

Minutes of the NHS Rotherham Clinical Commissioning Group

Primary Care Committee Meeting – Session held in public

Wednesday 19 January 2022 @ 1pm to 2:30pm

Via Video Conference

Quorum

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

Present Members:

Mr	C	Edwards (CE)	Accountable Officer – RCCG
Mrs	W	Allott (WA)	Chief Finance Officer
Mrs	D	Twell (DT)	Lay Member
Mrs	J	Wheatley (JW)	Lay Member (Chair)

Present in Attendance:

Mrs	V	Lindon (VL)	NHS England
Mrs	S	Hartley (SH)	Contract & Service Improvement Manager - RCCG
Mrs	L	Jones (LJ)	Deputy Head of Financial Management – RCCG
Dr	C	Myers (CM)	GP LMC Representative
Mrs	J	Tuffnell (JT)	Head of Commissioning RCCG
Dr	A	Gunasekera (AG)	SCE GP
Miss	A	Anderson (AA)	Senior Contracts & Service Improvement officer - RCCG
Ms	R	Garrison (RG)	Senior Contracting & Service Improvement Manager – RCCG
Dr	J	Eversden(JE)	GP LMC Representative
Mrs	K	Tuffnell (KT)	Head of Adult Mental Health Commissioning, Rotherham CCG
Mrs	S	Ives (SI)	Associate Attain
Mr	K	Paterson (KP)	NHS England
Mr	C	Barnes (CB)	Connect Healthcare Rotherham
Dr	D	Clitherow (DC)	SCE GP

Participating Observers:

None – virtual meeting

Members of the Public:

Ms	F	McDool	Macmillan Service Manager for the Advocacy Service
----	---	--------	--

Apologies:

Mr	I	Atkinson (IA)	Executive Place Director – RCCG
Dr	G	Avery (GA)	GP Members Committee Representative
Mrs	S	Cassin (SC)	Head of Quality / Lead Nurse – RCCG
Mr	S	Lakin (SL)	Head of Medicines Management – RCCG
Dr	G	Muthoo (GM)	Connect Healthcare Rotherham

2022/01	<p>Apologies & Introductions</p> <p>JW introduced the meeting by identifying that due to the pandemic and requirement for social distancing; that this was the sixteenth time the Primary Care Committee had been undertaken by video conferencing facility.</p> <p>JW also welcomed Ms F McDool to the meeting who attended as a member of the public.</p>
2022/02	<p>Declarations of Interest</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 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> <p>Declarations of Interest from today's meeting None declared</p> <p>Declarations of Conflicts of Interest and Pecuniary or Non-Pecuniary Interest</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>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"> • LES 2022/23 Specifications • Broom Valley Closure • Primary Care Sub-Group Terms of reference (TOR) • Primary Care Committee Terms of reference (TOR)
2022/03	<p>Patient & Public Questions</p> <p>Chair noted that none have been received.</p>
2022/04	<p>Quorum</p>

	The Chair confirmed the meeting was quorate.
2022/05	Draft minutes of the Primary Care Committee
	Dated 10 November 2021 Committee agreed the minutes as a true and accurate record.
2022/06	Matters arising
	None at this time
2022/07	Action Log
2022/07a	Committee agreed the removal of the actions which are now complete as per enclosure 1b: Committee agreed the following item remain on amber on the action log: - <ul style="list-style-type: none"> • 2021/86ba Dementia LES • 2021/136b Primary Care Network DES Delivery Update • 2021/140 Future PCC Working arrangements Committee agreed to make the following items green:- <ul style="list-style-type: none"> • 2021/136a Local Enhanced Services (LES) Survey Report • 2021/136c Primary Care Network Dashboard • 2021/136d Improving Patient Access
	Action – AA to amend the Action Log as directed above.
2022/08	Strategic Direction
2022/08a	<ul style="list-style-type: none"> • Dementia Pathway Transformation Update
	<p>KT and SI provided an overview of the Dementia Pathway Transformation report.</p> <p><u>Keys areas of report:</u></p> <ul style="list-style-type: none"> • There has been a long-term commitment to improve the dementia care pathway in Rotherham for the last two years, however, the pandemic has slowed progress. There is now a need to implement improvements at pace and ensure that there is a clear commissioning plan to do this, in place by April 2022. • The plan will focus on bringing existing services in line with the national <i>Well Pathway for Dementia</i> and resolve issues with capacity in primary care.

