

Minutes of the NHS Rotherham Clinical Commissioning Group

Primary Care Committee Meeting – Public Session

Wednesday, 12 August 2020 @ 1pm – 2.45pm

Via Video Conference.

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:

Mrs	W	Allott (WA)	Chief Finance Officer - RCCG
Mrs	S	Cassin (SC)	Chief Nurse – RCCG
Mr	C	Edwards (CE)	Chief Officer – RCCG
Mrs	D	Twell (DT)	Lay Member
Mrs	J	Wheatley (JW)	Lay Member (Chair)

Present In Attendance:

Dr	G	Avery (GA)	GP Members Committee Representative
Mrs	V	Lindon (VL)	NHS England
Dr	D	Clitherow (DC)	SCE GP
Mrs	L	Cooper (LC)	Healthwatch Representative
Dr	A	Gunasekera (AG)	SCE GP Lead for Primary Care - RCCG
Mrs	S	Hartley (SH)	Contracts & SI Manager - RCCG
Mr	S	Lakin (SL)	Head of Medicines Management RCCG
Mrs	J	Murphy (JMu)	Primary Care Committee Administrator & Minute Taker – RCCG
Dr	C	Myers (CM)	LMC Representative
Mrs	J	Tuffnell (JT)	Head of Commissioning – RCCG

Apologies:

Ms	R	Garrison (RG)	Senior Contracting & Service Improvement Manager – RCCG
Mr	P	Barringer (PB)	NHS England
Mrs	L	Jones (LJ)	Deputy Head of Financial Services Manager – RCCG
Dr	N	Leigh-Hunt (NLH)	RMBC Public Health Representative
Mrs	A	Shaw (AS)	Connect Healthcare Rotherham (CIC) Representative
Mr	N	Germain (NG)	NHS England

Observers:

None at this time

Members of the Public:

None at this time

2020/147	Apologies & Introductions
	JW introduced the meeting by identifying that this was the fifth time that the Primary Care Committee had been undertaken by video conferencing facility. The reason for this was related to the current pandemic and requirement for social distancing.
2020/148	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
	<p>Declarations of Conflicts of Interest and Pecuniary or Non-Pecuniary Interest</p> <p>The Chair (JW) declared the following interest had been extended to March 2021 – JW is working for NHS England as a Regional Learning Co-ordinator for Yorkshire and Humber, for the support and development of Social Prescribing Link Workers till March 2021.</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>GPs will be bound by the details of this update; as such they will remain on the video conference for the discussion, should a decision be required GPs will be asked to leave before a decision is made.</p> <p>Items requiring a decision for approval / support</p> <ul style="list-style-type: none"> • Interpreter Services 2020/21 • Second phase of General Practice response to COVID-19 • STP Wave 4a Capital Projects
2020/149	Patient and Public Questions
	None received at this time.

2020/150	Quorum
	The Chair confirmed the meeting was quorate.
2020/151	Draft minutes of the Primary Care Committee
2020/151a	Dated 8 July 2020 Committee agreed as a true and accurate record subject to the amendments noted below, and request Minor Eye Condition Scheme information was included in the GP Bulletin.
2020/151b	Item 2020/143 Items for escalation / reporting to Confidential Governing Body Amendment required 'JT' should be 'JW'.
2020/151c	Item 2020/137d Minor Eye Conditions Scheme (MECS) 2020/21 GA asked when the service would be up and running again. SH confirmed that the service had continued throughout Covid-19 using telephone triage and face to face as required. This information had been circulated to GP practice previously and again at Practice Managers yesterday. Action – SH to add MECS information to the GP Bulletin
2020/152	Matters arising
	None at this time.
2020/153	Action Log
2020/153a	Committee agreed the removal of the actions which were now complete as per enclosure 1b: <ul style="list-style-type: none"> • 2020/137a Deep Vein Thrombosis (DVT) Evaluation & Pathway • 2020/137c Primary Care Team Work Programme • 2020/137d Minor Eye Conditions Scheme 2020/21 • 2020/139e Primary Care Network (PCN) Update Committee agreed to retain the following action as Amber on the action log:- <ul style="list-style-type: none"> • 2020/136d Leg Ulcer and Wound Care Committee agreed to escalate the following action to Red on the action log:- <ul style="list-style-type: none"> • 2020/136b Dementia LES Action – JMu to amend the action log accordingly.
2020/153a	Update on 2020/136b Dementia LES Deferred to September 2020. Committee agreed to escalate the rag rating to Red on the action log.

