

<b>Minutes</b>	<b>Title of Meeting:</b>	Rotherham CCG Primary Care Committee – Public Meeting
	<b>Time:</b>	1:00pm – 2.00pm
	<b>Date:</b>	19 <sup>th</sup> September 2018
	<b>Venue:</b>	Birch Room, Oak House, Rotherham
	<b>Reference:</b>	JMu / RCa
	<b>Chairman:</b>	Robin Carlisle

**Present**

Robin Carlisle	RCa	Lay Member (Chair)	Member
Alun Windle	AW	Deputising on behalf of Chief Nurse	Member
Andrew Clayton	AC	Head of Health Informatics (Doncaster and Rotherham CCGs)	In Attendance
Carolyn Ogle	LE	NHS England	In Attendance
Chris Edwards	CE	Chief Officer RCCG	Member
David Clitherow	DC	SCE Primary Care GP – Deputising for AG	In Attendance
Ian Atkinson	IA	Deputy Chief Officer RCCG	
Jacqui Tuffnell	JT	Head of Co-Commissioning RCCG	Member
Julie Murphy	JMu	Senior Contracts & Service Improvement Officer RCCG.	In Attendance
Kathryn Henderson	KH	Lay Member	Member
Keely Firth	KF	Deputy Chief Finance Officer RCCG	In Attendance
Laura Dennis	LD	RCCG	Observer
Louise Jones	LJ	Finance Manager, RCCG	In Attendance
Neil Thorman	NT	LMC Representative	In Attendance
Paul Barringer	PB	NHS England	Observer
Rachel Garrison	RG	Senior Contract & SI Manager RCCG	In Attendance
Sara Hartley	SH	Contracting & Service Improvement Manager (Primary Care) RCCG	In Attendance
Steve Taylor	ST	LPC Vice Chair	In Attendance
Vicki Linford	VL	Rotherham Connect Healthcare (Federation)	In Attendance
Wendy Allott	WA	Chief Finance Officer	Member

**Apologies**

Avanthi Gunasekera	AG	SCE Primary Care GP	Non-Voting member
Geoff Avery	GA	GP Representative	In Attendance
Joanne Martin	JMa	Senior Service Improvement Manager (ACP)	In Attendance
Sue Cassin	SC	Chief Nurse	In Attendance

<b>1.</b>	<b>Apologies:</b> as above  Paul Barringer of NHS England is shadowing Carolyn Ogle with a view to taking over as NHS England representative from October 2018 onwards.	<b>Action</b>
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2.	<p><b>Declarations of Conflicts of Interest and Pecuniary or Non-Pecuniary Interest</b></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>None at this time.</p>	
3.	<p><b>Patient &amp; public questions</b></p>	
	<p>None received</p>	
4.	<p><b>Quoracy</b></p>	
	<p>RCa confirmed quorate.</p>	
5.	<p><b>Minutes of the last meeting and action log</b></p>	
5a.	<p>- <b>Last Minutes:</b></p> <p>Agreed minutes as a true and accurate record.</p> <p><u>Friends &amp; Family (FFT)</u> RG gave an update that after the breach was issued, a number of apologies were received from practices.</p>	
	<p><b>Action – JMu to check Friends and family test is on the action log to come back at the appropriate time.</b></p>	<p><b>JMu</b></p>
5b.	<p>- <b>Action log</b></p> <p><u>Dementia LES</u> NT asked when the Dementia paper is to come back to Primary Care Committee as paper to LMC will need to be received by 2<sup>nd</sup> of October 2018 to enable discussions to meet the timeframe, as there are some concerns that practices are not currently delivering within new NICE guidance.</p> <p>JT advised that will be discussed this with Kate Tufnell.</p> <p>IA is currently discussing with Kate Tufnell and Russell Brynes. IA/RCa to discuss timescales and when this will come to Primary Care Committee and engage LMC.</p>	
	<p><b>Action – IA/RCa to discuss the Dementia LES outside this meeting and advise timescales</b></p>	<p><b>IA/RCa</b></p>
6.	<p><b>Medicines Management</b></p>	
6a.	<p>- <b>Prescribing Practice Budgets for information</b></p> <p>SL took the paper as read by all members and gave an overview of the paper and asks the committee to:-</p> <p>a) note the budget setting process for 2018-19.</p>	

