

NHS Rotherham Clinical Commissioning Group

GP Members Committee Meeting

Wednesday 25 September

Oak House Elm meeting room

Quorum

**Voting is one per Primary Care Network
Quorum is one Primary Care Network Clinical Director (or their deputies)**

Present:

Primary Care Network	Clinical Director	Representative
Maltby/Wickersley	Dr G Avery (Chair)	Dr P Clarke
Health Village /Dearne Valley	Dr S Mackeown (Vice Chair)	Dr S Bradshaw
Raven	Dr A Qureshi	Dr B Chandra
Rother Valley South	Dr T Douglas	Dr N Thorman
Rotherham Central North	Dr N Ravi	Dr S Langmead
Wentworth 1	Dr T Ahmed	Dr S Sukumar
Participating Observers		
Practice Manager Rep	Mr B Wiles	
Nurse Representative	Apologies	
LMC Representative	Dr N Thorman	
CD of Connect Health Rotherham	Dr G Muthoo	

In Attendance:	
Chair of SCE	Apologies
Vice Chair of SCE	Apologies
CCG Chief Officer	Mr C Edwards
CCG Deputy Chief Officer	Mr I Atkinson
CCG Chief Finance Officer	Apologies
CCG Assistant Chief Officer	Mrs R Nutbrown
Administration	Ms D McGarvey/ Ms Lindsey Hill

1	Apologies Dr R Cullen Chair SCE, Dr J Page Vice Chair SCE, Mrs S Cassin Chief Nurse, Mrs W Allott Chief Finance Officer
2	Quorum

	GA confirmed the meeting was quorate.
3	Declarations of Interest
	<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: http://www.rotherhamccg.nhs.uk/about-us/declaration-of-business-interests_2.htm</p>
	Declarations of Interest from today's meeting
	No declarations of interest were declared
4	Draft minutes of the GP Members Committee dated 31 July 2019 and the matters arising
	Were approved as a true record of the meeting held 31 July 2019
	Action Log
5	GPMC Terms of Reference
	RN presented the revised Terms of Reference for final review before it starts on the governance process via Operational Executive, AQuA and Governing Body.
	Action TOR to go to OE, AQuA and GB for ratification RN
6	Primary Care Directors Terms of Reference
	<p>Dr Avery informed members the Terms of Reference for the Primary Care Directors meeting the following are to be agreed</p> <ul style="list-style-type: none"> - Chair will be on a rotating agreed basis, dependant on agenda items and availability to attend - Clinical Director and deputies for each meeting to be clarified. <p>Mr Edwards explained no further conflicts of interest are seen for the attendees to GP Members Committee and Primary Care Directors (PCD)/Primary Care Network (PCN) meeting,</p> <p>Mr Atkinson informed the frequency of the meeting was agreed to be monthly and then reviewed in 6 months to be a bi-monthly meeting.</p>

	<p>Mr Edwards agreed for 2 PCD from each network to attend for 3 months</p> <p>Mrs Nutbrown informed the meeting each Primary Care Network has one vote on any issue.</p> <p>Dr Mackeown informed members, GPPCD or deputy attendees to the Primary Care Network meeting will be paid by the Primary Care Network.</p> <p>Mr Edwards agreed to pay 2 Primary Care Network members for 3 months to attend CCG meeting and then review reimbursement going forward.</p> <p>Action</p>
7	<p>NHSE Letter Quarter 1 Place Review</p> <p>Dr Avery informed members the letter confirms the plan set and the on-going progress being made.</p> <p>Members noted the review</p> <p>Action</p>
8	<p>Respiratory Update</p> <p>Mr Atkinson informed the meeting of the proposed redesign of the respiratory pathway in to the North of England and due to the movement of the work being carried out in the back ground including public engagement over the last 6 months by Dr Clitherow gives insight of CCG commitment to the pathway. The review of Breathing Space carried out by Dr Clitherow as the Lead for CCG will be working with the nurses from Breathing Space.</p> <p>Mr Atkinson shared an animation with members, of the 'Proposal To Enhance The Respiratory Pathway in the Rotherham Community and asked members if the pathway is the right model and how do we bring it to life?</p> <p>Dr Mackeown agreed with the plan but raised concern that the proposal would de-skill the people already carrying out the service.</p> <p>Dr Ahmed agreed with investment in to Practices and Primary Care Networks (PCNs) and suggested the service could be provided in practices by a community nurse</p> <p>Mr Atkinson informed the meeting it is expected most of the activity will go through the Breathing Space pathway and of the direction of travel</p> <p>Dr Ahmed voiced concerns of the 9 nurses being brought in to the service need to be experienced and know the patients history.</p> <p>Mr Thorman agreed the community Respiratory pathway is positive and accepts the beds at Breathing Space are for high level patients, the Community Care Centre (CCC) service is a single point of access but the 4 hubs might possible struggle with the service and sees possible issues with the current Quality Contact funding practices to provide a high level service could lead to GP expected to provide all services as a risk. The process would need clarifying.</p> <p>Dr Ahmed requested a service where a GP can ring a respiratory nurse directly and an improved integrated service and better communication is</p>

