MINUTES
Commissioning Reference Group
18 September 2018 at 4:00 pm
Beehive Centre

Present:	Alan Hudson (Chair) (AH)	PPG/TCRG
	Gillian Ross (GR)	Lay Member/PPI
	Cheryl Ramballi (CR)	Operations Manager
	Joanne Pitt (JP)	HCPH
	Graham Tidman (GT)	Thurrock Stroke Project
	Kevin Brice (KB)	Stifford Clays Medical Practices PPG
	Tony Davis (TD)	Rigg Milner PPG
	Lita Walpole (LW)	Carer Co
	Gill Booth (GB)	Hospice at Home, St Luke's Hospice
	Kim James (KJ)	Healthwatch Thurrock
	Tania Smith (TS)	NELT/TBC
	Louise Banks (LB)	TCCG – Head of Communications
	Romi Bose (RB)	TCCG - Head of Primary Care
	Denise Rabbette (DR)	TCCG – Head of Medicines Optimisation
	Irene Lewsey (IL)	TCCG – Head of Transformation
	Gemma Curtis (GC)	TCCG – Hub & Locality Manager
	Susan Duffy (SD)	TCCG
Apologies:	Lynne Hilkene	TCCG

1.	**Welcome & Apologies**
	The Committee Chair welcomed everyone to the meeting. Apologies received as above / No apologies were received.
2.	**Declaration of Interest**
	"In accordance with Section 14O of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012 (and subsequent statutory guidance) the CCG must ensure that it manages any and all conflicts of interest that may arise. All members (and those attending the meeting) have a duty to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS Thurrock CCG. Can I therefore ask anyone in this meeting to declare now any conflicts (real or potential) that they may have, declared or otherwise, in relation to the planned agenda for today's meeting. This must also be recorded on the signing in sheet indicating for which agenda item you may be conflicted. ***Should any unforeseen conflicts arising during the meeting, please ensure that you stop the proceedings to declare it accordingly. All declared interests are recorded in our register of interests and any conflicts arising during any CCG meeting will be recorded within the 'Recorded Conflicts of Interest Register', which are available on the CCG website"*** The Chair requested any Declaration of Interest that was not already on the register, the following were declared:

	CR – Phlebotomy
3.	**Minutes of the meeting held on 15th May 2018 and Action Log**
	The minutes of the previous meeting were approved. **The items from the Action Log were discussed and updates provided. See Attached.**
4.	**Flu Update**
	JP reported on the rise and spread of flu and the need to vaccinate those who are eligible as decided by NHS England. JP advised that there has been one change since 2017/18 and this is in relation to school age children, who are in Year 5. JP advised to search on NHS Flu List, but GPs may decide to give to others who are not on the list. JP introduced the plan for this year and the priority areas and offered to help dispel the myths. IL asked from a health perspective whether Domiciliary Care Providers are being vaccinated and whether this is being opened up to the voluntary sector? JP advised that eligibility for the vaccines has been extended. LW stated that there is concern in regard to voluntary staff/frontline staff. JP confirmed that she would take this point back to the Council. JP invited questions from the floor: **Q:** Will family carers be vaccinated? **A:** GC confirmed that the issues would be addressed once vaccinations were started. **Q:** Advice about the vaccines and strains for the over 65s etc. **A:** DR explained that there was a national delay and that sharing innovation on best practice would help to get those most in need vaccinated. KB asked why there is a delay with the flu vaccine? DR explained that PHE was delayed in getting the vaccine guidance out. DR explained the need for evidence and the benefits of different vaccines for over 65s and under 65s. JP confirmed that questions have been raised with the NHS regarding the delay. DR advised that they have done quite well, PHE were 2 months late with the advice and there is only a 2 week manufacturer delay. KJ asked that Home from Hospital volunteers are not forgotten. **Q:** Is there are possibility of patients receiving their jab at the Hub? **A:** JP confirmed practices have been asked what support they need and the Hub forms part of

