NHS
Rotherham
Clinical Commissioning Group

DRAFT Minutes		
	Title of Meeting:	**GP Members Committee (GPMC)**
	Time:	**12.30pm to 3.30pm**
	Date:	**Wednesday 24 July 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 Naresh Patel (NP), Broom Lane Medical Centre	Central North
Dr Srini Vasan (SV), York Road Surgery	Wentworth South
Dr Ron Van der Lijn (RV), Manorfield Surgery - *Deputy*	Maltby/Wickersley

LMC Representative

David Clitherow, LMC Representative	LMC

Apologies

Dr Sophie Holden (SH), Market Surgery	Wath/Swinton
Dr Geoff Avery (GA), Blyth Road	Maltby/Wickersley
Dr David Tooth (DT), Chair Rotherham SCE	SCE
Barry Wiles, (BW) Maltby Service Centre/Clifton MC	Practice Managers' Rep

In Attendance:

Chris Edwards (CEd), Chief Officer	CCG
Robin Carlisle (RCa), Deputy Chief Officer	CCG
Keely Firth, (KF) Chief Finance Officer	CCG
Dr Phil Birks (PB) SCE Representative - *Deputy*	SCE
Emma Royle (ER) Project Manager	CCG
Lynn Hazeltine (LH) York Road Surgery	Practice Managers' Rep
Sarah Lever (SL), Head of Acute Contracting & Service Improvement	CCG
Dr Russell Brynes (RB), SCE Lead for Mental Health	SCE
Sue Cassin (SC), Lead Nurse and Head of Quality & Assurance	CCG

		Action
	Apologies As noted above.	
1.	**Urgent Care Review Update **CONFIDENTIAL ITEM**** 1.1 Sarah Lever attended the meeting to discuss the update paper circulated and to answer any questions members may have. 1.2 SL advised that the consultation is still underway and that there are finance elements contained in the update paper that should remain confidential until the outcome of the consultation is determined. 1.3 Members were advised that only high level principles should be shared with localities until consultation is concluded. All detailed information will be going to	**Locality Reps**

	the September Governing Body for in depth discussion. 1.4 Specific questions were raised by members in relation to the Capital Development, contractual arrangements, national strategies, negotiations status, architectural drawings and next steps. *1.5 <u>Capital Development</u>* 1.5.1 SL advised that the capital development costs included in the update paper had been identified at earlier discussions with the Trust, noted that these are just approximate and that detailed discussions are underway, however SL assured members that actual costs will not exceed agreed limits. 1.5.2 Final plans will be submitted to a principal contractor who will then provide a guaranteed cost. 1.5.3 Architectural drawings will be made available to the CCG. 1.5.4 Contingency plans for Capital Development will be put in place. 1.5.5 Rother Valley North questioned the cost per square meter which SL agreed to review. *1.6 <u>Contractual Arrangements</u>* 1.6.1 SL advised that there are risks to both the commissioner and provider in relation to activity. The CCG are reviewing tariffs and contract implications. 1.6.2 Members advised that formal negotiations on contractual aspects can only take place once the consultation has been concluded. 1.6.3 SL assured members that there would be no overall changes to the Urgent Care Pathway Investment as part of the proposal. 1.6.4 An open book approach with the providers will be used in terms of the new model which SL advised means being clear and transparent about what is being spent where and how funding is invested. 1.6.5 The CCG and TRFT are very clear around the principles they are working to. 1.6.6 SL advised that activity flows are being reviewed and advised that approximately 50% of current WiC activity would go through the Urgent Care Centre. SL agreed analysis could be shared with members acknowledging that the activity should only be based on Rotherham patients. 1.6.7 Timetable & principles for negotiations can be made available to members. 1.6.8 Chair felt that access to diagnostics and pathology should be made available to at least 12 midnight (i.e. Ultrasound & CT Scans) acknowledging some diagnostics may not be available after 9pm. *1.7 <u>National Direction</u>* 1.7.1 Members were informed that NHS England will be responding to the consultation as to whether the proposals are in line with the National Direction, however SL felt confident that NHS England would confirm that this is the case.	**SL** **SL** **SL**

