

Minutes of the NHS Rotherham Clinical Commissioning Group

Primary Care Committee Meeting

Wednesday, 21st November 2018 @ 1pm – 3pm

Birch Room, Ground Floor, Oak House, Moorhead Way,
Bramley, Rotherham, S66 1YY

Quorum

Primary Care Committee has 6 voting members
Quorum is 2 x Lay Members, 2 x Senior Officers, 1 x GP non-voting member or appropriate deputy

Present:

Mr R Carlisle (RCa)	Lay Member (Chair)
Mrs D Twell (DT)	Lay Member
Mr C Edwards (CE)	Chief Officer RCCG
Mr A Windle (AW)	Deputising for Chief Nurse RCCG
Mrs J Tuffnell (JT)	Head of Commissioning RCCG
Mrs W Allott (WA)	Chief Finance Officer RCCG

In Attendance:

Mr P Barringer (PB)	NHS England
Mrs K Firth (KF)	Deputy Finance Chief
Ms R Garrison (RG)	Senior Contracting & Service Improvement Manager RCCG
Dr A Gunasekera (AG)	SCE GP Lead Primary Care
Mr C Barnes (CB)	Connect Healthcare Rotherham
Dr N Thorman (NT)	GP LMC Representative
Mrs S Hartley (SH)	Contract & Service Improvement Manager RCCG
Mr S Lakin (SL)	Head of Medicines Management RCCG
Mrs J Murphy (JMu)	Primary Care Committee Administrator & Minute Taker – RCCG

Participating Observers:

None in attendance	
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Members of the Public:

None in attendance	
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Apologies:

Mrs S Cassin (SC)	Chief Nurse RCCG
Mr D Roche (DR)	Cllr Health & Well-being Board Representative
Mr G Avery (GA)	GP Members Committee Representative

2018/20	Apologies & Introductions
2018/20a	<p>Attendance by MMT and decision making.</p> <p>CE proposed that the PCC should approve recommendations from the Medicines Management committee in areas where there are potential conflicts of interest and that there should be Medicines Management representation in attendance at the PCC.</p> <p>NT was not in agreement with this without understanding it further and without discussion with the GP Members committee.</p> <p>Action – This would be discussed when the terms of reference are reviewed at the next meeting. CE agreed to discuss with the chair of the GP Members Committee before the next meeting to seek his views.</p>
2018/20b	<p>Terms of reference</p> <p>JT advised the committee that a new template and further guidance has been received, therefore the TOR requires review.</p> <p>JMu advised that a meeting is planned for 22/11/2018.</p> <p>Committee agreed to delay the TOR to the next meeting.</p> <p>Action – JMu to meet with Mrs R Nutbrown on 22/11/2018 to discuss the changes.</p>
2018/20c	<p>Health & Wellbeing representation at PCC.</p> <p>Cllr Roche has emailed CE with a request to delegate this responsibility going forward to the Public Health Consultant and for his name to be removed for the TOR.</p> <p>Action – CE to pick this up with Cllr Roche and advise JMu of new member for distribution list.</p> <p>Action – JMu to amend TOR as directed above.</p>
2018/21	<p>Declarations of Interest</p> <p>The Chair reminded members of their obligations to declare any interest they may have on any issues arising at meetings which might conflict with the business of the NHS Rotherham Clinical Commissioning Group.</p> <p>Declarations declared by members are listed in the CCG's register of interests. The register is available on the CCG website at the following link: http://www.rotherhamccg.nhs.uk/about-us/declaration-of-business-interests_2.htm</p> <p>Declarations of Interest from today's meeting</p>

	<p>Declarations of Conflicts of Interest and Pecuniary or Non-Pecuniary Interest</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 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> <p>Chair noted that none have been received.</p> <p>NT has a declaration of interest with regard to the GP retention scheme within matters arising.</p>
2018/22	<p>Patient & Public Questions</p> <p>Chair noted that none have been received.</p>
2018/23	<p>Quorum</p> <p>The Chair confirmed the meeting was quorate.</p>
2018/24	<p>Draft minutes of the Primary Care Committee dated 10th October 2018 and the matters arising</p>
2018/24	<p>Minutes of the previous meeting were agreed as a true and accurate record.</p>
2018/25	<p>Matters arising</p>
2018/25a	<p>GP Retention Scheme</p> <p>NT raised concerns that the CCG was not acting in line with national guidance on the GP retainer scheme. He felt the PCC should review its previous decision on the 2 Rotherham GP retainer scheme applications and could not understand how it had taken so long before the CCG came to this view.</p> <p>There was a difference of views on the implications of Paul Tomey's review.</p> <p>RCa stated that the PCC could not review the decision today without written supporting information, and proposed that a paper summarising the decision and subsequent information be prepared, discussed with the LMC at the next LMC/CCG meeting and come to the next PCC meeting.</p> <p>NT was unhappy with this timescale and concerned that committee members may decide to defer the issue further at the next meeting. It was agreed to circulate the paper as soon as possible, so that if committee members needed additional information there was an opportunity to request it in advance of the next meeting.</p> <p>Action – CE and RCCG officers to discuss at liaison meeting on Monday 26th November 2018. A summary paper would be circulated by Friday 30th November to lay members.</p>

