

NHS DORSET CLINICAL COMMISSIONING GROUP (CCG)

PRIMARY CARE REFERENCE GROUP (PCRG)

8 November 2017 NOTES

A meeting of the Primary Care Reference Group of NHS Dorset Clinical Commissioning Group was held at 14:30hrs on Wednesday 8 November 2017 at Vespasian House, Dorchester, DT1 1TG.

Present: Craig Wakeham, CCG Chief Clinical Information Officer (CW) – PCRG Chair
 Anu Dhir, CCG Clinical Lead, Primary Care Development (AD)
 Karen Kirkham, GP Representative West Cluster – Weymouth & Portland (KK)
 Blair Millar, GP Representative West Cluster – Mid Dorset (BM)
 Rob Schuster-Bruce, GP Representative Mid Cluster – Poole Bay (RSB)
 Nick Evans, GP Representative Mid Cluster – Poole Bay (NE)
 Alastair Ward, GP Representative Mid Cluster – Purbeck (AW)
 Judith Young, PM Representative East Cluster – North Bournemouth (JY)
 Sarah Dummer Wade, PM Representative West Cluster – North Dorset (SDW)
 Sue Richards, PM Representative Mid Cluster – East Dorset (SR)
 Rob Payne, CCG Head of Primary Care (RP)
 Luna Hill, CCG Principal Primary Care Lead (LH)
 Sally Sandcraft, CCG Deputy Director (SS)
 Emma Wilson, CCG Senior Primary Care Lead (EW)
 Jane Thomas, CCG Primary Care Programme Officer (JT)
 Chloe Longman, CCG Administrator, Primary Care Team (CLo) *Note Taker*

Apologies: Claire Lehman, CCG Clinical Lead, Primary Care Quality – PCRG Chair (CL)
 Forbes Watson – CCG Clinical Chair (FW)
 Ravin Ramtohal – GP Representative East Cluster – Christchurch (RR)
 Mufeed Ni'man – GP Representative East Cluster – East Bournemouth (MN)
 Ben Sharland – GP Representative East Cluster – Central Bournemouth (BS)
 Simone Yule – GP Representative West Cluster – North Dorset (SY)
 Jenny Bubb – GP Representative West Cluster – Mid Dorset (JB)
 David Haines – GP Representative Mid Cluster – Purbeck (DH)
 Justine McKay – PM Representative West Cluster – Mid Dorset (JM)
 Carole Cusack – LMC Director of Primary Care (CC)
 Andy Purbrick – LMC Medical Director (AP)
 Ann Bond – CCG Principal Primary Care Lead (AB)
 Hannah Morris – CCG Deputy Finance Director (HM)

1.1 Welcome and Apologies

CW welcomed everyone to the meeting and introductions were made. Apologies received. It was noted CW is Chairing the meeting in CL's absence. It was also noted there is no clinical representation from the East Cluster. As PCRG is not a decision-making group this did not cause

Action

a problem but any input from East representatives must be noted following the meeting.

1.2 Declaration of Interest Forms

DOI forms (Enclosure A) were made available prior to the meeting for any additional declarations. No additional declarations were received for this meeting.

1.3 Notes and Matters Arising from previous meeting

The notes from the previous meeting (Enclosure B) were reviewed and agreed by all. The action tracker (Enclosure C) was reviewed – ongoing actions are covered within the agenda for the meeting. The updated Terms of Reference (Enclosure D) were reviewed and it was agreed by all for the ToR to be submitted for approval following a minor amendment to the colour key.

It was discussed there may not be enough representation from health professionals working within general practice. There have been issues around releasing practice nurses previously but funding is available to enable them to attend meetings. LH team to contact Practice Managers to release a nominated practice nurse to attend.

LH

1.4 Primary Care Commissioning Intentions for 2018/19

The updated paper was reviewed and discussed.

