Working together for better health and care

NHS Thurrock Clinical Commissioning Group

Clinical Engagement Group
13 September 2016
Orsett Hall

Present:	Dr Grewal (LG) Chair	Chafford Hundred Medical Centre
	Dr Abeyewardene	Dell Medical Centre
	Dr Ajetunmobi	The Surgery, Orsett
	Dr Arhin	Aveley Medical Centre
	Dr Basu	Balfour Medical Centre
	Dr Bellworthy	Sancta Maria Centre
	Dr Bhat	Sai Medical Centre
	Dr Chandran	Stifford Clays Medical Centre
	Dr Davies	Pear Tree Surgery
	Dr Deshpande	Neera Medical Centre
	Dr Devaraja V	Sorrells Surgery
	Dr Hamilton J	Derry Court Medical Centre
	Dr Joseph L	The Grays Surgery
	Dr Kadim	Prime Care Medical Centre
	Dr Kallil	The Surgery Orsett
	Dr Mallik	Shehadeh/Tilbury Health Centre
	Dr Masson K	Milton Road Surgery
	Dr Obabori	The Shehadeh Medical Centre
	Dr Olukanni	The Shehadeh Medical Centre
	Dr Pattara	Tilbury Health Centre
	Dr Raj N	Purfleet Care Centre
	Dr Raja (VR)	The Surgery, Horndon-on-the-Hill
	Dr Ramachandran	Appledore Surgery
	Dr Sivakunar	The Shehadeh Medical Centre
	Dr Sosanya	St Clements Health Centre
	Dr Singh, K	Purfleet Care Centre
	Dr Spraggins	Hassengate Medical Centre

	Dr Tresidder	Hassengate Medical Centre
	Dr Wendorff	Dell Medical Centre
	Dr Yadava, N	East Thurrock Medical Centre
	Dr Yadava, R	East Thurrock Medical Centre
	Dr Yasin	The Health Centre, South Ockendon
In Attendance:	Ian Wake (IW)	Thurrock Public Health Dept
	Emma Sanford	Thurrock Public Health Dept
	Helen Booth	ICS Health & Wellbeing
	Many Ansell	(Acting) Interim Accountable Officer, TCCG
	Lesley Buckland	Deputy Chair and Lay Member, TCCG
	Aaron Faunch	Communications, TCCG
	Ade Olarinde	Chief Finance Officer, TCCG
	Alison Springett (AS)	Snr Primary Care Manager, TCCG
	Rahul Chaudhari	Head of Primary Care, TCCG
	Mark Tebbs	Director of Commissioning, TCCG
	Jeanette Hucey	Director of Transformation, TCCG
	Linda Smart	Deputy Chief Nurse, TCCG
	Denise Rabbette (DR)	Head of Medicines Optimisation, TCCG
	Laura Davies	Lead Nurse, TCCG
	Jane Richards	Lead Nurse, TCCG
	Christine Celentano	Head of Business Support, TCCG
	Lynne Hilkene (Minutes)	Business Support, TCCG
	Sinita Patel	Sai Medical Centre
	Leah Ollerenshaw	Business Support, TCCG
	Jayne Johns	Thurrock Health Centre
	Chukwudi Ukpaka	Thurrock Health Centre
	Sharon Hogarth	College Health Ltd
	Tracey Adams	College Health Ltd
	Julia Riley	Sancta Maria Centre
	Katie Webb	Derry Court
	Michelle Monk	Shehadeh Medical Centre

	Russell Vine	Hassengate Medical Centre
	Elaine Robinson	Aveley Medical Centre
	Marilyn Spires	East Thurrock Medical Centre
	Sam Marlton	The Grays Surgery
	Samantha Bennett	Dell Medical Centre
	Sharon Carter	Kadim Primecare Medical Centre
	R Ramachandran	Medic House

1.	**Welcome & Apologies**
	LG welcomed all to the meeting. There were no apologies forthcoming. LG asked if there were any declarations of interest that were not already on the register. None were declared.
2.	**Minutes of the meeting held on 9 August 2016 and Action Log**
	Minutes of the previous meeting were approved.
3.	**Pre Diabetes Service Provider**
	AS introduced Helen Booth (HB) from ICS Health and Wellbeing who gave a presentation on the launch of a service model for the Diabetes Prevention programme. The programme has been developed collaboratively by NHS England, Public Health England and Diabetes UK. HB advised of the eligibility criteria and the procedure for patients to commit to the programme. HB invited practices to contact her or AS if they feel they are equipped to host sessions. A series of questions and answers took place and HB confirmed the following: • The sessions would take place in the evenings • SMS texts would be sent to remind patients of their appointments • Outcome measures range from weight loss, increase in activity, reduction in blood levels • There is no cost for the sessions. NHS England will be funding. • Programme is 9 months long • Referral packs will go out in two weeks' time
4.	**Finance Update**
	AO gave a presentation of the financial situation to-date. AO advised of a small surplus of £28k from last year. Running costs of the CCG was underspent and so was the programme budget (commissioning services) but offset by QIPP performance is a predicted saving of 80%. LG congratulated the Finance team and TCCG, including the Board, for their continued good work *(a round of applause took place),* but LG stressed the importance to have vigilance regarding quality of services and if they have any issues, please contact the CCG on any practice concerns.
5.	**Social Prescribing**
	JH gave a presentation and background on Social Prescription For Thurrock in Thurrock and what it means. JH advised they will be looking to identify suitable patients that could benefit from the service, which would ideally reduce patients attending GP surgeries and improve their quality of life. JH advised what the programme would hope to achieve in Year 1, which was due to go live in October. Next steps were to employ suitable staff which would go through a level of training.

