

NHS DORSET CLINICAL COMMISSIONING GROUP

PRIMARY CARE COMMISSIONING COMMITTEE

2 DECEMBER 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 2 December 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)
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: Margaret Guy, Healthwatch Dorset Representative (MG)
Steph Lower, Corporate Office Manager (SL)
Pam O'Shea, Deputy Director of Nursing and Quality (POS)
Louise Trent, Personal Assistant (minute taker) (LT)
Joanne Wilson, Head of Programmes, Public Health Dorset (JW)

		Action
1.	Apologies	
1.1	Sam Crowe, Director of Public Health Dorset. Vanessa Read, Director of Nursing and Quality	
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 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.	
4.	Minutes	
4.1	The draft minutes of Part 1 of the meeting held on 7 October 2020 were approved as a true record.	

4.2 The minutes of the Primary Care Reference Group held on 14 October 2020 were **noted**.

4.3 The minutes of the Primary Care Reference Group held on 4 November 2020 were **noted**.

JW joined the meeting.

5. Matters Arising

5.1 7.2.11 – Healthwatch Dorset health and social care during Covid-19 patient experience survey. The report was available on the Healthwatch Dorset website and a link would be provided.

MG/LT

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 A meeting had been undertaken with the Primary Care Commissioning Committee Chair of the Devon CCG. This had highlighted the opportunity to develop contacts across the South West and would be discussed further with the CCG Chair. Devon CCG invited NHS England (NHSE) to attend their PCCC meeting on an annual/bi-annual basis to report on parts of the primary care services directly commissioned. This had been discussed with the Director of Primary and Community Care for consideration of possible incorporation into Dorset CCG's PCCC business going forward.

6.3 The Committee noted that this would be the Chair's final meeting. The work undertaken by the Chair and the progress made by the Committee to develop primary care from joint commissioning to delegation was recognised. The Chief Executive thanked the Chair on behalf of the Committee and noted her role as a champion for Primary Care on the Governing Body.

6.4 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.

11.2.2

- 7.1.2 Access to General Practice services had continued during Covid-19 through a different delivery model. During the first peak of Covid-19 a reduction in patients accessing the service had been seen however this had now significantly increased. Service delivery had moved to a larger utilisation of digital technology however it was recognised that this did not work well for all population groups with patients being seen face-to-face when required.
- 7.1.3 A national directive was to cease routine work in General Practice during the first peak of Covid-19 but this was now being reintroduced, especially in relation to the monitoring required for long-term health conditions. This had provided the opportunity to progress known areas of health inequalities with targeted health checks for both Learning Disabilities (LD) and Serious Mental Illness (SMI) with a positive trend anticipated. The health inequality work also related to targeting patient groups for immunisations, cervical screening and flu vaccinations.
- 7.1.4 The flu vaccination rate showed 67.2% of the eligible population had been vaccinated compared to 54.2% last year which equated to 46,000 extra vaccines administered. The Committee noted this had been achieved through both streamlined and innovative delivery methods and would provide a foundation for provision of the Covid-19 vaccination.
- 7.1.5 Non-recurrent support had been provided to General Practice in recognition of the current challenges alongside the NHSE General Practice Covid-19 Capacity Expansion Fund. The guidelines for the allocation determined areas that linked to increasing capacity, health inequalities and support to vulnerable population groups. Additional non-recurrent resources had been received to support Leadership and Organisational Development in Primary Care Networks (PCNs) and General Practice with engagement underway with PCN Clinical Directors (CDs) to take forward.
- 7.1.6 The Primary Care delegated budget at month 7 forecasted a potential overspend of £1M which was linked to uncertainty regarding national funding arrangements. This was subject to monitoring and the ambition remained to achieve the budget at year-end.
- 7.1.7 Work had been underway with PCNs in conjunction with Dorset Healthcare (DHC) to mobilise the Covid-19 virtual ward. This supported monitoring the health of Covid-19 positive patients alongside work to provide support for people with long-Covid to determine ongoing rehabilitation needs.

