

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

**Virtual Public Governing Body Meeting**

**Wednesday, 7 October 2020 at 1.00pm**

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**Quorum**

**Governing Body has 13 voting members including 1 Lay member and 1 GP Members Committee Member or nominated representative, the Accountable officer or nominated representative and the Chief Financial Officer or nominated representative.**

**Quorum is 7 members**

**Present:**

|                |   |
|----------------|---|
| Dr R Cullen    | GP & Chair, RCCG                                  |
| Mr C Edwards   | Accountable Officer, Rotherham and Barnsley CCG's |
| Mr I Atkinson  | Executive Place Director, RCCG                    |
| Mrs W Allott   | Chief Finance Officer, RCCG                       |
| Mrs S Cassin   | Chief Nurse, RCCG                                 |
| Dr G Avery     | GPMC Representative, RCCG                         |
| Mr J Barber    | Lay Member, RCCG -Vice Chair                      |
| Mrs D Twell    | Lay Member, RCCG                                  |
| Dr S Mackeown  | GPMC Representative, RCCG                         |
| Dr J Page      | Lead GP, Finance and Governance, RCCG             |
| Dr D Clitherow | Independent GP                                    |
| Mrs J Wheatley | Lay Member, RCCG                                  |
| Dr R D'Costa   | Secondary Care Doctor, RCCG                       |

**In Attendance:**

|                |                               |
|----------------|-------------------------------|
| Mrs R Nutbrown | Assistant Chief Officer, RCCG |
| Ms L Hill      | Minute Taker, RCCG            |
| Mr G Laidlaw   | Head of Communications, RCCG  |

**Participating Observers:**

|                    |   |
|--------------------|---|
| Mr S Lakin         | Head of Medicines Management, RCCG      |
| Councillor D Roche | Chair of Health & Wellbeing Board, RMBC |

## **Apologies:**

Dr N Leigh-Hunt

Public Health, RMBC

### **173/20 Quorum**

The Chair confirmed the meeting as quorate

### **174/20 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 (RCCG).

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](http://www.rotherhamccg.nhs.uk/about-us/declaration-of-business-interests_2.htm)

Mrs Wheatley declared conflict of interest in the Social Prescribing agenda item due having a Regional Learning Co-ordinator role for the Social Prescribing Network in Yorkshire and Humber.

Mr Edwards responded that as no decisions are required for this item, exclusion will not be required.

Mr Edwards and Mr Atkinson declared conflict of interest for the Remuneration Committee agenda item. Mr Barber will chair this item, adding that although present, Mr Edwards and Mr Atkinson would not be included in any decision making. Mrs Allott confirmed that due to a perceived conflict, she would self-exclude herself from the decision making.

### **175/20 Patient & Public Questions**

None submitted

### **176/20 Draft minutes of the last Virtual Public Meeting dated 2 September 2020**

The minutes were agreed as a true and accurate record of the meeting.

### **177/20 Public Action Log**

Members reviewed the action log and noted progress.

155/20 - Chief Officer Report. Phase Three Winter Plan and Flu programme October agenda item. Completed.

158/20 - Organisational Development Plan. Governing Body Assessment Framework refresh. Governing Body Development Session agenda item in November agenda. Ongoing – mark as amber.

### **178/20 CHIEF OFFICER REPORT**

Mr Edwards gave an overview of national/local developments in the

past month highlighting the following:

**Financial Systems Envelopes** - We have been updated on the financial envelope for the South Yorkshire & Bassetlaw ICS system covering the remainder of the financial year from Month 7 and further detail on contracts and payment guidance for months 7-12 2020/21. Work will take place on a South Yorkshire basis working with ICS partners to look at future finance planning and an update will be provided at the November Governing Body meeting.

**Action: November Governing Body agenda item.**

**Communications Update** - Mr Edwards gave an update on current communications activity noting that the focus is on keeping safe, information on COVID and access to services during the winter season, and information on available support and resources.

Dr Cullen recently took part in a short interview with the Rotherham Advertiser to provide assurance and information regarding accessing GP services and the flu vaccine.

Development Information and guidance continues on Rotherham's mental health and wellbeing services, which includes Rotherhive, IAPT, the new IESO and bereavement support services.

Mr Laidlaw also informed members that the Rotherham Advertiser has highlighted the opening of a drive through vaccination option at Herringthorpe this week and CCG staff have also now been offered places on the vaccination programme.

