

**Minutes of the NHS Rotherham Clinical Commissioning Group**

**GP Members Committee**

**12:30pm 30 June 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:**

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

**In Attendance:**

<b>In Attendance:</b>	
Chair of SCE	Dr R Cullen
Vice Chair of SCE	Dr J Page
CCG Chief Officer	Mr C Edwards
CCG Executive Place Director	Mr I Atkinson
CCG Chief Finance Officer	-Mrs W Allott
CCG Assistant Chief Officer	Mrs R Nutbrown
Administration	Ms D McGarvey
SCE GP Lead- Mental Health for Adults	Dr Barmade
SCE GP Lead – Respiratory Lead	Dr D Clitherow
LMC Chair	Dr A Davies
LMC Vice Chair	Dr C Myers

1	<p><b>Apologies</b> Dr R Cullen</p>
2	<p><b>Quorum</b> Dr Avery confirmed the meeting quorate</p>
3	<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>No conflicts of interest were declared</p>
4	<p><b>Draft minutes of the GP Members Committee meeting dated 26 May 2021 and the matters arising</b></p> <p>Item 4 Dr Fulbrook informed the meeting no further update has been provided in respect of communication pilot with Rotherham Trust colleagues in which Dr Gardner has agreed to provide email address for the Rotherham Trust for Primary Care to correspond with Secondary Care.</p> <p>Dr Avery agreed for Dr Cullen to provide and update at the next GP Members Committee meeting.</p> <p>Item 4 Dr Clitherow – informed members the Long Covid Pathway is being reconfigured as the proposed model has been challenged by NHS England.</p> <p>The four different syndromes to be dealt with are:</p> <ol style="list-style-type: none"> <li>1. Fatigue</li> <li>2. Breathless</li> <li>3. Anxiety</li> <li>4. Chest pain</li> </ol> <p>The Medical roles will require training as clinicians will be treating the unknown and the long covid pathway is work in progress. With the national pressures to deliver the service and the tight timescales put in place by NHS England, Dr Clitherow agreed to bring the long covid pathway to GP Members Committee when the service in place.</p> <p>Members discussed and agreed clarity of the referral process of the pathway is required along with guidance as younger patients are coming through the system with different issues.</p> <p>Dr Clitherow informed members there is capacity for referrals into the mental health services.</p>

	<p>Item 11 Dr Avery thanked Dr Ravi on behalf of GP Members for his contributions as a Primary Care Clinical Director and Primary Care Networks.</p> <p><b>Actions:</b>  Dr Cullen to update members on the communications pilot with Rotherham Trust colleague.  Dr Avery agreed for Long Covid Pathway to be a standard item on the GP Members agenda.  Dr Clitherow to update members on the Long Covid Pathway</p>
5	<p><b>COVID update</b></p> <p>Mr Edwards informed members of the South Yorkshire and Bassetlaw update: Infection are on the increase, the national rate of infections is 100/100000, in Rotherham the infection rates are 80/100000 and in Leeds the infection rates are 200/100000. The covid Delta variant is taking a hold in Yorkshire.</p> <p>The third wave is expected at the end of July and the impact on secondary care is expected to be a quarter of infection rates from the second covid wave, as the patients are younger and the stays in hospital are shorter.</p> <p>Mr Atkinson provided members with an update of the Rotherham covid vaccination programme:</p> <p>83% of the Rotherham population have received their first covid vaccination and 67% of the Rotherham population having received their second vaccine. These figures are expected to increase up to the 19 of July. The vaccination programme in Rotherham is one the highest performing programmes in England.</p> <p>In South Yorkshire 60% of the 18-29 age cohort have received their first covid vaccine. Discussions are taking place with Clinical Directors on how to manage the remainder for the cohort.</p> <p>The view from Public Health is that the vaccine programme has assisted with covid pandemic.</p> <p>Guidance is expected in the next two weeks for the for the flu and school covid vaccination programmes.</p> <p>Mr Atkinson thanked everyone for all their efforts with the vaccination programme in Rotherham.</p> <p>Dr Sukumar questioned:</p> <p>Why have the internal Practical Learning Training has been cancelled?</p> <p>How are GPs to manage the vaccination programme, staffing issues due to isolating, staff starting to take holiday leave, Quality and Outcomes Framework and Quality Contract?</p> <p>Mr Edwards informed members the third wave of covid is expected to have an impact on staff, the national rules on isolating will change on the 19 of July to assist with staff issues guidance will be provided for employees and employers.</p> <p>CCG is unable to do anything different, these are national issues.</p> <p>NHS England are requested for Primary Care to deliver flu vaccination programme, school vaccination programme and manage the third wave of the covid pandemic.</p>