	<p>b) acknowledge the potential prescribing cost pressures identified for 2018-19.</p> <p>SL advised that the paper explains the proposals and there is in-depth information that supports these proposals.</p> <p>RCa commented that the proposals and budgets have been well laid out. RCa asked if this paper had been reviewed by the respective GP lead for medicines management budgets.</p> <p><u>Members comments</u></p> <p>JT asked if it was possible to be developing the 2019/20 planning already. SL advised that the mechanism cannot be developed any earlier as to make it practice specific the Medicines Management team have a very tight timeline to turn this around at the end of the financial year.</p> <p>CE advised that OE have already reviewed the proposals and that Primary Care Committee undertake the initial signoff and then for final approval at Governing Body.</p> <p><b>Committee supported and noted the paper.</b></p>	
6b.	<p>- <b>Prescribing Incentive Schemes for sign off</b></p> <p>SL took the paper as read by all members and gave an overview of the paper and asks the committee to:-</p> <p>a) note the practice payments for the performance measures in the 2017-18 pFIS and pQIS.</p> <p>b) note the criteria for the pFIS and pQIS for 2018-19 and the proposed remuneration scheme.</p> <p>SL advised that the mechanism scheme is remaining the same however, the criteria are reviewed annually and that the sign process is applied.</p> <p>JT advised that previously there has been overlap with the Quality Contract. SL advised that the incentive scheme does not have these overlaps in 2019/20.</p> <p><b>Committee supported and noted the paper.</b></p>	
7.	<p><b>Primary Care App</b></p>	
	<p><b>The GPs will be bound by the details of this paper; as such they will remain in the room for the discussion, the paper is for note therefore, no decisions required.</b></p> <ul style="list-style-type: none"> <li>- Primary Care App Cover paper</li> <li>- Appendix A – Patient Pack</li> <li>- Appendix B – Roll out plan</li> <li>- Appendix C – Detailed On-boarding pack</li> </ul> <p>AC took the paper as read by all members and gave an overview of the paper and asks the committee to:-</p> <p>a) note the roll out plans for the APP.</p>	

	<p><u>AC Overview</u> Procurement undertaken over June &amp; July 2018 to the open market with 7 responses. Contract has been awarded to Substrakt as it has the additional capability for both SystemOne and EMIS compared to other bidders.</p> <p>Substrakt will be putting in place their own project management team and will move to mobilisation very soon for full implementation by end of March 2019.</p> <p><u>Members comments:</u> NT/DC raised concerns around the evaluation criteria specifically criteria 7 and how this will demonstrate time savings to practices e.g. patients having triage which is not required. NT suggested that a review of the evaluation is critical and asks that this is looked at in depth as this is a significant investment into Primary Care.</p> <p>JT advised that JMa is working with the Substrakt on this area and will involve the LMC in this process. AC and Richard Cullen are also involved in this process. JT advised that the baseline data would be sourced from the data already in the practice systems.</p> <p>AC advised that this is not a traditional consultation system. This system is an expert system and is interactive online and looks at the GP record. This will prevent the practice having to advise patients that their appointment is not required.</p> <p>JT recommended that from a 'time saved' perspective that all schemes currently in place or coming on board e.g. care navigation, the primary care app have to be considered as there are a number of schemes impacting on potential GP time saved.</p> <p>KH asked about the rollout programme and information to patients. RCa advised that JT/JMa will communicate this accordingly. NT advised that his locality area would be happy to share data.</p> <p>RCa – asked for JT/JMa and AG to look at who will receive and review the evaluation reports and the timeframes for sharing with Primary Care Committee and LMC.</p> <p><b>Committee agreed to provide feedback on the criteria identified by NT.</b></p>	
	<p><b>Action – JT/JMa/AG to review the project and evaluation criteria reports and feedback when appropriate for oversight by Primary Care Committee of the project.</b></p>	<p><b>JT/JMa /AG</b></p>
<p><b>8.</b></p>	<p><b>Strategic Direction</b></p>	
<p>8a.</p>	<p>- <b>IT Strategy (Carried forward from July)</b></p> <p><b>The GPs will be bound by the details of this paper; as such they will remain in the room for the discussion, the paper is for note therefore, no decisions required.</b></p> <p>AC took the paper as read by all members and gave an overview of the paper and asks the committee to:-</p>	