	<p>required.</p> <p>Dr Ravi agreed the proposed pathway is positive with an 8am-8pm service every day inpatients to be dealt with at Breathing Space and patients with acute symptoms to be hospitalised as there have been complications for complex patients based at Breathing Space previously and further questioned if the plan provide the right standardised service for acute care. Dr Ravi agreed Breathing Space provides a good service for physiotherapy, rehabilitation and diagnoses.</p> <p>The overall clinical view is that a standardised pathway is a positive plan. There are still concerns with the oxygen service currently carried out by community nurses and suggested up skilling nurses.</p> <p>Mr Atkinson informed members TRFT have agreed to modernise the workforce and put resources where they are needed.</p> <p>Dr Muthoo informed members Dr Clitherow would welcome a meeting with clinical members or the opportunity visit practices to discuss a spirometry service in the community.</p> <p>Dr Thorman requested the pathway to be fed through to the Community Care Centre.</p> <p>Members held a positive conversation and agreed to meet Dr Clitherow and provide support for a Spirometry service within the community.</p> <p>Dr Thorman suggested a PLTC event for the service</p> <p>Dr Clitherow will attend GPMC in October with an update</p> <p>Action Dr Ahmed agreed to a meeting with Dr Clitherow and Primary Care Directors to discuss supporting a spirometry service in the community.</p>
9	Commissioning Plan Performance Q1Report
	<p>Mr Atkinson informed members of the Governance process for the report which will be taken to RCCG Governing Body meeting 2 October 2019 for signing off.</p> <p>Dr Muthoo requested for a clearer description of the cancer indicator K43</p>
	Action Mr Atkinson to clarify the K43 3 indicator and for the report to taken report to Governing Body to be signed off
10	Vote of Confidence
	<p>Mrs Nutbrown presented the Vote of Confidence paper to members requesting authorisation from members to run this year's vote of confidence as GPMC members own the Constitution.</p> <p>Dr Thorman agreed this is an opportunity to share with the Primary Care Networks for engagement.</p> <p>Mr Edwards informed members the Practices are the members and one agreed response from each practice is required. This is a legal requirement</p>

	<p>of the constitution, and Practices can provide additional comments.</p> <p>Members agreed to the 2 questions as suggested but requested a third qualitative question around development feedback and an indicator as to the scale of confidence. Mrs Nutbrown agreed to action this and send out the vote of confidence to practice managers</p> <p>Mr Wiles shared the email process with members.</p>
	<p>Action Mrs Nutbrown informed members the Vote of Confidence will be emailed out to Practice Managers.</p>
11	<p>Chief Officers Report 4 September 2019</p> <p>Mr Edwards informed members no conditions have been received from the Government for the announced £57.5 million new national funding to South Yorkshire and Bassetlaw.</p> <p>Action Mr Edwards agreed to confirm which areas and services the funding will be invested</p>
12	<p>Feedback from Governing Body</p> <p>Mr Edwards informed members there is no feedback from Governing Body</p> <p>Action None</p>
13	<p>Issue Logs</p> <p>RDaSH Members noted the RDaSH issue log brought for information</p> <p>TRFT Members noted the TRFT issue log brought for information</p>
14	<p>Any Other Business</p> <p>BC informed members the practice is having internet connection issues</p> <p>Dr Thorman informed members practices have an obligation to ensure availability is crucial GP are responsible to report issues with System one to be reported to the Data Guardian.</p> <p>Action Mr Atkinson agreed to feedback the issue to Andrew Clayton RCGG Head of RCGG IT</p>
15	<p>Urgent Issues & escalation and Risks Raised</p> <p>None</p>
16	<p>Date and time of Next Meeting</p> <p>30 October 2019 12:30pm</p>

