

Minutes of the NHS Rotherham Clinical Commissioning Group

Primary Care Committee Meeting – Public Session

Wednesday, 14 August 2019 @ 1pm – 3pm

**Elm Room, Ground Floor, Oak House, Moorhead Way,
Bramley, Rotherham, S66 1YY**

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:

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| Mrs | W | Allott (WA) | Chief Finance Officer - RCCG |
| Dr | R | Carlisle (RCa) | Lay Member (Chair) |
| Mrs | S | Cassin (SC) | Chief Nurse - RCCG |
| Mr | C | Edwards (CE) | Chief Officer RCCG |
| Mrs | D | Twel (DT) | Lay Member |

Present In Attendance:

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| Dr | G | Avery (GA) | GP Members Committee Representative |
| Mr | A | Clayton (AC) | Head of Digital |
| Dr | D | Clitherow (DC) | SCE GP |
| Ms | R | Garrison (RG) | Senior Contracting & Service Improvement Manager - RCCG |
| Dr | A | Gunasekera (AG) | SCE GP Lead for Primary Care - RCCG |
| Mr | S | Lakin (SL) | Head of Medicines Management RCCG |
| Dr | N | Leigh-Hunt | Public Health |
| Mrs | V | Lindon (VL) | NHS England |
| Miss | J | Martin (JMa) | Senior Service Improvement Manager - RCCG |
| Mrs | J | Murphy (JMu) | Primary Care Committee Administrator & Minute Taker – RCCG |
| Mrs | J | Sinclair-Pinder (JSP) | Senior Care Pathways Manager - RCCG |
| Mrs | J | Tuffnell (JT) | Head of Commissioning - RCCG |

Observers:

None at this time

Members of the Public:

None at this time

Apologies:

Mr P Barringer (PB) NHS England
Mrs S Hartley (SH) Contract & Service Improvement Manager - RCCG
Mrs L Jones (LJ) Deputy Head of Financial Management - RCCG
Mr J Barber Lay Member

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| 2019/115 | Apologies & Introductions |
| 2019/116 | 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-interests_2.htm</p> |
| | Declarations of Interest from today's meeting |
| | Declarations of Conflicts of Interest and Pecuniary or Non-Pecuniary Interest |
| | <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>No additional declarations at this time.</p> |
| 2019/117 | Patient & Public Questions |
| | Chair noted that no questions had been received. |
| 2019/118 | Quorum |
| | The Chair confirmed the meeting was quorate. |
| 2019/119 | Draft minutes of the Primary Care Committee dated 10 July 2019 |
| | Committee agreed the minutes as a true and accurate record. |
| 2019/120 | Matters arising |
| | None at this time |

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| 2019/121 | Action Log |
| 2019/121a | <p>Committee agreed the removal of the actions which are now complete as per enclosure 1b:</p> <ul style="list-style-type: none"> • 2019/86a AOB Primary Care Strategy • 2019/95e Local Enhanced Services (LES) <p>Committee agreed to make the following items green:-</p> <ul style="list-style-type: none"> • 2019/65d Evaluation of the Rotherham Health App • 2019/106 (2019/96a) QOF vs. Quality Contract: an update • 2019/109a GP Strategy for Rotherham |
| 2019/121b | <p>Update on 2019/93a Telehealth</p> <p>Paper to be presented in September 2019. Committee requested this action remains amber on the action log.</p> |
| 2019/121c | <p>Update on 2019/94b Dementia LES</p> <p>JT confirmed a paper was due in October 2019. Committee requested this action remains amber on the log.</p> |
| | Action – JMu to amend the Action Log as directed above. |
| 2019/122 | Strategic Direction |
| 2019/122a | <ul style="list-style-type: none"> • Population Health Management <p>The 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>Mr Anthony Lawton of Wilmington Healthcare presented the Proposal in relation to the Rotherham Segmentation Model and the committee were asked to:-</p> <ul style="list-style-type: none"> • Note the update <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> • Variance of deprivation for a practice or area, peer group comparisons, motivation/capability and how to engage with patients e.g. telephone, health education course. AL confirmed the starting point for data collection would be by postcode. • Mr Lawton advised that it was feasible to undertake more targeted work with patient cohorts to establish the actions to support and the cost was around £5k for 1,000 surveys. • Workshops – a programme of workshops had been put in place and an initial meeting had been arranged for the 26 September 2019. AC advised PCNs would be invited to attend. AC & NLH would link in and feedback accordingly to the committee once data starts to flow through the system and in relation to PCNs. <p>Committee requested feedback as data starts to flow into the system and in relation to Primary Care Networks (PCNs). Mr Lawton would encourage</p> |

