

**NHS DORSET CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE MEETING
MATTERS ARISING - PART ONE**

Report of the Chair on Matters Arising from Part 1 of the Minutes of the NHS Dorset Clinical Commissioning Group Primary Care Commissioning Committee meeting held on 5 April 2017.

1. Purpose

To report to the Committee on any matters arising from the draft minutes of the last Committee meeting.

2. Recommendation

That the Committee notes this report and directs any action it sees fit.

3. Background Information

This report covers all outstanding action points contained in the minutes and is required in order that the Committee can be satisfied that all action points in the action column have either been done, are being done or will be done in accordance with the timescale contained in the minute, if any.

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.

CGL – Actioned.

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 – Actioned. The relevant chairs have been contacted and a meeting will be arranged in due course.

7.3 Medicines Optimisation Group report

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 – Actioned. Included within the report for the meeting.

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 – Actioned. E-mail sent 11 April 2017.

7.6 Dorset Sustaining and Transforming Primary Care Investment Plan

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 - This has been reviewed and an alternative approach being considered for locality allocations for areas where merged practices sit within more than one locality.

7.7 Extending Access to Primary Care

7.7.5 There was a request that community pharmacies be considered during the period of stakeholder engagement.

SSa - Actioned – this will be included in the engagement process.

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 – Actioned.

7.9 **Communication and Public Engagement Plan for Primary Care Commissioning Strategy Implementation**

7.9.6 The Committee directed that Healthwatch Dorset be included in the Public Engagement Template under Step 1.

SSa - Actioned – template updated.

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

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 - Jane Horne as portfolio director for Prevention at Scale (PAS) is linking with various primary care contacts to better identify what the PAS offer for primary care looks like, and how this will be incorporated in new models of primary care at scale. Plus, there is ongoing work through the development of a digital platform for LiveWell Dorset that will raise the profile of the service in primary care. This is likely to be supported by one of the new GP public health fellows (we have just recruited two).