Agreed at Meeting
24.07.13

NHS
Rotherham Clinical Commissioning Group

Minutes	**Title of Meeting**:	**GP Members Committee (GPMC)**
	Time:	**12.30pm to 3.30pm**
	Date:	**Wednesday 26 June 2013**
	Venue:	**G.04 Elm Oak House**
	Chairman:	**Dr Leonard Jacob**

Members or deputies Present:

Dr Leonard Jacob (LJ), GP, Thrybergh Medical Centre	Chair/ Central 2
Dr Simon MacKeown (SM) GP St Ann's Medical Centre	Health Village
Dr Rob Evans (RE) Swallownest Health Centre	Rother Valley South
Dr Geoff Avery (GA), Blyth Road	Maltby/Wickersley
Dr Bipin Chandran (BC), Treeton Health Centre	Rother Valley North
Dr Sophie Holden (SH), Market Surgery	Wath/Swinton
Dr Naresh Patel (NP), Broom Lane Medical Centre	Central North
Dr Srini Vasan (SV), York Road Surgery	Wentworth South

LMC Representative

Neil Thorman, LMC Representative	LMC

Apologies

Robin Carlisle (RCa), Deputy Chief Officer	CCG

In Attendance:

Chris Edwards (CEd), Chief Officer	CCG
Keely Firth, (KF) Chief Finance Officer	CCG
Dr David Tooth (DT), Chair Rotherham SCE	SCE
Emma Royle (ER) Project Manager	CCG
Barry Wiles, (BW) Maltby Service Centre/Clifton MC	Practice Managers' Rep
Lynn Hazeltine (LH) York Road Surgery	Practice Managers' Rep
Dr Nagpal Hoysal (NH), Consultant in Public Health Medicine – *Item 1*	Public Health
Dr Phil Birks (PB) GP Lead for Acute Contracting – *Item 2*	SCE

		Action
	Apologies As noted above.	
1.	**Shared Decision Making** 1.1 Dr Nagpal Hoysal from Public Health attended to provide information regarding this item. 1.2 Background information was shared with members who were advised that Shared Decision Making (SDM) will help the CCG manage the challenges they will face in relation to demographic changes. Personalisation is also a key aspect of SDM. 1.3 Members were informed that SDM puts the onerous on the patient to make a choice from available options as discussed with the GP, aiding them in making an informed decision.	

	1.4 There are two aspects that form the basis of SDM. The first is patients asking 3 key questions which is a structure for patients to get the most out of their consultation. The second is the use of standard Patient Decision Aid tools. Both of these materials are free. 1.5 Noted that not all patients will want a consultation via this approach but the tools would be useful for the small cohort of patients that would prefer this approach. 1.6 Informing patients of their options is exactly what GP's aspire to do. 1.7 Concerns were raised in relation to actual time constraints when undertaking consultation appointments. Members advised that the average length of time for a consultation should be communicated as part of the promotion. 1.8 Overall members felt that positive work had been undertaken and noted the information provided. Members acknowledged that these tools would be actively promoted to the Rotherham population and suggested to Dr Hoysal to discuss this further with GP educationists.	
2.	**RFT Performance Update** 2.1 Dr Phil Birks attended to discuss this item. A document had been circulated which detailed the contract management framework and timescales, plus contained an update on current performance issues which included specific issues raised by members. 2.2 *Choose & Book* – BC advised that the Trust had reported that issues around booking of appointments had been rectified but BC advised of one specific issue from this week where an appointment was cancelled 18 minutes after it was booked and a letter was sent to the patient that suggested the appointment had been cancelled by the GP. Agreed BC would forward details of this specific issue for further investigation. Dr Birks acknowledged that there are further improvements needed in some specialties and that the contracting team is liaising with the Trust over deteriorating figures and questioning how accurate the data actually is. 2.3 *Defer to Provider* – NP reported that patients are not receiving information within an appropriate timeframe which then leads patients to contact practices for chasing up. Agreed NP would forward details of this specific issue for further investigation. ****DT reported that express consent from patients must be sought before patient level data is shared with commissioners due to Information Governance Legislation**** 2.4 *Community Nurses* – CE reported that as of this morning, 7 vacancies had been filled and 8 vacancies were still outstanding. Members were informed that at present the vacancies are disproportionate between the North and South localities which makes it difficult to distribute District Nurses based on needs. However, practices can highlight to nurses any specific needs for certain areas when required. Concerns were expressed around cover for nurses when one is on leave or off sick as the process of contacting a nurse in the absence of another is unclear. Dr Birks advised that the national contract for community services is a block contract but some elements are currently being reviewed. KF reported that work undertaken suggests that activity has increased but we need to bear in mind any	**BC** **NP**

