Minutes of the NHS Rotherham Clinical Commissioning Group Governing Body held on

Wednesday 5 February 2014 in the Elm Room, Oak House

Present:  
Dr J Kitlowski (Chair)  
Dr H Ashurst  
Mrs S Cassin  
Mr C Edwards  
Dr L Jacob  
Mr Philip Moss  
Mr J Gomersall (Vice-Chair)  
Dr R Carlisle  
Dr R Cullen  
Mrs K Firth  
Dr S MacKeown  

Participating observers:  
Dr J Radford, Director of Public Health, RMBC  
Cllr K Wyatt, Chair of the Health & Well Being Board

Observing:  
Mrs S Whittle, Assistant Chief Officer (Governing Body Secretary)  
Mr L Pater, Chairman, RDaSH  
Mr G Laidlaw, Communications Manager  
Mrs L George, Planning and Assurance Manager (minutes)  
3 Pharmaceutical Representatives

19/14  
Apologies for Absence

None

20/14  
Declarations of Pecuniary or Non-Pecuniary Interests

It was acknowledged that Drs Kitlowski, Cullen, Jacob and MacKeown had an (indirect) interest in most items. In addition, Dr Jacob declared a particular interest in items relating to The Rotherham Foundation Trust as he is employed by them on a sessional basis. GPs present raised a particular interest in item 7.

21/14  
Chief Officer’s Report

Mr Edwards highlighted the quarter 2 assurance letter. The letter, along with the Balanced Scorecard is published on the CCG website. Dr Jacob questioned the statement regarding maintaining the current contracting arrangements with RDaSH and Mr Edwards explained that it represented current thinking.

NHS West and South Yorkshire and Bassetlaw CSU have formed an alliance with NHS Arden, Greater East Midlands, and North Yorkshire and Humber, which should provide greater resilience in preparation for the Lead Provider Framework.

The board to board meeting with TRFT will be in April, and with RDaSH in May and again mid-year. The May RDaSH meeting will be good timing to receive the results of the mental health review.

22/14  
GP Members Committee Minutes

a) 18 December 2013 - The minutes were received and noted.

Dr David Clitherow will join the SCE and will be the lead for children, however this
may not include children’s safeguarding.

b) 29 January 2014 – Dr Jacob gave a verbal update from the meeting.

Dr Jacob reported that a number of important issues had been discussed at the January meeting, these included urgent care, the CCG commissioning plan, RDaSH including CAMHS, ‘one practice, one nursing home’ suggestion, non-recurrent funding support for TRFT and the Transforming Community Services Project.

Members had also received an update on the Emergency Centre, which included the clinical lead job description and service models.

Dr Jacob reported that detailed discussions had taken place in regards to the Transforming Community Services Project. GPMC support TRFT as a standalone hospital and understand the importance of providing non-recurrent funding support. Following a vote members’ had agreed to the proposal subject to several caveats. These included that Dr Simon MacKeown would be the GPMC representative on the Transforming Community Services Project, and that tangible results and evidence are sought from TRFT.

GPMC would hold SCE to account regarding the success of the project and SCE will be asked to attend locality meetings to share progress and respond to any concerns.

Issues remain with RDaSH, particularly adult mental health services, and these will be addressed by contract leads. The CAMHS service has improved.

GPMC commented on the comprehensiveness of the commissioning plan, whilst some small additions were made, it was recommended to Governing Body.

It was noted that GPMC input into the commissioning plan had significantly improved this year.

Mr Gomersall reported that he had attended the December GPMC and was very impressed with level of detail covered by GPs for both strategic and operational issues.

It was agreed that the outline project plan for the Transforming Community Services Project would be received by Governing Body in March with a full report in June.

23/14  Director of Public Health Annual Report

Agenda item to be deferred to March.

24/14  Commissioning Plan Update

Dr Carlisle presented the paper and explained that the planning process is coming towards an end. The four submissions to be made by the 14 February are the five year strategic plan, two year operational plan, financial plan and the Better Care Fund plan. The operational plan can be amended until the 4 April and the strategic plan until the 20 June.

Two substantial areas for further modification before submission are:

1) *named GP for over 75’s* – this will be discussed by SCE next week and will come back to Governing Body in March or April and;

2) *ambition and quality premiums* - appendix A sets out the current proposals around the outcomes that the CCG is required to have.
Appendix B, cross references our commissioning plan to the table issued by NHS England of the specific requirements from the planning guidance.

In addition, Dr Carlisle reported that CCG staff, SCE members and GPMC members had recently taken part in a voting exercise to confirm the priorities within the commissioning plan. Details of the exercise could be reported back to Governing Body if wished, however the three main areas confirmed by the voting exercise were; the transforming community services project, and transformation of both urgent care and mental health.

