

## Minutes of the NHS Rotherham Clinical Commissioning Group

### Primary Care Committee Meeting – Public Session

Wednesday, 12 June 2019 @ 1pm – 2.45pm

Elm 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 Members:

Mr	I	Atkinson (IA)	Deputy Chief Officer – RCCG on behalf of Chief Officer
Dr	R	Carlisle (RCa)	Lay Member (Chair)
Mrs	S	Cassin (SC)	Chief Nurse - RCCG
Mrs	D	Twel (DT)	Lay Member

#### Present In Attendance:

Mr	P	Barringer (PB)	NHS England
Dr	D	Clitherow (DC)	SCE GP
Ms	R	Garrison (RG)	Senior Contracting & Service Improvement Manager - RCCG
Dr	A	Gunasekera (AG)	SCE GP Lead for Primary Care - RCCG
Mrs	S	Hartley (SH)	Contract & Service Improvement Manager - RCCG
Mrs	L	Jones (LJ)	Deputy Head of Financial Management (on behalf of Mrs W Allott)
Dr	N	Leigh-Hunt	Public Health
Mrs	J	Murphy (JMu)	Primary Care Committee Administrator & Minute Taker – RCCG
Dr	N	Thorman (NT)	GP LMC Representative (from item 2019/95f)
Mrs	J	Tuffnell (JT)	Head of Commissioning RCCG

#### Observers:

Mrs	R	Chadburn	Senior Contracting and Delivery Manager – RCCG
Miss	S	Whitworth	Administrative Officer, MMT - RCCG

#### Members of the Public:

Ms	C	Farley	Regional Manager for Kyowa Kirin (Pharmaceutical Company)
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#### Apologies:



Mrs	W	Allott (WA)	Chief Finance Officer - RCCG
Dr	G	Avery (GA)	GP Members Committee Representative
Mr	J	Barber	Lay Member
Mr	C	Barnes (CB)	Connect Healthcare Rotherham
Ms	L	Cooper (LC)	Healthwatch
Mr	C	Edwards (CE)	Chief Officer RCCG
Mr	S	Lakin (SL)	Head of Medicines Management RCCG

<b>2019/88</b>	<b>Apologies &amp; Introductions</b>
<b>2019/89</b>	<p><b>Declarations of Interest</b></p> <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:  <a href="http://www.rotherhamccg.nhs.uk/about-us/declaration-of-business-interests_2.htm">http://www.rotherhamccg.nhs.uk/about-us/declaration-of-business-interests_2.htm</a></p> <p><b>Declarations of Interest from today's meeting</b></p> <p><b>Declarations of Conflicts of Interest and Pecuniary or Non-Pecuniary Interest</b></p> <p><b>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.</b></p> <p>No additional declarations at this time.</p>
<b>2019/90</b>	<p><b>Patient &amp; Public Questions</b></p> <p>Chair noted that no questions had been received.</p> <p>Committee welcomed and noted the attendance of Ms C Farley, Regional Manager of Kyowa Kirin.</p>
<b>2019/91</b>	<p><b>Quorum</b></p> <p>The Chair confirmed the meeting was quorate.</p>
<b>2019/92</b>	<p><b>Draft minutes of the Primary Care Committee dated 8 May 2019</b></p> <p><b>Committee agreed the minutes as a true and accurate record.</b></p>



