

NHS ROTHERHAM

Minutes of the **Commissioning Executive** of NHS Rotherham held on
2 March 2011 in the Elm Room, Oak House

Present:

Dr D Tooth (Chairman).....

Dr P Birks	Dr D Polkinghorn
Dr R Brynes	Dr J Radford
Dr R Cullen	Dr P Scolah
Dr J Kitlowski	Dr I Turner

In Attendance:

	Dr D Plews, Medical Director
	Mr A Tenanty, Head of Corporate Governance
	Mrs F Topliss, Senior Communications Manager
(Item 8/11)	Mrs S Cassin, Head of GP Quality and Efficiency
(Items 11 and 12/11)	Mr J Doherty, Senior Finance Manager
(Item 9/11)	Mr A Henderson, Head of Intelligence
(Items 9 and 10/11)	Mrs L Hurst, Head of Performance
(Item 11/11)	Mrs J Wade, Patient Case Manager

*Although the Commissioning Executive met every week, this was the first formal meeting.
Dr Tooth welcomed all to it.*

1/11 Apologies for absence

Apologies were received from Mrs Atkinson and Messrs Buck, Carlisle and Edwards.

2/11 Declarations of Pecuniary or Non-Pecuniary Interests

The register of officers'/members' interests would need to include the members of this executive.

Action: Head of Corporate Governance

It was noted that nearly all Executive business could be of indirect pecuniary or non-pecuniary interest to its members. Those present at formal meetings would declare where there was a direct interest.

a) 7/11 GP Support to NHS Rotherham

Drs Brynes and Cullen declared an interest in the above item.

3/11 Minutes

The minutes of the Professional Executive meeting held on 2 February 2011 were noted.

4/11 Matters Arising

a) PE9/11 Cardiovascular Disease Risk Screening

John Radford had investigated whether payments to GPs for screening were changed

when “a problem was found”. To his surprise, payments had been reduced. This was being rectified.

b) PE10/11 GP Services – QOF

Dr Plews would soon publicise the detail of the (PE-agreed) arrangements with special attention on the designation of informed dissent.

5/11 Health & Social Care Bill - update

Dr Radford reported.

The Rotherham Metropolitan Borough Council was considering how to form a Health & Wellbeing Board, but its composition awaited a wider discussion.

NHS Rotherham would be sharing a “cluster” PCT leadership team with the PCTs for Bassetlaw and the rest of South Yorkshire. The Executive expressed concern about the possible loss of NHS Rotherham staff to this arrangement and to the potential for funds being moved between PCTs.

The Board had offered to share responsibility for commissioning with the Executive from April 2011. Executive members continued to consider this offer: a response would be given to the 21 March 2011 Board meeting.

Action: Dr Tooth

6/11 GP-Based Commissioning - Local Incentive Scheme

The agenda paper (version 7) had been circulated to practices for comment. Some comments from Executive members, and of other GP colleagues, were noted.

Arrangements in respect of prescribing needed a balance between setting a challenge for all and incentivising outlier practices to move towards the norm. A form of words was needed so as to allow objective judgements to be made about a practice's performance. Also, the text on managing referrals would need some re-wording.

Action: Dr Scolah, Dr Kitlowski

The Executive wished that primary care audits yielded greater benefits than in the past. It was noted that the LIS gave a mechanism to offer practices support with conducting them over the coming year.

Action: Deputy Chief Executive – Performance & Primary Care Improvement

Dr Radford fully supported the local incentive scheme's proposed redesign, subject to all of the above. It would be circulated to practices in the following week for consultation

Action: Dr Tooth

7/11 GP support to NHS Rotherham

The Executive considered a paper listing the various advisory positions that GPs held with NHS Rotherham. Point of note in a lengthy conversation included:-

- a) The Prescribing Advisor role had already been subsumed into Dr Scolah's role on this Executive.
- b) The Primary Cancer Care Lead role held by Dr Cullen should continue in addition to his Executive team membership.
- c) Dr Russell's new / existing roles regarding mental health had some overlap that might allow a reduction in the total costs associated with this input action AT/RB
- d) The lead for Teenage Pregnancy & Sexual Health had already been added to Dr Polkinghorn's role on this Executive.
- e) Dr Polkinghorn - as Children & Young People's lead - wanted to undertake serious case reviews whenever requested, but the time commitment may exceed his capacity. Input from other GPs (on a flexible arrangement) needed to continue.
- f) The Diabetes Specialist Advisor post would cease. So too would the Clinical Governance Advisor post. The postholders would have this decision explained to them very soon by the management team.

Action: Dr Plews

Subject to the above, the Executive was supportive of the paper's proposals. Overall expenditure on GP support would be slightly less in 2011/12 than in the prior years.

The Executive wished to engage non-clinicians, but was mindful that its selection as a consortium pathfinder may well make it subject to directions (to be issued soon) about this. Thus, 'recruitment' of non-GPs and non-clinicians would be held in abeyance.

