

**MINUTES**  
**Commissioning Reference Group**  
**17<sup>th</sup> September 2019 at 4:00 pm**  
**Beehive Centre**

<b>Present:</b>	Alan Hudson (Chair) (AHu)	PPG/TCRG
	Maxine Lockwood	STEPS Chairperson
	Moira Brainwood	Chair, Horndon on the Hill Surgery PPG
	Reginald Sweeting (RS)	Pear Tree Surgery
	Kevin Brice (KB)	Chair PPNG
	Barbara Rice (BR)	Manager, Thurrock Healthwatch
	Alan Harmer (AHa)	Dr Yadava's Surgery PPG
	Maureen Cushing (MC)	Hassengate PPG
	Terence Brown (TB)	Chafford PPG
	Trevor Hitchcock (TH)	PPI Lay Member
<b>In Attendance:</b>	Lynne Hilkene (LH)	TCCG – Executive Business Manager
	Susan Duffy (SD) (Minutes)	TCCG – Receptionist/Administrator
	Stevie Attree (SA)	TCCG – Commissioning Manager
	Denise Rabbette (DR)	TCCG – Head of Medicines Optimisation
	Kareema Olaleye (KO)	Healthcare Public Health Improvement Officer, Thurrock Council
	Gemma Curtis (GC)	TCCG – Hub and Locality Manager
<b>Apologies:</b>	Gill Booth John and Joyce Guest Dr P Ambikapathy Louise Banks	

<b>1.</b>	<b>Welcome &amp; Apologies</b>
	The Committee Chair welcomed everyone to the meeting and thanked them for coming. Apologies were noted as above.
<b>2.</b>	<b>Declaration of Interest</b>
	<i>"In accordance with Section 140 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</i>

*Vision Statement: The Health and care experience of the people of Thurrock will be improved as a result of our working effectively together.*

	<p><i>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"</i></p> <p>The Chair requested any Declaration of Interest that was not already on the register, nothing was declared.</p>
<p><b>3.</b></p>	<p><b>Minutes of the meeting held on 16<sup>th</sup> July 2019 and Action Log</b></p> <p>The minutes of the previous meeting were agreed with no amendments but SD to ensure acronyms are typed in full at first use.</p> <p><b>There were no items from the Action Log.</b></p>
<p><b>4.</b></p>	<p><b>Obesity Strategy for Thurrock and Personal Wheelchair Budget Update</b></p> <p>AHu introduced SA to talk to the group on the Obesity Strategy for Thurrock and also to give an update following her previous visit when she had given a presentation on Personal Wheelchair Budgets.</p> <p>SA informed the group of the Whole System Obesity Strategy that is in operation and presented a slideshow, explaining that Whole System means all possible partners are working together to reduce obesity in Thurrock, across all areas of life. This includes Public Health, Schools and Health Provider services as well as the voluntary sector, all working on the goals and delivery framework as this can only be achieved if everyone is involved. The strategy has been approved by the Health Overview and Scrutiny Committee (HOSC) and an article appeared in the local Gazette recently where it was shown in quite a complementary light. The first goal is to enable settings, schools and services to contribute to children and young people achieving a healthy weight.</p> <p>A Citizens Panel of representatives from the community has been set up. BR is a member of this and she explained that it is run at the Beehive to involve the community and the focus is looking at what can be learned from failed initiatives in the past and also to educate and encourage the community to use the services that are available. For example: vouchers are available for free classes at Slimming World if a patient's GP has diagnosed an obesity related illness. At Louise Banks' request, BR invited comments from the group as to what people thought were the barriers to healthy living. Suggestions were:</p> <ul style="list-style-type: none"> <li>♦ Low income / poverty</li> <li>♦ Lack of Food Education – ready prepared meals too easily available</li> <li>♦ Lack of cooking skills / making time to cook from scratch</li> <li>♦ Using unhealthy food as a parenting tool</li> <li>♦ Lifestyles that include fast food outlets as the norm</li> <li>♦ Children no longer walking to school and spending less time outdoors</li> </ul> <p>BR led discussions on how the message of healthy eating can reach those on a low income and for those on a low income it should not be a barrier as it is possible to cook, shop and eat healthily on a low budget. Simply reducing the amount of meat we eat would cut costs and there is now a choice of low cost supermarkets where healthy foods are always available. Expensive brand names no longer mean better quality.</p> <p>SA informed the group that work is starting in schools already with the introduction of Healthy Breakfast clubs etc. with catering staff showing the children what goes in to the meals they eat.</p> <p><b>Q.</b> We all tolerate unhealthy food in everyday life – when you go to a meeting it is normal to have biscuits available. There are outlets everywhere. For example, at the entrance to our hospitals there are places like Costa Coffee and machines that vend chocolate bars. Perhaps it is time for the NHS to look at their own approach and set the example?</p> <p><b>A.</b> Hospitals have started to review this and no longer sell sugary drinks but there is still a long way</p>

to go. Schools are also getting on board and have rolled out the “Daily Mile” to increase activity.

AHu added that exercising with others is far more beneficial as there is motivation gained from exercising with a partner.

