Working together for better health and care

NHS Thurrock Clinical Commissioning Group

Clinical Engagement Group
12 July 2016
High House, Purfleet

Present:	Dr L Grewal (LG) (Chair)	Chafford Hundred Medical Centre
	Dr S Bellworthy (SB)	Sancta Maria Centre
	Dr V Bhat (VB)	Sia Medical Centre
	Dr M Chandran (MD)	Stifford Clays Medical Centre
	Dr A M Deshpande (AM)	Neera Medical Centre
	Dr V Devaraja (VD)	Sorrells Surgery
	Dr J Hamilton (JH)	Derry Court Medical Centre
	Dr L Joseph (LJ)	The Grays Surgery
	Dr H Kadim (HK)	Prime Care Medical Centre
	Dr L Leighton (LL)	Aveley Medical Centre
	Dr R V Mohile (RM)	Chadwell Medical Centre
	Dr N Raj (NR)	Purfleet Care Centre
	Dr M K Ramachandran (MR)	Appledore Surgery
	Dr J Sosanya (JS)	St Clements Health Centre
	Dr K Singh (KS)	Purfleet Care Centre
	Dr N J Tresidder (NT)	Hassengate Medical Centre
	Dr G Varghese (GV)	Pear Tree Surgery
In attendance:	Ms E Walsh (EW)	St Clements Health Centre
	Ms S Marlton (SM)	The Grays Surgery
	Ms D Mainhood (DM)	Pear Tree Surgery
	Ms M Ansell (MA)	TCCG
	Mr R Chaudhari (RC)	TCCG
	Ms J Richards (JR)	TCCG
	Ms J Itantaga (JI)	TCCG
	Ms A Springett (AS)	TCCG
	Mr R Stone (RS)	TCCG

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	Ms L Buckland (LB)	Lay Member, TCCG
	Chris Celentano (CC)	TCCG
	Lynne Hilkene (Minutes)	TCCG
	Anita St Clair	TCCG
Apologies:	Kate Woolterton, Dr Raja, Kim James Healthwatch.	

1.	**Welcome & Apologies**
	The Chair welcomed all to the meeting, and the apologies were noted as above. The Chair asked if there were any declarations of interest that were not already on the register. None were noted.
2.	**Minutes of the meeting held on 14 June 2016 and Action Log**
	The minutes of the last meeting were approved as an accurate record. The Chair updated the Committee on the forthcoming Board elections and invited Committee members to seriously consider becoming a Board member. The Chair highlighted the role of a Board member and advised of the time commitments involved. It was noted that Board members would need to attend at least one session a month plus the Board meeting, which would be a paid session. The Chair said it was in the best interests of all GPs and their practices to have a robust team working alongside the TCCG. CC reminded the Committee that Board election packs were given out at the last CEG Committee meeting and would also be the intranet in the next few weeks. CC said that TCCG Officers have been asked to promote their areas of expertise to be made available for ease of reference for future Board members.
3.	**Pressure Ulcers**
	JR advised the Committee of the launch of a new campaign being rolled out nationally in conjunction with NHS England and other partners called 'Stop The Pressure'. The first of two of two videos was shown to update and remind GPs of their responsibility in pressure ulcer prevention. The second video 'How to Prevent Pressure Ulcers' highlighted a patient who has Muscular Dystrophy who had joined the campaign and who had personally suffered from pressure ulcers. JR reminded GPs that the first referral should be to the community nursing team or the practice nurse for an assessment. For further guidance and any literature to promote the launch please refer to the website www.stopthepressure.com Discussion followed and the Chair reminded GPs of their responsibility of any home visits to check in particular vulnerable patients who are bed/chair bound for pressure ulcers. The question arose whether there is communication between nurses and GP's; an example was given whereby a GP (out of area) did not know his patient had pressure ulcers. Discussion followed and it was agreed to bring the subject back to CEG. **ACTION: b/f for update and discussion in next quarter.**

