

Minutes	Title of Meeting:	GP MEMBERS COMMITTEE
	Time:	12:30 – 15:30 (NO LUNCH PROVIDED)
	Date:	Wednesday 25 April 2018
	Venue:	G.04 Elm, Oak House
	Chairman:	Dr Geoff Avery

Quoracy: 5 GP members or their deputies

Members or Deputies Present:

Dr Geoff Avery (GA) Blyth Road - Chair
 Dr Subbannan, Sukumar, High Street, Rawmarsh
 Dr Bipin Chandran (BC) Treeton Medical Centre
 Dr Tim Douglas (TD) Dinnington Group Practice
 Dr Shivalingam Chandran (SCh), Wentworth South
 Dr Simon MacKeown (SM) St Anne's Medical Centre
 Dr Simon Bradshaw (SB) Street Surgery

Apologies:

Dr Simon Langmead (SL), Broom Lane

In Attendance:

Dr Richard Cullen (RC), Chair Rotherham SCE
 Mr Chris Edwards (CE), Chief Officer
 Dr Jason Page (JP), Vice Chair Rotherham SCE
 Dr Gokul Muthoo, LMC, Stag Medical Practice
 Dr David Stott (DS)
 Mr Ian Atkinson (IA), Deputy Chief Officer
 Mr Barry Wiles (BW), Maltby Service Centre/Clifton MC
 Mrs Melanie Robinson (MR), Minute Taker
 Ms Wendy Allott (WA) Chief Finance Officer
 Mrs Sue Cassin (SC) Chief Nurse
 Mr Govinder Bhogal (GB), Deputy Head Of Medicines Management
 Dr Sophie Holden (SH), SCE GP

No.	Item	Action
1.	Declarations of Pecuniary or Non-Pecuniary Interests	
	There were no declarations or specific conflicts of interests made. Dr Avery declared the meeting has being quorate.	
2.	Medicines Management Update	
	Mr Bhogal and Dr Holden joined the meeting and Mr Bhogal gave the meeting a verbal update highlighting the following areas:- <ul style="list-style-type: none"> • Rotherham CCG has the third lowest Cost Growth at -3.15% in the South Yorkshire and Bassetlaw cluster and has an item growth in the bottom third in South Yorkshire. • High prescribing of medications in Rotherham is decreasing with a saving of 1.3m. This added to the savings achieved through waste management 	

- gives a total of 2.69m.
- The Medicines Management Team is predicting a 2.2m underspend if Category M and NCSO prices remain at the same level.
- The recruitment of three Waste Technicians has been successful and the first Technician will start in post on 14 May 2018. The North, South and Central areas will be allocated one technician to undertake work mainly with Care Homes.
- ICS – informed the meeting how Medicines Management will fit in the ICS and highlighted the areas of work been covered by each CCG and the available funding.

Mr Bhogal informed the meeting that the prescribing of one brand of emollients costs £135,000 per year and a saving of £40,000 per year would be made by prescribing an alternative.

Mr Bhogal enquired how members would feel about having the difficult conversations with patients if an alternative to that emollient were prescribed.

Dr Muthoo informed the meeting that the use of a sign to present to patients informing patients of the RCCG changes in prescribing would assist in this.

Dr Avery reported to the meeting that General Practice spends less than Secondary Care and enquired how RCCG can encourage practices and suggest the use of an incentive scheme.

Dr Douglas informed the meeting that it had been reported at a recent locality meeting that Pharmacy First will no longer be carrying out minor ailments.

Mr Bhogal informed the meeting that no decision has been made and consultation is taking place with the locality.

Dr Douglas and Dr Avery declared an interest as each has a pharmacy based within their practices.

The meeting discussed the issues around no cheaper alternatives and the issues around being unable to access Epipens, the strengths available and the issues around the quantity to prescribe to each patient.

Dr Muthoo raised the issue of returning stock on behalf of patients to chemists and the difficulties being experienced.

Mr Bhogal informed the meeting that Pharmacists are contracted to take back stock and asked practices to inform the Medicines Management Team of any problems.

Members of the meeting were asked to inform the team of any ideas they may have regarding making savings within Medicines Management.

Dr Sukumar suggested that a representative of the Medicines Management team could attend the PPG Forum to provide information around the saving being made.

Mr Bhogal noted the suggestion.

Mr Bhogal and Dr Holden left the meeting.