	<p>Members discussed and agreed Primary Care staff are over worked the national ask is not achievable.</p> <p>Mr Fulbrook requested a further discussion regarding pop-up clinics at the Clinical Directors meeting which follow the GP Members Committee meet and plans to be in place to reduce the number of vaccination clinics and vaccinators required.</p> <p>Mr Atkinson informed members of the feedback from the Clinical Directors meeting held Tuesday 29 June. The footfall into vaccination sites has reduced and over the next two or three weeks for one pop up vaccination site to be put into action as part of the Rotherham covid vaccination exit plan.</p> <p>The national drive is to have several pop-up vaccination sites for different cohorts, the numbers of foot fall are smaller and a maximum of two vaccinators will be required on site.</p> <p><b>Actions</b></p>
6	<p><b>Integrated Care System Design Framework</b></p> <p>Mr Atkinson informed GP Members, the Integrated Care System – Design Framework document being self-explanatory and permissive, describing Rotherham Place and South Yorkshire Integrated Care System and requires clarification of how Primary Care will sit in the framework and how Primary Care will be represented.</p> <p>Mr Edwards informed members of the timings of the first and second reading to be held in parliament, the Integrated Chair to be announced in August followed by Place leads to being decided.</p> <p>Sir Simon Stevens is standing down as NHS Chief Executive at the end of July and Matt Hancock the Governments Health Secretary has step down and been replaced by Sajid Javid, details of Mr Javid review of the health programme are awaited.</p> <p>The NHS England transition will take place in April 2022, the aim is to get Primary Care in Place, Rotherham are wanting a big Integrated Care Place (ICP) and little Integrated Care System (ICS). Mr Edwards informed members on page 28 of the Integrated Care System Design Framework document details the roles for Primary Care Networks.</p> <p>Members discussed the difficulty of having a multidisciplinary team working with Primary Care Networks when employed by other organisations, and of Primary Care being represented by one Primary Care GP on the Integrated Care System Board and Primary Care Network lead require support and funding from Place to start putting programme in place.</p> <p>NHS England decide who are on the board, the current proposal if for the Chair to be appointed by NHS England, the national place for Chief Executive, Chief of Finance Officer and Chief nurse.</p> <p>Each Place are to select a GP to represent Primary Care, GP members Committee to identify a lead GP to represent their committee on the Integrated Care System Board. Guidance is awaited.</p> <p><b>Action</b></p>

## Integrated Care System- Primary Care Representative

Mr Atkinson agreed to facilitate the discussion for GP Members. Dr Cullen received positive feedback from the proposed approach for Rotherham GPs to be represented at Integrated Care Place and Integrated Care System and for the contents to be shared with Primary Care networks during the transitional period.

The outcome of the decisions will be presented at the Practical Learning Training event in September by the Local Medical Committee.

Members provided the following feedback:

There is no Mental Health representation on Primary Care and Place Delivery Structure.

Concern of with how conflict of interests will be managed from the details of the Delivery Structure.

Dentist, Pharmacies and Optometrist are part of Primary Care and views of the approach from their committees are to be included as well as General Practitioners.

Mr Atkinson informed members the discussion is for agreement between member for a Primary Care voice around the table. Primary Care are to decide the service transformation in Place in one area and manage conflicts.

Members agreed the current proposed structure is GP heavy with members from GP Members Committee, Local Medical Committee and Strategic Clinical Executives.

Members discussed

Having a Development Group for focus on the strategic development

For the Local Medical Committee to look at the Strategic Plan for Practices

The agreed representative is a GP working in Primary Care Network and member of LMC to reduce the number of GP members.