	<p>- The Primary Care Committee are asked to review the progress report and feedback any comments to the Interoperability Group.</p> <p>RCa advised that this is the CCGs strategy, which identifies ongoing monitoring and the addition of new projects such as APEX and the Primary Care App.</p> <p><u>AC overview</u> Strategy was implemented in 2016 based on a 5 year timeframe and will be reviewed this year. Information is reported upwards to the Interoperability Group on a monthly basis. However, there is a gap as this group reviews on a wider footprint and it has been decided to report this IT strategy through Primary Care Committee for a local perspective to ensure Rotherham CCG is up to date and meeting the necessary requirements. A survey is undertaken with all practices to influence iterations of the strategy.</p> <p><u>Member comments</u> RCa asked for clarity that the GP APP in this regard is Rotherham Health Record. AC confirmed this and advised that there is currently around 30% uptake and discussions with all practices are ongoing to gain more uptake. Simon MacKeown is taking this higher to promote and try to obtain sign up for more practices.</p> <p>KH asked why sign up was low. AC advised that he has not received any feedback to indicate that practices do not want to do it, and feels that apathy may be the reason and practices may require further training.</p> <p>NT advised that the governance has been resolved and proposed presenting this to patient participation groups for them to take a lead on this.</p> <p>AC reiterated the importance of the health record and that it is provided as a patient safety measure.</p> <p>RCa asked for GP members present to take this to GP Members committee to ask the question.</p> <p>KH had concerns around the number of initiatives in primary care e.g. Local Integrated Care Record Exemplars (LICRE) and that the Primary Care Committee are assured that the priorities are in hand. AC provided assurance of the IT programmes and that their progress is monitored.</p>	
	<p><b>Action – AC &amp; R Cullen to review communications around Rotherham health record signup and repeat as required. Request for Officers from the CCG who go into practices to have this high on their agenda and continue to promote.</b></p>	<p><b>AC/ R Cullen</b></p>
	<p>With this in mind the initial view was that APEX would be placed on hold until this has been achieved. However, JT advised that the Primary Care team are receiving pressure around APEX and that there is a working group as funding timelines are attached to APEX delivery and rollout.</p> <p>RCa is of the view that Rotherham Primary Care Committee would wait and see how Sheffield progress with it first and then review our prioritisation.</p> <p>AC &amp; RG advised that there is a funding window attached to this project and that IT can only support this from January 2019.</p>	

	The committee thanked AC for the report.	
	<b>Action - RG to provide an APEX update paper for the next meeting.</b>	<b>RG</b>
8b.	<p>- <b>GPFV Assurance &amp; Primary Care Work programme</b></p> <p><b>The GPs will be bound by the details of this paper; as such they will remain in the room for the discussion, the paper is for note therefore, no decisions required.</b></p> <p>RG took the paper as read by all members and gave an overview of the paper and asks the committee to:-</p> <ul style="list-style-type: none"> <li>- note progress, and support where actions are off track.</li> </ul> <p><u>RG overview</u> This plan is reviewed weekly by the Primary Care team and monthly updates are provided to JT. VL has some update in relation to Rotherham Connect Healthcare (Federation) work.</p> <p><u>VL Update on Whzan and Practice Management Development</u></p> <p><u>Whzan</u> Ackroyd Care Home &amp; St Anns will start using Whzan kit and receive training in November 2018. SOPs are in place and the Whzan kit roll out will commence by March 2019.</p> <p><u>Practice Management development</u> This is going well, and a large number of staff are embarking on documentation training. A number of Practice Managers are to attend a Leadership and Management workshop.</p> <p>RCa asked that Primary Care Committee receive the work plan and link in with the CCGs plans (Lydia George as CCG contact) and review the most efficient way of showing this information.</p> <p><u>GP Retainer Scheme</u> NT declared an interest in this scheme as he is a GP working at Kiveton Park Medical Centre.</p> <p>NT asked about the GP Retainer Scheme, as this is a significant amount of money and there is confusion within the GP community on how this is done with contradicting guidance. NT asked if this should be an item on the agenda going forward.</p> <p>RG advised that this was on the agenda.</p>	
8c.	<p>- <b>Performance Dashboard August 2018</b></p> <p><b>Committee agreed to defer this item to the October meeting.</b></p>	
9	<b>Finance</b>	
9a.	<p>- <b>Financial Plan 2018/19</b></p> <p><b>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 financial treatment of</b></p>	

