NHS
Rotherham
Clinical Commissioning Group

Minutes of the NHS Rotherham Clinical Commissioning Group

Primary Care Committee Meeting – Public Session

Wednesday, 9 October 2019 @ 1pm – 3pm

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

Quorum
Primary Care Committee has 5 voting members
Quorum is 2 x Lay Members, 2 x Senior Officers, 1 x GP non-voting member or appropriate deputy

Present Members:

Mrs	W	Allott (WA)	Chief Finance Officer - RCCG
Mrs	S	Cassin (SC)	Chief Nurse - RCCG
Mr	C	Edwards (CE)	Chief Officer RCCG
Mrs	D	Twell (DT)	Lay Member (Chair)
Mr	J	Barber (JB)	Lay Member (Vice Chair)

Present In Attendance:

Dr	G	Avery (GA)	GP Members Committee Representative
Mr	P	Barringer (PB)	NHS England
Dr	D	Clitherow (DC)	SCE GP
Ms	R	Garrison (RG)	Senior Contracting & Service Improvement Manager - RCCG
Dr	A	Gunasekera (AG)	SCE GP Lead for Primary Care - RCCG
Mrs	S	Hartley (SH)	Contract & Service Improvement Manager - RCCG
Mrs	L	Jones (LJ)	Deputy Head of Financial Management - RCCG
Mr	S	Lakin (SL)	Head of Medicines Management RCCG
Dr	N	Leigh-Hunt	Public Health
Mrs	J	Murphy (JMu)	Primary Care Committee Administrator & Minute Taker – RCCG
Dr	C	Myers (CM)	LMC Representative
Ms	S	Thorpe (ST)	Connect Healthcare Rotherham (CIC) Representative
Mrs	J	Tuffnell (JT)	Head of Commissioning – RCCG
Mrs	K	Tufnell (KT)	Head of Contracts & SI (MH, LD & Spec Svs) - RCCG

Observers:

None at this time

Members of the Public:

None at this time

Apologies:

None at this time

2019/131	**Apologies & Introductions**
2019/132	**Declarations of Interest**
	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. 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
	Declarations of Interest from today's meeting
	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.** GA disclosed a conflict of interest in relation to the following items:- • **Additional Roles** as he holds a subsequent role as PCN Clinical Director. • **Care Home Alignment Appraisal 2019/20**, Blyth Road had links to a Nursing Home in Maltby. All GPs in the room declared a 'Direct Financial' conflict of interest in the item **Quality Contract Reinvestment (Incentivisation of the APP).**
2019/133	**Patient & Public Questions**
	Chair noted that no questions had been received.
2019/134	**Quorum**
	The Chair confirmed the meeting was quorate. ST of Connect Healthcare Rotherham (CIC) Representative and CM, LMC Representative (but no longer a practicing GP) remained in the meeting for agenda items which required approval only and were discussed first. ST and CM followed the same protocols as GPs for the confidential discussion and decision as listed below, after the feedback of the committees decisions

	ST and CM left the meeting:- • 2019/138a Severe Mental Illness LES • 2019/138b Whzan Update • 2019/138c Telehealth • 2019/138d Improving Access Funding Arrangements • 2019/139b Quality Contract Reinvestment (Incentivisation of the APP) KT remained in the meeting to present and answer questions on item 2019/138a Severe Mental Illness (SMI LES) and then left the meeting.
2019/135	**Draft minutes of the Primary Care Committee dated 14 August 2019**
	Committee agreed the minutes as a true and accurate record subject to the items below:- PB NHS England representative clarified the following areas:- • **2019/122d Primary Care Annual Report 2018/19** – PB advised that notations within the minutes 'NHS England representative complimented the report and agreed it met NHS England's requirements'. PB advised that under NHSE Delegation there were no requirements to meet, and asked that it be noted 'that the report was well received'. • **2019/122d GPFV Funding Arrangements** – PB advised that the notation within the minutes 'On line Consultation funding was additional to the £1.2m…' and asked that it be noted to reflect the following statement 'On line Consultation funding was increased to the £1.2m…' • **2019/122d GPFV Funding Arrangements** – PB advised that the notation 'NHSE were pragmatic…' and asked that it be noted to reflect the following statement 'SY&B ICS Primary Care Board were pragmatic…'
2019/136	**Matters arising**
	None at this time
2019/137	**Action Log**
2019/137a	**Committee agreed the removal of the actions which are now complete as per enclosure 1b:** • **2019/65d Evaluation of the Rotherham Health App** • **2019/109a GP Strategy for Rotherham.** • **2019/122a Population Health Management** • **2019/122b Deep Vein Thrombosis LES** • **2019/122d Primary Care Annual Report 2018/19** • **2019/122h QOF vs. Quality Contract: an update** **Committee agreed to make the following items green:-** • **2019/122g GPFV & Primary Care – action complete**

