

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

**1 February 2017**

**PART ONE PUBLIC - MINUTES**

Part 1 of the Primary Care Commissioning Committee of NHS Dorset Clinical Commissioning Group was held at 14:00hrs on 1 February 2017 at Vespasian House, Barrack Road, Dorchester, Dorset, DT1 1TG.

**Present:** Jacqueline Swift, Chair of the Primary Care Commissioning Committee  
Anu Dhir, Primary Care Lead (AD)  
Tim Goodson, Chief Officer (TG)  
David Jenkins, Vice Chair, Primary Care Commissioning Committee (DHJ)  
Mufeed Ni'Man, Locality Lead for East Bournemouth (MN)  
Andy Rutland, Primary Care Lead (AR)  
Sally Shead, Director of Nursing and Quality (SSh)  
Paul Vater, Chief Finance Officer (PV)  
Mike Wood, Director of Service Delivery (MW)

**In attendance:** Margaret Guy, Vice Chair, Healthwatch Dorset (MG)  
Councillor Jill Haynes, Dorset Health and Wellbeing Board (JH)  
Conrad Lakeman, Governing Body Secretary (CGL)  
Sally Sandcraft, Deputy Director of Review, Design and Delivery (SSa)  
Louise Trent, Personal Assistant (LT)

1 member of the public

		<b>Action</b>
<b>1.</b>	<b>Apologies</b>	
1.1	The Committee noted the non-attendance of LMC representative and directed the Secretary and General Counsel to ascertain from the LMC if there would be any difficulties securing attendance at future meetings.	CGL
<b>2.</b>	<b>Quorum</b>	
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 received as follows:-

- The Primary Care Lead (AR) and the Locality Lead for East Bournemouth (MN) declared an interest in agenda item 7.1 – Proposals for Reinvestment of the PMS premium for 2017-18.

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

- The Primary Care Lead (AR) and the Locality Lead for East Bournemouth (MN) declared an interest in agenda item 7.2 – Phlebotomy LES.

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

- The Primary Care Lead (AR) and the Locality Lead for East Bournemouth (MN) declared an interest in agenda item 7.3 – Review of Over 75's Initiatives.

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

- The Locality Lead for East Bournemouth (MN) declared an interest in agenda item 7.5.3 – Mergers for Approval – Providence and Boscombe.

It was agreed that he would leave the meeting for the debate and decision.

## 4. Minutes

4.1 The draft minutes of Part 1 of the Primary Care Commissioning Committee meeting held on 7 December 2016 were **approved** as a true record.

4.2 The draft minutes of the Primary Care Reference Group meeting held on 11 January 2017 were noted.

## 5. Matters Arising

- 5.1 7.3.4 – the Committee requested an update on Learning Disability Health Checks. The Deputy Director of Review, Design and Delivery said that the Task and Finish Group had met as part of the workplan. A new manager had been appointed with responsibility for Learning Disability healthchecks and would increase the target as set by the Committee and would update. Engagement would take place with GPs to explore current barriers.
- 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 said that Dr Andy Rutland would be standing down from the Committee. She thanked him for his contribution to the Committee.
- 6.2 The Committee noted the update of the Chair.

## 7.1 Proposals for Reinvestment of the PMS premium for 2017-18

**The Primary Care Lead (AR) and the Locality Lead for East Bournemouth (MN) declared an interest. They were permitted to remain for the debate but did not participate in the decision.**

- 7.1.1 The Deputy Director of Review, Design and Delivery introduced the report on Proposals for Reinvestment of the PMS premium for 2017-18.
- 7.1.2 She discussed the report alongside the Phlebotomy proposal at 7.2 on the agenda as that constituted a significant allocation of the reinvestment. The Primary Care Reference Group had developed the proposals to improve outcomes and the report set out the proposed year-on-year reinvestment of the £406K premium.
- 7.1.3 This consisted of a £350K allocation for an enhanced Phlebotomy service with cross county coverage, reinvestment for the 'Basket of Services' alongside a rebranding of the service to 'General Practice Contract Plus' (GP Contract +) and remaining money reinvested into prostate follow up and dementia.
- 7.1.4 The Committee received assurance regarding the monitoring of the services contained in the basket.