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| | <p>feedback on how the CCG would like to use the data prior to the September meeting.</p> <p>Committee thanked Mr Lawton for the presentation and noted the update.</p> <p>Action for all – please provide feedback to AC</p> |
| 2019/122b | <ul style="list-style-type: none"> • Deep Vein Thrombosis (DVT) Local Enhanced Service Specification, Pathway and Algorithm |
| | <p>The 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>JSP & DC took the paper as read by all members and gave an overview of the DVT Specification, pathway and algorithm, and the committee were asked to:-</p> <ul style="list-style-type: none"> • Approve the implementation of the DVT Local Enhanced Scheme. <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> • A&E activity and The Rotherham Foundation Trusts (TRFT) process was via the ambulatory care system which had significant follow ups. • Impact of the LES would enhance the patient experience with faster timeframes and enable TRFT the capacity to work with more complex patients. • Delay in scans – JSP advised that slots were available every day and patient would be scanned dependent on the d-dimer being positive and the patient would be prescribed Apixaban immediately as required. • Treatment and follow up monitoring would be closer to home. Apixaban medication does not require the same monitoring as Warfarin. JT advised that the LES had been modelled on current behaviours and activity and that the timeframes within the pathway are quicker than the TRFT pathway. • Communication – committee requested that clear communication with both practices and patients would be key to ensure the pathway works as efficiently as possible. • DVT and PE - committee requested that this section within the patient leaflet would require an explanation to assist the patient in understanding the difference between a DVT and a Pulmonary Embolism (PE). • Rollout with practices – JSP confirmed a programme of visits to all GP surgeries was in place and DC would be providing a key note at PLTC event in September 2019. • Receptionist Training to ensure suspected DVT patients receiving an urgent same day appointment <p>GPs left the room at this point and returned after confidential discussion.</p> <p>Committee agreed with the recommendations and approved the DVT Specification, Pathway and Algorithm for implementation</p> |

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| | <p>Committee noted that receptionists should receive training on the importance of an appointment being available for DVT on the day.</p> <p>Committee agreed for JSP/DC to note practice by practice uptake and take action accordingly.</p> <hr/> <p>Action - JSP/DC to note practice by practice uptake and take action accordingly. JSP/JM to ensure receptionists understand the importance of booking same day appointments</p> |
| 2019/122c | <ul style="list-style-type: none"> • IT Strategy Quarterly Update |
| | <p>The 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>AC took the paper as read by all members and gave an overview of the IT Strategy, and the committee were asked to:-</p> <ul style="list-style-type: none"> • Note the update <p>AC reported by exception: 5 key areas reported:</p> <ul style="list-style-type: none"> • EPS - last practice would be signed up to EPS by the end of the year. • EMIS delivery – GP connect would be in place soon which enables cross GP system integration i.e. EMIS to SystemOne and vice versa. This is a supplier led integration programme and would be implemented in Rotherham. • EMBED contract - To cease at the end of March 2020 which means Dr Foster contract for risk stratification would not be available after this date, and an alternative provider / risk stratification tool would be sourced. • Rotherham Health Record - 28 of 30 practices are now signed up. • GP IT Futures contract – proposed risk was a potential need to replace the incumbent IT systems within GP Practices. In the interim the contract had been extended to cover the change of IT in the future. <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> • Video consultations – Would this be taken forward. AC confirmed this would not be taken forward in the same format as previously attempted, but would be taken forward via the Rotherham Health App route. • SystemOne & EMIS hub and EPS sign up was positive. • GA enquired about the N3 connection and speed of access. AC confirmed the N3 connection was being replaced by a new provider and would be delivered this calendar year. • Discussion ensued re risk stratification, what a suitable alternative would be and how it is applied to contracting. • RCa enquired if the procurement of GP systems was a CCG responsibility. AC confirmed this was a delegated responsibility of the CCG. • Uptake of the Portal - AC confirmed sign up had improved however usage was variable and would be monitored monthly. |

