

**Minutes of the NHS Rotherham Clinical Commissioning Group**

**Primary Care Committee Meeting – Public Session**

**Wednesday, 15 January 2020 @ 1pm – 3pm**

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

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**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

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**Present Members:**

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)
Mrs	J	Wheatley (JW)	Lay Member (observing)

**Present In Attendance:**

Dr	G	Avery (GA)	GP Members Committee Representative
Mr	C	Barnes (CB)	Connect Healthcare Rotherham (CIC) Representative
Mr	P	Barringer (PB)	NHS England
Mr	A	Clayton (AC)	Head of IT & Digital
Dr	A	Gunasekera (AG)	SCE GP Lead for Primary Care - RCCG
Mrs	S	Hartley (SH)	Contract & Service Improvement Manager - RCCG
Mrs	J	Murphy (JMu)	Primary Care Committee Administrator & Minute Taker – RCCG
Dr	C	Myers (CM)	LMC Representative
Mrs	J	Tuffnell (JT)	Head of Commissioning – RCCG

**Observers:**

None at this time

**Members of the Public:**

None at this time

**Apologies:**

Ms	R	Garrison (RG)	Senior Contracting & Service Improvement Manager – RCCG
Mr	S	Lakin (SL)	Head of Medicines Management RCCG
Dr	N	Leigh-Hunt (NLH)	Public Health
Mrs	L	Jones (LJ)	Deputy Head of Financial Management – RCCG

2020/01	<b>Apologies &amp; Introductions</b>
2020/02	<p><b>Declarations of Interest</b></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:  <a href="http://www.rotherhamccg.nhs.uk/about-us/declaration-of-business-interests_2.htm">http://www.rotherhamccg.nhs.uk/about-us/declaration-of-business-interests_2.htm</a></p> <p><b>Declarations of Interest from today's meeting</b></p> <p><b>Declarations of Conflicts of Interest and Pecuniary or Non-Pecuniary Interest</b></p> <p><b>The Chair (JW) declared the following interest – JW is working for NHS England as a Regional Learning Co-ordinator for Yorkshire and Humber, for the support and development of Social Prescribing Link Workers till March 2020.</b></p> <p><b>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.</b></p>
2020/03	<b>Patient and Public Questions</b>
	None received at this time.
2020/04	<b>Quorum</b>
	The Chair confirmed the meeting was quorate.
2020/05	<b>Conflicts of Interest</b>
	<p><b>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.</b></p> <p>Decisions were required and GPs left the room for the following items:-</p> <ul style="list-style-type: none"> <li>• 2020/09a LES Survey 2019/20 Quarterly Update</li> <li>• 2020/09b Review of PCC Terms of Reference (TOR)</li> <li>• 2020/09c LES 2020/21 Specifications</li> </ul>

<b>2020/06</b>	<b>Draft minutes of the Primary Care Committee</b>
	<b>Dated 11 December 2019</b> Committee agreed as a true and accurate record.
<b>2020/07</b>	<b>Matters arising</b>
	None at this time
<b>2020/08</b>	<b>Action Log</b>
2020/08a	<b>Committee agreed the removal of the actions which are now complete as per enclosure 1b:</b> <ul style="list-style-type: none"> <li>• 2019/138h Local Enhanced Services Survey Report</li> <li>• 2019/138i Contract &amp; Quality Visit – Quarterly Report</li> <li>• 2019/170a NHS Long Term Plan</li> </ul>
2020/08b	<b>Update on 2019/94b Dementia LES</b> Timescale was discussed, February or March 2020. Action log currently shows February 2020.  <b>Action – JMu to check with KT when this paper was next due for receipt at PCC.</b>
2020/08c	<b>Update on 2019/138b Whzan</b> Evaluation report due at February 2020 Primary Care Committee. Committee agreed for this item to remain amber. Connect Healthcare Rotherham representative confirmed report was due at February 2020 meeting.
2020/08d	<b>Update on 2019/168d Leg Ulcers and Wound Care</b> JT confirmed a Task and Finish Group had been established, and an update report was due to PCC in March 2020.  <b>Action – JMu to update timescale on action log.</b>
2020/08e	<b>Update on 2019/168f Pseudo Dynamic Purchasing System (PDPS) for GP Services</b> SH confirmed discussions had been undertaken with Doncaster CCG and awaiting feedback.
<b>2020/09</b>	<b>Strategic Direction</b>
2020/09a	<ul style="list-style-type: none"> <li>• <b>LES Survey 2019/20 Quarterly Update</b></li> </ul>
	AG gave an overview of the LES Survey 2019/20 Quarterly Update paper(s), and the committee were asked to:- <ul style="list-style-type: none"> <li>• Review and support the proposals regarding the escalation process in relation to non-participation of the survey <ul style="list-style-type: none"> <li>○ A further reminder email sent to practices in January 2020</li> </ul> </li> </ul>

