

NHS DORSET CLINICAL COMMISSIONING GROUP

PRIMARY CARE COMMISSIONING COMMITTEE

7 OCTOBER 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 7 October 2020.

Present: Jacqueline Swift, Governing Body Lay Member and Chair of the Primary Care Commissioning Committee (JS)
Tim Goodson, Chief Officer (TG)
Blair Millar, Governing Body GP Representative (BM)
Ravin Ramtohal, Governing Body GP Representative (RR) (Part)
Vanessa Read, Director of Nursing and Quality (VR)
Nikki Rowland, Chief Finance Officer (NR)
Kay Taylor, Governing Body Lay Member and Deputy Chair, Primary Care Commissioning Committee (KT)

In attendance: Kate Calvert, Deputy Director of Primary and Community Care (KC)
Katherine Gough, Chief Pharmacist (KG) (Part)
Margaret Guy, Healthwatch Dorset Representative (MG)
Steph Lower, Corporate Office Manager (Minute taker) (SL)
Andy Purbrick, Wessex LMC (Wessex Local Medical Committees) Representative (AP)
Charles Summers, Director of Engagement and Development (CS)

		Action
1.	Apologies	
1.1	Sam Crowe, Director of Public Health Dorset Sally Sandcraft, Director of Primary and Community Care.	
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 of Interest were made as follows:- - Agenda item 7.1 – Medicines Management Report: - Dr Blair Millar, Governing Body GP Representative - Dr Ravin Ramtohal, Governing Body GP Representative	SL

Both Governing Body GP representatives would be conflicted in relation to approving the payment of £0.20 per audit per patient as this would be general practice income. They would be allowed to remain for the discussion and decision but would not be able to participate in the vote.

Dr Andy Purbrick would also be conflicted but as he was not a voting member, there would be no further action required.

- 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 5 August 2020 were **approved**.

5. Matters Arising

- 5.1 There were no further matters arising.
- 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 had no matters to update.

7. Reports

7.1. Medicines Optimisation Report

The Governing Body GP Members had an interest in this item. Both were allowed to remain for the discussion and decision but would not participate in the vote.

- 7.1.1 The Chief Pharmacist introduced the Medicines Optimisation Report.
- 7.1.2 During the first six months of the financial year there was no allocated prescribing budget to forecast and monitor against. Additional cost forecasting had been undertaken and a number of potential cost pressures had been identified, some of which were outside of local control and unknown.
- 7.1.3 There was the potential for a £6M-£10M prescribing overspend, however once the actual allocation had been worked through for months 7-12, a more rounded forecast could be made.

- 7.1.4 Although there had been a savings plan in place pre-Covid-19, due to the pandemic it was unlikely those full savings would be reached.
- 7.1.5 A number of medicines optimisation improvements were ongoing across the system including the better transfer of care around medicines from one setting to another.
- 7.1.6 The two Medicines Optimisation Audits proposed for practices to run from October 2020 to August 2021 were in relation to Direct-Acting Oral Anticoagulants (DOACs) and Opioids. Along with the approval request for the Audits, the Committee was asked to approve an option to pause work on the audits should a second wave of the pandemic impact primary care workloads.
- 7.1.7 The financial envelopes were out for months 7-12, but the increased cost in prescribing was not recognised centrally, despite a number of areas being outside of local control. Lobbying continued and the South West CCGs were working together to gain a collective understanding of the position.
- 7.1.8 In relation to the UK's transition out of Europe, the Committee noted it was deemed there would be sufficient medicine stockpiles in the short term, but the long-term position would be dependent on trade deals and outside of local control.
- 7.1.9 Regarding the Covid-19 peak in prescription ordering, it was hoped the implementation of the electronic repeat dispensing service would mitigate further stockpile ordering in the event of a second lockdown.
- 7.1.10 The non-conflicted members of the Committee **approved** the recommendations set out in the Medicines Optimisation Report.

