

NHS DORSET CLINICAL COMMISSIONING GROUP

PRIMARY CARE COMMISSIONING COMMITTEE

4 DECEMBER 2019

PART ONE PUBLIC - MINUTES

Part 1 of the Primary Care Commissioning Committee of NHS Dorset Clinical Commissioning Group was held at 2pm on 4 December 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)
Tim Goodson, Chief Officer (TG)
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: Vicky Abbott, Health Programme Advisor/Locality Link Worker for West Dorset, Public Health Dorset (VA) (part)
Louise Bate, Healthwatch Dorset (LB)
Sophia Callaghan, Public Health Consultant (Healthchecks) (SCa)
Michael Gravelle, Assistant Director of Finance (MG)
Andy Purbrick, Wessex LMC Representative (AP)
Chris Ricketts, Head of Programmes, Public Health Dorset (CR) (part)
Louise Trent, Personal Assistant (LT)

		Action
	The Chair took the agenda out of order with item 8.2 taken after item 6 before returning to the agenda running order at 7.1.	
1.	Apologies	
1.1	Sam Crowe, Director of Public Health Dorset Stuart Hunter, Chief Finance Officer 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 Declarations were received as follows:

- The Governing Body Lay Member and Vice Chair, Primary Care Commissioning Committee declared an interest in agenda item 16 – Primary Care Quality and Profiling Report due to being on the Portesham practice list.

Given the nature of the interest as a patient, no action would be required.

SL

- The LMC Representative was a British Medical Association (BMA) General Practitioners Committee (GPC) Representative for Dorset and Wiltshire however attended the Committee in his role as Medical Director for LMC.

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 2 October 2019 were **approved** as a true record.

4.2 The draft minutes of the Primary Care Reference Group held on 25 September 2019 were **noted**.

CR and VA joined the meeting

5. Matters Arising

5.1 7.1.7 Outcome for Dorset practices from the National General Practice Awards – 3 Dorset practices had been shortlisted; South Coast Medical Group, Milton Abbas Surgery and Jurassic Coast. Jurassic Coast had received highly recommended (runner up) for best Primary Care Network (PCN) newcomer and Milton Abbas had won the ‘People’s Choice’ Surgery of the Year award. The Chair noted the significant achievement and would send a letter of congratulations to each practice.

LT/SSa

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 This would be the last meeting for Dr Claire Lehman who would be leaving her Primary Care Lead role. On behalf of the Committee, she was thanked for her contribution to the CCG, especially in relation to the connection she provided to Public Health Dorset.
- 6.3 The Chair had opened the new Lifeboat Quay Medical Centre in Poole. The new premises and the fantastic team in place would serve the community well.
- 6.4 Changes were underway to give effect to the changed governing arrangements for the Governing Body. This would lead to a further review of the membership of the Primary Care Commissioning Committee with particular regard to the GB membership which would be informed later.
- 6.5 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 Discussion was underway with NHSE with regard to further delegation of contracting functions to the CCG for Primary Care. This would include work regarding rent reviews and it was anticipated that this would be of benefit in the long run.
- 7.1.3 Primary Medical Services (PMS) reinvestment had been considered at the Primary Care Reference Group (PCRG). Areas for prioritisation had been identified and formal recommendations for approval would be brought to the next meeting of the Committee.
- 7.1.4 Engagement would be ongoing with PCN Clinical Directors following the completion of maturity assessments and the identification of development needs. Work priorities identified included engagement with the current wider exemplar programmes including Population Health Management and Altogether Better.

SSa

11.2.1

7.1.5 There was an aim to increase the utilisation of digital technology in Primary care with the identification of options and opportunities. It was anticipated that all practices would be using the eConsult digital triage system by the end of the financial year.

7.1.6 Skillmix in Primary Care remained an area of focus. The Nursing Associate role was being progressed jointly through the Dorset Workforce Action Board (DWAB) and the PCNs. The Director of Nursing and Quality noted that there had been problems with previous roles including the Physician Associate and oversight would be maintained regarding how the role would be deployed.

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

7.2 Medicines Optimisation Report

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

7.2.2 A new Senior Pharmacist was now in post to provide support to the PCNs. Areas of focus would include the provision of a workshop to focus on the development of the pharmacy workforce in PCNs which would take place in January 2020. Also expressions of Interest had been sought for Technician Trainee posts.

7.2.3 The Dispensing Services Quality Scheme (DSQS) continued with validation visits scheduled to be undertaken with five practices in the forthcoming year. The Committee directed that the total number of dispensing practices remaining following practice mergers be circulated.

SSa

7.2.4 Antimicrobial resistance work continued with 60 practices having achieved the target. Of the 25 practices who had not achieved the target, 14 of these had reported a downward trend. The Committee was concerned regarding the position for the remaining 11 practices and directed that an update be provided in the next report.

SSa

7.2.5 Antimicrobial resistance had been discussed at the PCRG. The importance of prescribing antibiotics judiciously had been recognised however this had to be balanced with identifying and treating patients at risk from sepsis. Work was underway regarding a C-Reactive Protein (CRP) blood-monitoring tool to assist GPs with prescribing which would be brought to the Committee in due course.

