MINUTES
Commissioning Reference Group
15th January 2019 at 4:00 pm
Beehive Centre

Present:	Alan Hudson (Chair) (AH)	PPG/TCRG
	Reginald Sweeting (RS)	Pear Tree Surgery
	John Guest (JG)	TOFF & Orchard Forum
	Joyce Guest (JYG)	TOFF & Orchard Forum
	Graham Tidman (GT)	Thurrock Stroke Project
	Kevin Brice (KB)	Chair PPNG
	Gill Booth (GB)	Head of Hospice Comm services, St Luke's
	Barbara Rice (BR)	Healthwatch Thurrock
	Maureen Cushing (MC)	Hassengate PPG
	Marcus Cushing (MCU)	Hassengate PPG
	Tony Davis (TD)	Rigg Milner PPG
	Maria Forman (MF)	PHE – Screening & Imms
	Kim James (KJ)	Thurrock CUS
	Lita Walpole (LW)	St Luke's Hospice
	Francis Allir (FA)	Manager – Community Led Support, Thurrock
	Christine King (CK)	
In attendance:	Gemma Curtis (GC)	TCCG - Primary Care Locality Manager
	Romi Bose (RB)	TCCG – Head of Primary Care
	Ian Stidston (IS)	TCCG – Head of Integrated Commissioning
	Kehinde Adeniji (KA)	TCCG - Senior Commissioning Manager, Planned and Unplanned Care
	Lynne Hilkene (LH)	TCCG – Executive Business Manager
	Susan Duffy (SD) (Minutes)	TCCG – Receptionist/Administrator
Apologies:	Alan Harmer, Louise Banks (LB), Angela Jarvis, Chris Delchar, Jeanette Hucey (JH)	

1.	**Welcome & Apologies**
	The Committee Chair welcomed everyone to the meeting and thanked them for coming.

	Apologies were noted as above.
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, nothing was declared.
3.	**Minutes of the meeting held on 20th November 2018 and Action Log**
	The minutes of the previous meeting were agreed with one amendment – incorrect spelling – Alan Harker to read Alan Harmer. **There were no items from the Action Log.**
4.	**Headache Pathway**
	AH introduced Kehinde Adeniji (KA) from the TCCG. KA gave the latest information on the Community Headache Service, going through the presentation and explaining the background, purpose and achievements. The service has reduced local waiting times from six months down to two to three weeks and papers are going to the TCCG Board to request an extension of the Mayflower pilot community service beyond March 2019 following it's success. **Q**. Where can we get information on this? **A**. The presentation will be put on the CCG website, individual copies can be sent and the presentation can be embedded in the minutes. **Q.** Are GPs aware of this service? **A.** Yes – they have all been made aware and are making referrals. **Q**. How do you measure the success of the service? **A**. Key Performance Indicators show how performance has been met and the Quality team have studied these and produced a Quality report. **Q.** How are the wait times now shorter if patients are still seeing the same consultants? **A.** This scheme is just prioritising the residents of Thurrock. **Q.** If it is a "One-Stop" clinic is all treatment done on the same day? **A.** Not necessarily. Any necessary follow up appointments will be made with the advantage that there is now direct access for MRI bookings through, for example, Nuffield. **Q**. Do the GPs pay for this service? **A.** No – It is funded by the CCG. **Q**. How many people have benefited from this? **A**. 85 patients have been seen so far but numbers are expected to rise in January/February. **Q**. Are headaches a big problem for the NHS? It is not something that you think of as being a major ailment.

