

Board Meeting, Part 1
27th May 2015
High House

Present:	Dr A Deshpande	Chair
	Mr L Green	Lay Member, Deputy Chair
	Ms M Ansell	(Acting) Interim Accountable Officer
	Mr A Olarinde	Chief Finance Officer
	Ms J Foster-Taylor	Chief Nurse
	Dr S Das	Secondary Care Consultant
	Dr V Raja	GP Board Member
	Dr Nimal-Raj	GP Board Member
	Dr A Bose	GP Board Member
	Dr R Mohile	GP Board Member
	Dr L Grewal	GP Board Member
	Mr R Vine	Practice Manager Board Member
	Dr R Arhin	GP Board Member
	Dr P Martin	GP Board Meeting
	Ms L Buckland	Lay Member, Audit Chair
	Ms K James	Healthwatch
	Mr R Harris	Director of Adult Services
	Ms C Celentano	Head of Business Support
	Ms A Stokes	Senior Administrator
In Attendance:	Ms J Joses	Head of Communications
	Ms B Malinowska	Senior Delivery Improvement Consultant
	Mr J Wakefield	Member of the public
	Ms C Everard	Member of the public
	Mr G Davies	Member of the public
	Mr A Hudson	Member of the public
	Mr S Andrews	Member of the public

Apologies:	Dr A Bansal	GP Board Meeting
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1. Welcome & Apologies	<p>Dr A Deshpande welcomed all to the meeting. Apologies were noted above.</p> <p>Dr A Deshpande asked for any declarations of interest that are not already on the register to be declared, none were declared. It was noted that the public would be able to share their views and questions regarding the Walk In Centre consultation after the Board had completed the vote.</p>
2. Minutes of the meeting held on 22nd April 2015 and Action Log	<p>The minutes of the part 1 meeting held on the 22nd April 2015 were reviewed and agreed as an accurate account with the following change;</p> <p>Item 10 – Mr L Green advised of an amendment to the minutes regarding the Patients in control workshop; “Stated that the patients in control ...”</p> <p>Action to be added to carry forward: Mr L Green had requested for clinical audits to be shared with the Board for assurance. The action was to be added to be carried forward and updated by Mr M Tebbs.</p> <p>Carried Forward:</p> <ol style="list-style-type: none"> 1. Quality – Ms K James had liaised with JFT regarding the display of staffing details at BTUH and a message had been sent to request clarification from BTUH. 2. Sharps Boxes – Mr R Harris to keep Mr L Green and the Board informed regarding any progress with the Sharps Box workstream. Mr L Green requested a final date for resolution before 30th June 2015. Ms K James noted that Healthwatch have been advised that Public Health identified the pharmacists to be involved. Mr L Green to be invited to the meeting next Public Health meeting for discussion. 3. Policies – MR A Olarinde noted that there is no further update from CSU secure emails. Although the workstream is being progressed with plans in place.
3. Walk In Centre (W.I.C.)	<p>Dr A Deshpande explained the process that would be undertaken to complete the Board vote on the Walk In Centre options after an overview of the public engagement feedback following the eight week (2nd February to 24th March 2015) engagement that had been completed by the CCG.</p> <p>Dr A Deshpande presented a summary of the background and information regarding the consultation that had begun once it was identified that Walk In Centre contract would be finishing in 2016 and action was required to progress the service. The previous PCT had authority for primary care and commissioning and had put the Walk In Centre contract in place. It was noted that the CCG and NHS England are now responsible for the service.</p> <p>NHS England informed the CCG that both contracts for the service will run until March 2016. The CCG aim to ensure that the correct services are being provided for patients in the correct places within Thurrock. The CCG are aiming to provide value for money,</p>

through limited resources by promoting resilience and self-management.

The options available for the Walk In Centre had been reviewed;

1. Retender the service on the current specification.
2. Retender the service on a new specification.
3. Decommission the service and reinvest the funds into the weekend hubs.

A panel reviewed all four options originally identified, but the decision was made that the fourth option was not appropriate as for a provision of care for Thurrock patients.

Dr A Deshpande advised that patients were involved, along with the Local Authority council and BTUH. Option 3 was suggested by the panel as the preferred option. The recommendation then went to the Health Overview and Scrutiny Committee for agreement for Thurrock CCG to work alongside Thurrock Council in compliance with the Health and Care Act for consulting the public. The options were first presented to the Board in November 2014 for calculation and opinion.

Outside consultation was undertaken in the community, with the aid of social media and paper copies of the consultation document being distributed.

Ms B Malinowska shared feedback and an overview of the key issues. The process was noted as an opportunity to review the effectiveness of the W.I.C. service. Public engagement was sought regarding the most appropriate option for the future of the service. The Health Overview and Scrutiny Committee (HOSC) agreed with option 3 but it was decided that all three options were to be presented during engagement.

