

**Commissioning Reference Group**  
**19<sup>th</sup> March 2015**  
**The Beehive, Grays**

<b>Present:</b>	Len Green (LJG)	Chair of the CRG, Lay Member PPI
	Jennie Deeks	BTUH
	Maureen Cushling	PPG Hassengate Medical Centre
	Beth Capps (BC)	Thurrock Council
	Sue Bradish (SB)	Thurrock Council
	Steve Andrews	Chafford Centre
	Jan Hammond	PPG ETCMC
	Christine King	East Tilbury Medical Centre
	Tony Davis	East Tilbury & Corringham PPG
	Alan Hudson	Stifford Clays Medical Centre PPG
	Len Orpin	Stifford Forum
	Kevin Brice	Stifford Clays Medical Centre PPG
	Bill Little	Stifford Clays Medical Centre PPG
	K.I. Deex	Primecare PPG
	Mike Riley	Healthwatch Thurrock and PPG
	John Taylor	Balfour Medical Centre
	Terry Brown	TOFFS
	Olga Benson	TOFFS
	Kelly Redston (KR)	Thurrock CCG
	Anjan Bose	Thurrock CCG
	Ceri Armstrong (CA)	Thurrock Council
	Kim James	Healthwatch Thurrock
	Gemma Curtis	Thurrock CCG
<b>Apologies:</b>	Dr V Raja	
	Dr L Grewal	
	June Chapman	

	Terry Bradfield	
	Dr Ambikapathy	
	Alison Pettit	
	Joy Joses	

<b>1.</b>	<b>Welcome &amp; Apologies</b>
	LGJ introduced himself to the group as Lay Member and Deputy Chair of the Thurrock CCG. LGJ asked if there were any conflicts of interest and none were declared.
<b>2.</b>	<b>Minutes of the meeting held on 20<sup>th</sup> January 2015 and Action Log</b>
	The minutes of the previous meeting were accepted as an accurate record, following the changes presented by LJJ that were received prior to the meeting from CA.  These will be forwarded following the meeting.
<b>3.</b>	<b>Care Act Further Information</b>
	CA attended the meeting to present the Care Act 2014 proposed changes to charging for Adult Social Care services to the group.  The changes to charging will not be in operation until April 2016 and are being consulted on by the Department of Health. A link to the Department of Health's consultation document is on the Thurrock Council website.  Questions: LJJ asked does this start in April 2016 and does the account go to zero from this start date. CA confirmed that this is the case.  It was asked that if the £72k would be calculated at death if you have a house? CA confirmed that if the house is taken into consideration in terms of ability to pay, you might not want to sell the house, then there could be a deferred payment plan in place and the council will claim the amount back with interest. CA explained that Deferred Payment Agreements and who can access them is a complex area and is accompanied by specific criteria.  MC asked if you are a married couple and one goes into care, will deferred payment continue. CA stated that if there is joint ownership, it is likely that the home would not be taken into consideration, but again this was a complex area and would be different from case to case.  It was asked should it be reversed that the younger in age pay more. CA confirmed that the logic is that people in later life have had more time to plan for care than the younger.  LJJ advised all to go on the website and have their say on the consultation.  CA to send the link out for the consultation to all.
<b>4.</b>	<b>Exercise Referral Scheme</b>
	Gary from Impulse Leisure, health and fitness manager attended the meeting and gave a presentation on the exercises to referral scheme.

