

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

5 APRIL 2017

PART ONE PUBLIC - MINUTES

Part 1 of the Primary Care Commissioning Committee of NHS Dorset Clinical Commissioning Group was held at 2pm on 5 April 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)
David Jenkins, Vice Chair, Primary Care Commissioning Committee (DHJ)
Mufeed Ni'Man, Locality Lead for East Bournemouth (MN)
Paul Vater, Chief Finance Officer (PV)

In attendance: Sam Crowe, Deputy Director of Public Health (SC)
Katherine Gough, Chief Pharmacist (KG)
Margaret Guy, Vice Chair, Healthwatch Dorset (MG)
Conrad Lakeman, Secretary and General Counsel (CGL)
Steph Lower, Executive Assistant (SL)
Sally Sandcraft, Deputy Director of Service Delivery (SSa)
Emma Shipton, Deputy Director of Engagement and Development (ES) (for agenda item 7.8)
Charles Summers, Director of Engagement and Development (CS) (for agenda item 7.8)
Prof Clare Wedderburn, Director of Primary Care Workforce Centre (for agenda item 7.8)

		Action
1.	Apologies	
	Sally Shead, Director of Nursing and Quality Mike Wood, Director of Service Delivery	
2.	Quorum	
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 There were no Declarations of Interest made, however several conflicts of interest were identified and minuted under the relevant agenda item as below.

4. **Minutes**

- 4.1 The draft minutes of Part 1 of the meeting held on 1 February 2017 were **approved** as a true record.
- 4.2 The draft minutes of the Primary Care Reference Group held on 22 March 2017 were **noted**.

5. **Matters Arising**

- 5.1 1.1 – LMC attendance – the Secretary and General Counsel advised that he was awaiting a response from the LMC regarding attendance at future meetings.
- 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 introduced her update.
- 6.2 She said Dr A Rutland had stood down as Primary Care Clinical Lead and Dr C Lehman had been appointed in his stead.
- 6.3 The Committee **noted** the Chair's update.

7.1 **Stoma Product Prescribing report**

- 7.1.1 The Chief Pharmacist introduced the Stoma Product Prescribing report.
- 7.1.2 The Committee **approved** the recommendations set out in the Stoma Product Prescribing Report.

7.2 **GP Prescribing Lead and Pharmacist Resources**

The Locality Lead for East Dorset was conflicted on this item. He was allowed to remain but did not participate in the vote.

- 7.2.1 The Chief Pharmacist introduced the report on GP Prescribing Lead and Pharmacist Resources.

CGL

- 7.2.2 There were currently three vacancies for GP locality prescribing leads and it was proposed that the funding currently identified for those posts be reallocated to establish new pharmacist roles at band 7 level in localities which could be joint appointments or joint rotations with the acute/community trusts in Dorset. This would allow for succession planning and the development of new career pathways.
- 7.2.3 The Committee noted that the proposed new pharmacist roles would not be the same role as GP prescribing leads and would be more practice focused.
- 7.2.4 There was concern regarding about how the proposal fitted with the wider Primary Care Strategy. It was noted that the proposal would be a transitional step and successful recruitment at a more junior level would mean development of a professional pool to take up the senior posts in practices when available.
- 7.2.5 The Committee noted that there was support from MOG for having the additional pharmacist support. However, careful communication-handling would be required.
- 7.2.6 The proposal would be a short term measure and a further review would be required in the future in the context of the fit with the wider review of the Primary Care Strategy. KG
- 7.2.7 The Committee **approved** the recommendations set out in the report on GP Prescribing Lead and Pharmacist Resources.
- 7.3 Medicines Optimisation Group report**
- 7.3.1 The Chief Pharmacist introduced the Medicines Optimisation Group Update.
- 7.3.2 Concern was raised on behalf of a GP colleague regarding the regular antibiotic audit and whether it was effective. The Committee noted this was a crucial audit with the potential for the CCG to receive between £300,000 - £500,000 if the CCG met the requirements for the antibiotic premium. One of the audit outcomes had been improvement with only six practices not achieving either measure and there were fewer over-prescribers.
- 7.3.3 The Committee directed that further detail be provided to the next meeting regarding the observed improvement. KG
- 7.3.4 The Committee directed that a post meeting note be provided setting out the list of practices written to by the Chief Medical Officer regarding excessive antibiotic prescribing. KG

7.3.5 The Committee **approved** the recommendations set out in the Medicines Optimisation Group report.

7.4 Primary Care Commissioning Committee Changes to the Terms of Reference

7.4.1. The Secretary and General Counsel introduced the report on Changes to the PCCC Terms of Reference.

7.4.2 The Committee **noted** the Changes to the PCCC Terms of Reference report.

7.5 Primary Care Finance Update

7.5.1 The Chief Finance Officer introduced the Primary Care Finance Update.

7.5.2 He said the CCG was on track to meet the financial targets for this year including primary care.

7.5.3 Providers were making good progress with the Sustainability and Transformation Fund (STF) regarding delivery of their financial targets. However, it was noted that the Dorset system was financially unsustainable without the transitional funding.