	cost implications when looking to change services. Members undertook a detailed debate around the current model and previous model whereby nurses were attached to specific practices, advantages and disadvantage of both models were shared but what was clear is that defining the outcomes of what is wanted from the service is key to informing discussions. Following these detailed discussions, it was agreed that up to date details on job roles was needed, clarification of cover in the case of absences and what alternatives are available for nursing homes when nurses are not available as they are currently contacting practices. Dr Birks would take this forward and respond accordingly.	**PB**
3.	**Minutes of Previous Meeting & Matters Arising** 3.1 *Minutes of last meeting* - Minutes dated 29 May 2013 were agreed. *3.2 Matters Arising*: 3.2.1 *HealthWatch* (item 1.9 in previous minutes) – Agreed that an update on HealthWatch, with relevant contact details, would be included in the next CCG newsletter	**DT**
	3.2.2 *CCG Approach to GP Quality* (item 2.2.2 in previous minutes) – Noted that lead GP's and officers have been discussing QoF in detail with NHS England. An agreement with NHS England had been reached at the end of last week and the CCG will be issuing a checklist that identified 6 workstreams. Locality reps and LMC would communicate to practices that any issues in relation to PMS / GMS / QoF need to be raised with the appropriate organization as these are not CCG responsibilities.	**Locality Reps & LMC**
	3.2.3 *NHS 111* (item 2.2.5 in previous minutes) – Noted that the visit to NHS 111 is to be re-scheduled. Following the query raised at the last meeting about whether it is the GP's responsibility to follow up if a patient had contacted either their GP or GP Out of Hours within 6 hours as instructed, BC confirmed that it is not the responsibility of the GP to follow up to check this has been done. Members were also advised that Dominic Blaydon is liaising with Care UK regarding the promptness of reports. *3.2.4 RFT Chairman* – CE reported that the interim chairman for the Trust is Christopher Langley. This has been approved by Monitor 3.2.5 *Maintenance of Equipment* – Noted that a business case should be produced for any proposals and submitted to KF. 3.2.6 *Wound Management from Secondary to Primary Care* – Members informed that this is on the list for consideration for 2014/15.	
	3.2.7 *Annual Commissioning Planning Round 2014/15* – Members advised that any projects that will help reduce admissions need to be encouraged and communicated. Noted that the ACP includes plans for non-recurrent projects.	**Locality Reps**
	3.2.8 *Tele-Health DES* – Members advised that Hypertension had been suggested at the last commissioning event. Dr Kitlowski is working up the detail and a further report will be going to the Unscheduled Care Management Committee on the 24 June.	

4.	**PSA Update** 4.1 KF reported that the process was close to completion, Dr Kitlwoski is leading on the discharge protocol and Dr Cullen is leading on the clinical protocol. 4.2 Protocols are informed by national cancer guidelines 4.3 The suggestion for Remuneration will be a one off patient. Activity estimates have been reviewed and appropriate renumeration identified based on individual guidelines. Noted that this process presents little risk and the renumeration approach protects smaller practices. 4.4 Noted that remuneration can be reviewed at a later date to ensure costs/pricing is not disproportionate. 4.5 Where the PSA goes up, an action plan will be in place which will document what should happen. 4.6 Members questioned if there is a backup system in place for the cancer register, agreed Dr Cullen would be asked to advise.	**LJ/ER**
5.	**Benchmarking Information** 5.1 Document detailing comparison data with neighboring communities was circulated for information. 5.2 SM questioned if Care UK were reducing the number of GP sessions following an email he shared with members about a specific patient being directed to A&E, agreed the details would be shared with Dr Turner and Dominic Blaydon who are reviewing why Walk in Centre attendances have reduced. 5.3 Members felt it would be beneficial to understand the percentage of admissions and re-admissions that steam from Out of Hours and to understand if Care UK admissions are counted as part of GP admissions. KF would ask Dominic Blaydon to review and provide the two sets of data.	**SM** **KF**
6.	**May Locality Feedback** 6.1 The following key issues were raised verbally by localities: 6.1.1 *Rother Valley South* • Locality reported that responses from the Trust regarding a referral are coming back to partners rather than the referring GP. Details to be fed back to contracting team and Dr Kitlowski. 6.1.2 *Wath/Swinton* • SH reported a safety issue at Breathing Space regarding discharging patients on unstable Warfarin doses and then GP's are being asked to prescribe acutely and take over the care. • SH advised that 999 had been dialed for a septic patient but a triage checklist was used and patient advised that a nurse would call them back which raised concerns about the use of 999. Issue to be raised with contracting team. 6.1.3 *Wentworth South* • SV reported concerns of Warfarin in care homes as it was unclear if patients are taking the medication which can cause issues with INR's. If INR's are stable than they must be taking the medication, if unstable	**LJ/ER** **LJ/ER**

