NHS
Thurrock
Clinical Commissioning Group

Commissioning Reference Group

16th January 2014 at
The Beehive Grays.

Present:	*Name*	*Organisation*
	T O'Halloran	T.L.C
	G F Tidman	Thurrock Stroke Project
	S J Andrews	PPG Abela Practice
	Alison Pettit	Together for Mental Wellbeing
	Terry Bradford	PPG Chadwell Med Centre
	Chris Hepp	PPG Devaraja Surgery
	Tash	PPG Balfour Medical Centre
	Olga Benson	TOFF, PPI Aveley Medical Centre
	Jun Potmill	TOFF
	Donna Miller	Age UK Essex
	Ruby Summers	Befriending and Active Lives
	Susan Gargan	John Stanleys Part of Manocourt Care
	Christine Jones	Face 2 Face Scope
	Jackie Sparrowham	Apple, PPG Aveley Medical Centre
	Jean Partnell	TOFF, Community House Grays
	Maureen Cushing	PPG Hassengate Medical Centre
	Joyce Sweeney	Thurrock Healthwatch
	Bryan Van de Peer	Diabetes Thurrock Group PPG
	Mike Riley	Thurrock Healthwatch and PPG
	Dr V Raja	GP, Horndon-on-the-Hill
	Lorna King	PPG Stifford Clays
	Glynis Page	PPG Stifford Clays
	William Little	PPG Stifford Clays
Apologies:	Tracey Bridger	
	Lita Walpole	

	Chris Hamilton	
	Graham Carey	
	Barbara Rice	
	Kim James	
	Ceri Armstrong	
	Kristina Jackson	
	Sue Gray	

1.	**Welcome & Apologies**
	LJG introduced himself to the group and wished everybody a Happy new year. The group were updated on elections within the CCG and given a brief outline of the meetings' agenda. Introductions were made around the room and LJG confirmed that the minutes have been previously circulated and askedfor any amendments. The minutes were approved as an accurate record of the previous meeting with the exception ofa spelling errorLorna King to be amended toLorna Ling. LJG asked the group to declare any Conflicts of Interest,none were noted.
2.	**Service Restriction Policy (SRP) – Rahul Chaudhari**
	Rahul chaudhari introduced himself to the group and explained what a Service Restriction Policy is and why the CCG have one. Essentially a Service Restriction Policy, looks at services which are clinically less effective. It also outlines treatments and diagnostics that the CCG does not commission unless certain criteria are met according to NICE guidelines.An SRP is needed because we need to be seen to provide treatments that are clinically effective as well as cost effective also it would be a standard document covering all of South Essex. RC explained that if a request to still provide treatment not covered by the SRP anIndividual Funding Request panel will be arranged in order to look at any special requests from the patient and/or GP. RC advised that the commissioning officers, GPs and Public Health Team are currently reviewing the SRP, they will then present it to the CCG Board and local hospitals. After this is complete and agreed the public can view this policy on the Thurrock CCG website. A member of the group asked whether the CCG are involving patients, RC confirmed that theSRP is monitored by the QIPP group that have a patient representative as a member. A committee member asked whether the decision is based on age or race at all, RC stated it is based on clinical evidence.

	LJG assured the group that they would be kept up to date with this matter.
3.	Musculoskeletal Service (**MSK) – Rahul Chaudhari**
	LJG informed the committee that RC would also be giving an update on MSK which was also brought to the CRG last year and was well supported. RC gave a brief overview of what the CCG are aiming to achieve. The current pathway is provided by community providers and the proposed model is to have all services in one specialist centre. The CCG spoke to BTUH with a view of them holding the hub. BTUH have agreed to hold all services including outpatient clinics and elective surgery they will also will outreach clinics in the community to deliver services closer to homes. The group queried whether BTUH can cope with this? RC advised the group that BTUH have internally reconfigured all of their specialties with John Target in charge of the MSK hub. In house it will be much more efficient. There won't be any duplication of diagnosis for patients and it will help BTUH manage their 18 weeks target. MC asked how the service will be monitored. RC explained that performance indicators will be written into the contract and monitored regularly. A review of monthly performance against contracted values will also take place and any concerns will be raisedwithin the CCG monitoring procedures. LJG informed the group that the CCG had to look at where the current diagnosis equipment was situated and this solution keeps the service locally. RC advised the group that within the specification and memorandum of understanding the CCGhave signed with the hospital they have agreed it will be a 7 day service. Dr Raja informed the group that BTUH have been recruiting more consultants and now have more than doublethan they had 5 years ago. It's a problem throughout the country to have enough doctors and nurses to provide a 7 day service. It's getting better though.
4.	**Chronic Obstructive Pulmonary Disease (COPD) Winter Plans – Rahul Chaudhari**
	RC gave his final presentation on COPD winter plans looking at what we are doing now and whether we are moving in the right direction. The group were informed that COPD stands for Chronic Obstructive Pulmonary Disease. The joint strategic needs assessment (JSNA)had arecommendation that the CCG should review the COPD pathway ensuring the patients outcomes are the best. Key messages that came out were that planned admissions are lower and unplanned are higher. The CCG are now looking at 3 key services community COPD service, oxygen assessment and pulmonary rehabilitation. The project team workstreams include pathways development, activity and financial analysis, consultation and engagement, medicine guidelines and formulary, business case development and implementation.

