

Minutes	Title of Meeting:	Primary Care Sub-Committee
	Time:	1:30pm
	Date:	9 th December 2015
	Venue:	Birch, Oak House – Rotherham
	Reference:	JT / RC
	Chairman:	Robin Carlisle

Present

Sue Cassin	SC	Chief Nurse
Jason Page	JP	Lead SCE GP for Primary Care
Leonard Jacob	LJ	GP Members Committee Representative
Garry Charlesworth	GC	Senior Primary Care Contract Manager NHS England
John Barber	JB	Lay Member
Jacqui Tuffnell	JT	Head of Co-Commissioning
Robin Carlisle	RC	Chair
Dawn Anderson	DA	Head of Primary Care Quality - Attending for Sue Cassin
Chris Edwards	CE	Chief Officer

In Attendance:

Nathan Batchelor – Healthwatch Rotherham
Wendy Allott – Deputy Chief Finance Officer
Helen Wyatt – Patient & Public Engagement Lead
Andy Clayton – Head of Health Informatics
Chris Barnes – Contracts Officer (Minutes & Administrator of the committee)

		Action
1.	Apologies Apologies were noted for Keely Firth	
2.	Declarations of Conflicts of Interest and Pecuniary or Non-Pecuniary Interest LJ & JP are GPs in Rotherham and identified conflicts of interest with Agenda item 5 Specific conflict will be noted on these items	
3.	Patient & Public Questions There were no public questions raised. There were no members of the public present at this meeting.	
4.	Minutes of the last meeting and matters arising The minutes of the meeting 21 st October 2015 were agreed as accurate.	

	<p>The Actions points were reviewed and agreed.</p> <p>Terms of Reference</p> <p>JT has been looking at the Terms of Reference for the Committee and some points need updating since delegation was first in place.</p> <p>The members discussed quality and the role the Committee has with Quality and how this aligns to other groups such as AQUA. It was decided that there would be a standing item at each meeting to discuss any primary care quality concerns and that in addition there would be an annual report. The role of AQUA is to be assured that the primary care sub-committee is carrying out these functions effectively.</p> <p>Action – Terms of reference to be updated and brought to the January Committee for approval</p>	<p>JT</p>
<p>5.</p>	<p>Strategic Direction - LJ & JP remained within the committee for discussion on all of the following items.</p> <p>Patient Participation Group Report</p> <p>Helen Wyatt was in attendance to discuss this item.</p> <p>Helen has produced a report around how well Rotherham GP practices are running their Patient Participation Groups (PPG). It is now part of core contract that every Practice must have an active PPG. Helen reported that a number of practices did not have a PPG at all or had one that had not met for over a year so could not be considered active. Helen advised that she has been working with Healthwatch to offer support to practices that have struggled to set up their PPGs.</p> <p>GC stated that from April 2015 it was a contractual requirement for all GP practices to have an active PPG, as such for any that do not at a point to be agreed with the CCG they will be issued a remedial breach notice.</p> <p>LJ stressed the importance of supporting practices, giving them chance to evidence the effort they have gone through to try set up a PPG.</p> <p>Action – JT and Helen to write to all practices stating the contractual obligation and offering the support that Helen and Healthwatch can offer.</p> <p>Practices will have until the end of the financial year to set up their PPG's and Helen will report back to the committee after this. It is anticipated that NHS England will send out breach notices to any practices without PPGs at that time.</p> <p>Helen Wyatt left the meeting at this stage</p> <p>GP System of choice agreement</p> <p>Andy Clayton was in attendance to discuss this item</p> <p>Andy gave a brief background to the agreement. It is important that all Rotherham Practices sign and return the agreement; the CCG is</p>	<p>JT / HW</p>