	Action – JT to provide an update paper for committee members only by 26 Nov.
2018/26	Action Log
	No updates required.
2018/26a	<p>Apex</p> <p>RG took the paper as read by all members and gave an overview of the report and members of the Primary Care Committee were asked to:</p> <ul style="list-style-type: none"> To note progress so far. Updates will be brought to the Committee as appropriate. <p>RG advised that NHSE are providing the APEX workforce tool, funded for the first year. In Rotherham 27 of the 30 practices have agreed to implement APEX and local engagement and support from the APEX team is being undertaken with demonstrations taking place at locality meetings. For the 3 practices who are not implementing APEX at this time, they can engage in the new year. Feedback on implementing this early has been received from some practices. Recurrent financial implications remain a standout issue for all CCGs. The cost of an annual licence is £1554 per practice (per clinical system) or £5994 per enterprise licence. There is no commitment from NHSE to fund licence costs beyond this initial 12 month period.</p> <p>RG and Andrew Clayton, Head of IT will be providing a quarterly update. Next one is due in December 2018.</p> <p>Committee noted the verbal update.</p>
2018/25	<p>Finance</p> <p>- Finance report month 7</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 current financial performance against plan for primary care the chair proposed that all members could participate fully in the discussion</p> <p>KF took the paper as read by all members and gave an overview of the report and members of the Primary Care Committee were asked to:</p> <ul style="list-style-type: none"> (i) Note the current position in Table 1 and the supporting information; (ii) Support the action being taken to mitigate the risk of future funding gaps. <p>KF advised the committee that it is likely that the Primary Care Committee performance will be within the financial plan for 2018/19. The risk is the recurrent position. In the last two years national agreements have cost the CCG £0.5m and £0.8m respectively over and above the allocation from NHSE. Consequently</p>

	<p>members of the Primary Care Committee were advised to plan to mitigate a further funding gap in future years of at least £0.5m.</p> <p>KF reported that work is already in progress as part of the wider QIPP planning for 2019/20.</p> <p><u>Members comments:-</u></p> <p>RCa advised that strategically there is no sense in reducing primary care services due to financial constraints and for this to be fed back to NHSE via the representative at the meeting.</p> <p>KF clarified that whilst there are no financial cuts in Primary Care funding, the additional cost pressures are for increased capacity such as extended access and primary care expenditure is growing faster than other parts of the public sector</p> <p>Committee members agreed with the recommendations.</p>
<p>2018/26</p>	<p>Strategic Direction</p>
<p>2018/26a</p>	<p>➤ GPFV Assurance & Work Programme</p> <p>RG took the paper as read by all members and gave an overview of the report and members of the Primary Care Committee were asked to:</p> <ul style="list-style-type: none"> • To note progress, and support where actions are off track. <p>RG advised this is a quarterly update and is categorised by overarching high level workstreams within the GPFV. This does not show all of the Primary Care team workload.</p> <p><u>Members comments:-</u></p> <p>NT raised the issue of increasing appropriate GP capacity. NT noted that there is no line relating to GP retainer scheme which is part of the GPFV. Request made to acknowledge the retention scheme.</p> <p>RC noted that the CCG is soon to produce its 10 year strategy which will include a GP section. This strategy will presumably form the basis of a refreshed primary care team workload.</p> <p>CE agreed with this but noted that the timing of the new strategy was unclear as if depended on receipt of national guidance.</p> <p>Committee noted the paper</p> <p>Action – RG to add GP retention scheme and the International Recruitment retention be added to the work plan.</p> <p>Action – JMu to add 10 year plan to the agenda as a standing item from December onwards and CE to talk to this.</p>
<p>2018/26b</p>	<p>➤ Dementia LES</p>

