

**Clinical Reference Group**  
**24<sup>th</sup> March 2016, 1:00 pm - 3:00 pm**  
**Beehive - Grays**

<b>Present:</b>	Mr Alan Hudson (AH)	Chair, Stifford Clays Medical Centre PPG
	Ms Lesley Buckland (LB)	Thurrock CCG
	Mr Stephen Andrews (SA)	Chafford Hundred Medical Centre
	Ms Maureen Cushing (MC)	Hassengate Medical Centre
	Mr Tony Davis (TD)	East Tilbury PPG
	Mr Ben Dubois (BD)	Thurrock Council - LAC
	Ms Andrea Valentine (AV)	Healthwatch
	Ms Wendy Aston (WA)	Cariads
	Ms Jennie Diggs (JD)	BTUH
<b>In Attendance:</b>	Ms Christine Celentano (CC)	Thurrock CCG
	Ms Jeannette Hucey (JH)	Thurrock CCG
	Mr Richard Stone (RS)	(Interim) Head of Communication TCCG
	Ms Urszula Pucilowska (UP)	Thurrock CCG
<b>Apologies:</b>	Ms Lita Walpole (LW)	St Luke's Hospice
	Mr Parameswaraiyer Ambikapathy (PA)	Primary Care Physician
	Ms Gill Booth (GB)	St. Luke's Hospice
	Ms Kim James (KJ)	Healthwatch
	Dr Malik Quiser (MQ)	BTUH
	Dr Kumar (K)	BTUH

<b>1.</b>	<b>Welcome, apologies and any conflicts of interest</b>
	LB welcomed all to the meeting and apologies were noted above. No additional conflict of interest other than those on the register..
<b>2.</b>	<b>Minutes, discussion around the name of the group</b>
	Minutes of the meeting held on 28 <sup>th</sup> January 2016 were reviewed and agreed as an accurate account. See Appendix 1.
<b>3.</b>	<b>PET CT Scan</b>
	AH apologised to the group that Dr Kumar will not be able to attend. AH gave a verbal update.  The NHS PET CT Diagnostic Imaging Service is part of a national contract procured by the Department of Health to provide greater access to PETCT for patients in England. Committed to delivering outstanding patient care and clinical excellence, with patients being seen within seven

days of the referral and reports following two days later. The service has been designed to meet the needs of 11 cancer networks and integrate fully with local clinical pathways and protocols. The service is provided from the following locations: Basildon, Bournemouth, Cambridge, Canterbury, Colchester, Leicester, Maidstone, Northampton, Norwich, Nottingham, Portsmouth, Plymouth, Poole, Sawbridgeworth, Southampton and Taunton.

PET Scan nationally has been provided in different ways. This was agreed nationally last year. Various parts of the country bid for the contract and the plan was to use imperial scanner for the first 2 months. NHSE has been requested to review the decision on providing CT Scanner for Basildon Hospital. PET CT is cardiac and dementia screening.

LB explained further the contract conditions and specifically highlighted that it has been awarded to Alliance for the next 10 years. Both require trained Clinicians and staff to operate. Therefore we cannot allow them to work simultaneously in both localities. AH circulated around the Committee Midlands and South Essex: Specialised Commissioning "PET- CT in Essex: Survey". NHS E is seeking views on two options for the location of the PET-CT service in South Essex.

A question was asked if questionnaire can be access online. LB requested RS to confirm and update the group further - **ACTION RS.**

#### 4. Local Area Co-ordinators

AH introduced **Ben Dubois** one of the Local Area Co-ordinators.

BD introduced himself to the group and updated the group on the role of the Local Area Co-ordinators:

1. Local Area-Co-ordinators Project was formed in 2013 in order to engage the people with services and enable them to use them without borders.
2. Cover most areas in Thurrock's, Grays, Corringham, Stifford Clays, Tilbury, East Tilbury and South Ockendon, Chadwell St Mary and Aveley.
3. Work with vulnerable individuals in society, providing support by generating information about available services across area using:
  - 3.1 Level 1 – "sign posting" – strength based assessment; MBT Meetings in order to build pathway;
  - 3.2 Level 2 – Community building and involvement – LGBT Group.(not social workers).
4. Based in GP Surgeries in order to promote self-assessment; attend Community Forums and engage with local services.

