

Minutes	Title of Meeting:	Rotherham CCG Primary Care Committee – Public Meeting
	Time:	1:30pm – 3:30pm
	Date:	18 th July 2018
	Venue:	Birch Room, Oak House, Rotherham
	Reference:	JD / RCa
	Chairman:	Robin Carlisle

Present

Robin Carlisle	RCa	Lay Member (Chair)	Member
Avanthi Gunasekera	AG	SCE Primary Care GP	Non-Voting member
Carolyn Ogle	LE	NHS England	In Attendance
Serena Thorpe	CB	Lead Development Nurse (Federation)	In Attendance
Chris Edwards	CE	Chief Officer – RCCG	Member
Jacqui Tuffnell	JT	Head of Co-Commissioning RCCG	Member
Joanne Martin	JMa	Senior Service Improvement Manager (ACP)	In Attendance
Julie Dale	JD	Senior Strategic Planning Officer RCCG (Minute Taker)	In Attendance
Kathryn Henderson	KH	Lay Member	Member
Keely Firth	KF	Deputy Chief Finance Officer RCCG	In Attendance
Louise Jones	LJ	Finance Manager, RCCG	In Attendance
Rachel Garrison	RG	Senior Contract & SI Manager RCCG	In Attendance
Sara Hartley	SH	Contracting & Service Improvement Manager (Primary Care) RCCG	In Attendance
Sue Cassin	SC	Chief Nurse	Member
Wendy Allott	WA	Chief Finance Officer	Member
David Clitherow	DC	SCE Primary Care GP	Member
Cllr Roche	Cllr R	Chair of Health & Wellbeing Board	In Attendance
Allison Homer		Edenbridge H/C, APEX presenter	In Attendance
Dilon Sykes		Edenbridge H/C, APEX presenter	In Attendance
Michael Dicon		Edenbridge H/C, APEX presenter	In Attendance

Apologies

Chris Barnes	CB	Rotherham Connect Healthcare (Federation)	Apologies
Julie Murphy	JMu	Senior Contracts & Service Improvement Officer RCCG.	Apologies

		Action
1.	Apologies: as above In attendance, Jo, Louise, Sara Hartley and representatives from APEX	
2.	Declarations of Conflicts of Interest and Pecuniary or Non-Pecuniary Interest The GP members of the committee are partners in different	

	<p>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>	
3.	<p>Patient & public questions None received</p>	
4.	<p>Quoracy RCa confirmed quorate.</p>	
5.	<p>Minutes of the last meeting and action log Agreed minutes as a true and accurate record</p> <p>Action Log – Case management will continue with some minor amendments, a paper to be brought back to the committee before the end of the year.</p> <p>Dementia LES –Reviewed by LMC, being reviewed again in light of new NICE guidance. A paper to come back to the committee before December.</p>	
6.	<p>APEX</p> <p>A presentation was given on Apex insight, this is being funded by NHSE into practices for one year. It was highlighted that local infrastructure will need to support the programme for it to work. NHSE are taking the implementation forward via a task and finish group and fully support it. They are currently looking to pilot it in 18 practices in Sheffield.</p> <p>Comments from the committee:</p> <ul style="list-style-type: none"> • Query around the length of time it will take to implement and embed the workforce planning. The mobilisation will be quick and them implementation will be focused on area by area. • Would the programme work with practice merges? As long as data sharing agreements are in place it would work. • Information can be automatically populated into the system • Committee asked to note the amount of work and the impact it would have on practices to implement the programme as they are already under pressure. <p>RCa – Committee asked to consider what other management systems and IT projects are already in place and how this will fit with them. The committee would like to see how it works in Sheffield with the pilot practices. RC to bring back an update paper to a future meeting.</p> <p>Apex attendees were thanked for their presentation.</p>	
7.	<p>Finance</p>	
7a	<p>- Supporting Connect HC Infrastructure</p> <p>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</p>	

