

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

**Primary Care Committee Meeting – Session held in public**

**Wednesday 10 March 2021 @ 1pm to 2.30pm**

**Via Video Conference**

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**Quorum**

**Primary Care Committee has 6 voting members  
Quorum is 2 x Lay Members, 2 x Senior Officers,**

**Present Members:**

Mrs	W	Allott (WA)	Chief Finance Officer – RCCG
Mr	I	Atkinson (IA)	Executive Place Director - RCCG
Mrs	S	Cassin	Chief Nurse - RCCG
Mr	C	Edwards	Accountable Officer - RCCG
Mrs	D	Twell (DT)	Lay Member
Mrs	J	Wheatley (JW)	Lay Member (Chair)

**Present In Attendance:**

Dr	G	Avery (GA)	GP Members Committee Representative
Mr	C	Barnes (CB)	Connect Healthcare Rotherham
Mr	P	Barringer (PB)	NHS England
Dr	A	Gunasekera (AG)	SCE GP Lead for Primary Care
Mrs	S	Hartley (SH)	Contract & Service Improvement Manager - RCCG
Mrs	L	Jones	Deputy Head of Financial Management – RCCG
Mr	S	Lakin	Head of Medicines Management - RCCG
Mrs	J	Murphy (JMu)	Primary Care Committee Administrator & Minute Taker – RCCG
Dr	C	Myers (CM)	GP LMC Representative
Mrs	J	Tuffnell (JT)	Head of Commissioning RCCG
Mrs	K	Tufnell (KT)	Head of Adult Mental Health Commissioning

**Participating Observers:**

None – virtual meeting

**Members of the Public:**

None – virtual meeting

**Apologies:**

Mr	J	Barber (JB)	Lay Member
Dr	P	Birks (PB)	SCE GP

Ms	R	Garrison (RG)	Senior Contracting & Service Improvement Manager - RCCG
Dr	N	Leigh-Hunt (NLH)	RMBC representative
Mrs	A	Shaw (AS)	Connect Healthcare Rotherham

<b>2021/44</b>	<b>Apologies &amp; Introductions</b>
	<p>JW introduced the meeting by identifying that due to the current pandemic and requirement for social distancing; that this was the twelfth time the Primary Care Committee had been undertaken by video conferencing facility. JW advised that the meeting was being broadcast live on the Rotherham CCG 'You Tube' channel from November 2020 and would be available on the Primary Care Committee website until the minutes were available.</p>
<b>2021/42</b>	<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-interests2.htm">http://www.rotherhamccg.nhs.uk/about-us/declaration-of-business-interests2.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>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.</p> <p><b>GPs will be bound by the details of this update; as such they will remain on the video conference for the discussion, should a decision be required GPs will be asked to leave before a decision is made.</b></p> <p>Items requiring a decision for approval</p> <ul style="list-style-type: none"> <li>• Extended Access Hot Home Visiting</li> <li>• Queens Medical Centre – application to amend practice boundary</li> <li>• Principles for General Practice local funding arrangements 2021/22</li> </ul>

2021/43	<p><b>Patient &amp; Public Questions</b></p> <p>Chair noted that none had been received. As PCC was being broadcast on the CCG You Tube channel, chair welcomed questions from the public.</p>
2021/44	<p><b>Quorum</b></p> <p>Chair confirmed the meeting was quorate.</p>
2021/45	<p><b>Draft minutes of the Primary Care Committee</b></p> <p>Dated 10 February 2021</p> <p><b>Committee agreed the minutes as a true and accurate record.</b></p>
2021/46	<p><b>Matters arising</b></p> <p>None at this time.</p>
2021/47	<p><b>Action Log</b></p>
2021/47a	<p><b>Committee agreed the amendments to the action log as per enclosure 1b:</b></p> <p><b>Committee agreed the following item remain amber on the action log:-</b></p> <ul style="list-style-type: none"> <li>• 2021/27b Dementia – update in section 2021/48a</li> <li>• 2021/12d Medicines Management Team Quarterly Report – SL to update tables as directed in next reiteration due in April 2021.</li> </ul> <p><b>Committee agreed the following item be made green on the action log:-</b></p> <ul style="list-style-type: none"> <li>• 2021/28c Extended Access, Hot Home Visiting and Hot Site</li> </ul> <p><b>Committee agreed the removal of the following items from the action log:-</b></p> <ul style="list-style-type: none"> <li>• 2021/28a Local Enhanced Services (LES) 2021/22 – revision to service specifications.</li> </ul> <p><b>Action – JMu to amend the Action Log as directed above.</b></p>
2021/48	<p><b>Strategic Direction</b></p>
2021/48a	<ul style="list-style-type: none"> <li>• <b>Dementia Update</b></li> </ul> <p>KT provided a verbal update on the Dementia Pathway, and asked the committee 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>• KT advised members that dialogue was ongoing to develop the pathway and identify elements of change, and incorporating the latest guidance prior to implementing the pathway.</li> </ul> <p><u>Members discussed key areas:</u></p>