<b>2019/93</b>	<b>Matters arising</b>
2019/93a	<p><b>Update on 2019/81d Telehealth</b></p> <p>SH confirmed that discussions had taken place with the Patient and Public Engagement lead, Mrs H Wyatt.</p> <p><b>Committee requested this be reviewed in 3 months' time and an update report to be provided to September PCC</b></p>
	<b>Action – SH to provide a paper to September PCC.</b>
<b>2019/94</b>	<b>Action Log</b>
2019/94a	<p><b>Committee agreed the removal of the actions which are now complete as per enclosure 1b:</b></p> <ul style="list-style-type: none"> <li>• <b>2019/64b Contract &amp; Quality Visit report</b></li> <li>• <b>2019/65b Review of appointment figures 2018</b></li> </ul> <p><b>Committee agreed to make the following items green:-</b></p> <ul style="list-style-type: none"> <li>• <b>2019/65c Primary Care Networks</b> - on the agenda for discussion.</li> <li>• <b>2019/68b GMS/PMS</b> - on the agenda for discussion.</li> <li>• <b>2019/83c Improving Access - Extended Access</b> - <ul style="list-style-type: none"> <li>○ AG Update: AG provided assurance that blood sampling concerns had been taken up contractually with Connect Healthcare Rotherham.</li> </ul> </li> <li>• <b>2019/84b Finance Report</b> – <ul style="list-style-type: none"> <li>○ LJ Update: LJ provided assurance that the methodology had been reviewed for setting the demographic growth budget. The weighted list size increase from January 2018 to January 2019 was 0.7% which is what the 2019/20 budget has been based on. For the 2018/19 budget, the weighted list size increase from January 2017 to January 2018 was also 0.7% but because the budget had been set on April's list size, rather than on January's as in previous years (and in 2019/20), only 3 list size adjustments, rather than 4, required funding in year which resulted in an underspend. LJ acknowledged the projections provided by Public Health colleagues.</li> </ul> </li> </ul>
2019/94b	<p><b>Update on 2019/64 Dementia LES</b></p> <p>JT advised that the revised Dementia pathway and LES had been received by LMC and further discussions with the CCG were required.</p>
2019/94c	<p><b>Update on 2019/65d Evaluation of Rotherham Health App</b></p> <p>This work was still ongoing.</p>



	<b>Action – JMu to amend the Action Log as directed above.</b>
<b>2019/95</b>	<b>Strategic Direction</b>
2019/95a	<ul style="list-style-type: none"> <li>• <b>Post Payment Verification (PPV) 2019/20</b></li> </ul> <p><b>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.</b></p> <p>SH took the paper as read by all members and gave an overview of the Post Payment Verification paper and asked the committee to:-</p> <ul style="list-style-type: none"> <li>• That the scope set out in the paper is approved by Primary Care Committee members in principle.</li> <li>• Members are asked to approve the recommendation that 360 Assurance be commissioned to undertake the work in August/September 2019, with initial findings reported in October 2019.</li> </ul> <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> <li>• Financial adjustments - SH confirmed that finance adjustments on a +/- would be made in year. SH to amend the paper to include this statement.</li> <li>• Choice of Practices - SH confirmed that the LMC had reviewed and agreed the practices due for visit in 2019/20.</li> <li>• Dataset- SH confirmed that the data review period would be based on a Quarter's data and not a full year.</li> </ul> <p><b>GPs left the room at this point and returned after confidential discussion.</b></p> <p><b>Committee requested the finance adjustments was added to the paper and agreed with the recommendations and approved the paper.</b></p> <p><b>Action - SH to amend the paper to include process for financial adjustments.</b></p>
2019/95b	<ul style="list-style-type: none"> <li>• <b>Friends &amp; Family Test Quarterly Update</b></li> </ul> <p><b>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.</b></p> <p>RG took the paper as read by all members and gave an overview of the Friends &amp; Family update paper and the committee were asked to:-</p> <ul style="list-style-type: none"> <li>• Note the report and consider the following action:             <ol style="list-style-type: none"> <li>a. To issue remedial breach notices to St Ann's, High Street, Thorpe Hesley, and Gateway.</li> <li>b. To issue a warning letter to Greenside.</li> </ol> </li> </ul> <p><u>Members discussed key areas:</u></p>