	1.8 Next Steps 1.8.1 As there is no August GPMC and the final plans will be discussed at Septembers Governing Body, it was agreed that members would have sight of the documentation and be given 1-2 weeks to provide feedback and suggestions in anticipation of the September Governing Body. 1.8.2 SL reported that an indicative cost for Capital Development should be available by August but there will only be potential scenarios for Urgent Care Centre and potential activity for Diagnostics available.	**Locality Reps**
2.	**RDaSH Referral Process** 2.1 Dr Russell Brynes and Sue Cassin attended the meeting to discuss the concerns raised by members in relation to the RDaSH referral process for CAMHS. 2.2 Members informed RB what their specific concerns were that referrals were being rejected based on the referral letter without the patient being seen. There are many concerns with this not least of which are the safeguarding implications. 2.3 RB advised that these concerns had also been raised and discussed at the recent GP Commissioning Event. CAMHS acknowledge that there are issues and discussions have started with the CCG to review the service. 2.4 *Safeguarding* – RB reported that as yet there is no actual evidence of untoward effects but there are obvious risks. 2.6 *Access to Consultant* – RB advised that a 'new model' was introduced 3 years ago. The current contract does not specific that a consultant must be seen. RB will review the service specification and see whether the current service is inconsistent with the service specification. It was noted that several commissioners (including RMBC and NHS England) are involved. 2.7 *Locality Workers* – Service was commissioned with the intention that Locality Workers would attend each practice. The CCG are working with RDaSH to implement this. 2.8 Members also felt that the quality of care should be reviewed with a suggestion of a patient satisfaction survey being undertaken. SC agreed to speak to Helen Wyatt to identify if this is possible. 2.9 All members present were dissatisfied with the current service and agreed that actions must be take. RB will take this up with RDASH. If assurance cannot be achieved a performance notice should be issued. 2.10 RB will provide an update for the September meeting. There is also a Board to Board meeting with RDASH but improvements are expected before then.	**SC** **RB** **RB/CE**
3.	**Minutes of Previous Meeting & Matters Arising** 3.1 *Minutes of last meeting* - Minutes dated 26 June 2013 were agreed. *3.2 Matters Arising*: 3.2.1 *Choose & Book* (item 2.2 in previous minutes) – KF reported that the CCG are aware of the issues which have been raised with the Trust many times. The	

	CCG are continuing to work with the Trust and the Contracting Team are pursuing. Noted that the Medical Director at the Trust will be receiving weekly data regarding appointment slots. 3.2.2 *Community Nurses* (item 4 in previous minutes) – Members undertook detailed discussions of examples around distribution of nurses and the restructure the Trust are undertaking. It was felt by members that similar issues could ccur with district burses as experienced with Health Visitors. RCa confirmed that the CCG need to be clear in their service specification of their expectations when undertaking next year's commissioning plan. Agreed CEd would add community nurses to the agenda for September's Board to Board meeting with the Trust and Loraine Watson would be asked to re-attend GPMC to provide a further update on staffing levels, roles, cover and alterative solutions for nursing homes. SM noted that in this area and in the earlier discussion on CAMHS the CCG should investigate whether other providers could provide a better service. 3.2.3 *PSA Update* (item 2.2.5 in previous minutes) – Members questioned the remuneration process. KF confirmed that a figure had been agreed with the LMC per practice but her understanding was that final negotiations are needed around clinical protocols which Neil Thorman and Richard Cullen were undertaking. KF confirmed she hadn't received anything further from LMC. SM was clear that robust re-call systems are needed. *3.2.4 SCE Reselection* – (item 10 in previous minutes) – CEd confirmed that interviews for SCE members are scheduled for 29 July; CEd will confirm successful candidates after interviews. The SCE will make a recommendation of their new chair on 7 August, this will then be put to members. LJ will attend the 7 August meeting on behalf of GPMC. Su Lockwood will be the lay member in attendance on the 29 July.	**CEd** **ER**
4.	**Intelligent Commissioning **CONFIDENTIAL ITEM**** 4.1 Conflict of Interest noted for all members. 4.2 RCa reported that this was a complicated areas with decisions as to which services should be provided in-house and which procured from an open market. 4.3 Members informed that the paper contained line by line commissioning costs, acknowledging the costs for CSU are only provisional. 4.4 Members were invited to ask questions on any areas that required clarity. 4.5 KF confirmed that non-pay costs are costs relating to overheads i.e. building, IT, running costs, stationery, travel etc – these are not payments in relation to staff. 4.6 RCa reported that there was a national push to use CSU's. CSU's will be going through a procurement process next year. NHS England will only host CSU's for another 2 years, their future form for example private company or social enterprise is not yet clear but there will be a further strategy document in October. . 4.7 RCa confirmed that the reference to Sheffield CCG is not about sharing costs but about sharing each other decisions about which services to provide directly and which to contract with CSU's, this process will take place over Aug/Sept. 4.8 In terms of commissioning intentions for the CSU, the CCG will be looking at all 11 lines commissioned from the CSU and there will be annual negotiations	

