

Commissioning Reference Group
20 November 2014
The Beehive Grays

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| Present: | Len Green (LJG) | Chair of the CRG Lay Member PPI |
| | W. Little | Stifford Clays Medical Centre PPG |
| | Kevin Brice | Stifford Clays Medical Centre PPG |
| | Alan Hudson | Stifford Clays Medical Centre PPG |
| | Reg Sweeting | Pear Tree Surgery |
| | Tony Davis | East Tilbury & Corringham PPG |
| | Roger Passfield | South Stifford & West Thurrock Forum |
| | Terry Brown | TOFFS |
| | Kem Deex | Primecare PPG |
| | Dr Ambikapathy | Neera Medical Centre |
| | Bryan Vanderpeer | Thurrock Diabetes UK Group |
| | Joy Joses (JJ) | Thurrock CCG |
| | Graham Carey | Adult Safeguarding Board |
| | Christine Keeble | Thurrock Diabetes TOFFS |
| | Andrea Williams (AW) | SERICC |
| | Carolyn Doyle (CD) | NELFT |
| | Gill Booth (GB) | St Luke's Hospice |
| | John McCarthy | TOFFS |
| | V. McCarthy | TOFFS |
| | Jennie Deeks | Basildon Hospital |
| | Graham Tidman | Thurrock Stroke Project |
| | S. J. Andrews | Chafford Hundred Medical Centre |
| | J. Miller | TOFFS |

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| | K. Hudson | TOFFS |
| | Derrick Early | East Tilbury & Corringham PPG |
| | Mark Tebbs (MT) | Thurrock CCG |
| | Terry Bradford | Chadwell MC PPG |
| | R. I. Barnard Hill | Tilbury Forum |
| | A. Jolly | TOFFS |
| | R. Jolly | TOFFS |
| | Dr Grewal | GP Board Member Thurrock CCG |
| | Dr Raja | GP Board Member Thurrock CCG |
| | Rahul Chaudhari (RC) | Thurrock CCG |
| | Alana Stokes | Thurrock CCG |
| | Georgia Puncher | Thurrock CCG |
| Apologies: | Ceri Armstrong | |
| | Kim James | |
| | Anjan Bose | |
| | Alison Pettit | |
| | Susie Nankivell | |
| | Maria Payne | |
| | Angeline Fisher | |
| | Lisa McDonald | |
| | Mike Riley | |
| | Kristina Jackson | |
| | Kelly Coker | |
| | Jon Hammond | |
| | Sheila Pope | |

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| 1. | <p>Welcome & Apologies</p> <p>LJG introduced himself to the group as Lay Member and Deputy Chair of Thurrock CCG. LJG asked if there were any conflicts of interest and none were declared.</p> <p>The group queried the section of the minutes under the SEEDs item in reference to 15 surgeries in Thurrock using the services and it was noted that this figure would need to be confirmed.</p> <p>The minutes of the previous meeting were accepted as an accurate record.</p> |
| 2. | <p>End Of Life Care and One Response Service</p> <p>CD introduced herself to the group, along with GB in partnership with St Luke's Hospice.</p> <p>The presentation on "One Response" was shared and noted to be an initiative across South West Essex. The telephone triage service for Macmillan nurses was described.</p> <p>The group heard that coordinators and assessors are in place until other services can be made available, i.e. District Nurses. Call handlers, Macmillan nurses and hospice at home staff are all involved in the telephone service.</p> <p>CD advised that no referrals are needed to call or get advice. The system went live two weeks ago, on the 3rd November 2014. South West Essex is provided for, excluding the Brentwood area at the moment. All South West Essex areas will be included by April 2015.</p> <p>CD expounded on the acronyms used; CHC – continuing healthcare, CCMT – complex care management team in BTUH.</p> <p>Questions from the group were invited;</p> <ul style="list-style-type: none"> • If something needs to happen in a patient's management, does the One Response Service have power to sway the use of NHS services for the patient? CD responded that the service needs to hear about the gaps and the short falls to translate key things for the patient in to professional language for the services. I.E. Rapid deterioration and seriousness of the situation. • Outcomes that have been referred to the End of Life register, what about GPs not using system one? CD advised that they are slightly out of the loop but there is a manual option to share information, with consent. • Now One Response is in place, can the patient still direct access a nurse or do they have to contact the call centre? CD noted that there are no systems being stopped, the service is only adding support to them. • How secure is information patient identifiable data? CD advised that data protection is in place and only accessed after consent. |

- Can PPG meeting participants be informed? CD confirmed that she could attend a PPG meeting to share information. GB advised that the hospital is routinely sharing the One Response number with patients.
- Are there any charges to the patient for using the service? There are no charges.
- Can the number be used in Nursing home situations? GB noted that Nursing homes are encouraged to use this number. Dr Grewal advised that if there are any concerns about nursing home care, or a complaint or concern, please let the CCG know.