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| | Committee agreed the recommendations and noted the updates provided by exception. |
| 2019/122d | <ul style="list-style-type: none"> • Primary Care Annual Report 2018/19 |
| | <p>The 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>RG took the paper as read by all members and gave an overview of the Primary Care Annual Report 2018/19, and the committee were asked to:-</p> <ul style="list-style-type: none"> • Review and approve the Annual Report <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> • Assurance, Quality and Audit Committee (AQuA) receive an annual report for assurance from other committees as well from Primary Care Committee, and members requested this report would need to be adapted for receipt at AQuA. • NHS England representative complemented the report and agreed it met NHS England's requirements. <p>GPs left the room at this point and returned after confidential discussion.</p> <p>Committee agreed the recommendations and approved the Primary Care Annual Report 2018/19.</p> |
| | Action – RG to amend the format in line with SC and Ruth Nutbrown direction for receipt at AQuA and Governing Body. |
| 2019/122e | <ul style="list-style-type: none"> • GPFV Funding Arrangements |
| | <p>The 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>JT took the paper as read by all members and gave an overview of the GPFV Funding Arrangements, and the committee were asked to:-</p> <ul style="list-style-type: none"> • Approve this proposal to the ICS for use of GPFV funding. <p><u>Key areas of the report</u></p> <ul style="list-style-type: none"> • On line Consultation funding was additional to the £1.2m therefore the available funds was the full £1.2m • NHSE were pragmatic about utilising the funding for areas supporting our practices in four key areas as hi-lighted in the paper. • VTS Nursing scheme was at a rate of 6 nurses per year and over the next 3 years a potential for 18 nurses in practice. • Feedback received from LMC with suggestions to support ANPs and Registrars however, no further detail was provided on how this could be achieved therefore has not been included. <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> • Considerations for future years and proposals. • ICS tentative agreement which would be on a fair share basis and be |

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| | <p>dependent that a plan was in place to identify how funds would be utilised. ICS Primary Care Board had taken place that day and provisionally agreed the fair shares plan with a view to releasing money around September 2019.</p> <ul style="list-style-type: none"> • Committee noted there was an additional £400k • Flexibility of plan to allow response to communications received. • Clinical Directors concerns with regard to deadlines and would continue to provide feedback to those concerned. CCG officers confirmed that they would continue to challenge NHS England would continue with regard to deadlines as and if required. <p>GPs left the room at this point and returned after confidential discussion.</p> <p>Committee support the direction of the paper and supported the team to bid for the funding as set out in the paper for 2019/20. For 2020/21 the committee agreed a similar approach but taking into account delivery of the scheme in 2019/20.</p> |
| 2019/122f | <ul style="list-style-type: none"> • Rotherham Health App Update |
| | <p>The 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>JMa took the paper as read by all members and gave an overview of the Rotherham Health App, and the committee were asked to:-</p> <ul style="list-style-type: none"> • Note the progress to date <p>Key hi-lights are:-</p> <ul style="list-style-type: none"> • 29 of the 30 practices were now technically enabled to use the app and the final practice had received training today. Refresher training had also being provided by Substrakt in a format appropriate for the practice e.g. face to face, video. • Feedback had been received and two changes had been made with the understanding that all practices were in agreement to maintain equity across the patch. • Practices were now releasing a variety of appointments for differing clinicians and this data would be used within the evaluation process. • Uptake was at 2% of the Rotherham population. As of the date of the meeting, 5018 people were fully registered and a percentage of patients had a pending registration. • Majority of patients were utilising the repeat medication field within the app. Broom Lane had the most patients signed up, utilising the app. • Evaluation Criteria – AC & JMa had met with the LMC and agreed the evaluation criteria, a report had been presented and this would continue on a monthly basis. Criteria had been adapted and the LMC requested the first report to cover July – September 2019 with a report due in October 2019. Substrakt were happy with the agreed criteria. <p><u>Members discussed key areas:</u></p> |

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| | <ul style="list-style-type: none"> • DT enquired about patient feedback. Mrs H Wyatt, CCG PPE Lead had received feedback from Patient and Public Engagement Groups (PPGs). Within the app a feedback section was available and was being used by patients. Practices had been encouraged to raise issues directly with Substrakt who report upwards to the CCG. • 15% sign up target for March 2020 with a view to setting up a user group once target met. Comments would be welcome from committee members on how this could be achieved. • Format of feedback within the app – Patients can enter into a free text box and the system also collates numerical data as well. • NLH enquired if the data could be utilised for demographic use. JMa to look into this. • Best practice – Members supported the use of best practice news stories e.g. Woodstock or Broom Lane for public facing promotion. • Head of Medicines Management explained that pharmacies had their own prescribing apps which were not integrated, and recommended that talking to this cohort of patients to transfer them to the Rotherham App would be the preferred option. JMa to consider this. • PCN Director had received feedback that some parts of the APP were not ready, and recommended that reminding practices that the app was now fully functioning and operational. JMa asked how best to do this. Committee recommended working with the patients and PPGs to reiterate that this system was fully operational and that there were no issues with its functionality. • RCa enquired how our take up of online compares nationally. NHS England data shows online access per practice however, does not drill down to what the online access was being used for. <p>Committee agreed the recommendations and noted the progress to date.</p> <p>Committee agreed the method of evaluation and noted that as online access is a must be done, the evaluation would be about how to improve uptake.</p> |
| 2019/122g | <ul style="list-style-type: none"> • GPFV & Primary Care Team Work Programme |
| | <p>The 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>RG took the paper as read by all members and gave an overview of the GPFV & Primary Care Team Work Programme, and the committee were asked to:-</p> <ul style="list-style-type: none"> • Note the progress and support where actions are off track. <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> • Committee requested that Primary Care Network Directors forward their plans to CCG. <p>Committee agreed the recommendations and noted the paper.</p> |
| | <p>Action – RG to follow up with PCN directors for a copy of their plans</p> |