CCLIP – some discussion around removal of AF GRASP and MDT and focussing on diabetes and demand management work. This was agreed by all. Some concerns were raised around the current financial pressures in the LES' and GP Contract Plus, with some elements requiring further investment. It was agreed to hold a smaller group meeting to include RightCare work, GP Five Year Forward View and create a criteria to assess against. Concentration to be on what money should be focussed on at this stage. LH to lead. Formal paper to be produced for next PCRG.

LH/EW

Lower Limb Ulceration Specification

CW presented the updated specification (Enclosure F) following the concluded task and finish group. It was discussed whether diabetic foot ulcers should be included in the specification. It has been difficult to gauge the number of diabetic foot ulcers currently being treated, no data is currently available from general practice. It was agreed there will be an increasing need to treat diabetic foot ulcers so control will be important. Not currently in a position to submit to PCCC in December without sufficient evidence. An audit has been attempted within general practice to source data but was unsuccessful and Dorset HealthCare were unable to provide any detail. It was agreed LH would link with CCG colleagues to create an improved audit process to gain better understanding of the number of diabetic foot ulcer treatments being carried out, within both general practice and Dorset HealthCare. It was agreed to amend the

financial schedule and diabetic element of the specification and make the recommendation to PCCC in December.

Community Based Surgery (Minor Surgery LES) Specification

RSB presented the updated specification (Enclosure G) following the concluded task and finish group. The aim of the task and finish group was to ensure consistency, provide greater understanding, whilst looking at quality standards. Currently vast workload of minor surgery in secondary care, aiming to increase capacity in primary care to help shift workload. Aiming to provide a more expert service which involves adjusting current fees to reflect different procedures. Increasing fees will cause cost implications elsewhere but will mean sharing work with secondary care which should be seen as a success and is overall a cost-effective way of transforming. Commissioning Intentions paper (Enclosure E) covers overarching key changes. Financial framework yet to be completed. The current one/three tier payment structure in the Commissioning Intentions paper is subject to change following task and finish group. Service needs to be rationalised and is currently an overspent and uncapped LES. There is currently concern around duplicating LES and DES claims – service needs to be simplified. It was agreed there should also be a quality standard in place, regardless of the fee paid for the service. Important to recognise different skill levels and reflect in fee paid. EW to amend paper, working with RSB. To be agreed via email within task and finish group before sign off at PCCC.

Frailty Specification

KK presented the specification (Enclosure H). It was discussed that outcome measures need to look at locality level rather than individual practices. Roles should be developed to determine how the frailty service will be delivered. CCG are committed to pay at practice level but strongly encourage locality collaboration. Some practices are already delivering the service within over 75s work. Important to continue current work but looking at how it can link and built on to improve and collaborate. Also looking at joining general practice teams with community service team to allow wider collaboration. JY raised the issue of risk/indemnity which falls to one practice as part of collaboration – practices require support from the CCG to overcome such barriers. Important for CCG to understand the barriers in place in order to offer appropriate support. Some barriers include structure and geography if practices are spread apart. Outcome measures need to have a central focus and need to be more definitive. Service is likely to continually change and will look very different in future.

1.5 Update from Cancer Prevention at Scale Screening Programmes meeting with Public Health England

EW

Shared for information. Some queries raised around who is incentivising cervical screening in general practice. More investigation required – EW agreed to look into. Ensure connection with the team to keep updated. Contact Cindy Shaw-Fletcher for further information.

Commissioning Mental Health Services in Primary Care

Shared for information. It was agreed this needs to be further embedded within the primary community, practice engagement and locality support are important. Looking to see how this can be deployed within primary care. Backing practitioners in general practice and MDTs. CW/KK will support for Mid and West Clusters and BS will support for East. Contact Kath Florrey-Saunders for further information.

1.6 Any Other Business

KK raised Primary Care Home to gauge interest. Currently negotiating on everyone's behalf. Provides expert advice and has proven successful in other areas. Able to provide additional capacity and skills to support, specifically tailored to fit in with progress localities have already made, building on current progress to drive forward. Any feedback/input to be sent to SS/KK as central information point.

1.7 Date of Next Meeting

Wednesday 10 January, 2.00pm