NHS
Rotherham
Clinical Commissioning Group

Minutes		
	Title of Meeting:	**GP Members Committee (GPMC)**
	Time:	**12.30 to 15.20**
	Date:	**Wednesday 22nd February 2017**
	Venue:	**G.04 Elm Oak House**
	Chairman:	**Dr Geoff Avery**

Quoracy: 5 GP members or their deputies

Members or Deputies Present:

Dr Ahsan Goni (AG) Shakespear Road	Central 2
Dr Geoff Avery (GA) Blyth Road (Chair)	Maltby/Wickersley
Dr Simon MacKeown (SM) St Ann's Medical Centre	Health Village
Dr Naresh Patel (NP) Broom Lane	Central North
Dr Sophie Holden (SH), Market Surgery	Wath/Swinton
Dr Bipin Chandran (BC) Treeton Medical Centre	Rother Valley North
Dr Tim Douglas (TD Dinnington Group Practice	Rother Valley South
Dr Simon Langmead (SL), Broom Lane	Central North

LMC Representative

Dr Gokul Muthoo (GM) Stag Medical Practice	LMC

Apologies

Keely Firth Chief Finance Officer	CCG
Dr Srini Vasan (SV) York Road Surgery	Wentworth South

In Attendance:

Barry Wiles (BW) Maltby Service Centre/Clifton MC	Practice Managers' Rep
Dr Julie Kitlowski (JK) Rotherham CCG Chair	CCG
Dr Richard Cullen (RCu) Vice Chair Rotherham SCE	SCE
Chris Edwards (CE) Chief Officer	CCG
Wendy Allott, Deputy Chief Finance Officer	CCG
Ian Atkinson Deputy Chief Officer	CCG
Lisa Gash (LGa) Minute Taker	CCG
Sue Cassin (SC), Chief Nurse, RCCG	CCG
Stuart Lakin (SLa), Head of Medicines Management	CCG
Kath Henderson (KH), Lay Member	

No.	Item	Action
1.	**Declarations of Pecuniary or Non-Pecuniary Interests** Drs Avery, Chandran, Cullen, Douglas, Goni, Holden, Kitlowski, MacKeown, Muthoo, Patel and Vasan had an (indirect) interest in most items. Dr MacKeown has a particular interest in items relating to Rotherham Hospice as he is employed by them. No agenda items require decisions to be made.	
2.	**Ratification of GP Chair** CE reported results from the SCE vote:	

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	• Dr Richard Cullen nominated as Chair. • Dr Jason Page nominated as Vice Chair. **Following process, GPMC support the decision of SCE and duly ratify.** CE reported process will now follow for recruitment of a new SCE GP and also process for the selection of a new independent GP representative for Governing Body.	
3.	**Financial Plan** WA informed GP Members of the plans sent to NHSE supporting the 4th cut of the financial templates submitted on 27th February 2017 which fully ensures the CCG will achieve required targets. Section 3 – a new graphic showing baseline allocation with movement between the 2016/17 recurrent allocation and the 2017/18 allocation. BC enquired what HRG4+ is, WA responded it stands for Healthcare Resource Group and is the national tariff prices applied to healthcare, there are many more tariffs now with changed distribution of funds referred to as "currency change". Section 4 – provides more details about service specific priorities in the main CCG plan which will be submitted to NHSE with plans covering how they link to the STP. Assurance is given that the financial plan has been developed to take into account objectives in section 4 and built into financial planning. This results in the proposed budget set out in Section 5. The final version will change slightly on the TRFT community line which will read 29.2 and line below for "other community" will read 6.4. Section 6 is a useful pie chart showing information in Section 5, highlighting where funds are allocated. Section 7 – WA explained that to achieve all investment in the commissioning plan, growth money alone is not enough to fund, therefore QIPP requirements are shown in table 7, setting out by area where QIPP has been targeted, Appendix B gives further detail on high level QIPP schemes which sit behind the pyramids. Section 8 – outlines risks this year in the challenging financial environment, WA explained credible plans and governance processes are in place. Section 9 provides a summary and conclusion and Section 10 requests that GPMC agree the plan and recommend it is ratified at Governing Body. IA further explained that RCCG are in a strong position. Operational plan submission was signed off in January allowing time and assurance for delivery along with assurance for full-year impact through QIPP schemes, tariffs, clinical thresholds, medicines management etc. Progress made this year allows for a good start for the coming year. Member comments: • GA enquired when it would be known if the £1.2m target was being met? WA responded it is not known at this time. • GM advised that other CCGs have contingency planning and questioned the position for RCCG. CE confirmed a half percent contingency (around £2m) is in the plan along with 1% headroom. • GM enquired about corporate expenses and how RCCG compares to other CCGs. WA explained this is covered in Appendix B, point 15 - £200k is corporate running costs. • SH enquired what the consequences are if targets aren't met. CE responded that for any CCG not meeting targets, NHSE may impose a "turn-around" regime.	

