

Minutes of the NHS Rotherham Clinical Commissioning Group

Primary Care Committee Meeting – Public Session

Wednesday, 8 April 2020 @ 1pm – 2pm

Via Video Conference.

Quorum

Primary Care Committee has 5 voting members
 Quorum is 2 x Lay Members, 2 x Senior Officers, 1 x GP non-voting member or appropriate deputy

Present Members:

Mrs S Cassin (SC)	Chief Nurse - RCCG
Mr C Edwards (CE)	Chief Officer – RCCG – also deputising for Mrs W Allott.
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
Dr D Clitherow (DC)	SCE GP
Ms R Garrison (RG)	Senior Contracting & Service Improvement Manager – RCCG
Mrs L George (LG)	Strategy and Delivery Lead - RCCG
Dr A Gunasekera (AG)	SCE GP Lead for Primary Care - RCCG
Mrs J Murphy (JMu)	Primary Care Committee Administrator & Minute Taker – RCCG
Dr C Myers (CM)	LMC Representative
Mrs J Tuffnell (JT)	Head of Commissioning – RCCG

Apologies:

Mrs W Allott (WA)	Chief Finance Officer - RCCG
Mrs L Cooper (LC)	Healthwatch Representative
Mrs S Hartley (SH)	Contract & Service Improvement Manager - RCCG
Mrs L Jones (LJ)	Deputy Head of Financial Services Manager - RCCG
Mr S Lakin (SL)	Head of Medicines Management RCCG
Dr N Leigh-Hunt (NLH)	Public Health Representative - RMBC
Miss J Martin (JM)	Senior Service Improvement Manager – RCCG
Mrs A Shaw (AS)	Connect Healthcare Rotherham (CIC) Representative

Observers:
None at this time

Members of the Public:
None at this time

2020/65	<p>Apologies & Introductions</p> <p>JW introduced the meeting by identifying that this was the first time that the Primary Care Committee had been undertaken by video conferencing facility. The reason for this was related to the current pandemic and requirement for social distancing. JW provided some instructions for the meeting to enable it to be conducted.</p>
2020/66	<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 declared by members are listed in the CCG's register of interests. The register is available on the CCG website at the following link: http://www.rotherhamccg.nhs.uk/about-us/declaration-of-business-interests_2.htm</p> <p>Declarations of Interest from today's meeting</p> <p>Declarations of Conflicts of Interest and Pecuniary or Non-Pecuniary Interest</p> <p>The Chair (JW) declared the following interest – JW is working for NHS England as a Regional Learning Co-ordinator for Yorkshire and Humber, for the support and development of Social Prescribing Link Workers till March 2020.</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>
202067	<p>Patient and Public Questions</p>
	<p>None received at this time.</p>
2020/68	<p>Quorum</p> <p>The Chair confirmed the meeting was quorate.</p>
2020/69	<p>Conflicts of Interest</p>

	<p>GPs will be bound by the details of this update; as such they will remain in the room for the discussion, should a decision be required GPs will be asked to leave before a decision is made.</p> <p>Items under Strategic Direction were for noting only.</p>
2020/70	Draft minutes of the Primary Care Committee
	<p>Dated 12 February 2020</p> <p>Committee agreed as a true and accurate record.</p>
2020/71	Matters arising
	None at this time
2020/72	Action Log
2020/72a	<p>Committee agreed the removal of the actions which are now complete as per enclosure 1b:</p> <ul style="list-style-type: none"> • 2020/25d Pseudo Dynamic Purchasing System (PDPS) for GP Services • 2020/25f Improving Access – Extended Access Monthly Update • 2020/26a Whzan Update • 2020/26c NHS GP Retention Scheme
2020/72b	<p>Update on 2020/25c Dementia LES</p> <p>Deferred to May 2020</p>
2020/72c	<p>Update on 2020/25d Leg Ulcers and Wound Care</p> <p>JT advised that COVID-19 had changed priorities with regard to utilisation of Connect Healthcare Rotherham hubs to support wound management. Currently there were two practices requiring hub support. Therefore, it was recommended that the relevant PCNs support these practices to provide this service. All other practices who previously utilised the hubs had taken back this function.</p>
2020/72d	<p>Update on 2020/26b Primary Care Network (PCN) Innovation Fund</p> <p>RG noted that COVID-19 had overtaken this project, and an extraordinary meeting had been undertaken to prioritise supporting practices with COVID-19 demands. Practices were starting to respond to CCG officer(s) with their requirements.</p>
2020/72e	<p>Update on 2020/26c NHS GP Retention Scheme</p> <p>RG advised that a panel had been convened and a candidate had been approved. Committee agreed for this item to be removed from the action log.</p>
2020/72f	<p>Update on GP Contract Agreement 2020/21 – 2023/24</p> <p>Committee agreed this guidance had been disseminated, and was being implemented as and where applicable, subject to where COVID-19</p>

