

## NHS DORSET CLINICAL COMMISSIONING GROUP

### PRIMARY CARE COMMISSIONING COMMITTEE

5 FEBRUARY 2020

#### PART ONE PUBLIC - MINUTES

Part 1 of the Primary Care Commissioning Committee of NHS Dorset Clinical Commissioning Group was held at 2pm on 5 February 2020 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)  
Mufeed Ni'man, Governing Body GP Representative (MN) (part)  
Vanessa Read, Director of Nursing and Quality (VR) (part)  
Nikki Rowland, Chief Finance Officer (NR)  
Kay Taylor, Governing Body Lay Member and Vice Chair, Primary Care Commissioning Committee (KT)

**In attendance:** Kate Calvert, Deputy Director of Primary and Community Care (KC)  
Margaret Guy, Healthwatch Dorset Representative (MG)  
Katy Hall, Primary Care and Quality Lead (KH) (part)  
Steph Lower, Executive Assistant (SL) (part)  
Vicky Melville, Head of Quality Improvement (VM)  
Blair Millar, Governing Body GP Representative (BM)  
Andy Purbrick, Wessex LMC Representative (AP)  
Chris Ricketts, Head of Programmes, Public Health Dorset (CR)  
Emma Shipton, Workforce Delivery Director (ES) (part)  
Michelle Smith, Health Programme Advisor/Locality Link Worker for Poole Bay (MS)  
Jo Tibbles, Health Programme Advisor/Locality Link Worker for Poole North (JT)  
Louise Trent, Personal Assistant (LT)  
Jo Wilson, Head of Programmes – Children and Young People (JW)

#### 1. Apologies

1.1 Sam Crowe, Director of Public Health Dorset  
Sally Sandcraft, Director of Primary and Community Care

#### Action

## 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 Executive Assistant declared on behalf of the Governing Body GP representatives (Dr M Ni'man and Dr B Millar) an interest in agenda item 7.3 – 2020/21 Commissioning and Contracting Intentions. It was agreed that they could remain for the discussion and decision but not vote.

SL

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 4 December 2019 were **approved** as a true record.

4.2 The draft minutes of the Primary Care Reference Group held on 27 November 2019 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. Reports

### 7.1 Annual Review of the Terms of Reference for the Primary Care Commissioning Committee

7.1.1 The Chair introduced the Annual Review of the Terms of Reference for the Primary Care Commissioning Committee.

7.1.2 The Committee noted one of the Governing Body GP members would have portfolio responsibility for Primary Care and it was proposed would be the Chair of the Primary Care Reference Group (PCRG) however there was no requirement to include this in the Terms of Reference.

7.1.3 The Committee **noted** the Annual Review of the Terms of Reference for the Primary Care Commissioning Committee.

## **7.2 Primary Care Commissioning Committee Annual Planner for 2020/21**

7.2.1 The Deputy Director of Primary and Community Care introduced the Primary Care Commissioning Committee Annual Planner for 2020/21.

**KH left the meeting.**

7.2.2 The planner had been updated with the incorporation of workforce into the main Primary and Community Care Commissioning Update unless there was the need for a separate report on a specific workforce matter.

7.2.3 The Committee **approved** the Primary Care Commissioning Committee Annual Planner for 2020/21.

## **7.3 2020/21 Commissioning and Contracting Intentions**

**The GB GP Representative (BM) declared an interest in this item. He would be able to remain and participate in the discussion but not vote.**

7.3.1 The Deputy Director of Primary and Community Care introduced the 2020/21 Commissioning and Contracting Intentions.

7.3.2 Areas of focus included Quality Improvement for Long Term Conditions (LTC), Prevention at Scale (PAS), Population Health, Demand and Capacity and Safeguarding. This included addressing pressures in the system and workforce capacity in the Primary Care Networks (PCNs).

**SL left the meeting**

7.3.3 Following a query regarding the 'business as usual' requirement for GPs to produce detailed reports on safeguarding as this was usually subject to collaborative fees and charges, the Director of Nursing and Quality said that there was a requirement to produce reports for safeguarding with no fee attached but the level of detail required might support the request for payment. The incentive in the Service Specification was to improve the quality of the information, not the content of the report and would be discussed further outside the meeting.

