



Rotherham

Clinical Commissioning Group

Minutes	Title of Meeting:	GP MEMBERS COMMITTEE
	Time:	12:30 – 15:30 (NO LUNCH PROVIDED)
	Date:	Wednesday 27 September 2017
	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 Simon MacKeown (SM) St Ann's Medical Centre
- Dr Prabhu Shanmugan (PS) Brookfield Surgery
- Dr Simon Langmead (SL), Broom Lane
- Dr Bipin Chandran (BC) Treeton Medical Centre
- Dr Tim Douglas (TD) Dinnington Group Practice
- Dr Shivalingam Chandran (SC),

Apologies

- Dr Simon Bradshaw (SB) Street Surgery
- Dr Jason Page (JP), Vice Chair Rotherham SCE

In Attendance:

- Dr Gokul Muthoo, (GM), LMC Representative
- Barry Wiles (BW), Maltby Service Centre/Clifton MC
- Chris Edwards (CE), Chief Officer
- Dr Richard Cullen (RC), Chair Rotherham SCE
- Ian Atkinson (IA), Deputy Chief Officer
- Wendy Allott, Chief Finance Officer
- Sue Cassin (SC), Chief Nurse
- Melanie Robinson (MR), Minutes
- Dr Russell Brynes SCE
- Dr Anand Barmade SCE

No.	Item	Action
1.	Declarations of Pecuniary or Non-Pecuniary Interests There were no declarations made at the meeting.	
2.	NHSE IAPT Review – Summary Letter From D Black Dr Brynes joined the meeting to provide an update on the NHSE IAPT Review and informed the members that IAPT had been a cause for concern and help and advice on how to improve the service had been sort from the Intensive Support Team (IST). An initial review was undertaken by the team and work has since taken place with RDaSH to look at the challenges raised from the review. Creditable CBT training has been provided to staff enabling an increase in the number of patients accessing appointments under 6 and 18 weeks wait. Dr Chandran informed the meeting that the changes within the service have been	

experienced by his practices patients.

Issues were raised around patients accessing the service within 6 weeks and having 2nd appointments delayed and the contact telephone numbers not being answered.

The meeting discussed the need for monitoring of the numbers of people disengaging with the service and the need to understand the reason for this.

Members raised the issue around self-referral and the need for practices to be aware of when a person engages with the service.

Dr Brynes informed the meeting that the letter from David Black, Medical Director, NHS England confirmed that the intervention of IST had now concluded.

Dr Brynes left the meeting.

3. **Diabetes Progress Update**

Dr Barmade joined the meeting to present a Diabetes Progress update and informed the meeting the new Diabetes model had commenced on 1 April 2017. The model is based on the Portsmouth "Super 6" model. Under this model 95% of patients who have a diagnosis of diabetes will be cared for in the Community by General Practitioners, Practice Nurses and Community Diabetes Specialist Nurses and self-care by appropriately educated patients.

Dr Barmade highlighted that:

- Both Rotherham CCG and TRFT have now signed off the Diabetes Service Specification and KPIs.
- A competency framework for Practice Nurses and educational packages for practices is now in place and being utilised.
- Primary Care Diabetes leads have also been identified to enable better communication and dissemination of education and information between Primary Care, Secondary Care and the Diabetes Specialist Nursing Service.
- A shared care pathway has been produced and is awaiting sign off by medicines management.
- Assurance has been received that patients with Type 1 Diabetes are now receiving holistic care, including foot checks as per the Super 6 model from TRFT.
- Work is ongoing to improve the uptake of Diabetes Education and engagement with the BME Community. The Diabetes Dieticians have developed a plan to increase dietetic support to practices focusing on ethnic minority groups. An officer from RCCG and a member of staff from the Diabetes team will also be attending structured patient education workshop in Leeds to develop a translated education programme for BME patients.
- IT team is currently working to develop a dashboard to monitor the delivery of the three treatment metrics to provide data for business case development to secure on going funding.
- A gap has been identified in the care of housebound patients and it has been agreed that the district nursing team will be trained to provide diabetic support to meet this gap.

Dr Douglas enquired if savings have been made by the CCG through using the new model.

Dr Barmade informed the meeting that the implementation of the new Integrated Diabetes Service has been funded through the NDPP NDTCP.

The members noted the progress on the implementation of the new Integrated Diabetes Model.