	requirements were taking precedence.
2020/73	<ul style="list-style-type: none"> • COVID-19 Update
	<p>JT gave an overview of the COVID-19 presentation, noting that the NHS was now at Level 4 Emergency 'Command and Control' and advised members of the key changes to Primary Care, and the committee were asked to:-</p> <ul style="list-style-type: none"> • Note the update <p><u>Key areas of the report:</u></p> <ul style="list-style-type: none"> • NHS was a level 4 – Emergency 'Command and Control' • Fourteen key areas of change had been identified in Primary Care (see Enc 1c for detail). • Practice payments JT confirmed assurance had been provided to practices that Quarter 4 and Quarter 1 Local Enhanced Services (LES) payments would use an average of 2019-20 Q1-3 payments and the remaining 17% quality contract was being automatically paid, this would enable practices to focus on COVID-19 arrangements and not chasing down payments. • Ten of the fourteen areas were under implementation or had been implemented in full, with four areas being under development i.e. <ul style="list-style-type: none"> ○ Cold sites would still be available with PCNs providing action plans. ○ New models for 'hot' home visiting, ○ Discussions ongoing with community team to reduce interactions in patient homes, to ensure safe discharges from hospital and support for increased community bed base, and seeking support for GP cover. ○ Hot site – paramedics to be in place providing 180 hours cover into the system. <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> • Members acknowledged the significant work undertaken of all parties to achieve the implementation of the guidance received, and the mobilisation of the GP Hot Site by 31 March 2020. • Primary care relationships continue to be positive; however PPE was still a national issue. CE clarified that the PPE stocks at the Sheffield Arena were for hospitals, and GP stocks were being supplied by Clipper system via Royal Mail. However, it was noted that deliveries and stocks received were erratic. CE suggested that PCNs could manage supplies across the patch as an interim measure as more deliveries are organised. Lydia George, Strategy and Delivery Lead was the CCG lead for co-ordinating Primary Care GP PPE and was working on a PCN footprint. • GA provided feedback in relation to the Rotherham Health App, and acknowledged that although this was now accessible via NHS login, receptionists were still finding registering patients remained a challenge.

	<p>Chair thanked all for their hard work, dedication and commitment to succeed during these unprecedented times.</p> <p>Committee noted the update.</p>
2020/74	Strategic Direction
2020/74a	<ul style="list-style-type: none"> • LES Surveys 2019/20 Update
	<p>RG gave an overview of LES Surveys 2019/20 report paper(s) the committee were asked to:-</p> <ul style="list-style-type: none"> • Due to the impact on practices of COVID-19 and government guidance measures being implemented, there may be a reduction in surveys being submitted over the next three to six months. • Support the Primary Care Team to continue to monitor and provide an update paper to the Primary Care Committee in six months • Support follow up with practices where no responses have been received and obtain assurance that they surveys have been provided to the patient. <p><u>Key areas of the report:</u></p> <ul style="list-style-type: none"> • Report indicates a 97% satisfaction rate. • Due to COVID-19 requirements, activity was not being undertaken therefore, impacting on the survey areas. As per the recommendation, CCG officers would continue to monitor and produce this report as and when activity re-starts and data flows through the system. <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> • Members agreed and supported this approach. <p>Committee noted the report.</p>
2020/75	Quality Contract
2020/75a	<ul style="list-style-type: none"> • Quality Contract Update
	<p>AG gave a verbal update on the Quality Contract.</p> <ul style="list-style-type: none"> • Note the verbal update. <p><u>Key areas of the update:</u></p> <ul style="list-style-type: none"> • AG reiterated that remaining 2019/20 Quality Contract payments to practices of 17% would be paid without a performance review. • 2020/21 it had been agreed to pay 100% for Qtr1 and to then review. • 2020/21 Quality Contract had been agreed. <p><u>Members discussed key areas:</u></p> <p>None at this time</p> <p>Committee noted the verbal update.</p>

