

NHS DORSET CLINICAL COMMISSIONING GROUP

PRIMARY CARE COMMISSIONING COMMITTEE

3 JUNE 2020

PART ONE PUBLIC - MINUTES

Part 1 of the Primary Care Commissioning Committee of NHS Dorset Clinical Commissioning Group was held virtually at 2pm on 3 June 2020.

Present: Jacqueline Swift, Governing Body Lay Member and Chair of the Primary Care Commissioning Committee (JS)
Tim Goodson, Chief Officer (TG)
Ravin Ramtohal, Governing Body GP Representative (RR) (part)
Vanessa Read, Director of Nursing and Quality (VR)
Nikki Rowland, Chief Finance Officer (NR)
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: Sophia Callahan, Assistant Director of Public Health (SCa)
Carole Cusack, Wessex LMC (Wessex Local Medical Committees) Representative (CC) (part)
Margaret Guy, Healthwatch Dorset Representative (MG)
Steph Lower, Corporate Office Manager (SL)
Debra Pattinson, Locality Lead for East Dorset (DP)
Chris Ricketts, Head of Programmes, Public Health (CR)
Louise Trent, Personal Assistant (minute taker) (LT)

1. Apologies

1.1 Blair Millar, Governing Body GP Representative.

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, Gifts or Hospitality 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.

Action

4. Minutes

- 4.1 The draft minutes of Part 1 of the meeting held on 1 April 2020 were **approved** as a true record.

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 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 General Practice had adapted promptly to the Covid-19 pandemic and the resultant new ways of working. This included acceleration of the digital programme with move to a triage model through eConsult, telephone or video consultation. This had been a system ambition for new models of care with the scope and nature of GP provision.

- 7.1.3 Practices had consolidated their sites to manage effectively with sites being identified as 'hot' (Covid-19 related) or 'cold' (non Covid-19 related). Other branches had either closed completely or were being utilised for administrative and operational work. The current model for face to face contact required the utilisation of Personal Protective Equipment (PPE) and room cleaning in between appointments. The acceleration of positive transformation and new ways of working would need to include how to manage Covid-19 as an ongoing issue.

CC joined the meeting.

- 7.1.4 Situational Reporting (SitRep) was underway with practices to enable the CCG to be responsive to emerging needs during Covid-19. This had been well received in practices. A weekly highlight report had been shared with Primary Care Network (PCN) Clinical Directors (CDs) and practices regarding actions taken.

- 7.1.5 Financial support had been provided to recognise the costs incurred by GP practices in relation to Covid-19 work undertaken.

- 7.1.6 All PCNs had signed up to the Network Directed Enhanced Service (DES) for 2020-21. Positive work had been undertaken in PCNs with developing relationships.
- 7.1.7 All but one practice had now received an 'outstanding' or 'good' rating from the Care Quality Commission (CQC). One practice had not been re-inspected due to the current situation, however it was anticipated that this would receive a 'good' rating.
- 7.1.8 The Enhanced Health in Care Homes (EHCH) work had accelerated in response to Covid-19.
- 7.1.9 Healthwatch had produced an online survey and had received feedback and were also involved in weekly meetings with the CCG. It was anticipated that patient feedback would be available regarding the changes to GP consultations.
- 7.1.10 The LMC representative said that positive feedback had been received regarding CCG support during the Covid-19 pandemic and practices were keen for the new ways of working to continue.
- 7.1.11 The Committee noted the reference at 2.35 in the report to Dorset CCG supporting Primary Care and the Integrated Care System with the purchasing of PPE was incorrect and should reflect that the CCG was helping to support the arrangements for purchasing.
- 7.1.12 Social prescribers had been working across the PCNs through engagement with shielded patients to ensure support was in place.
- 7.1.13 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 Work had been undertaken with PCNs and in care homes regarding the current levels of prescribing activity. This had been an area of concern however current prescribing patterns were showing a downward trend. No clarity had been received regarding financial support in relation to the prescribing costs.
- 7.2.3 Work for the next prescribing audits would commence when normal working activities were reintroduced.