Mr Moss referred to the quality premium based on the number of people who have had a positive experience of patient care. He explained that whilst TRFT data is equal to other trusts and our patient engagement activity is most likely better than other areas, in terms of statistical data the only option currently available is the Friends and Family Test. He proposes to look at other information available and produce a more robust report for Governing Body by September.

**Action: Mr Moss**

Dr Kitlowski welcomed this, recognising that it would present a challenge.

In response to Mr Gomersall’s question, Dr Carlisle confirmed that in terms of outcomes we are expected to submit figures that are ambitious but achievable.

The national patient survey shows that Rotherham general practice and community services compare exceptionally well to national figures. However, hospital figures report a lesser experience that the national average. In April, the staff Friends and Family Test will be a very important metric and staff moral will impact upon the results. The support that the CCG is providing in terms of sustaining leadership and staff is therefore very important.

Following discussion the Governing Body:
- Endorsed the plan for submission to NHS England.
- Agreed to continue to uphold the NHS Constitution.
- Agreed to the MRSA bacteraemia target.
- Agreed the process for assurance around provider cost improvement plans.
- Noted the first proposals for ambitions and quality premiums.

**25/14 Remote Working Solutions for GPs**

Due to the conflict of interests, Dr Cullen would present and take questions, after which Mr Gomersall would chair the remainder of the item whilst GP members left the room.

Dr Cullen explained that CCGs are still responsible for primary care IT and that remote access to records is currently used by other organisations working in the community. Dr Cullen has piloted the technology to ensure it would be fit for purpose, and believes it would provide improved patient experience.

GPs are currently able to access patient records within the surgery, but when seeing patients within the community it is necessary to print paper copies of patient records which can prove a cumbersome amount of paper. GPs are increasingly expected to manage more complex cases out of hospital and it is important that information is available when GPs are seeing the most vulnerable people.

Dr Cullen shared a recent example of how the remote access technology had proved beneficial to a patient, adding that electronic prescribing is on the horizon which would provide further benefits for patients and carers.
Dr Cullen confirmed that:
- The technology works with EMIS and SystmOne practices.
- Due to the pace of the project and national procurement rules the evidence will be reviewed and audited and the results presented to AQuA.
- The technology will be available to all GPs who are part of the case management pilot.
- The Gate practice would be eligible.
- Community nurses currently have access to remote working any future improvements will be for the Transforming Community Services Project.
- Computers are for the benefit of Rotherham patients, it is for practices to determine how practice nurses and long term locums who do home visits have access to the computers
- Practices would need to be given clear messages about their obligations in the use and maintenance of the technology.
- The technology would reduce repetition for patients in providing information.

Mr Gomersall chaired the remainder of this item, whilst GP members left the room.

Mr Edwards felt that the clinical argument had been made well, recognising that a robust governance process would be essential. He recommended that the technology is issued to practices, who would then assume responsibility for the equipment.

Mr Moss supported the scheme and added that this should put Rotherham GPs ahead nationally in terms of accessibility.

Dr Carlisle added that at a recent IT stakeholder event, remote access was voted as the number one priority for GPs once it became available. He would strongly support the scheme.

Mrs Cassin strongly supported the scheme, adding that from a quality and safety point of view access to live data is important and currently GPs are disadvantaged.

Mrs Firth explained that the funding had become available through the underspend on the case management pilot which had been previously reported. Procurement rules have been satisfied as the national framework for procurement has been used. The CCG has a duty to support NHS England in primary care IT and the scheme should support a reduction in hospital admissions.

The Governing Body approved the GP remote access scheme and subsequent funding, requesting that:
- Clear expectations for practices are set out.
- A report setting out clear outcomes in the context of reducing admissions is received by Governing Body.
- In September, AQA is presented with evidence that supports the scheme and a review of progress.

Action: Dr Cullen

26/14 Patient Safety & Quality Assurance Report

Mrs Cassin presented the above report. Points of note included:

- The year to date position for C. Diff has become increasingly challenging, with the current position being 1 case over trajectory. Actions to address this include face
to face education with staff and an observational audit of staff.

- The January mortality data will be discussed in more depth at February contracting meetings.
- The CCG are currently in the process of reviewing the service level agreement with RMBC regarding the management of Deprivation of Liberty.
- The Continuing Healthcare section of the report will be refreshed in March/April and the Governing Body will receive a further report in March regarding CSU provision.
- CQUIN meetings have commenced.
- Page 8 sets out details of a CQC inspection at an RDaSH site. Patients are predominantly from Doncaster, however it is possible that Rotherham patients have been treated.