CD discussed the period of funding and how is it evaluated. A business case will be prepared and Macmillan has arranged an outside evaluator.



One Response -
SAAS - Power Point p

3. (SERICC) South Essex Rape and Incest Crisis Centre

AW was introduced and shared the SERICC presentation with the group. The service is provided for women, children and their families who have been victimised sexually and covers the whole spectrum of sexual offenses.

Thurrock, Basildon and Brentwood are covered by the service. Sexual violence very prevalent at this time and on the political agenda, SERICC is an extremely busy service.

AW advised that the SERICC group would be meeting with the Home Office today. Projections of this financial year include a 73% workload increase with no additional funding.

The SARC – Sexual Assault Referral Centre in Oakwood place, Brentwood Community Hospital was discussed. The centre is a site for secure sexual evidence recovery. The SARC makes referrals to SERICC.

It was clarified that ISVA - independent sexual violence advisors go through the process with the victim.

AW advised that during the first half of this financial year there has been twice the number of ISVA referrals. This is indicative that more people are making referrals than that the number of incidents is increasing.

Services range from ISVA, advocates for rehousing from the Council, education, and counselling etc. There is a phone line for accessing support.

A counsellor for people with Learning Disabilities was recently employed by the service for young people that are victims of sexual violence. This demographic group now have a single point of contact.

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| | <p>Questions were invited from the group;</p> <ul style="list-style-type: none"> • Do you explain to schools what the service does? AW confirmed that this is part of the SERICC workstream but limited by the capacity issues for awareness raising. Young people often find the service online. It was noted that Social workers need to be made aware of the service. • Do you make referrals to the police? AW advised that the service is totally confidential and police involvement is the victim's choice. An informed choice session is undertaken to explain the process. The service work closely with the police. |
| <p>4.</p> | <p>Winter Communication Inc RRAS Contact details aid.</p> |
| | <p>JJ was introduced and shared the Winter Communications Campaign with the group. This included an analysis of last year's materials and the related statistics. The campaign was deemed as overall successful.</p> <p>The message was shared that A&E is not the first port of call. 1 in 5 misunderstood this message.</p> <p>This year's campaign was shared and the group received a RRAS service key rings as a reminder for the RRAS service provisions. The Ambulance Service and COPD teams all have the RRAS number.</p> <p>Positive messages are being shared, rather than what patients should not be doing but what they should be doing at this time.</p> <p>Badges will be used for "Call NHS 111" message, along with RRAS key rings.</p> <p>Question were invited from the group;</p> <ul style="list-style-type: none"> • Is 111 free to call from mobiles? It was confirmed that the number is free. • What if it there is a serious situation? JJ advised that the message is go to A&E when appropriate. In the case of an accident, analyse the situation. • Regarding Learning Disability groups, will there be easy read hand outs for households? JJ advised that the communications team would work with LD groups to produce easy read messages if required. <p> Winter campaign Nov 2014 CRG presentatic</p> |
| <p>5.</p> | <p>Musculoskeletal Service (MSK) Update. Where we are and service start date</p> |
| | <p>RC introduced the MSK update and advised that the focus is on an integrated one stop shop for MSK. The presentation was reviewed and RC discussed the benefits of the hub model.</p> |

GP referrals will go to one central port involving specialist triage staff to assign different pathways. Basildon Hospital have signed up to the agenda and went out to find a partner to provide the service.

An external provider has been chosen to deliver the service from 1st April 2015, although RC highlighted that it would take time to embed and establish the pathways.

LJG advised that patients have previously experienced ongoing backward and forward referrals and unnecessary tests on the current service pathway...

Questions were invited from the group;

- Will it cover people who are already in the system? RC confirmed that all current patients will be put onto the hub model.

Wait times were noted to be different between different hospitals. RC advised that the CCG are working to standardise the level of care. There are different pressures in different hospitals that make the delays in wait times.

