Agreed at Meeting
21.01.15

NHS
Rotherham
Clinical Commissioning Group

Minutes	**Title of Meeting**:	**GP Members Committee (GPMC)**
	Time:	**12.30 to 15.30**
	Date:	**Wednesday 17 December**
	Venue:	**G.04 Elm Oak House**
	Chairman:	**Dr Leonard Jacob**

Members or deputies Present:

Dr Leonard Jacob (LJ) Thrybergh Medical Centre	Central 2 – Items 4,5,6
Dr Simon MacKeown (SM) St Ann's Medical Centre	Chair/Health Village
Dr Sophie Holden (SH) Market Surgery	Wath/Swinton
Dr Gokul Muthoo, LMC Representative	LMC
Dr Rob Evans (RE) Swallownest Health Centre	Rother Valley South
Dr Geoff Avery (GA) Blyth Road	Maltby/Wickersley
Dr Srini Vasan (SV) York Road Surgery	Wentworth South

LMC Representative

None Present

Apologies

Dr Richard Cullen (RCu) Vice Chair Rotherham SCE	SCE
Dr Bipin Chandran (BC) Treeton Medical Centre	Rother Valley North
Dr Naresh Patel (NP), Broom Lane Medical Centre	Central North
Keely Firth (KF) Chief Finance Officer	CCG
Chris Edwards (CE), Chief Officer	CCG
Lynn Hazeltine (LH) York Road	Practice Managers' Rep

In Attendance:

Dr Julie Kitlowski (JK) Chair Rotherham SCE	SCE
Robin Carlisle (RCa), Deputy Chief Officer	CCG
Lydia George (LG), Secretariat	CCG
Barry Wiles (BW) Maltby Service Centre/Clifton MC	Practice Managers' Rep
Dr Phil Birks (PB), SCE	SCE
Rebecca Chadburn (RCh), Contracts Manager - Acute	CCG

		Action
Apologies – Noted As above		
Declarations of Pecuniary or Non-Pecuniary Interests It was acknowledged that Drs Avery, Evans, Holden, Jacob, Kitlowski, MacKeown, Vasan and Muthoo had an (indirect) interest in most items. In addition, Dr Jacob has declared a particular interest in items relating to TRFT as he is employed by them on a sessional basis and Dr MacKeown has declared a particular interest in items relating to Rotherham Hospice as he is employed by them.		
1.	**Update on Clinical Communications** PB and RCh updated members on the progress around the specific clinical communications raised at the November meeting. A CQUIN indicator for 2014/15 has been agreed to address: the issues of timeliness of outpatient and discharge letters; increase in the number of outpatient clinic letters returned to the referring GP and to ensure the agreed minimum data set is adhered to. TRFT are performing well against the minimum data set compliance, but the main	

