

Minutes of the NHS Rotherham Clinical Commissioning Group

Primary Care Committee Meeting – Session held in public

Wednesday 14 April 2021 @ 1pm to 3pm

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 (SC)	Chief Nurse - RCCG
Mr	C	Edwards (CE)	Accountable Officer - RCCG
Mrs	D	Twel (DT)	Lay Member
Mrs	J	Wheatley (JW)	Lay Member (Chair)

Present In Attendance:

Dr	G	Avery (GA)	GP Members Committee Representative
Mr	P	Barringer (PBa)	NHS England
Mr	P	Birks (PBi)	SCE GP
Ms	R	Garrison (RG)	Senior Contracting & Service Improvement Manager – RCCG
Dr	A	Gunasekera (AG)	SCE GP Lead for Primary Care
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
Dr	N	Leigh-Hunt (NLH)	RMBC representative
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	Sinclair-Pinder (JSP)	Senior Pathways Manager - RCCG

Participating Observers:

None – virtual meeting

Members of the Public:

None – virtual meeting

Apologies:

Mr	J	Barber (JB)	Lay Member
Mr	D	Clitherow (DC)	SCE GP
Mrs	L	Cooper (LC)	Healthwatch Representative
Mrs	J	Tuffnell (JT)	Head of Commissioning RCCG

2021/56	Apologies & Introductions
	JW introduced the meeting by identifying that due to the current pandemic and requirement for social distancing; that this was the thirteenth 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.
2021/57	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>
	<p>Declarations of Interest from today's meeting</p> <p>GA declared a conflict of interest in the following item and was asked by the chair to be excluded from the discussion and decision, GA agreed.</p> <ul style="list-style-type: none"> Discretionary reimbursement of GP performer payments for maternity Leave (Blyth Road)
	<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</p>

	<p>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"> • Wound Care Local Enhanced Services (LES) • Discretionary reimbursement of GP performer payments for maternity Leave (Blyth Road)
2021/58	<p>Patient & Public Questions</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>
2021/59	<p>Quorum</p> <p>Chair confirmed the meeting was quorate.</p>
2021/60	<p>Draft minutes of the Primary Care Committee</p> <p>Dated 10 March 2021</p> <p>Committee agreed the minutes as a true and accurate record.</p>
2021/61	<p>Matters arising</p> <p>None at this time.</p>
2021/62	<p>Action Log</p>
2021/62a	<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"> • 2021/48a Dementia LES <p>Committee agreed the following item be made green on the action log:-</p> <ul style="list-style-type: none"> • 2021/47a Medicines Management Team Quarterly Report – SL advised that projects were not currently run on a PCN level, therefore if the report format changed in year would affect the ability to accurately compare data, quarter on quarter. SL recommended continuing with the current format for quarter 4 and revise the format from quarter 1 2021/22 to reflect the request. Committee agreed the recommendation and to make this action green on the action log.

	<ul style="list-style-type: none"> • 2021/48d Principles for General Practice local funding arrangements 2021/22. Committee discussed under item 2021/63c and agreed to make this action green. • 2021/51a Wound Care LES. Committee discussed under item 2021/63a and agreed to make this action green. <p>Committee agreed the removal of the following items from the action log:-</p> <ul style="list-style-type: none"> • 2021/48b Extended Access, Hot Home Visiting and Hot Site • 2021/48c Queens Medical Centre – application to amend practice boundary.
	Action – JMu to amend the Action Log as directed above.
2021/63	Strategic Direction
2021/63a	<ul style="list-style-type: none"> • Wound Care Local Enhanced Service (LES) <p>AG gave an overview of the Wound Care LES papers, and asked the committee to:-</p> <ul style="list-style-type: none"> • Approve the LES. <p><u>Key areas of the report:</u></p> <ul style="list-style-type: none"> • 100% sign up from GP practices across Rotherham, therefore would be included in the 'basket of services' • Item of Service (IOS) cost of £17.25 had been agreed and ratified. • Wound Care Specification details patient eligibility and service requirements. <p><u>Members discussed key areas:</u></p> <p>None at this time</p> <p>GPs were not present for the decision.</p> <p>Committee agreed the recommendation and approved the papers.</p>
2021/63b	<ul style="list-style-type: none"> • Introduction of the Primary Care Network Dashboard
	<p>SH gave an overview of the Introduction of the Primary Care Network (PCN) Dashboard papers, and asked the committee to:-</p> <ul style="list-style-type: none"> • Note the development of the new PCN Dashboard with a view to potential implementation once published. <p><u>Key areas of the report:</u></p>