	<p>required to feedback to NHS England. The deadline for returning signed agreements is the end of December for EMIS and July for SystemOne.</p> <p>LJ and JP provided feedback that they had not heard of any concerns from across the GP community.</p> <p>The Committee supported the Agreement</p> <p>Andy Clayton left the meeting at this stage.</p> <p>LJ also left the meeting as he had an external commitment.</p> <p>Strategic Estates Plan</p> <p>JT provided a brief update around the current position with the plan. Rotherham Community Health Centre has been added into the plan at Slide 12.</p> <p>JP expressed concern that the required specialist resource to complete the options papers that have been suggested in the plan is not available – JT will work with NHS Property Services to ensure these papers are compiled.</p> <p>It was suggested that NHS Property Services are periodically invited to this meeting to review progress against the plan.</p> <p>The committee approved the plan</p> <p>Primary Care Audit Report</p> <p>JT provided the committee with a brief report that the CCG has received significant assurance in relation to the governance arrangements for primary care. Officers have already acted on the recommendations within the report.</p> <p>There was discussion of the importance of making it clear in the minutes how conflicts were managed and that it is the responsibility of each member to check the notes that conflicts that they report are recorded.</p> <p>GC congratulated Rotherham CCG on an impressive report.</p> <p>PMS Re-investment</p> <p>JT explained that a lot of background work was taking place, in relation to financial years 2-4 of the re-investment.</p> <p>Action –The committee would like to know what other areas across South Yorkshire are doing with PMS Re-investment. GC to report back at the January Committee.</p> <p>Primary Care Development Fund – Infrastructure Bid</p>	<p>CB</p> <p>GC</p> <p>GC</p>
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	<p>GC provided an update, originally Rotherham only had one successful bid, subsequently following slippage in schemes, Rotherham made an additional 7 bids and 6 of them have been supported on the proviso of further information.</p> <p>Transformational Fund – NHS England are expecting more information about this shortly.</p> <p>JT explained that the CCG are currently reviewing telephony and estates utilisation, these reviews will not be completed before March 16. It was identified that until the estates utilisation has been completed, the CCG would not bid for capital resources for practices. As it is a 3 year programme, practices would not be disadvantaged by this and it is essential that the committee is aware and supports revenue consequences. It is hoped that the work in relation to telephony could be completed in sufficient time for development of a bid for 16/17 if required.</p> <p>GC to ensure practices are aware of the funding available, it's a complicated system.</p> <p>Review of NHS England Policies</p> <p>JT has reviewed the NHS England policies which were provided at the point of delegation to establish if any required adapting to suit Rotherham better. The committee approved the recommendation that no changes should be made at present. The policies do need review by NHS England to reflect delegation.</p> <p>Action – GC to feedback that the policies need updating.</p> <p>Remote Care</p> <p>CB provided a brief update, a tele-health pilot has been approved and 5 practices have been sought (expressions of interest were sent to all practices). The pilot will last for 3 months from January 2016, and then a full review will be conducted. The review will go to OE, SCE and then back to this Committee.</p>	<p>GC</p> <p>GC</p>
6.	<p>Quality & Performance Management</p> <p>CQC</p> <p>DA provided an update on the CQC visits that are taking place at Rotherham practices. 12 practices have been visited already and we know the rating for 7 of these, 1 of these is "Requires Improvement". The practice that was rated as Requires Improvement was highlighted beforehand on the Primary Care Dashboard.</p> <p>The CQC have flagged some concerns with Infection Control, DA confirmed that the CCG now has a dedicated infection control nurse, who will be supporting practices.</p> <p>CQC have advised that all of the CQC reviews will be completed by September 2016. A concern has been raised with CQC in relation to ensuring any practices currently identified as requires improvement are revisited in a timely fashion.</p>	

7.	<p>Finance</p> <p>WA reported that work is on-going with NHSE colleagues to update the forecast outturn for month 8 onwards, to reflect a more likely Rotherham position. In terms of the on-going work required to bring CCG fully up to speed with all aspects of co-commissioning finance, a series of task based workshops are being talked about between NHSE/ Delegated CCG's for January 2016 onwards as part of the knowledge transfer process.</p>	
8.	<p>Items for escalation / reporting to the governing body</p> <ul style="list-style-type: none"> • The un-adopted minutes will be reviewed at the private Governing Body meeting • PPG • Estates Strategy (now approved) • Quality – clarifying the roles of AQUA and this committee • Infrastructure Bids 	
9.	<p>Any Other Business</p> <p>No items were raised</p>	
10.	<p>Date and time of the next meeting</p> <p>13th January , 1pm Elm Room, Oak House – John Barber will chair the meeting in the absence of Dr Robin Carlisle</p>	

2016 Meetings (1pm)

13th January – Larch Room, Oak House

10th February – Elm Room, Oak House

8th March – Elm Room, Oak House

13th April – Elm Room, Oak House

11th May – Elm Room, Oak House

8th June - Elm Room, Oak House

13th July – Elm Room, Oak House

10th August – Elm Room, Oak House

14th September – Elm Room, Oak House

12th October – Elm Room, Oak House

9th November – Elm Room, Oak House

14th December – Elm Room, Oak House