Minutes of the NHS Rotherham Clinical Commissioning Group

Primary Care Sub-Committee Meeting

Wednesday, 10th October 2018

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

Quorum

Primary Care Committee has 6 voting members
Quorum is 2 x Lay Members, 2 x Senior Officers, 1 x GP non-voting member or appropriate deputy

Present:

Mr J Barber (JB)	Lay Member
Mr C Edwards (CE)	Chief Officer RCCG
Mrs C Hall (CH)	Deputising for Chief Nurse RCCG
Mrs K Henderson (KH) (Chair)	Lay Member (Deputising as Chair)
Mrs J Tuffnell (JT)	Head of Commissioning RCCG

In Attendance:

Dr G Avery (GA)	GP Members Committee Representative
Mrs C Ogle	NHS England
Dr D Clitherow (DC)	SCE GP
Mrs K Firth (KF)	Deputy Finance Chief
Ms R Garrison (RG)	Senior Contracting & Service Improvement Manager RCCG
Dr A Gunasekera (AG)	SCE GP Lead Primary Care
Mrs V Linford (VL)	Connect Healthcare Rotherham
Dr N Thorman (NT)	GP LMC Representative
Julie Murphy	RCCG - Minute Taker

Participating Observers:

None in attendance	

Members of the Public:

None in attendance	

2018/01	**Apologies**

DRAFT

	Mr R Carlisle (RCa) - Lay Member Chair Mrs S Cassin (SC) - Chief Nurse RCCG Mrs S Hartley (SH) - Contracting & Service Improvement Manager (Primary Care) RCCG Mr D Roche(DR) - Health & Wellbeing Board Representative Mrs W Allott, Chief Finance Officer **KH welcomed everyone and introductions made by all present. KH advised the committee that she was deputising for Dr R Carlisle as Chair.**
2018/02	**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
	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.** Chair noted that none have been received.
2018/03	**Patient & Public Questions**
	Chair noted that none have been received.
2018/04	**Quorum**
	The Chair confirmed the meeting was quorate.
2018/05	**Draft minutes of the Primary Care Committee dated 19th September 2018 and the matters arising**
	Minutes of the previous meeting committee agreed as a true and accurate record.
2018/5a	**Action Log**
	PC (10c) 18.07.2018 – MJOG & Primary Care App SH not present therefore, no update available. RG to request SH provide a

DRAFT

	verbal update for committee in relation to MJOG. **PC (8a) 19.09.2018 – IT Strategy** Committee requested the timescale for this become Quarterly from December 2018 onwards.
2018/06	**New Extended Service**
	- **Supporting Workforce issues – external presenter** JT gave a brief of why the presentation was required around workforce to support training of clinical roles, include new roles entering the workforce and increase the amount of resource to support this work to provide resilience for the Primary Care Workforce. Louise Berwick Programme Manager for the Primary Care Workforce & Training Hub presented an overview of Supporting Workforce Issues across South Yorkshire. Please see Enclosure 2 for further details. <u>Members comments:-</u> GA gave an overview of what their practice do and asked how they can link in with this work. LB advised that they can provide the right advice e.g. on what is available at the University, the demand for the nurses being produced within South Yorkshire and workforce options. JT advised that Connect Healthcare Rotherham have finances in place to support this area of work and requests that the links are made between both Connect Healthcare Rotherham and LB's team. VL advised that Connect Healthcare Rotherham are undertaking a scoping and evaluation process with practices, as the interest is there however room capacity is limited. Recommendation is that both LB/VL work together to find potential solutions e.g. several practices joining together. KF asked if any learning had come through as yet and recommended that the message is clear on what the practices would be signing up for. KH advised that as an organisation and committee we need to use the learning to support the practices within Rotherham. KH thanked Louise for her presentation.
2018/07	**National Diabetes Programme (NDPP)**
	- **National Diabetes Programme (NDPP) update** KH welcomed Azizur Rehman, NDPP lead to the event, who gave an overview of the progress in Rotherham. AR advised the committee that he has been in post since 9th July 2018 and will be leaving on the 11th November 2018. An audit of referrals and assessments has been undertaken, revealed that the NDPP Rotherham scheme has now caught up with the SY&B region. This did not include Sheffield, however they will be joining this group next year as Sheffield had been in Wave 1. Going forward AR advised that management of the number of referrals into the service is required as there is not enough space to provide the programme to an influx in numbers. If this is managed then the provision can be managed accordingly. AR has negotiated 20% uplift with NHSE to try and accommodate

DRAFT

the placements required on the programme.