3. The Health Village Project

Dr Mackeown gave a verbal update regarding the Village Project and highlighted that the overarching aims of the project were:

- to prevent/reduce hospital admissions
- to reduce the length of stay in secondary care

	<ul style="list-style-type: none"> • to reduce the cost of health and social care through early intervention • reduce duplication for patients and professionals • improve communication and joint working between professionals • develop a holistic approach to care <p>The team was multi-agency and co-located within the Health Village that hosts the two GP practices. The core team consisted of a Community Physician, Community Matron, District Nurses, Physiotherapy, Occupational Therapy, Social Care, Community Development and Link Worker, Mental Health and Social Prescriber.</p> <p>Dr Mackeown informed the meeting that the pilot had now ended. Problems with IT had been experienced at the beginning. Co-location of staff had proved a good way of working and improved communication across agencies.</p> <p>Mr Edwards reported to the meeting that the Community Transformation Board had carried out an evaluation and discuss how the scheme will be implemented within the localities.</p> <p>Mr Atkinson informed the meeting that the Transformation Board has signed off the draft local proposals and members will be given the opportunity to comment on these.</p> <p>Dr Clitherow is to be invited to attend the next meeting to provide an update.</p> <p>The Health Village Project is to be discussed further at a future meeting.</p>	
4.	<p>RCCG 360⁰ Stake Holder Finding Report 2017/18</p>	
	<p>Dr Cullen presented to the meeting of the RCCG 360⁰ Stake Holder Finding Report 2017/18. Dr Cullen acknowledged that the feedback from practices was not as good as received previously and informed that the cause for this was due to the Quality Contract and the Public Health Contract.</p> <p>Mr Edward's informed the meeting that Mr Atkinson, Mrs Allott and Dr Cullen as Chair, will be visiting the localities to gain feedback.</p> <p>Members were asked to provide advice on the correct approach to take and agreed that the RCCG Executive visiting localities was the correct approach.</p> <p>Dr Muthoo informed the meeting that there was a lack of communication with GPs at grass route level and that most papers are signed off prior to localities been aware of them and there was a need for the Chair to meet with practices.</p> <p>Dr Cullen informed the meeting of the Doncaster approach where the Chair is employed 4 days per week and visits practices on a regular basis.</p> <p>Dr Avery reported to the meeting the idea of having a commissioning event twice a year at the PLTC event.</p> <p>Mrs Cassin informed the meeting that following feedback response the commissioning events had been ceased and incorporated into the PLTC events. A recent PLTC feedback response from a recent survey had requested no more commissioning events.</p> <p>Dr MacKeown suggested that RCCG should write to the GPs individually and not to practices to gain an individual response.</p> <p>Mr Edwards proposed that a letter from Dr Cullen, Chair and Dr Avery, GPMC chair should be circulated to all GPs.</p> <p>The meeting agreed to the following actions:</p> <ul style="list-style-type: none"> • A joint letter from SCE and the GPMC • Increasing the CCG's profile at locality meetings • A keynote at the start of the PLTC events. 	

	The meeting agreed to review in six months' time.	
5.	Rotherham Integrated Care Partnership	
	<p>Dr Cullen presented the Integrated Care Update to the meeting and informed members that the update provided members with an update on the development of the Integrated Care in South Yorkshire and Bassetlaw and updated members on Integrated Care in Rotherham.</p> <p>Dr Cullen informed the meeting that all the partners including the GP Federation have signed up to work together and to attend public meetings and present Rotherham as a plan.</p> <p>Dr Cullen informed the meeting that the GP Federation have the same responsibilities on the board as the other partners. Only the Clinical Lead representative from the Federation has the authority to vote.</p> <p>Mr Edwards informed the meeting that the vacant post of Clinical Lead for the GP Federation had been advertised.</p> <p>The meeting discussed the role of the GP Federation and Mr Wiles informed the meeting representatives from the Federation are happy to visit Localities to give an update of their role.</p> <p>Issues were raised around members not being contacted after expressing an interest to join the Federation Board.</p> <p>Members note the update.</p>	
6.	NHSE Improvement Framework Checkpoint Letter	
	Item withdrawn.	
7.	Draft Minutes of the 28 March 2018 GPMC Meeting	
	<p>The minutes of the meeting on the 28 March 2018 were approved as an accurate record of the meeting.</p> <p>Dr Avery and Mr Edwards are to invite Public Health to a future meeting when appropriate.</p> <p>Mr Atkinson is to ensure the communication regarding REWS has been circulated via the GP newsletter.</p> <p>Mr Atkinson is to provide an update regarding the system for GPs to contact the Ultrasound Department at TRFT at the next meeting.</p>	<p>GA/CE</p> <p>IA</p> <p>IA</p>
8.	Issues Logs	
	<p>a) RDaSH Issues Log</p> <p>Members reviewed the RDaSH issues logs for information.</p> <p>Dr Cullen informed the meeting that an apology has been received from TRFT over the John Miles Letters.</p> <p>b) TRFT Issues Logs</p> <p>Members reviewed the TRFT issues logs for information.</p> <p>Dr Page informed the meeting that with the implementation of the CAMHS SPA service schools can refer straight into the service without a GP completing the referral.</p>	
9.	Locality Feedback & Outstanding Feedback from Previous Months	
	Members reviewed the log for information. Comments made and added to the log for further discussion.	