2020/153b	<p>Update on 2020/136d Leg Ulcers and Wound Care</p> <p>JT advised good progress had been made with Connect Healthcare Rotherham with arrangements for October 2020. A paper is being received by Local Medical Committee (LMC) in two weeks' time.</p> <p>Committee agreed this item remain amber on the action log.</p>
2020/154	Strategic Direction
2020/154a	<ul style="list-style-type: none"> • Interpreter Services 2020/21
	<p>SH gave an overview of Interpreter Services paper, the committee were asked to:-</p> <ul style="list-style-type: none"> • Approve the option to continue to offer a dedicated Roma Slovak clinic interpreter to Shakespeare Road and cease the offer to the remaining practices. <p><u>Key areas of the report:</u></p> <ul style="list-style-type: none"> • Feedback received from 3 out of 5 practices. • Shakespeare Road was the only practice who had used the services variety of methods prior and throughout Covid-19. • One practice had tried the service; however it did not work for them. • Interpreter telephone services would remain open to all practices. <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> • Ceasing this service during Covid-19 pandemic - DT recommended the committee consider retaining the service for the 5 practices, as current times were different to when the feedback was requested, therefore in the future the telephone triage service would be utilised more as this would be the first port of call with the patient. • Costs associated with retaining the service – JW requested the costs be reviewed and a summary of implications would be before a decision was made to retain or cease the service. Committee agreed for VL to collate the costs and feedback at October 2020 meeting before a decision was made. <p>GPs, Healthwatch and Connect Healthcare Rotherham left the meeting for the decision.</p> <p>Committee agreed and approved the recommendation to continue service at Shakespeare Road.</p> <p>Committee agreed to consider the costs implications prior to a decision being made in relation to the remaining 4 practices</p>
	<p>Action – VL to collate costs and feedback to SH for PCC October meeting.</p>
	<p>Action – SH to revise Interpreter Services 2020/21 paper subject to VL feedback for PCC October meeting.</p>

2020/154b	<ul style="list-style-type: none"> • Second Phase of General Practice response to COVID-19
	<p>JT gave an overview of the Second Phase of General Practice response to COVID-19 papers, the committee were asked to:-</p> <ul style="list-style-type: none"> • Agree when practices report activity at quarter end, unless that activity varies as described, the block will be paid for Q2. • Agree the Quality Contract continues to be reimbursed at 100% rather than 83% for the remainder of Q2, to allow time to review the implications of changes to QOF. <p><u>Key areas of the report:</u></p> <ul style="list-style-type: none"> • Consultation had been undertaken with LMC Officers. • Average of 2019/20 paid on block subject to guidance which indicates restarting activity. Block payment proposed for July and August, and if the overall quarter activity is less than 50% of the normal monthly activity for September 2020, the payment will be varied for 1 month and only at 50% of the anticipated block for that month will be payable. • Quality Contract continues to be reimbursed at 100%. • LES restart - self-declaration to be issued to all practices for assurance services are back on track. SH advised the LMC received this 11 August 2020. <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> • Practices not achieving 50% - CM advised that there may be valid reasons why practices may not reach the 50% threshold e.g. shielding, and asked if a practice could present a case for consideration and LMC would be in support of this approach. AG advised that it would be beneficial for practices to advise the CCG of any issues in advance. JT confirmed this was in the paper and that JT/SH would firm up the wording. • Practice level of restart – concerns around not all practices being at the same level of restart. JT identified that a self-declaration has been developed for practices to confirm their arrangements and any support requirements. <p>GPs, Healthwatch and Connect Healthcare Rotherham left the meeting for the decision.</p> <p>Committee agreed the recommendations and approved the papers.</p>
2020/154c	<ul style="list-style-type: none"> • STP Wave 4a Capital Programme – Rotherham Projects
	<p>GA declared a conflict of interest in this item.</p> <p>JT gave an overview of the STP Wave 4a Capital Programme – Rotherham Projects paper, the committee were asked to:-</p> <ul style="list-style-type: none"> • Support updating all parties on the position of delivery of the estate strategy work and the 3 capital schemes in particular and to support the ongoing project costs to prepare the full business cases. <p><u>Key areas of the report:</u></p>