	<p>before a decision is made.</p> <p>KF took the paper as read by all members and gave an overview of the report. Members of the Primary Care Committee were asked to approve the proposal to allocate £0.125m to Connect Healthcare to ensure that the infrastructure is stabilised until March 2020 in order to optimise the development and investment in primary care to support the CCG's strategic plans. Members were assured that this would not affect the investment in the plan available to practices.</p> <p>GPs and Rotherham Connect Healthcare left the room at this point.</p> <p>Committee members discussed the proposal and agreed to review at the end of the 2018/19 financial year to establish if the organisation is delivering against the specifications and to confirm that there is any further support required after March 2020.</p> <p>RCa - Committee approved the recommendations and agreed the funding to March 2020, with a review at the end of this financial year.</p> <p>GPs and Rotherham Connect Healthcare returned to the room at this point.</p>	
7b	<p>- Financial Plan 2018/19</p> <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 financial treatment of primary care the chair proposed that all members could participate fully in the discussion</p> <p>KF took the paper as read by all members and gave an overview of the report.</p> <p>Members of the Primary Care Committee were asked to:</p> <p>(i) Acknowledge the changes to the plan at Appendix A - Table 1 and approve the final plan for 2018/19.</p> <p>(ii) Acknowledge the priorities for the use of the PC Central Budget at Appendix A - Table 2 which is protected for primary care use only.</p> <p>iii) Note the neutral position regarding performance to date pending Q1 information.</p> <p>KF thanked Louise Jones for her hard work with the plan and explained the following:</p> <ul style="list-style-type: none"> • Changes to how money will be spent this year; • Increase of £1.5million from last year's funding; • Primary care commissioning has had more growth nationally at £4.8% than the CCG commissioning allocation at 2.4%; • All PMS, GMS and APMS contracts are covered and LES, DES and other services provided by GPs directly are all accounted for within the 2018/19 plan; • RCCG had to divert £0.5million over and above money received 	

	<p>from NHSE to pay for basic budget increases as per the national agreement;</p> <ul style="list-style-type: none"> • GP access monies also included in the plan figure; • A central budget remains with a contingency of £0.2million. <p>KF asked for formal approval of the revised plan and noting of the priorities for the central budget.</p> <p>GPs and Rotherham Connect Healthcare left the room at this point.</p> <p>Committee discussed and noted the final position, it was highlighted that they need to start planning for a larger QIPP scheme to supplement the 2019/20 uplift given the trend in previous years of the national settlement being £0.5m higher than the allocation. Without the QIPP scheme there would need to be reductions in other primary care investments to fund the national increase.</p> <p>RCa - The Committee approved the financial plan for this year.</p> <p>GPs and Rotherham Connect Healthcare returned to the room at this point.</p>	
8.	<p>- GP Retention Scheme</p> <p>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.</p> <p>RG gave an overview of the report and asks the committee to:-</p> <ul style="list-style-type: none"> - The CCG continue to receive and review applications on merit, but locally assess them against the criteria of the scheme and not accept the judgement / endorsement of HEE. - The CCG turn down the two applications already made as they do not meet the criteria of the scheme - RG explained the cost implications to RCCG and asked if local decision can be applied to the scheme. If RCCG were not to accept the judgement/endorsement of HEE they would have to evidence why. <p>RG explained the reasons for refusing the 2 applications under this scheme. 1 was to work more flexibly, and 1 has issues around working fixed days neither of these fully met the objectives of the scheme.</p> <p>RC explained the scheme is around preventing loss of workforce in Rotherham and to mentor new GPs coming into the system.</p> <p>NHSE support the stance RCCG are wishing to take and support the applications not been approved on this occasion. If applications are approved they are approved for 5 years unless their circumstances</p>	