	issue is letters returning to the referring GP. Audits took place in Q1 and Q2 to set the baseline and, in line with recommendations from GPMC, improvement targets were set for Q3 and Q4. Failure to deliver against these targets will result in financial consequences for TRFT of £200K. Four specialities were audited in 2014/15 and all specialities will be audited in 2015/16. The aim is to get all practices signed up for delivery as part of the roll out of the electronic discharge letters. Audits are done on sample size and Dr Muthoo queried if the electronic discharge letters could support an audit of all letters. Dr Birks felt that this could be considered for timeliness but not in relation to the minimum data set. PB confirmed that TRFT have now dealt with the rheumatology backlog but it was unfortunate that this had to be initiated by the CCG rather than picked up by TRFT. Members noted the proposed clinical communications CQUIN for 2015/16 which includes audits of all specialities, inclusion of A&E letters with a minimum data set to be agreed and targets to be set for letters returning to the referring GP. Dr Jacob thanked Dr Birks and Mrs Chadburn for their attendance and response to the issues raised. He commended the team for their hard work and recognised the challenges sometimes faced in dealing with stakeholders. Members supported the offer from Mrs Chadburn for members of the contracting team to attend locality meetings to provide an update on contracting/CQUIN outcomes.	
2.	**Primary Care Co-Commissioning Constitution Update** **Declarations of Interests were acknowledged for Drs Avery, Evans, Holden, Jacob, Kitlowski, MacKeown, Vasan and Muthoo as GP providers.** Mr Edwards had presented an overview at the GP Commissioning Event on the 4 December. A change to the constitution to include an additional GP, to ensure a GP majority, on the Governing Body and a lay member for primary care. Originally it was thought that the SCE GP lead would be sufficient representation, however the size of the portfolio (for example QOF, GMS, PMS, workforce development, practice managers, DES, LES, LIS) is too much for one GP to undertake. Dr Carlisle reported that the Conflict of Interest guidance is due on Friday. There will be a meeting next Wednesday with representative from the LMC, SCE and Dr Jacob to assess if anything within the guidance has not been addressed. The application will be submitted on 9 January. There are two moderation dates in January and by the next GPMC it will be possible to update on the progress with application. To avoid conflicts of interest the new Primary Care sub-committee will be chaired by the new lay member. A GPMC representative will be in attendance as well as 2 SCE GPs. Membership will also include lay member, Chief Officer, Chief Finance Officer.	

	POST MEETING NOTE: Dr Jacob advised that a GPMC representative will be attending the Primary Care sub-committee as a non-voting member, not just in attendance as previously advised. Members noted: • the changes to date • that Mr Edwards, Mrs Firth and Mrs Whittle will work with Dr Cullen to finalise all necessary documentation for submission Members delegated authority to Dr Jacob and Dr MacKeown to approve the final documentation on behalf of the GPMC.	**CE/RCu/ LJ/SMc**
3.	**Commissioning Plan – 1st draft for comment** **Declarations of Interests were acknowledged for Drs Avery, Evans, Holden, Jacob, Kitlowski, MacKeown, Vasan and Muthoo as GP providers.** The CCG is required to refresh its Commissioning Plan annually, this is the first opportunity for GPMC discussion. The plan will be revised to take into account feedback and will be received again in January. Dr Jacob congratulated Dr Carlisle for the quality of the papers produced and added that if members focus on the introduction, executive summary and plan on a page it would provide sufficient intelligence for today's discussion. Dr Carlisle asked members to note the six areas set out in the cover paper: capacity implications, feedback from public, child sexual exploitation, finance, primary care specialist commissioning and discussions on further efficiency savings at the 4 December Commissioning Event and to note the Strategic Aims. Each September the planning cycle commences with a joint event with the Governing Body, SCE and key partners. Mr Edwards then attends all locality meetings during October to share the outcomes from the event and to seek locality views. The CCG aims for the single plan to meet the requirements of a multi audience of GP members, NHS England, partners, providers and the public. The following observations were received: • GPMC to think of ideas to improve the Working Together collaboration. Dr Carlisle explained that the programme has a wide remit and suggested it would be useful for Dr Cullen to provide members with an overview at a future meeting. • The CCG to put focus on collaborative work in the areas of obesity and physical activity, both of which have significant repercussions on health services. Dr Kitlowski explained that these areas are under the remit of the H&WBB and public health budget. Dr Kitlowski added that the new interim CEO is to provide the CCG with the names of public health leads for specific areas so that we can start further discussions. • In relation to Workforce capacity should we explore the possibility of appointing doctors assistants. Members discussed the potential pros and cons of such an option. There was also differing views on the specific role of the doctors assistants. Dr Kitlowski agreed to take an action to explore further and to contact Dr Peter Lane. • Further exploration of work that may come from secondary to primary care may provide GPs with the opportunity to specialise and could be an incentive to recruit GPs to Rotherham. Dr Kitlowski informed members that from discussions with current GPs on the VTS scheme we had	**LJ to consider for future agenda** **JK**