	<p>regarding their obligations under the LES contract.</p> <ul style="list-style-type: none"> <li>○ Practices that have not had patient feedback submitted at each refresh of the survey figures issued with a warning letter.</li> <li>○ Remedial breach notices and full breach notices issued if continued non-participation and practices are unable to demonstrate that they have actively promoted the surveys to patients.</li> </ul> <p><u>Key areas of the report:</u></p> <ul style="list-style-type: none"> <li>● Patient satisfaction was 81% however this does not represent a full population picture and recommend a similar approach as FFT was applied.</li> </ul> <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> <li>● CM appreciated this was in the contract and noted this was a burden on the practices. AG acknowledged and appreciated the points made.</li> <li>● GA suggested an explanation to the Practice Managers on what the expectation would be helpful. SH agreed to attend and advised that further communications was due out.</li> </ul> <p><b>Committee agreed to delay approval of letters being issued until assurance can be provided that IT can be linked to automatically send the appropriate survey message to patients. The GPs and Federation were not present when this decision was made.</b></p> <p><b>Action – SH to review the automation possibilities and assurance.</b>  <b>Action – SH to attend Practice Managers forum.</b></p>
2020/09b	<ul style="list-style-type: none"> <li>● <b>Review of Primary Care Committee Terms of Reference (TOR)</b></li> </ul>
	<p>JT gave an overview of the changes made to the Primary Care Committee Terms of Reference paper(s), and the committee were asked to:-</p> <ul style="list-style-type: none"> <li>● Approve the changes to ensure internal governance processes are maintained.</li> </ul> <p><u>Key areas of the report:</u></p> <ul style="list-style-type: none"> <li>● An annual review was a requirement under terms of delegation.</li> <li>● Membership and governance updated.</li> </ul> <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> <li>● Recommendation for Annual Report to be added to the Terms of Reference.</li> <li>● Page 5 – Under Procurement of agreed services - members discussed who the latest regulator was. CE recommended changing ‘Monitor’ to ‘appropriate regulator’.</li> </ul> <p><b>Committee agreed the recommendations and approved the paper subject to the changes discussed. The GPs and Federation were not present when this decision was made.</b></p> <p><b>Action – JT to add Annual Report to TOR and change ‘monitor’ to</b></p>

	<b>'appropriate regulator' and share TOR virtually for information.</b>
2020/09c	<ul style="list-style-type: none"> <li>• <b>LES 2020/21 Specifications</b></li> </ul>
	<p>SH gave an overview of changes made to the LES 2020/21 Specification paper(s), noting that the papers had been reviewed by Local Medical Committee (LMC) on the 9 December 2019 and feedback had been received and discussed on the 23 December 2019 at LMC Officers meeting. Therefore the committee were asked to:-</p> <ul style="list-style-type: none"> <li>• Approve the proposed changes and uplift to payment levels.</li> </ul> <p><u>Key areas of the report:</u></p> <ul style="list-style-type: none"> <li>• Uplift 1.5% had been applied</li> </ul> <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> <li>• CM acknowledged the uplift.</li> </ul> <p><b>Committee agreed that annually for future planning assumptions, consideration would be given to include an appropriate uplift on LES' in line with other NHS providers, and approved the paper and associated specifications. The GPs and Federation were not present when this decision was made.</b></p>
2020/09d	<ul style="list-style-type: none"> <li>• <b>LES Performance / Coverage</b></li> </ul>
	<p>SH gave an overview of the LES Performance / Coverage paper(s), and the committee were asked to:-</p> <ul style="list-style-type: none"> <li>• To note the update of the sub contracts in place and note that Shakespeare Road are continuing to discuss service provision as a Primary Care Network.</li> <li>• To note the work being undertaken with regards to Minor Surgery.</li> </ul> <p><u>Key areas of the report:</u></p> <ul style="list-style-type: none"> <li>• Activity undertaken, and which practices were providing the service or sub-contracting to a peer practice.</li> <li>• Discussions ongoing with regard to Primary Care Networks (PCNs) picking up a small number of LES', and the remaining LES' would be provided by the practices.</li> </ul> <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> <li>• DT enquired about Minor Surgery and how this works. SH gave an overview of the Business Intelligence data and the practice data to identify that work was moving appropriately from TRFT to Practices. Members discussed the shift in work and financial incentives.</li> </ul> <p><b>Committee agreed the recommendations and noted the paper.</b></p>
2020/09e	<ul style="list-style-type: none"> <li>• <b>Acupuncture LES 2020-21 – Notice to cease Acupuncture LES</b></li> </ul>
	<p><b>Declaration of interest by CM who was the retired GP noted in the paper.</b></p> <p>SH gave an overview of the Acupuncture paper(s), and the committee were</p>