2019/137b	**Update on 2019/94b Dementia LES** Paper had been deferred from October 2019 and would be presented to Primary Care Committee in November 2019. Committee requested this action remains amber on the action log.
2019/137c	**Update on 2019/122g GPFV & Primary Care** RG confirmed the action was complete and the next review of GPFV & Primary Care would be presented to Primary Care Committee in November 2019. **Committee agreed to make this action green.**
	Action – JMu to amend the Action Log as directed above.
2019/138	**Strategic Direction**
2019/138a	• **Severe Mental Illness Local Enhanced Service (LES)** **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.** KT took the paper as read by all members and gave an overview of the Severe Mental Illness Local Enhanced Service Specification (SMI LES) and the committee were asked to:- • Approve the Severe Mental Illness (SMI LES) and Shared Care Protocol Physical Healthcare Assessments and Follow Up Care. • Note Rotherham's current performance against the national Physical Health Checks for people with SMI, and the action being taken to address the low performance. <u>Key areas of the report:</u> • KT confirmed an engagement process had taken place and clarity had been provided within the report. • KT advised that the purpose of the LES was for a comprehensive health check to be undertaken for this cohort of patients, and all elements were to be completed for payment. However, as part of the engagement process, and discussions with LMC and NHSE, it was agreed through patient choice, that exception reporting would be included in the template. CCGs expectation for exception reporting would be e.g. for the patient to have been offered 3 times before exception recording could take place. This approach mirrors other LES specifications. <u>Members discussed key areas:</u> • Long term reviews vs. SMI review – discussion ensued around which one would be more suitable. KT advised that the aim of the LES was around inequalities in service for this cohort of patients, and by implementing the LES would provide more equality across the Rotherham community with an SMI condition.

	• Patients who consistently decline appointments and how these were recorded. KT advised that the LES was aimed at increasing the uptake of SMI health check element, and should a patient be seen in Secondary or Primary care there was a shared care protocol in place, which runs in conjunction with the LES to accommodate and record this activity. For patients who consistently decline the exception process would be followed and recorded accordingly. • Possibility of the LES being delivered by the PCNs prior to April 2020. RG/KT confirmed that all LES's would be reviewed with this in mind, however, PCNs are not in a place to implement the LES' at present, and the CCG would look to discussing and achieving this with PCNs in the future. KT thanked the LMC for their feedback and work on the SMI LES. **KT left the meeting at this point.** **GPs & Connect Healthcare Rotherham left the room at this point and returned after confidential discussion.** **Committee agreed with the recommendations and approved the SMI LES, shared care protocols and action taken to improve follow up.**
	Action – CCG Officers to review if the SMI LES could move into PCNs sooner.
2019/138b	• **Whzan Update**
	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. ST gave a verbal update on the Whzan project and the committee were asked to: • Note the verbal update. <u>Key areas of the report:</u> • ST advised that turnover of staff at Whiston Nursing Home had been significant and impacted the pilot. Angela Shaw of Connect Healthcare and Jean Toner from The Stag practice are working together to review the project again as staffing had become more stable. Connect Healthcare would be providing training to the current staff. ST confirmed the pilot would continue and be reviewed in 3 months to ascertain how successful this had been at Whiston, and dependent on the outcome potentially rolling the project out wider. <u>Members discussed key areas:</u> • The Gateway Surgery had reported to the CCG that the Whzan pilot project was successful however, had experienced access and connectivity issues. The Gateway Surgery admissions issues. JT/RG requested the IT connectivity issues be reviewed and resolved to try and address the admissions issues. ST advised that Connect Healthcare were aware of The Gateway's issues and were reviewing the situation.