7.5.4 It was noted that the growth in GP referrals had reduced to 3.9%.

7.5.5 Following concern regarding the Urology referral growth of 12%, it was noted that the number of national campaigns promoting urology-type referrals could have had an effect on the increase.

7.5.6 Regarding referrals, closer working between specialists and GPs was required (including the availability of specialists to offer advice and guidance) to avoid GPs going through the traditional outpatients referral route.

7.5.7 There was recognition that patient behaviour would be difficult to change and this would need to be taken into consideration with profiling.

7.5.8 The Committee **noted** the Primary Care Finance Update.

7.6 Dorset Sustaining and Transforming Primary Care Investment Plan

7.6.1 The Deputy Director of Service Delivery introduced the report on the Dorset Sustaining and Transforming Primary Care Investment Plan.

7.6.2 The CCG planned to invest £2.3M over a two year period to sustain and transform primary care and plans were in place to work with all 'at scale GP groups' to develop and implement local plans in line with the aspirations set out in the Dorset GP Forward View Delivery Plan.

7.6.3 Locality leads, with support from the CCG, would lead the development and implementation of the local sustainability and transformation plans for primary care and the CCG would offer a Menu of Support to practices to enable delivery of those plans.

E Shipton, C Summers and C Wedderburn arrived.

7.6.4 There was a query regarding the allocation of funding for East Bournemouth and the Deputy Director of Service Delivery was directed to review this outside the meeting.

SSa

7.6.5 The Committee was reminded that greater involvement of the voluntary sector should be considered at locality level.

7.6.6 Regarding the Menu of Support, the Deputy Director of Public Health asked what support would be provided for the prevention at scale workstream. The Deputy Director of Service Delivery said meetings had taken place with the portfolio director for the prevention at scale workstream and the priority areas where support had been requested had been built into the Primary Care Strategy and the GP Forward View work programmes.

7.6.7 Public Health Dorset asked for input from the Locality Leads as to what support they required to enable a shift in culture and behaviours to get prevention right within localities. This would be taken forward via the Primary Care Implementation Group

7.6.8 Locality plans were currently being received and once assessed, any potential gaps for intervention could be identified. This would enable areas to be prioritised for certain parts of the Menu of Support.

7.6.9 The Committee **noted** the Dorset Sustaining and Transforming Primary Care Investment Plan report.

7.7 Extending Access to Primary Care

7.7.1 The Deputy Director of Service Delivery introduced the report on Extending Access to Primary Care.

- 7.7.2 One of the key workstreams (and also a national target) was to improve access to primary care. The core requirements for extended access were required to be delivered by April 2019 and it was noted achievement of this was likely to require a multi-skilled/agency approach.
- 7.7.3 At its last meeting the Governing Body agreed a further 6 month contract extension period for the current SWASFT contract to deliver NHS 111, GP Out of Hours and Single Point of Access. This would allow for a new integrated access model to be developed and commissioned. The integration of extended access with the out of hours and urgent care services would be a key element.
- 7.7.4 Learning was being provided from the pilot sites already operating in such a way, but it was noted that the effect on rural communities needed careful consideration.
- 7.7.5 There was a request that community pharmacies be considered during the period of stakeholder engagement. SSa
- 7.7.6 The Committee **noted** the report on Extending Access to Primary Care.
- 7.8 Dorset Local Estates Strategy Update**
- The Locality Lead for East Dorset was conflicted on this item but as the item was for noting, was permitted to take part in the discussion.** CGL
- 7.8.1 The Deputy Director of Service Delivery introduced the Dorset Local Estates Strategy Update.
- 7.8.2 Four projects had been allocated initial pre-project funds and business cases had been submitted by 31 March 2017. Subject to approval of those business cases, further capital funds would be released for spend by 31 March 2019.
- 7.8.3 It was anticipated that there may be further opportunities to apply for capital funding for primary care development and a number of primary care feasibility studies were due to be undertaken. The outputs of the feasibility studies would be used to inform further estates and technology sustainability and transformation work and would ensure the CCG was better prepared to respond should any further capital allocations be available.
- 7.8.4 Following a query regarding the Boscombe and Springbourne Healthcentre project, it was noted that discussions were ongoing including how the project would fit with any wider locality plan.