	<ul style="list-style-type: none"> • The key risks to not planning and implementing changes are that patients have excessively long waits to access the Rotherham Doncaster and South Humber NHS FT (RDaSH), Memory Service. • There are risks that plans to resolve the issues in this report may not be achievable within the current financial envelope. Financial mapping will be undertaken to understand the costs of individual plans, level of CCG investment compared to other areas and what the money pays for in terms on activity. • The paper provided identified the 5 steps to be taken and the actions proposed looking at the memory clinic and the capacity to be able to achieve the 6 week diagnostic. <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> • Due to the additional work described in the report, RDaSH have reported they are facing additional pressures. KT assured they are working with them closely to monitor this. • KT/SI and team are working through the financial impact but don't currently know the full figure of investment needed for this project. • There have been discussions around the Patient/Carer consultation in the past and it has been agreed this needs to be revisited. They are currently in conversation with wider stakeholders but do acknowledge this needs further work. • Alignment with Primary Care, Local Authorities and Social Care is very important. Discussions are taking place. <p>Committee noted the report.</p>														
	<p>Action - KT/SI to bring an update back to March Committee which will also contain an options/costing report.</p>														
<p>2022/08b</p>	<ul style="list-style-type: none"> • Local Enhanced Services (LES) Survey report 														
	<p>At the last PCCC, it was asked that SH bring a verbal update to this committee where patients were dissatisfied. Information below:</p> <table border="0" style="margin-left: 40px;"> <tr><td>○ PSA</td><td>x2</td></tr> <tr><td>○ Shared Care</td><td>x2</td></tr> <tr><td>○ Phlebotomy</td><td>x31</td></tr> <tr><td>○ Minor Surgery</td><td>x2</td></tr> <tr><td>○ Wound Care</td><td>x1</td></tr> <tr><td>○ Aural Care</td><td>x1</td></tr> <tr><td>○ Ring Pessary</td><td>x2</td></tr> </table> <p>All feedback has been given back to practices and they have appreciated this and have in turn disseminated at their practice meetings.</p> <p><u>Members discussed key areas:</u></p>	○ PSA	x2	○ Shared Care	x2	○ Phlebotomy	x31	○ Minor Surgery	x2	○ Wound Care	x1	○ Aural Care	x1	○ Ring Pessary	x2
○ PSA	x2														
○ Shared Care	x2														
○ Phlebotomy	x31														
○ Minor Surgery	x2														
○ Wound Care	x1														
○ Aural Care	x1														
○ Ring Pessary	x2														

	<p>None at this time.</p> <p>Committee noted the verbal update and now approved this item on the action log to go green.</p>
2022/08c	Primary Care Network DES Delivery Update – Finance and Activity Plan
	As GA has sent apologies for this meeting, it has been agreed that the update be moved to March Primary Care Committee.
2022/08d	<ul style="list-style-type: none"> • PCN Dashboard
	<p>SH gave an overview of the Primary Care Network Dashboard. The Dashboard has just been refreshed and the metrics have either been replaced or amended. This is now the version that will be implemented.</p> <p><u>Keys areas of report:</u></p> <ul style="list-style-type: none"> • NHS England and NHS Improvement has developed a new national dashboard that provides information at Regional, STP, CCG, PCN and practice level. • The national dashboard does not report on information relating to A&E attendances, outpatient attendances, emergency admissions or 2-week wait Did Not Attends (DNAs). • Proposed that a hybrid dashboard is produced until such time as this information is available on the national dashboard. • The dashboard is accessed via an online platform which can be interrogated to provide information on a range of indicators. There are 124 indicators in total which fall into the following categories: ARRS, Early Cancer Diagnosis, Immunisations, Impact and Investment Fund, Mental Health, Personalised Care, SMR, Workforce, Data Quality and Other. <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> • This dashboard will be used as an indicator for further conversations with practices and will not trigger contract action on its own. • Practices have raised their concerns that they feel deprivation in some areas is not taken into consideration when looking at A&E attendances. • The GP working numbers are being discussed at a regional level and this may be a factor to the A&E attendances in some cases. • Committee members commented that the information received from the Dashboard should be shared between colleagues when targets have been reached to demonstrate best practice, and to also share with practices who are not achieving. This may trigger helpful conversations. • Lots of very useful information to inform and assist change. • As this paper is due to come back to committee in July for an update, and we are unsure how future ways of working will be when the CCG