	A. Yes –a huge amount of NHS resource is given to those who suffer from severe headaches. **Q**. Do GPs know when to refer? **A.** Yes they have all had training and can all provide advice. **Q**. As it is a Mayflower service, is it just in Billericay? **A**. No – The service is provided by Mayflower but delivered locally in Thurrock, mainly at the Thurrock Community Hospital. This is something that a lot of people would benefit from and KA said that it would be good to get feedback and input from patients and patient groups to monitor and inform the service.
5.	**NHS Long term Plan**
	The Chair introduced Ian Stidston (IS) to the group and invited him to deliver his presentation. IS spoke on the topic following the recent government announcement. He went through the presentation slides and informed the meeting that information is readily available on the website about plans going forward. Thurrock is ahead of the game as work is already being done in Thurrock is outlined in the plan. The Prime Minister announced funding coming in over the next few years and plans for the next ten years. The plans were developed following engagement and consultation with numerous groups and Healthwatch have contributed to this process. Also there will be more opportunities going forward. IS conveyed what the Long term Plan will deliver for patients. There are three main areas – Making sure everyone gets the best start in life, World class care for major health problems, and supporting people to age well which includes recognition for carers and the support they receive. What happens next? STPs and ICSs will develop and implement their own strategy for each area and there will be opportunities to feed into these consultations and engage in the planning for Thurrock. KJ and BR raised the concern that Thurrock CCG are aligning with Essex Healthwatch whereas Thurrock Healthwatch feel that with their strength of local engagement they would be better placed to represent Thurrock residents. They were concerned that Thurrock Healthwatch would not receive the money that was needed to carry out a meaningful consultation. IS agreed to take this concern forward with the executives at the CCG. **Q**. If there is £3.4b coming in, how much of that will be swallowed up by training and staff costs as opposed being spent on treatments? **A.** Some staffing costs will be coming out of the funding because staff are an integral part of a successful plan but all costs will be heavily scrutinised and will be detailed in the final plans. **Q**. Will a lot of the money go to higher salaries to keep staff working in this area? **A.** Salaries will be a factor but only one factor of many. This is all about transformation so efficiencies will be a part of that and the final plan will be a fine balance of all factors. AH informed the meeting that the leaflets available already show what is going on in Thurrock moving forward and even leading in some aspects raised in the plan. Discussions then confirmed that new paramedics come on board in February; Tilbury and Chadwell for example will be sharing personnel, with Grays will following on shortly. AH stressed that it was important to be part of the consultation: things are happening in Thurrock and public involvement was a big must. KJ raised the point that they go out to the community rather than expecting people to come to

	them. Last month alone they engaged with 43 different groups and that is how they engage with such huge numbers. **Q.** A lot of consultations end up going to a judicial review – will this happen here? **A.** Full discussion and engagement should avoid this. The aim is to go through this process properly. CK raised discussion around how the majority of the public will not respond to things they don't understand. CK went on to say that people haven't heard of the CCG but Healthwatch go out to engage with people and speak in their language so they listen to them. IS said that he would take that on board and finished by saying that he would like to come back to share more information at a later date.
6.	**Thurrock Health Hubs Update**
	AH invited Gemma Curtis (GC), Primary Care Locality Manager at TCCG to the meeting. GC presented the latest information on the Thurrock Health Hubs. There has been no movement since July so everyone should know where they are situated. The extended hours service continues to be fully in demand with Saturday appointments filled quickly. There is a good take up on all the 7-days a week GP and nurse clinics. GC explained all the services offered across the hubs and explained the differences between the services offered by a GP and a Hub GP. **Q**. When you want one of these appointments do you just ask? **A.** Yes – just ask the receptionist and they can book you a hub appointment. **Q**. Can Doctors at the hub issue prescriptions? **A**. If it is appropriate to do so yes they can. Discussion took place on patients who had reportedly been to the Hub and did not get the expected service and input from around the table confirmed that several people had heard this; apparently Hub GPs were referring back to the patient's own GP. GC explained that cases such as this could only be taken up individually. **Q**. Why do the leaflets that come out have shortened initials such as MSK and not the full wording so that communities can better understand the information? It should have what it means and what service is provided. **A**. GC said that she would take that away and look at adding the additional information. **Q**. The name "The Hub" is used for other things and so causes a lot of confusion such as what and where they are. Can information be more specific? **A**. These Hubs have been known as Health Hubs since 2014 and are the only Hubs that CCG has. **Q**. The Hubs are a welcome addition but is all the information on this out there? Experience shows that Receptionists are not relaying the correct information to patients regarding Hub appointments. **A**. There has been one-on-one training with Receptionists and Practice Managers and they have all the details. It may have been that there were no hub appointments left at that particular time. There are new leaflets for patients coming out and funding is to increase from April for more sessions because of the high demand. GC offered to send digital copies of the leaflet by email. **Q**. What about wound dressings? Will they have stocks at the Hubs? What about the dressings that need to be prescribed? A. The Hubs have been funded for wound dressing since April and most types of dressings will be kept in stock. Patients can just turn up for wounds to be dressed.