	• Pilot continuation - ST advised that the pilot would continue for 3 months, incorporate The Gateway Surgery into the pilot and then be evaluated. Committee agreed the project review and evaluation in 3 months' time, and request ST present an evaluation report to Primary Care Committee in February 2020. **Committee thanked Ms Thorpe for her attendance and noted the verbal update. Committee agreed the continuation of the pilot, incorporating The Gateway surgery and agreed a 3 month review period and evaluation with feedback to PCC in February 2020.**
	Action – ST to continue the pilot for 3 months and incorporate The Gateway surgery into the pilot. Provide an evaluation paper to PCC in February 2020, and resolve The Gateway Surgery connectivity issues to support addressing issues with admissions.
2019/138c	• **Telehealth**
	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. SH took the paper as read by all members and gave an overview of the Telehealth paper(s), and the committee were asked to:- • Approve the recommendation that the CCG continues to include telehealth/remote health monitoring as part of the App-development. • Once this has been developed, the team would work with practices to utilise the facility on the App with those patients willing and able to use the system. <u>Key areas of the report:</u> • SH advised that within the Rotherham Health app there was scope to add Telehealth to the app for patients to report results back. • SH advised that 1300 patients responded very positively and the main issues raised were relating to the reliability of the kit. <u>Members discussed key areas:</u> • Demographic data, Ethnic groups and digitally literate, and concerns around patients over monitoring and the impact on GP workload. SH advised that age and conditions had been the main focus of the report, however, demographics etc. could be reviewed. With regard to GP workload, SH advised that a conversation and Patient/GP agreement would have to be in place around expectations prior to starting Telehealth monitoring. AG/DC gave examples of patients being proactive, using other technology available e.g. Apple Watches, and the group noted this had a positive impact for the patient. • Kit calibration and reliability - RG advised that calibration of the kit would be dependent on patient attendance periodically at the GP surgery to calibrate to the same level. AG suggested that tailoring a cohort of patients who would key to the project's success.

	Committee noted the previous issues with Telehealth, agreed the recommendations and supported the CCGs proposal to work with practices.
2019/138d	• **Improving Access Funding Arrangements**
	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 paper as read by all members and gave an overview of the Improving Access Funding Arrangements paper, and the committee were asked to:- • Approve Option 5 for use of improving access funding. <u>Key areas of the report:</u> • JT advised that the paper(s) had been received by PCN Clinical Directors, Local Medical Committee (LMC) and Connect Healthcare Rotherham for comment, however, reported that very little feedback had been received. • • A&E Delivery Board was aware of high numbers of attendance to the primary care stream however, current data is starting to show reduction associated with the use of the App and use of capacity in the extended access hubs. • JT advised that Option 5 further addresses the access issues i.e. extended access provision from 4pm to 10pm and a transfer of routine patients from UECC to a hub. TRFT had agreed to stream patients with a routine appointment into the nearest hub this being Broom Lane. Video consultations had also been discussed as an option. • JT advised that with the remaining funds, the CCG would like to explore Home-Visiting arrangements e.g. paramedics or ANPs to provide a winter scheme. <u>Members discussed key areas:</u> • JB identified that the paper should have been presented as an Option Appraisal – JT acknowledged this and provided a verbal option appraisal of the options as below:- o Option 1 –This option was not wholly supported by SCE GPs or in feedback from the Federation primarily as there is concern that this would result in a walk-in centre facility and encourage patients to attend who should self-care. o Option 2 – This option was not considered the most ideal as the timings do not reflect the attendances into UECC. o Option 3 –This option was not considered the most ideal as the timings do not reflect the attendances into UECC. o Option 4 – This option was not considered the most ideal as