RC addressed the choose and book service issues at BTUH. The Commissioning team had met this morning to open more slots and choices. The newer system that will replace choose and book will be more responsive to patient needs and be automatic.



CRG MSK July
2013V2.pptx

6. Primary Care Transformation

RC shared a verbal update on Primary Care Transformation. Three months previously NHS England had advertised a pot of money for Primary Care to demonstrate how they can improve the patient access to primary care.

Thurrock GP's bid to offer weekend appointments. The bid included the proposal for four localities in Thurrock working from four hubs. Recommendations have been given of times and costings etc.

£250,000 has been approved by NHS England to boost the hub process. The suggestion has been put forward for one GP and one nurse session on a Saturday and Sunday.

Questions were invited from the group;

- Will the system use a rota? RC advised that they may recruit or work on a rota.
- Have all the doctors signed up for this? It was answered that the idea came from doctors during the CEG meeting. This model of care was put forward as a bid because of everyone agreed as a whole. This will not be a detriment to

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| | <p>the current five day service. Not all surgeries open, just the four hubs.</p> <ul style="list-style-type: none"> • Would Out of Hours service still be used? Yes it will. This hub model is to enhance patient care jointly. The service will begin with emergency appointments. <p>RC advised that the Walk In Centre discussion is still on-going and the input from the previous CRG meeting had been fed into the report. .</p> |
| 7. | Thurrock CCG Commissioning Intentions 2015/16 & QIPP Presentation and working session |
| | <p>Mark Tebbs was introduced as new to the post of Head of Commissioning for Thurrock CCG. He then shared the Commissioning Intentions and Quality Innovation presentation for changing contracts and achieving financial balance.</p> <p>The process of priorities being identified was highlighted and the group were advised that quality concerns and inefficiencies are to be identified. A yearly letter is sent to providers in September to set out priorities. Formal responses have been received.</p> <p>Mark Tebbs advised the group of the NHS funding challenge. The funding is flat but the costs are going up i.e. elderly and population growth pressures etc. Thurrock CCG has a £5mil challenge for QIPP efficiencies and this will be similar for next the financial year.</p> <p>The emphasis this year has been on integration to deliver balanced services. One mechanism will be the Better Care Fund designed between the CCG and Social Care.</p> <p>Questions were invited from the group;</p> <ul style="list-style-type: none"> • Regarding approved providers, will it go out to procurement or renegotiate contracts? Mark Tebbs answered that it would be difficult to do anything other than review contracts at BTUH etc. But other processes have gone out to procurement where it can be replaced due to quality concerns. RC advised that there are exercises to go out to market for procurement but there are services that we may re-procure from the provider and BTUH because of their credentials. <p>LJG advised that Working Groups are looking at service redesign for the future planning round.. Effective user engagement and co-production is needed for planning prior to consultations. The Engagement group should receive commissioning or re-commissioning ideas <i>before</i> a plan or project is progressed .</p> <ul style="list-style-type: none"> • Regarding contracts in February 2015, who signs for payment? MTeбbs advised that the Executives at the CCG would authorise. <p>LJG advised that Better Care Fund monies will sit with Thurrock Council but would need CCG and Council agreement before a service is agreed..</p> |



QIPP and intentions
Nov14i.pptx

8. AOB.

Chair to carry out meeting review and discuss future agenda Items.

National Association of Patient Participation (NAPP) – LJG noted that opinion from within the room highlighted that it does not seem very useful. There is some information given but the Practice has to pay a yearly subscription. If PPG's and the public are attending CRG meetings regularly, the information is locally focused.

Primary Care Hubs were discussed. NHS England have not further advised on future strategy. Dr Grewal and LJG attended the last meeting and fed back to NHS England.

Federations were raised as an issue as Practices cannot bid for services unless they are set up as federations.

Phlebotomy services at BTUH was discussed and BTUH have apologised for staffing issues also the future of this service locally needs to be established.

Concern was raised over phone triage service at a Thurrock practice. Dr Grewal shared positive experience of triage system and advised that if patients are not happy using the system, they do not have to. RC advised that the triage system is not new, and is being used across many services to avoid duplication etc.

Dr Grewal reminded everyone that wanted to donate to charity for men's health for "Movember"..

Healthwatch have an AGM next Friday.

Next meeting scheduled 20th January 2015 – 1pm-3.30pm Beehive Centre.