The highlights of the feedback received were shared, including activities and events. 1800 consultation docs distributed to many groups. These were followed up with practices through phone calls after distribution. The document was available online from the first day of the consultation and advertised on social media and through release statements.

The engagement involved the organisation of three different events across Thurrock (Grays, Corringham, Orsett) and a leaflet drop through an independent company. The result showed 251 written responses and 241 questionnaires completed. There were 9 emails to the dedicated email address.

Clinicians were available to answer questions at the public events, along with CCG representatives attending existing meetings and events within the community.

The key findings were as follows;

- Analysis of the questionnaire data signalled that most patients supported option 1, followed by option 3.
- The data from the public events showed a majority supported option 3.
- Written responses from key stakeholders supported option 3.
- The current MP for Thurrock supported option 3 and two parliamentary candidates supported option 1.
- The qualitative data range for the issue showed that access was the greatest concern reported. Along with difficulty in obtaining routine and urgent GP appointments. There was also concern regarding the length of waiting times.

Some responses noted that it was felt the W.I.C. service assures access when

needed. There were mixed views regarding the location as some patients felt it is not equally accessible and some think it is very central.

A critical issue was identified with the hubs regarding access via public transport. There was mixed feedback received regarding the quality of service received at the W.I.C. currently. There were concerns regarding the possibility in resulting pressure on A&E services.

Suggestions to improve the hubs with the money saved included the possibility of x-ray, blood tests etc. provided locally by GPs.

Education was a theme identified during the engagement process as a key action suggested better understanding of services and better use of current services through the promotion of self-management.

Dr A Deshpande invited any questions from the Governing Body members before the vote. Ms L Buckland asked if there was engagement with GPs and Clinical members within Thurrock. Ms B Malinowska clarified that there was intense engagement with clinicians before the public consultation as well as during. There was pre-engagement with BBCCG, BTUH and Thurrock hospitals. The South West System Resilience and Clinical Engagement Groups were engaged and the public consultation had been made open to all. Analysis had been brought through the Governing Body meetings continually along the process.

Mr L Green asked if there were any patient groups adversely affected by option 3 and how this would be mitigated. Ms B Malinowska advised that before the public engagement process, the HOSC conducted an independent quality assessment. Ages 25-45 (working group) and disability groups were identified as the highest risk of adverse effects and engagement was prioritised to get their input on the process. Working people were targeted with the two evening events to capture / allow access. Disability community groups were engaged and there were substantial responses.

Mr L Green discussed patient travel being included in the decision process for the CCG when looking at hubs. Ms B Malinowska advised that a travel assessment was conducted as part of the process. If any hub positions are to change, access will be a key consideration including parking places and public transport.

Mr L Green commented that the money saved through selecting option 3 is to be reinvested in the weekend hubs and there will be engagement in the future. Dr A Deshpande advised that the Transformation fund was acquired for the four hubs to be set up very locally to patients. The opening of these hubs is being piloted to see where the need is in Thurrock. The W.I.C. service is still in place until March 2016 and the CCG will be building up the hubs' short term hours. The money is aligned for Primary Care only and one hub is open and patients have been impressed so far.

Dr S Das drew attention to the age groups represented in the documented charts and noted that the W.I.C. is prominently used by young adults and 3-5 year olds. This information was gathered during the pre-consultation not from completed questionnaires. Data shows more female patients. The actual responses received were predominantly from the age groups concerned. Twitter, the Youth Council and the local College were utilised for engagement and the results were benchmarked against other consultations and noted as positive.

The demographics of Thurrock were reviewed in comparison to the responses

received and although the sample was small, it was found to be representative.

Ms K James advised that Healthwatch had engaged with hundreds of patients and circulated over 1800 documents across Thurrock through forums and including C2C rail users, Women Institutes, public meetings and groups. It was noted that the amount of documents shared when compared to the number of responses received were very low.

Mr A Olarinde clarified that the current proposal of service options related to the W.I.C. only and not the GP service within the same premises. NHSE will review the GP services involved. Dr A Deshpande noted that the early review undertaken by Thurrock CCG was aimed at a better service redesign.

Dr A Bose highlighted the current cost of the W.I.C. service as there is Out of Hours cover provided for after 6pm. There is also GP in A&E services to take away pressure, which is managed through work with the Health & Wellbeing Board. It was suggested the Did Not Attends (DNA) appointment numbers for Thurrock be shared as access to primary care could be improved through less DNA appointments. A further suggestion was made for hubs to be assigned for specific targeting of issues i.e. Diabetes.