	learned there is willingness to remain in Rotherham if opportunities can be provided. Similar discussions will be held with next years registrars. Continued use of the Workforce Toolkit by practices will prove useful, additionally the CCG may have a greater opportunity to address these issues if the primary care commissioning application is successful. Dr Carlisle will incorporate comments and bring back to the next meeting. Members supported the offer from Dr Carlisle to attend locality meetings to provide an update on the Commissioning Plan outcomes	**RCa** **RCa**
4.	**Minutes of Previous Meeting & Matters Arising**	
4.1	Minutes dated 26 November 2014 were approved, noting that Dr MacKeown had chaired the meeting and Dr Jacob had chaired the development session. Matters Arising:	
4.2	*Development Session* Members reflected that this had been a very useful session. A further session will take place in 6 months' time to review the findings and assess any improvements made. Similar sessions are being held with SCE and the Governing Body.	
4.3	*4.3.1 TRFT Issues Log* • Central 2: Locality requested assurances that the current exceptional service in terms of B1 admissions would be maintained following the departure of Dr Prasad. Members felt that Dr Prasad was one of the best consultants working at the hospital and are sad to see him leaving the organisation. RCa advised that the clinical director has advised that plans are in place to maintain the service. • Dr Kitlowski reported that assurance had been given that service delivery would not be affected. There was no information whether Dr Prasad had been replaced but the CCG have pressed TRFT to address the issue of senior clinical review and have requested the use of the Care Co-ordination Centre. A new interim medical director has been appointed (Donal O'Donahue) and attended this week's CRMC. There is an expectation that improvements will be seen as a result of this appointment and the new Chief Operating Officer, Chris Holt. Dr Kitlowski will ensure the issue is added to the issues log. • Mr Wiles queried if TRFT had experienced IT issues, as there were reports that this had resulted in patients not being seen. Dr Jacob confirmed this was his understanding and that the issue had now been resolved. The CCG were not aware of this and will ask Dr Birks to investigate the issue. • **Post meeting note** – TRFT have confirmed this did happen and will declare it as a serious incident. A review will take place on business continuity without IT and why the CCG were not informed. *4.3.2 RDaSH Issues Log* • Members recognised the significant improvements in the CAMHS, the log had 6 open issues out of an original 45. However, progress with adults is slower with 13 issue outstanding from an original 22. Dr Brynes would be asked for a view on how well issues are being addressed and whether it should be raised at next week's MH/LD QIPP meeting.	**JK/RC** **JK/RC** **JK/RC**

5.	**Feedback from Key Issues Discussed at CCG Governing Body** Primary care co-commissioning had been the main discussion. Dr Vasan queried if the move to merge single handed practices was CCG policy. Dr Jacob confirmed it was not policy but is likely to become the direction of travel. There had been a discussion about stroke performance. It highlighted that whilst we are not an outlier there was room for improvement. In relation to cancer performance, Dr Kitlowski informed members that Dr Cullen advised that the CCG has no specific actions to address currently. He will continue to monitor the position. The PLT in March or May will focus on cancer. Dr MacKeown advised that there were no further items of note, the remainder of the meeting focussed on issues such as YAS performance, in particular the resignation of their CEO and the complex arrangements that exist for commissioning the service.	
6.	**Feedback of Key Issues Discussed at Strategic CE** **Declarations of Interests were acknowledged for Drs Avery, Evans, Holden, Jacob, Kitlowski, MacKeown, Vasan and Muthoo as GP providers.** *NR Funding* – SCE were made aware that non-recurrent funds have been made available due to the national funding of Winter Pressures and other national changes which result in budgets previously earmarked for these projects now becoming free. Members were asked to consider the areas where safety, quality and innovation could be enhanced through one-off investments. This would lean towards IT and equipment rather than service provision which is nard to turn on and off. In April, Dr Jacob and Mrs Firth had written to practices to seek ideas should this position arise. Dr Jacob, Dr MacKeown and Mrs Firth will discuss further and send a subsequent letter in January. This will set out ideas already generated and, to make it easier to facilitate, seek to focus on 2/3 offers to practices. Additional 'in-hours' clinics was raised, however previously the suggestion had not received support from the Governing Body lay member due to governance issues. Dr Kitlowski added that the CCG is looking at what is working elsewhere and whether there is any learning we can take from other area areas. Currently ten practices are signed up to the additional hours LES and it was confirmed that Dr Page and Mr Edwards are working on a solution to the issue identified in relation to payments when the additional activity is not utilised by patients. Communication on this will be sent out in the next two weeks. Members supported investing funds in patient education, media and work with high intensity users of services. If further ideas are requested the next Practice Managers forum could be used.	**Locality Reps** **LJ/SMc/KF**
7.	**Practice Managers Feedback** No meeting had taken place.	

