

Minutes
Commissioning Reference Group
Tuesday 16th January 2018
The Beehive, Grays

Present:	Alan Hudson (AH) – Chair	CRG Chair / Stifford Clays Medical Centre, PGG
	Andrea Valentine (AV)	Healthwatch, Thurrock
	Graham Tidman (GT)	Thurrock Stroke Project
	Kevin Brice (KV)	Stifford Clays Medical Practice PPG
	Lesley Buckland (LBu)	Lay Member and Deputy Chair, TCCG
	Maureen Cushing (MC)	Chair Hassengate Medical Centre, PGG
	Mike Riley (MR)	Healthwatch, Thurrock
	Tony Davis (TD)	TCRC
In Attendance:	Francesca Tomlinson (FT)	TCCG – Business Support
	Jeanette Hucey (JH)	TCCG – Director of Transformation
	Jo Wingrave (JW) – Minutes	TCCG – Business Support
	Kehinde Adeniji (KA)	TCCG – Commissioning Manager
	Louise Banks (LB)	TCCG – Head of Communications & Engagement
	Lynne Hilkenne (LH)	TCCG – Business Support
	Sue Cleall (SC)	TCCG – Quality & Patient Safety Manager
	Wendy Smith (WS)	Interim Communications Lead, Mid & South Essex Sustainability & Transformation Partnership (STP)
Apologies:	Dr A Deshpande (AD)	TCCG – Chair
	Dr P Ambikapathy (PA)	Retired Primary Care Physician
	Gill Booth (GB)	Head of Community Services, St Luke’s Hospice
	Kim James (KJ)	Healthwatch, Thurrock

1.	Welcome & Apologies
	<p>AH welcomed all to the meeting.</p> <p>LB extended AD apologies and that his absence is due to holiday leave, and any questions raised will be taken back to AD.</p> <p>AH introduced Wendy Smith (WS), who will be presenting on the consultation on Health Care changes in Mid & South Essex, but will be taking any questions after item 6 on the agenda.</p>
2.	Conflict of Interest

	<p>AH asked if there were any declarations of interest that were not already on the register, none were declared.</p>
<p>3.</p>	<p>Minutes of the meeting held on 14th November 2017</p>
	<p>The minutes of the 14th November 2017 were agreed to be a true record.</p>
<p>4.</p>	<p>Consultation on Health & Care Changes in Mid & South Essex</p>
	<p>AH introduced WS, who gave a presentation on the consultation on Health Care changes in Mid & South Essex.</p> <p>The presentation gave an overview of public events that are set up, two large ones for Thurrock plus other smaller group meetings.</p> <p>The consultation began on 30th November 2017 and will run until 9th March 2018. Consultation documents are available and on the website. Documents are also being distributed with the help of the CCGs and local council. The consultation is about the increasing needs of the population and the pressures that add up over the years that need to be addressed. Sustainability and Transformation Partnership is a large partnership. The aim is to try to develop services that meet family requirements and offer a wider range of professionals on the front line, who will work together with social care, along with Councils plans to develop integrated medical centres.</p> <p>Basildon, Southend and Broomfield Hospitals' proposal details are now available.</p> <p>5 principals:</p> <ol style="list-style-type: none"> 1. Majority of hospital care to remain local and hospitals continue to have A&E 2. Specialist Services to be consolidated 3. Access to Specialist Services via local or nearest A&E 4. Separation of planned operations with emergency operations 5. Closer community services <p>WS gave an overview of the affects to Thurrock patients by the proposed changes.</p> <p>WS raised the proposed transfer of services from Orsett Hospital to 4 new centres in Thurrock and highlighted that further discussion was required.</p> <p>WS explained the proposals to clinical transfers and Inter-hospital transport, which arose from engagement discussions.</p> <p>1.30pm: WS left the meeting.</p> <p>The following questions and answers were discussed following item 6 on the agenda.</p> <p>Concerns were raised over content and information paperwork and the survey regarding difficulty in getting this information out and understating of the consultation. Concerns were also raised over only just receiving the documents and still awaiting an easy read version/questionnaire. It was stated that this was a disadvantage to the community without digital access and with physical and learning disabilities, who are excluded from taking part in the consultation. It was also stated that Orsett is lost within the consultation and was supposed to be a pull-out, and a request was made for the consultation to be extended. Healthwatch and Thurrock coalition will be challenging this,</p> <p>WS advised members that prior to the consultation, discussions took place on how to reach these people and contact took place with the coalition.</p>

