

Minutes of the NHS Rotherham Clinical Commissioning Group

Primary Care Committee Meeting – Session held in public

Tuesday 12 January 2021 @ 10.30 – 12.00

Via Video Conference

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
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 P Barringer (PB)	NHS England
Mrs L Cooper (LC)	Healthwatch Representative
Ms R Garrison (RG)	Senior Contracting & Service Improvement Manager - RCCG
Mrs S Hartley (SH)	Contract & Service Improvement Manager - RCCG
Mrs L Jones (LJ)	Deputy Head of Financial Management - RCCG
Mr S Lakin (SL)	Head of Medicines Management RCCG
Mrs J Murphy (JMu)	Primary Care Committee Administrator & Minute Taker – RCCG
Dr C Myers (CM)	GP LMC Representative
Mrs A Shaw (AS)	Connect Healthcare Rotherham
Mrs J Tuffnell (JT)	Head of Commissioning RCCG

Participating Observers:

None – virtual meeting

Members of the Public:

None – virtual meeting

Apologies:

Mr J Barber (JB) Lay Member
Dr D Clitherow (DC) SCE GP
Dr A Gunasekera (AG) SCE GP Lead for Primary Care

2021/01	Apologies & Introductions
	<p>JW introduced the meeting by identifying that due to the current pandemic and requirement for social distancing; that this was the tenth 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> <p>N.B. Due to the meeting being brought forward to a Tuesday because of a change of date of Governing Body, it was acknowledged that the SCE GPs would be unable to attend.</p>
2021/02	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-interests2.htm</p>
	Declarations of Interest from today's meeting
	Declarations of Conflicts of Interest and Pecuniary or Non-Pecuniary Interest
	<p>The Chair (JW) advised that her role as Regional Learning Co-ordinator for Yorkshire and Humber, for the support and development of Social Prescribing Link Workers ceased at the end of December 2020, and JW had requested this be removed from the Conflicts of Interest register.</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</p>

	<p>will be noted under individual items.</p> <p>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.</p> <p>Items requiring a decision for approval</p> <ul style="list-style-type: none"> • Primary Care Estates Strategy Refresh
2021/03	<p>Patient & Public Questions</p> <p>Chair noted that none have been received.</p>
2021/04	<p>Quorum</p> <p>Chair confirmed the meeting was quorate.</p>
2021/05	<p>Draft minutes of the Primary Care Committee</p> <p>Dated 9 December 2020</p> <p>Committee agreed the minutes as a true and accurate record.</p>
2021/10	<p>Matters arising</p> <p>None at this time.</p>
2021/11	<p>Action Log</p>
2021/11a	<p>Committee agreed the amendments to the action log as per enclosure 1b:</p> <p>Committee agreed the following item remain amber on the action log:-</p> <ul style="list-style-type: none"> • 2021/11b Dementia – position statement to be presented in February. <p>Committee agreed to make the following items green on the action log:-</p> <ul style="list-style-type: none"> • 2020/240c STP Wave 4a Capital Programme Projects Business Case – Executive summary is on the agenda today for information. <p>Committee agreed the removal of the following items from the action log:-</p> <ul style="list-style-type: none"> • 2020/240a Post Payment Verification (PPV) • 2020/241f Covid-19 Pathways
2021/11b	<p>Update on 2020/240b Dementia</p> <p>Due to impact of Covid-19 demands, committee agreed for this item to be deferred to February 2021, and IA advised a position statement would be provided. Committee agreed this item remains amber on the action log.</p> <p>Action – KT to provide a position statement to February 2021 meeting.</p>
	<p>Action – JMu to amend the Action Log as directed above.</p>

