

**NHS DORSET CLINICAL COMMISSIONING GROUP  
PRIMARY CARE COMMISSIONING COMMITTEE**

**2 AUGUST 2017**

**PART ONE PUBLIC - MINUTES**

Part 1 of the Primary Care Commissioning Committee of NHS Dorset Clinical Commissioning Group was held at 2pm on 2 August 2017 at Vespasian House, Barrack Road, Dorchester, Dorset, DT1 1TG.

**Present:** Jacqueline Swift, Chair of the Primary Care Commissioning Committee (JS)  
Anu Dhir, Primary Care Lead (AD)  
Tim Goodson, Chief Officer (TG)  
Claire Lehman, Primary Care Lead (CL)  
Mufeed Ni'Man, Locality Lead for East Bournemouth (MN) (part)

**In attendance:** Martin Davies, Independent Lay Member (MD)  
Laura Edwards, LMC Representative (LE) (part)  
Katherine Gough, Head of Medicines Management (KG)  
Margaret Guy, Vice Chair, Healthwatch Dorset (MG)  
Councillor Jill Haynes, Dorset Health and Wellbeing Board (JH)  
Conrad Lakeman, Secretary and General Counsel (CGL)  
Eleanor Parson, Head of Workforce (EP) (Part)  
David Phillips, Director of Public Health (DP)  
Nikki Rowland, Deputy Financial Officer (NR)  
Sally Sandcraft, Deputy Director of Service Delivery (SSa)  
Louise Trent, Personal Assistant (LT)

**Observing:** Roy Plowman, Auditor, TIAA (RPI)

	<b>Action</b>
<p><b>1. Apologies</b></p> <p>Stuart Hunter, Chief Finance Officer (SH) David Jenkins, Vice Chair, Primary Care Commissioning Committee (DHJ) Mike Wood, Director of Service Delivery (MW)</p>	
<p><b>2. Quorum</b></p>	
<p>2.1 It was agreed that the meeting could proceed as there was a quorum of Committee members present.</p>	

### 3. **Declarations of Interest**

3.1 Declarations of Interest were made as follows:

- The Primary Care Lead (CL) declared an interest in agenda item 7.1 – Section 96 Protocol.

It was agreed she could remain for the debate but could not vote on the issue.

### 4. **Minutes**

4.1 The draft minutes of Part 1 of the meeting held on 7 June 2017 were **approved** as a true record.

### 5. **Matters Arising**

5.1 7.1 – Dorset Sustaining and Transforming Primary Care. The Committee noted that the first iteration of the locality plans had been shared with the Deputy Director of Public Health.

5.2 7.2.3 – Summary of 2017/18 GMS/PMS and APMS Contract Changes. This had been covered by the Medicines Optimisation Group.

5.3 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.

### 7.1 **Section 96 Protocol**

**The Primary Care Lead (CL) declared an interest. It was agreed she could remain for the debate but could not participate in the decision.**

7.1.1 The Deputy Director of Service Delivery introduced the Section 96 Protocol Report.

7.1.2 There was a provision within primary medical services enabling a Commissioner to provide financial support to practices under significant pressure. The CCG had been providing support to vulnerable practices and had developed a framework which would ensure transparency when considering any financial assistance.

7.1.3 The Committee noted the Chief Finance Officer had reviewed the framework and was supportive of the principles but further noted that the framework was to be applied only in exceptional circumstances as there was limited resource available.

7.1.4 In response to a question from the Director of Public Health regarding why the pensionable earnings figure in excess of £99,969 was so precise. The rationale behind the figure had been that the CCG would not provide additional funding in instances where high earnings for individual practitioners was evident and the figure had been calculated by reference to various frameworks.

7.1.5 The Committee **approved** the recommendations set out in the Section 96 Protocol Report.

## **7.2 Primary Care Update**

7.2.1 The Deputy Director of Service Delivery introduced the Primary Care Update.

7.2.2 The update contained the new reporting format requested by the Committee.

7.2.3 The four practice mergers which had been reviewed at the June meeting were all on track to merge as planned. The Boscombe Manor practice had closed at the end of June 2017.

### **The Locality Lead for East Bournemouth and the LMC Representative joined the meeting.**

7.2.4 Work had begun on accelerated plans to improve access to GP services. This would be taken forward to seek expressions of interest from local GPs and there was resource available from NHS England to provide support to the programme.