	<ul style="list-style-type: none"> National dashboard for practices and PCNs had recently been published. Comparison of the local and national dashboards noted in appendices. Propose to continue to present the local dashboard at PCC in June, and present the national dashboard at PCC when available, allowing time for CCG primary care team to assess the capabilities and content of the national dashboard. <p><u>Members discussed key areas:-</u></p> <ul style="list-style-type: none"> Further review of the dashboards by CCG primary care team to be undertaken to assess if this would create/duplicate work or save time. <p>Committee noted the papers.</p>
2021/63c	<ul style="list-style-type: none"> Rotherham CCG – revised principles for balancing general practice capacity and delivery of Covid-19 vaccination programme phase 2 to 30 September 2021
	<p>RG gave an overview of the Rotherham CCG – revised principles for balancing general practice capacity and delivery of Covid-19 vaccination programme phase 2 to 30 September 2021 paper, and asked the committee to:</p> <ul style="list-style-type: none"> Note the content of the paper. <p><u>Key areas of the report:</u></p> <ul style="list-style-type: none"> Previous papers had been presented in response to NHS England guidance on primary care contractual management. This paper proposes the CCG's decision to continue to pay the Quality Contract at 100% for quarter 1, and to pay all Local Enhanced Services (LES') on block for quarter 1 with activity reported to the CCG as per process at the end of the quarter. <p><u>Members discussed key areas:-</u></p> <ul style="list-style-type: none"> Primary Care Committee previously approved delegated responsibility to Mr I Atkinson, Executive Place Director due to the timeframes involved, and members confirmed this item had been discussed at Local Medical Committee (LMC). <p>Committee agreed the recommendations and noted the paper.</p>
2021/64	Standing Items
2021/64a	<ul style="list-style-type: none"> Quality Contract (verbal update)
	<p>AG 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"> • Quality Contract to be paid a 100% for quarter. • Meetings had been scheduled in with the LMC to progress a decision on the 2021/22 contract. <p><u>Members comments:-</u></p> <p>None at this time.</p> <p>Committee noted the verbal update.</p>
2021/64b	<ul style="list-style-type: none"> • Primary Care Network (PCN) Update
	<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"> • Note the verbal update. <p><u>Key areas of the verbal update:</u></p> <ul style="list-style-type: none"> • Covid vaccine delivery issues had occurred, however the number of patients vaccinated was high, and the programme was entering the next phase. • PCNs involved in Wound Care discussions and noted the item was on the agenda today. • Mental Health roles and transformation programme ongoing. • Diabetes work ongoing. • National Dashboard due out and PCNs to review once the CCG complete their assessment. • April 2021 QOF requirements reviewed and work to achieve QOF was ongoing. <p><u>Members comments:-</u></p> <p>None at this time.</p> <p>Committee noted the verbal update.</p>
2021/64c	<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>Key areas of the report:</u></p> <ul style="list-style-type: none"> • Hot site closed at the end of March 2021, with utilisation rates between 39% and 54% • Home Visiting covering hot and cold visits, with utilisation rates between 48% and 71%

