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NHS DORSET CLINICAL COMMISSIONING GROUP (CCG)
PRIMARY CARE REFERENCE GROUP (PCRG)

10 JANUARY 2018 NOTES

A meeting of the Primary Care Reference Group of NHS Dorset Clinical Commissioning Group was held at 14:00hrs on Wednesday 10 January 2018 at Vespasian House, Dorchester, DT1 1TG.

Present:
Craig Wakeham, CCG Chief Clinical Information Officer (CW) – PCRG Chair
Simon Rees, CCG Clinical Lead, PCRG Interim Chair (SR)
Anu Dhir, CCG Clinical Lead, Primary Care Development (AD)
Karen Kirkham, GP Representative West Cluster – Weymouth & Portland (KK)
Blair Millar, GP Representative West Cluster – West Dorset (BM)
Jenny Bubb, GP Representative West Cluster – Mid Dorset (JB)
Nick Evans, GP Representative Mid Cluster – Poole Bay (NE)
David Haines, GP Representative Mid Cluster – Purbeck (DH)
Mufeed Ni'man, GP Representative East Cluster – East Bournemouth (MN)
Ben Sharland, GP Representative East Cluster – Central Bournemouth (BS)
Judith Young, PM Representative East Cluster – North Bournemouth (JY)
Justine McKay, PM Representative West Cluster – Mid Dorset (JM)
Rob Payne, CCG Head of Primary Care (RP)
Luna Hill, CCG Principal Primary Care Lead (LH)
Sally Sandcraft, CCG Director (SS)
Emma Wilson, CCG Senior Primary Care Lead (EW)
Joanne Magern, CCG Primary Care Programme Lead (JM)
Jane Thomas, CCG Primary Care Programme Officer (JT)
Chloe Longman, CCG Admin Support, Primary Care Team (CLo) *Note Taker*

Apologies:
Claire Lehman, CCG Clinical Lead, Primary Care Quality – PCRG Chair (CL)
Forbes Watson – CCG Clinical Chair (FW)
Ravin Ramtohal – GP Representative East Cluster – Christchurch (RR)
Sue Richards, PM Representative Mid Cluster – East Dorset (SR)
Carole Cusack – LMC Director of Primary Care (CC)
Andy Purbrick – LMC Medical Director (AP)
Ann Bond – CCG Principal Primary Care Lead (AB)
Hannah Morris – CCG Deputy Finance Director (HM)

Action

1.1 Welcome and Apologies

CW welcomed everyone to the meeting and introductions were made. Apologies received. It was noted CW is Chairing the meeting in CL's absence. SR will be interim Chair for future meetings in CL's absence.

1.2 Declaration of Interest Forms

DOI forms (Enclosure A) were made available prior to the meeting for any additional declarations. No additional declarations were received for this meeting.

1.3 Notes and Matters Arising from previous meeting

The notes from the previous meeting (Enclosure B) were reviewed and agreed by all. Ongoing actions are covered within the agenda for the meeting.

At the last meeting it was agreed to have Practice Nurse representation at future PCRG meetings. LH is currently in discussion with Quality team to identify Practice Nurse interest. Hoping to have Practice Nurse representation in place by April. It was agreed funding would be available for backfill. Payment will be made to practices to decide how it will be used. LH

1.4 PCCC Update

LH provided an update from the Primary Care Commissioning Committee. Feedback received from the Lower Limb Ulceration/CCLIP/ PMS allocation. Community Based Surgery LES – no specifics were taken to the meeting due to complexities and should be agreed during this meeting.

Key messages taken from the PCCC were around Learning Disability checks and the position of CCG. Percentages are still fairly low. Primary Care team currently working with Quality team who recognise the concern in this area and will include in discussion during practice visits. Looking to work with Dorset HealthCare to ensure SystmOne highlights diagnosis of LD patients, making it easier for practices to identify them. Hoping to collaborate with Public Health with all health checks, ensuring equal assessment after diagnosis. DH suggestion to work with CCG Comms & Engagement team to produce a letter in invitation style for practices to send to patients (to be produced with LD patients). It was agreed to look into this idea and LH would action. LH

Resilience – PCCC recognises a lot of work is already in progress within practices but need to build further in practice plans and business continuity plans.

1.5 Locally Commissioned Services
Draft Summary of Re-investment

Principles were taken to PCCC and approved. Task and Finish Group in place currently looking at applying these principles. Proposal drafted on how to deliver specifics including funding elements. Hoping for PCRG recommendation to take to committee. DH – important to consider how we are delivering a phlebotomy service and not duplicate what is already taking place in Secondary Care. Phlebotomy is currently under resourced in Primary Care which needs to be recognised and improved long-term.

Principles of re-investment agreed and now in a position to approve finer details. Important to solidify Primary Care base to enable working in a resilient way. Recognition needed to address any list size uplifts. DH highlighted Minor Surgery and the need to be as flexible as possible to support practices carrying out Secondary Care work. CW felt that a reinvestment of funding should not be used to fund Secondary Care work.

Draft Quarterly Returns Form

Any comments to be sent to EW. Important to be shared at this early stage before implementation in April. Practices should understand why they are being asked to provide this level of data and this should be detailed in narrative provided. Primary Care team will be working directly with practices to allow for development. Small number of practices to trial in outset – JY volunteered for this.

Draft CCLIP 18/19 Specification

Principles to continue working around engagement and transformation, focussing specifically on Diabetes. Needs to be further refined.

Demand Management – theme still around working collaboratively, system wide. Currently need more information from groups already running (Elective Care/Demand Management). May be able to use services already in place and actively work to improve them. Important not to overload practices and keen to achieve within[?] what is already happening. Consistent approach is needed, and could include producing locality reports, identifying changes already made.

Principles are supported, extra work required on narrative. Some localities have pooled money to allow better use of time and resources. Opportunity should be available to resolve any issues before implementation.

SS

DH raised concern around the Prescribing element – important not to duplicate with Medicines Optimisation group. SSa to take DH concerns to discuss with Katherine Gough at this forum.

1.6 Commissioning Intentions Comms 18/19

Important to ensure everything is clear before going to practices. Any feedback to be sent to EW. Communication of consequence of what was earlier agreed. Positive feedback already received. Looking to be as transparent as possible.

1.7 Any Other Business

DH raised the Community Diabetic Service that has been implemented in Purbeck. This service has shifted a lot of care for people going into hospital into practices. This may be the next phase of thinking about resources needed for long term condition management. Important to consider what resource is needed for the cohort of patients outside of Secondary Care. Also need to think about workforce development for staff

and the future resources needed. It was agreed at the December OFRG meeting that ACS funding is available for this and it was also agreed to take a small number of business cases to the group in March. Need to look at service utilisation costs including social care per patient, to allow more transparency of where money is being spent. Intelligence should be utilised to address this. Deeper conversations are needed to focus on how Primary Care can integrate with Secondary Care. Group to consider for the next PCRG what areas to focus on over the next six months, develop some proposals and obtain feedback from everyone, linking to the PCSIG.

1.8 Date of Next Meeting

Wednesday 21 March 2018, 9.00am – 11.00am