DRAFT Minutes	**Title of Meeting**:	**GP Reference Committee**
	Time:	**12.30pm to 3.30pm**
	Date:	**Wednesday 27 March 2013**
	Venue:	**G.04 Elm Oak House**
	Chairman:	**Dr Leonard Jacob**

Members or deputies Present:

Dr Leonard Jacob (LJ), GP, Thrybergh Medical Centre	Chair/ Central 2
Dr Simon MacKeown (SM) GP St Ann's Medical Centre	Health Village
Dr Rob Evans (RE) Swallownest Health Centre	Rother Valley South
Dr Bipin Chandran (BC), Treeton Health Centre	Rother Valley North
Dr Geoff Avery (GA), Blyth Road	Maltby/Wickersley
Dr Subbannan Sukumar (SS), Market Surgery - *Deputy*	Wath/Swinton
Dr Srinivas Ravula (SR), Greasbrough Medical Centre *Deputy*	Central North

LMC Representative

Dr Subbannan Sukumar (SS), Market Surgery – *Deputy*	*LMC*

Apologies

Dr Puthenparampil Thomas (PT), Parkgate Medical Centre	Wentworth South
Dr Naresh Patel (NP), Broom Lane Medical Centre	Central North
Neil Thorman, LMC Representative	LMC
Dr David Tooth (DT), Chair Rotherham SCE	SCE
Robin Carlisle (RCa), Deputy Chief Officer	NHSR
Cheryl Rollinson, (CR) Officer Manager / PA	NHSR
Barry Wiles, (BW) Maltby Service Centre/Clifton MC	Practice Managers' Rep
Lynn Hazeltine (LH) York Road Surgery	Practice Managers' Rep

In Attendance:

Chris Edwards (CEd), Chief Officer Designate	NHSR
Keely Firth, (KF) Chief Finance Officer	NHSR
Emma Royle (ER) Project Manager	NHSR
Dr Richard Cullen (RCu) Deputy Chair Rotherham SCE - *Deputy*	SCE
Michael Morgan (MM) Interim Chief Executive – *Item 1*	TRFT
George Thomson (GT) Executive Medical Director – *Item 1*	TRFT
Russell Brynes (RB) GP Lead for Mental Health & Learning Disabilities	SCE

		Action
	Apologies As noted above.	
1.	**TRFT Strategic Issues / RFT Operational Update** 1.1 Michael Morgan and George Thomspn attended the meeting to discuss current issues relating to TRFT. Introductions were made and and chair explained the remit of the GPRC. 1.2 MM explained that they were looking at complete turnaround and restructure in TRFT and are providing a recovery plan for monitor. This will be a 3 year plan, with the first year looking at cost savings. The second and third years will look at additional expense to be reduced. There needs to be a saving of £50m over the	

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next 3 years, Corporate spend is around £21-£22m per year and this needs to be reduced by £5m in the first year to bring Rotherham in line with other areas where spend is on average £16m.

1.3 A strategic planning process is to start looking at a more streamlined and focused way of providing core services to patients in hospital.

1.4 It was acknowledged that there is a need for the community arm of TRFT and the hospital to work together, in a methodical way. MM also acknowledged that working with GP's is key and that he is respectful of the work that GP's do in the community. The Trust Board now includes physicians and it is hoped that a GP may also be able to join. A weekly meeting now takes place with TRFT executive officers, department managers, matrons ect where healthy debates/dialogue takes place.

1.5 Discussion took place regarding EPR. A business consultant is currently looking at this and should be finished in about two weeks time.

1.6 With regards to MRI / Diagnostics out of hours and at weekends, GT explained that physician time on wards has been increased with radiology/MRI available on Saturday and Sunday mornings. Diagnostics had now been withdrawn due to funding but this will be reassessed to determine whether any reduction in length of stay is seen. It was noted that Saturday and Sunday discharge are being looked at although this could have an impact on Primary Care on Sunday and Monday mornings.

1.7 RCu raised a number of issues:

- Two physiotherapy departments. This will be looked at under the strategic review.
- 10-12 week waits for Orthopedic Triage. GT not aware of waits although there may be an issue with Choose & Book and Meditech.
- 50% of services on Choose & Book are "deferred to provider"

1.8 Pressure on wards after 8pm was discussed. Some have only a qualified nurse and one assistant nurse. The number of Porters also needs reviewing. It was noted that this situation should be improving as 35 of the 70 nurse vacancies have been recruited to. Also, there are a minimum of 3 junior doctors each night covering acute intake and inpatients. This is Deanery Contract compliant. GT is in discussion with Dr Cooper and others regarding "Hospital at Night". LJ suggested unannounced visits. MM responded that the participative management process means that he does spend a considerable amount of time on wards. GT also does out of hours clinics and is looking to do out patients. MM agreed to look at the nursing ratios and will feed back to LJ.

1.9 It was agreed that Primary Care would be involved in discussions regarding the improvement of discharge letters (this is also now in CQUIN for 2013/14).

1.10 The rearrangement / postponement of outpatient appointments was discussed. This was a particular problem around November / December time but there appears to be an improvement. It was noted that Paula Bailey has been working on the Contact Centre where similar problems had been experienced and as a result some substantial changes have been made.

1.11 TRFT are now encouraging a "no blame" culture and are encouraging junior nurses not to be hesitant in raising issues in front of more senior staff.

1.12 MM and GT were thanked for attending the meeting. Agreed that a GPRC member would be available for the 9th & 10th May RFT Strategy Workshop.

