

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 4 October 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.

6. Chair's Update

- 6.4 The conclusion of the review phase provided the opportunity for Primary Care services to move beyond the elements of the CSR and widen out in line with the Sustainability and Transformation Plan (STP) and the Accountable Care System (ACS). The Committee directed that priority be given to ensuring that the requirement for Primary Care representation at a high level was clarified for both the STP and ACS.

CGL – Actioned.

7.2 Improving Access to GP Services Service Specification

- 7.2.4 The Healthwatch Representative noted the reference to completed patient surveys on the local provision of services with over 1800 responses received. The Committee directed the Head of Primary Care to provide a further detailed breakdown of the figures, including how many people had been approached to take part.

RP – A copy of the Patient Survey report has been sent to Margaret Guy, Vice Chair of HealthWatch Dorset.

7.3 Primary Care Strategy Update

7.3.4 The Committee enquired regarding the position on public and patient engagement through the various Primary Care workstreams. The ongoing work was valuable but was currently of quite low visibility to the public and engagement was a critical area to ensure that patients understood and had an opportunity to influence the services.

7.3.5 Recent engagement with the public had been mainly focussed on the CSR. The Committee directed that Comms and Engagement raise awareness of the work the CCG had undertaken in Primary Care.

CS – This information will be included in the Primary Care Communications and Engagement Strategy Update paper being presented to the December Primary Care Commissioning Committee meeting.

7.5 Learning Disability Health Checks

7.5.4 The Committee noted the difficulty for GP practices to encourage disadvantaged and vulnerable patients to attend for health checks and directed that links with the voluntary sector be explored to provide additional support to Primary Care to deliver the proposed actions.

MW – Voluntary sector (by way of self-advocacy organisations Bournemouth People First, Poole Forum, People First Dorset and Dorset Advocacy) have been involved in the Health Action Group and Health Check task and finish group. They have contributed to plans to improve the uptake and quality of health checks and the project is discussed at each meeting (quarterly). In addition the self-advocacy organisations support their members to access health checks.

Dorset Advocacy cover health checks as part of their G.P awareness training – but uptake has been poor. Anything the committee can do to help open doors would be welcome.

7.5.5 The Committee was concerned that the current trajectory for achievement was not improving at an acceptable rate. The Committee directed that Learning Disability Health Checks be added to the Performance Report for the Governing Body.

MW – The information had been added to the Performance report to the Governing Body. This had been included as part of the Primary Care Update.

8. Public Health Update

- 8.5 The Committee directed that Prevention at Scale be a standing agenda item for Locality Meetings to inform practices and to explore how to achieve Prevention at Scale in the practice setting.

RP – This is now a standing item on all Locality meeting agendas. Progress on this area is being monitored through local Transformation Plans and Highlight Reports from the Sycle system and are being shared at the Primary Care Strategy Implementation Group meetings.

- 8.6 The Committee directed that Prevention at Scale be added to a future Governing Body workshop agenda.

ES – Added to the Development Workshop Agenda taking place on 28 February 2018.

- 8.7 The Committee highlighted the link the CCG had with Parish and Town Councils with agreement in place to communicate health messages through their newsletters, receive feedback and to provide speakers at events. The Committee directed that this be explored as a means of communication for PAS.

CS – To be included in the next round of contract talks linking with primary care to see what it is they want included exactly.

9. Any Other Business

- 9.1 The Director of Nursing and Quality said that the CCG had been successful with a bid to the Academic Health Science Networks (AHSN) in conjunction with Pfizer for funding a project on improving the identification and management of patients with Atrial Fibrillation (AF) to reduce stroke risk and Venous Thromboembolism (VTE). The decision to bid had been close to the date of submission so had not yet been through the relevant governance processes. A report would be provided to the next meeting.

SSh – Actioned.