	<p>becomes the ICB, it was agreed that an updated paper should be brought to May Committee.</p> <p>Committee noted the report and asked for an update to be brought forward to May Committee.</p>
	<p>Action – SH to bring an updated paper to the May committee.</p>
2022/08e	<ul style="list-style-type: none"> • Contract Quality Visits
	<p>RG gave an overview of the visits undertaken in the last quarter.</p> <p><u>Keys areas of report:</u></p> <ul style="list-style-type: none"> • Wickersley Health Centre - it was highlighted that this practice was still only seeing 1 in 4 patients face to face; put right straight away. They were also not using the C the Signs – this has also been remedied. • Magna Group - prior to the visit the CCG had received reports the practice was understaffed but didn't find any evidence to support this in conversations. • Woodstock Bower - previously had issues with staffing but this is improving. They also had a higher than average referrals; this was discussed and they were asked to restart the referral meetings to provide more oversight of the process. <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> • Recently GP practices have faced a lot of backlash in the media. We would encourage all practices to put the outcome of these visits on their website. It would be good to inform the public this visit has taken place and the practice was found to be safe and satisfactory. This will help bring some positivity in the media. • These visits are positively received. <p>Committee noted the report.</p>
2022/08f	<ul style="list-style-type: none"> • Friends and Family test (FFT)
	<p>RG informed that this is still stood down nationally so unable to bring a report for committee. As soon as this is back up in running, a report will be brought. Unsure when this will be but anticipating possibly 1st April 2022.</p> <p>Committee noted the update.</p>
2022/08g	<ul style="list-style-type: none"> • LES Coverage
	<p>SH gave an overview of the paper. This is the annual update for the enhanced services.</p> <p><u>Keys areas of report:</u></p>

	<ul style="list-style-type: none"> • Update on the delivery of Services via the provision of Local Enhanced Services (LES) across Rotherham during 2021/22. • For the 2021/22 Financial Year practices, as part of the Quality Contract, must provide or sub-contract the majority of the LES's being commissioned. The Dementia LES is excluded from the Quality Contract's "Basket" of services, with IUCDs for HMB and Ring Pessaries now commissioned on a PCN basis. • As Dementia is currently being reviewed by the CCG, it has been agreed with the Local Medical Committee that practices can claim for any Dementia reviews undertaken during 2021/22. This will be superseded once the Dementia LES review is concluded and the revised service is offered out to practices. • All Local Enhanced Specifications have been produced in conjunction with the appropriate SCE Lead and the Local Medical Committee (LMC) and signed off previously at Primary Care Committee. • In quarter 2, 10 practices had a higher ratio of DVT management per 1000 patients compared to their peers. Sixteen practices reported '0' activity. <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> • Q1 and Q2 data has been looked at. There are a couple of services that will be picked up going forward as we are not seeing the level of activity that we would expect, for example DVT is low. <p>Committee noted the report.</p>
	<p>Action – Primary Care Team to speak to the LMC with regards to DVT LES uptake and why this is low.</p>
<p>2022/08h</p>	<ul style="list-style-type: none"> • Contract Variations October to December 2021
	<p>SH gave an overview of the paper. This paper is to provide regular updates of any variations that have taken place in the last quarter.</p> <p><u>Keys areas of report:</u></p> <ul style="list-style-type: none"> • From October to December 2021 we have had one Contract Variation actioned in Rotherham. Resignation of 1 GP at village surgery. This was the resignation of Dr Cobb at Village Surgery from October 2021. <p><u>Members discussed key areas:</u></p> <p>None at this time.</p> <p>Committee noted the report.</p>
<p>2022/08i</p>	<ul style="list-style-type: none"> • LES 2022-23 Revision to service specifications

