NHS
Rotherham
Clinical Commissioning Group

| DRAFT Minutes | | |
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| | **Title of Meeting**: | **GP Members Committee (GPMC)** |
| | **Time**: | **12.30pm to 3.30pm** |
| | **Date**: | **Wednesday 30 October 2013** |
| | **Venue**: | **G.04 Elm Oak House** |
| | **Chairman**: | **Dr Leonard Jacob** |

**Members or deputies Present:**

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

**LMC Representative**

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| David Clitherow, LMC Representative | LMC |

**Apologies**

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| Dr Bipin Chandran (BC), Treeton Health Centre | Rother Valley North |

**In Attendance:**

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| Chris Edwards (CEd), Chief Officer | CCG |
| Keely Firth, (KF) Chief Finance Officer | CCG |
| Dr Julie Kitlowski (JK) Chair Rotherham SCE | SCE |
| Dr Richard Cullen (RCu) SCE Representative – *Item 1 & 2* | SCE |
| Robin Carlisle (RCa), Deputy Chief Officer | CCG |
| 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 Russell Brynes (RB), SCE Lead for Mental Health – *Item 1* | SCE |
| Dr Ian Turner(IT), SCE Lead – *Item 2* | CCG |
| Dr Phil Birks (PB), SCE Lead – *Item 2* | CCG |
| Joanne Martin (JM), Urgent Care Project Lead – *Item 2* | CCG |
| Rebecca Chadburn (RCh), Contract Manager – *Item 2* | CCG |
| Wendy Commons, Secretariat | CCG |

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| | **Apologies**<br><br>As noted above. | |
| **1.** | **Update on RDaSH & CAMHS**<br><br>1.1 Dr Russell Brynes attended to update members on the meeting with RDaSH clinicians that he and Dr MacKeown had attended on 30th September. Members discussed the written reports provided.<br><br>1.2 RB said it had been useful to have SM supporting the messages at the meeting as it had been difficult to get RDaSH clinicians to be clear about how they were addressing the problems raised. | |

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| | 1.3 Since the meeting the findings from a questionnaire to Rotherham GPs about the CAMHS service have resulted in a contract query being issued to RDaSH. One of the key actions from the meeting is that specific locality workers have been identified to visit localities to promote the new model and inform GPs about other universal services available. The survey monkey will be repeated again in December to check for improvement. | **RB** |
| | 1.4 Members reviewed the report with RB and asked specific questions about the current service:<br>● It was noted that link workers (not clinicians) provide therapeutic intervention on a 24/7 basis. LJ wished to know the postholder's background and training they received.<br>● Although it was specified that care pathways will incur a wait of not more than 24 hours to assessment for referrals triaged as urgent (and 15 working days for routine and substance misuse), it was not clear when actual treatment would commence.<br>● RB clarified that although the STEPS service had stopped carrying out Tier 1 activity, this change did not constitute a breach of contract as the service is commissioned to carry out Tier 2 work only. The CCG does not commission Tier 1 services. These are commissioned by other providers, ie RMBC, voluntary sector etc. .<br>● The lack of Tier 1 services was one of the main concerns for GPs. RB acknowledged that rather than a lack of Tier 1 services it was more about identifying the services that exist and signposting for GPs. | |
| | 1.5 RB advised that a number of measures had been put in place including an issues log to allow specific feedback and a joint implementation plan. GP Members were asked to encourage their localities to feedback specific issues using the log. | **All** |
| | 1.6 LJ requested that the joint implementation plan be shared with GPMC with regular updates on progress against the plan provided. | **RB** |
| | 1.7 SM advised that a further meeting with the CAMHS clinicians was planned for December. In the meantime, a number of actions were agreed as next steps:<br>● a directory of services would be compiled and brought to GPMC for agreement about how best to share with member practices.<br>● CAMHS Locality Workers would visit practices before the end of November. Member practices would be asked to work with their appointed locality worker to build relationships, improve links, develop plans and feedback on their experience and progress. | **RB/SM**<br>**All** |
| | 1.8 Members thanked Dr Brynes and Dr MacKeown for the work they had undertaken so far. Dr Brynes left the meeting at this point. | |
| **2.** | **Unscheduled Care Centre Plans**<br>2.1 Dr Ian Turner, Dr Phil Birks, Joanne Martin and Rebecca Chadburn joined the meeting to gain GP member's views on the options and proposed plans.<br>2.2 IT explained that the CCG is preparing the final business case for submission to the Governing Body and are now at the stage of committing resources. The current plan is to invest £3m non recurrent monies for a single storey capital | |

