Working together for better health and care

NHS Thurrock Clinical Commissioning Group

Clinical Reference Group
28th January 2016, 1:30 pm - 4:00 pm
Village Hall, Springfield Road, Corringham

Present:	Mr Alan Hudson (AH)	Chair, Stifford Clays Medical Centre PPG
	Ms Lesley Buckland (LB)	Thurrock CCG
	Mr Kevin Brice (KB)	Stifford Clays Medical Centre PPG
	Ms Maureen Cushing (MC)	Hassengate Medical Centre
	Mr Tony Davis (TD)	East Tilbury PPG
	Ms Christine King (CK)	East Tilbury PPG
	Ms Sue Cleall (SC)	Thurrock CCG
	Ms Kim James (KJ)	Healthwatch
	Ms Andrea Valentine (AV)	Healthwatch
	Ms Wendy Aston (WA)	Cariads
	Ms Ceri Armstrong (CA)	Thurrock Council
	Ms Sue Griggs (SG)	Thurrock Council
	Mr Harry Roberts (HR)	Train & Change Ltd
In Attendance:	Ms Christine Celentano (CC)	Thurrock CCG
	Ms Alison Springett (AS)	Thurrock CCG
	Ms Jeannette Hucey (JH)	Thurrock CCG
	Ms Urszula Pucilowska (UP)	Thurrock CCG
Apologies:	Ms Olga Benson (OB)	TDH PPG
	Mr Parameswaraiyer Ambikapathy (PA)	Primary Care Physician
	Ms Lita Walpole (LW)	St Luke's Hospice
	Ms Jennie Deeks (JD)	Basildon Hospital
	Ms Gill Booth (GB)	St. Luke's Hospice
	Ms Maxines Lockwood (ML)	STEPS

1.	**Welcome, apologies and any conflicts of interest**
	LB welcomed all to the meeting and apologies were noted above. Conflicts of interest were requested and none were declared. AH welcomed everyone to the meeting and introduced himself to the group.

2.	**Minutes, discussion around the name of the group**
	The minutes of the meeting held on 26th November 2015 were reviewed and agreed as an accurate account.
3.	**Commissioning: Estates, SRP, MECS**
	Estates There was no update on Estate due to the absence of the person due to present the item. **SRP- Service Restriction Policy** AS welcomed everyone, introduced herself to the group and shared the Service Restriction Policy with the members of CRG. AS described the key aspects of the policy that had been agreed across all CCGs in South Essex. The SRP lists the procedures, treatments and diagnostics that either the CCG does not commission (buy) or only commissions if certain criteria are met, for example NICE Guidance. Any patient that sees their GP or hospital doctor cannot be referred for one of the procedures or treatments listed in the SRP unless they meet the criteria outlined in the policy. However, if the patient feels, or their GP or hospital doctor feels, that their condition is exceptional and should be funded then they can apply for individual funding. The policy sets out the access/approval guidance for treatments/ interventions/ procedures where there is specific policy guidance in place (threshold approvals, individual prior approvals and individual funding requests). The policy is available on Thurrock CCG's website for the public to refer to. A question was asked if there is a separate budget for funding. LB explained that each case is assessed by the Individual Funding Review Panel against benchmarking and clinical/cost effectiveness. A question was asked if the SRP could be circulated. CC responded that it is available on the intranet website. AS assured that a full update is available on the CCG website. A question was asked regarding communication. LB updated that the Head of Communications is currently working on the Communication Campaign, supported by Facebook and Twitter. It was suggested that Healthwatch could get involved in order to communicate effectively. KJ informed that Healthwatch has plans to include help in sharing awareness of PPGs. CC asked if there were any further suggestions regarding changing the CRG name. It was suggested that any amendments would be taken under consideration. The group discussed PPG and PPC. CC suggested a short brief before the next CRG meeting and informed that each surgery has to have representation from a PPG, which is a statuary group. Representatives from 32 Thurrock GP surgeries will be attending the April 2016 CRG meeting. A question was asked if the GP surgeries are funded by the CCG. LB responded that there is no separate funding stream available. AH added that this funding is now part of the overall allocation to GPs. AH informed that NAP prepared to review errors report. He also confirmed that in April 2016 a meeting of all PPG leads has been arranged. CC asked a question regarding PPG meeting public representatives. The group advised that a list of nominated public representatives has to be established with the Council. A question was asked regarding the Public Forum. CC and LB confirmed that Thurrock CCG's