	<p>SH gave an overview of this paper on the updated LES Specifications for 2022-23.</p> <p><u>Keys areas of report:</u></p> <ul style="list-style-type: none"> • All 16 GP Local Enhanced Service specifications, two Pharmacy Local Enhanced Service specifications and two Optometry Local Enhanced Service specifications are reviewed annually. NHS Rotherham CCG works in conjunction with the LMC, LPC and LOC around changes in relation to re-commissioning the LES specifications. • There are still a number of Specifications in discussion, which are planned to come to March Committee for approval. <p><u>Members discussed key areas: -</u></p> <p>None at this time.</p> <p>Committee approved the update to the LES Specifications.</p>
<p>2022/08j</p>	<ul style="list-style-type: none"> • Broom Lane request to close branch site
	<p>SH gave an overview of the paper.</p> <p><u>Keys areas of report:</u></p> <ul style="list-style-type: none"> • The practice has been able to submit a bid to NHSE for funding to support the building of an extension at the Broom Lane site. The extension will provide additional clinical rooms at the site, over and above those currently provided at Broom Valley. This bid is in the process of being reviewed by NHSE and it is envisaged that final approval will be granted in January 2022. • In order to support long-term provision of primary medical services, the practice is proposing closing the Broom Valley branch site once the extension has been completed, circa July 2023. • A planning application has been submitted to Rotherham Metropolitan Borough Council's Planning Committee as part of the NHSE bid process, and this was approved in August 2021. • The practice has engaged with its patients in two different ways over a 4 week period, with in-person sessions at the Broom Valley site or completing an online survey. The in-person sessions took place on four separate dates, with two morning sessions and two afternoon sessions to provide a choice to patients. The sessions were promoted through posters at the two sites, and also Facebook posts. • On reviewing the responses it is clear that the practice will need to ensure that there is a clear communications strategy in place. This would need to cover what the closure will mean for patients with regards to continued registration, what other options are available, timescales etc.

	<p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> As this was approved at the December Extraordinary/Confidential Meeting, it was questioned whether this was for noting or approval. Committee agreed this does need approving publicly. <p>Committee approved the recommendation to close Broom Valley once the Broom Lane Extension is completed.</p>
2022/08k	<ul style="list-style-type: none"> Primary Care Sub Group Terms of Reference (TOR)
	<p><u>Keys areas of report:</u></p> <ul style="list-style-type: none"> The Primary Care Sub-Group terms of reference receive a bi-annual review to ensure they are current, particularly in the changing climate. <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> The process on updating these bi-annually is part of good governance. Unsure of what the future process will be due to merging into an ICB. Agreed the TOR for the next few months, as these may change when the ICB is formed. Agreed the Sub-group works very well and to roll this forward. <p>Committee approved the updates recommended to the Terms of Reference.</p>
2022/08l	<ul style="list-style-type: none"> Primary Care Committee Terms of Reference (TOR)
	<p><u>Keys areas of report:</u></p> <ul style="list-style-type: none"> The Primary Care Committee terms of reference receive a bi-annual review to ensure they are current, particularly in the changing climate. <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> Committee noted that the date of next reviews needs to state not applicable as we are still unsure of what the format of Primary Care Committee will look like going into the ICB. Agreed to review these again once we are aware of how these meetings will be held. <p>Committee approved the updates recommended to the Terms of Reference.</p>
2022/09	Standing Items
2022/09a	<ul style="list-style-type: none"> Quality Contract (verbal update)

	<p><u>Keys areas of update:</u></p> <ul style="list-style-type: none"> • Still in discussions with the LMC. • It has been broadly agreed to downscale the Quality Contract. • There are still a few meetings to finalise the changes needed to demonstrate value for money in the remaining areas. <p><u>Members discussed key areas: -</u></p> <p>None at this time.</p> <p>Committee noted verbal update.</p>
<p>2022/09b</p>	<ul style="list-style-type: none"> • Primary Care Network (PCN) Update <p>GA usually provides the Verbal Update for PCNs but he gave his apologies for this meeting. Agreed for an update to be provided in March Committee.</p> <p>Committee noted the next update will be in March 2022.</p>
<p>2022/09c</p>	<ul style="list-style-type: none"> • Improving Access – Extended Access monthly update <p>AG gave a verbal update on Improving Access - Extended Access, and asked the committee to: -</p> <ul style="list-style-type: none"> • Note the verbal update. <p><u>Keys areas of report:</u></p> <ul style="list-style-type: none"> • The utilisation at Hot site at Ridgeway is really good. Monday is the busiest day at 98% utilisation. This site is manned by GPs and ANPs. • 1051 patients were seen at the Hot site in December with 524 being Children. • The Hot Visiting site is manned by Paramedics. This is currently between 92-100% utilisation. • Only 2 Children were visited in December, so the decision to open Ridgeway has been beneficial. • A total of 421 visits were completed in December. • The extended access hub has a range of clinicians (GPs, ANPs, Practice Nurse, HCAs and Pharmacists.) Both telephone and face to face appointments are offered. • The utilisation for the extended access hub has decreased down to around 80%. Saturday is the most utilised day at 83%. Sunday is at 77% utilisation. • GP utilisation is at 87% with ANPs being 88%, Practice nurses at 76%, HCAs at 63% and Pharmacists at 91%. <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> • Members asked whether we are being flexible enough with the appointments. The HCAs are not being utilised enough, so could we