**Q.** Are the local GPs participating in working towards these goals?

**A.** GPs are all signed up to the Thurrock Healthy Lifestyle Programme and are focusing on the prevention of obesity related illnesses such as diabetes. They also refer patients for exercise and Slimming World where appropriate.

SA advised that the strategy needs to be communicated to everybody and steps are being taken to do this with the use of the hashtag #GetThurrockMoving; this is a movement for change as well as encouraging actual activity.

BR added that this fortnight there is a Walking Challenge where people have signed up to do a million steps. On a personal note, BR has been actively walking since April and as well as losing weight she has also seen a great reduction in her blood pressure which is an excellent advertisement for the benefits of walking. BR also felt that people might respond more to seeing the awful outcomes that obesity can cause to help prevent it in the first place.

The amount of media bombardment to eat fast food was also raised and it was felt that this should be challenged. SA agreed that there was work to do across all areas and highlighted the need to focus on treatment and prevention so the strategy team were looking at various models. SA will feed back on progress.

TH added that “Park Run” is a free initiative that is happening in parks up and down the country and SA confirmed that free activities will be highlighted.

SA requested that if anyone has any ideas to help with the aims of the strategy could they please feed them through as they would always be welcome.

### **Personal Wheelchair Budgets**

SA gave an update on the comments given at the Personal Wheelchair Budgets presentation to the group earlier in the year around clarity on the means test issue. These were taken on board and SA had bought along some of the newly produced leaflets to show that the clarity had now been incorporated thanks to their input.

## **5. Medicines Optimisation update**

AHu introduced DR, Head of Medicines Optimisation, for a Medicines Optimisation update.

DR ran through a list of items which now have restrictions on them and the reasons behind the restrictions. For several this was because there are now better alternatives coming through against drugs that can sometimes prove toxic through long term prescription. If however a person is being treated with a certain drug that is suitable, still proving beneficial, and safe for them to continue, then they will still be prescribed,

With regards to shower gels and bath preparations, these are no longer the preferred choice of treatment because of the dangers caused due to the preparations making the surface of the bath much more slippery. This has led to several falls so the advice for those with bad skin conditions is to put cream on once out of the bath but whilst still damp.

Some needles for insulin pens will not now be prescribed because of their cost. However cheaper ones will be prescribed but with no loss of quality as there is no difference quality wise between the different brands. There has also been an NHS England directive through to not prescribe certain rubs as more suitable ones are available.

**Q.** Some drugs are taken to prevent side effects from other drugs. Would these be restricted?

**A.** If a drug caused serious side effects then the ideal plan would be to replace that drug with a suitable alternative that did not then need a protective drug to counteract it.

**Q.** Some needles have been affected – are there different fittings that need to be taken into account?

**A.** All needles are either type A or type B so there will still be suitable alternatives for both fittings.

**Q.** A local pharmacy has had trouble getting a certain drug for IBS – why could that be?

**A.** There are currently a lot of stock issues; it is probably not that the drug has been banned. There are a huge variety of brands for all drugs and sometimes a company just makes a business decision not to manufacture a certain drug any more. At the moment for example, most Hormone Replacement Therapy (HRT) drugs are out of stock and this is purely down to the suppliers.

**Q.** Is there any information on the PEG Feeds?

**A.** There are 7 patients across Thurrock and Basildon & Brentwood that have the feed and through a whole team effort these have all now been identified and have had stock delivered or been given a suitable alternative. This is a national problem but each patient would have been dealt with individually to ensure a solution was found that was personal to them.

**Q.** This was something that was very important to each of these patients.

**A.** TCCG has acted as proactively as possible. We have a fully qualified Prescribing Dietician on the team and she has been on the case with these.

**Q.** Sometimes people come out of hospital with drugs prescribed there and then they can't get more from their GP. Why is this?

**A.** Medicines Optimisation runs a "Traffic Light" system on all drugs based on the required monitoring of each treatment. Red means only the hospital can issue and monitor effects. Amber means the hospital can initiate but it is safe for the GP to take over and green is for all other drugs. This is purely a clinical decision; it is not based on cost.

**Q.** Feed for tube-fed patients; is there just one supplier? Is there a contingency?

**A.** There are several manufacturers but sometimes there is no exact alternative so only one brand would be prescribed. There is always a contingency – if need be personal feed can be made on licenced premises. We would always try to be proactive in these cases.

With regards to the prescribing of controlled drugs, Thurrock has the lowest prescribing rates in the Sustainability and Transformation Partnership (STP) with 84 items per 1000 patients, whereas other CCGs are between 93 and 103. A service has been set up to provide Pharmacist advice and Improving Access to Psychological Therapies (IAPT) support to patients who want to try alternatives in an attempt to reduce addiction to pain killers. Patients can self-refer through the website or they can go through their GP.

## 6. **Thurrock Flu Plan**

AHu introduced KO, Healthcare Public Health Improvement Officer with Thurrock Council. KO explained that she is the Council lead working with TCCG on a Flu communications plan.

GPs will be encouraging people to have a Flu jab and this is also being promoted through as many communication platforms as possible. There will also be Saturday appointments for those who work during the week so that as many people can be immunised as possible.