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	• SV enquired whether measures were in place to stop the same patients being re-admitted to TRFT and if this has been taken into account in acute admissions. RCu responded this will be measured. SM confirmed this forms part of the community transformation work and pilot which are looking at smarter ways of dealing with re-admissions. • GM enquired about the Emergency Centre build. CE clarified that any more changes/finance will come out of the TRFT capital programme. JM confirmed £12.2m was received from RCCG, total build is £14m in total. • CE provided feedback from NHSE who feel the plan is credible, challenging yet achievable. • GM enquired what happens to the Out of Hours/Walk in Centre shown in section 5. WA confirmed this will go to the ECC. GM also pointed out the error at the end of the table – percent should read 100, not 1.0 – WA to alter. • WA further confirmed non-elective admissions formed part of acute care and Doncaster/Bassetlaw have been included. **GPMC noted and duly approved the financial plan for 2017/18, recommending the same is ratified at Governing Body.**	**WA**
4.	**Emergency Care Centre (ECC) Update on Delivery** Jo Martin in attendance – verbal update provided: • Build is ahead of schedule. Building will open on 6th July, UEC model to be fully implemented by 2020. Workforce Recruitment Event held on 10th February. Around 300 people from HCAs through to Consultants attended, interviews were held on the day by the 4 interview panels put in place. 40 applicants for the B5 posts, job advert not yet closed. Band 6 posts, applications were still being received after the event. 70 applicants for the ACP posts, interviews will take place on 22nd February. Noted there were a lot of applications from Sheffield who are already qualified but no posts available in Sheffield. GPs - 3 recruited following the event, another 2 have shown interests. 2 consultants expressed interest. 7 applicants for the Paediatric nursing post. The event far exceeded expectations. • Further work is now required around retaining staff through a robust training program, working on mentorship schemes and service model. • Communications will start around the end of March sending key messages to the public to avoid mixed messages. A task and finish group has been set up, noted that KH sits on this group engaging patient and public involvement regarding messages for the public and key stakeholders. A staff orientation day to include wider stakeholders will take place with simulation events. JM reported Look North and Calendar are interested in reporting, camera crews will be invited to the simulation day. • Business resilience is underway, testing contingencies (eg chemical incident/major incidents). Working with police and fire services under the wider business resilience group chaired by RMBC. • IT discharge letters are being picked up through contract quality with TRFT having been given a deadline by the end of February for changes to be made, concerns are being addressed. **Member Comments:** • SV asked whether the model will work, JM responded that ANPs undertaking triage will ensure that routine primary care cases are seen and directed within 30 mintues. BC enquired about patients identified for routine primary care, JM	

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	confirmed there will be no inappropriate referrals back to primary care. • TD enquired about retaining staff and the leadership strategy. JM confirmed exit interviews had uncovered problems, the leadership team was addressed and changed, a specialist change consultant has been recruited to work on this project. The OD specialist is working with leadership team and has held several listening events with ED teams, listening to staff both individually and in groups. Training packages and mentorship schemes have been put in place. There will be a lead consultant and lead GP with one overarching general manager forming the new leadership team. • GM enquired whether a major incident plan was in place, JM confirmed there is a plan. • SM asked whether full IT has been in place during the testing phase. JM confirmed and advised a meeting is being held every Wednesday with IT and clinicians. • SH enquired whether there were enough senior nurses in triage. JM confirmed there will be 3 triage nurses with senior ANP supporting. JM extended the offer of tours around the centre, if anyone is interested, please contact JM to arrange. GA advised this is a crucial time and asked that DC and JM attend GPMC on a regular basis. Suggested raising at PLTC in May. DC confirmed messages to patients will start to filter out around March/April. GA asked JM to think about what help is required from GPMC to promote further. **GPMC thanked DC and JM for the update.**	**JM & PLTC agenda**
5.	**Medicines Management QIPP report** SLa presented the above report providing key comments: • Challenged back in March 2016 as Rotherham had high cost growth (6.8%) 3rd highest in Y&H and prescribing item growth (3.4%) 4th highest in Yorkshire and Humber. • Stopping third party party ordering has seen good returns. To date 12 practices have stopped third party ordering, this will have increased to 29 by May 2017. Item growth in the practices that have stopped third party ordering ranges from -2.82% to -5.48%, this compares to an item growth of 3.45% in practices that continue to allow third party ordering. • Continuing work is taking place with patient and public engagement groups. It is recognised that these groups have a majority of elderly patients representation and further opinions from working adults and younger patients are required. • Working to support practices with the Self-care program for 2017/18. • Plans around waste management in care homes requires further work. • Risks – category M drugs are always a risk, subject to market fluctuations. Some challenges received from pharmaceutical companies. • Supporting practices with the prescription decision tool (scriptswitch) where one click will change prescriptions to a branded generic or a formulary recommended product. A smart survey will be sent out shortly. Member comments: • TD enquired whether the process was safe. Sla advised no incidents had been reported. TD stated patients are unaware of drug costs and enquired whether there was a way to inform patients. SLa advised that the waste	

