

Minutes	Title of Meeting:	GP Members Committee (GPMC)
	Time:	12.30 to 15.20
	Date:	Wednesday 26 October 2016
	Venue:	G.04 Elm Oak House
	Chairman:	Dr Geoff Avery

Members or Deputies Present:

Dr Prabhu Shanmugam (PS)	Central 2
Dr Geoff Avery (GA) Blyth Road	Maltby/Wickersley
Dr Simon MacKeown (SM) St Ann's Medical Centre	Health Village
Dr Simon Lengamen (SL) Broom Lane Medical Centre	Central North
Dr Sophie Holden (SH), Market Surgery	Wath/Swinton
Dr Bipin Chandran (BC) Treeton Medical Centre	Rother Valley North
Dr Rob Earl (RE) Swallownest Practice	Rother Valley South
Dr Srinivasan (SV) York Road Surgery	Wentworth South

LMC Representative

Dr Gokul Muthoo (GM) Stag Medical Practice	LMC
--	-----

Apologies

Dr Naresh Patel, Broom Lane Medical Centre	Central North
Lynn Hazeltine York Road Surgery	Practice Managers' Rep
Keely Firth Chief Finance Officer	CCG
Ian Atkinson Deputy Chief Officer	CCG
Dr Subbannan Sukumar	Central 2

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 Commons (WAC) Minute Taker	CCG
Dr Philip Birks (PB) SCE GP	CCG
Rebecca Chadburn (RCh) Contracting Manager	CCG
Jacqui Tuffnell (JT) Head of Primary Care Commissioning	CCG
Lydia George (LG) Planning & Assurance Manager	CCG

No.	Item	Action
Declarations of Pecuniary or Non-Pecuniary Interests		
Drs Avery, Chandran, Cullen, Holden, Lengamen, MacKeown, Muthoo, Shanmugam and Vasana 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.		
1	TRFT Contracting Intentions	
1.1	Dr Philip Birks and Rebecca Chadburn gave an overview of the strategic and local context and priority areas to be included in the contract held with TRFT. Dr Birks explained that this will be a 2 year plan for 2017/18 & 2018/19 for the contract, tariff, CQUIN and Quality Premium. Changes to CQUIN this year includes only national targets however, this still presents some opportunities for achieving 100% e-referrals and the implementation of electronic advice and guidance which fits with the CCG direction of travel as detailed in our Commissioning Plan.	

<p>1.2</p> <p>1.3</p> <p>1.4</p> <p>1.5</p> <p>1.6</p> <p>1.7</p> <p>1.8</p>	<p>In line with the planning guidance the CCG is required to sign contracts 23 December 2016 and over the coming weeks finance contracting, quality and commissioning leads will work through the finance, activity and detail of the intentions for each of the areas.</p> <p>In response to a query from GM, Dr Birks explained that any funds becoming available due to non achievement of targets are used to support over performance across the contract. The intention is to introduce some block contracts this year to mitigate for this.</p> <p>In relation to the STP, Mr Edwards explained that there were no intentions in the plan to undertaken any large service reconfigurations in the first two years of the plan but this will need to be considered in the next contracting round.</p> <p>Referring to the implementation of clinical thresholds, some feedback had been received from one locality meeting that some of the decisions taken by GPMC at the last meeting should go back to localities for discussion before further implementation.</p> <p>PB advised that five practice locality meetings have been attended and thanked practices for the positive and constructive feedback which has been extremely valuable in issues to be addressed early.</p> <p>JK outlined that work is being undertaken to ensure the process is kept simple and involves as many practices as possible. However, the CCG needs to keep momentum going in this area. A 'dummy run' is to take place prior to implementation on 1 December 2016 and any major issues will be addressed in year. In the meantime, a summary of the action taken as a result of the issues raised has been detailed in the Bite Size Bulletin along with a flowchart of the clinical thresholds referral process. It was noted that LMC had been advised of the process and given positive and supportive feedback.</p> <p>GA thanked PB/RCh for the high level summary of contracting intentions with TRFT over the next two years. It was agreed that they would return in January to confirm contract agreements.</p> <p><i>PB/RCh left the meeting at this point.</i></p>	
<p>2.</p> <p>2.1</p> <p>2.2</p> <p>2.3</p> <p>2.4</p>	<p>Response to the GP Forward View</p> <p>CE advised that each CCG had been tasked with preparing a plan for delivering the GPFV for submission with its STP and financial plan for the next 5 years. Jacqui Tuffnell joined members to give an update on Rotherham's response to GPFV. She went on to highlight the headlines, 10 high impact areas and outlined the proposed bid submissions.</p> <p>CE advised that Rotherham CCG is not able to make bids on behalf of Rotherham GPs. Bids are more likely to be successful if submitted by practices or a federation. However, JT will work with and support practices in compiling bids.</p> <p>Members discussed the opportunities that a Rotherham federation could present. SV felt that one bigger locality would better enhance sharing of knowledge and expertise across practices. Discussion turned to continuing the development of the LLP or whether alternatives should be looked at. A facilitated session has been arranged for November PLT for Practices to explore the options and determine how to take forward.</p> <p>In relation to Out of Hours locality hubs, for which funding is available, JT</p>	

