

**Clinical Reference Group**  
**16<sup>th</sup> January 2014 at**  
**The Beehive Grays.**

<b>Present:</b>	<i>Name</i>	<i>Organisation</i>
	T O'Halloran	T.L.C
	G F Tidman	Thurrock Stroke Project
	S J Andrews	Stroke Group
	Alison Pettit	Together for Mental Wellbeing
	Terry	
	Chris Hepp	PPG Devaraja Surgery
	Tash	PPG Balfour Medical Centre
	Olga Benson	TOFF, PPI Aveley Medical Centre
	Jun Potmill	TOFF
	Donna Miller	Age UK Essex
	Ruby Summers	Befriending and Active Lives
	Susan Gargan	John Stanleys Part of Manocourt Care
	Christine Jones	Face 2 Face Scope
	Jackie Sparrowham	Apple, PPG Aveley Medical Centre
	Jean Partnell	TOFF, Community House Grays
	Maureen Cushing	PPG Hassengate Medical Centre
	Joyce Sweeney	Thurrock Healthwatch
	Bryan Van de Peer	Diabetes Thurrock Group
	Mike Riley	Thurrock Healthwatch
	Dr V Raja	GP, Horndon-on-the-Hill
	Lorna Ling	PPG Stifford Clays
	Glynis Page	PPG Stifford Clays
	William Little	PPG Stifford Clays
<b>Apologies:</b>	<i>Tracey Bridger</i>	
	Lita Walpole	

	Chris Hamilton	
	Graham Carey	
	Barbara Rice	
	Kim James	
	Ceri Armstrong	
	Kristina Jackson	
	Sue Gray	

<b>1.</b>	<p><b>Welcome &amp; Apologies</b></p> <p>LJG introduced himself to the group and wished everybody a Happy new year.</p> <p>The group were updated on elections within the CCG and given a brief outline of the meetings' agenda.</p> <p>Introductions made around the room and LJG confirmed that the minutes have been previously circulated and asked for any amendments. The minutes were approved as an accurate record of the previous meeting with the exception of lorna king to be amended to lorna ling ?? ask len</p> <p>LJG asked the group to declare any Conflicts of Interest , none were noted.</p>
<b>2.</b>	<p><b>SRP – Rahul Chaudhari</b></p> <p>Rahul chaudhari introduced himself to the group and explained what a Service Restriction Policy is and why the CCG have one. Essentially a Service Restriction Policy, looks at services which are clinically less effective. It also outlines treatments and diagnostics that the CCG does not commission unless certain criteria are met according to NICE guildlines. An SRP is needed because we need to be seen to provide treatments that are clinically effective as well as cost effective.</p> <p>RC explained that the Individual Funding Request panel look at any special requests from the patient and/or GP.</p> <p>RC advised that the commissioning officers, GPs and Public Health Team are currently reviewing the SRP, they will then present it to the CCG Board and local hospitals. After this is complete if the patient would like to they can view this policy on the Thurrock CCG website.</p> <p>A member of the group asked whether the CCG are consulting the patients? RC confirmed that they are. LJG advised the group that RC is on the panel working on the policy which will go to QIPP where there is patient representation.</p> <p>LJG advised the committee what happens if the panel decides against a request.</p> <p>The committee were advised that the decision is not based on age or race at all, it is based on</p>

	<p>clinical evidence.</p> <p>LJG assured the group that they would be kept up to date with this matter.</p>
<b>3.</b>	<p><b>MSK – Rahul Chaudhari</b></p> <p>LJG informed the committee that RC would also be giving an update on MSK which was also brought to the CRG last year.</p> <p>RC gave a brief overview of what the CCG are aiming to achieve. The current pathway is provided by community providers and the proposed model is to have all services in one specialist centre. The CCG went out to the market with this model and had a lot of interest from the independent sector, but found it may be too difficult and would take services away from the local hospital. Therefore the CCG spoke to BTUH with a view of them holding the hub. BTUH have agreed to hold all services including outpatient clinics and elective surgery they will also will outreach clinics in the community to deliver services closer to homes.</p> <p>The group queried whether BTUH can cope with this? RC advised the group that BTUH have internally reconfigured all of their specialties with John Target in charge of the MSK hub. In house it will be much more efficient. There wont be any duplication and it will help BTUH manage there 18 weeks target.</p> <p>MC asked how the service will be monitored. RC explained that performance indicators will be written into the contracted and monitored regularly. A review of monthly performance against contracted values will also take place and any concerns can be given to the CCG.</p> <p>LJG informed the group that the CCG had to look at where the equipment is. The consolation is that this could have gone out to tender and it could have gone to any location.</p> <p>RC advised the group thayt within the specification and MOU the CCG have signed with the hospital they have agreed it will be a 7 day service.</p> <p>Dr Raja informed the group that BTUH have been recruiting more consultants and now have more than double than what they had 5 years. It's a problem throughout the country to have enough drs and nurses to provide a 7 day service. Its getting better though.</p>
<b>4.</b>	<p><b>COPD Winter Plans – Rahul Chaudhari</b></p> <p>RC gave his final presentation on COPD winter plans looking at what we are doing now and whether we are moving in the right direction. The group were informed that COPD stands for Cronic Obstractive Pulmonary Disease.</p> <p>JSNA have recommended that the CCG should review the COPD pathway ensuring the patients outcomes are the best. Key messages that came out were that planned admissions are lower and unplanned are higher.</p> <p>The CCG are now looking at 3 key services community COPD service, oxygen assessment and pulmonary rehabilitation.</p> <p>The project team workstreams include pathways development, activity and financial analysis,</p>

