

Clinical Engagement Group Meeting
11 February 2014
Ye Olde Plough House

Present:	<i>Name</i>	<i>Title</i>
	Dr Abela	Chafford Hundred Medical Centre
	Dr Antony	The Dell Medical Centre
	Dr Arhin	Aveley Medical Centre
	Dr B Roy	Southend Road Surgery
	Dr Bose	Thurrock CCG
	Dr Chandran	Health Centre Stifford
	Dr Davies	Pear Tree Surgery
	Dr Gorai	East Tilbury Medical Centre
	Dr Grewal	Chafford Hundred Medical Centre
	Dr Gurjar	Neera Medical Centre
	Dr K Masson	Masson Surgery
	Dr Kariyawasam	The Shehadeh Medical Centre
	Dr L Joseph	Grays Surgery
	Dr M Roy	Southend Road Surgery
	Dr Mukhopadhyay	Calcutta Road Surgery
	Dr Okoi	Belhus Medical Centre
	Dr Onyekweli	Purfleet Care Centre
	Dr Otim	The Dillip Sabnis Medical Centre
	Dr Pandit	East Thurrock Road Surgery
	Dr Patel	Sai Medical Centre
	Dr Pattara	Horndon-on-the-Hill Surgery
	Dr Nimal Raj	Purfleet Care Centre
	Dr Raja	Horndon-on-the-Hill
	Dr Shehadeh	The Shehadeh Medical Centre
	Dr Thiyagarajah	The Dell Medical Centre

	Dr Varghese	Pear Tree Surgery
	Dr Wendorff	Rigg Milner Medical Centre
	Dr Yadava	East Thurrock Road Medical Centre
	Dr Yasin	Health Centre, South Ockendon
	Dr Saha	Tilbury Surgery
	Dr Jahadish	Sai Medical Centre
	Dr Sosanya	St Clements Health Centre
	Emma Walsh	Tilbury Health Centre
	June Mason	Tilbury Health Centre
	Smita Patel	Sai Medical Centre
	Kay Saha	Tilbury Surgery
	Sharron Carter	Primecare Medical Centre
	Lesley Buckland	Thurrock CCG
	Len Green	Thurrock CCG
	Russell Vine	Hassengate Medical Centre
	Laura Davies	Thurrock CCG
	Lynn King	Dell Medical Centre
	Victoria Crockford	The Grays Surgery
	Samantha Bennett	Dell Medical Centre
	Davinder Masson	Dr Masson's Surgery
	Steve McKenna	Neera Medical Centre
	Elaine Robinson	Aveley Medical Centre
	Katie Webb	Belhus Medical Centre
	Julia Riley	East Tilbury Medical Centre
Apologies:	<i>Name</i>	<i>Title</i>
	Dr Deshpande	Thurrock CCG

1.	<p>Welcome & Apologies</p> <p>Dr V Raja welcomed everybody to the meeting and apologies were given as above.</p>
2.	<p>Minutes of the meeting held on 14th January 2014 and Action Log</p> <p>Dr Raja confirmed that the group had seen the minutes from the previous meeting and asked for any amendments. No amendments were raised and the minutes were signed off as an accurate record.</p> <p>Dr Raja informed the group that Dr N Raj and Dr L Grewal are now back on the Thurrock CCG Board. The group were also informed that Dr A Kallil has resigned due to personal commitments.</p>
3.	<p>CAMHS Update - Stewart McArthur</p> <p>SM introduced himself to the group and gave an update on the next steps being taken for the new CAMHS model.</p> <p>SM outlined important dates to be aware of including the Thurrock Stakeholder event on 26th February 2014 at 2.30 pm - 4.30 pm at Grays Adult Community College. This event is 1 of 14 events which have been set up with the intention to engage all stakeholders in the proposal plus gain clinical involvement and input.</p> <p>All stakeholder events will be complete by the end of February 2014 after which the team will put together a business case to take to the CCG Board in May.</p> <p>SM highlighted the suggested model would essentially have a joint agency hub with 1 contact number for health, education, social care and police. There would be a lead clinician in the local area that would link the child through to the right pathway. A key aim for the 1st year would be for the lead clinician to get out and meet all GPs and Head Teachers.</p> <p>SM confirmed that there have been 21 expressions of interest from a range of providers and that another briefing paper will be sent out with timelines at the end of this week.</p> <p>MA proposed that this is taken to QIPP to look at the specification. It was also advised that HO is plugged in to the project board, plus conference call facilities are set up as meetings are being held in Chelmsford.</p> <p>MA questioned when the preferred bidder would be announced? SM verified that this would be September 2014 if they get the go ahead at board to go out to procurement. In April 2014 the provider of choice will be confirmed.</p> <p>Dr Raja asked who will appoint the lead clinician. SM explained that this will be specified in the service plan.</p> <p>LJG asked whether the stakeholder event is by invitation only. SM advised that people can register with Vicky Folwer@nhs.net and she will send out an information pack.</p> <p style="text-align: center;">Action: Joy Joses to send out flyer again – email to all practice managers.</p>

