion be held at the Primary Care Reference Group to consider further GP involvement.
- 8.1.8 The Committee **noted** the Healthy Homes update

8.2 Bournemouth Locality Update Presentation

- 8.2.1 The Public Health Locality Link Workers for Bournemouth introduced the Bournemouth Locality Update presentation.
- 8.2.2 Collaborative working was being introduced with a 'Bournemouth Conversation' event held in February 2019 attended by the private, public and voluntary sector. Cross-cutting themes had been identified and task and finish groups had been created to take forward the areas of work.
- 8.2.3 Bournemouth East encompassed a diverse population including areas of significant health inequalities.

- 8.2.4 The Clinical Commissioning Local Improvement Plan (CCLIP) priorities were being progressed including improving the uptake of Learning Disability (LD) Health Checks, and a focus on long term conditions.
- 8.2.5 There were a number of ongoing initiatives including a pilot for an anti-idling campaign in conjunction with local schools to improve air quality.
- 8.2.6 Homelessness remained an ongoing area of concern and the system needed to work better together to address and target those areas of greatest need. The Joint Commissioning Manager for Primary and Community Care was the CCG lead working with the Council to progress initiatives.
- 8.2.7 Discussions were being held with the Councils to address such issues as the funding being split across separate council areas.
- 8.2.8 The Director of Primary and Community Care said that recent training on suicide prevention had been valuable and it was recognised that this fed into the work undertaken by the Locality Link Workers.
- 8.2.9 The Committee **noted** the Bournemouth Locality Update Presentation.

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 on Wednesday 4 December 2019 at Vespasian House at 2pm.

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.