10.	Feedback from GPMC Members attending sub-committees	
	a) Practice Managers Forum No Feedback	
	b) Community Transformation Covered under item 3.	
	c) Mental Health Transformation	
	Mr Atkinson reported to the meeting that Dr Brynes is undertaking a review of the Crisis on Home Treatment in Mental Health and the Memory Clinic and Primary Care Community looking at the Diagnosis. Dr Brynes to provide an update to this meeting in June.	RB/IA
	d) A&E Delivery Group Dr Douglas informed the meeting that the group had discussed:- <ul style="list-style-type: none"> • Performance has dipped during March and April with average waiting times of 4 hours. • New DVT Pathway to assist with the flow of patients. Dr Clitherow is undertaking work on this. Dr Clitherow to attend the May meeting to answer questions regarding the new pathway. • Members discussed the role of UECC compared to the Walk-in Centre. Dr Clitherow to attend the May meeting to update members on the commissioned model of the UECC. 	DC DC
	e) IT Strategy Group No feedback	
	f) Nursing update Mrs Cassin gave a verbal update and highlighted the following :- <ul style="list-style-type: none"> • Federation feedback – Approval of 9 TNA for Primary Care in Rotherham in partnership with Barnsley. • Feedback from March PLTC – Nurses did not value the joint session. Denise Hicks has been informed of the feedback. • May PLTC Issues – Change of topic at short notice. The event will now be Hot Topics. The workshops are:- Development of a psychology led pathway for behaviours that challenge in dementia in care homes, Antibiotics are weapons, let's use them with less collateral damage and Rotherham complex abuse inquiry – scope, process and impact for children. The Practice Nurse session consists of a Dementia update and the Trainee Nurse Associate Programme. • Mrs Cassin reported she has produced two articles for wellbeing article in the Rotherham Advertiser regarding Prostate Cancer and Diabetes Risk. • End PJ Paralysis 70 Day Challenge was launched on 17 April 2018. The aim of the challenge is to get patients into their own clothes as it is proven to boosting recovery and shortening time to discharge. • Cold Chain issues are been identified in CQC reports. Emma Batten is working with practices requesting support around evidencing of documents and Cold Chain was highlighted at the March PLTC event. • Mrs Cassin informed the meeting she is the Caldicott Guardian for RCCG and not able to be DPO for Rotherham Practices as the last meeting was informed. Mr Wiles and Mr Atkinson to discuss Data Protection for practices outside of the meeting. 	
	g) Primary Care Committee	

	No meeting in April 2018.	
	<p>h) Connect Health Care (Federation) Feedback</p> <p>Dr Avery informed the meeting that the Caldicott Training for practices had been arranged by the Federation and the Health Care Assistant posts were place.</p>	
11.	Feedback from Key Issues Discussed at CCG Governing Body	
	<p>Dr Avery highlighted to the meeting the key issues discussed at CCG Governing Body including:</p> <ul style="list-style-type: none"> • Commissioning Plan and Performance Report • Financial and Contracting Performance • QIPP Performance • Quality Impact Assessment Sign Off 	
	a) Chief Officers Report – April 2018	
	<p>Mr Atkinson informed the meeting that the Chief Officers Reports are for information.</p> <p>Members noted the reports.</p>	
	b) South Yorkshire & Bassetlaw (SY&B) Integrated Care System	
	<p>Dr Cullen reported to the meeting that discussions were taking place around financial control for South Yorkshire and Bassetlaw.</p> <p>Dr Cullen informed the meeting that the Review of Hospitals Report will be issued on the 8 May 2018 for consultation and feedback.</p> <p>Mr Edwards informed the meeting that members will have sight of the report.</p>	
12.	Feedback of Key Issues Discussed at SCE	
	<p>Mr Atkinson informed the meeting SCE meeting had discussed the Quality Contract. Suggestions on how to manage the contract where discussed and the suggestions have been presented to the LMC at Monday's meeting. A paper will be presented to the SCE and Primary Care Community.</p>	
13.	Items for PLTC Consideration	
	<p>Dr Sukumar made the suggestion of Sub Clinical Hypothyroidism as a topic for a future PLTC event. Mrs Cassin acknowledged the suggestion.</p> <p>Dr S Chandran made the suggestion of Transgender. Mrs Cassin informed the meeting that she had discussed the topic with Mr Lakin and it was a topic which would have to be presented in partnership with NHSE.</p>	
14.	Any Other Business	
	No items	
15.	Next Meeting	
	Wednesday 30 May 2018, 12.30pm, G.04 Elm Room, Oak House – No Lunch Provided	