	<ul style="list-style-type: none"> Extended access hubs telephone appointments, with utilisation rates Saturday at 99% and Sunday between 98% and 100%. DNAs were very low following three attempts made to contact the patient. Following the closure of the hot site, from April extended access will be Monday to Sunday with Hot Home Visiting to all Covid patients. <p><u>Members discussed key areas:-</u></p> <p>None at this time.</p> <p>Committee noted the verbal update.</p>
2021/65d	<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"> Rotherham vaccination programme had been very successful and on target to vaccinate cohorts 1-9 by 15/04/2021. Phase 1 campaign achievement was above 90%, and well into the 2nd dose campaign. Primary Care Networks had signed up to provide programme for cohorts 10-12 subject to vaccine supply. <p><u>Members discussed key areas:-</u></p> <p>Chair and members commended the success of the programme.</p> <p>Committee noted the verbal update.</p>
2021/65e	<ul style="list-style-type: none"> Delegated Duties – iv – Decisions about ‘discretionary payments’
	<ul style="list-style-type: none"> Discretionary reimbursement of GP performer payments for maternity leave cover <p>Chair requested GA leave the meeting at this point due to conflict of interest, however GA wished to provide additional information and the practice’s view, which in his opinion was not included in the paper.</p> <ul style="list-style-type: none"> 2017 Guidance stipulates ‘GP replacement for GP (locum if available)’ on the claim form, however in current climate practice were requesting ‘ANP replacement for GP be considered, as the practice had struggled to recruit a GP in the past. Locum prices had increased over time and GP session hours compared to locum session hours were utilised differently i.e. locum 3 hrs with 1 hour for admin. With an ANP in place more sessions could be offered.

	<ul style="list-style-type: none"> GA understood the elements of the financial claiming procedure i.e. can only claim for sessions worked at clinicians rate and practice to 'top up' if costs were over the reimbursement allowed by NHSE guidance. <p><u>Members discussed key areas:-</u></p> <ul style="list-style-type: none"> Acknowledged the landscape had changed significantly compared to guidance, and appreciated that practices were being asked to diversify their workforce. PBA to feedback to NHSE. Any GP on maternity leave remains a partner on the practice contract and would be expected to step in, and maintain their responsibilities as part of the contract requirements should it be required. Proposal made to end the discussion as additional information was not usually provided by a practice, and request GA leave the meeting. Committee agreed. <p>GA left the meeting at this point, and was excluded from members discussion and decision.</p> <p>Committee agreed to defer the decision to enable reflection and agreed an extraordinary meeting take place in a weeks' time, at which point a decision would be made and communicated to the practice.</p>
2021/66	Finance
2021/66a	<ul style="list-style-type: none"> Finance report 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>LJ gave an overview of the Finance Report paper for month 11 ending 28 February 2021, and asked the committee to:-</p> <ul style="list-style-type: none"> Note the reported financial position and supporting information provided in the report. <p><u>Key areas of the report:</u></p> <ul style="list-style-type: none"> On track to achieve national balance, with additional roles scheme funded externally to the financial envelope. <p><u>Members discussed key areas:-</u></p> <p>None at this time.</p> <p>Committee noted the paper.</p>

2021/66b	<ul style="list-style-type: none"> • Financial Plan 2021/22
	<p>LJ provided a verbal update on the Financial Plan 2021/22, 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"> • Financial envelope notification received covering the April to September 2021 period. • Due to tight deadlines a sub-committee of GB will review draft Financial Plan to enable final sign off by full Governing Body (GB) on 5th May. Final plan to be received by PCC in May. <p><u>Members discussed key areas:-</u></p> <ul style="list-style-type: none"> • Local Enhanced Services 2021/22 budgets – LJ confirmed that this workstream was funded from the core allocation, and an update would be shared accordingly following GB sign off. <p>Committee noted the verbal update.</p>
2021/67	For Information
2021/67a	<ul style="list-style-type: none"> • Medicines Management Quarterly Update
	<p>SL gave an overview of the Medicines Management Quarterly Update papers, and asked the committee to:</p> <ul style="list-style-type: none"> • Note the content of the papers. <p><u>Key areas of the report:</u></p> <ul style="list-style-type: none"> • Due to Covid, antibiotic prescribing had significantly reduced across Rotherham. • Cost pressures remain at £1.3million with £700k due to 'No cheaper stock' being available, e.g. Sertraline which had since been resolved. • QIPP projects had been revised as some were no longer viable due to the proposed organisational changes ahead. • New projects in progress around Diabetes, Antidepressant prescribing with two practices piloting Insulin review programme to assess patient doses and reduce costs. • Incentive Schemes had been launched half way through the year and had performed very well against previous year. • Hydration project established involving multi-disciplinary team working with three care homes.