7.2.5 The Estates and Technology Transformation Fund (ETTF) business cases approved at the last meeting had now been submitted. Detailed progress reports would be brought to the Committee at key milestones.

7.2.6 The work on mail transport services had been progressing and an update on the position would be made to the October meeting.

7.2.7 The CCG had been working with the LMC regarding the Capita services issues. Work was ongoing with NHS England to raise this at a national level.

SSa

- 7.2.8 The Committee was concerned with the update on Learning Disability Health Checks and queried why the percentage of patients receiving the checks had further reduced. The Deputy Director of Service Delivery said the Learning Disability Commissioning Team was leading in that area and had produced a report. The Committee directed that the report be brought to the October meeting. SSa
- 7.2.9 The Committee was concerned with the ETTF timetable being too challenging for new capital development.
- 7.2.10 The Committee noted the position regarding the Old Dispensary Practice. The Deputy Director of Service Delivery confirmed the practice had been advised that their request would not be supported and they had initiated the dispute process. The Committee directed that an update be reported at the next meeting. SSa
- 7.2.11 The Committee was concerned regarding the position of the Integrated Community Services and Primary Care Steering Group within the organisation. The Committee directed that a diagram be circulated to provide an understanding of the process. SSa
- 7.2.12 The Committee directed that the Primary Care Lead (CL) meet with the Christchurch Locality Lead to discuss the themes and trends in the locality highlighted by the Outcome Framework. CL
- 7.2.13 The Committee **noted** the Primary Care Update.
- 7.3 Medicines Optimisation Group Report**
- 7.3.1 The Head of Medicines Management introduced the Medicines Optimisation Group Report.
- 7.3.2 The Director of Public Health queried the position with the significant quantity of pseudoephedrine supplied on prescription to patients. The Head of Medicines Management confirmed the issue had been identified and the High Risk Medical Assessments (HRMA) had been approached but had been unresponsive. There was ongoing work to establish the way forward to curb this prescribing.

7.3.3 The Committee noted the position on 'Category M' savings. The price of Pregabalin had dropped by 96% and the CCG had anticipated significant savings which had been built into the control target. Notice had now been received advising that savings would be held by NHS England with the funds released to the CCG on achievement of the control total. The Committee noted this would be challenging to achieve.

7.3.4 The Committee **noted** the Medicines Optimisation Group report.

## 7.4 Workforce Planning

7.4.1 The Head of Workforce introduced the report on Workforce Planning.

7.4.2 Each locality had been provided with a first draft of their individual workforce profile.

7.4.3 The Head of Workforce noted that an update on vulnerable practices had been discussed at the April meeting of the Committee and this would be combined with workforce planning to provide a complete overview.

7.4.4 There was a recognised difficulty with the recruitment of practice nurses as there was currently no structured practice nurse programme.

7.4.5 The Director of Public Health noted the ongoing challenge of home help recruitment. The Head of Workforce confirmed that this had been identified by the Dorset Workforce Action Board (DWAB) and was part of the critical work programme to deliver transformation.

7.4.6 The Committee **noted** the Workforce Planning report.

## 8. Public Health Update

8.1 The Director of Public Health introduced his Public Health update.

8.2 There had been contribution to the Prevention at Scale (PAS) approach through joint working on the emerging transformation plans for localities.

8.3 The Committee directed that progress of the PAS be reported at the next meeting.

8.4 The Committee **noted** the Public Health update.

EP

DP

## 9. Any Other Business

9.1 The Deputy Director of Service Delivery said that Primary Care had been identified as a workstream of the ACS nationally. This had created an opportunity to accelerate some work programmes. Regular updates would be provided to the Committee.

9.2 The Vice Chair of Healthwatch updated that Healthwatch had published a report - 'Registering with a GP practice and booking appointments'.

9.3 The Deputy Director of Service Delivery would provide a summary of the findings and the patient survey results in the next Quality Report.

SSa

9.4 The Committee noted the results from the patient satisfaction survey across Dorset had been published. This had shown satisfaction above the national average with some practices receiving a 100% rating.

9.5 The Dorset Health and Wellbeing Board Representative noted increasing dissatisfaction with GPs informing patients of issues with the District Nurse Service. The Committee directed the Director of Service Delivery to investigate and report.

SSa

## 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 4 October 2017 at Vespasian House.

## 11. Exclusion of the Public

11.1 Resolved : that representatives of the Press and other members of the public, be 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.