	It was agreed that both Doctors and Nurses time at the Hubs gets booked extremely quickly.
7.	**Transformation Update**
	AH introduced Romi Bose (RB), Head of Primary Care at TCCG. RB gave a presentation on the latest Enhanced Primary care work. Numerous papers have been produced recently towards the aim of Better Care Together. This has been prompted by Thurrock being the second most under doctored Borough in England so new ways of working are being developed. This is a nationwide problem. Scenarios were raised in discussing where improvements need to be made such as elderly patients queuing from 7:30 am for an appointment. RB explained that each surgery is an independent business but transformation was in place to make the necessary improvements based on what local residents want and need. There are not enough GPs so CCG have been looking at what other professionals could meet the patient's needs as an alternative. There are Nurse Practitioners, Practice based Pharmacists, Physician's Associates (PA) etc. all of whom can deal with patients themselves to lessen GP wait times and also supply support for the GPs so that they can make the best use of their time. This is rolling out in Tilbury first; recruits are in place to work across a group of practices. The CCG is also looking at using Mental Health Practitioners. **Q**. If a GP goes sick, how would the practice get a PA in and who would pay for that? **A.** The CCG is funding these but they would have to be in the practice workforce and already be in place. Practices can also employ their own PAs. Models are in place so practices need to speak to the CCG. All factors have to be considered to establish the need for PAs. **Q**. Can you get people in to cover for example if a GP goes off sick? **A**. KJ replied that GPs in each area have to buy-in and commit to the model as discussed at locality meetings. **Q**. It is a postcode lottery as far as Dr appointments go; some people are seen on the same day others have to wait up to 3 weeks, plus Thurrock is the second highest for undetected cancers. We are 37 GPs short – where are 37 GPs coming from? **A**. AH confirmed that Thurrock is using the resources they have to fill the gaps and alleviate the pressures on the GPs. The models and working together is the plan to deal with the shortfall. Primary care networks are happening all across England. **Q**. Does it put us at a disadvantage where allocations are made on the number of doctors? Do we have enough staff to adequately cover the needs of Thurrock residents? **A**. Not yet but we are aiming in that direction. The under Doctor problem is nationwide so there is no disadvantage as this is happening all over the country. **Q**. Have all of the Health care and Social care budgets been pooled in together for this? **A**. Not all of both budgets no – RB will check with JH. **Q**. A big problem at surgeries is the DNA numbers – 40 to 60 per week. Can we educate patients? **A**. Ask the practices if they are using I-Plato to combat this. **Q**. The cost to GPs for missed appointments is approximately £30 each? **A**. Yes that is probably right. **Q**. Will GPs give up £3 per patient to pay for these extra roles? Will there be migration of staff to areas that are paying more money? Are they getting the money they deserve?

	A. People will always move on. No practices have had £3 pp allocated specifically; it has all been done on a locality basis. KJ said that GPs are not responsible for the employing; they are employed by NELFT so it will be standard across the area. Also they are banded nationally. **Q**. How do new staff know how to refer appropriately? **A**. KJ said that although they are managed and employed by NELFT they do have inductions and are all referred to the pathways in each practice.
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**
	There was no other business raised. AH re-emphasised the fact that it was the shortage of Doctors that has compelled this new way of thinking. AH thanked everyone for coming, and closed the meeting.
Date of Next Meeting	
Tuesday 19th March 2019 at 4:00 pm	