	<p><u>Members discussed key areas:-</u></p> <p>None at this time.</p> <p>Committee noted the papers.</p>
2021/67b	<ul style="list-style-type: none"> • Update on Quality Outcomes Framework changes for 2021/22
	<p>AG gave an overview of the Update on Quality Outcomes Framework changes for 2021/22 paper, and asked the committee to:</p> <ul style="list-style-type: none"> • Note the content of the paper. <p><u>Key areas of discussion:</u></p> <ul style="list-style-type: none"> • Addition of several indicators with four being retired. • Increase in Quality outcome points. • Continuation of Learning Disability and Early Cancer diagnosis. <p><u>Members discussed key areas:-</u></p> <p>None at this time.</p> <p>Committee noted the paper.</p>
2021/67c	<ul style="list-style-type: none"> • Update on vaccination and immunisation changes for 2021/22
	<p>AG gave an overview of the Update on vaccination and immunisation changes for 2021/22 paper, and asked the committee to:</p> <ul style="list-style-type: none"> • Note the content of the paper. <p><u>Key areas of discussion:</u></p> <ul style="list-style-type: none"> • Addition of four indicators and remuneration of Covid vaccines. <p><u>Members discussed key areas:-</u></p> <p>None at this time.</p> <p>Committee noted the paper.</p>
2021/67d	<ul style="list-style-type: none"> • C the Signs
	<p>JSP gave an overview of C the Signs paper, and ask the committee to:-</p> <ul style="list-style-type: none"> • Note the content of the paper. <p>Key areas of the report:</p> <ul style="list-style-type: none"> • Cancer leads commissioned the tool to assist GPs in identifying cancer risks and actions required e.g. investigations, onwards referral or further tests, and can be accessed from SystmOne and EMIS via the relevant icon at any time.

	<ul style="list-style-type: none"> • C the Signs tool automatically populates with the patients data, speeding up the process and tracks the patients journey through the pathway. This data can also be compared locally, regionally and nationally if required. • Full training to be provided by the C the Signs team. • Use of the tool is not mandatory, however strongly encouraged for consistency and adherence to the latest pathways. • Date for implementation had been pushed back three weeks. <p><u>Members discussed key areas:-</u></p> <ul style="list-style-type: none"> • CMy advised that clinical judgement would take priority and that the tool had been demonstrated at the Local Medical Committee (LMC) and was a useful tool if the presenting symptoms were vague. • Ardens templates remain available and JSP recommended use of the C the Signs tool for 2 week waits and not the Ardens templates in this instance. • Information Governance lead had been involved in the process and the paper had been received at the appropriate committees. JSP confirmed that each individual practice would be asked to sign off the process. <p>Committee noted the paper.</p>
2021/68	Any other business
	None at this time.
2021/69	Primary Care Committee Forward Programme
	<p>All elements of the programme remain on track and CCG officers would continue to review each month.</p> <p>Committee agreed the Forward Programme.</p>
2021/70	Items for escalation / reporting to the Governing Body
	<ul style="list-style-type: none"> • Wound Care Local Enhanced Service receiving a 100% sign up.
2021/71	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>

	Chair closed the meeting held in public.
2021/72	Date and time of Next Meeting
	Wednesday 12 May 2021 commencing at 1pm via video conference.

DRAFT