	<p>potentially reduce these appointments and put in more GPs/ANPs were the utilisation is high. Federation have looked at this, but this would cost more money. They do encourage the utilisation and are currently working on putting different measures in place to improve this. They are also reviewing putting in some Nurse Associate Roles. As the HCA utilisation is so low, it was agreed these do not need to be offered every day.</p> <ul style="list-style-type: none"> • Members also asked, with regards to the hot site, are patients tested before arrival or are they COVID Symptomatic patients who use this service. Ridgeway can be both covid patients with other primary care issues, and COVID symptomatic patients. • Members discussed the possibility of putting measures in place for a Paediatric service beyond COVID as the Hot Site is utilised well for children under 12. Money was original removed from the Extended Access to put into the Ridgeway hot site to safeguard the general public, so unsure how this would work going forward, but this can be discussed at a later date. • Members wanted to comment that the Hot Site and Home Visit services have been a tremendous asset and have took a lot of pressure of General Practices in a time when they where already under great pressures. It has been a great success. • Members discussed the future plans for the Extended Access and agreed the future plans will be brought to the March Committee. • A paper around the investments for this financial year is being worked on with the LMCs and PCN directors. <p>Committee noted verbal update and agreed for an Extended Access Future Plans Paper be brought to March Committee.</p>
	<p>Action – JT to provide a Future Plans for Extended Access Paper for March Committee.</p>
<p>2022/09d</p>	<ul style="list-style-type: none"> • Covid-19
	<p>CE gave a verbal update in IA absence. CE asked the committee to:</p> <ul style="list-style-type: none"> • Note the verbal update. <p><u>Keys areas of update:</u></p> <ul style="list-style-type: none"> • During the COVID-19 peak there were 2,000 per 100,000 patients in Rotherham. We are now at 1,300 with the omicron variant and less patients are being admitted to hospital. • There are currently 104 patients in hospital with COVID. This is a difficult situation but not un-manageable. Primary Care remains under pressure, but this is stable at the moment.

	<ul style="list-style-type: none"> We expect to be at peak withing the next few weeks. Omicron pressures will also decrease around the same time. Staff absences are currently high with 350 staff absences in Hospitals. This is causing significant pressure in hospital. <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> The daily sit rep has been reinstated so we can better understand the pressures in Primary Care. The numbers of staff absences have decreased and are now at a steady rate. In the first week in January, there were 50 GP Receptionist absent with COVID. This has significantly improved. Practices also have also suffered staff absences where people were unable to obtain LFTs or PCR tests. This is no longer an issue. It has also been noted that we are not seeing Flu as much in Primary or Secondary Care. <p>Committee noted the verbal update.</p>
2022/10	Finance
2022/10a	<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 Primary Care Financial Position: Period ending 30 November 2021, and asked committee to:</p> <ul style="list-style-type: none"> Note the reported financial position and supporting information <p><u>Key areas of report:</u></p> <ul style="list-style-type: none"> The current financial spend is within plan. Areas of underspend have been identified. There is a forecast underspend of £400k on Local enhanced Services and in delegated medical primary care services, it is unlikely the contingency budget will be required in full. Discussions with the LMC are ongoing on how to reinvest this back into primary care. The allocation of £22k year to date and £1,557k forecast outturn represents the estimated drawdown required for additional roles workforce costs which is held centrally by NHSE. <p><u>Members discussed key areas</u></p> <p>None at this time.</p>
2022/11	For Information

	Nothing at this time.
2022/12	Any other business
	None at this time.
2022/13	Primary Care Committee Forward Programme
	<p>Members are normally aware of what will be coming to committee three months in advance. We are currently unable to give details of this due to the upcoming merger with the ICB and uncertainty of how the Primary Care Committee will look going forward. We are unsure whether the July Committee will go ahead.</p> <p>There will be some sort of Governance going forward when ICB take over in July, but we are uncertain of how this looks at the moment. It would be helpful to discuss what the governance plan will be once we are aware of this. Either in March or May Committee.</p> <p>Committee agreed to discuss the future governance plans before the ICB merger in July once we are aware of how this will work.</p>
2022/14	Items for escalation / reporting to the Governing Body
	None at this time.
2022/15	Exclusion of the Public
	<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 public session.</p>
2022/16	Date and time of Next Meeting
	Wednesday 9 th March 2022 at 1pm via video conference.