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| | build to move walk in centre services to TRFT as part of integrating services. However another option to consider is to use the opportunity to add an upper level to enable the replacement of the outdated A&E facilities at TRFT to provide services fit for 21st century. This would require extra investment of £4m (£2m of which the CCG would facilitate matched by £2m from TRFT). Members were asked to consider whether to invest in the current plan to have a primary care resource at A&E or take the opportunity to develop, expand and update A&E at the same time.<br><br>2.3 KF outlined the financial details and explained that the CCG had been offered the facility to bank £2m this year to carry forward as one-off funding to next year. She advised that financial modelling work was being undertaken with TRFT and Care UK and early indications showed that, although it was not the reason for the relocation, potential savings may be realised.<br><br>2.4 A long discussion followed with concerns raised including:<br><br>• The question of possibility of A&E and trauma services being centralised in our area in the future<br>• The outcome from the options appraisal being undertaken currently by TRFT which included potential future mergers<br>• The current financial position at TRFT and the timing of development<br><br>2.5 Members inspected both sets of plans and were given the opportunity to discuss the proposals with the GP and Project Leads.<br><br>2.6 IT advised that SCE members had considered the proposal and recommended the additional investment in order to provide integrated services for Rotherham patients with the opportunity for expansion of services in a fit for purpose setting.<br><br>2.7 Dr Jacob enquired about the clinical leadership of the facility once it was operational. Robust governance arrangements and stakeholder involvement will need to be put in place going forward.<br><br>2.8 GP Members unanimously agreed to support the second option for a two storey facility with additional investment.<br><br>Dr Turner, Dr Birks, Dr Cullen, Joanne Martin & Rebecca Chadburn left the meeting. | **SM** |
| **3.** | **Finance/ACP Mid Year Review**<br><br>3.1 KF updated members on the CCG's mid-year financial position. In particular, she highlighted that as the case management pilot had not seen full take up, the non recurrent monies would not be fully consumed. Members were requested to ask their localities to provide any suggestions for non-recurrent funding to rotherhamccg@rotherham.nhs.uk for consideration.<br><br>3.2 RC presented a performance update of the work against the 2013 annual commissioning plan. He highlighted the importance of noting this position in planning for 2014/15 which the CCG is currently consulting on. | **All** |
| **4.** | **Feedback from 16 October Evaluation**<br><br>4.1 SM reported that the presentations received at the non recurrent investment event had been very good and well received.<br><br>4.2 JK & SM shared reasoning that had led to the decisions and the Members noted the investment recommendations that had been agreed as: | |