	that. Last year the Hub was used but there was a high volume of DNAs. **Q:** Will home visits be done for carers who are unable to leave home? **A:** JP confirmed that home care jabs have been commissioned but will need to look at the carers being vaccinated.
5.	**Medicines Optimisation Update**
	DR introduced the Medicines Optimisation software Eclipse that helps doctors to identify patients proactively by flagging potential risks before they arise and this can prompt a medication review. DR confirmed that all but one practice has this and it is estimated that it has prevented 400 admissions since the system was implemented earlier this year. This sits with the practices only. DR advised that there are new Antimicrobial Resistance Guidelines within PHE and clinicians and PHE moving away from the use of trimethoprim as an antibiotic for UTI. DR reported that there is not a resistance problem in Thurrock and so trimethoprim is still an option. DR advised that there are other changes in relation to dental infections and may impact people who pay for prescriptions. GPs are not insured for prescribing for dental infections. DR confirmed that GPs may consider treating emergencies but legally only dentists are able to prescribe for dental conditions. For routine problems, they should refer the patient back to the dentist. DR reported that there is a safety drive in regard to quality prescribing, trying to stop over medication of people with Learning Disabilities and work is underway with the Council. There is also a move to help people in need to get palliative care medicines like diamorphine out of normal hours. DR advised that the LPC are looking to reinstate this across Essex however if we cannot wait it can be reinstated in Thurrock only. DR confirmed that 1 or 2 pharmacies will guarantee an agreed stock of palliative care medicines.(But this cannot be guaranteed 24/7) DR reported that a new networking event is being started for Pharmacists working within GP practices. DR reported in relation to EMOP. The aim is to improve the sharing of information and reduce the risk of re-admission. The hospital can send a letter to the patient's regular pharmacy with a list of medicines for discharge; the GP will also receive a letter. This should mean that Pharmacists can ensure that GPs know about new medicines and make sure that the correct medicines are ordered and the correct advice is given after discharge. DR reported that the STP had been successful in a bid for Pharmacy support to care homes. Following NHSE guidance that only gluten free bread and mixes should be available on prescription the CCG has considered this and at the moment advice on Gluten free will remain as it is. However patients are being advised that this is likely to change in the future as products will eventually be blacklisted and will not be available on prescription... DR advised that following a recent NHSE consultation there are 18 drugs that are not to be routinely prescribed in primary care. Liothyronine is the drug that has caused most patient queries. . NHS England have stated that Liothyronine is a specialist medication as there are greater safety issues than levothyroxine which is the standard treatment. Therefore patients receiving Liothyronine are being reviewed by consultants and if they have a continued clinical need the prescribing will be continues by consultants and not GPs. Another NHSE consultation concluded that patients buy their own over the counter medicines for mild conditions but not for LTCs.

	DR invited any questions: **Q:** How does a Pharmacist fit in with the Eclipse System? **A:** DR advised that the Pharmacists get very little information and do not see the information that GPs see. The CCG version is anonymised but it can show you how it works. **Q:** What would happen if someone has a medication they can't get on with? **A:** DR advised that they should see a GP or Pharmacist. Questions were raised on the process of prescription from discharge to the pharmacy. DR provided reassurance on this issue. The question of controlled drugs was raised. DR advised that this is something that is being look at. KJ asked what happens with medication waste when a pharmacist over orders? If you don't want it can you hand it back? DR confirmed that you can, provided the medication is not removed from the pharmacy. KJ asked about medicines that do not actually leave the pharmacy? DR advised that there can be issues where the pharmacist can order on behalf of patients and confirmed that this is not an NHS service so in some cases GPs have stopped pharmacies from ordering on behalf of patients but care is needed to ensure vulnerable patients do not suffer as a result... KJ advised that there has been an issue where extra medication has been ordered in addition to what was ticked by the Patients. DR advised that this is being looked at together with LPC.
6.	**Primary Care Update**
	• **Phlebotomy**
	AH introduced Gillian Ross, as PPI Lay Member and then introduced GC. GC spoke with regard to phlebotomy. GC addressed concerns raised at the last meeting. GC asked whether anyone had any new concerns. AH raised the point that lots of people do not have the technology to book appointments and walk in is not available. GB reported that feedback on the pre-book service is positive. KJ agreed, but confirmed that there is still an element of people who want to walk in. Orsett tell people that they do not do walk ins but they will try to squeeze people in. Therefore if they do have a walk in element they should not be telling people they cannot walk in. CR, Phlebotomy First advised that appointments for walk in get filled very quickly. The service should explain and communicate better to patients, particularly in regard to new offers for blood tests as waiting times are now much lower. CR confirmed she will feedback and action it and