	the timings do not reflect the attendances into UECC. ○ Option 5 –This was the recommended option as it will support routine patients who should be attending their own practice rather than UECC and increase weekend capacity for working patients. • The group debated the hub location for patients and recommended a review of the pilot be undertaken before implementing long term. • Training of staff to ensure the appropriate streaming and triaging of patients into the hub. JT confirmed training would take place for UECC staff. • Patient learning and legacy within the system. The group discussed at length how to overcome the legacy of patient behaviour with regard to arriving at UECC, and being diverted directly into a face-to-face GP appointment. It was felt that there is a need for all streams (GP teams, UECC staff, 111 Service, Community pharmacists) to be consistent in the message that triage will take place followed by streaming into the appropriate pathways; and where necessary how access to additional Hub appointments should be made. The group felt that altering the current patient perception (legacy) that presenting at UECC was an alternative route to securing a GP appointment at the Hub, needs to be a key factor in the launch of the additional Access Capacity offered through Option 5. • JT advised that all patients were currently seen for any condition, and advice would be given with regard to using Rotherham Health app or could have booked in with their own GP. Previously streaming into a bookable appointment was not in place, this capability was now in place in the UECC to enable this. Chairs summary – all members were in agreement to create more capacity via hubs and that the self-care message needs to be clear across the community. **Committee agreed the recommendations and approved the paper(s) and agreed to use Option 5 to increase hub capacity.**
2019/138e	• **Additional Roles Funding**
	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. RG took the paper as read by all members and gave an overview of the Additional Roles Funding, and the committee were asked to:-

	• Note the content of the paper. <u>Key areas of the report</u> • RG advised that Clinical Pharmacist and Link Workers within primary care, currently had an under-spend of £116k. This money had restrictions on use and what could be achieved. RG confirmed that staff in post would be reimbursed to the maximum allowable amount to cover clinical supervision / staff development costs. RG confirmed that funds could be used for long-term locums i.e. 6 months or more. • NHSE confirmed that the under-spend this year could not be used to fund the remaining 30% of Clinical Pharmacist posts, but guidance may evolve over time. <u>Members discussed key areas:</u> • Roles & titles - RG confirmed that within the guidance the roles are quite specific e.g. Physician Associate. • Possibility of roles being brought forward from April 2020 to December 2019. RG/WA/LJ to consider and discuss further, and report at the next Primary Care Committee. **Committee are supportive of the rules and protecting the risk for all parties e.g. the guidance delays. In principle the committee agreed the recommendations subject to further discussion (RG/WA/LJ) and feedback at the next Primary Care Committee.**
	Action - RG/WA.LJ to consider and discuss roles further, and report at the next Primary Care Committee.
2019/138f	• **Care Home Alignment Appraisal 2019/20**
	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. SH took the paper as read by all members and gave an overview of the Care Home Alignment Appraisal 2019/20 paper, and the committee were asked to:- • Note the outcome of the survey pending the publication of the national specification. <u>Key areas of the report:</u> • SH advised that the CCG had 76% signup which means this LES would fall into the basket of LES'. However, with the national service specification due for release and implementation from April 2020, the Primary Care Team felt it would be beneficial to roll the current specification forward as appropriate provision and cover was in place, and review the new specification when released with the PCNs.

	Members discussed key areas: • Practices struggling to manage the care home patient's numbers within the Maltby area, and the difference in managing patients under the Long Term Conditions compared to the Care Home Alignment route. • Surveys and Waterside Grange Care Home discharge beds. SH advised that the survey had been undertaken in the summer and SH to clarify the discharge beds at Waterside Care Home as SC identified these were no longer in place. **Committee agreed the recommendations and noted the paper.**
2019/138g	• **Primary Care Dashboard Narrative**
	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. SH took the paper as read by all members and gave an overview of the Primary Care Dashboard Narrative, and the committee were asked to:- • Note the outcomes of the latest dashboard publication. Key areas of the report:- • SH advised that there had been very little movement at the top of the dashboard, and confirmed that all indicator results feed into the Contract & Quality visits to create a discussion and offer assistance, which also link into CQC feedback. Members discussed key areas: • PCN Clinical Director involvement - RG confirmed this would be the aim going forward. **Committee agreed the recommendations and noted the paper.**
	Action – JMu to upload the dashboard and notify practices and PCN Clinical Directors that the dashboard was available.
2019/138h	• **Local Enhanced Services (LES) Survey report 2019/20**
	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. SH took the paper as read by all members and gave an overview of the Local Enhanced Services (LES) Survey report 2019/20, and the committee were asked to support the primary care team:- • To continue to monitor and provide a paper to Primary Care Committee on a quarterly basis. • To follow up with practices where no responses had been received. • To obtain assurance that the surveys had been provided to the