	about how to increase value and reduce costs. 4.9 Following discussions around the confidential nature of the paper, it was agreed that the information could be shared with locality members only but not the wider primary care team.	**Locality Reps**
5.	**Self Assessment / Audit of Members Effectiveness** 5.1 Chair reported that overall the responses as circulated in Enclosure 5.0 had been positive but acknowledged that there was room for improvement. 5.2 Chair stressed that everyone's opinion and views are important and critical to discussions noted that where possible duplications and repetitions should be avoided. 5.3 Chair was happy to receive feedback during the meeting if not everyone feel they have had their views hear. 5.4 Members agreed that there is a good structure in Rotherham and that there is a sense of ownership amongst GP's, acknowledging that GPMC play an important role in this. 5.5 Noted that the committee has developed well over the last 12 months and that members are working well collaboratively and the level officer involvement is acceptable and helpful for members. 5.6 Members were reminded that where there are concerns and issues that cannot be resolved with the Chair or Executive Team, John Gomersall (lay member) can be approached. 5.7 Members felt it would be helpful if there are regular communications around wider NHS issues including NHS England. Agreed the Chief Officers Report that goes to the monthly Governing Body would be circulated to members.	**CEd/CR**
6.	**Business Case – Diagnostic Equipment** 6.1 Following the circulation of Enclosure 6.0, KF confirmed that back in 2012 the OCT had purchased ECG's and Ambulatory BP monitoring equipment for Practices which includes a 3 year license. It was also confirmed that Spirometrys had been agreed at the time. 6.2 Agreed KF would again contact the organizations contacting practices about license invoices to re-confirm that 3 year licenses are in place. 6.3 Agreed LH would also email Practice Managers to remind them that 3 year licenses are in place. 6.4 Members undertook a detailed discussion in relation to changes with competition rules acknowledging that procurement processes for Primary Care would need to be reviewed. Agreed Richard Cullen would be invited to Septembers GPMC to provide an overall update on AQP.	**KF** **LH** **CR**
7.	**July Locality Feedback** The following key issues were raised by localities: 7.1 *Maltby / Wickersley:* • Shared Decision Making – is it possible to have some generic leaflets and local guidelines available detailing the treatment options available for areas such as	

	gallstones/knee replacements thereby allowing patient to decide best option for them? – *Agreed RCa would liaise with Nagpal Hoysal*	**RCa**
	• It was noted that if you don't attend the GPMC meeting in person then it is not always clear what is being referred to in the Feedback to/from Localities. Could some background information also be included in the communication? – *Members were advised that the background information is included in all enclosures circulated with the agenda for the locality feedback item and the minutes of the last meeting*	
	• It was suggested that three months is not long enough when looking for people to be appointed to SCE as working practices may need to change/locum employed etc. More than 3 month's notice should be given with the actual appointments being made 2 months before to allow the practice changes to be implemented – *Noted that this is an annual process as set out in the CCG constitution, therefore all localities should be reminded that 2 SCE members will stand down every year.*	
	• Morthen road surgery and 24 hr tape , can we get any costings of how much this costs do at hospital and numbers involved – *Confirmed £100 per case*	
	• Some feedback re orthopaedic triage system, feeling was referred to triage > consultant > MRI > pain clinic asking if we can relook at commissioning MRI scans again , what are members thoughts on this *– Most members felt the pathway should be relooked at with clear guidelines. The 3 months waiting times for Orthopaedics has been raised with the Trust but clarification is needed for patients. Noted this is being discussed at CRMC next week and will be included in the next bite size newsletter.*	
	• one practice has a GP happy to inject carpal tunnel problems, is this possible to commission locally – *With AQP in place it is unclear what the process is to commission services locally. It is likely evidence of training, experience, education and specification would be needed to build a business case.*	
	• had a number of patients feeding back that the hospital contact centre to book appointments doesn't seem to be working very well , having to ring and not get through – *Agreed to feedback to Julie Kitllowski .*	**RCa**
	7.2 *Wath/Swinton & Health Village (Joint Meeting):*	
	• Issues with CAMHS as previously discussed.	
	• Issues with NHS 111 shared regarding a recent ambulance request for a child with meningitis.	
	• SMc advised that 2ww letters are not being received by the Trust and they have advised that it is best to always do 2ww via Choose & Book.	
	• Locality advised that in relation to new work, a proper recall system is needed.	
	• Locality questioned the numbers of Diabetic Specialist Nurses as they currently have long waiting times. *– Noted that possible vacancies may have had an impact.*	
	• Locality reported that the waiting times for Gastroenterology are long *– PB believed that TRFT have now recruited a new consultant. .*	
	7.3 *Central North:*	
	• Locality questioned NHS Directives on exiting LES's - *CEd reported that guidance had been published which suggested that we may have to go out to competition for all LES's. The CCG are reviewing this guidance and how it can be implemented. There will be discussions with the LMC in August. Agreed the guidance would be circulated with the minutes.*	
	• Locality reported that 3 months work had already been undertaken in relation to QP9 and that current processes of providing guidance are unacceptable – *CCG are trying to expedite but NHS England are causing the delay. Llocality asked to relay their concerns directly to LMC. CCG have requested NHS England circulate a summary document to all practices confirming the processes asap. The CCG shares the frustrations of GPs about the NHS England delays.*	**CEd/CR**

