

Minutes of the NHS Rotherham Clinical Commissioning Group

Primary Care Committee Meeting – Public Session

Wednesday, 8 July 2020 @ 1pm – 3pm

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:

Mr	P	Barringer (PB)	NHS England
Dr	P	Birks (PBi)	SCE GP
Mrs	L	Cooper (LC)	Healthwatch Representative
Ms	R	Garrison (RG)	Senior Contracting & Service Improvement Manager – RCCG
Mrs	S	Hartley (SH)	Contracts & SI Manager - RCCG
Mrs	L	Jones (LJ)	Deputy Head of Financial Services 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	A	Shaw (AS)	Connect Healthcare Rotherham (CIC) Representative
Mrs	J	Sinclair-Pinder (JSP)	Senior Care Pathways Manager – RCCG why is this blue?

Apologies:

Dr	G	Avery (GA)	GP Members Committee Representative
Dr	D	Clitherow (DC)	SCE GP
Dr	A	Gunasekera (AG)	SCE GP Lead for Primary Care - RCCG
Dr	N	Leigh-Hunt (NLH)	RMBC Public Health Representative
Mrs	J	Tuffnell (JT)	Head of Commissioning – RCCG

Observers:

Mr	N	Germain (NG)	NHS England
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Members of the Public:

None at this time

2020/130	Apologies & Introductions
	JW introduced the meeting by identifying that this was the third 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.
2020/131	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> <p>Declarations of Interest from today's meeting</p> <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 and approval / support</p> <ul style="list-style-type: none"> • 2020/138a Deep Vein Thrombosis (DVT) Evaluation & Pathway • 2020/138b Direct Cataract Referral LES 2020/21 – Change of service provision <p>Chief Finance Officer (WA) declared an interest in item 2020/138b and therefore, excluded from the decision making.</p>
2020/132	Patient and Public Questions
	None received at this time.

2020/133	Quorum
	The Chair confirmed the meeting was quorate.
2020/134	Draft minutes of the Primary Care Committee
	<p>Dated 10 June 2020</p> <p>Item 2020/121a Provision of Ambulatory Wound Care across Rotherham:-</p> <p>CM advised the committee that the minutes of item noted above were recorded correctly as per the statement made. However the advice provided by CM was incorrect as the LMC were not in support at that time. CM confirmed since the meeting, a way forward had been reached between the LMC and CCG.</p> <p>PB provided clarity that the EHCH GP lead is accountable for their registered patients and the EHCH LES service requirements only.</p> <p>Committee agreed as a true and accurate record subject to the update noted.</p> <p>Post note – RG confirmed that any response to FOI or media enquiry would make clear that the care home clinical lead does not have medical responsibility and accountability for the care of individual care home residents.</p>
2020/135	Matters arising
	None at this time.
2020/136	Action Log
2020/136a	<p>Committee agreed the removal of the actions which were now complete as per enclosure 1b:</p> <ul style="list-style-type: none"> • 2020/120d LES Costing & Methodology paper • 2020/121b Enhanced Health in Care Homes (EHCH) Additional Services Scheme Local Enhanced Service (LES) • 2020/121d Primary Care Payments to General Practice
2020/136b	<p>Update on 2020/120b Dementia LES</p> <p>Deferred to August 2020.</p> <p>Committee agreed this item remain amber on the action log.</p>
2020/136c	<p>Update on 2020/120d LES Costing & Methodology paper</p> <p>WA advised that a meeting had been arranged with LMC member Dr Neil Thorman and subject to that conversation, the committee agreed for WA to assess if any further feedback to PCC is required. WA noted that she was not anticipating any change as the methodology recommended had been applied.</p> <p>Committee agreed to make this item green and remove from the action log. WA to assess if any further feedback to PCC is required subject to the upcoming meeting with Dr Thorman.</p>