2021/12	Strategic Direction
2021/12a	<ul style="list-style-type: none"> • Primary Care Estates Strategy Refresh <p>JT gave an overview of the Primary Care Estates Strategy Refresh papers and asked the committee to:-</p> <ul style="list-style-type: none"> • Support the changes to ensure the strategy is refreshed and continues to be a working document. <p><u>Key areas of the report:</u></p> <ul style="list-style-type: none"> • Estates Task & Finish Group established and has reviewed the strategy and has over the last 3 months. • Report has been specifically refreshed to include areas impacting on space e.g. additional roles, additional training posts and now includes the ICS' perspective and expectations. • Moving forward there is insufficient capacity in the Strategic Estates Adviser (who prior to devolving would have developed, implemented and reviewed the strategy) which is putting pressure on the limited primary care team to update, but more importantly support the implementation of the strategy. • There are high expectations from PCN's for CCG to support, however CCG capacity is limited and request the committee note this as a risk for implementation. <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> • Future funding and space availability – GA advised that there was limited funding for expansion, and practices would struggle for space to accommodate e.g. additional roles and staffing in the future, and noted that the strategy indicates what PC Estate needs now and is a national issue. • LMC assistance – CM had been involved in developing the schemes to enable Rotherham to develop these further, and implement at pace should funding become available. Committee agreed this approach would be beneficial and positive for Rotherham. <p>GPs were not present for the decision.</p> <p>Committee agreed the recommendations noted CCG capacity as a risk for implementation and approved the papers.</p>
2021/12b	<ul style="list-style-type: none"> • Local Enhanced Service (LES) Performance
	<p>SH gave a verbal update on Local Enhanced Services (LES) Performance and asked the committee to:-</p> <ul style="list-style-type: none"> • Note the verbal update and support delaying the paper to February 2021.

	<p><u>Key areas of the report:</u></p> <ul style="list-style-type: none"> Under normal circumstance this report would utilise Qtr2 data, however due to Covid-19 and national guidance, GP practices had just started to reinstate services in Qtr2 and increasing activity into Qtr3. Therefore, SH recommended that the report be based on Qtr3 activity submissions due 11/01/2021 and present at February 2021 meeting. <p><u>Members discussed key areas:-</u></p> <ul style="list-style-type: none"> PCN Payments – IA advised there was ongoing dialogue between CCG & Primary Care Networks (PCNs) for contractual payments relating to 2020/21. <p>Committee agreed the recommendations and note the verbal update.</p>
2021/12c	<ul style="list-style-type: none"> Local Enhanced Service (LES) Survey Report
	<p>SH gave an overview of the Local Enhanced Service (LES) Survey Report paper and asked the committee to:-</p> <ul style="list-style-type: none"> Note the paper and next steps <ul style="list-style-type: none"> Primary Care Team to continue to monitor and provide a paper to Primary Care Committee on a quarterly basis. Follow up with practices where no responses had been received. Obtain assurance that the surveys had been provided to the patient. <p><u>Key areas of the report:</u></p> <ul style="list-style-type: none"> Due to the recent reinstatement of Local Enhanced Service activity in Qtrs. 2 and 3, the report hi-lights a steady increase in surveys being issued up to mid December 2020, and reports will continue to be presented for noting. <p><u>Members discussed key areas:-</u></p> <ul style="list-style-type: none"> Utilising 2021/22 Qtr1 activity – JT advised with the recent letter received by CCG on 7 January 2021 relating to ‘Freeing up practices to support Covid vaccination’, JT suggested stepping down Qtr4 report and reinstating using 2021/22 Qtr1 data and provide a report to committee in August 2021. <p>Committee agreed the recommendation to step down the Qtr4 report and reinstate utilising 2021/22 Qtr1 data for PCC receipt in August and noted the paper.</p>
2021/12d	<ul style="list-style-type: none"> Medicines Management Team (MMT) Quarterly update
	<p>SL gave an overview of the Medicines Management Team (MMT) Quarterly update papers and asked the committee to:-</p>

- Note the content of the papers.