6.	**Atrial Fibrillation (AF)**
	VR gave a presentation of the Management of Atrial Fibrillation. VR advised the prevalence of (AF) in Thurrock which is thought to be 2%, with the register showing 1.2%, but over 1,000 people may be missed. Once diagnosed only half of AF patients are anti-coagulated. VR gave comparisons for the use of NOAC's and Warfarin and the outcome for patients. For some patients on Warfarin it is difficult to monitor and control, with 30% of patients stopping Warfarin within the year. VR showed data comparison with the town of Medway which shows we are lagging behind under each key factor. VR said that a NOAC pathway needs to be established to prescribe safely and at present four NOACS are being used. VR advised that these drugs (NOACS) had been specifically designed to overcome the limitations of Warfarin and highlighted the advantages over Warfarin but certain caveats were noted, including rheumatic fever, renal failure, metal valve and elderly dose adjustment. VR introduced DR as Head of Medicines Optimisation at TCCG. DR said she would like to offer a slightly different side of the discussion. DR advised that the priority for the Medicines Optimisation team is to ensure that we have patients receiving optimal anticoagulation therapy where appropriate to ensure that we reduce the risk of stroke in patients at risk. Our key messages are to review patients currently receiving aspirin for stroke prevention and make sure that they are offered anticoagulation if their CHA_2D_2S-VASc score indicates they are at risk. Consider the risk of bleeding using the HASBLED score – but remember this should not be used as a reason not to anticoagulate, but as an opportunity to consider modifiable risk factors. Aspirin should not be used for stroke prevention in AF. If a patient agrees to anticoagulation, then this should be discussed. The evidence for warfarin is strong (see attached slides) and the evidence base indicates that they are generally non-inferior to warfarin. It should be noted that depending on the trial the average time in therapeutic range (TTR) for warfarin was between 58- 68%. From slide 15 it can be seen that a TTR of 58% on warfarin is only slightly better than no treatment at all. For patients' whose INR is in range over 70% there is a much lower risk of stroke. So for patients well controlled on warfarin we currently do not have evidence to show that the NOACs offer any advantages. Therefore there is a continued role for warfarin, there are challenges with use but many patients get on well with warfarin and like the comfort of having their INR checked. There is a place for the NOACs in patients unable to tolerate warfarin or with compelling clinical reasons that make warfarin less suitable, but they are not suitable for everyone. Poor compliance will not improve with NOACs but because there is no testing you may be unaware patients are not taking the medication. Ultimately we need to anticoagulate more people where appropriate. Warfarin and NOACs have their place and both have different advantages and disadvantages.
7.	**Hub Update One Year On**
	VR gave an update presentation of the Hubs which have been running for a year now, and to see whether any improvements or changes were needed. VR presented data comparisons from April 2015 - August 2016 which highlighted 35% vacant appointments for GPs and 55% for Nurses. Discussion followed on the reasons of the vacant appointments. It was noted that patients were not happy that GPs did not refer patients for bloods/x-ray/tests, and sick notes are not issued. VR said it was not practical for GPs to make referrals as there was no administrative back-up at the Hubs. Discussions followed on whether the Hubs are good value for money. LG advised that the Hubs were set up from a pot of money made available to the CCG and that the Hubs would run for a further 6 years. A question arose regarding seeing patients who are not registered with a surgery.

	AV replied that IT is looking at the matter. A question arose concerning patients in the South Ockendon area, as the nearest Hub is in Purfleet which is too far away for many patients to travel. It was noted that Bluebell Surgery is open on a Sunday. LG asked GPs/Practice Managers to encourage their patients to use the Hubs and make surgeries aware of the seven day service available.
8.	**Integrated Data Set**
	IW, Director of Thurrock Public Health gave a presentation on 'An integrated Data Set for the Health and Social Care Economy of Thurrock'. IW advised that there was some data integration at present between services, but it was hoped to secure a local system with the Council/CCG/ and all providers to link data at a local level. Pseudo anonymised data can be produced and allow Public Health to try to understand the health of Thurrock patients and create predictive models to improve care pathways. Procurement of this service is due to start on 21 September 2016, with a selection of preferred supplier early in December.
9.	**Practice Concerns**
	None.
10.	**AOB**
	None.
Date of Next Meeting **11 October 2016**	