	<ul style="list-style-type: none"> <li>Practices that appear inconsistently on Appendix A - RG confirmed this is due to practices not entering the data in the timeframe required e.g. if a staff member is off sick, this element is missed. However, RG is confident the practices collate this information.</li> <li>Breach Process - RG gave an overview of the breach process and confirmed information was shared with CQC.</li> </ul> <p><b>GPs left the room at this point and returned after confidential discussion.</b></p> <p><b>Committee agreed to receive updates on a 6 monthly basis going forward, and agree with the recommendations and approved the paper.</b></p>
	<b>Action - RG to continue to review and provide a paper to committee on a 6 monthly basis going forward.</b>
	<b>Action - JMu to amend the forward programme accordingly.</b>
2019/95c	<ul style="list-style-type: none"> <li><b>Contract &amp; Quality Visit Quarterly Report</b></li> </ul>
	<p><b>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.</b></p> <p>AG took the paper(s) as read by all members and gave an overview of the Contract &amp; Quality Visit Quarterly Report and confirmed the process followed and the committee were asked to:-</p> <ul style="list-style-type: none"> <li>Note the content of the paper.</li> </ul> <p>AG gave an overview of the key areas of discussion that had taken place with the practices noted within the paper.</p> <p><u>Members discussed key areas:-</u></p> <ul style="list-style-type: none"> <li>Practice Nurse (PN) invitation - RG confirmed that SC's request to involve PN's was after the Manor Field visit, and this request had been implemented at all subsequently booked visits.</li> <li>Antibiotic Training session offered by GP - committee discussed that take up of this offer should be encouraged.</li> <li>Medicines Management Team (MMT) input – AG confirmed that MMT provide an update prior to the Contract &amp; Quality visit. Committee suggested that MMT should be encouraged to engage with Dr Asensio, Consultant Microbiologist who had offered the Antibiotic training.</li> <li>Follow ups - AG confirmed that the action log was followed up every 3 months, and agreement as part of the process was to check with the practice 2 weeks after the visit.</li> <li>Cover for AG - AG confirmed that visits were planned well in advance. Committee suggested Dr S Holden be trained in this area to enable cover. RG advised that Dr S Holden is involved in the peer reviews and</li> </ul>



	<p>links in with the Primary Care Team. AG/RG had taken on board the committee's suggestion.</p> <p><b>Committee agreed with the recommendation and noted the paper.</b></p>
2019/95d	<p><b>• GPFV &amp; Primary Care Team Work Programme</b></p> <p><b>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.</b></p> <p>RG took the paper(s) as read by all members and gave an overview of the GPFV &amp; Primary Care Team Work Programme and the committee were asked to:-</p> <ul style="list-style-type: none"> <li>• Note the progress, and support where actions are off track.</li> </ul> <p>RG advised that this was created using the National Document and was used to review the progress of the Primary Care Team in relation to major workstreams. RG suggested that at the next review that the non-applicable areas were removed and reports provided by exception.</p> <p><u>Members discussed key areas:-</u></p> <ul style="list-style-type: none"> <li>• IA confirmed that this document would be amended accordingly in line with other guidance is received. Committee request that OE consider resources required to manage this area of work.</li> <li>• No action / action as appropriate. SC made an observation that the document does not show what the actions were or noting if no action was required. SC suggested that it would be helpful to see this. JT confirmed that this work was ongoing to note actions, however advised the committee that reporting requirements in relation to this document to wider organisations e.g. NHSE was a huge piece of work. JT advised that the Primary Care Team were managing this within the resources available. RG was confident that actions were being met and would exception report if there were any areas of concern.</li> <li>• NHSE transfer of work – JT advised that NHSE had identified tasks which they wish to transfer to CCGs. Discussions and feedback were ongoing with NHSE as there were capacity and resources issues identified that related to this request. JT would provide a paper if this request was not resolved.</li> </ul> <p><b>Committee agreed with the recommendations, noted the paper and agreed with JT's course of action if there was no resolution.</b></p>
2019/95e	<p><b>• Local Enhanced Services (LES) Coverage</b></p> <p><b>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.</b></p> <p>SH took the paper as read by all members and gave an overview of the local</p>



	<p>Enhanced Services (LES) Coverage paper and asked the committee to:-</p> <ul style="list-style-type: none"> <li>Note the progress of 2019/20 LES' and monitoring processes in place.</li> </ul> <p><u>Members discussed key areas:-</u></p> <ul style="list-style-type: none"> <li>Identifying PCNs – could these be added to this document. RG confirmed yes.</li> <li>Ring Pessary at Thorpe Hesley provided by Family Planning. JMu to follow up why this was not provided by the practice.</li> </ul> <p><b>Committee agreed with the recommendations and noted the paper.</b></p> <p><b>Action - JMu to investigate Ring Pessary arrangements at Thorpe Hesley and follow up on the four sub contracts currently not agreed. Paper to be received by PCC if required.</b></p> <p><b>Action – JMu to update the document to include the PCN's</b></p>
2019/95f	➤ <b>Performance Dashboard</b>
	<p><b>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.</b></p> <p>SH took the paper as read by all members and gave an overview of the Performance Dashboard paper(s) and asked the committee to:-</p> <ul style="list-style-type: none"> <li>Note the outcomes of the latest dashboard publication.</li> </ul> <p>SH advised that there were currently 41 indicators and identified that York Road and Woodstock Bower were the top two outlying practices. Standard deviation had been applied to the four indicators below:-</p> <ul style="list-style-type: none"> <li>1<sup>st</sup> Outpatient referral</li> <li>% Discharge at 1<sup>st</sup> Outpatient</li> <li>QoF Exception Reporting</li> <li>Workforce – Clinical / Non-Clinical</li> </ul> <p>A re-visit had been arranged for York Road due to no improvement in their position on the Performance Dashboard, and the Primary Care Commissioning team had been asked to assist York Road.</p> <p>Primary Care Team had discussed access arrangements with Woodstock Bower and CCG officers had provided support options which were ongoing.</p> <p><u>Members discussed key areas:-</u></p> <ul style="list-style-type: none"> <li>Timeframes for improvement and arranging re-visit being quite short - AG/RG confirmed that these visits were to support the practice(s) and all actions / decisions were made and agreed in conjunction with the</li> </ul>