	patient. Key areas of the report: • SH advised that only a few practices had received responses from patients. Primary Care team to follow up with practices to ensure survey links had been issued to patients and ascertain if it had been patients choosing not to respond. Members discussed key areas: Committee agreed this was a good news story of patient satisfaction. **Committee agreed the recommendations, noted the paper and supported the Primary Care Team's proposals for follow up.**
	Action – JMu to share goods news feedback on the website and link in with Serena Thorpe Connect Healthcare Rotherham regarding the Dissatisfied and Very Dissatisfied responses.
2019/138i	• **Contract & Quality Visits – Quarterly Report**
	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. RG took the paper as read by all members and gave an overview of the Contract & Quality Visits Quarterly Report, and the committee were asked to:- • Note the content of the paper. Key areas of the report: • RG advised that the visits had been shared between RG and SH. o Brinsworth reported telephone access issues and more phone lines. Access was addressed at the visit. o Clifton continued to do very well and had addressed frequent flyers. FFT rates remained low and practice had a plan to address this area. 2ww was at 0 and the CCG had asked how they had achieved this. Practice advised that they reiterate the importance of prioritising the 2ww process to the patient. o Broom Lane's utilisation of the hubs was good. o Parkgate visit had been brought forward due to CQC rating. o York Road continued to be an outlier and the CCG Primary Care Team was continuing to monitor this practice. o Gateway visit was a very good and was tailored to the specialised contract they hold. Members discussed key areas: • A&E language within the report around 'good rates of A&E attendance' should be reflected as 'excellent low attendance'.

	• Patient and Public feedback into these visits. RG to follow up with Helen Wyatt, Patient and Public Engagement Manager with regard to the template for feedback into the visits. **Committee agreed the recommendations, noted the content of the paper.**
	Action - RG to follow up with Helen Wyatt, Patient and Public Engagement Manager with regard to the template for feedback into the visits.
2019/139	**Quality Contract**
2019/139a	• **Quality Contract update** AG gave a verbal update on the Quality Contract, and the committee were asked to:- • Note the verbal update <u>Key areas of the report:</u> • RG confirmed re-writes had started to come through from the leads, and a meeting had been arranged for Quality Contact and data development. <u>Members discussed key areas:</u> No comments at this time. **Committee noted the verbal update.**
2019/139b	• **Incentivisation of the APP**
	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. All GPs in the room declared a 'Direct Financial' conflict of interest in the item Quality Contract Reinvestment (Incentivisation of the APP). RG took the paper as read by all members and gave an overview of the Incentivisation of the App paper, and the committee were asked to approve the recommendations:- • The proposal was to deliver increased availability of online appointments and to be paid once the PCNs achieve 40% in each practice, and equated to 30p per each fully registered user. This would make best return on investment for the technology as well as creating registered users. • Payments would be made to Primary Care Networks (PCNs) at quarter end following checks on the standards required. <u>Key areas of the report:</u> • Contractual requirements were in place to have 25% online and that this paper incentivises the additional 15%, and to utilise the quality

contract under-spend which equates to 30p per patient for each patient both retrospective and new.

- LMC feedback was to apply a sliding scale to practice's, however CCG would prefer to maintain the 40%.