	Joy Joses informed the group that there is an online survey that you can share your feedback on if you can't attend stakeholder event.
4.	Sickle Cell Questionnaire - Henry Okoi
	<p>HO introduced himself to the group and appealed for help in getting patients to complete a sickle cell questionnaire. The questionnaire needs to go to patients to gain feedback of what they would like the service to provide. It is essential to create a service people would like to use.</p> <p>HO also asked for help from surgeries in receiving the numbers of patients with sickle cell within practices. He pointed out that no names are required just the numbers. HO said that he hoped to have received all information by the end of March 2014.</p>
5.	QOF 'Mop up'
	<p><u>QP 002- Referrals</u></p> <p><u>Dr Arhin – Aveley Medical Centre</u></p> <p>The surgery met on 21st of June 2013 and had 8 GPs in attendance plus Practice Managers and HCAs. They discussed referral rates which were higher than the average rate. Areas which were high were general surgery and geriatrics. Areas with good rates were trauma, orthopaedics and gynaecology. All in all the surgery did quite well. The surgery looked at improving rates in dermatology and hopefully the CCG has put a service in place. No specific trends were identified. C2C rates were high. Cardiology referrals would have been less if there was a community service. The surgery carried out an internal review and held GPs responsible for different specialities. The surgery is compliant with existing primary care pathways. Respiratory medicine is a high.</p> <p><u>Dr Jones – Rigg Milner Medical Centre</u></p> <p>The practice discussed outpatient referrals in august, they were slightly increased from the year before but the practice is still 10% lower than average CCG rate. Trends found less referrals to orthopaedics and urology. Geriatrics dropped by 28% and orthopaedics by 46%. Practice had 2 rejections for plastic surgery and one for tonsillectomy. A common trend identified was that orthopaedics are charged to the MSK tier 2 service. Cardiology low compared to PCT rate. Further review could be given to throat service and gynaecology.</p> <p><u>Dr Saha Surgery</u></p> <p>Reviewed rate of outpatient's referrals and the total was 76. Lower compared to the CCG rate, appears that pattern has followed care pathway. Referral speciality higher than last year and CCG rate may be due to the increase in pregnancy. Geriatrics are higher than the CCG rate, thought to be due to size of practice population. 100% improvement on trauma and orthopaedics, due to the introduction to the MSK service. Referrals are the lowest out of 34 practices in Thurrock. Anything you think the CCG can provide – develop more pathway for cardiology and paediatrics. GP with special interests in gynaecology.</p>

	<p><u>Dr Gorai</u></p> <p>Dr Gorai noted that the data being presented is historic data from the care of Dr Khan who has since retired. The practices referrals have been high, top 3 were orthopaedics, ear nose and throat and dermatology. Nearly 17% of referrals went back to the surgery. Dr Gorai has analysed the data and realised the reasons why there were high referrals. This was because of the high about of children in the local population. In order to reduce was use the community pathways. Dermatology and MSK has significantly improved referrals. The practice felt that a Gypsy with a specialist interest in gynaecology would be good for the CCG. They would also like ENT to be looked at.</p> <p><u>QP005 – Emergency Admissions</u></p> <p><u>Dr Okoi – Belhus Medical Centre</u></p> <p>Emergency admissions within the surgery increased and are very difficult to manage. Geriatric medicine was high and has gone up 3 % therefore the surgery are being more proactive in referring patients. Respiratory medicine increased but is still lower than the average. Oral surgery mainly people going via dentist is not in our control as with palliative medicine also. Carry out MDT reviews. MDT use and COPD.</p> <p><u>Dr Gorai – East Tilbury Medical Centre</u></p> <p>Highest emergency referrals were paediatrics, COPD and palliative care. Started using RRAS which was not very popular at beginning but more so now. No solution for referrals of paediatric patients. Bronchiolitis pathway on our desktop. Poster worked really well.</p> <p><u>QP008 – A&E Attendances</u></p> <p><u>Dr Jones - Rigg Milner Medical Centre</u></p> <p>The surgery was lightly above average for A&E attendances. Higher in cardiac, septicaemia and urology. There were fewer attendances for fractures and lacerations. 1/3 were over 65 this is due to a high proportion of elderly people in the local area. The practice implemented a reduction improvement plan by educating patients about how to avoid A&E and wrote letters to repeat offenders. This was implemented through the months of June and July. The surgery felt that the CCG can improve the GP in A&E scheme.</p> <p>Suggested that all practices carry out an audit of how many patients the Out of hours Dr in A&E has seen.</p>
8.	AOB
	<p>Medeanalytics - Mandy Ansell</p> <p>One of questions asked is can practices have some support pulling their data. Pearl is going to become available to come and work with practices and give them some help. MA recognised that this is a time commitment for practices therefore Ade O is looking into establishing an incentive scheme for the future.</p>

<p>Any questions come to anyone in CCG but Pearl will be contacting you. If anybody hasn't been trained can you drop MA an email. Pearl will be picking this up – in house training.</p> <p>Primary Care - Nimal Raj</p> <p>Dr N Raj gave a brief outline of the Primary Care Challenge Fund. He informed the group that the deadline for applications was Friday 14th February 2014. NR explained that an outcome would be known by March 2014.</p> <p>Dr Bose</p> <p>Dr Bose briefed the group on 3 projects that will be coming to Thurrock. The group were informed that one of the projects will be coming to the next Time 2 Learn meeting.</p> <p>Updates</p> <p>CRG - Dr V Raja updated the group on the previous CRG which he attended.</p> <p>It was pointed out that the diabetic group are concerned that newly diagnosed diabetes patients are not being informed of the diabetic education that is available. VR urged the group to be aware of this and make referrals when necessary.</p> <p>Signing in Sheets - Dr Raja also emphasised to the group the importance of signing in for CEG and Time 2 Learn.</p> <p>360 Survey- finally the group were informed that Joy Joses will be managing the 360 survey this year.</p>
<p>The next meeting is to be held on Tuesday 11th March 2014</p>
<p>12.30 pm for lunch, meeting starts at 13.00 pm at Ye Olde Plough House.</p>