

NHS DORSET CLINICAL COMMISSIONING GROUP (CCG)

PRIMARY CARE REFERENCE GROUP (PCRG)

13 September 2017 NOTES

A meeting of the Primary Care Reference Group of NHS Dorset Clinical Commissioning Group was held at 14:00hrs on Wednesday 13th September 2017 at Vespasian House, Dorchester, DT1 1TG and Canford House, Poole, BH12 5AG (via video conference).

Present: Claire Lehman, CCG Clinical Lead, Primary Care Quality (CL) – PCRG Chair
 Anu Dhir, CCG Clinical Lead, Primary Care Development (AD)
 Mufeed Ni'man, GP Representative East Cluster – East Bournemouth (MN)
 Becky Collins, GP Representative East Cluster – Christchurch (BC)
 David Haines, GP Representative Mid Cluster – Purbeck (DH)
 Lawrence Lear, GP Representative Mid Cluster – East Dorset (LL)
 Jenny Bubb, GP Representative West Cluster – Mid Dorset (JB)
 Judith Young, PM Representative East Cluster – North Bournemouth (JY)
 Michelle Allen, PM Representative Mid Cluster – Poole Bay (MA)
 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 Deputy Director (SS)
 Emma Wilson, CCG Senior Primary Care Lead (EW)
 Jane Thomas, CCG Primary Care Programme Officer (JT)
 Sarah Howard, CCG Senior Programme Lead (SH)
 Hannah Morris, CCG Senior Finance and Performance Manager (HM)
 Fiona Arnold, CCG Locality Pharmacist (FA)
 Chloe Longman, CCG Administrator, Primary Care Team (CLo) *Note Taker*

Apologies

Ravin Ramtohal – GP Representative East Cluster – Christchurch
 Colin Davidson – GP Representative Mid Cluster – East Dorset
 Sue Richards – PM Representative Mid Cluster – East Dorset
 Karen Kirkham – GP Representative West Cluster – Weymouth & Portland
 Simone Yule – GP Representative West Cluster – North Dorset
 Craig Wakeham – GP Representative West Cluster – Mid Dorset
 Sarah Dummer-Wade – PM Representative West Cluster – North Dorset
 Carole Cusack – LMC Director of Primary Care
 Andy Purbrick – LMC Medical Director

Action

1.1 Welcome and Apologies

CL welcomed everyone to the meeting and introductions were made. Apologies received.

1.2 Declaration of Interest forms

It was noted that all GP Members will have conflicts of interest with items on this agenda but this is recognised in the Terms of Reference (TOR) for the group. Whilst the group is not a decision-making group and any recommendations are presented to the Primary Care Commissioning Committee (PCCC) for approval, GPs were reminded of their role as Commissioners representing the interests of patients and member practices as a whole. Updated declaration forms (Enclosure A) were made available following the previous meeting for any additional declarations. No additional declarations were received for this meeting.

1.3 Terms of Reference Review

The new Terms of Reference were explained. Amendments have been made to reflect locality representatives rather than clusters. Revised Terms of Reference **agreed**.

1.4 Notes and Matters Arising from previous meeting

The notes from the previous meeting (Enclosure C) were reviewed and agreed by all. The action tracker (Enclosure D) was reviewed. All previous actions have been completed.

1.5 Commissioning Intentions for Discussion

Commissioning Intentions 2018/19 (Enclosure E) – EW explained the document. The paper requires further review to identify new models of care, making it more equitable across Dorset. Potential development through locality planning. Three LES' to be potentially decommissioned (Caudal Epidurals, In-house Specialist Services and Audiogram Clinics) – everyone agreed for the these services to be reviewed for potential decommissioning. The decommissioning of these services would provide further scope to develop other services and also release cost pressures elsewhere in Primary Care.

CCLIP 2018/19 (Enclosure F) – some changes have been made to the previous document to make it more proactive, more clinically relevant, text has been rationalised. SS highlighted the document is mainly similar with improvement to clinical quality. More concentration on individual elements and provide more focus eg. Diabetes. Feedback was provided that it was helpful to have the document in advance before being implemented for use – everyone involved was congratulated.

