

Thurrock Clinical Commissioning Group

Clinical Reference Group
20th March 2014 at
The Beehive Grays

Present:	<i>Name</i>	<i>Organisation</i>
	<i>Phillip Clarke</i>	<i>Thurrock CCG</i>
	<i>Joy Joses</i>	<i>Thurrock CCG</i>
	<i>Laura Davis</i>	<i>Thurrock CCG</i>
	<i>William Little</i>	<i>Stifford Clays PPG</i>
	<i>Maureen Cushing</i>	<i>Hassengate PPG</i>
	<i>Bryan Van de Peer</i>	<i>Dr Mukhopadhyay /Thurrock Group Diabetes UK</i>
	<i>Pete Woodcock</i>	<i>Hassengate PPG</i>
	<i>Tracey Bridger</i>	<i>East Thurrock Road PPG</i>
	<i>Reg Sweeting</i>	<i>Pear Tree Surgery PPG</i>
	<i>Yash Gupta</i>	<i>HOSC Chair/Councillor</i>
	<i>Terry Bradford</i>	<i>Chadwell St Mary PPG</i>
	<i>Maria Payne</i>	<i>Public Health Team, Thurrock Council</i>
	<i>Alison Pettit</i>	<i>Dr Colburn /Together for Mental Wellbeing</i>
	<i>Olga Benson</i>	<i>Aveley Med Centre PPG/TOFFS</i>
	<i>Jennie Deeks</i>	<i>Patient Experience Manager BTUH</i>
	<i>Mike Riley</i>	<i>Primecare PPG/ Healthwatch</i>
	<i>Francis Allie</i>	<i>Local Area Co-ordinator, Thurrock Council</i>
	<i>Sue Cleall</i>	<i>Southend CCG</i>
	<i>Tash G</i>	
	<i>Stephen Andrews</i>	<i>Stroke Group</i>
	<i>Kevin Brice</i>	<i>Stifford Clays Health Centre PPG</i>
	<i>Glynis Page</i>	<i>Stifford Clays Health Centre PPG</i>
	<i>Viv Crouch</i>	
Apologies	<i>Ceri Armstrong</i>	

	<i>Susie Nankivell</i>	
	<i>Ambikapathy Parameswaraiyer</i>	
	<i>Kim James</i>	
	<i>Graham Tidman</i>	
1.	Welcome & Apologies	
	<p>Len Green welcomed the group to the meeting and introductions were made around the room.</p> <p>LJG went through the minutes of the previous meeting page by page. Two amendments were raised, Lorna Ling's name was spelt incorrectly and Mr Andrew's organisation was incorrect. It was agreed to sign off the minutes as an accurate record after these amendments were made.</p> <p>No conflicts of interest were declared.</p>	
2.	CCG 5 Year Strategic Proposed Plan – Joy Joses	
	<p>LJG set the scene for the plans emphasising the fact that they are projections of where we should be and are open for patient engagement and co-production.</p> <p>Joy Joses introduced herself as the Communications Manager at Thurrock CCG and presented on the 5 year plan which starts this year and runs to 2019.</p> <p>Joy informed the group of the 6 visions and informed the group that more details will be uploaded onto the CCG's website.</p> <p>JJ outlined the timescales for this proposal advising the group that the next and final step will be for it to go to NHS England on 4 April 2014.</p>	
3.	Better Care Fund Proposed Plan – Len Green	
	<p>LJG informed the group that the Integration Plan which was presented by Ceri Armstrong from Thurrock Council at the previous CRG meeting is now called the Better Care Fund.</p> <p>The group were informed of the purpose of the BCF Plan and existing funds were detailed.</p> <p>It was explained to the group that there is a year to focus on what we are going to do and how we will achieve the plan. The full document has to be in by 4th of April 2014 and it is currently on target. There will be a document attached to this which says we are happy to go ahead under certain understandings that an involvement and co-production agreement will be attached to this plan.</p> <p>LJG took the group through the context for Thurrock. It was highlighted that with Thurrock's allocation being around £10.5 million, the key issue is that this is not all new money and some is already committed to existing contracts.</p> <p>LJG informed the group of the 5 principles behind the BCF plan.</p>	

