

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

21 MARCH 2018 NOTES

A meeting of the Primary Care Reference Group of NHS Dorset Clinical Commissioning Group was held at 09:00hrs on Wednesday 21 March 2018 at Vespasian House, Dorchester, DT1 1TG.

- Present:** Simon Rees, CCG Clinical Lead, PCRG Interim Chair (SR)
 Craig Wakeham, CCG Chief Clinical Information Officer (CW)
 Anu Dhir, CCG Clinical Lead, Primary Care Development (AD)
 Karen Kirkham, GP Representative West Cluster – Weymouth & Portland (KK)
 Ben Sharland, GP Representative East Cluster – Central Bournemouth (BS)
 Ravin Ramtohal, GP Representative East Cluster – Christchurch (RR)
 James Jackson, GP Representative Mid Cluster – Purbeck (JJ)
 Sue Richards, PM Representative Mid Cluster – East Dorset (SR)
 Sarah Dummer-Wade, PM Representative West Cluster – North Dorset (SDW)
 Andy Purbrick, LMC Medical Director (AP)
 Claire Meecham, PN Representative (CM)
 Sally Sandcraft, CCG Primary and Community Care Director (SS)
 Rob Payne, CCG Head of Primary Care (RP)
 Luna Hill, CCG Principal Primary Care Lead (LH)
 Emma Wilson, CCG Senior Primary Care Lead (EW)
 Celia Canter, CCG Senior Primary Care Lead (CC)
 Jane Thomas, CCG Primary Care Programme Officer (JT)
- In Attendance:** Chloe Longman, CCG Admin Support, Primary Care Team (CLo) *Note Taker*
 Christian Verrinder, Providence Surgery (CV)
 Sarah Howard, CCG Senior Lead (SH)
 Vanessa Sherwood, CCG Senior Pharmacist (VS)
 Rob Munro, CCG Access Manager (RM)
 Sam Crowe, Public Health (SC)
- Apologies:** Claire Lehman, CCG Clinical Lead, Primary Care Quality – PCRG Chair (CL)
 David Haines, GP Representative Mid Cluster – Purbeck (DH)
 Judith Young, PM Representative East Cluster – North Bournemouth (JY)
 Carole Cusack – LMC Director of Primary Care (CC)
 Tia Rees – PN Representative (TR)

1. Welcome and Apologies

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

2. Declaration of Interest Forms

DOI forms (Enclosure A) were made available prior to the meeting for any additional declarations. SR declared an interest in relation to the Caudal Epidural element of the meeting in connection with Providence Surgery.

Action

3. Notes and Matters Arising from previous meeting

The notes from the previous meeting (Enclosure B) were reviewed and agreed. Terms of Reference (Enclosure C) were shared prior to the meeting and noted.

4. Public Health Dorset

Paper (Enclosure PH) was shared prior to the meeting and went to PCCC in February 2018, provides background details. It was noted that the health checks programme is not working with mixed provision and success. Public Health Dorset are now looking to put a new system in place for health checks proposing to allow delivery at a locality level. This may require offering patients to have their check done within a practice or via Boots. Public Health Dorset will be forming a task and finish group looking at ways this can be delivered. SC to provide details of task and finish group once this is set up for primary care representation.

SC

5. Medicines Management

Overview of progress in 2017/18

Figures from 2017/18 audit showed all practices have submitted. KK suggested it would be good to send a positive communication out to practices via the GP Bulletin, showing what has been achieved over the year.

VS

Audits in 2018/19

Medicines Management have developed audits for 2018/19, working with three GPs since November 2017. GPs have trialled and approved the outcomes. The use of Ardens templates was discussed with the offer for practice to be funded to use these templates which may compliment the new CCG templates.

Further clarification would be helpful in relation to the annual requirement for ECGs – VS to investigate. Audit development work to continue. Final audits to be published once approved at higher level.

VS

VS highlighted the team are already looking for volunteers for the 2019/20 audits. No volunteers at this stage but it was suggested that the group work with VS to identify GPs to take part, potentially Prescribing Leads.

6. Primary Care Contracting

Practice Assurance Visits

Some practice visits have already been carried out. Email/GP Bulletin notification has generated some concern from practices, mainly around duplication of CQC visits and if practices will be scored and details shared publicly. FAQ document is being produced and will be published on the GP Bulletin and circulated to all GP Leads, Locality Managers and Practice Managers. This will provide reassurance to practices and aims to address a lot of concerns already received.