Key areas of the report:

- Cost growth was below Yorkshire & Humber and England average.
- Item growth was below Yorkshire & Humber, however slightly above the England average.
- Due to Covid lockdown, patient demand for medication which had not been accessed for a number of months or years had increased. This peak was followed by a dip in demand, and appears to have stabilised in Qtr2.
- No Cheaper Stock Obtainable (NCSO) and Sertraline stocks – significant NCSO issues experienced in the first 6 months of 2020/21 impacting on cost, with first line medication Sertraline not being available, however this issue has since been resolved.
- Horizon scanning was difficult due to Brexit, and potential implications on the pharmaceutical supply chain and possible price fluctuations.
- Initiative schemes implemented:-
 - Revised Infant feeding pathway.
 - Antidepressant medication reviews, working with patient outcomes in line with NICE guidance.
 - Review of patients prescribed high quantities of insulin and diabetes treatment pathways.

Members discussed key areas:-

- Forecasting and Horizon scanning – members agreed this was difficult during current pandemic and potential Brexit implications not yet known.
- Prescribed antibiotic rates – SL advised these had remained stable which was positive, and MMT would continue to monitor and pick up any issues with practices accordingly as required.
- DT requested PCNs be added to the tables to enable monitoring of patterns within or between PCNs. SL agreed.
- Members thanked and commended MMT on their management of cost/item growth, noted the positive work on the initiatives and support MMT provide to practices. CM raised concerns on behalf of the LMC around antidepressant prescribing which may create an increase in GP workload. LMC will continue to work with MMT. DT reported that it was positive to see that PPG feedback on initiatives had been acted on and proposed the sharing of good practice. SL agreed.

Committee agreed the recommendation and noted the papers.

Action – SL to add PCNs to the tables on the next report.

2021/13	Standing Items
2021/13a	<ul style="list-style-type: none"> • Quality Contract (verbal update)
	<p>RG gave a verbal update of the Quality Contract and asked the committee to:-</p> <ul style="list-style-type: none"> • Note the verbal update <p><u>Key areas of the verbal update:</u></p> <ul style="list-style-type: none"> • CCG are due to meet with the LMC in the next month and the CCG have ideas/proposals ready for discussion. • CCG had already confirmed that the Quality Contract will be paid at 100% this financial year, with the only exception that the Quality standards related to access and cancer must be achieved. <p><u>Members comments:-</u></p> <p>None at this time.</p> <p>Committee noted the verbal update</p>
2021/13b	<ul style="list-style-type: none"> • Primary Care Network (PCN) Update
	<p>GA gave a verbal update on the Primary Care Network (PCN) and asked the committee to:-</p> <ul style="list-style-type: none"> • Note the verbal update. <p><u>Key areas of the verbal update:</u></p> <ul style="list-style-type: none"> • PCNs in conjunction with the CCG, had established several sites across Rotherham to provide Covid vaccines, and reported this was going well with very positive feedback from nurses and patients. • Other work requested of PCNs had reduced to accommodate the Covid vaccination programme. <p><u>Members discussed key areas:-</u></p> <ul style="list-style-type: none"> • GA praised the support provided by the CCG and PCN members. • Volunteer feedback had been very positive with 170 volunteers signed up to support the vaccination programme with another 13 waiting sign off on paperwork. 180 volunteer slots had been filled across the Rotherham clinics. Committee commended the support of all the organisations and volunteers working together which has enabled the programmes commencement to be successful. <p>Committee noted the verbal update.</p>
2021/13c	<ul style="list-style-type: none"> • Improving Access – Extended Access monthly update
	<p>SH gave a verbal update on Extended access, and asked the committee to:-</p> <ul style="list-style-type: none"> • Note the verbal update.