Members discussed key areas:

- Concern that this could be a disadvantage to certain groups who are unable to use technology and when judgement is made for payment. LMC representative (CM) would like to have clarity on the process of whom and when appointments can be booked in. AG confirmed that receptionists could book an appointment for patients with or without access to the technology required and the appointments are fair as they are open to all at the same time. RG appreciated clarity required e.g. cut off points and confirmed guidance would be in place for payment once a quarter.

- Clarity on what an appointment is i.e. was this just GPs. RG confirmed that 25% of each clinical group be provided online, and was based on the practices self-declared against all appointments in the previous year.

- Public Engagement. NLH enquired about communication undertaken with hard to reach and vulnerable groups. CE confirmed that communication with hard to reach and vulnerable groups had taken place and further work was ongoing.

- Percentage of released appointments threshold. AG advised that the Village practice show 100% less embargoed appointments same day, and DC confirmed that The Stag practice had 60% were bookable online and reception had the capability to over-ride an embargoed appointment if required.

  WC enquired, from the discussion why a lower threshold of 40% would be set and could this be set at 100% less 10% for protected/embargoed appointments across the board. AG advised that it was a significant leap for practices to achieve 25% therefore she did not feel it was feasible to consider 90% as an approach this year.

- Communication - ST suggested that this was communicated as currently there are approval and ID issues in the process of registering a patient which was time consuming. CE in acknowledgement of the comments received, suggested that this was 'a contribution and recognition of the one off requirement to register their current population' to implement this change, and that the language was revised to match. The payment was to reflect the additional workload on the practice for this short period but then would be business as usual.

GPs & Connect Healthcare Rotherham left the room at this point and returned after confidential discussion.

	Committee agreed with the recommendations and approved the paper subject to a changing the language to 'contribution and recognition of the one off requirement' to implement this change. Committee agreed to utilise the funds to tackle the initial surge.
	Action – RG to change the language to 'contribution and recognition of the one off requirement' to implement this change.
2019/140	**Standing Item(s)**
2019/140a	• **NHS Long Term Plan (10 year plan)**
	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. CE advised no further updates at this time.
2019/140b	• **Improving Access – Extended Access monthly update**
	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. AG gave an update on the latest position, and the committee were asked to: • Note the update <u>Key areas of the update:-</u> o AG advised that 132 hours were being provided and utilisation was generally good and low patient DNAs, however there remained some areas which were being addressed e.g. HCA appointments. <u>Members discussed key areas:-</u> None at this time **Committee noted the verbal update.**
2019/141	**Finance**
2019/141a	• **Finance report month 5**
	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 LJ gave an overview of the Finance report for month 5 ending 31 August 2019, and the committee were asked to:- • Note the financial position and supporting information provided in the report. <u>Key areas of the report:</u>

	Overall forecast outturn position £50k underspend as at Month 5. • Local Enhanced forecast £50k under-spend by the end of the year, this was due to anticoagulation activity levels reducing and under activity on the case management and annual health review LES. SH to forward the Anticoagulation breakdown by practice to GA. SL advised that indications of activity had not changed much following the national agenda for warfarin and DOAC patients. • Additional roles reported a £116k forecast under-spend at present. (See discussion under item 2019/138e for further detail). • Rates and Professional Fees overspends - Rates £20k and Professional fees at £60k, these had been offset by the central budget. Central budget after allowing for offsetting of overspends and planned non recurrent investment currently underspent by £950k. Discussions taking place looking at non recurrent investment. Members discussed key areas: None at this time. **Committee agreed the recommendations and noted the paper.**
2019/142	**Any other business**
2019/142a	**LMC letter to Rotherham Health and Wellbeing Board regarding a Measles Outbreak Response** DT advised the committee that a copy letter had been received from the local Medical Committee (LMC) regarding concerns around measles and this had been passed to the Health and Wellbeing Board who were due to respond to the LMC directly in due course. CM advised that the letter and response was on the LMC's next agenda.
2019/142b	**SMI health checks** NLH had discussed LD health checks data with Alex Henderson-Dunk, Head of Business Intelligence (RCCG) and requested if the CCG could review how the data was collated and recorded. CE advised that this was not a discussion for this forum and suggested that NLH take this up with AHD outside of this meeting.
2019/142c	**Shared Care Record** NLH enquired if any training was required for staff on using the Rotherham Health Record. CE advised that this was a query for the IT Interoperability agenda or at the Rotherham Place discussions. NLH to link in with the relevant leads for these groups.
2019/142d	**Capital Bids for ICS** JT advised that capital bids for the SY&B ICS funds had been submitted and