	offered to attend the CRG meetings more regularly. CR asked that booked appointments are promoted. CR advised that some GPs are resistant to getting a booking system even though there is an increase in areas where bloods are offered. KJ stated that patients used to be able to go to Orsett and get it done if they had a red spot on their forms so that they can get outpatient bloods done on the same day. CR confirmed that the GPs have the ability to book on the urgent queue. KJ advised that it's not GPs it's after seeing a consultant. CR advised that this should work at BTUH and Orsett. CR was thanked for attending the meeting.
	iPlato – Two way messaging service
	RB reported with regard to iPlato. RB advised that it is a new system which texts a patient and if they cannot attend they can text back to cancel the appointment. It is hoped that this will reduce the amount of DNAs as currently there is a high rate of DNAs in Thurrock. GC advised that this will be used in the Hubs but patients do not have to use the service. RB reported that practices are being encouraged to sign up as this has been commissioned. RB asked that patients whose practice did not get the flu vaccines to contact the CCG. RB invited any questions: **Q:** How does this system work? **A:** RB advised that it was all automated, You receive a first text, then a reminder text etc. The receptionist does not have to send it through to patients. Most practices are now on SystmOne. RB asked that KB bring this issue up with Stifford Clays Practice if they don't have this service already. RB reported that 22 practices have signed up and advised that should someone's practice say no they should contact her. RB advised that this system was necessary given the high rate of DNAs.
7.	**Better Care Together Project**
	TS reported that there is a genuine belief that everyone is working better together. TS advised that is it much bigger than bringing the workforce together it is joining funds too. Providers; Acute Trust and Social Care, the money will be joined together. TS explained the principles as to why there is a need to join up. TS advised that we need to get better at finding out what people really want, communities are so important. TS then gave a presentation. The Chair asked whether anyone had any questions. GT, Neighbourhood Watch Co-ordinator asked that if he is aware of a vulnerable person can he

	refer? TS confirmed that he can either through the Local Area Coordinators or Thurrock First. However the person should be asked first. **Q:** How quickly will we see a benefit? **A:** TS advised that it may be 5 years before we see changes within people who have long term conditions JP asked about care funding for hypertension/diabetes management and referrals. LW stated that we have to work as a whole system.
8.	**Items to Escalate:**
	There were no items to escalate to the Board Assurance Framework. There were no items to escalate to other committee's / the Board. There were no items escalated from other committee's / the Board.
9.	**Any Other Business**
	The following items of AOB were discussed: LB gave an update on the TCCGs upcoming Annual General Meeting to be held at Orsett Hall on 25 September 2018 at 10.00am. All were welcome to attend. KJ talked about HWT priorities. KJ stated that the spotlight was on a particular health topic that was aligned to key system pressures. The first report was on Mental Health. The missing middle – too unwell for IAPT but not bad enough for Tier 2. There is no service for people with a Personality Disorder, nor drug and alcohol problems, so services are not able to meet needs. The next topic was Cancer Services have been started looking at how long it takes be referred from a GP to getting seen. How long after diagnosis did they get treatment? HWT have asked whether patients will share what type of cancer they had. The next focus will be on Ophthalmology. Crisis Care: 'everyone knows I'm in crisis except me'. HWT want to see what health care professionals views are, as many families feel shut out of treatment when a person is in crisis. HWT is talking to carers/relatives about how they can identify to HCPs when they know someone close to them is in crisis. LW stated that permissions are needed from patients to speak to their families.
Date of Next Meeting	
20th November 2018	