	<p><u>Key areas of the report:</u></p> <ul style="list-style-type: none"> • Hubs had achieved 68% utilisation on Saturday with w/c 14/12/2020 at 100% and w/c 21/12/2020 at 16%. Sunday utilisation at 59% with w/c 14/12/2020 100%, and w/c 21/12/2020 at 14% • Weekdays there was some Bank holiday cover and the utilisation was at 50%. • Home visiting had achieved 77% utilisation. • Hot Site had achieved 53% utilisation. <p><u>Members discussed key areas:-</u></p> <ul style="list-style-type: none"> • Bank Holiday access – AS advised that the Rotherham Health App was currently the only route for patients to book in during bank holidays, and this was being reviewed by the team for a solution. GA advised that as more of the Rotherham population obtain access to the Rotherham Health App, this should create an increase in uptake and advised it was better to overcommit as under normal circumstances the level of staffing would have been appropriate, however during the Covid pandemic and lockdown patients had been reluctant to book in which prevents planning footfall and the staffing levels required. <p>Committee noted the verbal update.</p>
2021/13d	<ul style="list-style-type: none"> • Covid-19
	<p>IA gave a verbal update on Covid-19, and asked the committee to:</p> <ul style="list-style-type: none"> • Note the verbal update. <p><u>Key areas of the report:</u></p> <ul style="list-style-type: none"> • Currently on a dual timeline with the expectation that by the 15 February 2021 those in cohorts 1-4 on the national list (Health and Care Staff, Care homes residents and staff, 70yrs+ and those clinically extremely vulnerable) are to receive their first dose. This is a significant task in our system and without any performance data available to share in the public domain, CCG would like to provide assurance that our programme has been established and was progressing well. IA hopes to share a system position at the next meeting.. • Patients will start to be recalled for their second dose by the 12th week following their first vaccination, following on from this cohort the programme will then be stepped up to cover 50yrs+ subject to vaccine supply as per the national guidance, and CCG officers were confident the programme will meet the national expectation in March and April for the respective cohorts. • Wider Covid position with cases increasing within the UK. Rotherham is behind the curve in this area, and continues to have Covid patients in hospital in Rotherham and this position is mirrored in the South

	<p>Yorkshire region.</p> <p><u>Members discussed key areas:-</u></p> <ul style="list-style-type: none"> GA reiterated the programme was doing well subject to vaccine supply/delivery, and there had been very few DNAs. The majority of practice staff had received their first dose. Members praised the work undertaken by all involved, having worked at significant pace to implement the governments requirements. <p>Committee noted the verbal update.</p>
2021/13e	<ul style="list-style-type: none"> Flu Update
	<p>IA gave a verbal update on Flu, and asked the committee to:</p> <ul style="list-style-type: none"> Note the verbal update. <p><u>Key areas of the report:</u></p> <ul style="list-style-type: none"> 65's and over vaccination programme was at 80% which was higher than this time last year. Nationally there was a low prevalence of flu. Primary care continue to vaccinate a limited number of the 50yrs+ cohort, however resources were limited due to the national expectation to provide the Covid vaccine. <p><u>Members discussed key areas:-</u></p> <ul style="list-style-type: none"> Members praised the work undertaken by all involved to continue the flu programme, and implement the government's requirements for Covid vaccination at the same time. <p>Committee noted the verbal update.</p>
2021/13f	<ul style="list-style-type: none"> Delegated Duties
	<p>Committee noted that the four delegated duties did not apply to the items on the agenda today.</p>
2021/14	Finance
2021/14a	<ul style="list-style-type: none"> Finance report month 8
	<p>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</p> <p>LJ gave an overview of the Finance Report paper for month 8 ending 30 November 2020, and asked the committee to:-</p> <ul style="list-style-type: none"> Note the reported financial position and supporting information provided

