

Minutes of the NHS Rotherham Clinical Commissioning Group

Primary Care Committee Meeting – Session held in public

Wednesday, 9 March 2022 @ 1pm – 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
Mrs	S	Cassin (SC)	Chief Nurse RCCG
Mrs	D	Twel (DT)	Lay Member (Vice Chair)
Mrs	J	Wheatley (JW)	Lay Member (Chair)

Present in Attendance:

Dr	G	Avery (GA)	GP Members Committee Representative
Dr	D	Clitheroe (DC)	SCE GP
Dr	A	Gunasekera (AG)	SCE GP – Lead Primary Care
Dr	C	Myers (CM)	GP LMC Representative
Dr	J	Eversden (JM)	GP LMC Representative
Dr	G	Muthoo (GM)	Connect Healthcare Rotherham
Mrs	J	Tuffnell (JT)	Head of Commissioning
Ms	R	Garrison (RG)	Senior Contracting & Service Improvement Manager
Mrs	S	Hartley (SH)	Senior Contracting and Delivery Manager
Miss	A	Anderson (AA)	Senior Contracts & Service Improvement Officer
Mrs	L	Jones (LJ)	Deputy Head of Financial Management
Mr	S	Lakin (SL)	Head of Medicines Management
Mrs	V	Lindon (VL)	NHS England
Mr	C	Barnes (CB)	Connect Healthcare Rotherham
Mrs	C	Heffernan (CH)	Public Health Representative
Mrs	J	Martin (JM)	Senior Improvement Manager
Mrs	W	Lawrence (WL)	Head of IT (for the IT workplan item)
Mrs	S	Ives (SI)	Associate Attain (for the Dementia item)
Dr	A	Barmade (AB)	SCE GP (for the Dementia item)

Participating Observers:

None at this time

Members of the Public:

None at this time

2022/17	Apologies & Introductions Apologies received from CE & IA.
2022/18	Declarations of Interest 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. 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
	Declarations of Interest from today's meeting None Declared
	Declarations of Conflicts of Interest and Pecuniary or Non-Pecuniary Interest 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. 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.
2022/19	Patient & Public Questions
	Chair noted that none have been received.
2022/20	Quorum
	The Chair confirmed the meeting was quorate.
2022/21	Draft minutes of the Primary Care Committee
	Dated 19 January 2022. Committee agreed the minutes as a true and accurate record.
2022/22	Matters arising
	None at this time
2022/23	Action Log

2022/23a	<p>Committee agreed the removal of the actions which are now complete as per enclosure 1b:</p> <ul style="list-style-type: none"> • 2021/86ba Dementia LES • 2021/136b Primary Care Network DES • 2021/140a Future PCC Working <p>Committee agreed to make the following items green:-</p> <ul style="list-style-type: none"> • None – All to remain amber. <p>JW noted action from last meeting minutes “2022/08g – Primary care team to speak to the LMC with regards to DVT LES uptake and why this is so low” was not noted on action log and asked for an update. JT confirmed this discussion has taken place and action is now complete.</p>
	<p>Action – AA to update the action log.</p>
2022/24	<p>Strategic Direction</p>
2022/24a	<ul style="list-style-type: none"> • Dementia Update
	<p>SI gave an update of the Dementia Pathway and introduced the Dementia LES and asked committee to:-</p> <ul style="list-style-type: none"> • Note the update for the Dementia Pathway and Approve Dementia LES <p><u>Key areas of report:</u></p> <ul style="list-style-type: none"> • Diagnostic issues identified, especially around the possible challenge in capacity to ensure patients are seen within 6 weeks of the referral. • There are still discussions ongoing with regards to Admiral Nurses with Dementia UK. PCNs have agreed to fund and work with Dementia UK in order to have an Admiral Nurses in every PCN across Rotherham • PCNs have taken the decision to work with Dementia UK and scale up the Admiral Nurse pilot which was put in place by the Stag Medical Centre. Contracts are being agreed directly between PCNs and Dementia UK • Part funding has been secured from Dementia UK for 2 years. • Contract discussions with RDaSH are advancing and RDaSH are currently working on their dementia diagnostic modelling and financial requirement • The discussions are now moving ahead quite quickly and the goal is to align those discussions with the planning process. • Working toward a commencement date of 1st April 2022. • Dementia LES has been drafted and updated further to feedback from the LMC. Included with paper for approval. <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> • Committee noted happy with the update from this paper and work being completed. • The CCG have asked RDaSH to complete a piece of work to identify what they need in regard to the diagnostic service to ensure patients are