	<p><b>primary care the chair proposed that all members could participate fully in the discussion</b></p> <p>KF took the paper as read by all members and gave an overview of the paper. KF advised that a notification was received around the General Practice Pay Award which created a financial consequence as identified in the paper of £300k resulting in a negative reserve of £100k and asks the committee to:-</p> <p>a) acknowledge the changes to the plan at Appendix A – Table 1</p> <p>b) acknowledge the risk that the additional payment will create of £0.1m in 17/18 (See table on page 2) which can be mitigated non recurrently in year but creates an immediate pressure for 2019/20.</p> <p>KF advised that finance have had to find an additional £800k this year for primary care growth and recommends that PCC look at QIPP savings in 19/20 e.g. property voids.</p> <p>RCa advised discussing at the CCG away day in two weeks taking into consideration the strategic view.</p>	
<b>9b.</b>	<p>- <b>Finance report month 5</b></p> <p><b>Committee agreed to defer this item to the October meeting.</b></p>	
<b>10</b>	<b>Quality</b>	
10a	<p>- <b>Quality Contract Update</b></p> <p><b>Committee agreed to defer this item to the October meeting.</b></p>	
10b.	<p>- <b>Contract &amp; Quality Practice Visit Report</b></p> <p><b>Committee agreed to defer this item to the October meeting.</b></p>	
<b>11.</b>	<b>International Recruitment</b>	
	<b>Committee agreed to defer this item to the October meeting.</b>	
<b>12.</b>	<b>Emergency Procurement Framework</b>	
	<b>Committee agreed to defer this item to the October meeting.</b>	
<b>13.</b>	<b>NHS England Delegation Agreement</b>	
	<p>- Delegation Agreement cover paper</p> <p>- Delegation Agreement Clean copy 2018/19</p> <p><b>Committee agreed to defer this item to the October meeting.</b></p>	
<b>14.</b>	- <b>GP Retention Scheme</b>	

	<p><b>The GPs will be bound by the details of this paper; as such they will remain in the room for the discussion but will be asked to leave before a decision is made.</b></p> <p>RG gave a verbal update to members of the Primary Care Committee.</p> <p><u>RG overview</u></p> <p>A meeting was held on the 6.9.2018 with HEE, NHSE and CCG present which identified that RCCG had rejected the recent applications and that the decision would be peer reviewed but there was no authority to overturn the decision..</p> <p>RG advised that HEE approve the applicant in isolation, and then request the CCG to make a strategic decision regarding funding, the two positions are at odds. It was agreed that more information on applicants was required and an ICS approach was recommended to ensure consistent management of applications.</p> <p>CO advised that NHSE supported the CCG in their decision and the CCG have a good rationale for declining the applications.</p> <p>Following the CCGs decision, the applications were received by HEE Joint Medical Director for the North who has requested Rotherham CCG views.</p> <p>RG will provide a future report to a future meeting.</p> <p><u>Member comments</u></p> <p>NT questioned the previous minutes and how consideration was given by differing groups and their conclusions. NT asked for clarity i.e. that as long as the money is identified in the baseline allocation, that the CCG will be unlikely to accept applications as this is over 100k over 5 years. NT advised that there are discrepancies on what is being communicated to GPs by different parties.</p> <p>JT advised that no communication has been given on the split of the allocation to identify how and where the money is to be utilised.</p> <p>NT advised that this is in the financial statement of entitlement. NT feels that a national adjustment in communication may be needed and also clarity on how the CCG applies the rules to ensure the right message to LMC.</p> <p>CO identified that this money has not been identified and communicated out effectively in relation to the baseline.</p> <p><b>Committee agreed that applicants continue to apply and that they will be reviewed on their merit and in consideration with the financial envelope</b></p>	
15.	<p><b>Any other business</b></p> <p>None</p>	
16.	<p><b>Forward Programme</b></p> <p><b>Committee agreed to defer this item to the October meeting.</b></p>	

	<p>Due October 2018</p> <ul style="list-style-type: none"> <li>- Improving Access Verbal update</li> </ul> <p>Due November 2018</p> <ul style="list-style-type: none"> <li>- Case Management update</li> <li>- GPFV Assurance</li> <li>- Primary Care Work Programme</li> </ul> <p>Due December 2018</p> <ul style="list-style-type: none"> <li>- Contract &amp; Quality Visit report</li> <li>- IT Strategy update</li> <li>- Primary Care Dashboard</li> <li>- Whzan Pilot Report</li> </ul>	
<b>16.</b>	<p><b>Items for escalation /reporting to the governing body</b></p> <p>None for escalation at this time.</p>	
<b>17.</b>	<p><b>Exclusion of the Public:</b></p> <p>The CCG Governing Body should consider the following resolution:</p> <p><i>“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”.</i></p> <p>Section 1(2) Public Bodies (Admission to Meetings) Act 1960 refers.</p> <p><b>RCa confirmed the Public meeting session is now closed.</b></p>	
	<p><b>Date &amp; time of next meeting:-</b></p> <p>10<sup>th</sup> October 2018 commencing at 1pm in Birch Room, Ground floor, Oak House</p>	