RR left the meeting

- 7.2.4 The costs associated with Category M drug price increases remained challenging. A solution had not been identified to address and the cost would have to be picked up. It was anticipated that an element of cost could be incorporated under Covid-19.

RR returned to the meeting

- 7.2.5 The Medicines Optimisation Group (MOG) continued to monitor the level of prescribing. Indications had been that patients had been stockpiling for a month and had continued to repeat order but a downward trend was now being seen. Information regarding the categories of medicines which had shown an increase and information on patterns of increase related to geography would be included in the next report.

SSa

- 7.2.6 In response to a query, the Director of Primary and Community Care confirmed that the challenges seen in community pharmacy had reduced. The relationship between practices and community pharmacy continued to develop through the Primary Care Network Leads.

- 7.2.7 The Committee **noted** the Medicines Optimisation Report.

8. Public Health Update

8.1 Update on LiveWell Dorset and the System-Wide Offer for Mental Health and Wellbeing in response to Covid-19

- 8.1.1 The Assistant Director of Public Health introduced the Update on LiveWell Dorset and the System-Wide Offer for Mental Health and Wellbeing in response to Covid-19.

- 8.1.2 LiveWell Dorset had recorded a high number of client interactions over the last year. Existing health and wellbeing offers had been adapted and new services mobilised in response to Covid-19.

- 8.1.3 The Committee noted the activities and the breadth of the offer for LiveWell Dorset. The report did not determine the impact that this had had on people and directed that the figures be circulated and that future iterations of the report capture this.

SCa

- 8.1.4 Work had been underway previously to provide a Wellbeing offer for the system and this had been adapted to provide a Covid-19 appropriate offer including for individuals, teams and specific therapy for front line staff.

11.2.2

8.1.5	The Committee was concerned with the utilisation of the Zoom platform for delivery of courses and whether the platform met with data protection requirements. The Assistant Director of Public Health would provide feedback from the scrutiny and testing undertaken.	SCa
8.1.6	There had been considerable uptake for support and associated extra capacity added to the team. Feedback would be provided when this had been in place for a few months.	SCa
8.1.7	Public Health Dorset requested CCG support regarding GP Practices contacting patients via text message regarding smoking cessation services. On the provision of further information from the Assistant Director of Public Health, the Director of Primary and Community Care would discuss with the PCN CDs in the first instance to determine if this could be taken forward.	SCa/SSa
8.1.8	The Committee noted the Update on LiveWell Dorset and the System-Wide Offer for Mental Health and Wellbeing in response to COVID-19 update.	
8.2	East Dorset Locality Update Presentation	
8.2.1	The East Dorset Locality Advisor introduced the East Dorset Locality Update Presentation.	
8.2.2	The East Dorset Locality practices covered a population with a varied age range across both rural areas and market towns. There was a large commuter population within this.	
8.2.3	Although noted as an affluent community, there were areas of deprivation which evened out the variation. Themes seen within the locality included emergency admissions, mental health needs and provision of unpaid care.	
8.2.4	Walking and cycling within the East Dorset Locality was the lowest level Dorset-wide. It was anticipated that the lockdown restrictions may have improved this.	
8.2.5	Opportunities for joint working had been identified through various groups with workstreams underway to identify support requirements, for instance, provision of support for unpaid carers.	
8.2.6	Changes seen in the locality included the Local Government Restructure and the development of the PCNs. This provided an opportunity for the GP practices to work together and CD engagement with the Health and Wellbeing Boards (HWBs).	

8.2.7 The Committee noted the East Dorset 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 will be held at 2pm on Wednesday 5 August, venue to be confirmed.

11. **Exclusion of the Public**

11.1 Under normal circumstances it would be resolved that representatives of the Press and other members of the public were 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. However, due to the current Covid-19 pandemic, the meeting was held virtually and there were no members of the public present.

DRAFT