One example of GPs being proactive was Dr Yadava's surgery already identifying and booking in patients for their jabs.

**Q.** People have been coming up with all sorts of reasons as to why they should not have a flu jab so will Flu Busters be promoted in the local paper?

**A.** Yes there will be a press release once all the practices etc. have their allocation of jabs in stock.

**Q.** Will there also be a publication of Myth Busters for MMR (Measles Mumps and Rubella) children's vaccinations?

**A.** There has been a marked decline in uptake of children's vaccinations so the team will be addressing this through focus groups with the parents to find out exactly what their barriers are.

**Q.** One of the common myths is that it gives you the Flu.

**A.** There are sometimes mild cold symptoms but these are much less debilitating than suffering full blown flu. There was also a virus last year with similar symptoms to flu but this was also nothing to do with the flu jab.

KO requested that the group also encourage people to take up the Flu Jab. Everyone can ring their practice and if they qualify it will be free.

**Q.** If a Flu jab is done at a pharmacy will it get recorded on your GP records?

**A.** The team are currently looking at how this is reported so that details of all vaccinations are captured.

KO offered to come back to the CRG at the end of the Flu season with feedback on uptake for this year which was met with approval. KO also invited any comments or suggestions in the meantime and asked that her email address be included with the minutes.

Email address herewith: [KOlaleye@thurrock.gov.uk](mailto:KOlaleye@thurrock.gov.uk)

## 7. Primary Care Update

AHu introduced GC, Hub and Locality Manager at the CCG.

GC was happy to report that the change in April 2019 which made appointments available seven days a week, with five locations offering a 7:00 pm to 9:00 pm service, had been well received. Another improvement was that Physiotherapy and Musculoskeletal (MSK) appointments could now be booked direct through the GPs. Uptake has been up to 98% as of this people are being seen much quicker.

The employment of the Clinical Pharmacists (CPs) and Advanced Nurse Practitioners (ANP) has also increased the number of appointments available significantly.

**Q.** What can you see them for? Would the Clinical Pharmacists be for repeat prescriptions?

**A.** A CP can see all patient that a GP can see. The ANPs cannot see children under two unless they have had specialist training but other than that they also can do anything a Doctor can do.

There will be a leaflet distribution soon aimed at dispelling fears at seeing someone other than a doctor. CPs are also very experienced and knowledgeable where drugs are concerned because of their pharmacy training.

**Q.** If a referral to a consultant was necessary would a CP have to go through a GP?

**A.** No. CPs can make direct referrals. They are highly trained .

## 9. 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.

**10. Any Other Business**

**AGM** - AHu highlighted the notices on each of the tables advertising the CCG AGM to be held at Orsett Hall on Wednesday 25<sup>th</sup> September 2019 and invited everyone to attend. If anyone can't make the meeting the minutes will be published on the TCCG website. The event will comprise of the AGM followed by the public meeting which will last no longer than one and a half hours.

**Targeted Lung Health Check** – BR spoke about the benefits of the screening and how if cancer is caught at stage 1 or 2 there is a much better chance of recovery than if it is discovered at stage 3 or 4. . Highlighting the negatives may be a way to get people to go to the GPs early enough.

BR, AHu and GC jointly updated the group on the different aspects so far.

A dedicated user-friendly website is being created and AHu reminded everyone that all communications will be headed up as Thurrock and Luton as that is the other CCG that we are working in conjunction with. The CRG group were invited to review and comment once this goes live.

This project is additional to any normal cancer treatment – not instead of. The CT scanners that will be used will be additional scanners, not those currently used so that normal services are not disrupted.

There are two big promotional days planned for October (2<sup>nd</sup> and 16<sup>th</sup>) and everyone is encouraged to attend. There will be a huge model of a pair of lungs that you can walk through to educate everyone so it is hoped that children will take part as well in a bid to educate the upcoming generations. It was originally suggested that the events be held at Lakeside but it was pointed out that the people that shop there are from all the surrounding area and as this is aimed at Thurrock residents, the venues are being re-thought. Possibly the Civic Hall and Asda car park in Tilbury. This will be advertised in GP practices.

BR has been involved with this from the start and recently attended 2019 NHS Expo with the Head of Cancer Services in the UK, speaking on what this project means for the people of Thurrock. BR was also involved in the making of a promotional video with a cancer patient called Alan and hopefully this will encourage people to sign up for and attend investigational scans. If Thurrock residents have ever smoked they should let their GP know so that they can be invited to take part if they fit the criteria.

The project has now reached the stage of going out to providers to get the trucks and teams in place to begin the programme. There will be one van for the initial checks, one for the scanning and one which will house a smoking cessation team. The final locations are yet to be settled.

Thurrock is one of only ten areas in the country to get this opportunity so it is vital that the communications are right so that everyone that should be captured is.

Health Watch will also be monitoring to ensure that normal services are not affected by the project and that the facilities are available and accessible to all Thurrock residents.

AHu thanked everyone for attending and closed the meeting.

**Date of Next Meeting**

Tuesday 19<sup>th</sup> November 2019 at 4:00 pm