	were ongoing and CCGs Officers would review and feedback around December.
2019/143	**Items for escalation / reporting to the Governing Body**
	None at this time
2019/144	**Primary Care Committee Forward Programme**
	DT gave an overview of the Primary Care Committee Forward Programme, and agreed no changes. **Committee noted the Primary Care Forward Programme**.
2019/145	**Exclusion of the Public**
	The CCG Governing Body should consider the following resolution: "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". Section 1(2) Public Bodies (Admission to Meetings) Act 1960 refers. **Chair closed the public session.**
2019/146	**Date and time of Next Meeting**
	Wednesday 13 November 2019 commencing at 1pm in Elm Room, Ground floor, Oak House

NHS
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Clinical Commissioning Group

Minutes of the NHS Rotherham Clinical Commissioning Group

Virtual Primary Care Committee Meeting November 2019

Papers emailed to members only for approval

Quorum
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Quorum is 2 x Lay Members, 2 x Senior Officers, 1 x GP non-voting member or appropriate deputy

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Papers emailed and responded to by:

Mrs	W	Allott (WA)	Chief Finance Officer - RCCG
Mr	J	Barber (JB)	Lay Member (Vice Chair)
Mrs	S	Cassin (SC)	Chief Nurse - RCCG
Mr	C	Edwards (CE)	Chief Officer - RCCG
Mrs	D	Twell (DT)	Lay Member (Chair)

2019/147	**Declarations of Interest**
	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. 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
	Declarations of Interest from today's meeting
	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.**
2019/148	**Quorum**
	This meeting was stood down due to unforeseen circumstances and

	members agreed to manage the papers for approval virtually. **Responses received via email from DT/CE/SC/WA/JB**
2019/149	**Draft minutes of the Primary Care Committee dated 9 October 2019**
	Minutes to be ratified at the December meeting.
2019/150	**Matters arising**
	None at this time
2019/151	**Strategic Direction**
2019/151a	• **Kiveton Park Medical Centre – Application to change practice area**
	<u>Members provided feedback as follows:</u> • Formal discussion would have been helpful, however unable to support a proposal that limits patient choice and don't see a robust rationale for this proposal. • Further clarity was requested around if patients usually have the choice of more than one GP to register with. If all other Rotherham patients have access to >1 GP then unable to support this proposal. – **Response – the majority of patients within the Rotherham boundary have a choice of two or more practices that they can register with. When reviewing merger applications the CCG has considered any potential reduction in patient choice. The same consideration has also been given when procuring new GP services ensuring, where possible, additional choice is available through the new contract's boundary. Due to the location of the practices in the south of the borough, there is little overlap of practice boundaries and therefore patients residing in these areas are often restricted to one practice. The reduction of the outer boundary would further compound this issue.** • Support to reject the boundary change, however would like to record that PCC are open to reviewing this decision in the future with both Kiveton and Dinnington practice, with regard to the pressures building up in either/both practices, as the planned housing developments become occupied by families. • SC / JB enquired if any feedback had been received from Dinnington with regard to the proposed change? **Response – As the original application stated that Dinnington Group Practice had been approached and had not raised any objection, it has not been contacted separately by the CCG.** **Members agreed with the recommendation to reject the proposed boundary change.**
2019/151b	• **Primary Care Network Innovation Fund**
	<u>Members provided feedback as follows</u> • Bids would need to include how success would be measured.