	<p>seen and diagnosed within 6 weeks. A further update will be brought to Committee when RDaSH have completed this work.</p> <ul style="list-style-type: none"> • CM identified that the Paper provided suggests that if any issues other than dementia is found on the diagnostic reports, it will be picked up by the GPs. There was concern that issues may be missed as GPs may not actually know that something needs to be picked up by them. Committee stated more clarity is needed for when a diagnostic report has been issued and who will be picking up these results. A clear process needs to be put in place to state who is looking at the CT scan, and who is making the decisions on who is actioning this etc. Rachel Walker will be providing a training session for GPs on incidental findings. • AB confirmed that there is a payment for GPs in the LES for looking at incidental findings. This is marked down for a 10 minute consultation. • WA identified that the financial implications are still being worked through and a deficit plan is currently being produced. The CCG does not currently have a financial resolution. • For this pathway, a patient has to be over 65 years old. Early onset dementia and Memory services are provided by RDaSH. <p>Committee noted the paper and asked that an update is brought to committee in May to confirm that the arrangements have commenced and then a further detailed update is brought in 6 months.</p> <p>Committee approved the Dementia LES.</p>
	<p>Action – SI/KT to bring an update to committee in May and a further detailed updated in 6 months.</p>
2022/24b	<ul style="list-style-type: none"> • Broom Lane Extension
	<p>JT gave an overview of the Broom Lane Extension and asked committee to:-</p> <ul style="list-style-type: none"> • Approve the Extension to Broom Lane. <p><u>Key areas of report:</u></p> <ul style="list-style-type: none"> • Paper seeks approval to submit the Broom Lane Medical Centre (BLMC) Business Justification Case (BJC) to NHS England for their approval. • The project is to extend the existing BLMC by 322m2 on adjacent land. (The practice have an option to purchase in place which is currently in the final stages of Completion and Exchange). In addition, 186m2 of the existing BLMC will be reconfigured so that the two spaces work together in a modern fit for purpose way. The combined list size will be 10,000 patients. • On completion of the project the Broom Valley site will be vacated and the patients and staff will transfer to Broom Lane (note that this closure was approved at the Primary Care Committee in January 2022). • The capital costs for the project will be met by the programme and any costs escalation will be locked down through the construction contract. Any variations will need to be funded and managed by the practice. • The current rent, circa £50k will continue to be reimbursed to the practice. Future rent reviews will exclude the capital improvements that

	<p>have been funded and carried out through the project. The “abatement period” is 45 years.</p> <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> • None at this time. <p>Committee approved the Broom Lane Extension.</p>
2022/24c	<ul style="list-style-type: none"> • Primary Care IT Workplan
	<p>WL gave an overview to the current IT Workplan and asked committee to:-</p> <ul style="list-style-type: none"> • Note the update on the progress of delivery. <p>An update has been received since paper was submitted showing that the Healthcall Care Home Remote monitoring solution is now no longer on hold and work on this has begun.</p> <p><u>Key areas of report:</u></p> <ul style="list-style-type: none"> • Two areas of work have now been completed during this period with three practices requesting to migrate to SystemOne. • The Rotherham Health app has been extended until September 2022 • Three areas currently have amber status. These are: <ul style="list-style-type: none"> ○ Practice Migration over to a hosted telephony system, two practices have not yet confirmed if they will upgrade. ○ Healthcall Care Home remote monitoring solution. This project has slowed due to COVID outbreaks at care homes, this is currently on hold whilst it is being reviewed due to issues with the care homes. ○ Population Health Management. The ICS consolidation of PHM solution is ongoing. • The rest of the programme for digital is currently on track. <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> • SH confirmed 28 practices have now completed or are on track to complete the upgrade to telephony by March 22. One Practice has confirmed that they do not wish to move over to hosted system due to previous issues with this system. • Most practices have now moved over to SystemOne, which is very positive and makes a big difference when working in PCNs/Federations. • CM advised that It has been suggested that 75% of patients accessing GP services should be accessing these services through the NHS App by 2024. In terms of the Rotherham Health App, it does have links through the NHS app. This will be reviewed as part of the ICS upcoming change. <p>Committee noted the update.</p>
2022/24d	<ul style="list-style-type: none"> • Primary Care Team Work Programme