	<ul style="list-style-type: none"> <li>• Patient cohort – KT confirmed that all patients under GP, transferred from RDaSH and newly diagnosed will fall under the revised Dementia LES pathway.</li> <li>• Final pathway and delivery plan - IA advised that the finalised pathway and delivery plan will be presented to PCC in the coming months. CMY requested that LMC have sight of the final pathway and agree ongoing pathway work. Members agreed with this approach and for the item to remain amber on the action log until finalised pathway and delivery plan was received.</li> </ul> <p><b>Committee noted the verbal update</b></p> <p><b>Action – KT to provide PCC with the finalised pathway and delivery plan in the coming months.</b></p>
2021/48b	<ul style="list-style-type: none"> <li>• <b>Extended Access / Hot Home Visiting</b></li> </ul>
	<p>JT gave an overview of the Extended Access / Hot Home Visiting paper, and asked the committee to:-</p> <ul style="list-style-type: none"> <li>• Support the proposal for utilisation of extended access monies this financial year.</li> </ul> <p><u>Key areas of the report:</u></p> <ul style="list-style-type: none"> <li>• Following discussions in February, this paper has been received for PCC sign off. Connect Healthcare Rotherham had been very flexible in supporting the extended access arrangements.</li> <li>• Following the impact of the Covid pandemic and the vaccination programme, the proposals made are to have as much extended access available as possible, utilising more telephone appointments with face to face appointments when deemed clinically necessary.</li> <li>• To continue with winter arrangements as this benefits A&amp;E attendance rates and provide hot home visiting service, increasing their capacity with GP and paramedic support, adjusting arrangements in line with government pandemic guidelines and seasonal changes.</li> </ul> <p><u>Members discussed key areas:-</u></p> <ul style="list-style-type: none"> <li>• Members agreed with the proposals presented as this will provide more flexibility in the system to meet Covid and winter pressures.</li> <li>• Provider of the home visiting service – JT confirmed that the CCG commission this service through Connect Healthcare Rotherham who sub contract the service to an external provider.</li> </ul> <p>Members agreed for this item to be made green on the action log.</p> <p>GPs were not present for the decision.</p> <p><b>Committee agreed the recommendations and approved the paper.</b></p>

2021/48c	<ul style="list-style-type: none"> <li>• <b>Queens Medical Centre (QMC) application to amend practice boundary</b></li> </ul>
	<p>SH gave an overview of the Queens Medical Centre application to amend practice boundary papers, and asked the committee to:</p> <ul style="list-style-type: none"> <li>• refuse the boundary amendment application on the basis there is so little rationale for making the change. If the motivation is to reduce the list size then three patients will have no impact, and they have not articulated that they are seeking to increase the list by widening coverage.</li> </ul> <p><u>Key areas of the report:</u></p> <ul style="list-style-type: none"> <li>• Application submitted which identified significant changes to the boundary area, with the proposed boundary including areas covered by Doncaster CCG.</li> <li>• Boundary change would affect more than the 3 patients quoted and recommend this request is not upheld.</li> </ul> <p><u>Members discussed key areas:-</u></p> <ul style="list-style-type: none"> <li>• Merit of application did not identify any benefits for the current list size and sustainability of the practice, and in turn would affect surrounding Rotherham patients and practices, with the proposed boundary also impacting on Doncaster CCG practices.</li> <li>• Home visits, current services and coverage – SH confirmed that those patients currently registered at the practice would continue to receive the full services on offer including home visits, However should a family increase in size, under the proposed boundary, new family members would have to register at another practice. If a family moved outside the new boundary, they would also have to change practices. SH confirmed that there are other practices in the area, however access to the south of the boundary was restricted.</li> <li>• Right to appeal – SH confirmed that the practice had the right to appeal the process.</li> </ul> <p>GPs were not present for the decision.</p> <p><b>Committee supported the recommendation and declined the application to amend the boundary on the basis that so little rationale for change would not have any beneficial impact for Rotherham patients.</b></p> <p><b>Action – SH on behalf of RG to inform practice of PCC decision.</b></p>
2021/48d	<ul style="list-style-type: none"> <li>• <b>Principles for General Practice local funding arrangements 2021/22</b></li> </ul>