	<ul style="list-style-type: none"> • Practice visits had progressed, and there had been intense discussions around the Wickersley estate and feedback was to follow. • Waverley programme was progressing really well. • Heads of term to be agreed, with Gateway meeting due mid-September and engagement continues. • Broom Lane programme progressing well, and dependent on the purchase of premises next door. Terms agreed around risk related to this project. • Blyth had withdrawn from the programme and the capital board had been informed. This means the funds return back into the central fund. • All programmes were included as part of the Estates Strategy. <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> • CM as a Senior GP Training Director was pleased to see investment, however, noted that there had been no funds previously for training practices to apply for to increase training capacity. • LMC concerns raised at Monday's meeting :- <ul style="list-style-type: none"> ○ 1. How are funds applied for? ○ 2. Had consultations taken place? ○ 3. Unfair distribution of funds across Rotherham ○ 4. Was it right for practices to review and develop plans on their own? <p>CE gave an overview of the process which started back in 2017, and noted that all plans received and reviewed were either accepted or declined based on the guidance at the time. Wave 5 of the programme was due to start in March 2020, and due to Covid-19 had been delayed with national guidance to follow. If a Wave 5 was introduced in the future, the CCG would encourage practices to apply in line with the Estates Strategy.</p> <p>Practices were free to undertake reviews and develop plans at their own financial risk, and the CCG could not guarantee bids would be successful.</p> <p>JT advised that whilst there were no funds available at present work was ongoing with the digital team in relation to Lloyd George records being digitised which would free up space on the practice footprint, and changes in service delivery methods e.g. telephone triage, should also be improving the availability of clinical space.</p> <p>Committee acknowledged the process was not satisfactory but outside of RCCG control, and agreed the recommendation and supported the paper.</p>
2020/154d	<ul style="list-style-type: none"> • Quality and Outcomes Framework (QOF) Payments 2019/20
	<p>SH gave an overview of the Quality and Outcomes Framework (QOF) Payments 2019/20 paper, the committee were asked to:-</p> <ul style="list-style-type: none"> • Note the update. <p><u>Key areas of the report:</u></p> <ul style="list-style-type: none"> • QOF had tight timescales for response that did not fit with PCC

	<p>schedules, therefore discussed at an extraordinary meeting, and this paper was to inform the group of the outcome.</p> <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> • No comments at this time. <p>Committee noted the paper.</p>
2020/154e	<ul style="list-style-type: none"> • National GP Patient Survey 2020
	<p>AG gave an overview of the annual National GP Patient Survey 2020 papers, the committee were asked to:</p> <ul style="list-style-type: none"> • Note the document and to consider if any further action should be considered in relation to supporting the practices with low scores in a number of areas to achieve improvement. <p><u>Key areas of the report:</u></p> <ul style="list-style-type: none"> • National GP Survey completed prior to lockdown and when collated next year may show a different picture. • Response rate was low with outlying practices noted in the report. • AG noted areas of improvement or concern for Q22, Q38, Q45, Q47, Q48 <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> • What action was required or was this on hold due to Covid-19. AG confirmed no action was required this year. • SH confirmed that this survey feeds into the Primary Care Performance Dashboard and was discussed with practices if/when required. <p>Committee noted the papers.</p>
2020/155	Quality Contract
2020/155a	<ul style="list-style-type: none"> • Quality Contract Update
	<p>AG gave a verbal update on the Quality Contract, the committee were asked to:</p> <ul style="list-style-type: none"> • Note the verbal update. <p><u>Key areas of the verbal update:</u></p> <ul style="list-style-type: none"> • Discussed earlier and Quality Contract will be paid at 100% in line with phase 3 letter. <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> • No comments at this time <p>Committee noted the verbal update.</p>
2020/156	Standing Item(s)
2020/156a	<ul style="list-style-type: none"> • Primary Care Network (PCN) update
	<p>GA gave a verbal update on Primary Care Networks (PCNs), the committee</p>

