

Minutes	Title of Meeting:	Rotherham CCG Primary Care Committee
	Time:	1:00pm
	Date:	08.02.2017
	Venue:	G.05, Oak House – Rotherham
	Reference:	JT / RC
	Chairman:	Robin Carlisle

Present

Robin Carlisle	RC	Lay Member (Chair)
Jason Page	JP	Lead SCE GP for Primary Care
Kath Henderson	KH	Lay Member
Dawn Anderson	DA	Head of Primary Care Quality
Chris Edwards	CE	Chief Officer – Rotherham CCG
Sue Cassin	SC	Chief Nurse
Garry Charlesworth	GC	NHS England
Nathan Batchelor	NB	Healthwatch
Phil Birks	PB	SCE GP
Geoff Avery	GA	Chair of GP Members Committee
Wendy Allott	WA	Deputy Chief Finance Officer
Jacqui Tuffnell	JT	Head of Co-Commissioning

In Attendance:

Chris Barnes – Rotherham CCG (Minute Taker)

		Action
1.	Apologies Keely Firth, John Barber	
2.	Declarations of Conflicts of Interest and Pecuniary or Non-Pecuniary Interest The GP members of the committee are partners in different practices across Rotherham. They have a direct interest in items that influence finances, resources or quality requirements for general practice in Rotherham. This applies to all items discussed in Items on the agenda. Any additional specific Conflicts of Interest and how the Committee addressed the conflict of interest will be noted under individual items. No items on the agenda required any decisions to be made.	
3.	Patient & Public Questions There were no public questions raised.	

4.	<p>Minutes of the last meeting and action log</p> <p>The Minutes of the last meeting were agreed as an accurate record.</p> <p>Action Log has been updated accordingly.</p>	
6.	<p>Strategic Direction</p> <p>Dementia LES Update</p> <p>The GPs were conflicted in this item as they currently take part in the Dementia LES. However no decisions were to be made and this item was purely a verbal update, as such they were free to remain in the room for the discussion.</p> <p>The Mental Health team are currently relooking at the timings that it is taking staff to complete the actions. Further training sessions are required for Health Care Assistants.</p> <p>There has been lessons learned from this, and since then a “Process for implementing new LES’s” has been introduced.</p> <p>Quality Contract Update</p> <p>The GPs will benefit financially from the Quality Contract; however this item is for information only. No decisions are to be made; as such the GPs can remain in the room and take part in the discussion.</p> <p>JP provided a brief update, he was optimistic that the final Standards will be complete by the end of March. A further update will be brought to the March 2017 Committee meeting.</p> <p>Physio First Pilot</p> <p>The Physio First Pilot is taking place in 2 practices in Rotherham, if successful it may be rolled out further. The 2 practices taking part in the pilot are not represented directly at the committee. This item was for information only; no decision was to be made.</p> <p>JT explained that due to tight timescales, the decision regarding selecting the practices to take part in the pilot could not be made at this committee. However a thorough process was put in place.</p> <p>There is hope that the pilot will create efficiency in the reduction of referrals to secondary care and physiotherapy.</p> <p>An evaluation will follow the 2 month pilot period.</p> <p>The group delegated authority to CE and JT, should the pilot need extending beyond the initial 2 month period.</p>	

	<p>Care Navigation and Clinical Documentation Training</p> <p>This funding was highlighted in GPFV. There are demands on practices as they have to commit the time to attend the training sessions.</p> <p>JT made it clear that Nationally and locally these schemes are widely supported with regard to assisting to capacity issues within General Practice.</p> <p>GA and JP offered their support to the programmes and highlighted the positive impacts that they could have.</p> <p>JT added; both schemes have proven to save time and improve quality in other areas of the country.</p> <p>Productive General Practice Update</p> <p>DA provided a brief update; all 31 practices have taken part. The practices from cohort 1 have recently completed their last group session.</p> <p>Really positive feedback has been received from both practices and the trainers alike. There are many examples where efficiencies have been made.</p> <p>Access Report</p> <p>JT explained that this information had been supplied from Practice Managers (pulled from their clinical systems). It was noted that there was an increase of 92,000 appointments from 2015 to 2016 (15k of these were phlebotomy appointments)</p> <p>JP stated that it should be noted that practices have had an estimated 8% increase in the number of appointments required, yet have not received an equivalent financial increase.</p> <p>Action – CB to add to the forward programme to review annually</p>	<p>CB</p>
<p>7.</p>	<p>Quality and Performance Management</p> <p>Dashboard</p> <p>This item was for information only. The GPs remained in the room for the discussion.</p> <p>GA gave positive feedback about the dashboard and stated that it is a useful tool for practices to have.</p> <p>GA also feedback that GPs across Rotherham don't seem to know about or access the dashboard regularly.</p> <p>Action – It was suggested that GA and JP send out the link for the dashboard as it will be well received from them</p> <p>The links to the dashboard will be included in all Quality Contract information that is sent out to practices.</p>	<p>GA / JP</p>

	<p>Quality Update</p> <p>The GPs will be affected by the visiting process which is discussed in this item as they are Partners in practices in Rotherham. This item is a verbal update only, no decisions are to be made.</p> <p>DA gave a brief update. All Rotherham practices have now had a CQC visit, and the reports for all (except Magna) are available.</p> <p>The overall picture was positive as no practices were rated as “Inadequate”.</p> <p>DA highlighted that all practices that received a rating of “Requires Improvement” (in any domain), would receive a follow up visit, to review that specific area.</p> <p>A common issue with numerous practices across Rotherham, was recruitment issues.</p> <p>Reporting to Governing Body – the draft minutes from this meeting will now be raised at the public session of Governing Body.</p> <p>Patient Survey Results</p> <p>These results are from July, as such they are not new information. Rotherham does compare favourably in many fields, both locally and nationally.</p> <p>Steps have been taken for example; Improving telephony and implementing MJOG, which should have a positive impact on Access.</p>	
8.	<p>Finance</p> <p>The report sets out CCG funding that is spent on General practice. The GP members have a direct financial interest in this item. As the item is primarily about understanding the CCG’s financial treatment of primary care the chair proposed that all members could participate fully in the discussion</p> <p>WA gave a brief overview of the month 9 position broadly PMS reinvestment LES’s and the Quality Contract performing to plan with underperformance in some of the CCG’s longer standing LES schemes. It was requested that once a year WA produces an overview of underspend by practice / LES to show where the potential gaps in services are. Action – JT and WA to discuss.</p> <p>WA reported that there was potentially good news around a number of previously rejected EFFT bids now possibly securing funding, and a list of primary care developments being funded will be brought to the next meeting.</p>	
9.	<p>Any Other Business</p> <p>None raised</p>	

9.	Items for escalation / reporting to the Governing Body	
10.	Date and time of the next meeting 8 th March 2017	CB

2017 Meetings (1pm)

8th March – Elm Room
 12th April – Elm Room
 10th May – Elm Room
 14th June – Elm Room
 12th July – Elm Room