8/11 GP contract review process

Mrs Sue Cassin introduced a paper proposing a new approach to the annual reviews of general medical practices. What was known as the "annual commissioning review" would become more streamlined and less resource intensive.

After some discussion, the Executive supported the proposal that some practices merited only a light-touch approach. This would involve a short visit with the key performance indicators having been analysed beforehand. Other practices would need a lengthier meeting with a focus on developing a remedial action plan. As far as resources allowed, NHS Rotherham should support the practices in implementing that plan.

The Executive noted that Government proposals on commissioning consortia might render a practice unable to have an NHS list if no consortia accepted it as a member.

9/11 Comparative-data report on GP services

Mr Alex Henderson presented a report which had been compiled in regard to 2010 and had been shared with every Rotherham medical practice.

Page 7 of the report was a "quilt" which showed, for each practice, four dimensions of need. It was acknowledged that the high degree of variability demonstrated that practices do indeed differ in the populations they serve.

Dr Plews was reminded that expenditure on/by practices could differ according to the terms by which they occupied their premises. The dataset was not fixed and the report for subsequent periods could look at alternative data. Observations in this regard would be shared with Dr Plews.

Action: All

10/11 Performance report - Quality and Health Gain Targets

Mrs Linda Hurst presented the performance report, drawing attention to the following:-

- a) The set of indicators used for such reports was increasingly out of date with the changing performance management arrangements. Dr Carlisle was to present a proposed way forward. Mrs Hurst assured the Executive that all indicators – not just those included in these reports – were monitored with investigations/action taken on outlier results.

The Executive agreed that the report prepared for it in April need not include the usual scorecard.

Action: Mrs Hurst

- b) Rates of breastfeeding in Rotherham were relatively low and below the set target.

The underperformance was judged to start prior to mothers' discharge from hospital following delivery of the baby. Whilst the initiation rate was good, bottle-feeding was common within a short time thereafter. The 2011/12 contract with Rotherham Foundation Trust had penalty/reward clauses for breastfeeding rates.

- c) The April meeting of the Executive would be advised on the detail of how performance measures in the management of TIA/strokes were assembled. Dr Kitlowski queried why the local steering group was not meeting.

Action: Mrs Hurst

11/11 Performance Report – Efficiency Programmes

Dr Carlisle had previously alerted the Executive members to the importance of delivering on the efficiency programmes. He had drawn attention to:-

- a) Long term conditions
- b) Referrals to secondary care
- c) Procedures of limited clinical value

Dr Kitlowski updated briefly on recent progress with (b).

It was noted that approximately one third of referrals seen by hospital staff had not been initiated by GPs. Those at Doncaster & Bassetlaw may rise due to a realignment of services across the two main hospital sites. The Executive asked that the shifting of service bases did not lead to additional payments.

Action: Deputy Chief Executive - Finance, Contracts and Service Improvement

Dr Kitlowski tabled two early drafts of work on (c). Views from Executive members were invited over the next week so that the next iteration could be shared with a wider group

of GPs. Mrs Janet Wade would work with Dr Kitlowski on recasting the documents in the light of comments received.

Action: All

It was suggested that as and when proposals were firmed-up for consideration by all GPs they should be released on a piecemeal basis with the least contentious ones first ie consider content of later releases in the light of reaction to the first.

12/11 Performance report - Contracts and Finance

Mr John Doherty presented the performance report on contracts and finance, drawing attention to the following:-

- a) NHS Rotherham was on course to meet all its targets in respect of financial management and accounting.
- b) Expenditure on continuing care far exceeded the budget, but may be at last reaching a plateau.
- c) The wintry conditions of December and January had seen a rise in non-elective work and a fall in elective work. The difference in respective prices had been of financial benefit of NHS Rotherham. Acute providers though might catch up on elective work in March and April.

Dr Plews drew attention to further delays in the RFT's introduction of the electronic personal record. The delay would affect the ready production of discharge information to GPs and there would be a financial penalty for the provider.

13/11 Handling of "For Information" items

In a departure from the practice used with the Professional Executive, today's meeting had not been supplied with minutes from the meetings of various other groups and committees. Dr Tooth sought the view of the Executive on this change.

Some of the groups/committees covered areas that had been assigned to individuals on the Executive. It was agreed that those individuals should alert the Executive to issues arising as appropriate and thus minutes were unnecessary.

Other groups/committees tended to be cross-cutting and it would be useful to see those minutes in future. It was agreed that minutes from SCG; NORCOM and AQuA should be shared with Executive members.

Action: Head of Corporate Governance

14/11 Date, Time and Venue of Next Meeting

The Commissioning Executive would next meet on 6 April 2011 at 1.00 pm at Oak House, Moorhead Way, Bramley, Rotherham.