Highest referring practices are identified in the paper and AR suggested using letters and text messaging to communicate with patients every three months or so, and this can be controlled in line with the amount of referrals being received, and the health check provider should be undertaking similar work to contact the patients.

A remote version of the programme is being developed and there will be around 3,022 assessments over the region coming through and Rotherham is on target to meet the contract going forward. AR raised concern that the programme is not tailored to people with Learning Disabilities and advised that a pilot is being considered by NHSE. People with long terms conditions may require adjustments to the programme.

Members comments:-

GA asked about the practices who have not engaged as fully and why this was.

AR identified that there has been a reduction from 7 to 5 practices that are not referring. Recommendation would be to monitor the practices that are not referring and follow up more frequently. AR anticipates that the remaining practices will have caught up by the end of the month.

AG gave an overview of how her practice has recently started referring and how simple the process is.

NT asked about the rolling programme. Difficulty would be that they are unsure of who has been seen, or waiting which could cause repeated referrals. AR advised that a status report is provided every 3 months and shows where the patient sits within the programme, and AR recommends that the lead within the CCG could pick this up with the provider direct.

JT asked if the patients who do not wish to enter the programme could be listed or deleted so they are not repeatedly asked to go onto the programme. Group discussed how the report is collated and what it includes.

AG advised that there is no read code attached to the letter, therefore is difficult to reduce the list. Practices can review with the patients, however this is difficult to monitor from a report.

AR advised that the reporting format has been set up by NHS England. ICS provide a weekly report to AR who then sorts for the CCGs and identifies themes for the CCG leads.

JT advised that there is a Diabetes Steering Group and recommended that these concerns are picked up at this group.

AR advised that t a 3rd of people are seen and this links in with the national average. NDPP has been very successful for the patients on the programme, and they are providing peer support and the average weight loss for the group in 9 months is 7 stone.

JT advised that due to AR leaving, JMa will pick this up in the interim as lead on this project.

KH asked if the Learning Disabilities issues are being addressed nationally. AR requested that CCGs provide pressure on the programme for this cohort to be included and receive equality of services. KH recommended that this will be feedback via the Diabetes Steering Group.

DRAFT

	Action – JMa to raise the concerns discussed at the Diabetes Steering Group.
2018/08	**Finance**
	- **Finance report month 5** **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** KF took the paper as read by all members and gave an overview of the report and members of the Primary Care Committee were asked to: a) Note the current position in Table 1 and the supporting information; b) Support the action to be taken to mitigate the risk of future funding gaps. KF advised that Primary Care Committee requirements are being managed this year within the budget and LES's are being received. There has been a request for some of the increase (1%) to be backdated to April 2018 which would add to the pressure. CCG colleagues have asked NHSE what the national view is. NT asked if this was baseline, KF advised that this will link in with the national awards but was not in the allocation. KF will advise the committee with further information when known. KF advised that the financial costs next year will be an issue and will be monitored closely. <u>Members comments:-</u> JB asked about the savings opportunities in relation to estate and scope for this to happen. KF advised that Estates savings could be achieved by practices merging or reducing branches, reviewing void spaces and looking at the services provided. CE gave hypothetical examples relating to the politics attached to mergers from public which has to be considered. **Committee note the paper.**
2018/09	**Strategic Direction**
	- **Primary Care Performance Dashboard August 2018** RG took the paper as read by all members and gave an overview of the paper and asks the committee to:- - Note the report. RG advised that considerable work has been undertaken by the team to develop the dashboard. Unfortunately this means that a direct comparison cannot be undertaken as comparisons are not like for like.. However, the results continue

