



Thurrock
Clinical Commissioning Group

Commissioning Reference Group
Held on 22 April 2013 at
Beehive, Grays

Present:

Len Green (Chair) (LJG)	Lay Board Member PPE
Bryan Van de Peer	Diabetes UK Thurrock Group (Dr Mukhopadhyay) / Healthwatch Thurrock
Joan Van de Peer	Diabetes UK Thurrock Group (Dr Mukhopadhyay)
Chris Sheppard	Dr Davaraja PPG
Joy Joses	Central Eastern CSU
Denise Darrell-Lambert	Central Eastern CSU
Olga Benson	Aveley PPG
Mike Riley	PPG Prime Care / Healthwatch Thurrock
Susie Nankivell	Together for Mental Wellbeing
Sue Gray	Cllr
Wendy Curtis	HOSC Chair / Cllr
Lana King	Crammaville Street Grays PPG
Bill Little	SCHC PPG
Maureen Cushing	Hassengate Medical Centre PPG / Chair
Hollie Sparks	Healthwatch Thurrock
Reg Sweeting	Peartree Surgery PPG
E P Ambikapthy	PPG Neera Med Centre
Kim James	Healthwatch Thurrock / St Clements centre
Lisa Barber	PPG Thurrock Health centre
Samuel Adusei	Dr Patel, Tilbury PPG
Terry Piccozo	Thurrock CVS
Dr Bose	TNHS CCG
Ged Brady	Thurrock Mind Aduocacy
Graham Carey	Adult Safeguarding
Peter Hewitt	Dr K Surrey PPG
Terry Bradford	Chadwell Medical Centre

In attendance: Jessica Parr
Alana Stokes
Phillip Clark
Christine Celentano
Mel Porter
Ceri Armstrong
William Guy

Minutes
Minutes
Thurrock CCG/PCT
Thurrock Business Manager
Thurrock Lay Member
Thurrock Council
Thurrock Head of Commissioning

Apologies: Pete Woodcock
Chris Ludlow
Dr L Grewal

Hassengate PPG
Dr Pattaras Surgery
GP Champion

1.	<p>Welcome & Introductions / Minutes of the last meeting</p> <p>Len Green (LJG) welcomed everyone to the meeting and introductions were made. The minutes were agreed as a true record of the previous meeting held on 23rd January 2013 and LJG added that the Chair of Tofts was missing from the list of attendees.</p>
2.	<p>Service Restriction policy & QIPP projects update 2013</p> <p>Phillip Clark (PC) introduced himself as part of the Thurrock Clinical Commissioning Group and presented a summary of the Service Restriction policy and QIPP projects update for 2013.</p> <div data-bbox="359 616 422 683" data-label="Image"> </div> <p>220413 CRG Presentation PC.pptx</p> <p>PC gave an explanation of QIPP and outlined the financial challenges that will be covered, such as attempting to maintain planned care / non planned care achievements whilst dealing with the deficit for 13/14.</p> <p>He also explained the Service Restriction policy that is implemented to safeguard where patients do need specialised services. This policy includes the use of an individual funding request panel as an avenue of escalation.</p> <p>PC went on to give details of the Rapid Response Assessment Service. It was described as another option for both patients and careers to call instead of 999 when at the point of crisis.</p> <p>Primary care MDT (multi-disciplinary team) was also outlined and details of Thurrock Council providing funding for an MDT facilitator for the whole of Thurrock were included. (256 monies)</p> <p>The acquisition of 54 Telehealth units was introduced and the features and advantages were explained. The specifics of the Geriatrician Service for hospital expertise within the community were also defined.</p> <p>LJG clarified that the information in the presentation could be forwarded by email to anyone interested.</p> <p>A question and answer session was invited by PC and he informed that the cost of the Telehealth unit is free to the user and each unit was purchased for £950 (plus the cost of permits). PC also assured that the units are for use in addition to NHS services, so does not preclude patients from “face to face” services.</p> <p>(Secondary introductions were made).</p>
3.	<p>Update on CCG authorisation and status post PCT</p> <p>Mel Porter (MP) introduced the details of the Authorisation – Legal Directions & Rectification Plan.</p> <p>The CCG has been authorised to represent Thurrock (with conditions) by the NHS Commissioning Board. 119 questions needed to be satisfied and the CCG had 37 questions to review after their submission.</p> <ul style="list-style-type: none"> • 7 green

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Four legal directions were given and MP suggested that the time frame for the governance documents to have the roles clarified would be around 6-8 months. Capacity and capability to make a plan not to overspend also needed to be implemented and QIPP is a key element of keeping within the financial plan.

