

NHS DORSET CLINICAL COMMISSIONING GROUP (CCG)

PRIMARY CARE REFERENCE GROUP (PCRG)

10 May 2017 NOTES

A meeting of the Primary Care Reference Group of NHS Dorset Clinical Commissioning Group was held at 14:30hrs on Wednesday 10 May 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
 Forbes Watson, CCG Chair (FW)
 Karen Kirkham, CCG Deputy Chair (KK)
 David Haines, GP Representative Mid Cluster (DH)
 Blair Millar, GP Representative West Cluster (BM)
 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)
 Carole Cusack, Wessex LMC Director of Primary Care (CC)
 Sarah Dummer-Wade, Practice Manager Representative West Cluster (SDW)
 Katherine Sherry, CCG Administrator, Primary Care Team (KS) *Note Taker*

In attendance: Emma Wilson, CCG Senior Primary Care Lead (EW)
 Jane Thomas, CCG Primary Care Programme Officer (JT)
 Hannah Morris, CCG Senior Finance and Performance Manager (HM)

Apologies

Judith Young, Practice Manager Representative East Cluster (JY)
 Debbie Morris, Stand-in Practice Manager Representative East Cluster (DM)
 Sue Richards, Practice Manager Representative Mid Cluster (SR)
 Claire Lehman, Primary Care (Contracting and Quality Improvement) Clinical Lead (CL)
 Ann Bond, CCG Principle Primary Care Lead (AB)
 Sarah Walker, CCG Primary Care Programme Lead (SW)

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.

All declarations are required to be updated regularly. The new form will be circulated to all members to complete and return to Katherine Sherry.

Action: Circulate new DOI forms to be completed by all members

KS

1.2 Notes and Matters Arising from previous meeting

The notes (Enclosure B) were reviewed and agreed.

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

1.3 Membership of PCRG

KK confirmed that this will be discussed at the Locality Leads meeting in May. Concern has been raised regarding the level of feedback received by Practice Managers and the process by which the representatives cascade the information. SDW advised that Rob Munro had agreed the below process with the PM Reps.

- PM Reps make notes at the meeting
- Their notes are circulated to their Cluster with the meeting minutes
- The agenda for the next meeting is circulated to the cluster requesting input

During discussion it was highlighted that the delay in receiving the agenda/minutes is causing a short turnaround for feedback from practices. It was agreed that the PM Reps notes can be circulated to the practices subject to confirmation by the official minutes. 5 working days prior to the meeting was identified as a reasonable timeframe to receive the agenda and papers. These will also be circulated on the GP Bulletin to provide further opportunity for feedback. It was agreed that the agenda needs to be more focused and explicit where feedback is required. The points were noted and will be used when structuring the next agenda.

Key actions agreed:

- Agenda and papers to be circulated to PCRG members no less than 5 working days prior to the meeting.
- The agenda and papers will be published on the GP Bulletin prior to the meeting, including a reminder of the Cluster Representatives and Deputies for the practices to feedback to.
- PCRG agenda will identify where feedback is required from practices and what are the key areas for discussion.

1.4 **Local Contract Reviews-Update (Enclosures D, E and F)**

EW provided an update on the Local Contract reviews currently taking place. Clinical Leads have been identified for each area and Task and Finish groups have been set up and are underway.

- Over 75s- Clinical Lead is Karen Kirkham. Next Task and Finish group is 11th May and this will also be presented at the next Membership Event.
- Community Based Surgery- previously known as Minor Surgery. Clinical Lead is Steve Scott. The 1st draft of the new specification will be ready for the next Task and Finish group.
- Lower Limb Ulceration- previously known as Leg Ulcer. Clinical Lead is Craig Wakeham. 1st draft for the new specification will be ready for the next Task and Finish group.

EW advised that good progress is being made and that all draft specification will be shared with PCRG and Practice Managers prior to approval by PCCC.

It was noted that feedback had been taken regarding the Over 75s and the team are developing the new specification to ensure support for complex patients while changing the methodology in the deployment of resources and moving away from Locality funding. As this was not a universally accepted method, the challenge is to find the balance. The group provided valuable feedback during discussion. This will be used to develop the service further. CW and KK will take this forward.