## **STRATEGIC UPDATES**

### **179/20 Phase Three Reset**

Mr Atkinson shared a presentation and gave a verbal update on the Phase Three Reset Place Plan.

The CCG will look at local systems to produce and submit plans to the SY&B ICS who will then produce a system plan based on the five places. Plans will include the outcome of partnership working, with clear and transparent triangulation between commissioner and provider activity and performance.

Key challenges are highlighted as:

- Delivering 'business as usual' services, especially in light of Wave two COVID
- Delivering agreed planning trajectories; elective, cancer, community, primary care
- Capacity of primary care to deliver as workload increases
- Delivery of Winter and Flu plans
- Increased demand for mental health services and particularly low level psychological support
- Impact of Resurgence of COVID

- Capacity of workforce i.e. due to sickness, morale, mental health
- Acute capacity if infection rates peak
- Impact on ability to sustain activity
- Addressing health inequalities going forward
- Continuing Health Care assessments of current backlog of positive CHC checklists during COVID and future assessments
- Successful messaging to the public

Dr Avery shared a view that as Primary care is already very busy and the horizon changes very quickly, it may be necessary to 'switch services on/off' quickly reflecting wave two requirements.

Dr D'Costa shared information that at his local hospital there has been a 30% increase in demand this week due to increasing COVID cases, requiring cancellation of some clinics to support front line staff.

Mr Atkinson went on to say that the Rotherham Winter Plan will cover this issue in order to balance core services at Rotherham Foundation Trust (TRFT).

Mrs Twell asked if this would mean that the Nightingale Hospitals would be utilised.

Mr Edwards responded that the Harrogate Hospital would be made available for use if required. The Royal Hallamshire Infectious Disease Department in Sheffield is now at full capacity for COVID patients, so patients will no longer be transferred and will now receive treatment at their local hospitals. Current modelling suggests that the Nightingale Hospital would not be required during the second peak for intensive care purposes.

Dr Clitherow commented on prioritisation of some services i.e. cancer and the issue of temporary suspension of some services. There has been a decline in patient hospital/GP appointment attendance due to COVID concerns, but we have to get the balance right for delayed services.

Dr Avery commented on hospital discharge to nursing homes and the associated risk of passing COVID back into care settings, asking if the Nightingale Hospital could be a step down option going forward.

Mr Edwards responded that the design/facilities of the hospital was to look after intensive care and ventilated patients and is not suitable for rehabilitation of patients.

Dr Cullen added that the facility was designed for ventilated patients not requiring washing/toilet facilities and so is not suitable.

Dr D'Costa commented on track and trace process now that school age children are active, and the potential impact on hospital workforce when self-isolating of family is required, and the associated implications of having to take otherwise healthy staff off the front line.

Dr D'Costa shared a view that as therapeutic treatment and learning from the first COVID wave is now available, it is hoped that increase in cases and potential fatalities relating to the second wave will be reduced.

Mr Edwards went on to say that the risk to workforce has been recognised, adding that there is a national push to prioritise testing of front line staff and ensure efficient testing timescales are implemented quickly to minimise the impact.

Dr MacKeown requested local communication, as patients are still confused. There is a need for a local Rotherham response to cut through the national confusion.

Dr Cullen replied that there is an Outbreak Board twice a week to address local communication issues, and Mr Laidlaw has regular discussion on a Place communication basis to ensure local messaging is shared with the community.

Mr Edwards added that CCG work in partnership with the RMBC, who have the lead role for the messaging relating to the outbreak.

Mrs Twell informed members that at an ICS Lay Member meeting this week, Doncaster had been identified as good at 'myth busting' with Public Health. The hospital, the council and Lead GP at the CCG all put out the same message on each of their social media platforms on the same day, week by week, to offer reassurance to the patients and public, adding that Rotherham could also consider this approach.

Dr Cullen stated that he would be happy for CCG social media to be involved in this.

Governing Body Members noted the information

## **180/20 Winter Plan Update**

Mr Atkinson shared a presentation and gave a verbal update on the Winter Surge and COVID 19 Planning, across the Rotherham Place, highlighting key priorities for

- Primary Care
- Acute Services
- Flow out
- YAS
- Mental Health
- Social care
- Care Homes
- Staff

Some of the concerns and challenges are noted as co-horting of patients due to COVID/ risk of bed reductions, social care and home care provision, self-isolation and staff capacity/resources across primary care, acute wards, the Emergency Care Centre, GP access and GP Hubs.