	<p>KF gave a verbal update on the current status of the Dementia LES.</p> <p>LD & Place transformation group have met. This group is reviewing the LES Specification and the draft pathway in line with recently received financial plans and workforce requirements. RDaSH are following up with the Memory Clinic regarding this element of the services finance costs to enable further financial modelling work to continue.</p> <p><u>Member comments:</u></p> <p>RCa asked if the Dementia LES will be completed by 1st April 2019. KF stated it would be complete once the above information is received.</p> <p>DT asked if patient engagement has been undertaken. KF stated that this work is ongoing with the service leads.</p> <p>JT advised that this programme of work started, due to the demands on the service approx. 9 months ago. Joint working with RDaSH is to continue to enable the transfer of work within primary care and reduce demand on the current service.</p> <p>Committee note the update.</p>
	<p>Action - KF to ask Kate Tufnell to provide an update to DT regarding patient engagement planned or undertaken.</p>
2018/26c	<ul style="list-style-type: none"> • Case Management Update <p>AG took the paper as read by all members and gave an overview of the report and members of the Primary Care Committee were asked to:</p> <ul style="list-style-type: none"> • To note the update on the current review. <p>AG advised the committee that the proposal under review is that the current Over 75s Check be updated and termed the Over 65s Frailty Check. As all core requirements are already in the existing Over 75s Check, the suggestion is that general practice is remunerated for providing a more comprehensive annual health check for this population. There will be a payment per patient for completing the Check and placing a copy of the assessment in the patients' home.</p> <p>AG noted that the other elements of the Case Management scheme are proposed to be unchanged.</p> <p>RCa noted the issues that there have been in the past about appeals in this area and that every effort be made to make the scheme as unambiguous as possible.</p> <p>Action – AG/JMu to update the specification and provide to January LMC. The full specification to be reviewed by PCC before 1 April 2019</p>
2018/26d	<ul style="list-style-type: none"> ➤ Primary Care Performance Dashboard August 2018 <p>SH took the paper as read by all members and gave an overview of the paper and asks the committee to:-</p> <ul style="list-style-type: none"> • To note the process behind the production of the Primary Care Performance Dashboard. <p>SH advised that following the action from last paper, this paper provides and</p>

	<p>update, a list of the indicators, where the data is sourced from and how it is calculated. This information feeds into the Contract & Quality Visits for discussion as required. Patient satisfaction will be discussed with practices going forward, enabling meaningful conversations with practices to take place. The dashboard is published on the CCG Intranet, which allows practice to identify their achievement against the performance indicators.</p> <p>RG stated that conversations are ongoing with Connect Healthcare (federation), with a view for Connect Healthcare (federation), to present the data to practices to give them an understanding on how the data is collated and what it means.</p> <p><u>Member comments:</u></p> <p>NT queried the RAG rating e.g. 2ww DNA rate, and raised concerns on how this is picked up with practices, for example if a practice has a high DNA rate does this mean they are referring inappropriately. NT felt that the CCG should justify both directions.</p> <p>AG advised this dashboard is based on a Rotherham average or national average depending on the indicator, which makes it difficult to address this within the dashboard. AG advised that the indicators are discussed in detail at the Contract & Quality visits in relation to e.g. diagnosis and referrals rates.</p> <p>RG advised that we have changed this to reflect red or green and not have yellows, and this dashboard is not reviewed in isolation, more information sits behind it.</p> <p>It was agreed to look at the feasibility of providing information on low performers as well as high performers for a small number of indicators such as referrals. High and low should be identified by a statistical measure not a clinically set threshold</p> <p>Committee note the paper</p> <p>Action – Primary Care Team to take on board NT’s comments and explore the possibility of indicating low refers</p>
2018/27	For Information Only – Terms of Reference (TOR)
	<ul style="list-style-type: none"> • Primary Care Sub Group TOR <p>Committee asked that this be deferred due to change in template.</p>
2018/28	Quality
	<p>➤ Quality Contract Update</p> <p>The GPs will be bound by the details of this update; as such they will remain in the room for the discussion, should a decision be required GPs will be asked to leave before a decision is made.</p> <p>AG gave a verbal update on the Quality Contract. Minor updates have been made to the Quality Contract 2019/20 and are to be received by LMC in December. Process is on track for 2019/20 implementation.</p>

