

Minutes of the NHS Rotherham Clinical Commissioning Group

Primary Care Committee Meeting

Wednesday, 8 May 2019 @ 1pm – 3pm

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:

Dr	R	Carlisle (RCa)	Lay Member (Chair)
Mrs	W	Allott (WA)	Chief Finance Officer - RCCG
Mrs	R	Odell (RO)	On behalf of Chief Nurse - RCCG
Mr	C	Edwards (CE)	Chief Officer - RCCG
Mrs	D	Twel (DT)	Lay Member

Present In Attendance:

Mr	G	Avery (GA)	GP Members Committee Representative
Mr	A	Clayton (AC)	Head of Digital
Dr	D	Clitherow (DC)	SCE GP
Ms	L	Eddell (LE)	NHS England – attending on behalf of Mr P Barringer
Ms	R	Garrison (RG)	Senior Contracting & Service Improvement Manager - RCCG
Mrs	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
Mr	S	Lakin (SL)	Head of Medicines Management RCCG
Dr	N	Leigh-Hunt	Public Health
Mrs	J	Murphy (JMu)	Primary Care Committee Administrator & Minute Taker – RCCG
Dr	N	Thorman (NT)	GP LMC Representative
Mrs	J	Tuffnell (JT)	Head of Commissioning RCCG

Participating Observers:

None at this time

Members of the Public:

None at this time

Apologies:

Mr	J	Barber	Lay Member
Mr	P	Barringer (PB)	NHS England
Miss	J	Martin (JMa)	Senior Service Improvement Manager – RCCG
Mrs	S	Cassin (SC)	Chief Nurse - RCCG

2019/75	Apologies & Introductions
2019/76	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. No additional declarations at this time.
2019/77	Patient & Public Questions
	Chair noted that none have been received.
2019/78	Quorum
	The Chair confirmed the meeting was quorate.
2019/79	Draft minutes of the Primary Care Committee dated 10 April 2019
	Committee agreed the minutes as a true and accurate record.
2019/80	Matters arising
	None at this time
2019/81	Action Log
2019/81a	Committee agreed the removal of the actions which are now complete as per enclosure 1b: <ul style="list-style-type: none"> • NHS Long Term Plan – GP Documents Committee agreed to make the following items green:- <ul style="list-style-type: none"> • Contract & Quality Visits report • Review of Appointment Figures 2018.
2019/81b	Update on 2019/65c Primary Care Networks <ul style="list-style-type: none"> • Outline to be developed next week and to be discussed at Communication

	<p>Management Committee.</p> <ul style="list-style-type: none"> • A 'How to Video' is available for PPGs. • Consideration to be given to the audience and what they need.
2019/81c	<p>Update on 2019/65d Evaluation of the Rotherham Health App</p> <ul style="list-style-type: none"> • Dates have been offered to go through evaluation
2019/81d	<p>Update on 2019/65f Telehealth</p> <p>CCG officers will be liaising with Patient and Public Engagement lead for advice on the best way to engage patients.</p>
	<p>Action – JMu to amend the Action Log as directed above.</p>
2019/82	<p>Strategic Direction</p>
2019/82a	<p>➤ IT Strategy</p>
	<p>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.</p> <p>AC took the paper as read by all members and gave an overview of the IT Strategy changes, and asked the committee to:-</p> <ul style="list-style-type: none"> • Note changes and support the action taken in the report. <p>AC advised that new guidance is expected in relation to new IT operating model. In the interim IT has used the guidelines from the new contract.</p> <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> • GP Wi-Fi – roll-out completed for Rotherham. GA advised that there is a push for IT for all practices to be on broadband. Main issue identified is around the speed of broadband at present with the N3 connection. AC advised that the N3 connection is being replaced and new networks will be implemented this year. • GP Connect – SystemOne have received approval from GP Connect and are now in a position to be interoperable • Electronic Clinic Letters – TRFT have the capability to issue, however are not able to distinguish between 'Discharge letters' and general letters. Therefore, as a solution, IT are opting to use the Rotherham Health Record and this will be rolled out in due course. • Whzan Electronic Health Monitoring – Connect Healthcare (Federation) have had issues in implementing the system due to the turnover of care home staff and change in Connect Healthcare staffing. GA advised that the plan is to pick this up once recruitment takes place at Connect Healthcare. Due to the issues mentioned above the committee noted that this project requires continued training of care home staff. • Prescribing – Residual issue relating to Kiveton Park as they do not use this system. Guidance and support required had an end date for implementation of April 2019. Committee recommend a conversation takes place to ascertain why this route has been taken by the practice and a paper to be presented to committee outlining the issues and solution. • AC advised that Bassetlaw, Barnsley & Sheffield Embed contract for GP IT ceases at the end of 2020. However, Rotherham have their IT contracted with TRFT support services and will continue to use this provider. • Paper light – AC advised this is being reviewed. National Schemes are being considered in relation to the Lloyd George records, and the new electronic