The next steps are:

- Final sign off of full Winter Plan for 2020-21 at A&E delivery board on 14<sup>th</sup> October 2020.
- Development of Winter Action Plan to accompany Plan by 14<sup>th</sup> October 2020.
- Comprehensive spending plan for Improved Better Care Fund (IBCF) in place to include additional community resource/beds for winter.
- Weekly A&E operational group to take forward key actions and escalate areas of concern.

Governing Body Members noted the information

## **181/20 National Flu Programme Update**

Mr Atkinson shared a presentation and gave a verbal update on the National Flu Programme. The priorities are to ensure we have a clear place plan for delivery of Flu vaccine delivery to health and care staff across the Rotherham Place and patients in identified key groups.

Mr Atkinson outlined details of the programme extension and key groups to be included, sharing a comparison of the vaccination expectation for this year, with the aim of 75% of the population to receive a vaccination this year, against previous delivery last year of 62% pre-COVID.

The challenges are identified as vaccine availability due to more vaccines being required for at risk groups, managing patient expectations, social distancing/those at risk to deliver to vulnerable patients, 100% staff vaccine uptake and self-isolating issues.

The Flu plan includes a comprehensive Place Plan for all staff and patients from September to December, to prioritise vulnerable and at risk groups, and the over 50year olds expected from November onwards subject to vaccine availability.

The next steps are to:

- Ensure the plans in place are delivered through robust weekly monitoring
- Launch the Rotherham Place Flu Communications Plan in line with national and ICS plans
- Monitor take up across Rotherham for both staff and patient cohorts, identify areas of risk, establish and implement mitigating actions across the system

Councillor Roche asked if there was an assumption that all medical staff would want to have the vaccination, as some medical staff may not wish to have it.

Dr Cullen responded that it is assumed that all staff would take up the flu vaccination offer.

Mrs Cassin added that this also applies to social care staff.

Dr Avery confirmed that some Flu Vaccine Clinics have started and that the drive-through clinic has been working well so far. Dr Avery commented on the uncertainty about over 50's vaccination plan, and the lack of information

available to primary care on who will be giving the vaccine and ordering/availability issues based on previous demand.

Dr Cullen thanked Mr Atkinson and the wider team for all of this extra work during such challenging times.

Mr Atkinson feedback to members on the operational working of the CCG workforce. This continues on a day to day basis, working from home continues where possible with support from IT, and more face to face interaction planned going into October has now slowed down due to the increased prevalence of COVID. Staff have adapted really well and are engaged in regular staff meetings, to be able to deliver services in the best way possible under the current circumstances.

Governing Body Members noted the information

**182/20 Integrated Care System Chief Operators Report and Planning Update September 2020**

Mr Edwards shared the report from the System Lead of the South Yorkshire and Bassetlaw (SYB) Integrated Care System (ICS) for information and assurance for August 2020, adding that further detail can be given if required going forward.

Dr Cullen commented that as things are moving so quickly in the NHS in response to the crisis, the reports soon become out of date.

Governing Body Members noted the update

**PERFORMANCE UPDATES**

**183/20 Finance and Contracting Performance Report**

Mrs Allott provided members with an update on the financial and contracting performance position as at the end of 31 August 2020, which is also now month five of the now six month temporary financial regime, At the end of month six, the plan is to return the NHS to a system of prospective allocations covering the last six months of the year.

There will be more detailed information available in the public Governing Body November meeting, following some further work and discussion with members.

The Operating Cost Statement (OCS) at section 5 provides an overview of actual performance, against the nationally assessed allocation in all areas of the CCG's portfolio. Narrative to support the most significant variances within the OCS is included within the report, noting that work continues in prescribing and Continuing Healthcare (CHC) in particular, to be able to understand and robustly forecast the financial impact of operational issue in both these areas, as far as is possible.

In summary,

1. The report provides assurance that cash is being managed and payments being processed, in line with the increased requirements of

the temporary financial regime

2. Performance wise we are reporting a year to date net overspend of £1.383m, of which £0.946m is due to COVID related expenditure and £0.437m to other net variances. In line with guidance and our experience in prior months, the CCG would expect to receive additional allocation to cover these 'reasonable variances' and so bring the organisation back into a break-even position.