Mr R Harris commented that the Council did not submit a formal response to the survey but highlighted the points of agreement. The money being ring-fenced for Primary care, importance of extending geographical cover (in response to the issues with the current Grays centric service) and get hubs up and running quickly so there are no gaps in the time between. Mr R Harris advised that the Council support the Thurrock CCG and give their compliments on the efforts to reach participants.

Dr R Arhin raised an issue regarding current data that shows Thurrock is under doctored currently. The capacity in the system must be utilised. Dr A Deshpande confirmed that patients are given the same service in the hub as local GP practices.

Ms L Buckland commented that the engagement process involved in the W.I.C. consultation has been very impressive when compared to previous successful consultations in the health service.

Dr A Deshpande explained the voting process and requested Board members identify themselves, confirm they have read and understood the documentation, and then state the option they are voting for.

The following Board members confirmed that they had read the Walk In Centre documentation and shared their vote;

Dr Nimal-Raj	– Option 3.
Dr V Raja	– Option 3.
Dr A Bose	– Option 3.
Dr R Arhin	– Option 3.
Ms J Foster-Taylor	– Option 3.
Mr A Olarinde	- Option 3.
Ms M Ansell	- Option 3.
Mr L Green	- Option 3.
Ms L Buckland	- Option 3.
Dr L Grewal	- Option 3.
Dr R Mohile	- Option 3.
Dr S Das	- Option 3.

Dr P Martin - Option 3.
Dr A Deshpande - Option 3.

All Board members agreed on Option 3. The option was passed as a Governing Board decision and it was confirmed that notice would be given on the Thurrock Walk In Centre contract.

Questions were invited from members of the public -
It was noted that there had been some confusion after reading the consultation document that the hubs are not walk in centres but by appointment through GP and NHS 111. It was suggested this must be advertised to patients for clarification. Dr A Deshpande and Ms J Foster-Taylor agreed that it will be a priority to communicate with patients. Mr L Green suggested a communication exercise also include information regarding GP in A&E, did not attend (DNA) appointments etc. and a list of what services are available in the area. The Board advised that there were 2700 DNA appointments across Thurrock in one month.

Action: Ms J Jose to arrange communication of local service within the area.

Dr A Deshpande suggested leaflets be shared in each surgery regarding the hub details.

It was asked if appointments could be made at the hub that is currently open for patients from different areas to attend. The Board advised that three appointments were assigned to each practice from the Hub area for allocation to their registered patients.

After a recent CQC inspection, a GP had shared comments on the Your Thurrock website stating he may not practice any longer. The Board noted that this is being addressed by NHSE and CQC. Ms J Foster-Taylor noted that the CCG are aware of the issues and there are primary care workforce initiatives in place as a high priority and there are on-going recruitment.

A member of the public commented on the consultation document and requested details of possibly extending the times of the hubs through the ring-fenced funds and not just allocating to primary care.

Dr A Deshpande noted difficulty with workforce availability for potential evening appointments. The use of a pilot is necessary to confirm what hours can be agreed and staffed. During surgery hours, appointments must be provided by the surgeries that patients are registered with. There is also access to Out of Hours services. Dr V Raja noted that the initial hub has started in Corringham and the other three will follow shortly. It was discussed that the plans for the hubs depend on the need in the locality. Dr A Deshpande advised that the patient population in Grays is much larger than other areas and two hubs may be needed. Mr L Green commented on the future engagement based around particular localities as one does not fit all. The group noted the importance of the longer term vision, time investment and money as the pilot cannot be completed overnight and patient expectation must be managed.

A public member concern was raised regarding patients being seen at the W.I.C. and if they will then attend A&E if a walk in option is not available. Dr A Deshpande commented that these patients must be seen by their own practices. Mr L Green expressed concern over the need for patients to lobby NHS Eland for engagement with the public in Thurrock. The responsibility for lack of GP appointments does not lay

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	<p>with the CCG but with NHS England and they must engage and take responsibility. They must be involved in primary care for Monday to Friday appointments. Dr A Bose advised that the Walk In Centre cannot always refer patients they see and often only refer back to the registered GP at a high cost, making the service not financially viable.</p> <p>Dr R Mohile commented that the problems present at the W.I.C. are the responsibility of Primary Care. Access was also discussed as the W.I.C. is mostly utilised by those patients who live and work nearby. It was suggested that there has been no correlation identified between A&E usage and W.I.C. attendance.</p> <p>Dr Mohile advised of the high cost associated with patients who are registered with a local GP but are also attending the W.I.C. as Out of Hours cover is already being funded for practices.</p>
4.	AOB
	None.
	Date of Next Meeting
	24 th June 2015, 10am, Board Meeting, High House

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