	<p>were asked to:</p> <ul style="list-style-type: none"> Note the verbal update. <p><u>Key areas of the verbal update:</u></p> <ul style="list-style-type: none"> PCN's dealing with Covid-19 requirements and steadily working their way back to business as usual. Hot hub at new site was up and running. GA reported there had been some staffing issues. Flu programme was being developed. Potential investment available, however resources not there yet as still recruiting. Innovation fund - following Covid-19 practices were looking to re-access and implement programmes. <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> Workforce plans are due towards end of August 2020. PCNs will also report on clarification of PCN structures and resources to manage projects, and PCNs are aware of timescales. GA confirmed these were in development and PCNs were exploring the insurance, pension and training implications. Workforce Plans, PCN Structure and resources report to be received by PCC in September 2020. JT advised that ongoing communication outside this meeting was taking place with the PCN leads and Connect Healthcare Rotherham. SL confirmed the Medicines Management team were working with Connect Healthcare Rotherham regarding a training package for technicians on GP systems in the PCNs over the next few weeks. <p>Committee noted the verbal update</p>
	<p>Action – JMu to add Workforce Plans and PCN Structure and resource report to be added to PCC September agenda.</p>
2020/156b	<ul style="list-style-type: none"> Improving Access – Extended Access Monthly update
	<p>AG gave a verbal update on the Improving Access – Extended Access monthly update, the committee were asked to:</p> <ul style="list-style-type: none"> Note the verbal update. <p><u>Key areas of the verbal update:</u></p> <ul style="list-style-type: none"> Hub open Saturday and Sunday only for the last 2 months, with no plans to extend into the week at present. Over the period 28-40 telephone appointments taken up with a few DNAs. Home Visiting service - Paramedics providing between 110-178 visits per week and have scope to increase if required. <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> User group had been set up with Connect Healthcare Rotherham and included GP input. Home Visiting service would continue to March 2021 to support the practices with home visits and release capacity LMC had been in contact with Connect Healthcare Rotherham to

	<p>ensure contact details were accurate to ensure smooth process in place.</p> <p>Committee noted the verbal update.</p>
2020/156c	<ul style="list-style-type: none"> • Covid-19 Update
	<p>AG gave a verbal update on Covid-19, the committee were asked to:</p> <ul style="list-style-type: none"> • Note the verbal update. <p><u>Key areas of the verbal update:</u></p> <ul style="list-style-type: none"> • Enclosure 7 details funding arrangements for primary care. • Telephone triage remains in place and would continue a hybrid model of delivery post Covid-19. • Practices were now starting to see delayed presentations. • No issues with PPE. • Hot hub scaled down to an afternoon session with 75% utilisation, and the service can scale back up if a second peak occurs or to support flu vaccination programme. • Flu vaccination will be challenging. Discussions and plan development was ongoing. <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> • Flu and Covid-19 vaccination planning – concerns raised that these vaccinations will be at the same time, and have to be managed in line with vaccination protocols i.e. 28 days between vaccines. JT confirmed that the plans will be considering the impact of a COVID-19 vaccine becoming available. • Staffing concerns at Hot Hub – AG advised that the new site had limited accommodation <p>Chair acknowledged the progress made and applauds the staff across the system in stepping up during the pandemic.</p> <p>Committee noted the verbal update.</p>
2020/156d	<ul style="list-style-type: none"> • Flu Update
	<p>AG gave a verbal update on Flu, the committee were asked to:</p> <ul style="list-style-type: none"> • Note the verbal update. <p><u>Key areas of the verbal update:</u></p> <ul style="list-style-type: none"> • Significant increase due to the new cohorts to vaccinate. Over 65's first, with a hybrid model for over 50's. • Initial proposals to include a main site for vaccination. All PCNs except one had advised they would prefer to vaccinate at GP practice level from September 2020. AG had raised concerns that practices underestimate the work involved and assurance would be required from them. • CCG perspective was that it would not be cost effective to run three drive through facilities but locations were currently being considered. A place group along with a primary care task and finish group are in place to ensure these arrangements are enacted.