Governing Body Members noted the current position and the additional commentary to support the operating cost statement.

## 184/20 **Delivery Dashboard**

Mr Atkinson shared the report for information noting restricted reporting during COVID, highlighting the following:

A&E - continues to work across the national pilot. Activity has increased and 'business as usual' activity is reported during September, with additional challenges in management of COVID/non COVID flow.

Elective care - 18 week wait remains challenged

Referral to Treatment (RTT) - the August position is 56% against target of 92%, local recovery plans are in place to bring figures up to expected national levels

IAPT - remains positive and has seen a predicted increase in referrals

Diagnostics - waiting times (longer than 6 week) stands at 45% which has increased from the 1% standard

Dr D'Costa asked if the increased waiting times for diagnostics and imaging is due to social distancing or on-going staff shortages, asking if MRI/CT equipment and staff could be better managed, in order to see the same number of patients.

Mr Atkinson stated that the configuration and access of diagnostics together with additional prevention infection control/cleaning of equipment during the pandemic has put limitations on the diagnostic capacity within the trust.

Dr Cullen added that the additional pressure of getting patients through waiting rooms makes it difficult to see the same volume of patients as the numbers of patients permitted in any area is restricted.

Dr Clitherow shared information on additional diagnostics requests over and above the normal workload, and this high turn-over has resulted in patients using virtual waiting rooms i.e. car parks to restrict the numbers of patients in waiting areas.

Mr Barber shared concerns on the cancer 62 day waiting times position, adding that as the monthly position continues to deteriorate, the Rotherham position is now one of the worst in the country. Mr Barber asked how we expect to see improvement for the 62 day wait target.

Mr Atkinson responded that there is a time lag in collection of performance data. Patient treatment is currently under discussion at specialty and SYB

ICS levels across the Cancer Alliance, to give greater understanding of requirements going forward.

Dr Page added that breach analysis was undertaken yesterday looking at the most recent reporting which demonstrate the COVID delays, with the vast majority being currently related to colonoscopy. The colonoscopy services have restarted so this figure should improve, and urology services require long term pathway changes which will also improve the breach figures.

Mrs Twell asked if we have information on patient attendance and social anxiety, asking if the DNA rate has improved if appointments are offered at hospitals.

Dr Cullen commented that he has not seen any DNA in primary care as people can stay at home to contact primary care.

Dr D'Costa added that non face to face consultations continue as patients are contactable, however, some patients are not attending for scans or monitoring, and when they are contacted, they report being anxious about attending hospital settings. There is a cohort of patients who will attend hospital, even without face to face appointments, who are asking to be seen. This requires management in relation to public perception of risk to hospital staff if attending a hospital, but overall, the number of DNA's has reduced.

Dr Page commented that clinicians and GP's spend a considerable amount of time trying to contact patients as a result of no response to letters or phone calls, which do not appear as DNA's.

Governing Body members noted the content and additional information.

## **QUALITY AND PATIENT ENGAGEMENT**

### **185/20 Patient Safety & Quality Assurance Report**

Mrs Cassin shared the report to provide an update to members highlighting the following:

#### Healthcare Associated Infection (HCAI)

- Clostridium Difficile Infections (CDI) - Post Infection figures remain slightly above the local trajectory for both the CCG and TRFT. Surveillance work in this area is under continual review.
- E Coli - cases have seen a reduction through the first 5 months, with on-going surveillance and review taking place.
- Infection Prevention Control - work continues in the GP Hub and in Care Homes with advice and guidance being given on safe working arrangements, in addition to signage, staff monitoring and support planning for the primary care flu programme.

Mortality Rates - responsibility for the Learning from Deaths agenda will shift to Clinical Effectiveness, and there will continue to be greater focus on the triangulated learning from deaths, coroner's inquests and serious incidents.

Serious Incidents (SI's) - internal work is taking place at TRFT to address delays in SI investigations and the submission of reports, and has resulted in

SI reports flowing through the system in a more timely manner. This has been discussed at the Contract Quality meeting today and will continue to be monitored.

There has been a meeting with the Director of Nursing at RDASH to discuss attendance at the CCG SI Committee and the process to gain assurance and clarification of report content and address improved information flows.