	<p>practice(s).</p> <ul style="list-style-type: none"> <li>• Standard Deviation – was this meeting what was required in line with outliers, should population lists be considered. RG confirmed how the data was reviewed and interpreted by the Primary Care Team, and that a holistic approach was applied when identifying and meeting with practices. Committee confirmed that the use of Standard Deviation was appropriate to measure improvement over a period of time, and would inform the CCG to initiate a discussion with the practice as appropriate.</li> <li>• Deprivation scores would inform results. JT advised that NHS Digital were developing a dashboard at present which may supersede the current dashboard. Currently the CCG Primary Care Team collates this information.</li> <li>• E-referrals and TRFT Payment - JT noted that E-referrals require updating as the information was at February 2019 and this could impact TRFT payment.</li> </ul> <p><b>Committee agreed with the recommendations and noted the paper.</b></p>
2019/95g	<p>➤ <b>Investment &amp; Evolution: Primary Care Networks (PCNs)</b></p>
	<p><b>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.</b></p> <p>RG took the paper(s) as read by all members and gave an overview of the Investment &amp; Evolution: Primary Care Networks (PCNs) paper and the committee were asked to:-</p> <ul style="list-style-type: none"> <li>• Note the content of this paper.</li> </ul> <p><u>Members discussed key areas:-</u></p> <ul style="list-style-type: none"> <li>• Integrated Care System (ICS) meeting – PB identified that the ICS had agreed that 4 of the 5 CCGs in the area had confirmed their PCNs. Rotherham CCG PCN's had been supported by ICS.</li> <li>• Weighted list sizes in relation to population list size. Advice from Public Health would be advantageous to ensure resources were sufficient.</li> </ul> <p><b>Committee noted the amount of work involved within this project, and agreed with the recommendations and noted the paper.</b></p>
2019/96	<b>Standing Items</b>
2019/96a	<b>Quality Contract (verbal update)</b>
	<p><b>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.</b></p>



	<p>AG gave a verbal update of the Quality Contract and asked the committee to:-</p> <ul style="list-style-type: none"> <li>Note the verbal update.</li> </ul> <p>AG advised that the closing date for receipt of appeals was 13 June 2019. Primary Care Sub Group 26 June 2019 meeting would be for appeals only.</p> <p>Primary Care Team had reinstated a Quality Contract Business Intelligence Group which would start next week.</p> <p><u>Members comments:-</u></p> <ul style="list-style-type: none"> <li>QOF v Quality Contract – LMC representative stated that this year's quality contract incentivises patients to be managed in conflict with the guidance of QOF. AG confirmed that patients should be appropriately exception reported and the Quality Contract was implemented to incentivise going above and beyond QOF requirements, in essence referred to as QOF plus.</li> </ul> <p><b>Committee noted the verbal update and recommended that AG and NT discuss this further outside of this committee, and AG to provide a report for Strategic Clinical Executive (SCE) for their views and then to be received by Primary Care Committee (PCC).</b></p> <p><b>Action – Primary Care team to draft revised paper for SCE and PCC.</b></p>
2019/96b	<ul style="list-style-type: none"> <li><b>NHS Long Term Plan (10 Year Plan)</b></li> </ul> <p><b>The GPs will be bound by the details of this update; as such they will remain in the room for the discussion.</b></p> <p>IA gave a verbal update on the NHS Long Term Plan (10 year plan). IA confirmed a strategy was due to be published.</p> <p><u>Members discussed key areas:-</u></p> <p>None at this time</p> <p><b>Committee noted the verbal update.</b></p>
2019/96c	<p>➤ <b>Improving Access – Extended Access monthly update</b></p> <p><b>The GPs will be bound by the details of this update; as such they will remain in the room for the discussion.</b></p> <p>AG gave a verbal update on extended access. Overall access is good however; there was still some under-utilisation on Sundays. Weekend data was at 56% and this was due to Sunday attendances and patients not being able to cancel and reports indicate that DNA rates had reduced slightly.</p> <p>With regard to the blood sampling two out of three issues had been rectified and one was pending.</p> <p><u>Members discussed key areas:-</u></p> <p>None at this time</p>