Dr Barmade left the meeting

<p>4.</p>	<p>Rotherham Health Care Record and Models of Consent</p> <p>Dr Cullen provided the meeting with an update around the Rotherham Health Care Record and Models of Consent and reported that the Interoperability Group have supported the implied consent to view model.</p> <p>The meeting discussed which agency will be sharing records and the areas of information which will be accessed and by which levels of staff.</p> <p>Dr Mackeown informed the meeting that patient groups have had involvement and are aware of the Rotherham Health Record.</p> <p>Mr Wiles raised issues around the legal areas of sharing information and suggested practices issue a statement on their webpages to patients around the implementation of the system.</p> <p>Mr Atkinson informed the meeting that a full communication strategy will be put in place and an explanation of the role of GPs will be included in the strategy.</p> <p>Dr Cullen and Mr Atkinson agreed to bring the Communication Plan to the October meeting.</p>	<p>IA/RC</p>
<p>5.</p>	<p>GPMC Annual Summary Report</p> <p>Dr Avery presented the GPMC Annual Summary Report to the meeting.</p> <p>Mr Edwards informed the meeting that the report is a constitutional requirement and is circulated to the wider membership with the vote of confidence.</p> <p>Mrs Cassin asked for the following paragraph to be included within the report</p> <p><i>GPMC have engaged with practice nurses by receiving feedback and updates at meetings, acknowledging the role that General Practice Nursing plays in the continuing development of Primary Care services and by offering support and encouragement to the practice nurse forum, recognising the work done by Denise Hicks over the last year to develop this forum for Rotherham practice nurses.</i></p> <p>Members asked for the name of Dr Waller, Mental Health, to be added to the report.</p> <p>Members approved the report with the above adjustments.</p> <p>Mr Edwards informed the members an email will be circulated requiring feedback as part of the 360° Appraisal.</p>	
<p>6.</p>	<p>Plan for Producing 2018-19 RCGG Commissioning Plan</p> <p>Mr Atkinson presented the paper to the meeting and informed the meeting that the CCG constitution requires an annual Commissioning Plan recommended to the CCG Governing Body and the GP Members Committee.</p> <p>Mr Atkinson informed the meeting that following the Governing Body/SCE development day it had been decided to update the Commissioning Plan for 2018/19 and the meeting will receive the plan in December 2017.</p> <p>Mr Atkinson reported to the meeting that he will be attending locality meetings to discuss the plan.</p> <p>Dr Douglas informed the meeting the document was a clear helpful document and asked Mr Atkinson would provide information before attending the locality meetings.</p> <p>The meeting agreed the 'Plan for a Plan' and the timescales and noted that work is commencing on the refresh of the H&WB Strategy and IH&SC Place Plan to ensure clearer alignment, the timescales for this are in line with the refresh of our plan.</p>	

7.	<p>Commissioning Plan</p> <p>Mr Atkinson presented the Commissioning Plan Performance Report – Quarter 1 and informed the paper was members to note the progress with delivery of the CCGs Commissioning Plan as at the end on Quarter 1.</p> <p>Mr Atkinson highlighted to the meeting that the current plan was produced 2 years ago and significant progress has been made on the CCGs priorities and as a result work has begun to refresh the Commissioning Plan and the Performance Report has therefore been revised for 2017/18 to cover remaining actions in the current plan. Following completion of the plan in February/March 2018 the Performance Report will be revisited and where required changes will be made to ensure full alignment with the new plan.</p> <p>Mr Atkinson reported to the meeting that the report provides details of the percentage of milestones on track compared to the same period in 2016/17, there are no RAG rate red milestones and whose which are rated amber are shown within the report. The comparison of KPIs on track compared to the same period in 2016/17 is also shown within the report.</p> <p>The meeting discussed challenges around the A&E KPIs and the problems contributing to the delayed transfers of care from hospital and Mr Atkinson informed the meeting that the CCG are undertaking challenging dialogue with TRFT and a plan has been signed off by the A&E Delivery Board and plans to improve A&E include the appointment of more consultants to start in November.</p> <p>The meeting discussed the lack of movement within the Cancer figures and Dr Cullen informed the meeting that the data used does not reflect the current positions.</p> <p>The meeting noted the report and the positive Q1 position in terms of milestones and KPIs compared to the same period last year</p>	
8.	<p>Alignment of Rotherham Health and Wellbeing Strategy and the Integrated Health and Social Care Place Plan</p> <p>Mr Edwards informed the meeting that the alignment of the Rotherham Health and Wellbeing Strategy and the Integrated Health and Social Care Place Plan has not aligned with the CCG plan as desired and there was a need for the Health and Wellbeing Board to align RMBC's strategies.</p> <p>Dialogue is taking place with TRFT and Public Health around 0-19 services. GPMC Members had raised queries around the service in 20 point letter which was sent to Mr Giles Radcliffe.</p> <p>The meeting discussed the services provided by RMBC public health and it was agreed that Mr Edwards would invite a representative from Public Health on the following areas: Drugs and Alcohol, 0-19 years and Sexual Health.</p>	CE
9.	<p>Draft Minutes of the 26 July 2017 GPMC meeting</p>	
	<p>The minutes of the meeting were agreed as an accurate record of the meeting held on 26 July 2017.</p>	
10.	<p>2017-18 Post Payment Verification Assurance</p>	
	<p>Dr Avery informed the meeting that an audit had been carried out and there was an overall underspend.</p> <p>The members note the paper for information</p>	
11.	<p>Clinical Thresholds and Commissioning for Outcomes</p>	