11.2.2

- 7.1.8 Extensive work had been underway to determine a state of readiness across PCNs for the imminent Covid-19 vaccine roll out. This included identification of designated sites for vaccine delivery. A 'roving' model was being determined with General Practice and community services to support sections of the population unable to attend mass vaccination sites. This was in line with national priority and the characteristics of the available vaccine. The Pfizer vaccination had been determined as only appropriate for delivery at the mass vaccination site due to the characteristics of the vaccine not being easily transportable.
- 7.1.9 The Committee noted the announcement that a vaccination was now available and queried the planned public engagement and the programme to target certain groups including travellers and the homeless. The Deputy Director of Nursing and Quality said there was currently a political directive that no communication be released at this time. The vaccine would be delivered in a tiered process and the aforementioned population groups had been identified within that process.
- 7.1.10 The Committee recognised the difficulties for GPs to undertake the vaccination programme within Primary Care. These concerns had been discussed through the CDs and DHC and it was anticipated that a newly-released specification would address the concerns. Retired GPs and non-clinical personnel had expressed an interest in being involved to assist the programme.
- 7.1.11 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 There was a projected overspend on prescribing due to a number of factors including Category M drugs. The Medicines Team had been working to support General Practice and PCNs to improve spend. Data collected in the Dorset Insight Intelligence Service (DiiS) assisted with understanding differentiations in the networks and with targeting work for cost effective quality prescribing.
- 7.2.3 The Medicines Team had been concerned regarding the peaks in prescribing during Covid-19 in relation to the ambition to reduce unnecessary antibiotic prescribing however this remained on track to meet the target.

7.2.4 Work was underway through the Medicines Optimisation Group with PCNs regarding Category M prescribing and with the Finance Team to address medicine spend.

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

8. Public Health Update

8.1 Children and Young People's Public Health Update

8.1.1 The Head of Programmes, Public Health Dorset introduced the Children and Young People's Public Health Update

8.1.2 The initial five months had seen good progress in service delivery including mandated health checks. The challenges regarding Covid-19 had been reflected in the mobilisation of the service with prioritisation work from April onwards in line with national guidelines work. Face to face contact had reduced with the use of digital and Attend Anywhere rolled out at scale which would be built into the service delivery model going forward.

8.1.3 Areas of the service had continued throughout Covid-19 with an uptake seen in the chat service for young people to support emotional health and wellbeing. The National Childhood Measurement Programme (NCMP) had been stopped however a good level of quality data had already been obtained.

8.1.4 Multi-agency work had continued with additional support provided to vulnerable families. Contact visits across the various pre-school ages had been reintroduced with a prioritisation to catch up older children for school readiness.

8.1.5 The first Annual Conversation engagement programme had been held in October. This provided a stakeholder engagement process to inform the service development with a focus on areas of challenge and opportunity. The service was part of a wider partnership approach and the Annual Conversation had taken the approach of what could be undertaken collectively across the two Local Authority (LA) areas.

8.1.6 Recommendations from the Annual Conversation included specialist work on Autism Spectrum Disorder (ASD) pathway and Special Education Needs and Disability (SEND) and Speech and Language Therapy (SALT) programmes. Information sharing at locality levels had been positive with further work underway regarding information sharing across the system.

8.1.7 The Committee noted the concern already seen regarding the provision of health visits prior to Covid-19, especially in relation to the Bournemouth, Christchurch and Poole (BCP) Council area and the ongoing pressure to recover those missed during the pandemic. The Head of Programmes, Public Health said that work was underway in that area and exception reports were provided. There was a focus on prioritisation with a half-year catch up for delayed checks. Digital opportunities were being utilised which would free up capacity to provide additional appointments.

8.1.8 In relation to school readiness, the Committee was concerned with how outcomes were measured. The data was reviewed to identify improvements that could be made and the opportunity to undertake additional checks as required. Work was underway with the intelligence team to produce a dashboard to interrogate the available data at different levels and monitor the contract, however the development had been delayed in the current climate.

8.1.9 The Committee **noted** the Children and Young People's Public Health Update

8.2 **Public Health Pandemic Response Verbal Update**

8.2.1 The Chief Officer introduced the Public Health Pandemic Response Verbal Update on behalf of Public Health.

8.2.2 There had been a significant reduction in the number of cases per 100,000 in both BCP and Dorset Council areas and a reduction in Covid-19 positive cases in hospital beds.

8.2.3 Concern remained regarding the current tier system with the break over Christmas and the possible consequence on case numbers, however the current position was more positive moving into the Christmas and the New Year period.

8.2.4 The Committee noted the Public Health Pandemic Response Verbal Update.

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 virtually at 2pm on Wednesday 3 February 2021.

11. Exclusion of the Public

- 11.1 It was 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.

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