BD stated that LAC is working to formulate an asset map which can be provided to all Primary Care and he will liaise with LB and RS - **Action BD.**

A question was asked regarding self-referral. BD explained that referral can be made in person, by phone or mail. Full information will be circulated to CC and GP Surgeries across Thurrock - **ACTION BD.**

RS asked how often the contact database is being reviewed. BD responded that it will be updated during this summer holiday period with help of volunteers.

To invite LAC Coordinators to share presentation to a future CEG Meeting - **ACTION LB/CC.**

#### 5. CRG Self-Assessment

LB stated that it was disappointing representation at the CRG meetings with number in attendance. LB updated the group regarding a newly appointed Lay Member Liv Corbishley (LC), who will start from April 2016. Once LC in post a meeting will be arranged to agree a way forward and include reps from this group. **ACTION LB.**

AV updated the Committee with latest activities across the area. She reported that Health Watch

	<p>reached through Community Centres and Churches different ethnicity groups. Had very good feedback from Ghurkhas, Africans and Polish and managed to collect valuable information. Next step is to engage with 32 GP Surgeries.</p> <p>AH commented that GP Practices should be involved in PPG. It was agreed the Beehive to be regular location of the CRG meeting – everyone agreed.(two members in attendance)</p>
<p><b>6.</b></p>	<p><b>For Thurrock in Thurrock</b></p> <p>JH introduced herself to the Committee and shared For Thurrock In Thurrock update.</p> <p>She specifically highlighted that there will be new building, through our community provider and shared objectives:</p> <ol style="list-style-type: none"> <li>1. Action plan has been signed by Thurrock CCG Board and it is available on TCCG website.</li> <li>2. More nursing staff, social care workers and pharmacies are planned across the area.</li> <li>3. Commissioning Engagement document – available through Thurrock Mind website.</li> <li>4. PST CT NHS E Survey is now available.</li> <li>5. Locality based Health Centres.</li> <li>6. Working closely with Public Health Team and Council to collect diseases data.</li> <li>7. Community Provider’s discussions.</li> <li>8. Working towards collaborative partnerships around parts of our pathways and projects.</li> </ol> <p>A question was asked whether there is a budget available. JH confirmed it was c£800K. TCCG perform very well against Unplanned Care Premium and therefore we are able to invest upfront. Providers are jointly coming together to deliver services related to providing care closer to home. We have been piloting risk stratification to better identify and proactively manage people living with frailty, and will be developing a social prescribing model to link with the existing Local Area Coordinators (LACs) for those that need support but not specifically health or social care, in order to improve the experience and service.</p> <p>A question was asked how we going to recognise the service providers in the area? JH advised that the Local Area Coordinators (LACs) have access to Directories of services; and that patients can be signed posted or supported to attend services if they have given their consent for the details to be passed on.</p> <p>A question was asked how to be directed to other practices other than by online. JH stated that practices would be able to pass patient’s details on to the services if consent has been given to do so, or the patients would be given the contact details to follow up for themselves.</p> <p>A question was asked how the information can be passed to the residents to raise awareness. LB stated the PPG will communicate with GP what the needs are. There are very early days. JH Health watch is very supportive,</p> <p>.</p> <p>The Committee discussed where successfully locate the CCG documents online on Facebook or on twitter.</p>
<p><b>7.</b></p>	<p><b>A.O.B. PPI update</b></p> <p>AH updated the group regarding feedback from residents not being able to book appointments in weekend hubs. That was identified as issue with SystemOne. LB advised that doctors and nurses can still fax through referral forms or alternatively call 111 services, out of GP hours.</p> <p>A question was asked if 111 services can offer appointments for hospitals as well. It was confirmed that this will shortly be available.</p> <p>A question was asked how efficiently inform the patients that booking appointments can be</p>

obtained through 111 services. AH responded that it was shared through GP surgeries and pharmacies. LB added that additional funding has been agreed to extend the service of hub's hours. The Committee discussed the 3 months pilot.

A question was asked if full Thurrock website can have information regarding a wide range of health services available for local residents that can be found through search function. RS responded that The Enquirer has already advertised that but this is a great suggestion and it will be look at. LB added she will have further discussion with CEG Meeting Clinical Leads Dr L Grewal and Dr Raja - **Action RS**

A question was raised about Hassengate Pharmacy hours of opening. LB undertook to liaise and discuss with Practice Manager. Action LB

**Date of Next Meeting**

May 2016 TBC & Venue 12 May Beehive Centre.

DRAFT