JT gave an overview of the Principles for General Practice local funding arrangements 2021/22 paper, and asked the committee to:-

- To support the direction of travel outlined for each of the schemes, and support Officers working up each scheme, on the basis outlined in the paper.
- To note that final decisions on the two delegated schemes will be subject to the financial allocations being known, and be prepared to accept further papers at future meetings.
- To note that the final decision on the 1 Local Incentive Scheme (LIS) will be subject to financial allocations being known, and final decisions on that being subject to Governing Body approval alongside the CCG's wider financial plan as this is not delegated funding.

Key areas of the report:

- By this time of year the CCG would normally be clearer on the Quality Contract and Innovation fund arrangements, however, the CCG do not have clarity as yet, therefore the principles had been developed with proposals to enable engagement with LMC and start conversations on how to move forward with a view to presenting a paper in April, dependent on when the CCG receive notification of the financial allocations.

Members discussed key areas:-

- Innovation Funds – JT advised that the CCG would be as flexible as possible to keep the process simple, enabling practices to instigate projects or provide support for recovery dependant on the financial allocations. As the ARRS roles criteria was quite rigid, and if funds become available this could provide some flexibility for PCNs.
- Patient engagement – JT confirmed that capacity to undertake LIS audits was not achievable under present circumstances, and provided assurance that patient engagement would continue to be recorded via e.g. Patient Participation Groups (PPGs), Smart Surveys from practice to patients.
- Proposals and approval – CMy advised that on receipt of the PCC papers, the paper had then been discussed at LMC and their perception of the paper and feedback had been provided directly to the Chair, raising some concerns around the removal of funds, options 1-3 in relation to the quality contract and that the paper being for approval, however LMC had not had sight prior. The Chair confirmed receipt of the email, and JT advised that the paper was intended as a principles paper to approve the process to enable dialogue with the LMC relating to the proposals presented, and clarified that the paper was not for approval of the suggested options. CMy acknowledged

	<p>the rationale behind the paper and requested that LMC are made aware of this. Members agreed to advise at LMC Officers and dialogue to continue to move this forward.</p> <p>GPs were not present for the decision.</p> <p><b>Committee agreed the recommendation and approved the principles of how the process is taken forward and not the proposed financial implications, with further discussion to take place at LMC Officers as soon as possible.</b></p> <p><b>Committee request that a paper be presented to PCC with recommendations for 2021/22 subject to dialogue and negotiations.</b></p> <p><b>Action – JT to discuss at LMC Officers as soon as possible and provide a paper to PCC subject to dialogue and negotiation.</b></p>
2021/48e	<ul style="list-style-type: none"> <li>• <b>Primary Care Dashboard Narrative</b></li> </ul>
	<p>SH gave an overview of the Primary Care Dashboard Narrative paper, and asked the committee to:-</p> <ul style="list-style-type: none"> <li>• Note the outcome of the latest dashboard publication.</li> </ul> <p><u>Key areas of the report:</u></p> <ul style="list-style-type: none"> <li>• Very little movement within the top five outliers.</li> <li>• One practice had shown real improvement, moving to the middle of the league table.</li> </ul> <p><u>Members discussed key areas:-</u></p> <p>None at this time.</p> <p><b>Committee agreed the recommendation and noted the paper.</b></p>
2021/48f	<ul style="list-style-type: none"> <li>• <b>Contract &amp; Quality Visits</b></li> </ul>
	<p>AG gave an overview of the Contract &amp; Quality Visits paper, and asked the committee to:-</p> <ul style="list-style-type: none"> <li>• Note the content of the paper.</li> </ul> <p><u>Key area of the update</u></p> <ul style="list-style-type: none"> <li>• Visits held virtually during the pandemic and working well.</li> <li>• All practices visited were deemed safe and satisfactory.</li> <li>• All practices had managed their staffing levels to enable practice and vaccination centres to continue during Covid.</li> <li>• Cancer screening had been discussed at all visits and CCG had asked NHS England for their perspective if this was a local, regional or a national issue. Where appropriate practices had been provided details</li> </ul>