DH suggested the 54p available per patient could be used to incentivise Clinical Leads in the implementation of CSR and secondary care resources. There were some concerns whether this is currently reflected in transformation. LH advised there is already incentive in place through CCLIP. CL suggested looking into clinical quality and reducing variation, incentivising clinical engagement with a clinical purpose. DH recommended practice meetings will be held twice yearly with the locality team, launching at PLTs. JY advised it can be difficult to engage BI to attend locality meetings and can prove difficult for GPs to attend meetings. CL suggested working collaboratively with Public Health which may reduce duplication. Suggestion from JB for the paper to become more specific so practices can be clear what is being signed up to.

Action – amendments to be made to reflect JB comment. Any comments from absent attendees should be received promptly to ensure quick turnaround. Group are supporting recommendation to PCCC.

EW

1.6 **Reviews – For discussion and steer**

Frailty (Over 75)

SH provided an overview of the Frailty Update paper (Enclosure G), ICPS Enhanced Frailty final draft specification (Enclosure H), key themes from practice feedback (Enclosure I) and Frailty Q&A (Enclosure J). The Enhanced Frailty Service builds on the current service and provides the opportunity to work collaboratively. The current 'Over 75s' has been amended to 'Frailty', building on need rather than age. Resource to be refocused on frailty. DH suggested there is a strong rural and urban divide. JB suggested working at scale does not always work and is not always the best option. JY voiced concerns of a single practice taking responsibility for issues such risk, legal entity, indemnity insurance. SS advised the CCG can support practices in these areas. Important to acknowledge not all practices are in the same position and offer support by providing stability and clear direction. DH suggested a vast divide in rural and urban localities, JM suggested a divide within localities which should be recognised in transformation plans. LL raised concerns for losing local intelligence with collaboration which is currently very valuable. AD suggested plans should be locally responsive, ensuring future quality and providing a link between quality and transformation. The new specification allows flexibility to be developed to suit patient need. Important to understand the principles behind the paper using accompanying appendices.

Action – EW to circulate appendices to accompany papers. Also important to know reporting requirements which can follow if more work is required.

EW

Lower Limb Ulceration

EW provided an overview of the Draft Option Appraisal (Enclosure K) and the Draft Lower Limb Ulceration Specification (Enclosure L). Some of the complexities from the current specification have been addressed. It was discussed if the Lower Limb Ulceration is an appropriate platform for Diabetic Foot Ulcers. It has been decided to produce a SurveyMonkey for practices for CCG to review information around the service. This was agreed by all. There are various options available which can be raised at ongoing task and finish groups and there is room for further steering at this stage. Service requires different skill levels and can be provided by different health care professionals. Education/training can be made available if required. Potential to work collaboratively with Dorset HealthCare to share resources and create a combined service. Amended paper to be brought to next PCRG in November to include financial modelling element.

Community Based Surgery

EW provided an overview of the Community Based Surgery LES draft summary appraisal (Enclosure M) and also a background/history of the service. Aiming for the group to review papers and decide what is needed to meet demand. Some specifications included sigmoidoscopy and eyelid operations which have now been removed. BCC2 requires a higher skill/accreditation level than BCC1. Potential for Dermatology to lead this service, as suggested in best practice guidance. Vital not to create a gap in

the service. It was agreed to amalgamate both services into one specification. Financial pressures to become clearer in amended paper.

Action – EW to amend paper to reflect decision made and bring to next PCRG in November.

EW

1.7 Right Care (Collaborative Delivery)

CL shared the document (Enclosure N) for information and welcomed feedback. No comments were made.

1.8 RCGP Sepsis Report for Discussion and Agreement

CL shared the document (Enclosure O). it was agreed to raise this at the Hot Topics course this year. DH advised SystemOne pop ups are currently not working correctly and could be removed. Could become a significant event to be used at locality level. Would be helpful to work out what can be learnt from it. Agreed to discuss at next practice profiling meeting for discussion. Potential for an educational event for GPs. Would be helpful to seek a system-wide perspective.

1.9 Any Other Business

There was no other business raised

1.10 Date of Next Meeting

Wednesday 8 November, 2.30pm