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| | and update the work plan accordingly. |
| 2019/122h | <ul style="list-style-type: none"> • QOF vs. Quality Contract: an update |
| | <p>The 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>AG took the paper as read by all members and gave an overview of the QOF vs. Quality Contract: an update, and the committee were asked to:-</p> <ul style="list-style-type: none"> • Review and note the content of the update. <p>AG advised that a detailed discussion had taken place with SCE members in June 2019.</p> <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> • Committee supported the current decision and review in March 2020. <p>Committee approve the approach and request Quarterly monitoring and review again in March 2020.</p> |
| | Action – AG to monitor quarterly and review QOF vs. Quality Contract in March 2020. |
| 2019/123 | Quality Contract |
| | <p>The 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>AG gave a verbal update and advised that the Quality Contract 2020/21 review would start in September/October 2019.</p> <p><u>Members discussed key areas:-</u></p> <p>None at this time</p> <p>Committee noted the verbal update.</p> |
| 2019/124 | Standing Item(s) |
| 2019/124a | <ul style="list-style-type: none"> • NHS Long Term Plan (10 year plan) |
| | <p>The 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>CE gave an update on the latest position, and the committee were asked to:</p> <ul style="list-style-type: none"> • Note the update <p>CE advised that a Capital Announcement had been issued and SYB ICS had been allocated £57.5m, over 2021 and 2022, and a review of schemes would be undertaken as soon as possible. South Yorkshire and Bassetlaw expect a letter in 3 weeks' time and would feedback to the committee as appropriate.</p> <p><u>Members discussed key areas:-</u></p> |

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| | <ul style="list-style-type: none"> Committee agreed this was a positive outcome for Rotherham Committee noted the verbal update. |
| 2019/124b | <ul style="list-style-type: none"> Improving Access – Extended Access monthly update |
| | <p>The 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>AG gave an update on the latest position, and the committee were asked to:</p> <ul style="list-style-type: none"> Note the update <p>AG advised that there had been no feedback received from Connect Healthcare (Federation), therefore reports on DNA rates was unavailable at this time. AG advised that DNAs for Sundays remained high.</p> <p><u>Members discussed key areas:-</u></p> <p>None at this time</p> <p>Committee noted the verbal update.</p> |
| 2019/125 | Finance |
| 2019/125a | <ul style="list-style-type: none"> Finance report month 3 |
| | <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>WA gave an overview of the Finance report for month 3 covering both the Delegated and Other funds. WA provided a recap to the committee on the history of the Central Reserve, highlighting note 1 setting out the likely recurrent and non-recurrent position against it.</p> <p>The committee were asked to:-</p> <ul style="list-style-type: none"> Note the current position in Table 1 and the supporting information. Note the progress made in reinvesting the PMS premium funds set out in the report. <p><u>Members discussed key areas:</u></p> <p>None at this time.</p> <p>Committee agreed the recommendations and noted the paper.</p> |
| 2019/126 | Any other business |
| 2019/127 | Items for escalation / reporting to the Governing Body |
| | Annual Report would be received by AQuA then by Governing Body. |

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| 2019/128 | <p>Primary Care Committee Forward Programme</p> <p>RCa gave an overview of the Primary Care Committee Forward Programme, and agreed no changes.</p> <p>Committee noted the Primary Care Forward Programme.</p> |
| 2019/129 | <p>Exclusion of the Public</p> <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> |
| 2019/130 | <p>Date and time of Next Meeting</p> <p>Wednesday 11 September 2019 commencing at 1pm in Elm Room, Ground floor, Oak House</p> |