	<p><u>Member comments:</u></p> <p>CE asked that the work undertaken on this contract is to be commended.</p> <p>Committee note the verbal update.</p>
2018/29	<p>Extended Access Procurement Approval</p> <p>RG gave a verbal update on the Extended Access Procurement Approval. Request that due to the timelines this be agreed and approved virtually.</p> <p><u>Member comments:</u> No comments</p> <p>Committee note the verbal update and agree January signoff.</p>
2018/30	<p>Improving Access – Extended Hours</p> <p>RG gave a verbal update on the Improving Access – Extended Hours. Following signing of the contracts the GP federation together with the GP hubs have been working towards delivering the 132 hours of extended access appointments.</p> <p>During October/November the hours have increased from 74 hours to 122 hours last week. This week they are on plan to delivering the full 132 hours. Since increasing the hours, utilisation has dropped from 78% to 51%, with weekends remaining unpopular. Work is on-going to increase the utilisation. Weekly practices are reminded to offer appointments, training for reception staff in how to book the appointments is also in place. The GP OOH and the UECC are also enabled to be able to book in routine primary care patients to the Saturday/Sunday hubs, so utilisation is expected to increase.</p> <p>From a public perspective, practice websites have been updated to promote extended access, face book and twitter have also been utilised and the federation are working with PPG groups to get the messages out. Posters and pull up banners are also in the pipeline as part of a wider coms plan.</p> <p><u>Member comments:</u></p> <p>CE asked PB how other areas are meeting the targets. CE stated that CCG still have a long way to go with regarding to education of the public in relation to routine and urgent appointments.</p> <p>JT acknowledged CB being present and Connect Healthcare’s work in this programme.</p> <p>AG gave a positive example from a patient attending the Saturday hub.</p> <p>NT commented that as bloods are taken at the hub and the results returned to</p>

the patients registered practice, this increases the GPs work to review etc.

KF advised that work is ongoing with regard to bloods taken and follow up work by courier, hospital testing and GP follow up.

AW advised that this had been initially discussed at the starting point and it is noted that there is further work to be undertaken. AG advised that any incidents are reported via the National Reporting Learning System (NRLS).

Committee note the verbal update.

2018/31

Waverley

The GPs will be bound by the details of this update; as such they will remain in the room for the discussion, should a decision be required GPs will be asked to leave before a decision is made.

JT took the papers as read by all members and gave an overview of the report and members of the Primary Care Committee were asked to:

- Note the contents of the report and agree the following:
- To accept the delay in the building scheme for the medical centre at Waverley with the following conditions:
- Developer to provide and fund appropriate accommodation to enable The Gateway to start to register and treat patients as per the Section 106 arrangement.
- If work has not commenced on the new site by June 2019 RCCG to pursue an alternative scheme for the provision of a medical facility for this population.

JT advised that CCG are very disappointed with the delays and subsequent pressures on Treeton. Measures are being undertaken to support Treeton in form of the building contractor to provide and pay for a porta cabin. The determining figure of number of houses which require building a health centre is 950 houses. Proposal is to stay on track till the backstop date and reconsider if this is not met.

CE assured the committee that JT has challenged the building contractor.

NT asked if this delay is being linked to the 14k population and the pump priming timeframe and the pressures on Treeton.

JT advised Treeton practice is being reviewed and monitored regularly.

KF to review NT's comments in line with current project.

GPs and Rotherham Connect Healthcare left the room at this point.

Committee discussed that there have been no other suggestions provided today. Gateway practice are happy to continue on plan and CE/JT to monitor regularly and provide updates accordingly.

JT is following up with Gateway and with the developer with regard to the

	<p>backstop date.</p> <p>DT asked if the residents are involved. JT advised that the 'We are Waverley' group are engaged with the CCG.</p> <p>GPs and Rotherham Connect Healthcare returned to the room at this point.</p> <p>Committee note the report</p>
2018/32	Any other business
	None at this time.
2018/33	Primary Care Committee Forward Programme
	<ul style="list-style-type: none"> • Primary Care Committee Forward Programme <p>JT gave an overview of the Primary Care Committee Forward Programme. The committee discussed and agreed the changes below:-</p> <p>Two areas added today being the GP Retention scheme and International recruitment.</p> <p>Action - JMu to make the necessary changes to the Forward Programme</p>
2018/134	Items for escalation / reporting to the Governing Body
	<p>Chair asked members for any escalation requirement.</p> <p>Terms of reference.</p> <p>Committee agreed that when the TOR is completed and received by PCC this will then be escalated to Governing Body for governance oversight.</p>
2018/35	Exclusion of the Public
	<p>The CCG Governing Body should consider the following resolution:</p> <p>"That representatives of the press and other members of the public be excluded from the remainder of this meeting due to the confidential nature of the business to be transacted – publicity on which would be prejudicial to the public interest".</p> <p>Section 1(2) Public Bodies (Admission to Meetings) Act 1960 refers.</p> <p>Chair closed the public session.</p>
2018/36	Date and time of Next Meeting
	Wednesday 12 th December 2018 commencing at 1pm in Elm Room, Ground Floor, Oak House