Visits will be tailored to individual practices and aim to be a formal process while making it as informal and efficient as possible. Should be a streamlined process used sensibly, making best use of everyone's time. The visits will be a learning and development process, learning from visits carried out and feedback

received. They can be used as an opportunity to build a collaborative link between practices. Supporting each other should be a mutually reciprocal process to help each other rather than focusing on the financial aspect. Potential to form a Memorandum of Understanding between practices willing to offer support when needed.

It was noted a membership event will be held, focusing on contract assurance and the practice visit element, linking to the wider quality improvement network across Dorset.

7. Resilience and Flu Update

Storm Emma

Learning from the recent snow incident, forward planning and preparation needed. Most areas worked well and were working together as normal as possible. Lessons learnt from the process to make future incidents more seamless. Following the recent Malware attack a process was put in place for the CCG to send a communication out for future incidents which did not happen during the snow when practices were struggling. Task and finish group to take place with key emergency planning contacts. Focus work to be carried out. Biggest area of concern during snow was community pharmacies rather than general practice. Emergency planning team can link with neighbouring health care organisations to identify support available when needed. EW to work with relevant CCG colleagues and LMC to ensure business continuity plans for both CCG and Providers are in place based on lessons learnt and good practices.

EW

Influenza Outbreaks in Care Homes

18 confirmed cases of flu in care homes since December, mainly across the East and Mid clusters. CCG provided a reactive response to all cases. LMC have shared Dorset CCG protocol with other CCGs as an example. It was agreed more preventative work should take place beforehand next year including patient and staff immunisations. KK suggested immunising staff and patients together. It was agreed to send a communication to all practices with positive feedback from how the flu process was managed. EW to request this action from PC colleagues to go in the bulletin.

EW

8. LES Sign Up for 2018/19

- **Practices giving notice**

Enclosure D provides a breakdown of which services practices have signed up to. SS requested a summary in comparison to last year, EW to produce. Summary provided of practices giving notice. Most of these have shown very low activity levels previously. It was agreed for the information to be mapped to identify any gaps in provision, starting with Leg Ulcers. Work to be carried out with practices and Dorset HealthCare.

EW

- **Frailty Update**

All practices have signed up to the service except one. Encouraging practices to work at scale to provide an integrated frailty team. Practices have been working as localities since April, adopting different employment mechanisms. New Business model PID and action tracker to be circulated to the group. Currently working closely with the national collaboration group, setting an event for providers to review the options

LH

available. Advice available from LH/ Lorraine Wong. CCG will support practices to address any issues.

- **Phlebotomy Update**

Two practices have given notice. Activity levels have increased last year since the service was brought into community. Fiona Richardson is currently addressing any anomalies within the service to ensure a consistent approach moving forward. Currently not making any changes to finances without better understanding from acutes. The PCRG recommended an increase funding allocation for two practices and a 'protected payment' for another, to bring them in line with the 'fair pricing' that has already been applied to all the other practices across Dorset. The PCRG also recommended that 'protected payment' would continue for another year.

Caudal Epidural

Draft paper has been produced to go to PCCC. CV provided an overview of the service and the need for it to be decommissioned. PCRG will provide a recommendation to PCCC to support the decommissioning of the Caudal Epidural service from Primary Care. SR declared an interest in relation to this – currently involved through Providence Surgery. Martin Longley may be able to present to PCCC – CV to check. EW to link with Tracy Hill for Workforce element, thinking about the skill base that could be used within the service model. LMC supports in principle.

CV /
EW

Minor Surgery DES

It has been approved and agreed to cap the budget for this service following a review of DES payments. Some practices may wish to provide feedback on this. Any concerns to be sent to LH/CLO before the end of March. If no response received, Preferred option will be used going forward.

ALL

9. For Information

The following papers were shared for information prior to the meeting:

- Work Areas for 2018/19
- AliveCor/AF Project

RM provided an update on the Routine element of the Improving Access to General Practice Services project. Draft specification has been shared with task and finish group for feedback and will then be sent to clusters. Themes of specification need to be built around the proof of concept phase. Intent to run at locality level and then shared with governance groups with the intention of agreement towards summer period.

10. Any Other Business

There was no other business.

11. Date of Next Meeting:

Wednesday 23 May 2018, 9.00am – 11.00am