DRAFT

	to mirror the previous outlier practices. Primary Care Team continue to undertake visits and keep an eye on the reports. RG and Dr Sophie Holden go out on Peer review visits and discuss high and low referrals. NT asked what this includes, focusing on the clinical indicators, as it is important to understand both sides of the league table, as both being high or low on the outliers table could mean further work is required with those practices. RG acknowledged NT feedback and gave an overview of how the reviews are conducted and how they report to this group. RG confirmed that a review of both ends of the league table are considered and reviewed for referrals. GA asked about the changes. RG advised that there is some fluctuation over the outliers, and in general the practices seem to stay in the same area on the table. RG confirmed that conversations are undertaken with practices to ascertain what the reasons are and then addressed, although it takes a few months for any actions taken by the practice to improve, to show on the dashboard e.g. high referrals or locums being used. NT asked if an overview of the indicator could be explained in more detail via a separate paper. RG to write an indicator overview paper and bring to the next meeting. **Committee note the paper**
	Action - RG to bring an indicator overview of all the indicators to the next PCC.
2018/10	**Quality**
2018/10a	- **Quality Contract Update** **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.** AG gave a verbal update to the committee that all feedback has been received and considered. Another Quality Contract meeting is due to take place in October, with a view to the Quality Contract being received by LMC before Christmas. **Committee note the paper.**
2018/10b	- **Contract & Quality Practice Visit Report** **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.** RG took the paper as read by all members and gave an overview of the report and members of the Primary Care Committee were asked to:

DRAFT

	a) To acknowledge the report and provide any relevant comments. RG gave an overview of the three practices visited and areas of discussion undertaken. Please see enclosure 6 for more detail. <u>Parkgate in June 2018</u> - discussed access with the practice and adjustments were made. It was also noted that the practices were very close to achievement and the CCG have been providing encouragement if the indicators are achieved and what this means for the practice financially. <u>Greasbrough in July 2018</u> - noted that the practice have number of people attending A&E and this has been addressed with the practice. <u>Crown Street in August 2018</u> – high number of locums are being utilised by the practice. Use of locums recently has now reduced and staffing has improved in-house. CCG have been providing encouragement if the indicators are achieved and what this means for the practice financially. **Committee note the report.**
2018/11	**International Recruitment**
	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. RG took the paper as read by all members and gave an overview of the report and members of the Primary Care Committee were asked to: a) The Committee is asked to note this report. Updates will be brought when appropriate. International Recruitment at present is to target doctors from the EU to complement the current GP employment. A successful bid by SY&B means national funding is available for GPs induction, pay and training. A training programme would be put in place to support the recruit.. The contract would be with the GP and the practice employing.. Since this paper was written, numbers were based on a cohort of GPs however, this has since changed. CO stated that NHS England oversight is in place. JT advised that there are low numbers recruited in comparison to the work involved to recruit and this is therefore being considered by the Primary Care Board for the ICS. **Committee note the report.**
2018/12	**Emergency Procurement**
	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.

DRAFT

	RG took the paper as read by all members and gave an overview of the report and members of the Primary Care Committee were asked to: Note the outcome. This paper provides a framework of willing participants, which is a mix of providers who have passed set measures and could step in for a 12 months period on a care taker basis, this will then allow time for a full procurement process to take place. Due to commercially sensitive issues in relation to procurement, this paper had already been approved in a confidential session. **Member comments:-** KF asked if this had to in-acted who would decide who receives the 12 month contract. RG confirmed that a further procurement process to ascertain who would be given the contract is in place, and gave assurance that the list is monitored via CQC rating, and this information is in the public domain, if the participant organisations CQC rating drop then they would be taken of the list / disqualified. CO stated that this list will be kept more up to date as there is a national procurement framework. **Committee note the report and are confident in the assurance provided.**
2018/13	**NHS England Delegation Agreement**
	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. - Delegation Agreement cover paper - Delegation Agreement Clean copy 2018/19 JT took the papers as read by all members and gave an overview of the report and members of the Primary Care Committee were asked to: a) Note the revised delegation agreement Initial delegation agreed in 2015 and has been reviewed to reflect the changes in GDPR, and confirmed that this document does not amend anything in the RASCI document and agreements in place. CO advised that delegated commissioning conversations are ongoing and would have to be mutually agreed. **Committee note the report and confident in the assurance provided.**
2018/14	**Minor Ailments Scheme**
2018/14a	**Declaration declared by GA and AG, as having conflict of interest due to having a pharmacy on GP practice site.**