Board will discuss the subject and update the CRG further - **Action CC and LB.**

MECS
JH introduced herself to the Committee and presented Ophthalmology Transformation Programme – progress update plus a summary paper which outlined the following:

JH talked about main providers of the service and demands of the waiting time for the hospital appointment. It was noted that The South Essex Ophthalmology Clinical Network, with representation from Southend University Hospital Foundation Trust, the Essex Local Optical Committee (LOC), Essex Eye Health Network south Essex Commissioners and Clinical Leads, has developed a transformation plan that has at its core a shift of activity from the hospital service into the community providers.

JH informed about the changes in the **Glaucoma Repeat Readings (GRR) Service**. Local Opticians will be involved to deliver initial glaucoma tests in the community. Those who have the necessary skills and equipment will accept referrals from other opticians who are not providing GRR. 15 opticians are delivering the service from November 2015 across South Essex.

As part of the transformation programme Shared Care Glaucoma Service will provide through high street opticians who have undergone hospital training will provide on-going monitoring of patients who have been identified by their Consultant as having stable glaucoma. Around 25 Opticians across south Essex have completed / are currently completing the Hospital Training and will be working with the Hospital Consultants based on shared patient record. This service is in the planning phase at the moment but is known to be effective in other areas and we hope we will be able to offer it in the next few months.

Minor Eye Conditions Service (MECS)
This service will be alternative to the hospital appointment and include patients with minor eye conditions, such as red eye, flashes, floaters, dry eye and retinal lesion. Emergency and more serious conditions remain referred to the hospital. As mentioned before, only accredited optometrist with professional equipped premises will undertake the examination.
This is to prevent unnecessary referrals to the hospital.

JH informed that there are currently on-going reviews on areas under consideration for improvements as follow: Post-operative Cataract Care, Age-related Macular Degeneration (AMD), Learning Disability provision and Paediatric Services.

A question was asked about the availability of funds for the above services. LB responded that CCG it is taking service closer to the patient and at the moment we are due to planning the services.

A question was asked regarding consolidation of the records while using services. JH confirmed that this is correct. There are two different types of kits. Most reliable are the ones that require sign up to get response.

A question was asked which opticians are offering that service. JH asked for contact details in order to update further - **Action JH**.

The contact details provided were from Wendy Aston from Cariads who asked about what communications had/would be going out to inform the public/clinicians to publicise the new pathways? My response (which was sent out by Chris following the meeting) was as follows:

"Communications for each of the pathways will be circulated to all Optometrists by the Local Optical Committee (LOC), to all GP Practices by the Commissioners (via the CCG), and then the providers will share information with patients.

The network is where we discuss the various communications and agree the content.

For Glaucoma Referral Refinement (GRR) now that the service is mobilised the LOC are sending communications out to their Optometrists to encourage uptake. Similar communications will be shared with Commissioners I have asked for copies that I can send to GPs and will share with all commissioners to also support this.
The shared care glaucoma is the biggest change and there will be a big campaign to launch that. The patient leaflets are currently undergoing approval checks by Southend Hospital but the hospital will begin to share these with patients as they discuss the transfer out to community providers. Once the documents has been finalised it will be shared for circulation to GPs."

A question was asked about how the cost compared with the cost of Southend service is. JH confirmed that the service closer to home was better value for money.

JH shared **Thurrock Vision** presentation with the Group and focus on intermediate care.

The Group was informed of BBCCG and Thurrock CC current state, joint vision and integrated pathway focused on: delivering care closer to or at home for people requiring intermediate care, Integrated Community Health and Social Care Services including Community Teams, the Rapid Access Service, and community beds.

JH also described the plans for future estates - Wellness Hubs with specific focus on locality level services. Thurrock CCG's planned initial engagement document was shared along with the proposed associated engagement activity for the Group's information.