2020/136d	<p>Update on 2020/121 Leg Ulcers and Wound Care</p> <p>RG advised that following discussions with the LMC, all practices confirmed they would continue to provide this service for Q2, and an interim solution is under discussion provide further cover until a procurement can take place.</p> <p>Committee agreed this item remain amber on the action log.</p>
2020/136e	<p>Update on 2020/121b Enhanced Health in Care Homes (EHCH) Additional Services Scheme Local Enhanced Service (LES)</p> <p>RG advised there was coverage across Rotherham.</p> <p>Committee agreed to make this item green and remove from the action log.</p>
2020/136f	<p>Update on 2020/121d Primary Care Payments to General Practice</p> <p>CM confirmed action had been completed.</p> <p>Committee agreed to make this item green and remove from action log.</p>
2020/137	Strategic Direction
2020/137a	<ul style="list-style-type: none"> • Deep Vein Thrombosis (DVT) Evaluation & Pathway
	<p>JSP gave an overview of Deep Vein Thrombosis (DVT) Evaluation & Pathway papers, the committee were asked to:-</p> <ul style="list-style-type: none"> • Note the required changes to the pathway to remain compliant with NICE guidance, the actions being taken to support clinicians in utilising the pathway, the adoption of the revised methodology as this was still deemed a new LES and the outcome of the limited evaluation. <p><u>Key areas of the report:</u></p> <ul style="list-style-type: none"> • 6 month review of the pathway which coincided with changes to NICE guidance, therefore the LES Specification had been amended accordingly. • Revised pathway discussed with Local Medical Committee (LMC) and Primary Care Network (PCN) Clinical Directors (CDs) and recommendations made:- <ul style="list-style-type: none"> ○ Employ Fail Safe steps – JSP advised that radiology already reviewed at 2 DNA points, contacted the patient and informed the relevant GP practice. ○ Data Quality Team (DQT) advised practices continue to use the DVT template with the addition of recall boxes, to alert the practice at the 2 scan points and at the 3 month marker to assess continuation of medication. • LMC/PCN Clinical Directors agreed to trial the alert process for 3 months and GPs to provide feedback to JSP.. <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> • Recall boxes on template and how this would work. JSP provided a current understanding of the process and would advise if this changed.

	<ul style="list-style-type: none"> Algorithm 3 month review – JSP advised that Advice & Guidance from Haematology was available. JSP confirmed that the pathway did not replace clinical judgement or advice required. Pilot or Basket of Local Enhanced Services (LES) – JSP confirmed this was now a full LES and no longer a pilot, and therefore qualified for inclusion in the basket of services. Committee requested the DVT specification to be amended to reflect this. <p>JSP left the meeting at this point.</p> <p>GPs, Healthwatch and Connect Healthcare Rotherham left the meeting for the decision.</p> <p>Committee supported the papers and agreed the recommendations subject to the amended specification change noted above.</p> <hr/> <p>Action – JSP to amend the DVT specification as directed and forward to JMu.</p> <p>Post note – revised specification received.</p>
2020/137b	<ul style="list-style-type: none"> Direct Cataract Referral LES 2020/21 – Change of service provision
	<p>WA declared a conflict of interest in this item and was excluded from the decision.</p> <p>SH gave an overview of the Direct Cataract Referral LES 2020/21 paper, the committee were asked to:-</p> <ul style="list-style-type: none"> Approve the removal of the post-operative assessment payment Approve the revised local enhanced service specification and updated referral form <p><u>Key areas of the report:</u></p> <ul style="list-style-type: none"> Review and monitoring of last 6/12 months, noting an increase in referrals for surgery. SH clarified that The Rotherham Foundation Trust (TRFT) and SPA Medica undertake their own post-operative assessments. Therefore, proposal in paper to ‘remove the community optometry post-operative payment’ as this could result in duplicate payment. Referral form paperwork has been amended in line with Evidence Based Interventions (EBI) guidance to reflect the policy change. <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> Impact on patients – SH confirmed the patients would receive the same service and post assessment through TRFT or SPA Medica, and would be referred as normal to community optometry for sight tests. <p>GPs, Healthwatch and Connect Healthcare Rotherham left the meeting for the decision.</p>

	Committee approved the paper and recommendations.
2020/137c	<ul style="list-style-type: none"> • Primary Care Team Work Programme: incorporating the GP Forward View and Investment & Evolution
	<p>RG gave an overview of the Primary Care Team Work Programme: incorporating the GP Forward View (GPFV) and Investment & Evolution papers, the committee were asked to:-</p> <ul style="list-style-type: none"> • Note progress, and support where actions are off track. <p><u>Key areas of the report:</u></p> <ul style="list-style-type: none"> • GPFV high level overview – noting the majority of projects were green with an additional item added ‘Covid Transformation’. RG thanked the team involved in maintaining continued progress during Covid-19. • Investment & Evolution – all actions are green unless nationally on hold due to Covid-19. <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> • Positive work endorsed and request for the table to be added to the Patient Safety report under the primary care section. <p>Committee noted the papers and endorsed the continuation of work by the Primary Care Team.</p>
	Action – RG to forward table to SC.
2020/137d	<ul style="list-style-type: none"> • Minor Eye Conditions Scheme 2020/21
	<p>SH gave a verbal update on Minor Eye Conditions Scheme 2020/21 paper, the committee were asked to:-</p> <ul style="list-style-type: none"> • Note the update on the scheme <p><u>Key areas of the report:</u></p> <ul style="list-style-type: none"> • Review of referrals received and monitored against the referrals to secondary care. • Scheme extended to March 2021 with continued monitoring to ascertain reduction in referrals, with recommendation to review again in 6 months and provide feedback. <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> • PBi queried a link between patients discharged at first attendance / Self Referrals – SH advised that 245 patients were discharged at first attendance, however the data was not broken down to the level needed to answer the query. SH agreed to enquire with the provider to see if the information could be broken down to reflect this and requested feedback be provided directly to PBi as part of the Minor Eye Conditions Scheme meeting. Committee agreed. <p>Committee noted the paper.</p>
	Action – SH to enquire with MECS lead and feedback directly to PBi.