	<p>in the report.</p> <p><u>Key areas of the report:</u></p> <ul style="list-style-type: none"> Delegated primary care medical services are expected to spend in line with plan, and there are no significant variances to report at this time. Other primary care services are over spending by £80k year to date and £93k forecast. £38k relates to Flu vaccine costs and will be funded retrospectively. <u>Additional non-recurrent Funding</u> <ul style="list-style-type: none"> £150m national funding for General Practice COVID Expansion Capacity Fund: Funding has been allocated via the Integrated Care System (ICS) to support expanding General Practice capacity and post COVID assessment clinics etc. until the end of March 2021. Allocations have been worked through and £839k (£3.17 per head of population) will be distributed to practices. Primary Care Network Development Funding: £163k ICS funding will be distributed across all PCNs. 2021/22 Planning guidance is expected to be received by the end of the month and CCG officers aim to provide a plan at the next meeting. <p><u>Members discussed key areas:-</u></p> <p>No comments at this time.</p> <p>Committee agreed the recommendations and noted the paper.</p>
2021/15	For Information
2021/15a	<ul style="list-style-type: none"> SYB Primary Care Capital Programme – Programme Business Case Executive Summary
	<p>JT gave an overview of the SYB Primary Care Capital Programme – Programme Business Case Executive Summary, and asked the committee to:-</p> <ul style="list-style-type: none"> Note the content of the report for information. <p><u>Key areas of the report:-</u></p> <ul style="list-style-type: none"> Report contains details of all the business cases within the programme, and JT welcomes any comments to share with ICS members. <p><u>Members discussed key areas:-</u></p> <p>No comments at this time.</p> <p>Committee noted the paper for information.</p>

2021/15b	<ul style="list-style-type: none"> • Freeing up practices to support Covid vaccination letter
	<p>JT gave an overview of the Freeing up practices to support Covid vaccination letter, and asked the committee to:-</p> <ul style="list-style-type: none"> • Note the content of the letter for information. <p><u>Key areas of the report:-</u></p> <ul style="list-style-type: none"> • CCG received the letter late pm on 7 January 2021, which identifies national steps to be taken to free up GP practice and asks the CCG to take 3 steps relating to the prioritisation of work. • A paper was presented to the LMC 11 January 2021, with proposals relating to Local Enhanced Services (LES). The majority of GPs agreed that a significant number were required to prevent hospital admissions, with a limited number of LES' which may have the capacity to be placed on hold. • CGG had already confirmed that the Quality Contract would be paid at 100% this financial year, with the only exception that the Quality standards related to access and cancer must be achieved. • LMC had requested 2 amendments, 1 -16 wte. of clinical roles though additional roles route would be deployed to support Covid be amended to identify if they are supporting urgent care this can continue. 2 – Activity reporting of Q4 should be supported and it has been confirmed that the Data Quality team will be asked to support extraction. • This guidance requires the CCG to work at pace, therefore due to the timeframes of PCC meetings, JT asked the committee to authorise IA to have delegated authority to implement the proposals. <p><u>Members discussed key areas:-</u></p> <ul style="list-style-type: none"> • LMC acknowledge pace and expectation of the letter, and thanked the CCG for responding to LMCs areas of concern. • GA identified that limited staffing capacity, as 60% of staff already deployed to provide Covid vaccinations, and a change in patient mind set is required to enable day to day work to continue with limited staff. <p>Committee agreed and authorised delegated responsibility to IA to implement proposals and noted the paper for information.</p>
2021/16	Any other business
	None raised at this time.
2021/17	<p>Primary Care Committee Forward Programme</p> <p>JW confirmed programme was on track and CCG officers would continue to review each month.</p> <p>Committee agreed the Forward Programme.</p>

2021/18	<p>Items for escalation / reporting to the Governing Body</p> <ul style="list-style-type: none"> • Freeing up practices to support Covid vaccination letter <p>IA proposed under command and control delegated responsibility, suggested informing Governing Body that the CCG in conjunction with the LMC had considered the proposals and PCC had authorised delegated responsibility to IA to implement the proposals.</p> <p>IA advised that a response would be issued to GP practice by close of play 12 January 2021. Post note:- response issued.</p>
2021/19	<p>Exclusion of the Public</p> <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>Chair closed the meeting held in public.</p>
2021/20	<p>Date and time of Next Meeting</p> <p>Wednesday 10 February 2021 commencing at 1pm via video conference.</p>