	<p>Dr Avery reported to the meeting that the paper provides an update on the implementation of clinical thresholds to date and the expectations of phase 2.</p> <p>The members noted the paper for information.</p>	
12.	GPMC Meeting Dates 2018	
	<p>Dr Avery informed the meeting of the dates for the GPMC meetings 2018 and members noted the January 2018 meeting will be held on the 24 January and not the 31 January.</p> <p>Members agreed and noted the dates.</p>	
13.	Issue Logs	
	<p>Members reviewed the RDaSH and TRFT issues logs for information.</p> <p>Members noted that TRFT will continue to provide telephone service for practices contracted to CareUK for 6 months and members discussed the cost implications of this service.</p>	
14.	September Locality Feedback & Outstanding Feedback from Previous Months	
	<p>Members reviewed the log for information. Comments made and added to the log for further discussion.</p>	
9.	<p>Feedback from GPMC Members attending sub-committees</p> <p>a) Practice Managers Forum</p> <p>Mr Wiles informed the meeting that the forum had discussed</p> <ul style="list-style-type: none"> • GP WiFi – National Directive • The Medicines Management team attended the meeting to discuss Clinical Pharmacists. • Registering for Inclusion • Quality Contract – Post payment verification <p>b) Community Transformation</p> <p>Mr Atkinson informed the meeting that a Transformation Group meeting had been held on 13 September 2017. The meeting was attended by RCCG GPs and discussions took place around Lead GPs for localities and representation of the meeting.</p> <p>Dr MacKeown reported to the meeting of the need for continuing support of the Physio First pilot.</p> <p>Mr Atkinson informed the meeting that RDaSH are to contact the locality leads of the practices taking part in the Physio First pilot.</p> <p>Mr Atkinson and Dr Avery agreed to meet to discuss which papers the GPMC would find useful to have sight off.</p> <p>c) Mental Health Transformation</p> <p>Mr Atkinson informed the meeting that Dr Joe Waller provided an update on Dementia and the meeting had reflected on the LES. Mr Atkinson informed the meeting that following the introduction of the LES there have been improvements.</p> <p>The meeting reflected on the work with Primary Care for practices to undertake.</p>	GA/IA

Mr Atkinson informed the meeting of the good feedback which had been received around Ferns Ward.

d) A&E Delivery Group

Dr Douglas reported to the meeting that the A&E Delivery Group had discussed the following:

- Delayed Transfers of Care and Community Services
- A&E Challenges and the issues raised around staffing. Consultants due to start in November.
- Recruitment of OOH GPs
- Escalation Plan for RFT and Community Services – Useful document for GPMC for information following ratification.

e) IT Strategy Group

Dr Mackeown informed the meeting had discussed:-

- the Rotherham Health Care Record and Models of Consent
- Discharge Letters and the problems being experienced.
- Templates – Ardons System 1 and Emis and informed the meeting that the Primary Care Sub Committee will be considering the systems.

f) Nursing update

Mrs Cassin provided a verbal update to the meeting and highlighted the following:-

- The Federation has finalised the post for a Lead Nurse Education.
- Work has been undertaken around 2 posts for Development Nurses for the Health care recruiting program.
- Nurse input is being provided for the five areas of the Accountable Care system.

Dr Muthoo enquired whether funding was available for Specialised Nurse training.

Mrs Cassin informed the meeting that funding was not available from RCCG. Denise Hicks is collating available funding from organisations for Specialised Nurse Training.

g) Primary Care Committee Minutes

Dr Avery provided the meeting with an update of the discussed at the Primary Care Committee meeting and informed the meeting that the following areas had been discussed:-

- E-Referrals
- LES Update
- IT
- MJOG

10. Feedback from Key Issues Discussed at CCG Governing Body

Dr Mackeown informed the meeting that at the 6 September Governing Body had discussed the following:-

- Annual Assessment Ratings
- Corporate Policies
- Organisational Risk Assessment
- Quality and Patient Engagement Reports
- Performance Reports

	<p>a) Chief Officers Report – 6 September 2017</p> <p>Members noted the Chief Officer report for information from the 6 September 2017 Governing Body Meeting.</p> <p>b) South Yorkshire & Bassetlaw (SY&B) Sustainability and Transformation Plan (STP)/ Accountable Care System (ACS)</p> <p>Mr Edwards provided a verbal update around the Accountable Care System and informed the meeting of the Sustainable Hospital Review. Included within the reviews are Sustainability Review of A&E and AMU departments, Hyper Stroke and all Stroke, Paediatrics, Maternity and Neonatal and Endoscopy. The reports will be completed by the end of March 2018.</p>	
11.	<p>Feedback of Key Issues Discussed at SCE</p> <p>No update</p>	
12.	<p>Items for PLT Consideration</p> <p>No items were raised.</p>	
13.	<p>Any Other Business</p> <p>No items were raised.</p>	
14.	<p>Next Meeting</p> <p>Wednesday 25 October 2017, 12.30pm, Elm Room, Oak House</p>	

General CCG email address for feedback, comments & suggestions: rotherhamccg@rotherham.nhs.uk