2020/138	Quality Contract
2020/138a	<ul style="list-style-type: none"> • Quality Contract Update
	<p>RG gave a verbal update on the Quality Contract.</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"> • Quality Contract Performance Qtr1 data to be collected for intelligence purposes and would not affect payment. • Anecdotally some practices appear to have maintained business as usual despite recent challenges. <p>Committee noted the verbal update.</p>
2020/139	Standing Item(s)
2020/139a	<ul style="list-style-type: none"> • Primary Care Network (PCN) update
	<p>JW noted that GA was not present at the meeting. RG confirmed bullet points had been provided and further detail was required.</p> <p>Committee agreed for RG to follow up and feedback via the minutes.</p> <p>Action - RG to follow up with GA on his return from annual leave and provide clarity in the minutes.</p>
2020/139b	<ul style="list-style-type: none"> • Improving Access – Extended Access Monthly update
	<p>RG and AS gave a verbal updates on 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"> • The service was delivered via telephone appointments in June, having utilisation rate of 78% Monday to Friday, 87% on Saturday and 68% on Sunday. AS noting that weekend uptake had increased. • Paramedics Home visiting service had undertaken between 111 – 145 appointments per week, having a 70% utilisation rate. Home visiting had 2 hot cars and 2 cold cars, and the service had the capacity to manage demand appropriately. • Hot site had moved to Whiston on 15 June 2020, providing 8 appointments per day. AS advised this was reviewed on a weekly basis and adjusted accordingly. <p>Committee noted the verbal updates.</p>
2020/139c	<ul style="list-style-type: none"> • Covid-19 Update
	<p>RG 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"> • Hot site venue had transferred to Whiston and utilisation was good. • GP practice antibody testing was nearly complete with only a handful of staff remaining and CCG staff testing was underway. All would be complete by 11 July. GP Risk Assessments for high risk staff – 100% have been undertaken. • Activity nationally submitted shows an increase in telephone and video consultations, as expected. This forms part of the new element added to the work plan to retain this practice post Covid-19. <p>Committee noted the verbal update.</p>
2020/1390d	<ul style="list-style-type: none"> • Delegated Duties
	Committee noted that the four delegated duties did not apply to the items on the agenda today.
2020/140	Finance
2020/140a	<ul style="list-style-type: none"> • Finance report for month 2
	<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 2 ending 31 May 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> <p>Significant variances (Table 1) :</p> <ul style="list-style-type: none"> • The report covered the primary care financial position as at the end of May 2020 (month 2) which was monitored against the temporary nationally calculated budget and split between primary care medical services (delegated) and other Primary Care. • As usual, narrative around individual budget lines was provided within the main body of the report. The delegated primary care medical services position is £183k overspent YTD and £364k forecast overspend attributable to a shortfall in the nationally calculated budget. Other Primary Care Services were overspent by £139k at month 2 with a forecast overspend of £265k due to Covid-19 spend. • CCG received a retrospective allocation for month 2 which allowed practices to be reimbursed for Covid-19 claims at a 100%. • Further guidance is expected in the near future regarding financial monitoring for month 5 onwards. PB confirmed the guidance was delayed due to NHSE outlining QOF and a way forward, and noted that this may be causing anxiety in the system.

	<p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> • Cash flow, financial stability and general feedback – CM confirmed that there had been no issues reported from practices or requests for assistance of the LMC. NHSE/I directed block payments be introduced on a national and local level, this had been implemented by Rotherham CCG to maintain practice stability during Covid-19. <p>Committee noted the paper.</p>
2020/141	For Information
	<ul style="list-style-type: none"> • NHS Letter to Chairs and CEO's re Risk Assessment <p>SH gave an overview of the paper, the committee were asked to:</p> <ul style="list-style-type: none"> • Note the update. <p><u>Key areas of the update:</u></p> <ul style="list-style-type: none"> • NHSE requesting closer monitoring of risk assessment. Rotherham practices are reporting they are 100% complete. <p>Committee noted the update.</p>
2020/142	Any Other Business
	None at this time
2020/143	Items for escalation / reporting to Confidential Governing Body
	<p>JW to advise Governing Body of the following:-</p> <ul style="list-style-type: none"> • Positive progress on the Primary Care Work team programme during Covid-19. • Positive progress update and inclusion of table in the Patient Safety Report.
2020/144	Primary Care Committee Forward Programme
	<p>JW noted that due to COVID-19 a number of items had been placed on hold and had started to be reinstated. CCG officers would continue to review each month.</p> <p>Committee agreed the Forward Programme.</p>
2020/145	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>

	Chair closed the public session.
2020/146	Date and time of Next Meeting
	<p>Wednesday 12 August 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>

Ratified 12/08/2020