A question was asked about resources regarding the project. JH said that the CCG was looking at where and how intermediate care was currently being delivered outside of the Thurrock area, and how this could be brought closer to home *For Thurrock in Thurrock* to support a more sustainable model for the future. The CCG are exploring whether there is an opportunity to release funds through some of these moves and efficiencies, and will use funds released to re-invest in enhanced integrated teams to further support our drive to bring care closer to the patient.

A question was asked regarding availability of the beds in hospitals. JH responded that vast majority of the people with appropriate support in the community do not need 24h care. The more beds that are given, more that are being in used. It is not relative to the actual need. We are taking this into account through the work we are doing to bring intermediate care closer to the patient, *For Thurrock in Thurrock.*

4. Health and Wellbeing Strategy

CA introduced herself to the Group and shared **Health and Wellbeing Strategy.**

CA introduced the Group to main objectives of the Wellbeing Strategy as follows:

- Identifies the priorities for the local area that focus on improving the health and wellbeing of the local population;
- Focus on reducing inequalities in health and wellbeing.

The Health and Wellbeing strategy was developed by CCG and Thurrock Council, owned by Health and Wellbeing Board. CA explained to the Group the key elements of Health and Wellbeing Structure are and introduced key objectives of Joint Strategic Needs Assessment. Thurrock Council Vision for improving the health and wellbeing is to add years and life to years. There are five goals we aim to achieve:

1. Opportunity for all:
    - All Thurrock children ready for school;
    - More Thurrock residents in employment, education or training;
    - Fewer teenage pregnancies in Thurrock; fewer children and adults in poverty.
2. Healthier environments:

- Create outdoor places that make it easy to exercise and be active;
- Develop homes that keep people well and independent;
- Building strong well connected communities.

3. Better mental health and wellbeing:
   - Parents given the support they need at the right time;
   - Improve children's emotional health and wellbeing;
   - Reduce social isolation and loneliness;
   - Improve identification and treatment of depression.
4. Quality care centred on the person:
   - Create four integrated healthy living centres;
   - When services are required, they are coordinated around the needs of the individual;
   - Put people in control of their own care;
   - Provide high quality GP and hospital care to Thurrock.
5. Healthier for longer:
   - Increase the number of people in Thurrock who are a healthy weight;
   - Reduce the number of people smoking in Thurrock;
   - Significantly improve the identification and management of Long Term Conditions;
   - Prevent and treat cancer better.

It was noted that the next consultation ended 22nd January 2016 and Thurrock Council are looking at trends and themes; once approved the new action plan will be developed. CA advised the group that she will be circulating the presentation electronically in order to address any questions, she would also be returning to update the group- **Action CA.**

5. Healthwatch Update

KJ shared the Healthwatch update with the group.

KJ informed the group that Healthwatch had been working with the patients of Thurrock regarding the application for a new crossing.

KJ advised the group of the future events:

1. **2nd February 2016,** at Beehive - Dignity Action Day, at the Beehive Recourse Centre, Grays, RM17 6XP; an event at the Beehive to celebrate and discuss Dignity in Health & Social Care Services.
2. 23rd February 2016, at Beehive - **Bring me Sunshine Party**, an event to provide advice and support for those who have been impacted by stroke. Involving National Stroke Association, Disabilities, People's Health and Safety in homes and prevention, for patients and carers, CCG involvement;
3. **31st March 2016,** at Beehive - An event at the Beehive for children up to the age of 10 years to celebrate Easter and good health.

Dates and information will be circulated - **Action KJ**

6. AOB

LB stated she had been asked by a Practice Manager to express concerns with missed appointments in GP surgeries called Did Not Attends (DNAs). It was noted that it is an issue and the group were asked to pass the message on to the public to make sure that appointments were cancelled in order for other patients to be able to get appointments on the same day or as soon as possible.

A representative from Caraids raised a question as to where data can be found for the number of carers nationally which have health checks provided. LB stated that question has to be verified with the Primary Care Team and an update will be provided at the next CRG meeting - **Action CC**.

	CA confirmed that this information has been widely shared from the Local Authority perspective. AH thanked the speakers for their presentations. LB thanked AH for chairing the meeting.
Date of Next Meeting	
24th March 2016 – Beehive, Grays	