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	campaign raised some awareness. CE further reported that Helen Wyatt has been involved in PPE events and groups where this issue has been promoted and would welcome any further suggestions. Further suggestions include stating the cost of drugs on prescription sheets. • SV enquired about changing prices. SLa advised prices seem to be maintaining and would anticipate 2-3 years minimum timescales to switch. Noted that guidelines are available on internet. Further enquiries made regarding BNF and the fact that patients are entitled to drugs if it is in the BNF. GA brought discussions to an end and thanked SLa for the update.	
6.	**Minutes of Previous Meeting 25.01.2017** Agreed as a true record of proceedings. **Matters Arising 25.01.2017** • Page 3 - Eating Disorders – members confirmed information had now been received. • Page 4 – Winter Pressures Update - CE/JK confirmed this will be undertaken through through the A&E Delivery Board. • Page 4 – Village Pilot update – IA confirmed Claire Smith and Phil Birks will attend to update on community transformation in March. • Page 4 - M24 – IA confirmed he is working with RDaSH to get list and will feed back when information is received. • Page 4 - Haematology bounce backs IA confirmed this will be picked up at CRMC. SV further questioned haematology protocol. It was confirmed that LMC has a chain of response letters, GPs need to be reminded these are available. IA suggested that examples are provided to RCCG for evidence. JK reported that if patients go to clinic and need repeat bloods at a later time from the practice a form should be issued with the patient's name on it - primary care should not be taking bloods without a form, it is the requesting physician who should deal with results (also look at scans etc). • Page 5 – Enhanced Service payments – BW reported Chris Skelton advised at the Practice Manager forum that the CCG is already looking into this and therefore clarification was requested. CE suggested finance be discussed at the practice manager forum, information be provided by the primary care committee and PMs to work together as a network to share good practice, this will be helpful for PMs who may have a skill deficit by working together. SC confirmed this was previously part of quality visits. • Page 6 – IT - RCu reported ICE is slow, the current system is coming to the end of life, every weekend work is being undertaken. • Page 6 – delays in reporting - SM confirmed this had been raised as an SAE. • Page 6 - PSA testing – proforma should come through – RCu will pick this issue up.	**RCu**
7.	**Issue Logs** Noted there have been problems with the issues log with issues not being received which have now been rectified. **RDaSH Issues Log** No further updates.	

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	TRFT Issues Log Members reviewed the log for information. Comments made and added to the log for further discussion with TRFT.	
8.	**January/February Locality Feedback & Outstanding Feedback from Previous Months** Updated, to be circulated with minutes. Further feedback: Overseas Visitors – reported that in the new GMS contract there is a section on overseas visitors. Clarification is that primary care treatment is free, GPs can refuse to see overseas visitors or can see them without charge or advise them to go to WIC. If the patient then attends TRFT it is their choice whether to charge or not. Confirmed a patient can be registered without an NHS number. GM confirmed the government are looking at this further.	
9.	**Feedback from GPMC Members attending sub-committees** **a) Practice Managers Forum** BW presented notes summarising items discussed at the Practice Managers' Commissioning Forum held on 14th February 2017. Main points of note: • Greg Pacey attended from the LMC. • Agreed format of meetings. • Session on contract review, overseas registrations, recurrent £2m for transfer of patient records and unscheduled admissions. • Hubs – North/South are reportedly slow. Positive feedback received from patients attending. • Concerns from LMC regarding the tone of CCG correspondence which appears threatening, CE duly noted the feedback. • Flu update – pharmacy have been giving jabs but practices are not receiving details. • On circulation of compliance for each LES (produced quarterly) BW will feed back to PM forum and incorporate GM's comments. **Received and noted by GPMC for information.** **b) Community Transformation** SM reported no meeting since the last update. SM reported that Ian Carey has left, 2 people are now sharing responsibility. Informal meeting held with Jon Miles – interested in working out how the community physician will fit in.	**BW**