- 7.1.5 The Phlebotomy 2017/18 Local Enhanced Service Report at 7.2 on the agenda was taken before the Committee made the approvals following the discussion.
- 7.1.6 The Committee **approved**:
- a) The rebranding of 'Basket of Services' to General Practice Contract Plus (GP Contract +);
  - b) The reinvestment of the PMS Premium into both the 'Basket of Services' and Phlebotomy LES for 2017/18
  - c) The services in the 'Basket of Services' for 2017/18.
- 7.2 Phlebotomy LES**
- The Primary Care Lead (AR) and the Locality Lead for East Bournemouth (MN) declared an interest. They were permitted to remain for the debate but did not participate in the decision.**
- 7.2.1 The Deputy Director of Review, Design and Delivery introduced the report on Phlebotomy LES.
- 7.2.2 There was currently a mixed provision across the county with differing services and a pricing variance ranging from 24p to £5.11 per bleed. The proposal to reinvest part of the PMS premium would equalise the service and payment structure across practices and would encourage collaborative working to reduce overhead costs.
- 7.2.3 The LMC fair pricing range for cost per bleed was £1.70 to £2.30. The proposal was to pay the rate of £2.30 per bleed across Dorset through a block payment mechanism to manage the activity and reduce the high cost paid to some practices. The equity in payment would be achieved over two years alongside a one year funding protection for practices.
- 7.2.4 In response to a concern that the £2.30 rate was at the top of the fair pricing range, the Deputy Director of Review, Design and Delivery confirmed that this price was similar to other CCGs pricing structure.
- 7.2.5 Outside the meeting, the Chair of the Audit and Quality Committee had raised concern regarding the protection of payment for one year and this setting a precedent for further proposed changes to services. It was noted that all changes to services and payments were set on a case-by-case basis.
- 7.2.6 The Deputy Director of Review, Design and Delivery confirmed the Team would continue to enhance the monitoring of the activity. The proposed protection would support practices and help mitigate risk of destabilising services.

7.2.7 The Committee **approved**:

- a) The reinvestment of part of the PMS premium to enhance the Phlebotomy LES for 2017/18 applying the principles and methodology set out in the paper;
- b) The protection of funding for one year for practice who are outliers and not in line with the fair pricing applied for in 2017/18.

### 7.3 **Review of Over 75's Initiatives**

**The Primary Care Lead (AR) and the Locality Lead for East Bournemouth (MN) declared an interest. They were permitted to remain for the debate but did not participate in the decision.**

7.3.1 The Deputy Director of Review, Design and Delivery introduced the report on Review of Over 75's Initiatives.

7.3.2 Initial proposals from the Over 75s Initiatives instigated 59 schemes which had produced good results from some. The undertaking of the CSR created a timely review of how the resource was being spent. The current proposal was to build a commissioning framework and support the transition of continuing best practice to evolve into new models of care. Practices would be provided with notice of potential change and would receive support.

7.3.3 The Committee **approved** the report on Review of Over 75's Initiatives.

### 7.4 **Strategy for Pharmacist Primary Care Workforce in Dorset**

7.4.1 The Director of Nursing and Quality introduced the report on Strategy for Pharmacist Primary Care Workforce in Dorset.

7.4.2 There was currently variable pharmacist cover across the county and the strategy would increase the availability of pharmacists delivering clinical services in primary care. It had been evidenced that employing pharmacists in practices improved quality and medicines optimisation alongside financial savings.

7.4.3 NHS England would provide a short period of funding and GP practices would be expected to fund the roles after that time. The Head of Medicines Management would work with practices to review a range of funding resources. The Committee was not being asked to approve the allocation of resource at this time, only the direction of travel.

- 7.4.4 The Committee **approved**:
- a) Commissioning of specific pharmaceutical support to care home/domiciliary residents, as part of a fully integrated team providing care to the frail elderly.
  - b) Support applications from Practices to the NHS England pilot that demonstrate integration with existing services, on a scale of approximately one pharmacist per 30,000 population, and consider how funding in the system could support this.
  - c) Identify further work or business cases to be developed.

## 7.5 Mergers for Approval

### 7.5.1 Christchurch Medical Centre and Burton & Bangsore

7.5.1.1 The Deputy Director of Review, Design and Delivery introduced the Christchurch Medical Centre and Burton & Bangsore Merger for Approval.

7.5.1.2 The plans had been scrutinised and tested through the Primary Care Operational Group (PCOG) and the Team believed that the risks had been reasonably mitigated.

7.5.1.3 The Committee sought assurance that there had been the public involvement of patients in each practice through the merger process. It was explained that patients had been written to and the proposals had been published on the practice websites. If there was any intention to change the location of services or close a branch, then there would be consultation with the patients to ascertain their views rather than simply an informative engagement.  
The Committee remained concerned that there should be appropriate engagement or consultation, where appropriate.

7.5.1.4 The Committee **approved** the CCG support process for the Christchurch Medical Centre and Burton & Bangsore merger.