	<p>RG gave an overview of the progress and asked committee to:-</p> <ul style="list-style-type: none"> Note the updates and progress of the Primary Care Team work streams. <p><u>Key areas of report:</u></p> <ul style="list-style-type: none"> The document outlines the main responsibilities of the Team, and current progress. The aim is to provide assurance of overall delivery rather than a fine level of detail; project specific updates are routinely provided to the Committee, and the format of this document has been revised to hopefully provide greater clarity around the day-to-day functions of the team. As the ICB objectives for primary care are set these will be added, and progress tracked. <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> None at this time. <p>Committee noted the update.</p>
2022/24e	<ul style="list-style-type: none"> MMT Quarterly Update
	<p>SL gave an overview of Q2 Report and asked committee to:</p> <ul style="list-style-type: none"> Note the update. <p><u>Key areas of report:</u></p> <ul style="list-style-type: none"> Practice prescribing budgets have not been set for the second year running, despite this NHS Rotherham CCG has a negative cost growth and the lowest prescribing cost growth in Y&H. There is currently no transfer of non-PBR drug costs to the CCG due to the total-block arrangements". However, the system for tracking and recording non-PBR drugs (Blueteq) is still operational in preparation for the ending of the total-block arrangements. The planned QIPP programme for 2021/22 has had to be revised in year due to lack of practice access. The cost trend has decreased due to the no cheaper stock available. Rotherham tend to use the evidence based cheaper option in prescribing. When the cheaper options become unavailable and the CCG is then charged brand price, it has a significant impact. Back in April-July 2020, the cost went quite high due to this issue but has since decreased again due to the stock becoming available. The costing compared to last year is still below what the cost was month on month and the CCG is still continuing to be at lower cost. <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> None at this time. <p>Committee noted the update.</p>
2022/24f	<ul style="list-style-type: none"> Review Appointment Figures

	<p>JT gave an overview of the capacity being provided as stated in the paper/report and asked committee to:-</p> <ul style="list-style-type: none"> Note the level of impact on general practice. <p><u>Key areas of report:</u></p> <ul style="list-style-type: none"> RCCG has supported many initiatives this year to support the increasing demand in appointments. There are three Extended Access hubs, offering routine and urgent appointments, which run seven days a week at Broom Lane, Dinnington and Magna. A further three additional services run during core hours (Monday to Friday) and these are Same Day ANP appointments, "Hot" Site Appointments and "Hot" Home Visiting services. The "Hot" appointments are available for Covid symptomatic patients to access. This year RCCG has also commissioned additional Winter Pressure services, utilising funds at Primary Care Network (PCN) Level. Each PCN is providing additional support they feel will support the extra demand on their practices. In 2020/21 the Innovation Fund was distributed amongst the PCNs to support 6 projects, one per PCN. Due to the pandemic, delivery of these projects has been impacted and it was therefore approved earlier this year that the CCG would continue to support and fund the projects until March 2022. At present, for 2021/22, data is only available for the months of April to December. The table included demonstrates that there has been an overall increase in the number of appointments being offered and utilised covering the same months in 2019/20 and 2020/21. <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> DC stated that Videos/Telephones can be beneficial, but face to face appointments are much safer, especially in children. Video consultations can be difficult. AG commented that face to face numbers are lower than pre-pandemic but are going up. There was a view that clinicians do need to do more face to face appointments when clinically appropriate such as for children. Unknown appointments stated in the report have been coded as such, so could be any type of appointments. Unfortunately the CCG cannot provide the data on how long patients have to wait for an appointment. This is difficult to track but the CCG is continuously looking at the data to try and improve this. Committee wanted to congratulate the GP Practices on how well they have recovered the services. Rotherham have a higher amount of appointments throughout SY which is commendable. <p>Committee noted paper.</p>
2022/24g	<ul style="list-style-type: none"> Future Management of LES Payments
	<p>RG introduced paper on the change of process for LES Payments and asked committee to:-</p> <ul style="list-style-type: none"> Note the change to the LES Payments.