MP and LJG explained the significance of the Francis report and suggested that lessons have been learned from the failures at Staffordshire Hospital.

MP continued his presentation with a Rectification Plan itemising the “integrated strategy” that has been produced by the CCG to ensure they comply with the requests made by the NHS Commissioning Board. He then invited a question and answer session.

It is made clear that every GP group in Thurrock is now signed up to the process. Kim James (KJ) asked about the accuracy of some reports of a gagging order being included in the CCG Constitution. MP responded that there had been some “clumsy wording” used previously but that has been rewritten and there is no restriction on whistleblowing within the organisation. Board members, staff and the public have a collective responsibility to report concerns. Board meetings being held in a public setting is another mechanism for direct access to information and an opportunity to raise issues or concerns.

4. Update Health watch and Health and Wellbeing Board progress and changes

Ceri Armstrong (CA) introduced herself as a representative of the Health and Wellbeing Board and explained reforms that are taking place to keep decisions about health local. The schemes cover the broadest sense of health and wellbeing and even include housing aspects.



CRG PRESENTATION
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CA provided information of the functions and responsibilities of the board reduce inequalities that may be present within Thurrock. The two priorities that had been noted were;

1. Adult Health and wellbeing
2. Children and young people.

The Healthwatch update was provided by Kim James (KJ). Healthwatch has been re-launched with new statutory powers, which include children’s care and adult services. KJ defined Healthwatch as a community interest company and has seats on the boards of various organisations to challenge the pathways taken before decisions are reached.

Questions and answers began with comments on the Francis report and KJ quoted a recent conference saying, “The voice from the bedside should have been taken to the board”. KJ reports that a proposition was made to the CEO of Basildon Hospital that feedback and reports can be brought to them as well as being heard by the Health and Wellbeing board and Healthwatch board etc.

KJ informed that volunteers were needed for these hospital reports.

5.	<p>Pre-arranged AOB from commissioning reference group</p> <p>The Pathology update was introduced by William Guy (WG). He brought up the concerns that had previously been voiced over logistics, data and IT, urgent responses and finances. He informed that the aim was to have a pathology hub in Essex without a negative effect on waiting times and process for patients.</p> <p>One of the next steps was confirmed to be bringing in clinicians to clarify and answer concerns.</p> <p>WG noted that there was public anxiety over the lack of patient consultation and local dialog had been limited. LJG informed that there were 39 objections raised in the original meeting that will need to be addressed in future meetings.</p> <p>WG continued the update with an overview of the Stroke issue. The hyper acute process was addressed and no decision has been reached.</p> <p>Dr Bose was invited to give an expert opinion and answered concerns that were raised.</p> <p>AOB</p> <p>The Acorn Surgery process had come to a standstill. MP updated that there will be new information provided at the public board meeting.</p>
6.	<p>Feedback from previous group participation exercise</p> <p>Phillip Clark (PC) described the in depth presentation from a previous meeting and proposed that there were over 20 new ideas suggested, many of which are already in progress. The ideas included the suggestion of a Central Director of Services to cover everything from social care, medical and financial aspects.</p> <p>PC requested that innovative ways that measure success beyond activity or financial impact could be circulated by email and might garner more responses / ideas.</p>
7.	<p>Meeting Review (Summary of Discussion)</p> <p>LJG suggested that more detail will be provided on the Stroke Issue during the meeting in May.</p> <p>MP advised that CCG authorisation updates will be continuous and on-going.</p> <p>LJG reiterated that attendees were invited to email him for clarification on any aspects of the meeting and reminded the need for issues to be brought forward at least 7 days before the next meeting so that expert speakers could be arranged to address any concerns.</p>
8.	<p>Next Meeting</p> <p>Next meeting will take place 23rd May 2013 at the Beehive.</p>