Safeguarding - includes information circulated to Primary Care including looking closer, signs of safety, ICON and a link into the CCG Safeguarding Annual Report. Planning is underway for a Safeguarding Week in November with live-streamed events and training opportunities.

Delays In Transfer Of Care (DIOC) - delays continue for a small number of patients with complex needs. Work continues to address this to ensure they remain safe and cared for.

CHC - the team face considerable challenges due to the backlog of assessments relating to the COVID outbreak and the new hospital discharge guidance. Work with partners continues to address this to ensure patients have the appropriate care packages in a timely manner. Further detail is given in the report.

Learning Disability Mortality Reviews (LeDeR) - work continues and is on target to meet the given timescale. The governance process for the Annual Report has commenced and the report will be shared with members going forward.

Dr D'Costa shared concern on mortality rates, and asked what assurances are given by TRFT to reduce this and whether an action plan is in place.

Mrs Cassin responded that there is an action plan adding that it is a standing agenda item on the monthly Contract Quality meeting agenda. The current plan has started with the review process being moved to Clinical Effectiveness within TRFT, and the recruitment of additional medical examiners to improve resilience in the service and to ensure timely review of mortality. There is strong GP engagement in the contract quality process in order to deliver a level of challenge.

Governing Body members noted the content of the report.

## **186/20 Patient Engagement and Experience Report**

Mrs Cassin gave an overview of what we hearing, noting the challenges associated with the usual routes of communicating with patients and public groups during the pandemic.

- Healthwatch have received an increased number of calls relating to access to COVID testing and access to GP Practices.
- The PPG network held an online meeting led by Dr Page, to address concerns about when and how will GP practices start to see more patients, why is this different across practices, concerns about GP

practices, hospital services over the winter period, when and how will people start to access referrals for secondary services and access to flu and COVID-19 vaccinations.

This meeting was well received with 23 people on line and many questions being submitted.

Mrs Twell added that the success of this format has been shared across the ICS. Further meetings are planned to look at different ways of working, possibly in tandem with Healthwatch, carer's forums and community projects like men's mental health etc.

Mrs Twell went on to say that there are small financial bursaries available for some of the projects requesting support for mental health, anxiety and isolated groups, for which submissions will be reviewed on Friday 9<sup>th</sup> October.

Consideration will be given to support carers around winter planning and isolating/isolated people across local stakeholders offering support. The CCG Engagement Officer is linked into working with Age UK and the Older Peoples Forum to capture the voice of older people.

- Friends and Family Test will recommence in December and further guidance is awaited.

Dr Avery gave feedback from a local PCN digital PPG view, finding it to be more inclusive for other groups of people like working mums and has been received well.

Members discussed a wider demographic requirement for older attendees and greater attendance/access to digital platforms. New ways to capture the different groups could include email correspondence and written responses to concerns for digitally excluded groups.

Mrs Wheatley commented on the impact on carers who are isolated due to the lack of Alzheimer/Dementia Cafes etc. adding that carer breakdown is something to watch out for.

Councillor Roche added that Health and Wellbeing Board are devising a Carers Strategy to move things forward, adding that the council and Health and Wellbeing Board regularly call carers and those cared for, to check that they are all well.

It is intended that there will be a restart of Respite Centres in the near future, COVID restrictions permitting. A working party strategy group consisting of councillors, carer's forums, parents and Crossroads will look at this restart, assisted by a small grant to provide respite support and help for carers.

Governing Body noted the content and assurances provided in the report.

## **CORPORATE**

**187/20 Emergency Preparedness, Resilience and Response (EPRR) Annual Assurance Process and Core Standards Response**

Mrs Nutbrown provided members with an overview of the annual assurance process for NHS England for EPRR and the Core Standards Response. There are changes to the process which now no longer require sign off by organisations as outlined in the paper.

Governing Body members approved the paper and noted the requirements of the annual assurance process and the submission made to NHSE&I.

## **188/20 Social Prescribing Evaluation**

Mrs Nutbrown presented the delayed final version of the latest evaluation of Social Prescribing (SP), which analyses data reported from 2016 to 2018.

This paper can be taken a part of a longitudinal study into Social Prescribing in Rotherham which is quite rare and gives a lot of data which we haven't seen before. This referral seems to be morphing in an organic way to people who may be helped more with this service in a preventative way. This has been discussed at GP Members Committee and was presented to members for information.