It was suggested, from the floor, that the consultation is difficult and lengthy to read.

AH added that the first thing to address is 'Have you read the proposal?' It is now 6-weeks in from 30th November and yesterday was the first time the document has been seen, which is to be given out at hospitals to fill in and send back; the document is too large for an ordinary envelope. Not many places are available places to hand-in this document, and therefore low levels of response are probable. All 13 services provided by Orsett should be in Thurrock, they are not listed in each of the hubs.

WS replied that this is just the beginning of the discussion with regard to Orsett. There are pros and cons to adding this to the consultation, but this can be reviewed and there is much more consultation and discussion to take place. There is a supplementary paper on Orsett.

AV stated that it is difficult for people on the street, without a medical background, to understand what this consultation means.

WS responded that there are a number of other groups being addressed alongside the consultation process.

Concerns were raised about the initial document being difficult to read for people who are not familiar with the practicalities, and it was suggested that a wider response is captured at public meetings.

LB advised that the consultation summary document lists the public events, which are discussion events for everyone to attend at civic halls.

AH raised the question if two presentations in Thurrock, on Wednesday 24th January and Tuesday 6th March, were enough, and suggested that this should go out to other communities as well as Grays.

LB agreed that further discussion is required around people who are cut-off and may have difficulty in responding to the consultation.

AV stated that members were keen to obtain feedback on this consultation, but highlighted the intensity of the document.

LB asked how concerns are being fed back to the STP and, moving forward, what assurances could be given to this group that raised concerns are being listened to.

WS informed members that LB has been involved in focus groups, whereby conversations are held that are relevant to people. As a starting point this is the story of the consultation.

AH added that questions have been raised around the criteria regarding public transport and the deadlines. This is being carried out as the service is being run underfunded and over-budget. This needs to be more formulated and guarantees are required.

WS advised that this is further down the line. Orsett is just the start of engagement that will go on for 2 years potentially, and that there have been notifications that the consultation would be launched on 30th November. Particular relevant discussions are being held with focus groups and we are willing to discuss this in specific focus groups to discuss specific proposals. This is not the only way to feedback, people are responding, and we also welcome emails, letters etc. and this is all taken into an analysis and fed back.

Concerns were raised that focus groups have different priorities, and this brings more comprehensive feedback.

LB responded that Stroke Associations and Community Leaders are to attend focus groups around the county.

Concerns were also raised that the deadline of 9th March is unreasonable.

WS confirmed that the consultation was published widely and that while this consultation will not bring in people in droves, the aim is to bring in representation of the people. If we can do this with your help that would be appreciated.

Question from the floor: What services are moving and what services are going?

WS explained that the plan shows the services remaining the same, and the proposed changes along with the impact on patients per day.

Concerns were raised that the document needs to be simplified as this is difficult to read as it is information overload, and a question was raised about the proposals to the hospitals.

WS confirmed that the hospital proposals are included in the documents.

A question was raised about where to obtain details of the consultation.

NHS England consultation mainly online – GP surgeries are being encouraged to inform patients.

Questions were raised whether surgeries print the details of medicine consultations, and advertising on Essex Radio and local free papers?

LB stated that she would ask again if Essex Radio could advertise.

LBu advised LB to feed back the concerns raised to NHS England.

AH thanked WS for her presentation and requested as much information as possible.

WS assured all present that by the end of this week a draft summary of this discussion will be available.