	<p>of 'Be Cancer Safe' team who work within the community to raise awareness and alleviate patients concerns.</p> <p><u>Members comments</u></p> <p>None at this time.</p> <p><b>Committee agreed the recommendation and noted the paper.</b></p>
2021/48g	<ul style="list-style-type: none"> <li>• <b>Primary Care Network Directed Enhanced Service (DES) Update</b></li> </ul>
	<p>GA gave a verbal update on the Primary Care Network DES, and asked 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>• GA advised that PCN DES work was on hold due to Covid and the PCN Clinical Directors will be reviewing this for 2021/22.</li> </ul> <p><u>Members comments:-</u></p> <p>None at this time.</p> <p><b>Committee noted the verbal update</b></p>
<b>2021/49</b>	<b>Standing Items</b>
2021/49a	<ul style="list-style-type: none"> <li>• <b>Quality Contract (verbal update)</b></li> </ul>
	<p>AG gave a verbal update of the Quality Contract and asked 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>• Discussed as part of item 2021/48d Principles for General Practice local funding arrangements 2021/22 paper, nothing further to add.</li> </ul> <p><u>Members comments:-</u></p> <p>Members noted the discussion under item 2021/48d</p> <p><b>Committee noted the verbal update.</b></p>
2021/49b	<ul style="list-style-type: none"> <li>• <b>Primary Care Network (PCN) Update</b></li> </ul>
	<p>GA gave a verbal update on the Primary Care Network (PCN) Update and asked 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>• PCNs supporting the Covid vaccination programme.</li> </ul>



	<ul style="list-style-type: none"> <li>• Reviewing next steps for vaccination sites and following national guidelines.</li> <li>• PC Dashboard was a useful guide for direction of travel to inform future work streams.</li> </ul> <p><u>Members comments:-</u></p> <p>None at this time.</p> <p><b>Committee noted the verbal update and GA left the meeting to attend another commitment</b></p>
2021/49c	<ul style="list-style-type: none"> <li>• <b>Improving Access – Extended Access monthly update</b></li> </ul>
	<p>AG gave a verbal update on Improving Access - Extended Access, and asked the committee 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>• Hot sites were covered by GP &amp; ANP. Utilisation had varied between 33% and 56%. Average weekday utilisation was at 46% with Monday having the highest attendance.</li> <li>• Home Visiting was covered Monday to Friday by Paramedics, with utilisation being at 75% with Friday being the highest attendance.</li> <li>• Hub sites were covered by GP, ANP and Clinical Pharmacist with utilisation at 98-100% with the majority of attendance on a Saturday. DNA rates were very low at 0.1% and AG confirmed that 3 contacts were attempted before classing patient as DNA.</li> </ul> <p><u>Members discussed key areas:-</u></p> <p>None at this time.</p> <p><b>Committee noted the verbal update.</b></p>
2021/49d	<ul style="list-style-type: none"> <li>• <b>Covid-19</b></li> </ul>
	<p>IA gave a verbal update on Covid-19, and asked the committee 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>• Prevalence was reducing, however at a lower rate than the national rate.</li> <li>• Hospital admissions had reduced.</li> <li>• Covid vaccination campaign was ongoing with 80k vaccines provided by primary care.</li> <li>• Second phase of the vaccination programme continues with 1<sup>st</sup> doses to 55+ cohort in tandem providing 2<sup>nd</sup> dose to those now due.</li> </ul> <p><u>Members discussed key areas:-</u></p>

