

Minutes of the NHS Rotherham Clinical Commissioning Group

GP Members Committee

31 March 2021

Via zoom

Quorum

**Quorum is one member or deputy from each Primary Care Network
Committee members have 1 vote per Primary Care Network**

Present:

Primary Care Network	Clinical Director	Representative
Maltby/Wickersley	Dr G Avery (Chair)	Dr R Fulbrook
Health Village /Dearne Valley	Dr S Mackeown (Vice Chair)	-
Raven	Dr A Qureshi	Dr B Chandran
Rother Valley South	Dr T Douglas	-
Rotherham Central North	Dr N Ravi	Dr S Langmead
Wentworth 1	Dr T Ahmed	Dr S Sukumar
Participating Observers		
Practice Manager Rep	Mr B Wiles	
Nurse Representative	Mrs S Cassin	
CD of Connect Health Rotherham	Dr G Muthoo	

In Attendance:

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Chair of SCE	Apologies
Vice Chair of SCE	Apologies
CCG Chief Officer	Apologies
CCG Executive Place Director	Mr I Atkinson
CCG Chief Finance Officer	Mrs W Allott
CCG Assistant Chief Officer	
Administration	Ms D McGarvey
SCE GP Lead	Dr P Birks- apologies

1	Apologies Mr C Edwards, Dr J Page, Dr R Cullen, Dr P Birks
2	Quorum Dr Avery confirmed the meeting quorate

3	<p>Declarations of Interest</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: http://www.rotherhamccg.nhs.uk/about-us/declaration-of-business-interests_2.htm</p>
	<p>Declarations of Interest from today's meeting</p> <p>No conflicts of interest were declared</p>
4	<p>Draft minutes of the GP Members Committee meeting dated 24 February 2021 and the matters arising</p> <p>Members agreed the minutes were and true and accurate records of the meeting with actions completed or under way</p> <p>Actions: For Discussion</p> <ul style="list-style-type: none"> • Vote of Confidence • Term of Reference • Proposed Legislation for Clinical Commissioning Group transitioning to Integrated Care System • Communications for the Integrated Technical guidance awaited • National Planning guidance received 25 March 2021 for GPMC in April 2021 • Mental Health update -Mrs Tufnell • Members to discuss the role of the GPMC meetings going forward and the formation of a meeting for GPs to be represented once CCGs transitioned to Integrated Care Systems.
5	<p>COVID update</p> <p>Mr Atkinson informed members of the prevalence in the Rotherham community of the covid cases, numbers have been stabilised around 150/100000. The figures have slightly increased to 160/100000 putting Rotherham at the top of the National list for prevalence in the community. Compared to the height the last pandemic when Rotherham covid cases were at 550/100000.</p> <p>The Director of Public Health is not overly concerned for the infection rates within the population over the age of 60 years as the prevalence for the age group is at 35/100000.</p> <p>The Public Health concerns are the infection rates within the working age group of Rotherham which are not reducing as in other areas. The view from Public Health is Rotherham reply on a mainly factory based working environment and do not have centres of offices where people can work from home.</p> <p>The vaccination programme will move into the lower age groups and the situation will be monitor the over the next couple of weeks.</p>

All eyes are on Rotherham, comparative to the national picture Rotherham are bucking the trend and without knowing the context of the system, Rotherham are looking like an outlier.

In the Rotherham hospital setting there are 21 in-patients with covid and there are no covid related patients in critical care unit, this is proving that the vaccine programme is having an impact and the patients admitted are in the working age group.

Members discussed and agreed the infection figures have reduced and then plateaued and are expecting less issues during summer period with half of the Rotherham population vaccinated. A possible rise may be seen over the Easter holiday period as seen over the Christmas period with people gathering.

Mr Atkinson informed members no data has been provided from the Rotherham hospital if current in- patients have had received the vaccination.

Public Health have not found evidence from the testing carried out in schools as contributing towards the increase in the number of infection rates.