	<p>LJG asked are there going to be issues with limits. It was confirmed that these will be small groups to start, but there will be people joining at different stages. LJG is the funding capped and is there extra money available. Gary confirmed that they have not gone public with this programme as there is a cap, but there are leaflets for referrers.</p> <p>It was asked, how you will measure motivation as there is only an evaluation at the beginning and the end of the referral, Gary stated that these are small groups, with the same instructor each week and if they see issues they will be in contact and raise them.</p> <p>It was stated that a patient requested an exercise programme through vitality but heard nothing. Gary stated that this is a new pathway and the best way forward for GPs to refer in to the programme. Vitality can also refer into this pathway. There is no self-referral for this service.</p> <p>It was asked, how would patients at 14 years old be able fund their sessions? Is it possible to give under 18 year olds a concessionary rate? Gary confirmed that there is already a concessionary membership in place for this age range.</p>
<p><b>5.</b></p>	<p><b>QIPP &amp; CCG Future Plans</b></p>
	<p>KR attended the meeting to present QIPP 7 CCG future plans to the group.</p> <p>The following questions resulted from this presentation:</p> <p>LJG informed that there have been project groups set up to look at the various structures regarding service redesign. We have made savings on MSK and the final planned service should result in a better service and patient experience. Savings are a fact of life in these difficult financial times, but we need to all work together to look at jointly producing a complete safe and efficient service with good outcomes.</p> <p>It was noted that a number of CCGs have taken on primary care commissioning are, Thurrock CCG going to do this. KR stated that we are interested, but not at the moment. We are a small CCG. LJG at present we do not have the resource to cover this but at some stage this will be inevitable.</p> <p>It was stated that all are concerned with savings at the moment, are there monitoring systems in place for service redesign? KR stated that there is a lot of monitoring in place.</p> <p>AB stated that for many years, there wasn't local consultation with the community, there is a lot of duplication of services What we are looking to do is avoid duplication for example a consultation at the WIC costs £61 whereas a GP appointment in your own surgery costs £15.</p>
<p><b>6.</b></p>	<p><b>BTUH Stroke Update &amp; Local Stroke Group</b></p>
	<p>RR attended the meeting to give a Stroke update and presentation to the group.</p> <p>Following this presentation the following questions were asked:  It was asked if the Hyper Acute Stroke units that were previously discussed under consultation had gone away. It was confirmed that this had been put on hold.</p> <p>UG asked what the difference is between Hyper Acute and Acute. It was explained that Hyper Acute is the service for 72 hours after the episode; following this the patient</p>

	<p>is transferred to the local acute stroke unit.</p> <p>When the patient arrives in A&amp;E with a stroke, is it easily recognisable. Some ambulances call stroke nurses direct and when the patient arrives at A&amp;E they are seen quickly by the 'streaming' team and then the stroke team called. There is also work with A&amp;E on-going and a lot of patients are fast tracked. Stroke nurses are working closely with the A&amp;E team. Unclear strokes can cause target problems. Community awareness has improved, but could be better.</p> <p>Following the event at BTUH re stroke awareness, could another one be held for awareness? Beth confirmed that this is on the agenda.</p> <p>CH gave a brief update on the local stroke group there have been changes to the local group but nothing has been stopped. There are currently 2 groups in Thurrock and they are both affiliated. CH confirmed that they are piloting a regaining confidence after stroke session and also starting an art group.</p>
<p><b>7.</b></p>	<p><b>Friends &amp; Family Test</b></p> <p>AA, the patient experience lead for NHS England, attended the meeting. Following her presentation the following points were raised:</p> <p>LJG, Patients feel there is now more opportunity to engage with NHS England, but locally it is non-existent. They feel they cannot raise problems regarding primary care. AA stated that NHS England is a strategic body and is not designed to come to the community but are meant to liaise with CCG, GPs and Healthwatch etc.</p> <p>LJG asked then how do local people engage with NHS England, as Primary Care is their responsibility. Without local engagement, we cannot get what Thurrock needs it appears that engagement is pitched at national level. AA confirmed that there should be engagement with NHS England.</p> <p>AB confirmed that he supports both views but we need more clinical staff to fulfil what NHS England want us to complete.</p> <p>It was asked, if only 6 patients respond to the test would this be satisfactory? AA confirmed that if only 6 patients out of 10,000 completed, then this would flag up an alert. AA confirmed that she would then contact the practice manager if this was the case.</p>
<p><b>8.</b></p>	<p><b>AOB</b></p> <p>LJG confirmed that he is leaving the CCG at the end of June. There will be an advert going out for the post and he will keep the group informed.</p>
<p><b>Date of Next Meeting</b></p>	
<p>14<sup>th</sup> May 2015, 1pm – 3.30pm, The Beehive, West Street, Grays</p>	