	<p>consultation and engagement, medicine guidelines and formulary, business case development and implementation.</p> <p>A business case will be developed based on this. It is looking to be developed by April 2015. At the moment your COPD team will be carrying out reviews. All COPD patients will be receiving letters and the COPD team will review the patient's condition. Patients will be supplied with a passport where their COPD nurse and GP can write notes, this will be kept by the patient to take along to any appointments.</p> <p>A member of the group with COPD flagged that his GP does not receive any information from the nurse.</p> <p>The group agreed that the passport is a good idea and could work with other chronic systems also.</p>
<p><b>5.</b></p>	<p><b>Stewart McArthur CAMHS</b></p> <p>Stewart McArthur introduced himself to the group and gave an update on the CAMHS service explaining that a needs assessment had been commissioned to identify any issues. This concluded that we have a complex and fragmented set of CAMHS services and also identified some key gaps including the need for early intervention and prevention, support for schools and the need to work with the families not just the child.</p> <p>SM advised the group of the future direction which is a 12-18 month plan to respecify the services, revise the model and get the best possible outcome for children and young people and the likely outcome to have a clearly defined South East Essex Service.</p> <p>Things we are planning is a consultation phone line, a duty system with daily screening of calls and allocation of referrals into right point of service. It will be a flexible delivery model which is accessible and responsive to locality need.</p> <p>The group asked what age group are classed as children and were informed that the Children and Families Bill is due to change so would include children up to the age of 25. A requirement is to be written into the contract to plan for transition from age 14 plus.</p>
<p><b>6.</b></p>	<p><b>SCOPE – Christine Jones</b></p> <p>Christine Jones introduced herself to the group and introduced Scope which officially launched in Thurrock November last year. Face to face is a befriending scheme managed by scope which aims to give all parents with children with disabilities access to emotional support. The befrienders are all parents with children with additional needs themselves and have gone through intensive training including safeguarding.</p> <p>Any parent or primary carer of a child with a disability is eligible for the scheme, parents can self refer or be referred by a professional.</p> <p>CJ explained that she has attended CRG to promote this service across Thurrock and would like information in each surgery. CJ asked the group if there are any ideas of where else the scheme can be promoted.</p>

	<p>The group suggested advertising inschools and pharmacies. LJG is to hand out leaflets at the next CEG meeting.</p>
<p><b>7. AOB</b></p>	<p><b>Stroke</b> – LJG informed the group that Stroke will be going to the CCG Board. 2 proposals are now out and are in the informative stage. If other ideas emerge as part of the consultation they will have to be considered. Option 1 is to take the service to Southend Hospital and option 2 uses Basildon Hospital.</p> <p>LJG informed the group that he is a member of the consultation committee but a date for consultation has not yet been decided. LJG advised that it will be an open consultation and the group will be kept up to date.</p> <p>Terry wished to note that the work Len has put into this is what has made it happen. The group agreed.</p> <p><b>Vascular services</b> – LJG advised the group that it has been put forward to the CCG that a consultation hadn't taken place although the Health Overview and Scrutiny Committee said they have sent a letter to the CCG saying that a consultation was not required to take place. Therefore Heathwatch have now taken this matter up. The COO of the CCG has also written to the HOSC informing them that CRG and Heathwatch are not happy. LJG is still persuing this and will write to the team leader. The group suggested that LJG writes on behalf of this group as the chair.</p> <p><b>Enteral Feeding Project</b> - LJG advised the group that this project is progressing really well.</p> <p><b>Dementia Crisis Report Team</b> - LJG is to circulate information about the team joining the RRAS Service.</p> <p><b>Active Sport for Life</b> – LJG advised the group that this service has been newly commissioned by thurrock LA.</p> <p><b>Maternity Services</b> – LJG informed the group that maternity services have now been reopened to the Thurrock area at Darent Valley Hospital.</p> <p><b>Diabetes</b> – Bryan informed the group that a letter has been received from Diabetes UK stating that they do offer education to diabetics called the Desmond and Daphnie courses. Thurrock CCG have offered 15.2% of people the education and only 1.8% have signed up. BV asked LJG to bring this to the attention of the CCG.</p> <p>Another point made is that certain opticians are telling people with diabetes that they are only entitled to an eye test every 2 years. It was suggested that this must be corrected. LJG pointed out that the contract for delivering this is with NELFT.</p> <p><b>AOB-</b> LJG advised the group that he had been to Health and Wellbeing Board Exec and requested all conflicts and the fact we don't hear about things until it's a done deal is cut.</p> <p>They have agreed to come up with an engagement protocol that everybody has to follow. This will be circulated prior to being agreed.</p>

Olga asked LJG to give an update on the Primary Care Strategy. LJG advised that there was a workshop with all stakeholders present and feedback will be given as soon as possible.

LJG wished to make the group aware of Bacterial meningitis being brought up at the last CEG Public Health have been asked for more details on this and the group will be updated in due course.