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| | • ***Case Management Pilot*** – to continue at same price per case for one more year<br>• ***Social Prescribing*** – agreed to continue for one more year within existing budget to allow for full evaluation of the pilot<br>• ***End of Life Care*** – funding to be maintained at 2013/14 level for 12 months<br>• Community Physician – not assured of value for money and will evaluate the impact on the urgent care pathway, particularly the community unit if funding discontinued.<br>• ***Community Unit*** – to continue to fund non recurrently for 2014/15 but evaluate and reconfigure to maximise impact. It was recognized that further discussion was required relating to the community geriatrician service.<br>• ***Care Co-ordination Centre*** – service should be funded recurrently and CCG to make available further investment for expansion if required.<br>• ***Falls service*** – service to be funded for a further year and CCG to consider case for additional investment<br>• ***Fast Response*** – funding to be made available recurrently. CCG to re-specify the SLA's for both District Nurses and fast response. CCG will also consider the case for additional investment.<br><br>SCE Leads and officers would hold meeting with providers before confirming the CCGs intentions for the 2014/15 ACP which GPMC will receive in December.<br><br>It was acknowledged that some conflicts of interest occurred for GPs in discussing the above which should be declared. | |
| **5.** | **Minutes of Previous Meeting & Matters Arising**<br><br>5.1 *Minutes of last meeting* - Minutes dated 25 September 2013 were agreed.<br><br>*5.2 Matters Arising*:<br><br>5.2.1 Meeting with TRFT Consultants (Item 1.3 of previous minutes) commissioning arrangements had now been put in place to assist GPs with seeking clinical advice to avoid sending patients to clinics unnecessarily. These included virtual clinics and 2 hour rapid response clinics extended by 30 minutes.<br><br>5.2.1.1 Prescription requests from clinicians to GPs and the delay in treatment – FP10 usage in hospital still remained an issue.<br><br>5.2.1.2 Discharge Letters – progress was being made. LJ asked members to also ensure that referral letters from GPs to TRFT include why the patient is being referred.<br><br>5.2.1.3 NP highlighted that the issue with gastroenterology had not improved. He had recent experience of no appointments being available. NP should feedback to Phil Birks to ask him to address the issue with TRFT. | **All**<br><br>**NP** |
| **6.** | **October Locality Feedback**<br><br>The following issues were raised by localities:<br><br>*6.1 Central 2*<br>• Opticians problem – still exists especially with specsavers. Still referring patients to GPs to then refer them to ophthalmology. Also suggest there is an ongoing education process for opticians e.g. it would be useful for a copy of the patient discharge letter to be provided to the opticians.<br>• Hospital FP 10 prescriptions still unresolved – *this issue will be passed to AV.* | |

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| | • Hospital investigation results warranting treatment still coming back to GPs to issue prescription – *This issue will be passed to AV*<br>• GPMC 250913 1.3 - patients cant be referred to 2ww if going on holiday. GP must wait until patient is back from holiday. Locality consensus that they didn't agree with this approach.<br>• To request GPMC agenda to be circulated with GPMC minutes so Locality agendas can include "important ongoing matters". | **All** |
| | 6.2 *Maltby/Wickersley*<br>• Dominic Blaydon had attended to discuss NHS111. Chris Edwards had also attended to discuss the Locality's thoughts regarding the CCG Annual Commissioning Plan (ACP). | **JK** |
| | 6.3 Wath/Swinton<br>• A joint meeting with Health Village had taken place. *See Health Village feedback* | |
| | *6.4 Central North*<br>• What process has been put in place regarding next year's LIS and who will be the lead. CE confirmed that there most likely will be a LIS for 2014/15 and the specification is currently being reviewed. GPMC GPs suggested that changes are required to the LIS audit. *Practices to suggest what the LIS audit could contain. E-mails to rotherhamccg@rotherham.nhs.ukbefore the next GPMC on 27 November 2013.* | **Locality Reps** |
| | • What will happen in the event of CCG overspend this year? What contingency plans are in place regarding disinvestment in which services should an overspend occur.<br>• Is it possible to have an update with the position with RFT? Particularly what specialities are struggling with C&B and what is being done to rectify. *Feedback from Dr Kitlowski: This has improved and is down to 9%. TRFT do a weekly update. JK will include an update of problem areas and improvements in the CCG newsletter in future.* | **JK** |
| | • Non-recurrent funding. Are there any plans to support primary care in the event of utilising any surplus at the year end.<br>• Could we have an update on the district nursing service.<br>• We consider there are major problems with the domiciliary phlebotomy service – district nurses are being asked to do phlebotomy at the expense of other services. *Feedback from GPMC: Phil Birks has been tasked with undertaking some visits around this issue. Feedback will be given at the November meeting.* | **ER** |
| | • We believe practices should be canvassed for ideas for the LIS audit in 2014/15. What might be useful to practices? See feedback under Central North regarding LIS.<br>• Is there any clarification on the existing DNA policy for all departments within RFT. | |
| | 6.5 Rother Valley North<br>• **CAMHS**. The locality had discussed problems experienced with the CAMHS service. *A number of these were discussed at the GPMC when Russell Brynes attended.*<br>• **Case Management Pilot.** It was asked whether clinicians could make patients Level 3 rather than exclusively using the risk stratification tool. It was also thought that the social prescribing pilot workers could work on level 3 patients only. *Confirmed at GPMC that this is not the case. Practices must use the risk tool and work down from level 3's to level 2's and social prescribing staff work on the same patients.*<br>• Contact Centre: Clinical Managers have attended and looked at max.fac. appointments. It appears that first appointments are OK however there are | |