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	c) Mental Health Transformation IA reported: • Dementia LES – an update from Dr Ryans showed at the end of quarter 4 increased numbers of diagnosis, population coverage – increasing and seeing a shift of numbers. Acknowledged that numbers are still low and the level of training has increased. Further work will take place to embed across practices. Ongoing dialogue taking place around follow up of patients. • Dementia LES in quality contract – discussions are taking place. Currently outside of the quality contract, anticipated that within 12 months (the last year) this will be incorporated under the basket LES contract. • IAPT – IA reported self-referral evidence is improving. Members advised that further forms were required in some practices and some had not received forms. IA agreed to feed this back. **Received and noted by GPMC for information.** **d) A&E Delivery Group** TD updated: • Performance remains challenging. Documented problems for admissions and discharges. • Problems with social care - recognise that difficult times are ahead with reductions in funding. Intermediate care – eg Davies Court admissions, some patients may be ready to go home but blockages in pathway for discharge. • GA/JK reported discussions around the CCC were taking place and was discussed at SCE today. Consideration into continuing with CCC but improving service by enabling GPs to speak to consultants if required which would be a compromise whilst CCC is being looked at and fit for purpose, this will offer GPs the opportunity to speak to a consultant. GA/TD reported positively they had already experienced this happening. • JK reported discussions taking place with consultants around patients who don't need admitting immediately but could wait until morning. These patients could be turned around quickly when other options for urgent care can be available. • GA enquired about clinical input into CCC, JK responded the aspiration is that this would be a filter and decide which option would be best, a review is needed. **Received and noted by GPMC for information.** **e) AQuA** SH advised the next AQuA meeting will be held in March.	**IA**

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	f) IT Strategy Group SM reported there was no meeting this month. SM reported the portal has been updated meaning it is a bit easier to access records, work still in progress. Reception staff now have log in access, will be able to see who is in although can't access full records. **Received and noted by GPMC for information.** **g) Practice Nurse Forum** SC Updated: • First FGM referral made by a practice nurse last month. This is a positive and feedback has been given to the practice involved. • Still ongoing issues with training places for smear taking, three yearly updates – university have confirmed courses are being put on, SC has queried whether there are enough. Cathy Wakefield will take this forward along with VAC and IMMs. Practice nurse training for next financial year not confirmed. • Facebook page continues to be really well utilised. • PN sessions now taking place at every PLTC event. • First student has been placed with the CHC team. • Positive feedback given by RCu/CE regarding the CHC/nurse post.	
10.	**Feedback from Key Issues Discussed at CCG Governing Body** **a) February Chief Officers Report** Members noted the Chief Officer's Report with no comments. **b) South Yorkshire & Bassetlaw (SY&B) Sustainability and Transformation Plan (STP)** CE confirmed stroke and children's surgery consultations have finished, feedback will now be considered, followed by the writing of a business case to go through bodies for consideration. Affordability will be a factor. There is a clinical case for change – if centralise services patients will get enhanced services and clinical outcomes would be improved. Discussion took place, CE confirmed there will be a full clinical services review in September/October to look at risk specialities. A report will then follow to say what will be sustainable in Rotherham.	
11.	**Feedback of Key Issues Discussed at Strategic CE** Members noted with the following comments: • Clinical Thresholds – TD asked that it is emphasised to practices that forms do need completing. • Gastro problems – reported 14% deficit in recruitment. • Post PLTC GP/Consultant meeting was positive, this will happen again in March to discuss urgent admissions/AMU.	
12.	**Items for PLT Consideration** None.	

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13.	**Any Other Business** • GM commented on the short response timescale to respond to the physiotherapy triage (sent for response within 24 hours). Some practices hold partner meetings only once per week leaving no time for communications, felt negated from the start. RCu advised 10/12 practices advised they could undertake. CE apologised for the short response timescale, lots of factors had to be taken into account. GA agreed to check co-commissioning notes on how the process was reached. • BW raised social care commissioning and asked how will this impact on primary care. CE agreed to enquire how social care commissioning will be communicated. • GM enquired about public health, BW confirmed tenders for services are going out for 2018. • CE reported RCCG have agreed to fund a manager and a nurse from 1st April for the Community Interest Company (CIC), will see step changes.	**GA** **CE**
14.	**Next Meeting** **Wednesday 29th March 2017, 12.30pm, Elm Room, Oak House**	