

<b>Minutes</b>	<b>Title of Meeting:</b>	Rotherham CCG Primary Care Committee
	<b>Time:</b>	1:00pm
	<b>Date:</b>	14.09.2016
	<b>Venue:</b>	G.04, Oak House – Rotherham
	<b>Reference:</b>	JT / RC
	<b>Chairman:</b>	Robin Carlisle

**Present**

Robin Carlisle	RC	Lay Member (Chair)
Jason Page	JP	Lead SCE GP for Primary Care
John Barber	JB	Lay Member
Dawn Anderson	DA	Head of Primary Care Quality
Chris Edwards	CE	Chief Officer – Rotherham CCG
Jacqui Tuffnell	JT	Head of Co-commissioning
Garry Charlesworth	GC	NHS England
Keely Firth	KF	Chief Finance Officer
Nathan Batchelor	NB	Healthwatch
David Clitherow	DC	SCE GP

In Attendance:

Chris Barnes – Rotherham CCG (Minute Taker)  
Sally Jenks – Public Health Specialist RMBC

		Action
<b>1.</b>	<p><b>Apologies</b></p> <p>Phil Moss, Lay member  Geoff Avery Chair of GP Members Committee  Sue Cassin – Chief Nurse</p>	
<b>2.</b>	<p><b>Declarations of Conflicts of Interest and Pecuniary or Non-Pecuniary Interest</b></p> <p>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 5,6, 7 &amp; 9 on the agenda. Any additional specific Conflicts of Interest and how the Committee addressed the conflict of interest will be noted under individual items.</p>	
<b>3.</b>	<p><b>Patient &amp; Public Questions</b></p> <p>There were no public questions raised.</p>	

4.	<p><b>Minutes of the last meeting and action log</b></p> <p>The minutes of the meeting 10<sup>th</sup> September 2016 were agreed as accurate. The action log was updated.</p>	
5.	<p><b>5.1 Conflicts of interest guidance</b></p> <p><b>As this item was an update for information with no decision making the chair proposed that all present could fully participate in the discussion.</b></p> <p>Ruth Nutbrown will be consulted to ensure the Committee meets best practice with concerns to addressing conflicts of interest. It was agreed that for a trial period CB will populate the template provided by Ruth, to log all conflicts. GC felt that the CCG was fulfilling the conflicts of interest guidance but will make further inquiries of how other CCGs are complying. CE felt that the notes of the previous meeting were sufficient evidence of compliance so that the additional template might not be necessary.</p> <p><b>5.2 Terms of Reference</b></p> <p><b>As this item was an update for information with no decision making the chair proposed that all present could fully participate in the discussion.</b></p> <p>It was clarified that the group is responsible to the Governing Body for process only, not for decision making.</p> <p>NHS England need to be listed as in attendance as a non-voting member</p> <p>The minor changes were agreed and JT will forward to Governing Body for notification</p> <p><b>5.3 Quality Contract Update</b></p> <p><b>JP and DC noted a specific conflict of interest in this item, as they are GP Partners in practices that this contract directly affects. The chair proposed that they are able to take part in any discussions, but will be asked to leave the room before any decisions are made.</b></p> <p>JP provided the committee with a brief update on the current position of standards 1 &amp; 7 which will be active from April 2017. Standard 1 (Access) has now been agreed with the LMC and was brought to the committee for final approval.</p> <p>Standard 7 requires more work, the main issues revolve around reporting and gaining the necessary information to performance manage the standard.</p> <p>It is hoped that Standard 7 will be finalised and approved before December.</p>	JT

#### 5.4 Estates Survey

**JP and DC noted a specific conflict of interest in this item, as they are GP Partners that own buildings within Rotherham. The chair proposed they remain in the room to inform the discussion but they will be asked to leave before the final decision is made.**

JT provided a brief background to the Estates Surveys that have taken place across Rotherham. There are no real surprises and the results are quite subjective. It is recognised that overall the premises in Rotherham are in better condition than anywhere else in South Yorkshire.