- 7.8.5 There had previously been a number of concerns from GPs regarding GP Premises Mortgage Redemption or Deficit Grants and the future viability of their premises. Positive communications had been provided to GPs and the current position was as set out in paragraph 5.2 of the report.
- 7.8.6 The Committee noted that following the delegation of primary care commissioning, primary care estate matters were now being addressed.
- 7.8.7 The Committee **noted** the Dorset Local Estates Strategy Update.
- 7.9 Communication and Public Engagement Plan for Primary Care Commissioning Strategy Implementation**
- 7.9.1 The Deputy Director of Service Delivery introduced the report on the Communication and Public Engagement Plan for Primary Care Commissioning Strategy Implementation.
- 7.9.2 The Public Engagement Plan was an iterative process and feedback from the Committee would inform the next update.
- 7.9.3 The Engagement Plan at Appendix 1 outlined how the CCG would facilitate meaningful engagement to ensure the views of local people would inform each stage of the commissioning cycle.
- 7.9.4 Positive feedback had been received from the Dorset Health Scrutiny Committee and there was a keenness for the CCG to engage at district council level.
- 7.9.5 It was noted the report was due to be taken to the Bournemouth Health and Adult Social Care Overview and Scrutiny Panel in April.
- 7.9.6 The Committee directed that Healthwatch Dorset be included in the Public Engagement Template under Step 1.
- 7.9.7 It was recognised that there would be occasions where engagement would be required specifically on changes to primary care, but care was needed to ensure the CCG didn't take a separate/distinct approach to primary care engagement from the Clinical Services Review consultation and the CCG was urged to embrace the spirit of co-production.
- 7.9.8 The Committee **noted** the report on the Communication and Public Engagement Plan for Primary Care Commissioning Strategy Implementation.

SSa

7.10 Primary Care Workforce Centre Update

- 7.10.1 The Director of Primary Care Workforce Centre introduced the Primary Care Workforce Centre update.
- 7.10.2 She said there were three key areas of work – recruitment, retention and the creation of innovative roles within primary care.
- 7.10.3 The Doorway to Dorset website had received on average 3,000 hits per month with over 400 jobs having been advertised. The Locum Chambers now had over 500 sessions available and over 50 Locum GP members. Trust Temps was working closely with Dorset Healthcare to utilise the nursing and Musculoskeletal (MSK) staff banks.
- 7.10.4 The GP post graduate scheme had evolved into a Career Flex programme to provide flexibility in working, access to education and the opportunity to work within a GP setting alongside a community/acute setting.
- 7.10.5 Partnership working with Bournemouth University had created bite size management modules to support leadership and management training.
- 7.10.6 Work continued regarding the creation of innovative roles for affiliated professionals to help fill the gaps in the workforce.
- 7.10.7 The Committee **noted** the Primary Care Workforce Centre update.

C Summers, E Shipton and C Wedderburn left the meeting.

7.11 Update on the Mail Service Review

- 7.11.1 The Deputy Director of Service Delivery introduced the Update on the Mail Service Review.
- 7.11.2 The report provided an update on progress made by the Primary Care Team regarding implementation of the recommendations for the Mail Transport Service following approval of an options paper by the PCCC in October 2016.
- 7.11.3 Following a detailed survey circulated to all practices, it was noted that over 90% of practices rated the service as either good or excellent, however use of the service had diminished.
- 7.11.4 It was noted that a number of practices had indicated they did not wish to be part of any new contract arrangement.

- 7.11.5 It was hoped the position would be concluded within three months and the Committee would be kept informed of any developments.
- 7.11.6 The Committee **noted** the Update on the Mail Service Review.

8. **Public Health Update – Prevention at Scale and Primary Care**

- 8.1 The Deputy Director of Public Health introduced his Public Health update.
- 8.2 Prevention at scale was an integral part of the transformation of primary care and the report focused on two key challenges– reducing the variation in secondary prevention of people with chronic conditions and increasing the scale and impact of simple lifestyle advice in primary care working alongside LiveWell Dorset. Although a Public Health led programme, prevention of scale required a Dorset-wide system delivery.
- 8.3 Some GPs appeared to be more aware of the service than others and it was suggested Public Health Dorset liaise with each locality regarding the most appropriate services to focus on within their locality.

SC

S Sutton arrived.

- 8.4 There was a query regarding whether some of the Ageing Well projects shown in the programme map Appendix would better fit within the Living Well area, however, it was noted that a lot of screening took place on acute wards which was often for older groups e.g. for alcohol disorders.
- 8.5 The Deputy Director of Public Health advised that there was a further layer of programme map detail available to members if required.
- 8.6 The Committee **noted** the Public Health update.

9. **Any Other Business**

- 9.1 There was no further business.

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 7 June 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.

DRAFT