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| | some delays with follow-up appointments. *JK said due to current information governance issues the CCG is currently unable to see any patient identifiable information. However an issues log is to be established & SCE will agree how to share for practices use.*<br><br>6.6 Wentworth South<br>• CE had attended to discuss the Locality's views regarding the ACP. The Locality thanked CE for attending. *Feedback from CE: All localities were thanked for their contributions which had now been fed into the ACP.*<br><br>6.7 Health Village/Wath/Swinton<br>• CE had attended the meeting to discuss the ACP.<br>• As the number of nursing homes assigned to each GP practice varies greatly, it was suggested that each practice should have one nursing home. *JK advised that a letter had been sent to LMC regarding the pros & cons of this approach. GPMC noted that Sheffield has taken this approach and practices are assigned nursing homes on a pro rata basis. It was also suggested that nursing home patients should be allowed on the Case management Pilot (CMP). However it was noted that this issue had been discussed in the past both in the LMC and recent PLT where it was not supported by the majority of GPs in view of the patient choice and other factors. RC reported that a proposal for the CMP for 2014/15 is to include all nursing home residents. However a discussion is still needed amongst GPs regarding the sharing of nursing home patients. CE said that this approach would support safeguarding issues. The members did not made any recommendation to the SCE about this bearing in mind the reservation about it that was noted as above.*<br><br>6.8 Rother Valley South<br>• There continues to be a problem with consultants letters being returned to wrong GPs within practices causing extra work within the practice. Letters sent to the hospital specify that the consultant needs to reply to a specific GP however this still does not happen. *LJ acknowledged the difficulties of managing this issue in larger practices. However he reminded practices to ensure the practice stamp is clear and that it doesn't list all partners. SV suggested that the problem may be due to patient's records at TRFT having a sticker on the front which could possibly be several years old, listing a different GP. ER will pass this issue to PB.*<br><br>6.9 Feedback from localities<br>Members noted the feedback as documented in Enclosure 6.0 & 6.1.<br><br>6.10 Locality reps were asked to ensure that all feedback is shared with localities and individual practices. Enclosure 6.0 & 6.1 should be included on locality agendas, and distributed to practice leads.<br><br>6.11 Midwifery Using Systm1<br>LJ asked members to take back feedback to individual localities and referred specifically to maternity services redesign proposal. JK advised 3 or 4 minimum entries for EMIS Practices. Midwives being trained in using ICE which should allow access to appropriate records.<br><br>6.12 GPMC Requests – Progress Report<br>Members noted the progress made as detailed in Enclosure 6.2. | **ER** |
| **7.** | **Feedback from Key Issues Discussed at CCG Governing Body**<br><br>7.1 The Chief Officer's Report from the October Governing Body was noted. | |

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| | 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**<br><br>None highlighted other than previously discussed within the meeting. | |
| **9.** | **Practice Managers Feedback**<br><br>9.1 BW referred to a letter highlighting issues facing practices. It was noted that the majority of the issues were about the Practices relationship with NHSE and these should be taken up with NHSE directly. To facilitate this process, NHSE would be invited to attend the Practice Managers Forum in future.<br><br>9.2 The CCG would address the issues that were relevant and feedback to Steve Hindle. CE apologised for the delay in providing staff training for practice staff to teach them how to update their websites. This was now being arranged.<br><br>9.3 RCu will be asked to provide codes for PSA LES.<br><br>9.4 The CCG recognised the difficulties Practices are experiencing with payment information and is working with the CSU to ensure payments are broken down to provide clarity for practices. | **RC/CE**<br><br>**CE**<br><br>**KF** |
| **10.** | **Items for Information**<br><br>• None to note | |
| **11.** | **Any Other Business**<br><br>GP Declarations of Interest will be refreshed at the next meeting. | **GPs** |
| | **Next Meeting**<br><br>Wed 27 November 12:30-15:30 (G.04 Elm, Oak House)<br>• Agenda Items Deadline – 4pm Wed 13 November<br>• Papers Deadline – 12noon Wed 20 November | |



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