

NHS DORSET CLINICAL COMMISSIONING GROUP (CCG)

PRIMARY CARE REFERENCE GROUP (PCRG)

22nd March 2017 NOTES

A meeting of the Primary Care Reference Group of NHS Dorset Clinical Commissioning Group was held at 09:30hrs on Wednesday 22nd March 2017 at Vespasian House, Dorchester, DT1 1TG and Canford House, Poole, BH12 5AG (via video conference)

Present: Anu Dhir, CCG Primary Care Clinical Lead, Primary Care Development (AD) –PCRG Chair
 Andy Rutland, CCG Primary Care Clinical Lead, Commissioning & Contracting (AR) – PCRG Co-Chair
 Karen Kirkham, CCG Deputy Chair (KK)
 David Haines, GP Representative Mid Cluster (DH)
 Rob Payne, CCG Interim Head of Primary Care (RP)
 Luna Hill, CCG Principal Primary Care Lead (LH)
 Sally Sandcraft, CCG Deputy Director (SS)
 Craig Wakeham, CCG Chief Clinical Information Officer (CW)
 Judith Young, Practice Manager Representative East Cluster (JY)
 Sue Richards, Practice Manager Representative Mid Cluster (SR)
 Justine McKay, Practice Manager Representative West Cluster (JM)
 Claire Lehman, Public Health (CL)
 Katherine Sherry, CCG Administrator, Primary Care Team (KS) *Note Taker*

In attendance: Emma Wilson, CCG Senior Primary Care Lead (EW)
 Rob Munro, CCG Primary Care Programme Lead (RM)
 Jane Thomas, CCG Primary Care Programme Officer (JT)
 Lucy Danes, CCG Primary Care Programme Officer (LD)
 Andrew Gladwell, CCG Assistant Director of Finance (AG)
 Sarah Walker, CCG Primary Care Programme Lead (SW)
 Hannah Morris, CCG Senior Finance and Performance Manager (HM)
 Ann Bond, CCG Principle Primary Care Lead (AB)
 Christian Verrinder, GP Wool Surgery (CV)

Apologies

Mufeed Ni'man, GP Representative East Cluster (MN)
 Carole Cusack, Wessex LMC Director of Primary Care (CC)
 Blair Millar, GP Representative West Cluster (BM)

Action

Part 1: Business

1.1 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. Declaration forms were made available (Enclosure A) for any additional declarations. No additional declarations were received for this meeting.

Additional agenda item- How to implement the TKR patient decision aid tool into primary care

This item was a late addition to the agenda. CV is in attendance to present the TKR Patient Decision Aid Tool. A link to the tool was sent to the group members via email prior to the meeting. CV presented the tool on screen and highlighted the key features and benefits. MSK has been identified as a Right Care priority and this tool has been developed to support the work in this area. The tool consists of a series of questions for the patient to answer followed by videos providing information regarding the options available to them. It is proposed that GPs would direct patients to the website and advise them to use the tool to make an informed decision regarding their treatment. As this is due to be mandatory in the future, the Primary Care Reference Group (PCRG) is asked to recommend how this can be implemented. Following discussion, the group provided support for the tool and recommended a soft launch and roll out to practices/patients. It was noted that this will link to a suite of forms that are currently in development.

1.2 Notes and Matters Arising from previous meeting

The notes (Enclosure B) were reviewed and the following items were raised

Item 1.3.5- DH advised that the Appendix 2 referenced in the minutes was not sent out as stated. KS to send to the group with the minutes of the March meeting.

Action: Send Appendix 2- GP Leads for Service Reviews to the group with the March minutes.

KS

The action tracker was reviewed. All previous actions have been completed or will be discussed as agenda items.

1.3 Review TOR and membership

No enclosure was provided for this item. LH provided a verbal update and discussion topics.

When the PCRG was formed in April 2016 it was agreed that the TOR and membership of the group would be reviewed after one year. The group is asked to consider the following:

- Should Right Care be added to the TOR.
- If so, should the membership be widened to include additional GP Representatives to support Right Care.
- Should the GP Cluster Representatives be rotated

During discussion it was highlighted that the Clinical Commissioning Committee (CCC) has overall responsibility for Right Care but the PCRG would have a role in implementing it into Primary Care. The PCRG is not a decision making group and would not be taking responsibility for Right Care. There is currently a process in place for GP engagement in the Right Care work. GPs will be required for fixed term periods to contribute to Task and Finish Groups.

The group recommended that as there would be Primary Care representation in the Right Care Focus Groups, feedback from these would be provided to the PCRG.

As a process is in place for GP Engagement the membership of the PCRG will not be extended to Right Care representatives.

The group acknowledged that rotation would offer other GPs opportunities to engage and be involved. Forbes Watson to review clinical involvement with Chairs.

Action: Link with Forbes Watson to review clinical involvement for PCRG.

KK

1.4 2017/18 Specifications

The 2017/18 draft specifications for the following services were sent out to Practice Managers and the PCRG for feedback:

- Phlebotomy
- Drug Monitoring Service (NPT)
- GP Contract Plus
- 2017/18 CCLIP

Some feedback was received and amendments will be made accordingly. It was noted that the reporting must be streamlined and add value. The requirements should be clear and explicit. Further feedback was provided during discussion and the members concerned are asked to email the full details to EW. Further amendments will be made following receipt of this. LH clarified that as the 2016/17 CCLIP started in October 16 the specification remains the same for 2017/18 and does not require approval from PCCC. The reporting requirements have been refined and streamlined.