2.5	<p>explained that an initial meeting is being held next week to assess the issues with a view to commencing a pilot across Rotherham from December.</p> <p>Members noted the response to the GP Forward View.</p> <p><i>JT left the meeting.</i></p>	
3.	<p>Commissioning Plan Performance Report – Quarter 2</p> <p>3.1 LG presented the report detailing the CCG's performance against the 2016/17 commissioning plan. Members noted that of the 52 milestones one is rated red. This related to the extension of virtual clinics. TRFT have been asked to advise whether the issue with recording activity can be resolved. There were also four amber rated areas resulting in an improvement in the position of milestone on track from Quarter 1. However, LG also highlighted three milestones with a potential for the direction of travel to worsen. These areas related to the primary care self-care pilot, clinical threshold implementation and delivery of the adult transformation plan.</p> <p>3.2 In total there are 47 KPIs which are 28% on track which is similar to Quarter 1. However this did not reflect the complete position as there are a number of KPIs still awaiting data which once received will have the potential to worsen the position. No national data to support at this stage and position similar to Qtr 1.</p> <p>3.3 LG reported finance and risk indicators remain the same as Quarter 1 thereby reporting a better position than overall.</p> <p>3.4 SMC noted that the QIPP associated with transforming community services seemed to have worsened. Members agreed it would be helpful review our in year financial position. KF will be asked to provide a mid-year update on financial plan against commissioning plan for November Members Committee.</p> <p>3.5 GM was concerned about the Red rated KPI relating to stage 1 & 2 cancer diagnosis. RCu explained that it was mainly to do with patient presentation. Work is required on public health messages to ensure patients identify symptoms and access GPs. JK will circulate the scorecard which is compiled by Public Health and ask them to attend a future GPMC to discuss how this can be improved.</p> <p>3.6 Further discussion followed around accessing diagnostics although overall this was felt to be satisfactory with the exception of endoscopy which was being addressed by the contracting team.</p>	<p>CE</p> <p>JK</p>
4.	<p>GPMC Practice Manager Representation</p> <p>4.1 BW advised that LH has resigned as the GPMC Practice Manager representative. He advised that consideration had been given to replacing her with a practice nurse representative to help convey commissioning messages across the practice nursing workforce.</p> <p>4.2 GPMC felt that the views of Practice Managers would be adequately represented with LH as deputy. BW will feedback to colleagues at Practice Managers Forum where issues can also be raised to be brought to the Committee's attention.</p> <p>4.3 GPMC discussed representation of nurses and agreed that Sue Cassin will be asked to attend GPMC on their behalf and use the 6 commissioning events to feedback and convey key messages. GA/SMc to discuss this in more detail and invite SC to future meetings.</p>	<p>BW</p> <p>GA/SMc</p>

<p>6.</p> <p>6.1</p> <p>6.2</p> <p>6.3</p> <p>6.4</p>	<p>Minutes of Previous Meeting & Matters Arising</p> <p>Minutes dated 28 September 2016 were approved.</p> <p>Matters Arising:</p> <p><u>6.2.1. – Funding for CSE</u> Confirmation of spending on the CAMHS funding will be confirmed in the next CAMHS update.</p> <p><u>6.3.1. – IAPT Pathway</u> JK advised Members of a proposal from the national Intensive Support Team for NHS Improvement. Following their visit to Rotherham it was identified that by implementing a change to the current IAPT model to include self-referral the CCG would not only be moving to best practice but would also expect to see an improvement in current DNA rates. SCE GPs have agreed this change and GPMC supported this approach. Further information will be supplied at November Members Committee where members will be asked to advise on how best to disseminate this change for implementation from 1 December 2016.</p> <p><u>6.3.1 – EMH Information</u> IA to provide the names of 3.6 WTE elderly consultants.</p> <p>6.3.11 – IT Update Following a query from GM about moving to fibre-optic, Members were reminded that a detailed IT update outlining developments will be presented in December.</p> <p>Issues Logs</p> <p>6.3.1 RDaSH Issues Log</p> <p>Members reviewed the log for information noting that an IAPT update is scheduled for the November Agenda.</p> <p>6.3.2 TRFT Issues Log</p> <p>Members continued to have issues with delayed discharge letters, the quality of the letters and delays in x-ray reporting. Practices should continue to ask for these to be added to the CCG’s issues log by way of forwarding <u>anonymised</u> information (not named patient detail). JK will raise the issues with TRFT’s Medical Director.</p> <p>Noting that the specification has now been received the Community physicians role, JK/SMc agreed to invite Jon Miles from TRFT to join them to give a Community Transformation Update for Members.</p> <p>Locality Feedback</p> <p>GM will take the overseas visitors issue from Central 2 through LMC as it was acknowledge as a provider not a commissioning issue. Localities will be advised that such issues should go to LMC rather than placed on the log in future. However, if any are thought to affect the CCG’s ability to deliver its plan they should be raised through appropriate forums so they can be placed on the risk register.</p> <p>Noting the issues raised by Central 2, GA welcomed feedback as to whether they felt sufficient time was allowed for the locality feedback so that the agenda can be time managed accordingly.</p> <p>Concern was raised that locality minutes do not always accurately reflect</p>	<p>CE(IA)</p> <p>CE(IA)</p> <p>RCu</p> <p>CE(IA)</p> <p>JK</p> <p>JK/SMc</p> <p>GM</p> <p>GM</p> <p>Localities/GA</p> <p>KF</p>
---	--	---