	• Suggestion of a small Task & Finish group be introduced, to undertake the initial screening of the bids and make recommendations to PCC, acknowledging that timescales may mean this is not feasible, but if a timeline could be drawn up now to see how this should all fit in. • **Response – CCG Officers agreed both suggestions would be beneficial and will review accordingly.** **Members approved the recommendation to approve the Innovation Fund.**
2019/151c	• **Interim payments for the Dementia LES**
	<u>Members provided feedback as follows</u> • Noted that this was not huge amounts of money and keen to support services related to dementia as these patients are vulnerable and they (and their families) need support, which in turn needs diagnosis to underpin access to any available pathway. • Query raised for consideration - Is asking practices to say they are doing the work enough evidence? Process should not be onerous but would suggest the CCG would want some evidence of activity? **Response - CCG Officers have already paid in Qtr's 1 & 2 without evidence of activity;** this wasn't a requirement of the original agreement given the nature of the discussion of the pathway development and the view that practices were holding resource. **Members approved the recommendation to approve the Interim Payments for the Dementia LES**
2019/152	**Deferred Items**
	Committee agreed to defer the items below to the 11 December 2019 meeting:- • IT Strategy Quarterly Progress Report • Terms of reference – Primary Care Commissioning Sub Group • Additional Roles update • GPFV & Primary Care Team Work Programme
2019/153	**Items for escalation / reporting to the Governing Body**
	None at this time
2019/154	**Date and time of Next Meeting**
	Wednesday 11 December 2019 commencing at 1pm in Elm Room, Ground floor, Oak House

Appendix A

Debbie Twell

Enclosure	Agenda item for approval	Paper approved (Yes/No)	Comments
Enc 1, 1a, 1b	Kiveton Park Medical Centre - Application to change practice area	Y	Ie that we reject the request to change to outer boundary …. However I'd like us to record that we are open to reviewing this decision in the future with both Kiveton and Dinnington practice, with regard to the pressures building up in either/both practices, as the planned housing developments become occupied by families
Enc 2	Primary Care Network Innovation Fund	Yes	
Enc 3	Interim payments for the Dementia LES	Yes	

John Barber

Enclosure	Agenda item for approval	Paper approved (Yes/No)	Comments
Enc 1, 1a, 1b	Kiveton Park Medical Centre - Application to change practice area		I agree the recommendation not to support this request but would also like to know the Dinnington practice view of this if it is reconsidered in the future
Enc 2	Primary Care Network Innovation Fund	Yes	
Enc 3	Interim payments for the Dementia LES	Yes	

Wendy Allott

Enclosure	Agenda item for approval	Paper approved (Yes/No)	Comments
Enc 1, 1a, 1b	Kiveton Park Medical Centre - Application to change practice area	Further clarity required please	Before I can decide, I would like to seek further clarity please . Whilst I accept this proposal would reduce patient choice for patients at this particular practice, I would like to

			understand whether it is normal for patients in Rotherham to have a choice of more than 1 GP practice . If all other Rotherham patients currently have a choice of >1 practice I would struggle to support this application ie I would support the recommendation to reject this proposal.
Enc 2	Primary Care Network Innovation Fund	YES	
Enc 3	Interim payments for the Dementia LES	YES	

Chris Edwards

My comments would be as per Wendy's but agreeing the proposals to not change the boundary.

Sue Cassin

Enclosure	**Agenda item for approval**	**Paper approved (Yes/No)**	**Comments**
Enc 1, 1a, 1b	Kiveton Park Medical Centre - Application to change practice area	No	Discussion at a formal meeting would have been helpful but I don't feel able to support a proposal that limits patient choice and I don't see a robust rationale for this proposal. Have we had any feedback from Dinnington re this?
Enc 2	Primary Care Network Innovation Fund	yes	I can see the bids will need to include how success will measured – that's good. Would it be a good idea to have a small task and finish group to undertake the initial screening of the bids and make recommendations to the PCC? I acknowledge that timescales might mean that this is not feasible but if a timeline is drawn up now it should all fit in.

Enc 3	Interim payments for the Dementia LES	Yes	I note that this is not huge amounts of money and I am keen to support services related to dementia as these patients are vulnerable and they (and their families) need support, which in turn needs diagnosis to underpin access to any available pathway. I do wonder though if asking practices to say they are doing the work is enough evidence? I wouldn't want to make it too onerous but wouldn't we want some evidence of activity? What does Rachel think?