Mrs Wheatley commented that the research indicates that is not a 'one-off' and that changes continue within different cohorts of people. The social prescribing impact on primary care e.g. medicines management and secondary care, also links to inequalities and vulnerable people.

Mrs Wheatley offered a huge thank you to Rotherham CCG for investigating in this and leading the way in the development of social prescribing after eight years of work. Mrs Wheatley particularly noted the commitment to fund the voluntary community sector as deliverers, and the commitment to the research.

Dr Avery commented that the PCN have been tasked to look at how many people have been referred to SP, adding that the GPMC also discussed the low ethnic minority referral data and how this can be changed relating to inequalities as part of the reflection and review process.

Governing Body discussed the report and took assurance from the outcomes provided in the paper.

## **POLICIES AND TERMS OF REFERENCE**

### **189/20 Medicines Rebate Policy**

Mrs Allott presented the South Yorkshire & Bassetlaw ICS Medicines Rebate Policy, noting that it has been to OE on 26/6/20, SCE on 3/7/20 and AQUA on 1/9/20. The Rebate Policy is not new, the CCG has a Rebate Policy, but this paper is a South Yorkshire Rebate Policy to ensure Rotherham is in alignment. The SY&B Policy encompasses points which are important to Rotherham CCG and the four key points which apply are as follows:

1. The scheme applies to a medicine that is already being widely prescribed in Rotherham

2. The rebate has received a positive appraisal from PRESCQIPP (An NHS membership organisation that supports MM teams)
3. There scheme is not linked to an increase in prescribing volume
4. Rebates are not advertised to prescribers

Dr D'Costa noted bookmarking errors within the contents page.

Mr Lakin responded that as the policy is shared and we are not the authors, we are unable to edit the content when converted to a pdf.

Governing Body Members ratified the policy.

#### **190/20 Safe Haven Policy**

Mr Atkinson shared the policy following routine review adding that following minor changes are:

- Updated Roles and Responsibilities section to include the new Head of Information Governance and Data Protection Officer.
- Updated definition of Safe Haven to be more meaningful to staff
- Removal of the Fax section in the Safe Haven arrangements
- Addition of a section regarding Secure Electronic File Transfer

Mr Barber confirmed that the AQUA Committee are happy with the reviewed process and reasons for changes.

Governing Body Members ratified the policy.

#### **191/20 Confidentiality Policy**

Mr Atkinson shared the new Confidentiality Policy which replaces the Confidentiality Code of Conduct for CCG staff and has received full approval from the IG Group, the Counter Fraud Specialist and the AQUA Committee.

Governing Body members ratified the Confidentiality Policy.

#### **192/20 Individual Funding Request Policy**

Mr Atkinson provided an update on the South Yorkshire and Bassetlaw CCG's Individual Funding Requests Policy following a routinely scheduled review. Members are asked to note the changes to the referral mechanism.

Mr Barber added that the AQUA Committee have approved the changes outlined in the reviewed policy.

Governing Body Members:

- Noted the changes made to South Yorkshire and Bassetlaw CCG's Individual Funding Requests Policy;
- Noted that the changes to the policy do not result in any significant changes to the process for IFRs or outcomes of requests through this process.

- Ratified the Policy

## **AUDITS & REPORTS**

### **193/20 Organisational Risk Assessment Review**

Mrs Nutbrown gave an update on the reviewed annual organisational risk assessment (ORA) for NHS Rotherham CCG, which includes updates relating to the COVID-19 pandemic.

Mr Barber confirmed AQUA approval of the reviewed Risk Assessment.

Governing Body Members:

- Reviewed the report
- Accept the report as part of statutory compliance
- Ratified the review of the annual Organisational Risk Assessment.

### **194/20 Medicines Management Quarter One Report**

Mr Lakin introduced the NHS Rotherham CCG Medicines Management Teams Quarter One 2020/21 report, noting the overall year-end financial position including cost growth and item growth during 2019-20, highlighting the following:

- Quarter 1 expenditure is £715,000 above the comparable figure for Q1 in 2019-20
- June 2020 saw item growth at 0.49 % and cost growth at 6.77%

A deep dive exercise of the £750,000 increased cost found that £496,000 is due to No Cheaper Stock Obtainable (NCSO) resulting in a higher cost growth alongside increased drug price tariffs. One of the main causes is the antidepressant Zertaline, Rotherham being a high prescriber, which adds £269,000 to our cost increase amounting to 38% of the total excess cost and 70% due NCSO pressures.