	<p>asked to:-</p> <ul style="list-style-type: none"> <li>• Serve notice on the Acupuncture LES (which is 3 months) and cease this service in its entirety and do not re-commission this service in 2020/21. The practice will be able to complete any courses of treatment being provided at the end of this period.</li> </ul> <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> <li>• Members discussed the remaining practice and asked if they had been made aware of the proposed cease in activity. SH confirmed the practice had been notified pending agreement at PCC.</li> </ul> <p><b>Committee agreed the recommendations and noted the paper.</b></p>
<b>2020/10</b>	<b>Quality Contract</b>
2020/10a	<ul style="list-style-type: none"> <li>• <b>Quality Contract Update</b></li> </ul>
	<p>AG gave a verbal update on the Quality Contract, and the committee were asked to:-</p> <ul style="list-style-type: none"> <li>• Note the verbal update</li> </ul> <p><u>Key areas of the update:</u></p> <ul style="list-style-type: none"> <li>• Meeting scheduled for Wednesday 22 January 2020 and noted that the contract was on track to complete by 31 March 2020.</li> </ul> <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> <li>• LMC commended the earlier start time this year, and would welcome an early start for next year as well. JT advised that an early start for 2021/22 contract would be dependent on PCN development and national guidance.</li> </ul> <p><b>Committee noted the verbal update.</b></p>
<b>2020/11</b>	<b>Standing Item(s)</b>
2020/11a	<ul style="list-style-type: none"> <li>• <b>Primary Care Network (PCN) update</b></li> </ul>
	<p>GA gave a verbal update, and ask the committee to:-</p> <ul style="list-style-type: none"> <li>• Note the verbal update</li> </ul> <p><u>Key areas of the verbal update:</u></p> <ul style="list-style-type: none"> <li>• Matrix' was an issue as NHS England were requesting an increasing number of returns and supporting evidence.</li> <li>• Winter resilience plans were positive and there was flexibility for networks to tap in to funds to provide agreed services. PCNs acknowledged the support from the CCG.</li> <li>• Planned event on the 23 January 2020 to discuss . Organisation Development funds and understanding what this means and the support available to the PCNs.</li> <li>• National NHS England Directed Enhanced Service (DES) Specifications 2020/21 draft documentation. Sign up was due by</li> </ul>