### 7.5.2 Madeira and Parkstone

7.5.2.1 The Deputy Director of Review, Design and Delivery introduced the Madeira and Parkstone Merger for Approval.

7.5.2.2 The merger would provide better access offer to the community and benefits to patients and enhanced primary care services.

7.5.2.3 The Committee directed the Deputy Director of Review, Design and Delivery to bring a report to the April meeting regarding capital development proposals and the work that had been carried out and how the practices would benefit.

SSa

7.5.2.4 The Committee **approved** the CCG support process for the Madeira and Parkstone merger.

7.5.3 Providence and Boscombe

**The Locality Lead for East Bournemouth (MN) declared an interest. He left the meeting for the discussion and decision.**

**MN left the meeting.**

7.5.3.1 The Deputy Director of Review, Design and Delivery introduced the Providence and Boscombe Merger for Approval.

7.5.3.2 There had been a number of discussions with the Locality Lead for East Bournemouth regarding resilience concerns due to being a single-handed practice. An application had been submitted to NHS England to add a Partner to the Providence Contract.

7.5.3.3 There were currently a number of employed GPs within each practice that provided a good level of clinical supervision. The addition of another partner to the merged practice would ensure business continuity.

7.5.3.4 The Committee **approved** the CCG support process for the Providence and Boscombe merger.

**MN rejoined the meeting.**

7.5.4 Wyke Regis and Lanehouse

7.5.4.1 The Deputy Director of Review, Design and Delivery introduced the Wyke Regis and Lanehouse Merger for noting.

7.5.4.2 The Lanehouse Surgery had been working as a single-handed practice for 18 months due to ongoing staff sickness. The practice had been proactive by developing a working relationship with the Wyke Regis Medical Centre.

7.5.4.3 The Director of Nursing and Quality highlighted that the Lanehouse Surgery had received an 'inadequate' rating from a recent CQC inspection and had been struggling. The Wyke Regis Practice Manager had been supporting the practice.

7.5.4.4 The Committee **noted** the Wyke Regis and Lanehouse merger proposal.

## 7.6 Dorset GP Five Year Forward View Delivery Plan

7.6.1 The Deputy Director of Review, Design and Delivery introduced the Dorset GP Five Year Forward View Delivery Plan.

7.6.2 The Primary Care Strategy had been approved by the Governing Body in January 2017 and The GP Five Year Forward View Delivery Plan detailed how the strategy would be implemented. Twelve workstreams had been identified for which a key element was engagement of local communities alongside integration of services with new models of care.

7.6.3 The Primary Care Lead (AD) highlighted that this was currently a work in progress to explore how the CCG could align itself to support and how this would be delivered through the communication of the Locality Leads. The Committee directed that a report be provided to the April meeting to highlight the implementation plan and the support offer.

SSa

7.6.4 The Committee **noted** the Dorset GP Five Year Forward View Delivery Plan.

## 7.7 Medicines Management Report

7.7.1 The Director of Nursing and Quality introduced the Medicines Management Report.

7.7.2 She highlighted the Dispensing Services Quality Scheme (DSQS) and the work that had been carried out by the Medicines Management Team. Two practices had not agreed to receive a support visit and she would write to them to express concern that they did not want to engage.

7.7.3 The Committee expressed concern as this was an ongoing theme and that a robust response would be required, possibly from the CCG Chair.

SSh

7.7.4 The Committee **noted** the Medicines Management Report.

## 7.8 Primary Care Workforce Centre Update

7.8.1 The Primary Care Lead (AR) introduced the Primary Care Workforce Centre Update.

7.8.2 The Centre Development was a key component in the forward view.

7.8.3 The Committee was concerned with the level of detail in the report. It was unclear what were the KPIs.

7.8.4 The Committee directed that for the next iteration of the report the KPIs would need to be articulated more clearly, how success was being measured and what were the key trajectories. The current report did not show the value of the Workforce Centre and what it was achieving.

CS

7.8.5 The Committee **noted** the Primary Care Workforce Centre Update.

## **8. Public Health Update**

8.1 There was no Public Health update.

## **9. Any Other Business**

9.1 The Chief Officer reminded the GP members present to complete the 360° survey and to cascade the message to their GP colleagues.

9.2 The Chief Officer informed the Committee that the Mental Health Consultation for the Clinical Services Review had now started. Questionnaires were available to complete and asked for GPs to take away in hard copy for their practices.

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

10.1 The next meeting of the Primary Care Commissioning Committee will be held at 2pm on Wednesday 5 April 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.