8.	**Chairman's reflection on 2014** GPMC have successfully influenced SCE and Governing Body decisions and members have been active participants in areas such as community transformation, mental health, urgent care and clinical referrals. Improvements have been seen in CAMHS but better improvements to be expected, contracts with TRFT, long term conditions and community nursing. All GPs follow top tips, referral guidelines, and improvements have been seen in the quality of services. GPMC have represented the views and interests of all practices in the actions of SCE and Governing Body, and at Board to Board meetings with major providers. GPMC wholly supports and congratulates SCE members on their hard work, especially in challenging situations with stakeholders where they have maintained the CCG position and direction. The SCE chair has listened to the views of GPMC and has taken on board its recommendations. OE and CCG officers were commended for providing first-class support to SCE members, and on how they managed within the changing environment from PCT to CCG. Finally Dr Jacob thanked all GP colleagues for their hard work and input into the work of the CCG. Dr Jacob then summarised actions for GPMC members starting immediately: • *Deputies to convey and discuss the information from GPMC meetings with their locality leaders for whom they deputise, in detail and to alert them to any important issues and recommendations.* • *Increase activity for some members, revitalisation in both GPMC and in their own localities and in sub-committees in which they represent the GPMC.* • *Comprehensive, accurate and prompt feedback by members to their localities. No need to wait for the locality meeting for important matters, do it by e-mail to give time to locality GPs to study the issues properly.* • *Locality meetings' agenda to reflect the agenda items and discussions that take place at GPMC, plus recommendations from practices regarding commissioning issues.* • *To remember that the CCG is a practice member organisation which is clinically led, therefore the GPMC members and the locality GP members have to ensure that all the above is disseminated to the individual practices as part of the agenda of the individual practice meetings in order to guarantee proper and full participation of all the GPs in the issues and plans.* • *Practice managers representatives on the GPMC are expected to be pro-active and support members in some of the commissioning plans and business plans by prior preparation and to provide GPMC with some practical commissioning ideas. Like locality leaders, this can be requested and expected from practice managers that attend the locality meetings and through them from individual practice managers.* Dr Carlisle added that senior leadership at every other organisation in Rotherham has changed in the last 12 months, namely NHS England, YAS, RDaSH, TRFT, RMBC, Commissioning Support Unit. This makes our challenge much more	**Locality Reps**

	difficult. Dr Muthoo raised concern over the size of the agenda and the size of some of the enclosures. He suggested that the locality input was reduced as a result and felt that some issues raised previously by localities had not been addressed. Dr Jacob suggested that these outstanding issues should be raised again. Dr Muthoo informed members that Dr Chintala will be the new deputy representative for Rother Valley.	
9.	**Items for Information** GPMC noted the following: • *Mental Health Transformation Project Update* • *CRMC report for SRG – 10.12 14* • *RDaSH Board to Board minutes **confidential*** • *TRFT Board to Board Minutes **confidential***	
	Any Other Business *None*	
	Next Meeting Wed 21 January 12:30-15:30 (G.04 Elm, Oak House) • Agenda Items Deadline – 4pm Wed 7 Jan • Papers Deadline – 12noon Wed 14 Jan	