	7.4 *Rother Valley North:* • Locality reported an issue with the YAS contract whereby it was over the 4hr mark of an ambulance arriving for a child – *Members advised that Sheffield CCG are the lead commissioner and Rotherham are an associate. Locality asked to submit details or when/actual case (no patient identifiable date) to Dominic Blaydon.* 7.5 *Wentworth South:* • Locality raised concerns regarding Physio referrals whereby patient receives a letter confirming a timeframe of when an appointment will be confirmed but the service isn't doing this. • Locality advised that 2ww referrals are not accepted for those patients that go on holiday, GP's are asked to refer once they return from holiday which contradicts the GP's legal obligations - *Agreed PB would review.* 7.6 Enclosure 7.1 was acknowledged by members which detailed feedback to practices regarding last month's concerns. • Breathing Space Discharges – Dominic Blaydon is discussing this at the next COPD pathway group • 999 Triage – Dominic Blaydon is discussing sat the next contract meeting and looking at an overriding clause for GPs. • Care Homes Medication – Medicine Management Committee have investigated the concerns around Warfarin Stabilisation. RMBC have advised that this is a health issue and not contract related. Members requested clarification on the role of carers and service specifications. Agreed CEd would check with Dominic Blaydon if we have copies of service specifications that RMBC have with care homes, specifically around medications and NOMADS system. SV was also concerned that anticoagulation records don't indicate clearly the targets and levels and sometimes there is no yellow book at all when patients are moving between care homes or transferred from hospital. SV is maintaining a log of issues and examples and Jason Page is reviewing this from a Medicine Management point of view. Agreed this also would be raised with the chair of Health & Well Being Board. 7.7 Locality reps were asked to ensure that all feedback is shared with localities and individual practices. Enclosure 7.1 should also be a standing item on locality agendas, agreed the document would be distributed to all practice leads.	**PB** **CEd** **LJ/CEd** **Locality Reps**
8.	**Feedback of Key Issues Discussed at CCG Governing Body** 8.1 All key items discussed at the recent governing body had been previously discussed at GPMC. Members were assured that the Board do escalate issues where appropriate. 8.2 KF informed members that the Governing Body in early July had been advised of the recent spending review whereby 3% of the CCG's budget would be allocated to an integrated budget managed by the Local Authority. Detailed work is underway. 8.3 Members informed that in 2014 a third of Continuing Health Care patients will be eligible for Personal Health Budgets which will be discussed at Octobers Governing Body. 8.4 Copies of Governing Body papers and minutes can be accessed via the CCG website www.rotherhamccg.nhs.uk/governing-body-papers	

9.	**Feedback of Key Issues Discussed at Strategic CE** 9.1 PB reported that the SCE had agreed a set process for the SCE selection of a new chair. The process will be transparent and a confidential vote will take place.	
10.	**Practice Managers Feedback** 10.1 LH advised that Practice Managers had queried the source for emergency admissions data and reported that MIDAS is not up to date. Agreed RCa would raise with CSU. 10.2 Members also advised that all A&E attendances data from April 2013 had not been provided by the NHS local team. Agreed RCa would raise with CSU. 10.3 Agreed DC would raise at LMC the difficulties practices have in accessing data which affected QP points achieved.	**RCa** **RCa** **DC**
	Next Meeting ****Please note Augusts' meeting is Cancelled**** Wed 25 Sept 12:30-15:30 (G.04 Elm, Oak House) • Agenda Items Deadline – 4pm Wed 11 Sept • Papers Deadline – 12noon Wed 18 Sept	

General CCG email address for feedback and comments is:
rotherhamccg@rotherham.nhs.uk