	<p>change. Concern was raised that 5 years is not in line with other decisions, RCCG do not know what funding they have in place that far ahead.</p> <p>Suggestions were put forward to look at developing a local bank of staff which will keep the very experienced GPs and use them for mentoring.</p> <p>GPs and Rotherham Connect Healthcare left the room at this point.</p> <p>The Committee discussed the need to look at a local scheme and working together with the Federation and LMC in order to encourage people to stay working in Rotherham. Discussion took place around the 2 proposals and them not representing the values of the scheme.</p> <p>GPs and Rotherham Connect Healthcare returned to the room at this point.</p> <p>RCa - In principle the Committee support the GP retention scheme and are happy to encourage applicants. The Committee did not approve the 2 applications submitted on this occasion as they felt they did not meet the criteria of the scheme.</p> <p>The Committee would like to encourage RCCG, LMC and the Federation to look at overall issues on how to retain staff and asked organisations to send in their proposals for a Rotherham Scheme.</p>	
9	<p>- CT Fellowship</p> <p>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.</p> <p>JT gave an overview of the report and asks the committee to:-</p> <p>Recommend the CCG supports contributing to the three posts suggested by the Integrated Care System Primary Care Board and utilise as part of our succession planning for the CCG and the Federation, as well as providing an invaluable contribution to Primary Care network development.</p> <ul style="list-style-type: none"> • The fellowship will enable individuals to work across the patch not just in Rotherham • The candidates will work some time in practice, some at the CCG and some across South Yorkshire • There will be 3 in total working across South Yorkshire and Rotherham will be allocated their share <p>GPs and Rotherham Connect Healthcare left the room at this point.</p> <p>The Committee discussed and approved.</p> <p>GPs and Rotherham Connect Healthcare returned to the room at this point.</p> <p>RCa – Committee approved the 3 posts subject to assurance that</p>	

	Rotherham will receive their proportional share. It was agreed to fund for 1 year then review before agreeing to further funding.	
10.	Strategic direction	
10a.	<p>- Friends & Family Test (FFT)</p> <p>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.</p> <p>RG gave an overview of the paper and recommends the committee:-</p> <p>take contract action against the worst performing practices:</p> <ul style="list-style-type: none"> - Broom Lane - Broom Valley - Magna - Market <p>And consider taking contract action against inconsistently performing practices:</p> <ul style="list-style-type: none"> - High Street - St Ann's - The Gateway Group - Thorpe Hesley <p>Since the introduction of MJOG it is an easy process for practices to submit their FFT data, however some practices are still not submitting it. Other areas are now starting to look at compliance of FFT data and the Committee are being asked to consider taking action on the 4 worst performing practices. This would mean issuing practices with a breach notice. The Committee are also asked to consider what action should be taken with the 4 inconsistently performing practices.</p> <p>GPs and Rotherham Connect Healthcare left the room at this point.</p> <p>Committee discussed and approved the recommendations.</p> <p>GPs and Rotherham Connect Healthcare returned to the room at this point.</p> <p>RCa – The Committee agreed to issue contract notices to the 4 worst performing practices and discussions will take place with the 4 inconsistently performing practices.</p> <p>If performance does not improve after the contract notice is issued a further paper to PCC to propose actions for further sanctions.</p>	
10b.	<p>- Post Payment Verification (PPV)</p> <p>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.</p> <p>SH gave an overview of the paper and recommends the committee:-</p>	

	<p>(i) That the scope set out above is supported by Primary Care Committee members in principle.</p> <p>(ii) Members are asked to support the recommendation that 360 Assurance be commissioned to undertake the work in September with initial findings reported in October.</p> <p>Mr Edwards questioned whether validations would be allowed retrospectively if issues were found as part of the verification work. Mrs Firth confirmed that they were actioned retrospectively in 2017/18 following agreement with LMC colleagues and this would be recommended as the approach in 2018/19. The document would be updated accordingly.</p> <p>GPs and Rotherham Connect Healthcare left the room at this point.</p> <p>The Committee discussed the paper to go to LMC officers for further discussion and to look at which practices which be selected. GPs and Rotherham Connect Healthcare returned to the room at this point.</p> <p>RCa - Committee approved the recommendations. Before the process starts participating practices to be informed in writing what actions can be taken by both practices and the CCG if errors are detected, there will be no retrospective action either way for non-participating practices.</p>	
10c.	<p>- MJOG results update</p> <p>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.</p> <p>SH gave an update on MJOG results and asks the committee to:-</p> <p>Note the continuing work being undertaken with regards to MJOG.</p> <ul style="list-style-type: none"> • MJOG is an increasing cost to RCCG • The introduction of the new app will hopefully supersede MJOG • The progress update on the app will determine the decision on whether to continue with MJOG <p>GPs and Rotherham Connect Healthcare left the room at this point.</p> <p>The Committee discussed, noted the recommendations.</p> <p>GPs and Rotherham Connect Healthcare returned to the room at this point.</p> <p>RCa – Committee supported the recommendations and will wait for the update of the app to determine whether MJOG should continue. A report back to PCC in 2019 on progress with the app and options for MJOG</p>	