	<p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> • Community Pharmacy contribution and development of plans - SL advised that to his knowledge the LPC would like to be part of the vaccination process. SC agreed their contribution would be beneficial considering the challenge ahead, however pharmacy representatives had not attended the meetings. SC to notify VL who the representatives are to enable this to be addressed. JT advised that CCG were meeting with the LPC later today, and that plans were being drafted for receipt at PCC September meeting. • Vaccine receipt and delivery – GA noted that vaccines were being bought in bulk by the government, and did the CCG have any further details about delivery and resources for Pharmacy or GP. JT advised that the CCG were waiting for further guidance as this was a national programme. <p>Committee noted the verbal update.</p> <p>Action – SC to forward names of pharmacy representatives to VL for follow up to attend appropriate vaccination programme meetings.</p> <p>Action – JMu to add Flu vaccination plans to PCC September agenda.</p>
2020/156e	<ul style="list-style-type: none"> • Delegated Duties
	<p>Committee noted that the four delegated duties did not apply to the items on the agenda today.</p>
2020/157	<p>Finance</p>
2020/157a	<ul style="list-style-type: none"> • Finance report for 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>LJ gave an overview of the Finance report for month 3 ending 30 June 2020, the committee were asked to:</p> <ul style="list-style-type: none"> • Note the reported financial position and supporting information provided in the report. <p><u>Key areas of the update:</u></p> <ul style="list-style-type: none"> - The report provides detail on the reasons for individual variances within both the delegated and non-delegated parts of the primary care allocation. - In summary at month 3 the combined primary care allocations were overspent by £152k, £147k of which being due to covid related expenditure. Since the time of writing, the CCG has been reimbursed for this, retrospectively bringing the CCG back into a breakeven

	<p>position.</p> <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> No comment at this time. <p>Committee noted the paper.</p>
2020/158	For Information
	<ul style="list-style-type: none"> Medicines Management Annual Report 2019/20 <p>SL gave an overview of the Medicines Management Annual Report 2019/20 papers, the committee were asked to:</p> <ul style="list-style-type: none"> Note the content of the report for information. <p><u>Key areas of the update:</u></p> <ul style="list-style-type: none"> Report covers the positive work undertaken by the Medicines Management team over the period 2019/20. <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> CM thanked SL and the Medicines Management team (MMT) for the work they do in supporting practices. Members echoed this. QIPP Plans – GA noted that MMT were working with wider partners on an easy system to link in GPs QIPP plans for this year. <p>Committee noted the papers.</p>
2020/159	Any Other Business
	None at this time
2020/160	Items for escalation / reporting to Confidential Governing Body
	None at this time
2020/161	Primary Care Committee Forward Programme
	<p>CCG officers would continue to review each month.</p> <p>Committee agreed the Forward Programme.</p>
2020/162	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>
2020/163	Date and time of Next Meeting

	<p>Wednesday 9 September 2020 commencing at 1pm. All primary care committee meetings will take place as video conference meetings following national guidance to minimise gatherings until further guidance received – therefore during this period it will not be feasible to facilitate public meetings</p>
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DRAFT