DRAFT

	CE gave an overview of why these papers are being received by this committee. MMT committee, which has SCE GP lead and is multiagency representation, have made the decision identified in the respective papers. OE has received the papers for signoff as CE and WA have delegated responsibility for the budget and can approve changes within the allocated budget. Papers received by Primary Care Committee for transparency. Scrutiny of these decisions would only apply if approval was being given outside of the allocated budget and would be reported up to Governing Body. CE asked for this paper to be noted and reflective feedback to be given. RCa and CE to discuss feedback outside this meeting.
2018/14b	**Minor Ailments Scheme (MAS):-** SL took the paper as read by all members and gave an overview of the paper and asks the committee to:- • Support the recommendation to retire the MAS and considers re-investing the monies in alternative services commissioned from community Pharmacies. SL reported that there is a cost of £137,767k on minor ailments activity and 62% is on headlice treatments and paracetamol, data indicates links to specific chains of pharmacy that have a direct link with a practice. There is no correlation to deprivation. Evidence provided in the report suggests that this scheme is no longer delivering the purpose it was initially set up for. Patient and Public Engagement discussions have indicated that this is no longer a good use of financial resources. The 'Over the Counter' medication changes, reduces or removes prescriptions, and this now means that the two schemes are at odds and untenable. Medicines Management Committee made the decision within the paper and Operational Executive have agreed that the minor ailments scheme should not be re-commissioned in 2019/20. NT observation is that the untenable element has been explained very well, however, the money invested initially was to relieve pressure in practices. It was noted that there is care navigation in place and further training may be required to continue to signpost via this route. **Committee note the paper.**
2018/14c	**Self-Monitoring of blood glucose** SL took the paper as read by all members and gave an overview of the paper and asks the committee to:- • Support the proposal for the NHS Rotherham CCG to commission community pharmacies to switch patients, to a formulary blood glucose meter. Initial decision has been made by Medicines Management Committee and endorsed by Operational Executive that the money is to be reinvested in community pharmacy switch scheme. SL reported that the self-monitoring of blood glucose has high costs; this is due

DRAFT

	to the number of different meters in Rotherham approx. 40. Medicines Management team have undertaken a swap shop for specific meters which have reduced costs, and the number of types of meter has reduced to approx.7. However, the test sticks are around £10 which is high for our region. It is proposed to extend this scheme to the community pharmacy teams with training from MMT, and there is a process in place to continue to reduce costs. For successful conversion would be £50 and an average saving of approx. £70 per meter. **Members comments:-** NT enquired if this scheme fully utilised the monies released from the MAS.. SL advised that there are some funds remaining however CE clarified that there is a significant QIPP programme. NT requested an opportunity to discuss further where the money could be used to support care navigation. **Committee note the paper.**
2018/14d	**Labelling Scheme** SL took the paper as read by all members and gave an overview of the paper and asks the committee to:- • Support the commissioning of Community Pharmacy Locally Enhanced Services • Labelling of OTC medication so that it can administered in schools or by care workers. SL gave an overview re Labelling Over The Counter (OTC) consultation and advised that £60k has already been saved. One of the barriers initially is that patients go to GP for labelling of medication for schools to administer. As some schools are no longer under the local council the SY&B have responded to the consultation and the approach is that medications have to be labelled to enable administration by schools. SL has reviewed the legislation for schools which is differing for each school as there is no overarching policy. By transferring the labelling of medication to pharmacies, will reduce GP appointments and allow administration by another party e.g. schools or care homes. SL has discussed these proposals with the LPC, who are happy with a one off payment on a tiered basis to label medication in a pharmacy setting so it can be administered accordingly. No member comments on this paper. **Committee note the paper.** In terms of transparency are the Primary Care Committee happy to receive these types of paper to ensure the Chief Officer meets his delegated responsibility and meet the level of scrutiny. Committee agree with this statement and frequency to be discussed as and when required.
2018/15	**Primary Care Committee Forward Programme**
2018/15a	- **Primary Care Committee Forward Programme** JT gave an overview of the Primary Care Committee Forward Programme. The committee discussed and agreed the changes below:-