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4.	**Mental Health Shared Protocol**
	RM updated the Committee with a slide presentation on IAPT (Improving Access to Psychological Therapies) and Shared Care Protocol. IAPT – RM gave an informative update on the services IAPT provided which supports the frontline NHS in implementing NICE guidelines for people suffering from depression and anxiety disorders. RM advised that there were at least 20,000 people in Thurrock who would benefit from IAPT and the Government has said we should be treating 3,000 of this figure, and that our actual figure before 1st April 2016 was 0.8%, which was well below the national figure. However, we were now in a better position to reaching the national recommended figure, through delivering the service with better training etc. It was noted that it took 3 days on average for referral, but once assessed there were various choices (not just counselling). The average time to treatment was around 12 days. RM said that data is now being delivered and would be shared asap. The data will divulge how many patients are using the service and what area they were referred. RM reminded GPs of the importance of possibly referring a patient to IAPT rather than prescribe anti-depressants, and emphasised that if GPs actively started to refer patients to IAPT, their workload would almost be reduced, which would help caseloads without any support. RM welcomed any feedback and comments; all suggestions were welcomed. Shared Cared Protocol – RM gave historical background to the Shared Care Protocol and advised that the position of the current contract is a block contract, but unfortunately there was now a national drive to disband into different sections. RM advised there were 21 defined nationally, of which IAPT covers clusters 1-3. RM continued with the slide presentation covering the aims for the new Shared Care Protocol covering KPI's and the financial costs etc. In summarising, RM advised that the success with IAPT being the lead CCG to implement the SCP, has led to other CCGs following. Discussion followed with examples of incidents occurring in the district. LG asked for GPs to report any examples whether good or bad to Jane Foster-Taylor at TCCG, and any mental health issues to Jane Itangata, TCCG. The Chair thanked RM and the mental health commissioning team for their continued good work.
5.	**Practice Concerns – Membership**
	The Chair continued with Shared Care Protocol and said that this is something that all practises are affected by as none of the practices in Thurrock have Shared Care Protocols. The Chair advised that an item sitting with Meds Management asking for Shared Care protocol had not been forthcoming. **ACTION: b/f to invite representative from Meds Management to attend at the next CEG meeting.**
7.	**AOB**
	Digital Road Map - RC updated the Committee on the forthcoming digitalisation of all patient records which is part of NHS 5 year forward plan. The aim is for all primary care referrals to be digitalised by 2018 as this will become compulsory. It was noted that in Essex, we are amongst the top referring CCGs, and the target of each CCG is to improve its uptake by 20%. If the target is achieved a payment per person will be made

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available. RC said that if we achieve the target as a CCG, the Board has agreed that any monies can be shared 50-50 with the practices. RC advised that all CCGs have to hit the target, otherwise no monies will be awarded. It was noted that a couple of practices are not up to standard at present but by 2018 hopefully everyone will be ready. RC offered help and support to practices from the team and himself, in terms of making referrals more streamlined.

Discussion followed on the referral system and it was noted that faxes were not allowed anymore. AS said that if practices need any help etc. to please contact their Locality Manager at TCCG. **ACTION: To b/f for further discussion at a future CEG meeting.**

A question arose on the position with the Cardiology Dept at BTUH. The Chair replied that the issue had been taken up Kate Woolterton from BTUH, and hopefully an update would be made available at the next CEG meeting.

A question arose on the situation with blood test results. **ACTION: It was agreed that RC would follow up.**

A question arose on home bound patients. JH advised that community services have advised that in future they will not be able to take blood pressures anymore. Discussion followed on the time element involved for Doctors to make home visits for blood pressure and other services. It was generally agreed that because of shrinking budgets and cost cutting exercises, tests such as blood pressure will have to be completed by a patient's Doctor, whether they are house bound/in a care home or not.

The Chair advised that if there were any patient safety concerns, practices should contact Jane-Foster-Taylor at the TCCG in the first instance.

Date of Next Meeting – 9 August 2016 Orsett Hall

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