Nationally it is felt the impact is less for vaccinated patients getting infected with covid and need to question if Rotherham are carrying out more testing than in other areas. The concerns would be if the age group 60 and over were getting infected. The National figures have highlighted that Rotherham have the highest rates of infections, London is around 40th or 50th on the list for prevalence in the community.

Dr Fulbrook informed members the covid vaccine is being delivered to patients with the Rotherham Hospital and requested if a programme for delivery of the vaccine can be arranged from community pharmacies, late night pharmacies and at places of work.

Mr Atkinson updated members on the vaccination programme, as of close of play today 132,000 people in Rotherham will have received their first dose of the covid vaccine that is 60% of the Rotherham population.

Mr Atkinson said it is a phenomenal achievement and thanked all in Primary Care for all their efforts put into the vaccination programme being delivered.

The national view of the vaccine programme is to concentrate on the age group 50 and over, critically vulnerable and carers. Rotherham have struggles to fill their appointment slots due to some patients attending the mass vaccination sites. From next week 20,000 patients are to be vaccinated across the region of which Rotherham will deliver 3000 vaccines.

A decision has been made by Rotherham's Clinical Directors, the CCG and Public Health to begin to deliver the vaccine to the highest prevalence cohort 10 this week and over the weekend. This is out of the national trend to concentrate on the age group 50 and above.

The methodology is Rotherham have the supply of the vaccine, Rotherham have a high prevalence within the working age group and have workforce in place to deliver the vaccine over the weekend.

Rotherham are to received 5000 vaccines to be delivered by the 15th April, the plan for the vaccine programme is to chip away at the 50 plus age group and start filling appointments with the largest age group of 40's and over.

Rotherham will become an outlier, but the figures should translate with the delivery of the vaccine to around 70% to the working age group.

The challenge is delivering the programme for second doses as very short notice is given of when supply of vaccine allocation is being delivered putting pressure on the system to get patients booked in and workforce in place. Including contacting opportunist in for their second vaccine from 6th April Rotherham have dates for three weeks allocation of vaccine for second doses of the delivery programme.

Rotherham are in a positive position, Rotherham Primary Care Networks have agreed to carry on with the vaccination programme, Rotherham hospital colleagues have expressed an interested once they have vaccinated staff to support the South Yorkshire system and vaccinate patients on a small scale to act as a release value while Primary Care balance off core work while doing vaccination programme.

Pharmacies in Rotherham were invited to show an interested to deliver the vaccination programme. CCG informed NHS England no area of Rotherham was not covered by a Primary Care Network and any Pharmacy input would be welcome.

From May the Superdrug pharmacy in Rotherham Town centre will deliver 400 vaccines a week including a pharmacy in Thorpe Hesley going through a process to be signed up to deliver the programme.

Going forward Rotherham are looking into drop-in's and deliver the vaccine for opportunist, going out to mosque, knocking on the doors of the Roma Slovak community, the population in the 40s and 50 age bracket in deprived areas, going in to work places and being more creative in delivering the programme to those who cannot get to the vaccination sites.

The moderna vaccine is expected mid- April with only one vaccine required. GP Practices are having better uptake with booking patients in for an appointment to have the vaccine than offered through the covid call centre.

Mr Atkinson agreed to share data on the uptake of the vaccine across Rotherham for all cohorts. It is expected by the 11th of April 80% of the 40 plus age group will have received their first vaccine.

Rotherham Primary Care Networks have signed up to deliver the vaccine programme for Cohorts 10 and 12. Mr Atkinson in formed the meeting most areas have signed up, in Sheffield only half the Primary Care Networks have signed up making the programme a challenge.

Dr Avery – informed the meeting covid expansion funding is available.

Mr Atkinson, informed members text messages are sent out to patients, it is being looked in to running the programme at different times, one late night during the week and at the weekend to deliver the vaccine to patients.

