NHS
Rotherham
Clinical Commissioning Group

Minutes		
	Title of Meeting:	Rotherham CCG Primary Care Committee
	Time:	1:00pm
	Date:	12.04.2017
	Venue:	G.05, Oak House – Rotherham
	Reference:	JT / RC
	Chairman:	Robin Carlisle

Present

Robin Carlisle	RC	Lay Member (Chair)
Jason Page	JP	Lead SCE GP for Primary Care
Kath Henderson	KH	Lay Member
Chris Edwards	CE	Chief Officer – Rotherham CCG
Sue Cassin	SC	Chief Nurse
Garry Charlesworth	GC	NHS England
Dawn Anderson	DA	Head of Primary Care Quality
Phil Birks	PB	SCE GP
Julie Kitlowski	JK	Rotherham CCG GP Chair
Jacqui Tuffnell	JT	Head of Co-Commissioning
Keely Firth	KF	Chief Finance Officer

In Attendance:

Chris Barnes – Rotherham CCG (Minute Taker)

		Action
1.	**Apologies** Nathan Batchelor Geoff Avery Wendy Allott	
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.	**Minutes of the last meeting and action log** The Minutes of the last meeting were agreed as an accurate record. Action Log has been updated accordingly. **Dementia LES** JT reported that there is a high level of coverage for this LES. Training and support has been put in place for practices.	
6.	**Strategic Direction** **Estates Update** **The GPs are partners in practices across Rotherham, and as such have direct conflict with matters concerning the GP practice premises. This item is for information only no decisions are to be made; as such the GPs were free to inform the discussion.** This item was approved at the March 17 private session. The practices were given until the end of April to respond. **Action** – Updated report for June Committee **Treeton Update** **This item was for information only, as such the GPs were allowed to remain in the room.** This item was approved at the March Private meeting. The chair gave the opportunity for anyone to raise any objections or concerns, to which no one had any. **Saturday Hubs** **The GPs patients will benefit from the Saturday Hubs, the CIC are the current provider of the Saturday hubs, the GPs are members of the CIC. No decision regarding finance or workload are to be made under this item, as such the GPs were allowed to remain in the room.** JT informed the group that a change has been made to the model, the South Hub (Kiveton) have pulled out of the pilot as such just the central and north remain. JT explained that prior to the meeting the Connect Health Care Rotherham, had requested to move to a single hub model as the North hub was struggling with capacity. The Central hub has been having more success. JT explained that it was a requirement of the CCG to provide Saturday and Sunday access (urgent and routine) by 2019. The group raised concerns that, there isn't the evidence to suggest this is	**CB**

	what patients want or how it will be possible. CE stated that the guidance is that each hub must serve a maximum of 60,000 people, as such the single hub model would not meet this requirement. The CCG must evidence that it has tried to establish at least 3 hubs across Rotherham. JT believed that in the future it may be necessary to look at this problem on a wider footprint. PB suggested that work is done to look at the barriers as to why practices did not want to become hubs. It was stressed that 17/18 is a pilot for 18/19 when a long term decision will be made, it is desirable to have has much experience in different locations as possible before making long term decisions on the location and amount of elective availability at weekends. **Action** – JT to ask the CIC to try again to establish the 3 hub model. JK raised a concern about the already stretched workforce within Primary Care, and the growing expectation on it. GPs as individuals already have opportunities to work at weekends for both the Out of Hours centre and the GP Out of Hours service. **GPFV Assurance** **This item was for information only, no decisions are to be made. The GPs remained in the room throughout the discussion.** KH highlighted Workforce as a key area. JT explained that whilst many of the actions in the CCGs plan have been carried out it is difficult to be sure what impact they have had. Practices as independent businesses may or may not choose to take up new models. The area therefore remains a substantial risk. **Action** – JT to provide a workforce paper for the May Committee so the ctte can comment on progress **Action** – The assurance template will be reviewed quarterly **Quality Contract & Appeal Process** **The GPs will benefit financially from the Quality Contract. They will be allowed to remain in the room to inform the discussion but will be asked to leave before any decisions are made.** JP reported that the LMC had 2 concerns; one with the End of Life Care (EOLC) Standard and one with the Patient Safety Standard. It was unclear what the concern with the EOLC standard was, as such this item was differed until the next committee meeting. RC suggested that under some items “CCG Support” was actually provided by Public Health England, as such this should be changed.	**JT** **JT** **CB**

	RC also suggested changing any officer names in the standards to job titles. The Group felt the appeal process was necessary and robust. **The GPs left the room at this stage** The group approved the Quality Contract Standards given the above changes The group approved the Appeal Process. **The GPs re-joined the meeting at this stage**	
7.	**Quality and Performance Management** **LES Coverage** **This item was for information only. The GPs remained in the room for the discussion.** Concerns had been raised at the previous meeting that patients across Rotherham might not have an equitable service. The template for 17/18 demonstrates that we will have good coverage, and the practices have until the end of April to establish sub-contracts for all LES' that they can't provide themselves. **Action** – Report including activity for the May committee **Action** - DA to produce report on the Care Home LES DA explained that due to the changes to the core contract, the Case Management LES will need reviewing.	**JT** **DA**
8.	**Finance Report** **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** 16-17 Position : KF explained that this was a similar report as last month. There is a slightly larger underspend as the CCG had some provisions for estates tied into Property Services. KF explained that the position is quite positive, the CCG took a risk and spent some capital that may be available from NHS England bids.	
9.	**Any Other Business** None raised	

9.	**Items for escalation / reporting to the Governing Body** Quality Contract	
10.	**Date and time of the next meeting** 10th May 2017	**CB**

2017 Meetings (1pm)

14th June – Elm Room
12th July – Elm Room
9th August – Elm Room