	<p>April 2020. However, GA advised that the ask for e.g. Anticipatory Care (link with Care Homes) requested additional work with no financial resource attached, therefore this was currently being challenged by GPs nationally and awaiting further updates.</p> <p><u>Members discussed key areas:-</u></p> <ul style="list-style-type: none"> <li>• Members discussed placing the NHS England Directed Enhanced Service Specifications 2020/21 draft documentation and potential lack of sign up onto the CCG risk register.</li> <li>• JT recommended utilising the Quality Contract Task &amp; Finish group as this is normally stepped down March-August to discuss the Service Specifications in the future, as there was wider practice input to ensure the right resources were in place and appropriate finance attached. This would ensure work was not duplicated or paid twice.</li> <li>• CE advised that the national specifications were being reviewed and further feedback was due from the national team, and suggested this topic be reviewed once feedback received.</li> <li>• JT advised that assurance had been provided as Rotherham CCG had rolled over the LES' for Q1 to prevent any gaps occurring and ensure continuity of service to patients was maintained awaiting the implementation of the new specifications.</li> </ul> <p><b>Committee agreed to wait for the national response and outcome before placing this item on the CCG Risk Register and noted the verbal update.</b></p>
2020/11b	<ul style="list-style-type: none"> <li>• <b>Principles for Primary Care Networks (PCNs) – Organisational Development Funding</b></li> </ul>
	<p>JT gave a verbal update, and asked the committee to:-</p> <ul style="list-style-type: none"> <li>• Note the paper</li> </ul> <p><u>Key areas of the update:</u></p> <ul style="list-style-type: none"> <li>• This was additional money from ICS to CCGs. JT confirmed funds had been received with some national principles attached on how the funds were to be utilised.</li> </ul> <p><u>Members discussed key areas:-</u></p> <ul style="list-style-type: none"> <li>• Event due to take place on 23 January 2020 as discussed in item 2020/11a relating to Organisation Development Funding.</li> </ul> <p><b>Committee noted the paper.</b></p>
2020/11c	<ul style="list-style-type: none"> <li>• <b>Improving Access – Extended Access Monthly update</b></li> </ul>
	<p>AG gave a verbal update and the committee were asked to:-</p> <ul style="list-style-type: none"> <li>• Note the verbal update</li> </ul> <p><u>Key areas of the report:</u></p> <ul style="list-style-type: none"> <li>• Week commencing 2 December, utilisation was very good with Sunday remaining low.</li> <li>• Week commencing 23 December, 156 hrs was made available and utilisation was 55%.</li> </ul>

	<ul style="list-style-type: none"> <li>• DNAs were falling with Sunday's remaining high.</li> <li>• Patient feedback was positive i.e. parking, convenient time, right staff available.</li> </ul> <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> <li>• DNA and Utilisation - AG confirmed that DNA rates were not included in the utilisation percentages.</li> <li>• TRFT UECC hub starts tomorrow and that by the end of March 2020, a stocktake was required to assess patient utilisation and venues accessed.</li> <li>• Patient Assurance and communications - JT confirmed communications had been issued via various mediums. DT recommended taking a communication to the Patient Participation Group (PPG) Network to reiterate what was available in Rotherham. AG advised that NHS 111 were previously booking into incorrect appointment slots, and the long term plan was to work with TRFT, NHS 111 and GP provision streams to get this right.</li> </ul> <p><b>Committee agreed to review TRFT UECC and Rotherham Hubs in March 2020, agreed to provide communications to PPG Network and noted the verbal update – CB to provide as the provider of extended access</b></p>
2020/12	<b>Finance</b>
2020/12a	<ul style="list-style-type: none"> <li>• <b>Finance report for month 8</b></li> </ul>
	<p><b>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</b></p> <p>WA gave an overview of the Finance report for month 8 ending 3 November 2019, and the committee were asked to:-</p> <ul style="list-style-type: none"> <li>• Note the financial position and supporting information provided in the report.</li> <li>• Support the suggested use of the central budget.</li> </ul> <p><u>Key areas of the update:</u></p> <ul style="list-style-type: none"> <li>• The report covered the primary care financial position as at the end of November 2019 (or month 8).</li> <li>• There were no major changes from prior months.</li> <li>• As usual, narrative around individual budget lines was provided within the main body of the report, and Table 1 sets out the overall position in numbers.</li> <li>• In summary there continues to be stable financial performance, in line with that previously reported.</li> <li>• Work to effectively utilise the Central Budget was ongoing, and progressing well in conjunction with partners' and current proposals were listed at Note 4 of the report.</li> </ul> <p><b>Committee supported the proposed use of the central budget and</b></p>

	<b>noted the paper.</b>
<b>2020/13</b>	<b>Any Other Business</b>
	None at this time
<b>2020/14</b>	<b>Items for escalation / reporting to the Governing Body</b>
	None at this time
<b>2020/15</b>	<b>Primary Care Committee Forward Programme</b>
	DT gave an overview of the Primary Care Committee Forward Programme, and agreed no changes. <b>Committee noted the Primary Care Forward Programme.</b>
<b>2020/16</b>	<b>Exclusion of the Public</b>
	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. <b>Chair closed the public session.</b>
<b>2020/17</b>	<b>Date and time of Next Meeting</b>
	Wednesday 12 February 2020 commencing at 1pm in Elm Room, Ground floor, Oak House