	A business case will be developed based on this. It's looking to be developed by April 2015. At the moment your COPD team will be carrying out reviews. All COPD patients will be receiving letters and the COPD team will review the patient's condition. Patients will be supplied with a passport where their COPD nurse and GP can write notes, this will be kept by the patient to take along to any appointments. A member of the group with COPD flagged that his GP does not receive any information from the nurse. RC said that this passport approach will address situations like the one you have raised. The group agreed that the passport is a good idea and could work with other chronic systems also.
5.	**Stewart McArthur CAMHS**
	Stewart McArthur introduced himself to the group and gave an update on the CAMHS service explaining that a needs assessment had been commissioned to identify any issues. This concluded that we have a complex and fragmented set of CAMHS services and also identified some key gaps including the need for early intervention and prevention, support for schools and the need to work with the families not just the child. SM advised the group of the future directionwhich is a 12-18 month plan to specify the services, revise the model and get the best possible outcome for children and young people and the likely outcome to have a clearly defined South Essex Service. Things we are planning is a consultation phone line, a duty system with daily screening of calls and allocation of referrals into right point of service. It will be a flexible delivery model which is accessible and responsive to locality need. The group asked what age group are classed as children and were informed that the Children's and Families Bill is due to change so would include children up to the age of 25. A requirement is to be written into the contract to plan for transition from age 14 plus.
6.	**SCOPE – Christine Jones**
	Christine Jones introduced herself to the group and introduced Scope which officially launched in Thurrock November last year. Face to face is a befriending scheme managed by scope which aims to give all parents with children with disabilities access to emotional support. The befrienders are all parents with children with additional needs themselves and havegone through intensive training including safeguarding. Any parent or primary carer of a child with a disability is eligible for the scheme, parents can self-refer of be referred by a professional. CJ explained that she has attended CRG to promote this service across Thurrock and would like information in each surgery. CJ asked the group if there are any ideas of where else the scheme can be promoted. The group suggested advertising in schools and pharmacies. LJG is to hand out leaflets at the next CEGmeeting.

7.	AOB Len Green (LJG)

Stroke – LJG informed the group that he had been involved in discussions regarding the consultation and there are 2 proposals which are at a formative stage . If other ideas emerge as part of the consultation they will have to be considered. Option 1 is to take the service to Southend Hospital and option 2 uses Basildon Hospital but it is still early days and discussions were positive and other options were a possibility he would keep them informed.

Terry Bradfordwished to note that the work Len and Kim have put into this is has made it happen. The group agreed.

Vascular services –LJG advised the group that a letter had been sent by Health Overview and Scrutiny Committee(HOSC) Chair to the project leader stating that a consultation was not required. Heathwatch have now taken this matter up and do not agree this position along with the way it was advised to the project team, Joyce Sweeney confirmed this position as Chair of Healthwatch LJG went on to say that on behalf of the CRG members he had informed the CCG of this position for reference but this project was also a NHS England project.
The members of the CRG at this point asked LJG to record an action from this meeting to formally write to the project lead that a consultation was required in Thurrock because no formal or informal involvement or discussion had been carried out on this subject within Thurrock apart from HOSC and NHS England have not followed their own policy on maximizing the involvement and participation with the citizens of Thurrock in the initial planning stages of this service redesign.

LJG said that he would await the outcome of the Healthwatch challenge and a joint letter would potentially be the best way forward,

Enteral Feeding Project - LJG advised the group that this project is progressing really well and contracts have been exchanged,

Dementia Crisis Report Team -LJG is to circulate information about the team joining the RRAS Service.

Active Sport for Life – LJG advised the group that this service has been newly commissioned by ThurrockLA. and he would forward the details

Maternity Services – LJG informed the group that maternity services have now been reopened to the Thurrock area at Darent Valley Hospital.

Diabetes – Bryan informed the group that a letter he had received from Diabetes UKstated that the CCG do offer education to diabetics for the DESMOND and DAFNE courses but only 15.2% have actually been offered the education and only 1.8% have signed up and attended so a large amount of diabetics have not been offered these services. BV asked LJG to bring this to the attention of the CCG in order to try and address this position.

Another point made is that certain opticians are telling people with diabetes that they are only entitled to an eye test every 2 years. He had confirmation that this was not correct it is still a year.

LJG advised the group that he had been to Health and Wellbeing Board Exec and discussed a

	no surprises process to try and avoid issues like the Stroke saga They have agreed tocome up with an engagement process so that we are informed at the earliest possible stageand involved and engaged at the appropriate development of any new project this will then go to the Health and Wellbeing Board for agreement. Olga asked LJG to give an update on the Primary Care Strategy. LJG advised that there was a workshop with all stakeholders present and feedback will be given as soon as possible. LJG wished to make the group aware of Bacterial meningitis which was brought up at the last CEG.Public Health have been asked for more details on this and the group will be updated in due course if there is any cause for concern. LJG thanked the group for attending and the meeting closed at 1530