Concerns were raised of GPs workloads and the structure on Clinical Directors CCG Executives roles looked to being replaced by Clinical Directors positions within the Group.

Members to plan out expectations

In the Transformation Group – Deprivation and Equality are omitted

Clarification of what additional support will be provided while CCGs transition to ICS's for the time and efforts

Guidance required for local structures to be successful-

Mr Atkinson agreed demand is on Clinical Directors is challenging

Feedback from, surrounding Primary Care are for the work-streams to be managed and shared with GP with specialist interest. The board member is not required to be a Clinical Director.

Mr Edwards informed members NHS England local focus is to lift and shift CCG staff into ICS positions.

Dr Cullen is to update members of the proposed outline.

The second part of Dr Cullen objective is to discuss the timeframes to reach agreement of shadow agreements

	<p>Mr Edwards informed the meeting the ICS Chair is expected to be announced in August and Chief Executive Officer announced in September, Rotherham need to be clear of what they want for the Rotherham population.</p> <p>Members agreed for Dr Muthoo to be the voice for Primary Care at ICS level and ICP in Rotherham with input from Dr Cullen. And for Dr Davies, Dr Muthoo and Dr Cullen to summarise what Rotherham wants from the transition and for Members to feedback to Dr Muthoo, Dr Cullen and Dr Davies.</p>
	<p><b>Action</b>  <b>Dr Cullen to provide an update</b></p>
8	<p><b>For information</b></p>
	<p>None</p>
	<p><b>Actions</b></p>
9	<p><b>For Approval</b></p>
	<p>None</p>
	<p><b>Actions</b></p>
	<p><b>Standard items</b></p>
10	<p>Issue Logs:</p> <ul style="list-style-type: none"> <li>• TRFT</li> <li>• RDaSH</li> </ul> <p>Members raised no issues</p>
	<p><b>Action</b>  <b>None</b></p>
11	<p><b>Feedback from Primary Care Networks</b></p>
	<p>Dr Ravi is stepping down from Clinical Director for the Rotherham Central North Primary Care Network.</p> <p>Mental Health services work is ongoing</p> <p>Covid vaccine program for hotspots.</p> <p>Planned meeting for estates</p> <p>Integrated Care System Framework</p> <p>Dr Douglas agreed to discuss with Andrew Clayton RCGG Head of Digital- regarding patient expectations going forward across the system for personnel and patients and review resources and request a I.T. funding update.</p>
	<p><b>Actions</b></p>

	Members are requested to provide feedback outside of the meeting
12	<b>Any other business</b>
	Dr Sukumar questioned what support CCG can provide to Primary Care in regards the quality contract and preparation for the third wave.
	Mr Atkinson informed the meeting Primary Care are to manage the national ask, the Quality Contract has been agreed in Primary Care Committee with support from the Local Medical Committee.
	CCG Executives agree the national ask is challenging and discussions to take place with the Local Medical Committee and CCG Executives. Due to conflicts of interest for members of the GP Members Committee the Quality Contract discussions take place in Primary Care Committee meetings.
	Dr Sukumar asked why the Practical Learning Training session in August been cancelled?
Mrs Cassin informed members 111 commanded the July and August PLTC events to be cancelled due to lack of capacity. Discussions have taken place and CCG are complying with cancelling the August training event and as the July PLCT event is organised for Wednesday 8 <sup>th</sup> of July, 111 have agreed to provide cover for Rotherham GP Practices.	
Dr Mackeown agreed to discuss with Andrew Clayton (RCCG Head of Digital) regarding the Rotherham Primary Care website and discuss with Gordon Laidlaw (RCCG Head of Communications) for feedback and explain the Primary Care position in Rotherham.	
	<b>Action</b> Dr Mackeown to discuss the Primary Care website with Mr Clayton and have a discussion regarding communications with Mr Laidlaw
13	<b>Feedback from Governing Body meeting 5 May 2021</b>
	Dr Avery informed members the following were discussed at the May Governing Body meeting: DVT Pathway Integrated Care System Place Plan Prescribing incentive scheme
14	<b>Urgent Issues and Appropriate Escalation and Risks Raised</b>
	None
15	<b>Date and time of next meeting</b>
	Wednesday 28 July 2021 at 12:30pm via zoom