2020/76	Standing Item(s)
2020/76a	<ul style="list-style-type: none"> • Primary Care Network (PCN) update
	<p>GA gave a verbal update, 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"> • Work had been put on hold due to COVID-19 e.g. Medication reviews, Innovation fund projects and workforce recruitment. • PCNs were communicating via video conference, however it was noted that some practices were struggling to interact due to the impact of COVID-19 work. <p><u>Members discussed key areas:-</u></p> <ul style="list-style-type: none"> • JT asked if additional roles recruitment was still going ahead. GA advised that this would be dependent on the PCN, and with the guidance from government with regard to staying at home, and to only leave the home for shopping, exercise and for work if you were not able to work from home and he felt that interviews for additional roles was not in this category and that potentially practices may not have the appetite at present or capacity to do this given the current circumstances. <p>Committee noted the verbal update.</p>
2020/76b	<ul style="list-style-type: none"> • Improving Access – Extended Access Monthly update
	<p>AG gave a verbal update and the committee were asked 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"> • During the month of March each week utilisation had dropped i.e. 85%, 75%, 36% to 27% in the last week it had therefore been agreed to cease weekday extended access during the pandemic period. • DNAs remained at between 12% to 14%. • Last week 57 telephone appointments were booked and achieved with no DNAs. • Connect Healthcare were undertaking telephone triage and shifts were only booked in if telephone appointments were in the diary. • Saturday and Sunday hubs still remained in place with telephone triage. <p><u>Members discussed key areas:</u></p> <p>None at this time.</p> <p>Committee noted the verbal update.</p>
2020/76c	<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>

2020/77	Finance
2020/77a	<ul style="list-style-type: none"> • Finance report for month 11
	<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>CE gave an overview of the Finance report for month 11 ending 29 February 2020, and the committee were asked to:-</p> <ul style="list-style-type: none"> • Note the financial position and supporting information provided in the report; <p><u>Key areas of the update:</u></p> <p>Significant variances (Table 1) :</p> <ul style="list-style-type: none"> • The report covered the primary care financial position as at the end of February 2020 (or month 11). • There were no major changes from prior months. • As usual, narrative around individual budget lines was provided within the main body of the report, and Table 1 sets out the overall position in numbers. • In summary there continues to be stable financial performance, in line with that previously reported. • Work to effectively utilise the Central Budget was ongoing, and progressing well in conjunction with partners' and current proposals were listed at Note 4 of the report. <p>Committee noted the paper.</p>
2020/78	Any Other Business
	<p>Future meetings</p> <p>Members discussed continuing to hold future meetings.</p> <p>Committee agreed to continue to hold all future meetings, with a view to them being slimmed down to essential business and provide a regular COVID-19 update.</p> <p>Action – JT/RG/JMu to revise future agendas as directed by the committee.</p>
2020/79	Items for escalation / reporting to the Governing Body
	None at this time
2020/80	Primary Care Committee Forward Programme
	<p>JW noted that no changes were required to the forward programme</p> <p>Committee agreed the Forward Programme.</p>

2020/81	Exclusion of the Public
	<p>The CCG Governing Body should consider the following resolution: “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>
2020/82	<p>Date and time of Next Meeting</p> <p>Wednesday 13 May 2020 commencing at 1pm. All primary care committee meetings will take place as video conference meetings following national guidance to minimise gatherings until further guidance received – therefore during this period it will not be feasible to facilitate public meetings</p>

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