	<ul style="list-style-type: none"> <li>• Patient feedback had been incredibly supportive and thanked staff.</li> </ul> <p><b>Committee noted the verbal update.</b></p>
2021/49e	<ul style="list-style-type: none"> <li>• <b>Delegated Duties</b></li> </ul>
	<p>SH confirmed that the delegated duties had been reviewed and considered in line with item 2021/48c.</p> <p><b>Committee noted SH confirmation.</b></p>
<b>2021/50</b>	<b>Finance</b>
2021/50a	<ul style="list-style-type: none"> <li>• <b>Finance report month 10</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>LJ gave an overview of the Finance Report paper for month 10 ending 31 January 2021, and asked the committee to:-</p> <ul style="list-style-type: none"> <li>• Note the reported financial position and supporting information provided in the report.</li> </ul> <p><u>Key areas of the report:</u></p> <ul style="list-style-type: none"> <li>• No significant changes.</li> <li>• Year to date and forecast positions remain in line with plan.</li> <li>• At the time of writing the additional ARRS allocation was flagged as a risk but confirmation this will be received in month 12 has now be given.</li> </ul> <p><u>Members discussed key areas:-</u></p> <p>None at this time.</p> <p><b>Committee agreed the recommendations and noted the paper.</b></p>
<b>2021/51</b>	<b>Any other business</b>
2021/51a	<ul style="list-style-type: none"> <li>• <b>Wound Care LES</b></li> </ul>
	<p>JT gave a verbal update on Wound Care, and asked the committee to:-</p> <ul style="list-style-type: none"> <li>• Note the update</li> </ul> <p><u>Key areas of the report:</u></p> <ul style="list-style-type: none"> <li>• Working at pace as no response received to procurement exercise, therefore CCG developed a Wound Care Item of Service Local Enhanced Service (LES) which had received 76% sign up by Rotherham practices, and meets the criteria to add this to the 'basket' of services</li> </ul>

	<p>provided. JT advised that a Wound Care LES will be presented to PCC in April for sign off.</p> <ul style="list-style-type: none"> <li>• A number of practices in Wentworth PCN do not wish to provide the LES. There will be a requirement to sub-contract the service as it will be a mandated service.</li> <li>• SL confirmed that if practices sign up to the Wound Care LES, GPs do not need to prescribe wound care products which will make the process easier.</li> </ul> <p><u>Members discussed key areas:-</u></p> <p>None at this time.</p> <p><b>Committee noted the verbal update.</b></p>
	<p><b>Action – RG to provide Wound Care paper to PCC in April.</b></p>
2021/51b	<ul style="list-style-type: none"> <li>• <b>ICS Primary Care Board – Flexible GP Pool</b></li> </ul>
	<p>JT gave a verbal update on following the ICS Primary Care Board – Flexible GP Pool, and asked the committee 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>• ICS arrangement to provide a flexible GP pool with financial support of £120k.</li> <li>• All Federations had proposed the Nightingale App to book staff, with no revenue funding implications for the CCG, however after the first year Federations would need to fund this moving forward.</li> <li>• National team were encouraging support of the project.</li> </ul> <p><u>Members discussed key areas:-</u></p> <p>None at this time.</p> <p><b>Committee noted the verbal update.</b></p>
2021/51c	<ul style="list-style-type: none"> <li>• <b>Easter Cover</b></li> </ul>
	<p>JT gave a verbal update on Easter arrangements, and asked the committee 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>• In comparison to last year, GPs are not expected to cover the Easter period, and normal Easter arrangements will be adopted this year i.e. Extended Access and Out of Hours, whilst acknowledging that Covid vaccinations would continue during the Easter period.</li> </ul> <p><u>Members discussed key areas:-</u></p> <p>None at this time.</p>

	<b>Committee noted the verbal update.</b>
<b>2021/52</b>	<b>Primary Care Committee Forward Programme</b>
	<p>JW advised that the following papers would be added to April's agenda:-</p> <ul style="list-style-type: none"> <li>• Wound Care</li> <li>• Principles for General Practice local funding arrangements 2021/22 – subject to dialogue and negotiation.</li> </ul> <p>Members agreed with this decision.</p> <p>All other elements of the programme remain on track and CCG officers would continue to review each month.</p> <p><b>Committee agreed the Forward Programme.</b></p>
<b>2021/53</b>	<b>Items for escalation / reporting to the Governing Body</b>
	None at this time.
<b>2021/54</b>	<b>Exclusion of the Public</b>
	<p>The CCG Governing Body should consider the following resolution:</p> <p>“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”.</p> <p>Section 1(2) Public Bodies (Admission to Meetings) Act 1960 refers.</p> <p><b>Chair closed the meeting held in public.</b></p>
<b>2021/55</b>	<b>Date and time of Next Meeting</b>
	Wednesday 14 April 2021 commencing at 1pm via video conference.