K Gough left the meeting.

7.2 Primary and Community Care Commissioning Update

- 7.2.1 The Deputy Director of Primary and Community Care introduced the Primary and Community Care Commissioning Update.
- 7.2.2 There was a focus on primary care supporting the system response to the Phase 3 Recovery Plan.
- 7.2.3 General practice had been supported during the Covid-19 pandemic through the national Covid-19 funding, but this was due to cease at the end of September, so work was ongoing in relation to continued support.

Dr R Ramtohal joined the meeting.

- 7.2.4 The contractual guidance for general practice had been received and work was underway to understand what this meant in terms of deliverables moving forward.
- 7.2.5 The Primary Care Networks (PCNs) had submitted their Additional Roles plans, however the recruitment timelines could potentially cause workforce pressures.
- 7.2.6 A Primary Care Internal Audit had recently been undertaken with a focus on the processes undertaken during the Covid-19 pandemic in relation to Primary Medical Care Commissioning and the CCG had received 'substantial assurance'.
- 7.2.7 On behalf of the Committee, the Chair asked for thanks to be passed onto the Primary Care Team in relation to this achievement.
- 7.2.8 The enhanced health in care homes work continued with a focus on a multi-disciplinary team approach and a further focus on the digital aspect. All care homes were aligned to the PCNs.
- 7.2.9 One future concern highlighted was in relation to rent reimbursement which would be identified as a pressure against the primary care delegated budget. This would mean further support would be required through the core budgets. The Committee noted that other CCGs would be breaching their delegated financial envelopes as a result.
- 7.2.10 Modelling work was being undertaken with Dorset Healthcare University NHS Foundation Trust (DHUFT) in relation to the Integrated Urgent Care Service and the impact of Improving Access to General Practice. There were inbuilt inefficiencies in the operating model, and the Committee noted if the funding was removed, there would be a cost pressure to the CCG.
- 7.2.11 Healthwatch Dorset had undertaken a survey in relation to patient experience regarding access to GP services during and post lockdown. The results would be published in the coming weeks.
- 7.2.12 Weymouth and Portland Patient Participation Group (PPG) planned to send out a similar survey regarding access to GP services and information, particularly in relation to those patients who were unable to access the internet.

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- 7.2.13 A number of other PCNs had been looking at patient experiences and the impact of Covid-19 and the Committee directed it be established whether the Weymouth and Portland PPG survey had yet been undertaken. KC
- 7.2.14 Good progress continued to be made in supporting digital first primary care across Dorset. Laptops had been procured to enable GP remote working from home and there was a need to ensure funding remained available for such investments if remote working became a future way of working.
- 7.2.15 The Committee acknowledged the work of the IT Team in ably supporting not only primary care but the wider CCG remote working requirements due to the Covid-19 pandemic.
- 7.2.16 The Committee **noted** the Primary and Community Care Commissioning Update.
- 7.3 General Practice Patient Survey 2020**
- 7.3.1 The Director of Nursing and Quality introduced the General Practice Patient Survey 2020 report.
- 7.3.2 The survey took place prior to the Covid-19 pandemic and overall, responses were generally positive for Dorset. The response rate from Dorset patients was higher than the national average but there continued to be a steady decline in responses year on year.
- 7.3.3 The key points had been pulled out in terms of a number of areas which required more focus. Those practices who had received poorer results would be provided with specific support through the Primary Care Team. Due to the different demographics, it was suggested a more bespoke offer to particular practices or within a PCN could be worth exploring.
- 7.3.4 The survey provided a snapshot of feedback and the results would be triangulated with other patient forum feedback to enable a rounded picture.
- 7.3.5 Concern was raised regarding the new digital ways of working, for example, E-Consult, and the potential impact of inequality of access to GP services, particularly for the vulnerable and hard to reach groups.
- 7.3.6 Work undertaken in the Weymouth and Portland area had estimated that the proportion of people who may not have internet access could be as high as 30% and the Committee

noted the planned Weymouth and Portland PPG survey would be undertaken via the postal service.