VR

# 11.2.1

- 7.3.4 Following a query regarding the areas set out for drug monitoring in primary care and whether this should remain the responsibility of secondary care as the initial prescriber, the Deputy Director of Primary and Community Care was directed to follow up the clarity in terms of roles and responsibilities and would update the LMC Representative outside the meeting. KC
- 7.3.5 The Committee **approved** the recommendations set out in the 2020/21 Commissioning and Contracting Intentions.
- 7.4 Primary and Community Care Commissioning Update**
- 7.4.1 The Deputy Director of Primary and Community Care introduced the Primary and Community Care Commissioning Update.
- 7.4.2 Primary Care was currently on budget and forecasted to remain within allocation at the year end. An element of underspend being utilised for investment in the Altogether Better programme was being explored. The Head of Programmes, Public Health Dorset said that the Altogether Better programme had received endorsement from an Independent Health Commentator, following a visit to the Blackmore Vale Partnership and the link to the blog would be circulated. CR
- 7.4.3 New roles identified within the Integrated Community and Primary Care Services (ICPCS) investment were still to be fully recruited to. Where areas with high non-recruitment had been identified, discussions had been undertaken regarding the possibility of changing some of the roles but with the ambition to deliver the same outcome.
- 7.4.4 Social Prescribing Link Workers had progressed with 10 out of 18 having been recruited.
- 7.4.5 Work was underway to involve PCNs in developing local infrastructure plans as part of the estate work. It was anticipated that seed funding would be received to support the development of community estate.
- 7.4.6 Digital was an area of focus for next year with the ambition to recruit to the Primary Care Team to drive forward the digital strategy. A structured approach would be undertaken across practices to ensure greater consistency with software developments and priorities identified with PCNs.

7.4.7 The GB GP Representative (BM) said that Bridport Medical Centre had been a pilot site for utilisation of digital working. This had the potential to change general practice and was a change to the business model. Having undertaken it, a structured approach was required to steer practices through the process as it had the potential to be disruptive to normal business.

7.4.8 The Director of Nursing and Quality noted the reference to Personal Health Budgets (PHB) work being undertaken as part of the Personalised Care Programme in primary care. The Deputy Director of Primary and Community Care said that considerable work was required to understand how PHBs could be introduced as part of a provider contract. Devon has successfully grown its PHB offer and a visit would be undertaken to explore best practice.

### **MN joined the meeting.**

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

## **7.5 Medicines Optimisation Report**

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

7.5.2 A workshop had been held in January 2020 to support the understanding of clinical pharmacy. It was anticipated that this would assist the implementation of pharmacists in PCNs.

7.5.3 The incentivised prescribing plan continued to focus on the reduction in Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and antibiotic prescribing to meet National Oversight Framework (NOF) targets. There had been a successful rollout of the Dorset Formulary on to SystemOne.

7.5.4 The Committee noted the work undertaken on antimicrobial resistance which had exceeded both the national and the Dorset set targets.

7.5.5 The Committee was concerned regarding the supply of high dose opioids in view of the Suicide Prevention Strategy Group advice on not prescribing opioids to identified suicide risk patients. It was noted that this was not directly prescribed to patients with a suicide risk but connected to opioids being available in accommodation with other high-risk people living there. The Medicines Management Team were sighted on the issues as part of their ongoing work.

7.5.6 Concern was raised regarding the difficulties in prescribing opioids which included identifying suicide risk patients, potential abuse of opioids ending up in the black market and opioids not being effective in pain management. With no access to other therapies and referrals to the Pain Management Service either not being accepted or taking 6-8 months to obtain an appointment, there was no alternative to offer patients in place of opioids. The Deputy Director of Primary and Community Care was directed to look into the issue in the context of PCN management to understand referrals and activity in the Pain Management Service.

KC

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

## 7.6 **Primary Care Network Development, Operating Model and Prospectus 2020/21**

7.6.1 The Workforce Delivery Director introduced the Primary Care Network Development, Operating Model and Prospectus 2020/21.

7.6.2 The Dorset Training Hub had undertaken work to consider how to best support PCNs, recognising the increased work at an Integrated Care System (ICS) level. The Memorandum of Understanding (MoU) for the Our Dorset Workforce Team to support the Primary Care Team had been included to note the offer to PCNs.