Dr Sukumar asked if a meeting had taken place with CCG Executives and Clinical Directors if a GP is required on site where the vaccine programme is being delivered. Primary Care Networks are continuing with the vaccination programme from April or could an on-call system be put into operation, to answer questions, as there is protocol in place for patients with reactions to the vaccine and as people are starting to take holidays .

	<p>Mr Atkinson described the national model and the guidance is for a GP to be present at a vaccination site, it is the decision of the Clinical Directors and Primary Care Networks to decide how clinical cover is provided at the vaccination sites and the ask being who is carrying the clinical risk?</p> <p>Members agreed to keep up the consistent standards with a GP on at every site delivering the vaccination programme.</p> <p>Dr Avery informed members the covid expansion funding is available to assist with workforce and could pay for a locum to attend vaccination sites and allow GP to do other work.</p> <p>Members agreed the decision needs to be agreed across the region to consider the clinical risk as GPs are on site to make decisions.</p> <p>Dr Qureshi informed members the patients at the vaccination sites are not having reactions to the vaccine, patients are more concerned and have queries of how safe the vaccine is and agreed because of media coverage of the Astra Zenica vaccine and queries are going to increase a GP is required on site.</p> <p>Action Mr Atkinson to share data with members of the uptake of the vaccine in all cohorts across Rotherham</p>
6	<p>Finance Update</p> <p>Mrs Allott informed members today is the last day of the financial year 2020/21 and all is going well.</p> <p>The National planning guidance was received 25 March 2021 and we need to understand what it means. In broad terms the next six months from April 2021 will operate the same as the last six months of 2020/22 and further information is awaited to draw-up the financial plan.</p> <p>This time last year CCG received their own allocations and shares of system allocation. Finance are looking to finalise the shares of the system allocations and setting out to agree on the same broad principals as last time with conversations currently taking place and the level of detail required to be worked through in the next couple of weeks.</p> <p>Primary Care is on one area in the guidance with financial clarity. With the funding received CCG's end the financial year will be within budget. There are sign of efficiencies for next year with implied efficiencies built into the model and the national message from Julian Kelly is there are modest efficiencies for the first six months of 2021/2022 financial year</p> <p>Dr Douglas invited Mrs Allott to a Clinical Directors meeting once the work has been completed in detail for Primary Care.</p> <p>Action Mrs Allott to attend a Clinical Director meeting</p>
7	<p>Primary Care & Secondary Care Referral Process</p>
	<p>Members discussed and agreed for the referral process to be reviewed and why the secondary care internal referral process brought to an end– were there</p>

	<p>contractual issues, the cost for unnecessary referrals from both Primary Care and Secondary Care and the cost to primary care to chasing up cases that should have been referred internally in secondary care</p> <p>Dr Avery informed members Dr Gardner is looking at lines of communication between primary care and secondary care and changing the ways of working.</p> <p>Mr Atkinson agreed for the clinician to clinician engagement to be re-established for issues between primary care and secondary care to be resolved.</p> <p>Dr Fulbrook informed members of a section of the hospital contract where consultants were required under the terms of the contract to make appropriate secondary care referrals where the original complaint was related to the subsequence of diagnosis as long as it was within their own health authority boundaries. Some cases were subject to potential British Medical Association breach letters sent by Primary Care when consultant did not refer cases onwards.</p> <p>Dr Avery agreed to defer for further discussion at the GP Members Committee meeting in April</p>
	<p>Action April agenda items- Secondary Care and Primary Care referral process- what the ask is and what primary care can do.</p>
8	<p>For information</p>
	<p>C- the Signs</p>
	<p>Dr Birks was unable to attend the meeting and present the C-the Signs paper. Dr Avery agreed to defer this item to the April GP Members Committee meeting.</p> <p>Action Dr Birks to attend GP Members Committee meeting in April</p>
	<p>Standard items</p>
9	<p>Issue Logs:</p> <ul style="list-style-type: none"> • TRFT <p>Emergency centre and extended access hubs not issuing certificates for time off work not normal practice</p> <p>Discharge letters with no dates on</p> <p>Stroke unit and medications</p> <p>Letter received with clinical sensitive information sent to primary care email addresses</p> <p>Dr Avery requested clarity with the hot-sites closing and prescriptions for hot site patients going to the Bellow Road pharmacy. Dr Muthoo informed members the process of the prescriptions for other patients will be amended.</p>