	<p>discharge letters will have an impact.</p> <p>Committee noted the report and support the actions taken.</p>
2019/82b	<p>➤ Translation Services</p> <p>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.</p> <p>SH took the paper as read by all members and gave an overview of the Translation Services paper and the committee were asked to:-</p> <ul style="list-style-type: none"> • Continue with the funding arrangement for Shakespeare Road and offer similar support to the additional five practices identified within the paper. • Approve the paper <p><u>Members discussed key areas:</u></p> <ul style="list-style-type: none"> • Is this option affordable and provide appropriate cover for the Roma/Slovakian community and will be funded from the Primary Care Budget. <p>Committee request at the next review, that consideration is given to the cohort of patients, and what the language skills of the patients are as it is more likely that this population's knowledge is improving over time. Members advised that Rotherham Council may be able to assist in gauging how the language skills are improving</p> <p>GPs and Rotherham Connect Healthcare left the room at this point and returned after confidential discussion.</p> <p>Committee agreed with the recommendations and approved the paper. Funding to continue for a year and then be reviewed on need and affordability.</p>
2019/82c	<p>➤ Review of the process for the approval of Local Enhanced Services</p> <p>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.</p> <p>RG took the paper(s) as read by all members and gave an overview of the Review of the process for the approval of Local Enhanced Services papers and the committee were asked to:-</p> <ul style="list-style-type: none"> • Review the document and approve the amended process. <p><u>Members discussed key areas:-</u></p> <ul style="list-style-type: none"> • Committee discussed the process for Primary Care Networks. RG advised that advice has been sought. <p>GPs and Rotherham Connect Healthcare left the room at this point and return after confidential discussion.</p> <p>Committee agreed with the recommendations and approved the amended process.</p>
2019/82d	<p>➤ Primary Care Network Directed Enhanced Service (DES)</p>

	<p>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.</p> <p>RG took the paper(s) as read by all members and asked the committee to:-</p> <ul style="list-style-type: none"> Note the progress and timeline. <p>CE advised that the CCG have written to all practices for their declaration by the deadline date of 15 May 2019. Currently it is understood that there will be six Primary Care Networks and the six clinical directors are well on the way to being established. In relation to bank accounts, five of the six Primary Care Networks wish to use Connect Healthcare (Federation) if this is accepted and one is undecided.</p> <p>The next steps are to liaise with other sectors and ascertain how Primary Care Networks fit into the wider health care system.</p> <p>JT advised that the CCG is required to sign off the Primary Care Networks by the 31 May 2019. As there is no committee before this date, CE requested that Primary Care Committee authorise delegated responsibility to him to sign off. If escalation is required then a virtual meeting will be organised but this is not anticipated.</p> <p><u>Members discussed key areas:-</u></p> <ul style="list-style-type: none"> Extended access payments, timeframes and transition to Primary Care Networks. <p>JT advised that:-</p> <ul style="list-style-type: none"> Connect Healthcare (Federation) can hold the Bank account, however a 'c' code for CQRS is required which has to be the lead practice of the Primary Care Network. Extended access - the offer of the DES has been issued to all practices, the presumption is that current services in place will continue as 3 months' notice is required. <p>CE advised that a governance review is due to be undertaken, to work through the Primary Care Network impact on the CCG governance structure..</p> <p>Committee recommended applying NHS England rules and work with practices to navigate the extended access hours DES.</p> <p>Committee agreed with the recommendations, noted the paper and agreed delegated responsibility to the Chief Officer to communicate accordingly or organise a virtual meeting if required.</p>
2019/83	Standing Items
2019/83a	Quality Contract (verbal update)
	<p>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.</p> <p>AG gave a verbal update of the Quality Contract and asked the committee to:-</p>