	<p><u>Key areas of report:</u></p> <ul style="list-style-type: none"> • The current system is antiquated and open to human error on the part of the practices and the team, and as a result a large part of the process involves making thorough checks of the information as it works its way through • The team has reviewed a number of options over recent years but until now hadn't found a solution that allowed local flexibility and adaptation, which we consider to be essential, and ease of use on the part of the practices. • The team have been working with the IT Team in recent months and will shortly be rolling out a new payment method using the Ardens Manager module. Ardens clinical templates are already in use in all Rotherham practices, and are largely the basis of the information the practices manually supply at present. • Ardens Manager will automatically extract the information needed each quarter and collate it for the Primary Care Team, and then Officers can access the data for quality checks and payment information. • As with all new processes there is a risk in roll-out and so the system will be tested before being fully implemented. Once up and running, we will still be able to manually extract data and make payments so any errors can quickly be identified and rectified, and practice cash flow will not be impacted. • Ardens is already a popular tool within practices and we have engaged with Practice Managers at repeated points in the journey to find a solution. Those briefings sessions, along with any necessary training, will be stepped up towards the launch date. <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> • None at this time. <p>Committee noted paper.</p>
2022/24h	<ul style="list-style-type: none"> • LES 2022-23 Revision to Service Specifications
	<p>SH gave an overview of the revisions to the Local Enhanced Service (LES) Specifications and asked committee to:-</p> <ul style="list-style-type: none"> • Approve the proposed changes and continued commissioning of the services into 2022/23. <p><u>Key areas of report:</u></p> <ul style="list-style-type: none"> • The CCG is awaiting the outcome of the 2022/23 tariff consultation which will inform the application of uplifts to the individual LES payments. • These are for the specifications that did not make it through the LMC approval process last time, so were outstanding. • There have been some issues around the Shared Care Drugs Specification. The LMC have now stated that they want it to be noted in the specification that the practice must write back to TRFT that they take the responsibility for the patient care. This has not been part of the pathway for a number of years but the specification has just been updated to reflect this. The feedback from the LMC in relation to the removal of this text is that they cannot endorse it as it doesn't follow

	<p>current BMA guidance. They have advised that their perception is that in removing this text the responsibility for any incidents of patient transfer being missed by general practice would sit with the CCG. This has been flagged with the Medicines Management Team, but the CCG disputes that there would be any responsibility on their part.</p> <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> • None at this time. <p>Committee approved the revisions to the LES Specifications.</p>
2022/24i	<ul style="list-style-type: none"> • LES Uplift 2022-23
	<p>SH gave an overview on the proposed uplifts to the Local Enhanced Services (LES) tariff prices for 2022/23 in line with the draft national Tariff Guidance and asked committee to:-</p> <ul style="list-style-type: none"> • Approve, in principle, an initial uplift of payments at 1.7% in line with the draft Tariff Guidance prior to final publication. <p><u>Key areas of report:</u></p> <ul style="list-style-type: none"> • All GP LES specifications are reviewed on an annual basis to ensure they adhere to national guidance. NHS Rotherham CCG works with the LMC on reviewing any changes which are then sent to Primary Care Committee for approval. • For 2022/23 the specifications have already been reviewed as part of the annual refresh, with the exception of Dementia and Serious Mental Illness Physical Health Checks. In line with the draft Tariff Guidance it is proposed that all LESs are uplifted by 1.7%. • The proposed initial uplifts have been calculated using the 1.7% net uplift figure detailed within the draft Tariff Guidance. The Tariff Guidance (on which the uplift is based) has not yet met the objection threshold and as such has gone back out for consultation which is due to end on 25 March 2022. • The outcome of the consultation may lead to a further change which could affect the uplift %. If any further changes are made within the final Tariff Guidance, the proposed LES tariff prices will be reviewed in line with these changes and a revised proposal will be presented to the Committee. • The Enhanced Health in Care Homes LES (EHCH LES) is being uplifted slightly differently to the rest of the LESs. The EHCH LES payment is split into two elements – the first element is the national Primary Care Network Directed Enhanced Service (DES) which is funded by NHS England and Improvement (NHSE/I) and the LES element which is funded by the CCG. The 1.7% uplift will be applied to the LES element of the service. <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> • None at this time. <p>Committee approved, in principle, the uplift of payments at 1.7% subject to the conclusion of the tariff consultation process.</p>