	<ul style="list-style-type: none"> • RDaSH <p>Delays in release of police following acceptance of detention by Health at Swallownest Court</p> <p>Crisis Service support</p> <p>GP requested to prescribe anti-depressants to child and young people.</p>
	<p>Action None</p>
<p>10</p>	<p>Any other business</p> <p>Dr Chandran informed members of breaking news of the company producing the Pfizer vaccine are applying for permission to prescribe their vaccine to children from the age of 12 to 16 years old.</p> <p>Dr Ravi – requested to clarify from the Bitesize News received informing GPs of Breathing Space taking over the oximetry monitoring service. The process has not been made clear of how to access the service, how the oximeters get collected, who do the calls and how the service is managed? There is clinical information of who should be monitored.</p> <p>Dr Muthoo informed members the oximetry monitoring services was commissioned by CCG to be delivered by the GP Federation. Patients were picked from the system via the secure electronic file transfer (SEFT) register with COPD, vulnerable and over 65’ who had positive covid tests.</p> <p>The process is a clinician telephones a patient and carries out a verbal risk assessment to identify if a patient would benefit from having a pulse oximeter.</p> <p>When a patient identified who would benefit, they are provided with an oximeter for two weeks and provided with guidance of when to seek help, continue to monitor, received advice from clinician and when to attend hospital.</p> <p>The oximeters were delivered to patients by the Federation, some patients can collect oximeter.</p> <p>As of the 31 March 2021 the Rotherham Trust have taken over the service and provided from Breathing Space with nurses doing the monitoring, organising distribution from Breathing Space and collection of the oximeters will be carried out by Mediquip.</p> <p>Mr Atkinson agreed his team will update the Bitesize narrative for the Pulse Oximeters Pathway imminently.</p> <p>Dr Fulbrook informed members the Long Covid Pathway provided at Breathing Space is commissioned by secondary care and referrals from primary care are not accepted.</p> <p>Mr Atkinson requested a specific agenda item for the GP Members Committee meeting in April for the Long Covid Pathway, for more narrative into the system for everyone to understand what it is for the Rotherham Place and if Rotherham is meeting the needs of the national ask, which was prescriptive for Places to have a Long Covid Pathway in place for support and communities and to explore if Rotherham have the right pathway in place for the national expectation versus the pathway being delivered in Rotherham.</p>

	<p>Dr Clitherow is leading on the pathway with colleagues from the Rotherham Trust. Members agreed for Dr Clitherow to attend the next GP Members Committee meeting to discuss the specification for the Long Covid Pathway.</p> <p>Dr Ravi informed members with part of the long covid expansion funding the Social Prescribing Service are carrying out assessments for patients with long covid symptoms. The process is for GPs to refer patients via the SBS referral system to the social prescribing service. From the assessment carried out each patient is scored and the details are forwarded on to the patients GP. The social prescribing form is to be included with any referral on to Secondary Care with reference to long covid and the social prescribing service provide a support service for these patients.</p> <p>Action Mr Atkinson agreed to have the Bitesize news for – updated Dr Avery agreed for the specification of the Long Covid Pathway agenda item for the GP Members Committee meeting in April</p>
11	Feedback from Governing Body March 2020
	<p>Dr Avery informed members the following were discussed</p> <ul style="list-style-type: none"> • Integrated Care Partnership • White paper • Working together to improve health and social care
12	Urgent Issues and Appropriate Escalation and Risks Raised
	None
13	Date and time of next meeting
	Wednesday 28 April 2021 at 12:30pm via zoom