EW advised that the aim is to send the final specifications to practices by 1st April.

<p>Action: Final feedback on the 2017/18 draft specifications to be sent to EW</p>	ALL
<p>Action: 2017/18 specifications to be amended following receipt of PCRG feedback</p>	EW
<p>1.5 Over 75s Task and Finish Group Paper (Enclosure F)</p>	
<p>Following the review of the current Over 75 schemes a Task and Finish Group was set up to develop the specification for 2018/19. The paper circulated outlines the core principles for the Over 75s scheme and identifies potential funding options to support service delivery at scale. The aim is to address deprivation and identify a fairer way to distribute the funding. The paper proposes to move towards providing funding at a Locality plus level to support the ICS new models of care and working at scale. There is a need to transform and a need to change. Support will be provided to practices to develop their schemes and to identify and address areas of concern. All staff currently employed for these schemes will be required to ensure its success. They may be required to work in a different way but the aim is not to make anyone redundant.</p>	
<p>The PCRG is asked to provide support, in principle, for providing funding at a Locality plus level and to discuss the potential options for deploying the money to practices. The group are asked to consider if any of the options are viable or if any additional options can be identified.</p>	
<p>During discussion the following additional funding options were identified:</p>	
<ul style="list-style-type: none"> • 50% allocation based on Carr-Hill weighted list size (or other identified formula) 50% allocation on Over 75 Patient List size • 50% of the total budget split between the 13 Localities by patient list size 25% allocation based on Carr-Hill weighted list size (or other identified formula) 25% allocation on Over 75 Patient List size 	
<p>The PCRG agreed in principle to provide funding by Locality but further discussion is required on the preferred option. The paper will be amended following the feedback received and will reflect the additional options. This will be circulated to the group for feedback. The GP Cluster Representatives will gather the feedback from the practices in their clusters.</p>	
<p>Action: Paper to be amended to reflect the feedback and additional options. Paper to be circulated to the PCRG for feedback. Ensure feedback is received from all GP Cluster Representatives.</p>	EW
<p>Action: Feedback on the amended Over 75s paper to be provided to EW by 10th April 2017.</p>	ALL

1.6 **Contract management plan (Enclosure G)**

LH confirmed that the paper is still in draft and has been circulated for discussion not recommendation. The paper proposes to use data, already available. The PCRG is asked to discuss and provide feedback on how this can be carried out to fulfil the obligations following full delegation. Feedback has been received from Wessex LMC and a meeting has been arranged with CCG, LMC and NHS England representatives to discuss further.

During discussion the following points were raised:

- Clarification is required of Dorset CCGs obligations relating to Contract Management following full delegation.
- Annual practice visits to all practices may not be the best use of resources and may not be beneficial to practices. Use the data to perform a risk based analysis to identify those practices who would require a visit.
- Data also to be used to identify best practices, celebrate successes and provide support. Should be light touch and not add to the practice workload. Get the key messages right.
- Role of the Locality Chair to be explored and included.
- Highlight the intention for practices and CCG to work together to improve quality, outcomes and reduce variation.

The comments and feedback were noted and will be used to further develop the proposal.

Part 2 Strategic Discussion

2.1 **Primary Care Strategy Implementation Group (PSIG) Update**

The PSIG meet monthly to support the development of the Locality Transformation Plans. These need to be completed by 31st March. A process is in place to identify gaps and provide feedback to the Localities. Extended GP Access has been identified as a high priority and the PSIG will support the planning for this at local level to provide the service at scale across Dorset.

2.2 **Right Care update (Enclosure H)**

The Practice Profiling/Contract Management Group is using data already provided by practices to create a dashboard to identify the practices where support may be required. It could also highlight areas of potential vulnerability. Using the Right Care indicators, the group was provided with two areas as examples of the information that could be made available to practices / localities to aid discussions.

Enclosure H provides the data by Locality relating to the two areas (gynaecology and cardiology). The PCRG are asked to sense check the data used in the reports for suitability and to provide feedback.

During discussion the following points were raised:

- The data used should reflect the purpose and what it is to be used for. Align to the Must Dos and Right Care.
- Individual GP Referral data could be useful to aid discussions with Practices although wider Cluster data could highlight trends and themes.
- Other indicators could be used other than Secondary Care
- The data should be used in an intelligent way and used to support practices and encourage peer review.

The comments were noted and the group was asked to provide further feedback to LH.

Action: Feedback on the Referral Management paper to be sent to LH.

ALL

2.3 **Extending Access to Primary Care- update (Enclosure I)**

The Extended Access PCCC paper was circulated to the group for information. Any comments to be sent to EW.

Action: Comments on the Extended Access paper to EW.

ALL

3. **Any Other Business**

3.1 **Drug Monitoring Service-Warfarin**

This item was deferred and will be on the agenda for the May PCRG meeting.

3.2 **MTS Paper (Enclosure K)**

The paper was circulated to the group for information. Any comments to be sent to RP.

Action: Comments on the MTS Paper to RP

ALL

3.3 **Future of QOF for agenda item at next PCOG**

This item will be added to the May PCRG agenda

4. **Date and Time of the Next Meeting**

4.1 **The next meeting will be held on 10th May 2017 at Vespasian House, Meeting Rooms 12/13 and Canford House Room 3, 2:30pm-4:30pm.**