	<p>LJG let the group know what the next steps are for the plan informing them of the Thurrock wide event planned on 29th April 2014 at Orsett Hall. The event was described as an opportunity for people to get involved with the plans and ideas for service redesign.</p>
<p>4.</p>	<p>Quality Improvement Productivity and Prevention (QIPP) Proposals 2014/15 – Phillip Clark</p> <p>Phillip Clark expressed hope that his presentation would clear up some questions on the previous 2 presentations.</p> <p>The meaning of QIPP was explained to the group and the fact that all initiatives need to tick each box.</p> <p>PC presented the financial budget for the next financial year which included the commissioning commitments.</p> <p>Savings were detailed for planned care, unplanned care, paediatrics, mental health, medicines management, and community services.</p> <p>Phillip presented to the group further information on each work stream.</p> <p>The group were asked to write down what they would like to see improved or anything that is felt to be missing and can be changed to help achieve the 5 principles previously mentioned.</p> <p>With regards to the 1st principle it was raised that there should be one name and one number rather than going around several departments to guide you and give appropriate leaflets.</p> <p>LJG asked what the group thought about Self-help.</p> <p>PC told the group that Personal Health Budgets are only available for people with continuing care requirements and that the nearest we can get in terms of embedding it into our plan is saying it is an intention.</p> <p>A member of the group pointed out that BVP need to educate patients about use of emergency services and suggested that advertising would be a good idea.</p> <p>The group asked what happens at the weekends after being discharged from hospital. LJG informed the group that looking at a 7 day service is included in the plans for the future.</p> <p>With regards to the 2nd principle the importance of having care close enough when you cannot use a bus or a train was raised.</p> <p>Len explained that the 3rd principle is asking what high quality services means.</p> <p>MC noted that people must remember there is a wide range of people with various intellects.</p> <p>LJG thanked the group for their input he explained that these plans will form the basis of the event on the 29th April 2014. It was suggested that the current format is possibly too complex and should be reconfigured before the event.</p>
<p>5.</p>	<p>Pharmaceutical Needs Assessment – Maria Payne</p>

	<p>Maria introduced herself to the group as Acting Health Needs Assessment Manager for Thurrock Council detailing that they work closely with the CCG on a number of projects.</p> <p>Maria gave the group an overview on the Pharmaceutical Needs Assessment which came in on 1st April 2013. This is essentially a statement of pharmacy services in each area including what's being provided, where and when they are open. Maria emphasised the importance of this document as it helps to plan for future provision.</p> <p>Maria informed the group that she was in attendance to gain feedback and see what everybody would like to see from pharmacies. The group were advised that Maria had some hard copies and that there is an online version of the questionnaire which will be open for another month.</p> <p>The link will be distributed with this presentation along with the minutes.</p> <p>Action: JP to distribute link to questionnaire with CRG minutes.</p> <p>The group asked whether this applies to online pharmacies. Maria advised that this only concerns pharmacies within Thurrock and that she has been in touch with all practice managers to spread the word.</p> <p>LJG asked Maria why the closing date for the questionnaires is the 18th April as he felt this was a short turnaround. MP advised that is an initial date and could possibly be extended depending on the response.</p> <p>It was queried whether the Council are taking over from the PCT Pharmacy Group. The group were advised that they are and NHS England monitor the contracts.</p> <p>PC advised that any complaints need to go to NHS England as these are anonymous questionnaires.</p>
6.	<p>Pre - Arranged AOB</p> <p>LJG updated the group on Stroke advising that Basildon and Thurrock CCG's are going to invest money into the Stroke Unit at BTUH providing an enhanced service. LJG said he would pass on the groups concerns that NHS England's Local Area Team are still insisting on going out to consultation in September 2014 on this issue. LJG said on vascular services he has passed on the message that the CRG feels this should go to consultation although a letter had been sent to the project team that no consultation was required. This is still being formerly followed up by Healthwatch. LJG assured the group that he would keep this as an active agenda item.</p> <p>LJG asked the group for any suggestions to put onto the next agenda in May.</p> <p>Care Data was suggested LJG confirmed the project delay for 6 months and felt that this may need to come to a future CRG.</p> <p>It was queried why there is a specific age for the Shingles vaccination. LJG said he would find out and report back at the next meeting.</p>

Action – LJG to find out about shingles vaccination age.

The group also suggested adding the Primary Care Strategy.

Terry suggested an expert's patient's programme for people with COPD but also thought it would be useful for a wider range of patients. LJG told the group that he would raise this at the next board meeting.

Action LJG to raise at CCG Board

Laura Davis suggested putting the Leg Ulcer Club on the next agenda as this fits in well with self-management.