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2.	**Minutes of Previous Meeting & Matters Arising** 2.1 *Minutes of last meeting* – No issues or inaccuracies raised, minutes dated 27 February 2013 were agreed subject to the following minor amendments: • Item 8 – Discharge Letter, Dr Kitlowski and Dr MacKeown should not both be involved in this as they are from the same practice. • Item 8.9 should read Rother Valley South (not North) 2.2 *Matters Arising*: 2.2.1 *Community Services* (item 1 in previous minutes) – KF reported she had fed back to Dominic Blaydon regarding falls. A short report was requested for the next meeting. 2.2.2 *AQP* (item 7.5 in previous minutes) – There will be more flexibility around this. 2.2.3 *Case Management Pilot* (item 7.6 in previous minutes) – The LMC minutes state that the LMC are happy with the suggested way forward regarding the Case Management Pilot. 2.3 *Feedback to Localities* 2.3.1 High potassium – A number of GP's had again experienced high potassium levels. Chair asked that GP's contact Keith McMillan directly should this happen. 2.4 *Dementia Top Tips* 2.4.1 A number of localities had discussed the dementia top tips paperwork and agreed that it was useful. Potential for extra work is low as most is already being undertaken. The extra paperwork is for carers to complete but it was agreed that this should not be a 'block' not to be seen. It is hoped that the pathway will be finished by 1st May. GA to attend future meetings to help complete.	
3.	**NHS 111 Briefing** 3.1 The roll out has been delayed. Agreed further small changes are required.	
4.	**2013/14 Finance** 4.1 KF explained that this will be submitted to the DoH for a second time on 5th April, as some contract negotiations are not yet concluded. 4.2 The CCG had three financial obligations as listed in the paper. The pie chart on page one shows funding allocations for 2013/14. 4.3 It was agreed that a one sheet paper for the public should be provided to use in waiting rooms / radio / newspaper etc.	**CE**

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5.	**TRFT Presentation on Care Coordination Information** 5.1 BC reported that the CCC appears to be working well, however there is concern that A&E do not use it. 5.2 Noted that the numbers in the graph are per month (not cumulative). GP's also noted that the CCC deals with ***all*** admissions. 5.3 People discharged from the Community Unit with IV antibiotics is currently being discussed.	
6.	**February Feedback from Localities** 6.1 Feedback Summary Noted. This section of the minutes should be read in conjunction with the feedback to Commissioning Localities March 2013 (Enc 6.0) 6.2 *Wentworth South* • In addition to the feedback in Enclosure 6.0, the group discussed community nursing. It is thought that the EOLC paperwork can take up to an hour of a district nurses time and this therefore needs reviewing. Information to be fed back to Russell Brynes. It was also pointed out that when nurses are on leave or off sick, they are not replaced • The Liverpool Care Pathway was discussed, RCu reminded GP's that this is for the last 2/3 days of life , not for everyone who is dying. Again it was thought that the paperwork for this needs cutting down. LJ agreed that he would discuss this further with RB. 6.3 *Wath / Swinton* • SS spoke about the possibility of working with other localities regarding exchange of ideas (not merging actual localities). Work had already taken place successfully with the central locality. CE pointed out that this would make it easier for CE/KF/RCa to visit locality meetings. GPRC agreed to this course of action. 6.4 *Central 2* • Issues raised in Enclosure 6 included the Magna Events, NHS Website, lost referrals, community services and the Case Management Pilot. 6.5 *Maltby/Wickersley* • No feedback to note this month. 6.6 *Central North* • District nursing services are almost a "3rd tier service" e.g. Warfarin not tested in time (dressings not changed). • Can more Phlebotomists be employed to free up nurses time? 6.7 *Rother Valley North* • Issues outlined in Enclosure 6 include lack of reception staff at Rawmarsh Health Centre for ancillary staff, Choose & Book appointments deferred to provider are putting pressure on GP's and the possibility of Wentworth South merging with Wath / Swinton. 6.8 *Health Village* • LIS Audit – one practice would have preferred telephone consultations to be included • Case Management Pilot – the risk tool includes a lot of I&Rs. It was felt that using the top 5% only is therefore not necessarily right.	**LJ**

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	6.9 *Rother Valley South* • LIS Audit – which referrals does it include? • EOLC – amount of paperwork involved for District Nurses was a problem • Access to GP records at RFT was raised • GPRC opinion on multi agency referral form was sought • Broad agreement for the LTC pilot 2013/14 proposal	
7.	**Feedback of Key Issues Discussed at CCG Committee** 7.1 Noted that all key items discussed at the last CCG Committee had previously been discussed by GPRC	
8.	**Feedback of Key Issues Discussed at Strategic CE** 8.1 Noted that all key items discussed at Strategic CE had previously been discussed by GPRC	
9.	**Practice Managers Feedback** 9.1 No issues raised	
10.	**Election of Chair and Vice Chair** 10.1 There had been one nomination for each role: • Dr Leonard Jacob (Chair) • Dr Simon MacKeown (Vice Chair) 10.2 All present agreed to reelect the above individuals for the posts described. 10.3 The Committee recommended that the terms of office for the chair and vice chair should be 3 years from April 2013. 10.4 CE informed the group that there may be some changes to the Constitution and these will come to the May Committee. 10.5 LJ thanked the group for allowing himself and Simon to continue their roles.	
11.	**Items for Information** 11.1 No items to note this month	
	Next Meeting Wed 24 Mar 12:30-15:30 (G.04 Elm, Oak House) • Agenda Items Deadline – 4pm Wed 10 Apr • Papers Deadline – 12noon Wed 17 Apr	

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