	than medication can be changed. Members noted that carers can only encourage patients to take medication, they cannot force them. Agreed LJ would discuss Warfarin issues with Dr Page. • Locality reported that nursing and residential homes won't accept PRN medication. Noted that patient notes should contain specific instructions around carers offering PRN. 6.1.4 *Central North* • Locality questioned PMS locum Superannuation – Noted that a letter from NHS England had been circulated this week. • Locality requested an update on Out of Hours / Walk in Centre – KF advised that contractual targets are being achieved and patient satisfaction surveys are at 84%. KPI's for Out of Hours contract would be shared but locality leads were asked to collate any queries raised by practices to cross check against the KPI's. 6.1.5 *Health Village* • Locality reported that CAMHS have strict referral criteria which are resulting in referrals being rejected. Members were advised that a survey is being produced for GP's to understand what the 'live' issues are and a Board to Board meeting is being scheduled for November. Members undertook a detailed debate around consultant and nurse lead clinics. Agreed LJ would review the remit and service specifications for SPA and Crisis Team with Dr Brynes CE also asked if there were any other Mental Health service that could be reviewed in terms of best practice (Sheffield & North Derbyshire). 6.2 Members were asked that any issues in relation to NHS England responsibilities are raised via LMC, copied to CE. 6.3 Enclosure 6.1 was acknowledged by members which detailed feedback to practices regarding last month's concerns; no issues were raised regarding responses provided. Locality reps were asked to ensure that all feedback is shared with localities and individual practices. Enclosure 6.1 should also be a standing item on locality agendas, agreed the document would be distributed to all practice leads.	**LJ/ER** **Locality Reps** **LJ** **Locality Reps** **Locality Reps** **ER**
7.	**Feedback of Key Issues Discussed at CCG Governing Body** 7.1 All key items discussed at the recent governing body had been previously discussed at GPMC. 7.2 Copies of Governing Body papers and minutes can be accessed via the CCG website www.rotherhamccg.nhs.uk/governing-body-papers	
8.	**Feedback of Key Issues Discussed at Strategic CE** 8.1 DT reported that a review of MSK services and Physio waiting times will be taking place. 8.2 A consultation on the NHS England strategy will be going to LMC for GP Provider views	
9.	**Practice Managers Feedback** 9.1 No further items to raise.	

10.	**Process for SCE Re-Selection** 10.1 An email had been circulated to all GP's seeking expressions of interest. Interviews will take place 29 July 2013 and the interview panel will consist of GPMC Chair, Chris Myers (LMC) and John Gomersall (Lay Member). 10.2 Deadline for expressions of interest for CCG chairman is 8 July, SCE discussions will take place on 31st July which will include advice from GPMC chair and NHS England and a vote for confidence for the new chairman will be sought from members throughout August.	
11.	**Research – GP Engagement** 11.1 Members were advised that Alex Drake (Management Trainee) may be contacting GP's to seek their views around engagement as part of his Masters course. Outcomes will be shared with CCG.	
	Next Meeting Wed 24 July 12:30-15:30 (G.04 Elm, Oak House) • Agenda Items Deadline – 4pm Wed 10 Jul • Papers Deadline – 12noon Wed 17 Jul	

General CCG email address for feedback and comments is:
rotherhamccg@rotherham.nhs.uk