10d.	<p>- Performance Dashboard Narrative</p> <p>RG gave an overview of the paper and asks the committee to:-</p> <p>Note the report.</p> <ul style="list-style-type: none"> • Overall indicators have now changed however the number of outliers are the same • Access keeping practices at the top of dashboards • Greenside highlighted this month due to CQC inspection • Cold Chain is the area that all practices are failing on currently • Quality visits are now in line with the CQC visits and are currently being done at 2 per month due to the results of the CQC visits • Access is moving from 22 hours to 132 hours per week. Clinicians in the hubs are happy to see patients turning up in UECC if diverted to them. Currently IT issues are holding this process up. <p>RCa - Committee discussed, noted and supported the recommendations. The committee will keep an oversight of the quality visits and ensure that the capacity to carry them out is in the system.</p>	
11.	<p>- Medical Governance</p> <p>AG gave an overview of the report and asks the committee to:-</p> <p>Note the guidance document and share with stakeholders involved in integrated locality roll-out to ensure the governance arrangements are carefully considered.</p> <p>AG asked the Committed to be aware that more work has been done nationally. SC has occasional contact with leads in NHSE.</p> <p>RCa- Committee discussed, noted and supported the recommendations. Serena asked to take to the Board of the Federation and ensure they are aware of it and take Medical Governance into account in any future proposals</p>	
12.	<p>- International Recruitment</p> <p>RG gave a verbal update.</p> <p>The bid for South Yorkshire and Bassetlaw was approved. RG gave an overview of the scheme in Scarborough and only 2 GPs were recruited. The Committee were asked to note the time invested by NHSE and RCCG to support this scheme. RG to update the committee in September.</p> <p>RCa - Committee discussed, noted and RG to update the committee in September.</p>	
13.	<p>- Quality Contract update & reply from LMC</p> <p>AG gave an overview of the Quality Contract update paper and asks the committee to:- Note the content of the report.</p>	

	<p>Discussion took place with LMC with regards to updating the contract. The changes were made and greatly accepted by the GPs. Instructions to practices have been provided and no feedback has been received to date. The Committee thanked everyone for all their work in the development of the quality contract.</p> <p>RG attends monthly practice manager meetings and discusses any issues as and when they arise.</p> <p>Communication around the contract to be discussed at the next CCG/LMC liaison meeting and any suggestions about the 19/20 contract to be given now rather than in February.</p> <p>Practices have been informed that they need to feedback their suggestions/modifications to RCCG by September so the draft contract for 19/20 can be done by December 2018.</p> <p>RCa - Committee discussed and note the report.</p>	
14.	<p>Any other business</p> <p>None</p>	
15.	<p>Forward Programme</p> <ul style="list-style-type: none"> - IT Strategy update – July 2018 – deferred to Sept 2018 - Estates Strategy – Sept 2018. - Primary Care work programme – Sept 2018 <p>Confirmation of whether the estates strategy is ready is awaited. It was agreed to cancel the meeting in August due to the holiday period but a virtual meeting can be arranged if needed.</p>	
16.	<p>Items for escalation /reporting to the governing body</p> <p>None for escalation at this time.</p>	
17.	<p>Exclusion of the Public:</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>RCa confirmed the Public meeting session is now closed.</p>	
	<p>Date & time of next meeting:-</p> <p>It was decided there did not need to be a meeting in August. Committee gave delegated authority to the chair to make provisional decisions on any matters requiring urgent decisions and report back to the Sept meeting.</p> <p>Next meeting is on the 19th September 2018 at 1pm in Birch Room, Ground Floor, Oak House.</p>	