

## NHS DORSET CLINICAL COMMISSIONING GROUP

### PRIMARY CARE COMMISSIONING COMMITTEE

5 AUGUST 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 5 August 2020.

**Present:** Jacqueline Swift, Governing Body Lay Member and Chair of the Primary Care Commissioning Committee (JS)  
Ravin Ramtohal, Governing Body GP Representative (RR)  
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:** Steve Aylwin, Workforce Delivery Programme Manager (SA)  
Margaret Guy, Healthwatch Dorset Representative (MG)  
Steph Lower, Corporate Office Manager (SL)  
Pam O'Shea, Deputy Director of Nursing and Quality (POS)  
Andy Purbrick, Wessex LMC (Wessex Local Medical Committees) Representative (AP)  
Louise Trent, Personal Assistant (minute taker) (LT)

		Action
<b>1.</b>	<b>Apologies</b>	
1.1	Sam Crowe, Director of Public Health Dorset. Tim Goodson, Chief Officer Blair Millar, Governing Body GP Representative Vanessa Read, Director of Nursing and Quality	
<b>2.</b>	<b>Quorum</b>	
2.1	It was agreed that the meeting could proceed as there was a quorum of Committee members present.	
<b>3.</b>	<b>Declarations of Interest</b>	
3.1	Although the Governing Body GP Representative (BM) had given apologies for the meeting, the Committee noted that he had received a redacted pack of papers in relation to agenda items 17 – Bridport Medical Centre and Tollerford Group Practice Merger and 18 - Charmouth Medical Practice and Lyme Bay Medical Practice Merger.	

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 June 2020 were **approved** as a true record.

## 5. Matters Arising

5.1 8.1.7 Support from Primary Care for highlighting LiveWell smoking cessation services - concern had been raised by the Primary Care Network (PCN) Clinical Directors (CDs) regarding the potential for LiveWell Dorset to manage a possible surge in referrals. LiveWell Dorset would contact the CCG when in a position to take forward.

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 PCNs had been outstanding in their response to service provision during the Covid-19 pandemic. This had accelerated the development of partnership and changed ways of working. The work undertaken by the CCG Primary Care Team to assist was acknowledged including the joint working to achieve the required provision of Personal Protective Equipment (PPE) across Dorset practices.

6.3 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 Practices had been working to the NHS England/Improvement (NHSE/I) Second Phase Planning Guidance. The key features focused on reset and recovery which included maintaining business continuity alongside ongoing Covid-19 management. This included the requirement to manage hot and cold sites, use of appropriate PPE and the reintroduction of services. Weekly situation reporting within practices had been reduced.

## 11.2.1

- 7.1.3 Preparation was underway for the flu vaccination programme with further guidance expected imminently. Due to Covid-19 there would be a likely increased provision to a wider population. The expectation was that vulnerable groups would be addressed first from September onwards.
- 7.1.4 It was anticipated that there would be increased challenges in the current year due to the requirement for PPE usage and associated costs. The increase in provision and time required to undertake vaccinations due to the increased infection control measures would require management. Work was underway through the Dorset Flu Group and PCNs had undertaken a proactive approach with review and identification of additional facilities including school halls for the provision of vaccinations.
- 7.1.5 A review was underway for Improving Access to General Practice Services (IAGPS) in Dorset. Indication from NHSE was that the re-establishment for future delivery was expected to be a combined model for extended hours and improving access. This would be delivered through the PCN Directed Enhanced Services (DES) which would have implications for the current Integrated Urgent Care (IUC) Service.
- 7.1.6 The PCNs had provided support to the system with Covid-19 Antibody testing. Work was underway to manage demand as the testing rolled out across different sectors.
- 7.1.7 Financial support for General Practices would be provided for additional costs related to Covid-19 for August and September with the expectation that this would move to a cost envelope situation in October. Further guidance was awaited in relation to the financial management of PPE.
- 7.1.8 The Clinical Commissioning Local Improvement Plan (CCLIP) had been updated following consultation with the Primary Care Reference Group (PCRG) to incorporate the impact of Covid-19.
- 7.1.9 Work was underway through the Primary Care Digital Working Group to develop business cases for the future delivery of digital services. Current service provision included the use of digital platforms which had not incurred any associated costs however there would be a potential cost for future provision of services.
- 7.1.10 The Healthwatch Representative updated that Healthwatch had published two reports regarding work during Covid-19 : Care Home Focus Group: What is it Like to Live and Work in a Care Home During Covid-19 which focussed on the experience of Care Home Managers and The Doctor Will Zoom You Now:

# 11.2.1

Getting the Most out of the Virtual Health and Care Experience which focussed on patient experience of accessing care through electronic video conferencing. Feedback had been included with recommendations for improvement and both reports would be circulated to the Committee.

MG/LT

7.1.11 The LMC Representative noted the support provided by the CCG to Primary Care in response to the pandemic. The LMC had worked with other CCGs across the Wessex region and Dorset had been held as an exemplar in relation to the work undertaken in challenging circumstances.

7.1.12 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 Difficulties had been encountered as part of the local savings plan in relation to the cost implications with Covid-19. Work was underway with the Head of Medicines Management and the Finance directorate to set out the prescribing budget position and associated risks for the next iteration of the report.

SSa

7.2.3 High volume areas of prescribing continued and had not reduced to the pre-Covid-19 levels. There was a risk this would become a financial challenge as it was unknown whether the prescribing levels would be recognised as a Covid-19 cost. Electronic Repeat Dispensing (eRD) could assist with controlling levels of overprescribing and work was underway to manage prescribing behaviours. The Covid-19 prescribing profile by local area would continue to remain part of the Medicines Optimisation report.

7.2.4 Category M drugs costs remained an area of concern.

7.2.5 The Committee noted the significant reduction in Opioid prescribing. This would remain a focus area to maintain progress.

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

## 7.3 Primary Care Training Hub

7.3.1 The Workforce Delivery Programme Manager introduced the Primary Care Training Hub Report.

## 11.2.1

- 7.3.2 The launch of the Primary Care Training Hub had taken place in July 2020. Work was underway with the PCNs to identify both individual and wider training needs. Key themes included retention and recruitment and provision of support.
- 7.3.3 A leadership offer had been launched as a key area to support PCN development as an organisational establishment. This would link in with management training and was delivered in bite-size modules to allow accessibility to undertake as part of the role.
- 7.3.4 A series of webinars had been developed to provide information on the range of additional roles available to practices. There had been good representation from the PCNs with positive feedback received.
- 7.3.5 A proposal for Clinical Placement Expansion had been submitted to Health Education England (HEE) to obtain support to practices for student placements. Funding from the CCG and NHSE South West would support development.
- 7.3.6 It was noted that Patient Participation Groups (PPGs) could be used to engage with patients and the public regarding the development of training initiatives.
- 7.3.7 The Committee queried what horizon scanning had been undertaken regarding the future workforce expectations to support work aspects, for example, community diagnostics. Work was underway with PCNs as part of the extended GP role portfolio to support the development of new skills. The Committee noted the Training Hub was one provider of support and there was ongoing connection with the Royal College of GPs and other areas of support.
- 7.3.8 There was concern that with the expansion of roles, there could be a risk of less defined roles and the associated required competencies. The Committee sought reassurance that there would be appropriate supervision for any such new roles to ensure safe practice. The Workforce Delivery Programme Manager said that there was a New to Practice Framework which provided support and appropriate supervision regarding the implementation of the new roles. This would also be covered within the DES contractual framework.
- 7.3.9 The Committee **noted** the Primary Care Training Hub Report.

## 8. **Public Health Update**

### 8.1 **Local Outbreak Management Plans Verbal Update**

8.1.1 Due to the unavailability of Public Health representation, the Local Outbreak Management Plans Verbal Update was deferred to the next meeting.

LT

## 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 October 2020, venue to be confirmed.

## 11. **Exclusion of the Public**

11.1 Although there were no members of the public present, it was resolved that representatives of the Press and other members of the public would be excluded from the remainder of the meeting having regard to the confidential nature of the business transacted, publicity of which would be prejudicial to the public interest.

APPROVED