2022/25	Standing Items
2022/25a	<ul style="list-style-type: none"> • Quality Contract & Estates
	<p>RG gave an overview of the proposed changes to the Quality Contract over the next 5 financial years, beginning in 2022/23 and asked committee to:-</p> <ul style="list-style-type: none"> • Review the paper and approve the reduction in monies over 5 years to support the expansion of primary care estates. <p><u>Key areas of report:</u></p> <ul style="list-style-type: none"> • The CCG took delegated responsibility for Primary Care from NHS England, monies transferred to fund both Actual and notional rent reimbursement. The funding for this purpose hasn't increased since, but rents have continued to rise. • The CCG has been in discussion with the LMC to release funds from delegated funds and it was agreed to utilise the Quality Contract to cover increased rent reimbursements. • The CCG has been unable to agree to premise expansions as it hasn't had sufficient recurrent funds to commit to paying the additional rent reimbursement, even where developments could have been centrally funded and rent abated for a period of time. Meanwhile, the capacity situation has been deteriorating due to the influx of additional roles in primary care, and rising rents. • Officers met with the Clinical Directors and representatives of the LMC to try to find a way forward. Having reviewed the delegated budget, it was agreed the best source of funding was the Quality Contract and we would aim to achieve releasing £100k per year over the next 5 years, totalling £500k in year 5. Since then, the CCG and LMC have been working to deliver this agreement. <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> • It was expressed by CM that the system for removing monies out of the quality contract and into the estates budget was wrong. There should be a specific budget for the abatements known to be coming along. • NHSE should have a joined up budget which is delegated specifically for estates. Perhaps this was an oversight but this will be an ongoing problem going forward. <p>Committee approved the reduction in monies over 5 years to support the expansion of primary care estates.</p>
2022/25b	<ul style="list-style-type: none"> • Primary Care Network (PCN) Update
	<p>GA gave an overview of the paper which was drafted by JM and asked committee to:</p> <ul style="list-style-type: none"> • Note the updated on PCN Delivery to date. <p><u>Key areas of report:</u></p> <ul style="list-style-type: none"> • The Network DES has several components which are to be delivered over a period of time. Over the last 2 years, some of the requirements

	<p>have been relaxed to reflect the Covid-19 Pandemic, however NHS England has expected delivery on a number of DES indicators.</p> <ul style="list-style-type: none"> • In addition to the core requirements PCNS have also been asked to develop in line with the Maturity Matrix, which outlines the components that underpin the successful development of networks. • Over the last 3 years, PCNs have received funding through several revenue streams to aid delivery of the key milestones of the Network DES and work towards level 3 of the maturity matrix. In November 2020, the PCNs updated PCC to say that they have all achieved the foundation level of the matrix and were placing themselves as completing the foundation stage and functioning at level 1. • In summary, progress is being made against the requirements however, PCNs are reporting that the pandemic has hampered pace of progression. • The PCN matrix looks for practices to work at scale, sharing workforce, business functions and working far more closely with community teams across health and social care. A fully functioning PCN would be at level 3 of the matrix – although it is reasonable for a PCN to be at different levels of the matrix depending on the function they are reporting against. <p><u>Members discussed key areas:</u></p> <p>JT expressed, now the work has been undertaken, how will the PCNs assure they are doing everything they need to be doing as part of their governance. It is very clear where PCNs have a substantive manager and it is their main focus. It is obvious where PCNs don't have the resources to focus their time on this.</p> <ul style="list-style-type: none"> • Committee noted that Rotherham Central PCN have not moved from Level 1 in two years. COVID has been taken into account, but the other PCNs have moved forward. All PCNs have given the CCG the information relating to their plans and how they wish to achieve these plans, Central have only provided what they wish to do, and no plan on how to progress. The Committee need assurance and no progression from them is a concern. • CM expressed that each PCN has a different way to work which is working well for some PCNs but not well for others. For the PCNs that are working well, this is creating inequalities for patients in other PCNs. There seems to be a gap created by not working collaboratively. • PCNs need to work collaboratively. When one PCN is striving and hitting targets, this needs to be shared amongst all areas. This can help to improve the areas who are not striving or meeting targets. Rotherham works very well together and need to get back to this. • It has been suggested to the PCNs that the templates provided by JM are updated on a monthly basis. This can help to improve work on key areas. • Committee commented that PLTs are needed back to improve the communication and sharing of good practice across Rotherham. • JT confirmed that a Primary Care Leadership group has been formed. This group will bring in all leaders including Pharmacists, Dentist etc together. Currently awaiting the clarity on how that group will represent Rotherham as a place. This may have some influence over how the PCNs develop.
--	---