Mrs Cassin added that the Quality Assurance Team Annual Report was attached as an appendix and has been received by AQA.

Cllr Wyatt raised an issue of organisational language. ‘Prevent’ refers to safeguarding training within this report and is a nationally given term. However, ‘prevent’ has also been used locally in reference to child exploitation. Members thanked Cllr Wyatt for raising the potential confusion. Mrs Cassin added that strong advice had been given at the time against the use of the term locally.

The CQC website is publically accessible to all, however Mrs Cassin agreed to liaise with NHS England regarding any available intelligence from CQC visits in primary care.

**Action: Mrs Cassin**

Following a discussion regarding the level and detail of information the CCG receives regarding provider level complaints, it was noted that the CCG is only involved with serious complaints and that others are monitored through contract quality meetings. However, members felt that in terms of quality the CCG should be assured of any how providers manage complaints and of any emerging common themes. Mr Moss agreed to look into this with Mrs Cassin and Mrs Wyatt and to explore how complaints intelligence could inform commissioning intentions.

**Action: Mr Moss**

Members noted the content of the report.

**27/14 Patient Engagement & Experience Report**

Mrs Cassin presented the report and highlighted work being undertaken including:

- TRFT achieved 16% for the Friends and Family Test (FFT). Like Rotherham, most areas had experienced a spike followed by a drop in response rates.
- TRFT are to be a pilot site for the FFT for staff from January 2014.
- RDaSH and YAS will need to implement FFT for staff from April 2014.
- FFT for community services, primary care and mental health providers has been moved back to December 2014.

Mr Moss reported on the recent Practice Participation Group event held on 24 January. The event had been very successful and he had been impressed with the level of debate from attendees, who had also asked that the next event is extended. A report has been produced and is in circulation.
Mr Moss added that the CCG is seeking to hold a public event with partners, including the Health and Wellbeing Board, in July. Members noted the content of the report.

28/14 Delivery Dashboard

Dr Carlisle presented the report and explained that the format had been amended to synchronise with other reports that the CCG submits to NHS England. A&E remains challenging and keeps Rotherham on the national radar, C Diff will not be met.

Data on current performance for dementia is not available but will be from March. At that point the CCG will be able to get a retrospective understanding of performance.

Members noted the content of the report.

29/14 Finance & Contracting Performance Report

Mrs Firth presented the report, members noted the current financial position and risks, these included:

- The current assumption regarding the potential reduction in expenditure from plan of £2m for retrospective continuing healthcare claims is that the cost will go to NHS England. This will increase the 2013/14 surplus by £2m but this additional surplus is not guaranteed to be returned in a future year.
- Prudent estimates for some elements of prescribing costs remain unchanged and there may be further classification issues to be resolved.
- Mrs Firth explained that concerns have been raised nationally over possible issues with access to draw down cash, this could be in the regional of £6m for Rotherham.

The members’ view was that for the CCG to operate effectively it needs to have some level of predictability with regard to financial obligations by December at the latest in any financial year.

Mrs Firth agreed to draft a letter of concern on behalf of the Governing Body.

Action: Mrs Firth

Members noted the current financial position and noted the risks.

30/14 Minutes of the Previous Meeting

The minutes of the CCG Governing Body held on 15 January 2014 were confirmed as a correct record.

31/14 Matters Arising

06/14 Patient Safety and Quality Assurance Report
Mrs Cassin will re-request the circulation of the final report of the clinically led visit to community nursing

Action: Mrs Cassin

13/14 Health and Wellbeing Board
Both January and February minutes will be received at the next Governing Body meeting in March.
Policies

Cllr Wyatt declared an in interest in the agenda item.

Members received and endorsed the following policies, all of the policies had been recommended by AQA:

- Managing concerns with performance at work
- Disciplinary
- Serious Incidents
- Mental Capacity Act
- Prevent

Audit & Quality Assurance Committee

Mr Gomersall presented the minutes from the meeting held on 20 November 2013 for information.

Future Agenda Items

- Public Health Annual Report - March
- High level project plan for Transforming Community Services Project – March
- Primary care for over 75’s report – March or April
- Continuing Healthcare – March
- Outcome of Transforming Community Services Project - June

Urgent Other Business

No items to note.

Issues For Escalation – to Governing Body or other Committees

No items to note.

Exclusion of the Public

In line with Standing Orders, the Governing Body approved the following resolution:

“That representatives of the press and other members of the public be excluded from the meeting, having regard 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].

Date, Time and Venue of Next Meeting

The next Rotherham Clinical Commissioning Group’s Governing Body to be held in public is scheduled to commence at 13:00 on Wednesday 5 March 2014 at Oak House, Moorhead Way, Bramley, Rotherham S66 1YY.