- 7.2.6 The prescribing budget remained on-plan however it was anticipated that the national cost-increase in Category M drugs would create a significant overspend. Work was underway to mitigate the risk including investigating whether NHSE would provide financial support.
- 7.2.7 A pilot had been undertaken with the development of Dorset Formulary in SystmOne. Electronic Prescribing would be rolled out from January to March 2020.
- 7.2.8 The Governing Body Lay Member had raised a number of questions regarding the report content in advance of the meeting. The Head of Medicines had provided a detailed response to the queries which would be circulated. LT
- 7.2.9 The Committee was concerned regarding the slow progress regarding Electronic Repeat Dispensing. The LMC Representative said that this was a complex area as it would only suit patients who did not change medications or dosage levels regularly. Work was underway to identify the cohort of suitable patients as it would impact significantly on workload if patients were added inappropriately.
- 7.2.10 The Committee **noted** the Medicines Optimisation Report.
- 8. Public Health Update.**
- 8.1 Health Checks**
- 8.1.1 The Assistant Director of Public Health introduced the Health Checks Report.
- 8.1.2 The report provided a data overview for the uptake of health checks over the first two quarters of the year. The figures had been variable and work had been underway to support provision of the checks to patients. Barriers to achievement included the requirement for training to provide the check. A public campaign to highlight the importance of health checks had clashed with the Winter Flu campaign.
- 8.1.3 Patients were sent an invitation letter with various locations listed within their locality where health checks could be undertaken. Healthwatch Dorset had been contacted by patients who had experienced difficulties with booking a health check at places listed in their invitation letter. There was a concern that only a small number of people attempting to obtain the health check and, encountering difficulties, would pursue further. Details of the practices reported would be shared with Public Health Dorset. LB

11.2.1

- 8.1.4 The Committee was concerned regarding the current position with health checks and could not determine from the report the reason for the difficulties or evidence regarding action undertaken to address. The Public Health Consultant (health checks) said that with the changes in the provision of health checks, difficulties had been encountered with mechanisms in place to both engage with the patients and to provide. Work had been undertaken with link workers in each PCN to review the challenges for delivering health checks and work that could be put in place for both administering the checks and ways of reaching the population to engage.
- 8.1.5 The Committee noted that how this had been achieved in other areas in the country should be reviewed. Areas like rural Yorkshire were not dissimilar to the Dorset area and their model of provision could inform the work for Dorset.
- 8.1.6 It was noted that linking to the Population Health Management work could improve provision and uptake of health checks. The Head of Primary Care could assist with linking-in with Clinical Directors and working with partners across networks including pharmacy to raise the profile as part of the Prevention at Scale work.
- 8.1.7 The Committee was concerned regarding the lack of base information in the report as the total number of people who had been referred to could not be determined. Percentages of the population group had been set out without any indication of what the numbers were. The lack of basic information made it impossible to evaluate progress.
- 8.1.8 The Committee noted that the scheme had been in existence for a number of years yet there was no information regarding evaluation. The Public Health Lead said that it was difficult to measure outcomes. The LiveWell Dorset programme contained figures regarding patients being followed up through that platform and could provide monitoring.
- 8.1.9 The Committee noted the difficulties in engaging with patients and other schemes utilised to reach patient groups. Linking with the voluntary sector for other schemes would provide an opportunity to address some of the engagement challenges and could reach a sector of the population that may not respond to an invitation letter.
- 8.1.10 The Committee **noted** the Health Checks report.

8.2 **West Dorset Locality Update Presentation**

- 8.2.1 The Health Programme Advisor introduced the West Dorset Locality Update presentation.
- 8.2.2 West Dorset was the smallest locality and did not have a diverse population. The locality-spread encompassed rural, market towns and coastal regions with low levels of unemployment and high incomes.
- 8.2.3 Figures for self-reported health by patients in the locality showed high levels of good physical health. Concern remained however regarding unreported mental health needs due to the number of people within the locality providing unpaid care alongside other factors including rural isolation and loneliness.
- 8.2.4 The West Dorset Locality Health and Wellbeing Board would be attempting to build up a wider network for attendance across sectors, including attendance of a councillor.
- 8.2.5 Social prescribing provided opportunities for health and social care partnerships. Altogether Better champions had been based in Bridport Medical Centre and the centre had ambitions to provide a local hub for physical activity and the promotion of good health.
- 8.2.6 Gaps in care in the locality had been identified and work was being undertaken on opportunities to address. Work was ongoing to encourage a link with education to share information between schools and health.
- 8.2.7 The Committee noted that systems for working with education had historically not been strong within the locality and asked how this was being addressed. The Health Programme Advisor said issues including crisis management and work was underway for the creation of links to engage all partners across the system to work together to provide support to families. There would be an opportunity to engage with the Clinical Directors of the PCNs to ensure focus on the areas to provide support to families.
- 8.2.8 The Long Term Plan (LTP) and PAS work in the locality included a focus on diabetes awareness. Healthwatch Dorset had undertaken work to raise awareness for young people with diabetes. This had included the development of a blog which would be circulated to the Committee.

LB

8.2.9 The Committee noted that the CCG had direct links with the police and fire services through the Public Services Forum. These services had expressed an interest in being involved with health and social care determinants and the CCG could provide a link with provision of any communications to them to engage.

8.2.10 The Committee **noted** the West Dorset Locality Update Presentation.

VA left the meeting.

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 5 February 2020 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.