1.5 **Drug Monitoring Service- Warfarin**

The paper circulated identifies that certain drugs that potentially require monitoring currently sit outside of the Drug Monitoring specification. It has been recognised that there are many issues with the current service regarding the Shared Care agreement and the responsibilities of those involved. This is a national issue and requires review to bring all of the elements together.

Dorset CCG is currently reviewing the service as there is inequality across the county. The service is currently only being provided by GP Practices in the West. In the East of the county this is provided by Nurses in the Hospitals. The service needs to be more joined up with clear roles and responsibilities for Acute, Primary Care and the Patient.

This is part of a wider, on-going piece of work. The paper has been presented to the Medicines Optimisation Group and some improvements have been made regarding audits carried out by Bournemouth and Poole consultants.

Part 2 Strategic Discussion

2.1 Primary Care Strategy Implementation Group (PSIG) Update

AD provided an update following the last PSIG meeting. All Locality Transformation Plans have now been received. AD explained that a self-assessment checklist had been produced to inform these and this is being used to provide feedback. AD plans to meet with all Chairs to inform the development of this work. Support is being provided to the Locality Chairs and GPs to ensure that learning is shared and the plans can be carried out effectively.

2.2 Quality and Demand Management (Enclosures H and I)

A selection of the CCLIP Peer Reviews was circulated to the group to aid discussion. The group are asked to provide some feedback on the peer reviews and the usefulness of the process.

During discussion the following points were raised:

- There are many recurring themes in the reviews. The information could be used to improve pathways and create a better way of referring. This should be linked to the Acute networks.
- Avoid repeating the process where the data is already available. Review and analyse the data and use for learning.
- Use to highlight areas of need for education to manage referrals - link with Primary Care Workforce Centre
- The purpose of the peer review should be clear. It is to help clinicians to improve outcomes/quality and to inform care pathways.
- Use CCLIP to change the peer review. Drill down to individual GP data. Link those with high referrals to those with low to share best practice.

The feedback was noted and will be used to guide the next steps of the project.

2.3 Extending Access to Primary Care- update (Enclosure J)

This work is moving at a fast pace. The team are currently working on slides to be presented at the next PSIG meeting. A further update on this will be provided at the next PCRG meeting.

EW attended the NHS England Access meeting in Reading. This provided some useful tools and tips to support the Extended Access project. This is part of the wider system work on Integrated Access and EW is linking with Sue Sutton. There is also a link to the Locality transformation plans and support for Locality working to achieve the Extended Access. The NHS England meeting provided clarity around the objectives and assurance for the process. EW will develop a FAQs/Top Tips for Extended Access using the key points from the meeting. This will be circulated to the PCRG members.

The project is on-going and further updates will be provided at future meetings.

Action: Develop Extended Access FAQs/Top Tips and circulate to the group.

EW

2.4 Future of QOF-Discussion

This item was requested by Members of Dorset CCG. No formal guidance regarding the future of QOF has been received yet. If QOF is to be removed another method to incentivise quality improvements must be implemented. Feedback from Somerset CCG, who has already removed QOF, has highlighted the difficulties they have faced with allocating funding and consistency. They have also reported no improvement in quality outcomes. CCu advised that the future of QOF on the whole is uncertain and a national replacement may be implemented going forward. The recommendation was made to wait until advised of the national position before looking into a replacement. The decision to suspend QOF can be made at any point in the year so no action is required at this point.

A request has been received from Poole Bay Locality asking Dorset CCG to suspend QOF for one year to allow them more time to focus on their proposed mergers. It was agreed that as there is no precedent for this and that no decision should be made in isolation. This discussion will be taken outside of the meeting and a response agreed.

Post Meeting Note:

This was discussed further outside of the meeting and it was agreed that the request would not be supported as the work the Locality is undertaking is not seen as exceptional. A response to the practice has been drafted and sent to FW for final approval.

3. Any Other Business

3.1 AF and Stroke prevention

This item was raised by CW. It has been identified that the percentage of people not on anticoagulation is increasing along with the rate of strokes. A paper has been drafted including recommendations to address the situation, reduce inequality and enable the practices to identify and treat patients effectively.

The paper will be circulated after the meeting and the group are asked to provide support for the recommendations outlined. This will be done outside of the meeting due to time restrictions.

Action: Circulate AF and Stroke prevention paper to the group asking to provide support for the recommendations within. Timescale for replies to be identified.

KS

4.1 The date of the next meeting is TBC. Timelines and time critical items will be considered when identifying potential dates.