DRAFT

	Estates Committee requested that Tom Britcliffe's name be removed and JT to present a report in March 2019. **Primary Care Performance Dashboard** As already discussed in section 2018/09. Committee requested RG write an indicator overview paper and bring to the November 2018 meeting. **Primary Care Charter** Committee agreed that this can now be replace with the **10 year plan** JT to present a paper in December 2018. **Appeals Process** Committee agreed for the timeline to state Dec 2018 **Improving Access – specifically Extended Access element** Committee requested that an update be received monthly to ensure progress of the 132hrs being achieved. **Care Home LES - Impact Appraisal** This can be taken off and be included in the LES review.
	Action - JMu to make the necessary changes to the Forward Programme
2018/15b	- **Improving Access Verbal update** AG gave a verbal update to committee on the progress of Improving Access. National requirement is to have primary care access in place and meet 132 hrs. Delivery is currently about 40 hrs at present and by the end of October delivery of 132 hrs will be in place. There are 3 hubs in place being, Broom Lane, Kimberworth and Dinnington with a variety of clinicians in attendance. Magna have the intention to become a hub covering Dalton area with a view to expanding to Wath area as well in the future. When Magna come on board then the Kimberworth site would cease. Extended hours cover the period 6.30pm to 8pm Monday to Friday and morning surgeries only at the weekend. This excludes the DES hours. Next steps to communicate to GPs and practices on how to book patients into these slots and discuss with the Public and PPGs. UECC book into Saturday and Sunday appointments. DNA results are high at present, however when the Primary Care App is piloted and available, this should reduce the DNA rate. **Member comments:-** CO is concerned about the report stating the message on CCG delivering the 132 hrs. JT advised that there is a clear plan in place to deliver by end of October, and that the CCG are already providing 100% cover for the whole of the Rotherham population, and the CCG meet the requirements of the questions asked by NHS England. CE advised that Dr Muthoo has had a significant input into this success. KF asked about blood testing. AG advised that blood tests and collection have been addressed and NT advised that as LMC representative he is also aware of

DRAFT

	the issues. KH advised that feedback from the PPGs are requesting clear communication is required to explain the difference of Extended Hours and what Out of Hours was. **Committee note the paper and agree this is an achievement and a plan is in place to meet the 132hrs by end of October 2018.**
	Due November 2018 - Case Management update - GPFV Assurance - Primary Care Work Programme Due December 2018 - Contract & Quality Visit report - IT Strategy update - Primary Care Dashboard - Whzan Pilot Report Due January 2019 - Quality Contract update - LES Performance / Coverage - Finance Report - Review of TOR **Summary by the chair of changes required:-** **1. Estates** bring back in 6 months **2. Care Homes** have been reviewed and therefore the impact appraisal has been completed but under a different name. Data available will struggle to prove evidence of reduced admissions as this collated by postcode which means the data is not clean. AG advised that from feedback received that GPs are giving a better service due to support they receive in own homes and by community assistance. GPs in the room confirmed this and that the alignment has happened. This can be taken off and be included in the LES review. 3. **Primary Care Charter** can come off this list. CE gave an overview and replace with a 10 year plan scheduled for December
2018/16	**Any Other Business**
	Email from NT regarding GP retained scheme NT raised concerns about the timeframe on the response from the Peer review to this committee and that GPs may leave. RG advised that when the outcome of the Peer Review is known, then the CCG will respond to the LMC. Current guidance states that the Peer Review cannot overturn the CCGs decision. JT stated that the CCG will advise on what Mr Twomey says and a firmer view will be taken when further guidance is received. **Committee noted the concerns and CE to pick up with committee members if the Peer review required action before the next committee date.**

DRAFT

	Action - CE to pick up with committee members if the Peer review required action before the next committee date.
	Risks Raised
	Action add action/text plus initials
2018/17	**Items for escalation / reporting to the Governing Body**
	Chair asked members for any escalation requirement. **Committee agreed that there are not items for escalation to Governing Body.**
2018/18	**Exclusion of the Public**
	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". Section 1(2) Public Bodies (Admission to Meetings) Act 1960 refers. **Chair closed the public session.**
2018/19	**Date and time of Next Meeting**
	Date:- 21st November 2018 **Time commencing:-** 1pm **Venue:-** Birch Room, Ground floor, Oak House, Moorhead Way, Bramley, Rotherham, S66 1YY.

DRAFT