7.6.3 Assistance and support with costs and staff retention would be welcomed at practice level.

7.6.4 The Committee **noted** the Primary Care Network Development, Operating Model and Prospectus 2020/21.

## 8. **Public Health Update.**

### 8.1 **Child Health Update**

8.1.1 The Head of Programmes – Children and Young People introduced the Child Health Update.

#### **ES left the meeting.**

8.1.2 The service had undergone development to meet local need. Key areas for local delivery included the Universal Whole Family Pathway to address areas including children not meeting school readiness targets. The offer included an option for mandated health checks to be provided by public health nurses and other skill mix staff rather than through Health Visitors.

## 11.2.1

- 8.1.3 Opportunities had been developed to review the different ways support could be offered including digital access to text message support or online face to face opportunities. Health Visiting and School Nursing had been reviewed to identify opportunities for ways to work together.
- 8.1.4 The Committee was concerned regarding the reference to skill mix staff being utilised to undertake health visits. With reviews being conducted by staff other than Health Visitors, the nurses would not hold the additional training required to identify potential safeguarding issues.
- 8.1.5 The GB GP Representative (MN) shared the experience within his locality with a lack of health visits undertaken and no contact with the practice to discuss vulnerable children or contact numbers provided to speak with Health Visitors. The Head of Programmes – Children and Young People acknowledged the locality had experienced known workforce difficulties due to recruitment issues and long-term sickness. Work was being undertaken to resolve the position and reassurance regarding improvement had been provided from Dorset HealthCare University Foundation Trust (DHUFT).
- 8.1.6 The new service model aimed to improve provision with appropriately qualified staff working in the areas of highest need. Discussions had taken place with the Director of Children's Services at DHUFT regarding the issues including a need for her to engage with the networks to understand the issues. It was planned that she would attend a forthcoming Primary Care Strategy Implementation Group (PSIG) meeting and other PCN forums.
- 8.1.7 The Committee was concerned regarding how the service was commissioned and that the most deprived children were being put at risk. The first opportunity to safeguard children and provide early help would prevent these becoming Looked After Children (LAC). The Head of Programmes – Children and Young People confirmed that the first two visits were Health Visitor led with the skill mix provision coming in thereafter. The Director of Nursing and Quality confirmed that issues were picked up through the Safeguarding partnership.
- 8.1.8 The Committee was concerned regarding the scorecard which showed the areas of high concern being recorded as average. The Head of Programmes – Children and Young People confirmed that the scorecard had been created solely to provide additional information to the Committee as a summary of the mandated data. A challenging time had been seen in the service which had been reflected in the figures however the changes in

the service since October should show subsequent improvements.

8.1.9 Following concern regarding how the school readiness impact was being assessed the Head of Programmes – Children and Young People said that the current service had only commenced in October but that as part of the new contract it was an area of high priority to address.

8.1.10 The Committee noted that this was a new service and directed a further update be provided at a timescale when Public Health had further to report regarding service progression.

JW

8.1.11 The Committee **noted** the Child Health Update.

## 8.2 **Poole Locality Update Presentation**

8.2.1 The Health Programme Advisor/Locality Link Worker for Poole Bay and the Health Programme Advisor/Locality Link Worker for Poole North introduced the Poole Locality Update presentation.

8.2.2 The Poole Locality had a diverse population with issues such as loneliness and child health affecting all.

8.2.3 The Starting Well, Living Well and Ageing Well programmes were being taken forward across the whole locality with areas of concern being identified to take forward with the relevant PCNs.

8.2.4 Starting Well work included a focus on children and young people's emotional wellbeing and a focus on Measles, Mumps and Rubella (MMR) vaccination uptake.

8.2.5 Living Well had established collaborative practice through provision of the Altogether Better programme. The Committee noted that the Poole Locality contained four of the top referring practices to LiveWell Dorset.

### **VR left the meeting**

8.2.6 The Committee noted that falls prevention had been an ongoing focus. The long-term prevention work would be difficult to quantify in the short term, however working groups were being set up and determining their deliverables.

8.2.7 There were a number of work programmes being led in different directorates across the CCG and there was a need for the Population Health Management (PHM) team to align the workstreams to ensure system working.

8.2.8 The Committee **noted** the Poole 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 1 April 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.

APPROVED