	<b>Committee noted the verbal update.</b>
<b>2019/97</b>	<b>Finance</b>
2019/97a	<ul style="list-style-type: none"> <li>• <b>Finance report month 1</b></li> </ul> <p><b>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</b></p> <p>LJ took the paper as read and gave an overview of the Finance Report paper, and asked the committee to:-</p> <ul style="list-style-type: none"> <li>(i) Note the current position in Table 1 and the supporting information.</li> <li>(ii) Note the summary of the recurrent position.</li> <li>(iii) Note the 2019/20 capital investment plan.</li> </ul> <p>LJ emphasised the risks to the budget. PB was following up on the <a href="#">Extended access</a> allocations and would discuss the outcomes further with LJ.</p> <p><u>Members discussed key areas:-</u></p> <ul style="list-style-type: none"> <li>• OE planning. IA confirmed the reinvestment of PMS premium funding had not been planned in as yet however, was on the radar for further discussion.</li> <li>• Potential to double fund. JT confirmed the Commissioning LIS and Primary Care Network (PCN) Payments had been considered and further discussions were due to take place once PCN's were more established.</li> </ul> <p><b>Committee agreed with the recommendations and noted the paper.</b></p>
2019/97b	<ul style="list-style-type: none"> <li>• <b>General Medical Services (GMS) / Primary Medical Services (PMS) Equitable funding review – Impact on Practices</b></li> </ul> <p><b>The report sets out the Financial Plan for General Medical Services (GMS) / Primary Medical Services (PMS) Contract Review Update and funding as applies to Primary Care as per delegated responsibility. The GP members have a direct financial interest in this item. As the item is primarily about understanding the primary care budget the chair proposed that all members could participate fully in the discussion.</b></p> <p>LJ took the paper as read and gave an overview of the General Medical Services (GMS) / Primary Medical Services (PMS) Equitable funding review – Impact on Practices paper(s), and asked the committee to:-</p> <ul style="list-style-type: none"> <li>(i) Note impact per practice.</li> <li>(ii) Consider reinvestment proposals.</li> </ul> <p>LJ confirmed that letters had been issued to practices.</p>



	<p><u>Members discussed key areas:-</u></p> <p>None at this time.</p> <p><b>Committee agreed with the recommendations and noted the paper.</b></p>
<b>2019/98</b>	<b>Any other business</b>
2019/98a	<p>➤ <b>Mergers</b></p> <p><b>Broom Valley / Broom Lane merger is on track for 1<sup>st</sup> September 2019</b></p>
2019/98b	<p>➤ <b>Varying onto contract</b></p> <p><b>Thorpe Hesley is varying Gateway onto their contract by October 2019.</b></p>
<b>2019/99</b>	<p><b>Primary Care Committee Forward Programme</b></p> <p>RCa gave an overview of the Primary Care Committee Forward Programme, and agreed no changes.</p> <p><b>Committee noted the Primary Care Forward Programme.</b></p>
<b>2019/100</b>	<p><b>Items for escalation / reporting to the Governing Body</b></p> <p>None at this time.</p>
<b>2019/101</b>	<p><b>Exclusion of the Public</b></p> <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><b>Chair closed the public session.</b></p>
<b>2019/102</b>	<p><b>Date and time of Next Meeting</b></p> <p>Wednesday 10 July 2019 commencing at 1pm in Elm Room, Ground floor, Oak House</p>