	Committee noted the update on the PCN Delivery and agreed that a Quarterly update is needed.
	Action – For PCN Delivery to stay on the action log and provide a quarterly update.
2022/25c	<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 verbal update:</u></p> <ul style="list-style-type: none"> • The data is for the 4 weeks in February. Still got the hot site function which comes to an end 31 March 2022. • Ridgeway Utilisation is at 76%, 50% of the appointments were used by under 12s. The hot visiting team only visited 2 patients under 12 in February so the utilisation for Ridgeway is still working well. • Utilisation for hot visiting was up at 90%, Mondays are the busiest day with utilisation being at 96%. • Extended Access clinics, which are run across 3 sites in Rotherham, are Monday to Friday evening and Saturday and Sundays. Utilisation is at 90% with Sunday's utilisation is at 88%. DNA rate is averaging at 1%. • GPs are still the most utilised clinicians at 93% and HCAs are now up at 80% for February. <p><u>Members discussed key areas:-</u></p> <ul style="list-style-type: none"> • No comments at this time.
2022/25d	<ul style="list-style-type: none"> • Extended Access Proposal (verbal update)
	<p>JT gave a verbal update on the Extended access Proposal and asked committee to:-</p> <ul style="list-style-type: none"> • Note the verbal update. <p><u>Key areas of verbal update:-</u></p> <ul style="list-style-type: none"> • Apologies given as there was supposed to be a paper but NHS England had just released the GP Contract Changes for 2022-23 which significantly changes Extended Access. Due to these changes, it was felt that the team would not be able to bring a paper forward for committee. • At the moment the CCG currently have to contract a minimum of 132 hours at £6 per head. On top of this, it also provides the PCN Winter Scheme. • The CCG was proposing that the remaining monies would be a continuation of a same day access hub i.e. a “cold” site, which could go “hot”. The LMC and CDs were happy with this plan and expected the PCNs to take over the Extended Access as well at the Extended Hours from October 2022. • This has changed significantly and the big change is to bring together the two funding streams, Extended Hours and Extended Access.

	<ul style="list-style-type: none"> Currently, the minimum requirement is for services to be delivered 7 days a week but this is going to change to Monday-Friday 18:30-20:00 and Saturday 09:00-17:00. The requirement to have services available on a Sunday has been removed. Rotherham is at full utilisation for Sundays. Some real thought needs to be given to these changes. The changes have meant the relevant parties are not ready to identify what should be delivered. A paper should be drafted within the next few weeks to identify what the first 6 months should be commissioned at. This will be sent and agreed virtually. <p><u>Members discussed key areas:-</u></p> <ul style="list-style-type: none"> None at this time. <p>Committee noted the updated and agreed for a paper to be sent out and agreed virtually once ready.</p>
	<p>Action – JT to draft a paper on extended access for the first 6 months (once agreed) and send out to be agreed virtually.</p>
2022/25e	<ul style="list-style-type: none"> COVID-19
	<p>In CE and IA absence, SC gave a verbal update and asked committee to:-</p> <ul style="list-style-type: none"> Note the verbal update. <p><u>Key areas of update:-</u></p> <ul style="list-style-type: none"> There had been a drop in number of cases but the number of cases were starting to rise again. It is difficult to get a true picture of the current number of cases due to the testing guidance changing. The vaccination programme continues to evolve and progress. <p><u>Members discussed key areas:-</u></p> <ul style="list-style-type: none"> None at this time. <p>Committee noted the verbal update.</p>
2022/26	Finance
2022/26a	<ul style="list-style-type: none"> Finance report month 10
	<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 31 January 2022, and asked committee to:</p> <ul style="list-style-type: none"> Note the reported financial position <p><u>Key areas of report:</u></p>

	<ul style="list-style-type: none"> • This paper covers the period up until 31 January 2022, 10 months of the financial year. • Delegated Primary Care Medical Services - we are still waiting the allocation for the ARRS and Winter Access Funds. Assuming these are received we are forecasting to remain within the financial plan. • There is currently an overspend relating to Locums but this has been offset by underspends in other areas. • As we are reaching the end of the financial year, some of the contingency has been invested (non-recurrent) back into practices. • Locally commissioned services - Identified areas of underspend due to under performance on Local Enhanced Services and we have received some non-recurrent funding into Primary Care. These two funding sources combined have been re-invested back into Practices and PCNs for equipment etc. <p>Committee noted the financial position.</p>
2022/27	For Information
	GP Contract Letter – Letter re General Practice contract arrangements in 2022-23.
2022/28	Any other business
	None at this time.
2022/29	Primary Care Committee Forward Programme
	<p>To add the following to May 2022:-</p> <ul style="list-style-type: none"> • Year-end Innovation Funding report • Financial plan report.
2022/30	Items for escalation / reporting to the Governing Body
	None at this time.
2022/31	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>
2022/32	Date and time of Next Meeting
	Wednesday 11 May 2022 commencing at 1pm via video conference