There are 3 main groups of landlords in Rotherham, NHS Property Services, Council Owned, and GP Owned. JT is already in discussion with NHS Property Services and RMBC about the issues found concerning their buildings. The issue is how to deal with the GP owned estate.

The CCG has contracted with providers under the condition they are operating from suitable premises.

JP suggested that this situation needs to be handled sensitively, the GP Partners that own buildings are the most committed to Rotherham and we don't want to destabilise services for patients if requirements to improve premises makes some practices non-viable.

It is unclear if any funding is available from NHS England, as the Development Fund is no longer available. GC suggested that some Capital Funding for estates improvement, might be available in the future.

**DC and JP Left the room at this stage to enable the committee to consider items 5.3 and 5.4**

5.3 – The committee approved standard 1

5.4 - It was agreed that CE/JT would write to practices and inform them of the survey, practices would be asked to comment on the findings and work with CCG to establish how the improvements can be made.

**Action** - JT to report back at the next meeting.

JT

A priority list will be created so when funding becomes available, the officers will be in a position to bid. If funding is available it would be expected that providers will be contribute to any improvement grants. Previously the NHS contributes two thirds and the provider 1/3.

#### 5.5 Productive Primary Care Update

**DC and JP are GP Partners in Rotherham, and as such will be taking part in the Productive Primary Care Programme, but this item was for information only. The chair proposed it was reasonable for the GPs to remain in the room for the discussion.**

DA provided an update to the group; she stressed what a good opportunity it was for practices. The opportunity that arrived was for the programme, the financial equivalent was not an option. A further positive is that NHS England has kindly agreed to fund some backfill for GPs

	<p>taking part and also for the programme to revisit practices to ensure the programme has embedded.</p> <p><b>Action</b> - DA to feedback after the process is complete in April 2017.</p>	<b>DA</b>
<b>6.</b>	<p><b>Quality &amp; Performance Management</b></p> <p><b>CQC Visits</b></p> <p><b>This item was for information only, the GPs remained in the room for the discussion.</b></p> <p>The last round of CQC visits are now starting to begin. The final reports, are not to be expected before November. DA to report back when all the CQC visits are complete.</p>	
<b>7.</b>	<p><b>Finance</b></p> <p><b>Finance Report</b></p> <p><b>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. There were no proposals for amendments so the chair did not ask GP members to leave when the report was approved.</b></p> <p>KF provided a brief update on the latest financial position. Primary Care is showing a predicted underspend of around £1.2m, this is due to underspend in LES' and the reserve that is being held.</p> <p>RC asked for a further breakdown separating the quality contract (former PMS monies) from other DES and LES.</p> <p><b>Bids Matrix</b></p> <p>The CCG have been asked to complete a plan, around how it intends to deliver the GP Forward View, this is to be submitted in the STP. The deadline for this is the end of September</p> <p><b>Action</b> – CE to distribute to the committee for comment, and then submit.</p> <p>JT some of the money from the Forward View is automatically going into the allocation from NHS England.</p> <p>The committee will receive the submitted document at the next meeting.</p>	<b>CE</b>
<b>8.</b>	<p><b>Items for escalation / reporting to the governing body</b></p> <p>Quality Contract Update Terms of Reference Bids Matrix</p>	

<b>9.</b>	<p><b>Any Other Business</b></p> <p><b>As the items raised were for information with no decision making the chair proposed that all present could fully participate in the discussion.</b></p> <p>In the Terms of Reference the CCG GP Chair and Internal Audit are invited to attend this committee every year. It was questioned if this is necessary.</p> <p><b>Action</b> – CE to ask the GP Chair and JT to update the TOR</p>	<b>JT</b>
<b>10.</b>	<p><b>Date and time of the next meeting</b></p> <p>It is proposed to stand down the October Meeting, as such the next meeting will be 9<sup>th</sup> November 2016</p>	<b>CB</b>

### **2016 Meetings (1pm)**

9<sup>th</sup> November – Elm Room, Oak House

14<sup>th</sup> December – Elm Room, Oak House