5. Medicines Management Update: Meds consultation on low cost medication

LB introduced herself and gave a short presentation on the consultation on low cost medication on behalf of Denise Rabbette (DR), Head of Medicines Optimisation, TCCG. Aims are to raise awareness of low cost meds that can be bought over the counter i.e. paracetamol and calpol which costs £8.60 per prescription, which is costly to the NHS. CCGs are in support of not prescribing low cost meds and further information on how to become involved in this public consultation is available on the TCCG website.

LB highlighted the following topics:

Emollient Guidelines: The guidelines have been approved and are now available on the website, which aim to rationalise a huge range of treatment choices that are available. Products are divided into groups to assist prescribers and patients to choose the most appropriate treatments.

East of England (EoE) Policies: The EoE Priority Advisory Committee (PAC) assists the 19 CCGs in EoE to ensure a consistent approach for areas with a high impact or specialised treatments. A PAC decision was made that there is currently limited evidence and data to

support the use of FreeStyle Libre to better control diabetes. More data is required to confirm effectiveness of technology in less controlled diabetes. Prescribing of Freestyle Libra is not supported by TCCG but a funding request can be submitted in exceptional circumstances.

LB advised that for anyone concerned about diabetes or requiring further information, to please email DR or the Meds Team.

NHSE Consultations:

- Gluten Free & Gender Dysphoria: No update from NHSE to date
- Drugs not to be routinely prescribed: Consultation outcome is available on the TCCG website
- Over The Counter (OTC) medicines: Consultation opened before Christmas, following on from previous consultation 'drugs not to be routinely prescribed', which looks at whether OTC should be available on prescription

LB explained that patients are advised to visit their local pharmacist instead of their GP for minor ailments such as colds etc.

Concerns were raised that many elderly patients do not have computers to see this information advertised online.

LB confirmed that this concern would be reported back to DR to inform NHS England.

1.35pm : AH announced a 5-minute comfort break

6. Ensuring fair use of Patient Transport Services

1.50pm: WS re-joined the meeting.

AH introduced KA, who gave a presentation on patient use of Patient Transport Services (PTS) and LH advised all that a copy of the latest presentation would be circulated to anyone who requests a copy.

KA explained that the presentation was to test some of the questions raised. Changes are not being made but requests have been taken on board by transport providers regarding patient use of PTS. With limited resources it is vital to ensure that patients in need receive PTS. The criteria will remain the same, but more questions are being asked to reassure the transport providers that patients are in need of PTS. This is not for blue light services, only for patients with planned service appointments.

Question from the floor: Is PTS through a GP referral?

KA explained that GP practices should be advising patients how to book PTS. KA highlighted the criteria questions and the outcomes.

Question from the floor: Patients will learn the new criteria and won't the same problems occur?

KA explained that more questions are being asked to determine the need for PTS. General practice across Essex is for patients to access the service and be asked the questions. GPs will know which patients require the service, but currently the patients access the service direct.

A discussion was held regarding the direct booking of the PTS service and the involvement of the GP practices. KA further explained the disclaimer included in the criteria, and that the responsibility for booking the service needs to be looked at further.

	<p>A further discussion arose around the responsibility of the GP to refer the patient for PTS. It was highlighted that provision of the service is based on patients health needs not at request only. KA advised all that the Information is currently available online.</p> <p>JH clarified that the consultation includes transport under general access, and that PTS is separate.</p> <p>WS clarified that under the main hospital proposals, outpatients appointments will be local.</p> <p>A discussion arose around local transport and specialised appointments.</p> <p>KA informed all that any feedback and questions can be received before 5th February 2018.</p>
7.	Items to Escalate
	<ul style="list-style-type: none"> i. Board Assurance Framework – none ii. To other Committees and Board – none iii. From other Committees and Board – none
8.	AOB
	<p>None. The meeting closed at 3.00pm and AH thanked all for attendance.</p>
	Date of Next Meeting
	20 th March 2018