- 7.3.7 It was recognised that the Communications team continued to work to get messages out through other media channels.
- 7.3.8 Regarding accessibility of GP services, there needed to be a balance in terms of new ways of working versus traditional ways and in the wider context, a group would be formed to look at health and inequalities across the system including the role of voluntary sector partners. One avenue to more fully explore access to GP services could be through the PPGs and the Director of Engagement and Communications offered to take off-line and explore further through the PPG network to provide an insight.
- 7.3.9 It was noted that a number of elderly patients were using digital technology and the increased contact with care homes via video had proved positive.
- 7.3.10 There was a potential safeguarding concern regarding relatives and carers using digital access to GP services on behalf of elderly patients and there was a need to explore how best to mitigate against any potential risks.
- 7.3.11 It was recognised that the pre-Covid-19 survey questions would not be relevant for the new ways of working and any post-Covid-19 survey.
- 7.3.12 The Committee **noted** the General Practice Patient Survey 2020 report.

7.4 Public and Patient Engagement in Primary Care Annual Update

- 7.4.1 The Director of Engagement and Development introduced the Public and Patient Engagement in Primary Care Annual Update.
- 7.4.2 During the Covid-19 pandemic the PPG network had been utilised to support practices by sending key messages to patients.
- 7.4.3 The Mental Health Integrated Community Care view seeking survey in relation to current service provision was progressing well.
- 7.4.4 The Committee acknowledged the many messaging programmes being managed by the Communications and Engagement Team, particularly during the Covid-19 pandemic,

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and directed their thanks be passed on for the Team's continued hard work.

7.4.5 The Committee noted the Healthwatch 'The Doctor Will Zoom You Now' insight report had been circulated widely and contained a number of recommendations on getting the most out of the virtual health and care experience.

7.4.6 For the forthcoming World Mental Health Day, Healthwatch Dorset had put together a video based on people's feedback regarding their own mental health journey.

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

8. Public Health Update

8.1 Local Outbreak Management Plans Update

8.1.1 The Chief Officer introduced the Local Outbreak Management Plans Update on behalf of Public Health.

8.1.2 Covid-19 cases in Dorset had risen above the Level 1 20 cases per 1,000 population in 7 days, but Dorset remained considerably lower than other areas within the country. Level 2 escalation would potentially mean tighter restrictions at a local level.

8.1.3 The public sector Strategic Command Gold (SCG) group had been stood back up and continued to monitor the position. The SCG and associated tactical groups provided a multi-agency response and any learning from Covid-19 related incidents would be shared across the system.

8.1.4 Testing capability remained a concern and although the local Creekmoor site was fully operational, the booking portal was managed nationally and was causing frustrations for those unable to book a local test with areas of higher outbreaks being prioritised. This had been fed back nationally.

8.1.5 There were a number of risks and issues highlighted by Public Health Dorset including capacity issues and the Committee was keen to understand how those risks would be managed.

8.1.6 In relation to the testing capability risk, there had been a reliance on other areas with tests subsequently being sent to Bristol. Nationally, reagents had been reallocated to the areas of highest demand, however new testing equipment would be available which used a different reagent.

- 8.1.7 The Committee noted that compliance with self-isolation was an inherent risk that to an extent was unenforceable. National messaging had been increased and the Police were enforcing fining.
- 8.1.8 Not all risks/issues could be mitigated and it was recognised that a second wave/increase in cases would in turn increase capacity pressures, not only within Public Health Dorset, but across the system.
- 8.1.9 The Committee noted the Local Outbreak Management Plans Update.

9. **Any Other Business**

- 9.1 There was no other business.

10. **Date and Time of the Next Meeting**

- 10.1 The next meeting of the Primary Care Commissioning Committee would be held virtually at 2pm on Wednesday 2 December 2020.

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.