6.5	<p>discussions. This will be raised with KF</p> <p>Feedback from GPMC Members Sub Committees</p> <p>6.5.1 Practice Managers Forum Members noted the key points including the proposal to meet at Oak House in future on a Tuesday rather than after PLT on a Thursday. The rationale for this is that it allowed them to access other inhabitants of Oak House. Intention to review in 3-4 months.</p> <p>Noting the comments in relation to minor surgery - an audit is to be undertaken to understand the variations in activity as agreed with LMC.</p> <p>6.5.2 Community Transformation SMc reported the project was progressing slowly. Clarity to be given to those in the teams that Ian Carey is Team Leader which will help with leadership and co-ordination. Direction from TRFT needs to emphasise that community care is as important as secondary.</p> <p>An issue relating IG and information sharing at MDT's needed to be addressed. RCu confirmed that the MDT should only involve the direct care of patients but this becomes unclear when prevention is discussed.</p> <p>Members noted feedback on pilot not as positive particularly on district nursing due to staff leaving and lack of continuity and cover. Concern was expressed. TRFT will be asked to address but a national nursing problem was acknowledged.</p> <p>6.5.3 Mental Health Transformation In the absence of IA no update was available. However, members noted the discussions around CAMHS and IAPT covered earlier in the meeting.</p> <p>6.5.4 A&E Delivery Board (formerly SRG) The former Systems Resilience Group is now known as A&E Delivery Board. The October meeting has reviewed the winter plan and will be looking to increase bed capacity with TRFT & RDaSH including provision at Woodlands for dementia patients with health needs. A more detailed update will be received in near future.</p> <p>6.5.5 AQuA No meeting held this month</p> <p>6.5.6 IT Strategy Group No meeting had taken place.</p>	
7.	<p>Feedback from Key Issues Discussed at CCG Governing Body</p> <p>7.1 <u>October Chief Officers Report</u> - Received and noted for information, no issues were raised.</p> <p>7.2 Governing Body in October had been followed by a Board to Board with RDaSH which had been a positive meeting with many of the historical issues now responded to and progressed. RDaSH is aware of problems raised with the plans in place needing time to implement and embed.</p> <p><u>Progress on Sustainability Transformation Plan</u> – Received and noted for information.</p> <p>The Rotherham STP had been submitted on Fri 21 October. It included the Rotherham Place Plan, Response to GP Forward View and the SY&B STP. The</p>	

	Plan publishing of the plan has been embargoed by NHS England and but will be placed on the forward agenda for November.	CE
8.	<p>Feedback of Key Issues Discussed at Strategic CE</p> <p>JK advised that all issues had been discussed earlier on the agenda.</p> <p>SV raised issue regarding the patients being discharged and requiring bloods or stitches removing for same day/next day. It was acknowledged that this was not realistically possible for practices. JK will raise with TRFT.</p>	JK
9.	<p>Items for PLT Consideration</p> <p>Members noted the Primary Care discussion scheduled for November</p>	
10.	<p>Any Other Items</p> <p>Out of Hours locality Hubs -GA asked for feedback as to whether an approach has been discussed at localities and the interest. CE said the CCG gave commitment to talk to and support localities to discuss the issues ie IT etc.</p>	
11.	<p>Next Meeting</p> <p>Wed 26 October 2016 (G.04 Elm, Oak House)</p> <ul style="list-style-type: none"> • Agenda Items Deadline – Close of Play Wed 12 Oct • Paper Deadline – Lunchtime Wed 19 Oct 	
12.	<p>Items for PLT Consideration</p> <p>- No items to note</p>	
13.	<p>Any Other Items</p> <ul style="list-style-type: none"> • Out of Hours Locality Hub 	
13.	<p>Next Meeting</p> <p>Wednesday 30 November 2016, 12.30 in Elm Room</p>	

General CCG email address for feedback, comments & suggestions: rotherhamccg@rotherham.nhs.uk