	<p>➤ Note the verbal update</p> <p>AC advised that Qtr4 Quality Contract Dashboard is due out on the 10 May 2019, and practices have been notified of the timescales for receipt of appeals.</p> <p><u>Members comments</u></p> <p>None at this time</p> <p>Committee noted the verbal update</p>
2019/83b	<p>➤ NHS Long Term Plan (10 Year Plan)</p> <p>The GPs will be bound by the details of this update; as such they will remain in the room for the discussion.</p> <p>CE gave a verbal update on the NHS Long Term Plan (10 year plan).</p> <p>CE advised that papers have been circulated, and CCG Officers advised that draft guidance 'on how to apply the documents in practice' is being developed, however has not yet been issued.</p> <p><u>Members comments</u></p> <p>None at this time</p> <p>Committee noted the verbal update.</p>
2019/83c	<p>➤ Improving Access – Extended Access monthly update</p> <p>The GPs will be bound by the details of this update; as such they will remain in the room for the discussion.</p> <p>AG gave a verbal update on extended access. In April 2019 utilisation was generally good with the exception of Sundays which was lower and there were also more Did Not Attends than other days. This was due to patients being unable to cancel appointments. AG confirmed that a cancellation function is now available within the Rotherham App.</p> <p><u>Members discussed key areas:-</u></p> <ul style="list-style-type: none"> • Medication reviews and the limitations of the record received. • Limitation in the number of samples that can be sent for testing. <p>Committee noted the verbal update.</p>
	<p>Action – JMu to discuss with JMa the issue of Blood Samples and add to the Action Log for follow-up.</p>
2019/84	<p>Finance</p>
2019/84a	<p>➤ Primary Medical Services (PMS) Contract Review Update</p> <p>The report sets out the Financial Plan for 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.</p> <p>LJ took the paper as read and gave an overview of the Primary Medical Services (PMS) Contract Review Update paper, and asked the committee to:-</p> <ul style="list-style-type: none"> • Support Option 3b. • Note the next steps required in terms of process, communications, and

securing agreement of contractors.

LJ advised that the national requirements are to achieve equitable funding by 2020/1, and uplift PMS contracts in line with guidance. The uplift is lower this year as indemnity is funded centrally from global sum and fund flows are from different sources e.g. network participation payment.

- Option 1, the previously agreed principle, would therefore take longer to achieve equity due to the lower uplift.
- Clarity of Option 3b, is the 2020 uplift amount the same in options 2-3? WA confirmed yes.

Members discussed key areas:-

- GMS practices losing Seniority and MPIG payments from global sum going forward.
- LMC stated that challenge may be received as Option 3a is closer to the national guidance compared to Option 3b.

WA advised that Option 3b meets guidance – PMS practices are aligned from the 1st April 2019 the uplift is applied and the difference in the GMS PMS rate is reduced transitionally at 4 month intervals until it equals to the GMS rate on 1st April 2020. This provides an opportunity to reinvest these funds across all practices in year rather than PMS only.

NHS England confirmed the reinvestment funding should be ring- fenced for primary care use and there is a clear list of PMS reinvestment schemes to benefit all practices.

Committee agreed to support option 3a and note the next steps. Chief Finance Officer to write to each practice and outline within the letter the financial implications as at 31 March 2020. CCGs to work with practices to understand the sustainability and potentially complete a template and outline how they would deal with two different uplift scenarios.

2019/84b

➤ **Finance report month 12**

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

LJ took the paper as read and gave an overview of the Finance Report paper, and asked the committee to:-

- (i) Note the current position in Table 1 and the supporting information.

Members comments

Note 2 – error on the paper £0.6m should read £0.06m

NT asked how the budget for list size adjustment was calculated going forward as it was under spend at the end of the year. LJ advised that it is set at the same rate i.e. a 0.7% increase is assumed in 2019-20. RG confirmed that significant housing developments are planned in the Rotherham area.

	<p>Committee request finance colleagues review the past population growth patterns and check that the 0.7% is appropriate, and work with RMBC colleagues.</p> <p>Committee agreed with the recommendations and noted the paper.</p>
	<p>Action – WA/LJ to review the past population growth patterns and check that the 0.7% is appropriate, and work with RMBC colleagues.</p>
2019/85	For information
	Nothing to report at this time.
2019/86	Any other business
2019/86a	<p>Primary Care Strategy</p> <p>ICS to develop a Primary Care Strategy by June 2019. JT advised that the ICS are keen to receive place strategies to inform the overall strategy and that as the Rotherham strategy is due for a refresh it is proposed to prepare this for the June committee.</p>
	Action – JT to provide draft Primary Care Strategy paper for June 2019 PCC
2019/87	Primary Care Committee Forward Programme
	<p>RCa gave an overview of the Primary Care Committee Forward Programme, and agreed no changes.</p> <p>Committee noted the Primary Care Forward Programme.</p>
2019/72	Items for escalation / reporting to the Governing Body
	None at this time.
2019/73	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>
2019/74	Date and time of Next Meeting
	Wednesday 12 June 2019 commencing at 1pm in Elm Room, Ground floor, Oak House