

Minutes	Title of Meeting:	Rotherham CCG Primary Care Committee
	Time:	1:00pm
	Date:	08.11.17
	Venue:	G.05, Oak House – Rotherham
	Reference:	JT / RC
	Chairman:	Robin Carlisle

Present

Robin Carlisle	RC	Lay Member (Chair)	Member
Kath Henderson	KH	Lay Member	Member
Chris Edwards	CE	Chief Officer – Rotherham CCG	Member
Sue Cassin	SC	Chief Nurse	Member
Carolyn Ogle	CO	NHS England	In Attendance
Rachel Garrison	RG	Primary Care Contract Manager	In Attendance
David Clitherow	DC	SCE GP	Non-voting member
Jacqui Tuffnell	JT	Head of Co-Commissioning	Member
Avanthi Gunasekera	AG	SCE Primary Care GP	Non-Voting member
Wendy Allott	WA	Chief Finance Officer	Member
Neil Thorman	NT	GP LMC	In Attendance
Geoff Avery	GA	GP Members Representative	In Attendance

In Attendance:

Chris Barnes – Rotherham CCG (Minute Taker)
 Ross Grant – (observer)
 Sue Howard – (observer)

		Action
1.	Apologies Councillor Roche Healthwatch Rep	
2.	Declarations of Conflicts of Interest and Pecuniary or Non-Pecuniary Interest 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 on the agenda. Any additional specific Conflicts of Interest and how the Committee addressed the conflict of interest will be noted under individual items.	
3.	Patient & Public Questions There were no public questions raised.	

4.	<p>Minutes of the last meeting and action log</p> <p>The Minutes of the last meeting were agreed as an accurate record.</p> <p>Action Log has been updated accordingly.</p> <p>Transgender Stuart Lakin is still working with Porterbrook regarding the 1st month prescription</p> <p>Dementia LES Work is ongoing to establish the issues with the practices who aren't undertaking the work. GA raised a concern regarding unmet need and suggested that Russell Brynes communicate to practices a "how to" in relation to setting up in practices. It was agreed that when the ctte is updated on the dementia LES the update will include the reasons why the practices that are not utilising the LES are not doing so.</p> <p>Whzan CB has secured the 12 month pilot and has worked with AG to look at outcomes.</p>	
5.	<p>Strategic Direction</p> <p>Appeals Process</p> <p>The GPs will be bound by the details of this paper, should they make any appeals; as such they will remain in the room for the discussion but will be asked to leave before a decision is made.</p> <p>RG gave a brief background to the paper; the appeals that the committee had heard so far, the committee had felt could be improved. The aim of the updated process was to provide this clarity.</p> <p>Action – NT asked if the paper could be sent to LMC for comment</p> <p>RC suggested that the paper should state "Members that weren't part of the original decision will decide on the appeal".</p> <p>Where it is a clear policy decision, KH identified that the members making the decision will need the policy the appeal applies to.</p> <p>Action - RG to make the above changes</p> <p>The GP's left the room at this stage.</p> <p>RG to make amendments to the paper and send them to the LMC. The paper to come back to the ctte when the LMCs views are known.</p> <p>The GPs re-joined the meeting</p> <p>Improving Access</p>	<p>RG</p> <p>RG</p>

	<p>were out of the control of the CCG, the practices need to decide to employ these roles. The GP trainer scheme in Rotherham is fully utilised and many of the trainees remain in Rotherham post training.</p> <p>JT will feedback to the ACS team these comments and update the committee when another version of the document is available.</p>	
6.	<p>Finance Report</p> <p>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</p> <p>WA gave a brief update, the position is largely unchanged, with an unexpected underspend due to LES activity.</p> <p>GA queried if the original targets of some of the LES's were accurate, for example Case Management. Practices were thought to get around 5% of the list size covered but in reality it is around 3%.</p> <p>WE identified a potential cost pressure, as the National GP uplift may be higher than the CCG uplift.</p> <p>The summary from the PPV will be shared across practices.</p> <p>A review of Case Management is ongoing and will be discussed at a future committee meeting.</p>	
8.	<p>Forward Programme</p> <p>Primary Care Charter Improving Access Appeals Process</p>	
10.	<p>Any Other Business</p> <p>CE identified that there may be a role for Primary Care to be involved in the Escalation Management System (EMS). RC supported this for the next agenda.</p> <p>It was also agreed there would be a brief update on any substantial changes in the draft primary care strategy.</p>	
11.	<p>Items for escalation / reporting to the Governing Body</p> <p>No items</p>	
12.	<p>Date and time of the next meeting</p> <p>13th December 1pm, Elm room</p>	CB