Rotherham has actively promoted self-care of drugs not routinely prescribed, initially reducing costs, but this has returned to prescription due to the COVID pandemic adding £250,000 to our excess item and cost growth.

A revised QIPP programme has been produced and was launched in early August 2020.

Three QIPP work streams are progressing are the revised infant feeding pathway, antidepressant medication reviews and review of patients prescribed high quantities of insulin.

Mrs Twell asked about the PCN Prescribing Framework and the examples of some practices running at 5% growth asking if there is anything we can do relating to prescribing within a PCN Framework.

Mr Lakin responded that information is being feedback to PCN meetings and practices. The biggest tool we have is in peer review and performance

discussions are taking place to reflect this.

Dr Avery commented that the policy for prescribing and patient pressure conclusions are difficult, adding that additional roles/pharmacy teams are being utilised to support patients and which should make a difference.

Mr Lakin responded that there are many conflicting pressures relating to NCSO according to NICE recommended alternative drugs and availability, in addition to BREXIT regulations post January 2021 which will have an effect on future drug supplies and costs.

Dr Avery commented that Rotherham has high cost growth for medications, but where do we stand for cost and item growth as a baseline.

Mr Lakin stated that in comparison to Barnsley/Doncaster, we benchmark quite well. Our cost per patient and items per patient are competitive due to efficiencies elsewhere.

Dr Clitherow commented on peer pressure and whether PCN's should be involved, adding that practice varies from GP to GP, where a GP will/will not prescribe certain drugs, also made more difficult by phone consultation. The Selective Serotonin Reuptake Inhibitors (SSRI) will also be hard to address this winter during the current climate.

Dr Cullen asked for thanks to be passed on to the wider team for all of the hard work being done.

Governing Body Members noted the report.

#### **MINUTES FROM OTHER MEETINGS**

##### **195/20 Engagement & Communication Committee 17 July 2020**

Mrs Twell shared the minutes for information.

Governing Body Members noted the information.

##### **196/20 Audit and Quality Assurance Committee 7 May & 5 July 2020**

Mr Barber shared the minutes for information.

Governing Body Members noted the information.

##### **197/20 A&E Delivery Board**

Mr Edwards shared the minutes for information, adding that all key issues have been covered earlier in this meeting.

Governing Body Members noted the information.

##### **198/20 Primary Care Committee Public 12 August 2020**

Mrs Wheatley shared the minutes for information highlighting the following:

Reset of services

IT Strategy  
Changes to Primary Care digital solutions from LMC/GP's and IT support

Governing Body Members noted the information.

**199/20 Remuneration Committee 18 September 2020**

Mr Barber chaired this item due to conflict of interest, adding that although present, Mr Edwards and Mr Atkinson would not be included in any decision making. Mrs Allott confirmed that due to a perceived conflict, she would self-exclude herself from the decision making

Mr Barber shared the minutes detailing salaries for the new Joint Accountable Officer and Executive Place Director roles at Rotherham. The Remuneration Committee reviewed the roles and job descriptions and recommended the salaries as outlined in the minutes for Governing Body approval.

Governing Body members approved the recommendations of the Remuneration Committee.

**200/20 South Yorkshire & Bassetlaw ICS Health Executive Group 2020**

Mr Edwards shared the minutes for information and assurance.

Governing Body members received and noted the minutes.

**201/20 Future Agenda Items**

None identified

**202/20 Urgent Other Business**

None identified

**203/20 Urgent Issues and Appropriate Escalation**

No urgent issues and appropriate escalation identified.

**204/20 Risks Raised**

No risk identified.

**205/20 Any Other Business**

None identified.

**206/20 Exclusion of the Public**

The CCG Governing Body should consider the following resolution:

“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 publicly on which would be prejudicial to the

public interest”.

Section 1(2) Public Bodies (Admission to Meetings) Act 1960 refers.

**207/20 Date and time of Next Meeting**

The next public Governing Body Meeting will take place on Wednesday 4 November 2020 at 1.00pm.

DRAFT