

MINUTES
Commissioning Reference Group
19th March 2019 at 4:00 pm
Beehive Centre

Present:	Alan Hudson (Chair) (AH)	PPG/TCRG
	John Guest (JG)	TOFF & Orchard Forum
	Joyce Guest (JYG)	TOFF & Orchard Forum
	Reginald Sweeting (RS)	Pear Tree Surgery
	Angela Jarvis (AJ)	PPG St Clements
	Tony Davis (TD)	Rigg Milner PPG
	Kevin Brice (KB)	Chair PPNG
	Maureen Cushing (MC)	Hassengate PPG
	Marcus Cushing (MCU)	Hassengate PPG
	Moira Brainwood (MB)	Horndon-on-the-Hill Surgery PPG
	Alan Harmer (AH)	Dr Yadava's Surgery PPG
	Christine King (CK)	<i>Organisation not supplied</i>
	Martin (M)	Manager
	Barbara Rice (BR)	Healthwatch Thurrock
In Attendance:	Maria Farman (MF)	NHS E Screening & Imms
	Lorraine Lockwood (LL)	Essex Diabetic Eye Screening
	Gemma Stevens (GS)	Essex Diabetic Eye Screening
	Jane Richards (JR)	TCCG - Lead Nurse
	Stevie Attree (SA)	TCCG – Commissioning Manager
	Sue Cleall (SC)	TCCG - Nurse
	Lynne Hilkenne (LH)	TCCG – Executive Business Manager
	Susan Duffy (SD) (Minutes)	TCCG – Receptionist/Administrator
Apologies:	Louise Banks (LB)	Head of Communications & Engagement
	Kim James (KJ)	Healthwatch

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

	<p><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.</i></p> <p><i>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”</i></p> <p>The Chair requested any Declaration of Interest that was not already on the register, nothing was declared.</p>
<p>3.</p>	<p>Minutes of the meeting held on 20th November 2018 and Action Log</p> <p>The minutes of the previous meeting were agreed with no amendments.</p> <p>There were no items from the Action Log.</p>
<p>4.</p>	<p>New Roles in Primary Care</p> <p>AH introduced Jane Richards (JR) Lead Nurse from the TCCG. JR updated the meeting on the new roles within Primary Care localities with a backdrop of a photo of an event held recently to introduce all the new staff that have been recruited into the roles for the Tilbury and Grays Localities.</p> <p>JR asked how many of those present had telephoned for a GP appointment but had been given an appointment with the Nurse. This was because there are now staff sited in practices as a suitable alternative to seeing the GP with a view to reducing waiting times.</p> <p>JR explained the differences with the new roles:</p> <p>Advanced Nurse Practitioners - can write prescriptions.</p> <p>Physician Associates - have completed medical training. They cannot write prescriptions but they are supervised by GPs and will liaise with a GP for your prescriptions. They are trained in both mental and physical symptoms and treatments and each provide a variety of expertise because of their varied backgrounds.</p> <p>Paramedics - will be making home visits if patients are unable to get into the surgery. They will assess the patient to see if it is necessary for them to go to hospital and if that is not necessary they can go back to the GP to obtain a prescription for the patient. Some prescriptions can be sent direct to the patient’s pharmacist.</p> <p>Physiotherapists - have been recruited to deal with aches, pains and back problems etc. They will be able to do everything that a patient would normally need to wait several weeks for a referral for but will be on hand to have appointments made with them instead of seeing the GP first. They will be able to prescribe pain relief and also administer pain relief joint injections.</p> <p>The aim of the new roles is to reduce the need for actual GP appointments and consequently reduce waiting times. The GP receptionist will book an appointment for a patient with the most suitable person to meet their needs. They will ask questions to establish which would be the right professional to refer to.</p> <p>Advance appointments would rarely be made for the paramedics as their primary focus will be to go out to those that need immediate treatment at home. In the future ANPs and Physiotherapists may also go out on home visits in certain circumstances.</p>

Q. How will the receptionists know which professional is needed for each patient? Will they be properly trained?

A. The receptionists have all done Care Navigation Training plus will be issued with guidelines showing what each of the professionals that they will be booking for, is competent to deal with. There will also be regular clinic sessions that patients can attend as an alternative to a GP appointment.

Q. Is there a set of specific questions that receptionists will ask?

A. Yes. The plan is that this will be part of the guidance they receive. The questions will be worded so that the answers lead them to the right professional.

Not all patients will fit into just one professional's remit so the plan is that if, for example, a patient is under a Physiotherapist but more complex problems emerge, the whole team will meet to discuss the case and who is best placed to help the patient. This will also avoid the patient having to repeat information as whoever they see will be aware of the complete situation. Checklists are being prepared at the moment so that each professional has a checklist personal to them based on their competency levels and specialisms.

Despite the introduction of the new roles the option for patients to still see their GP remains.

Q. This will be very different for the public – how will they understand and have confidence in the new system?

A. Our communications will need to show the difference having these alternative professionals will make. The practices completed an audit on how many patients telephoned over a certain period then checked how long they had to wait for an appointment and how many felt they saw the most appropriate person. In another 6 – 8 months the same will be done again and the results compared. Hopefully this will highlight improvements.

Q. Will there be a need for more receptionists?

A. It won't be just the receptionists taking calls, the paramedics will do that as well and they will triage calls to direct patients to the right person more quickly.

Q. There are already long telephone waits – will this not just make it worse?

A. Each call will take a little more time but it will streamline the wait times over all. It may take slightly longer on the phone making the appointment but the extra time invested there will mean patients should not then have such a long wait until the actual appointment.

Q. Some surgeries have on-line booking. How will that work?

A. This is a work in progress and will involve educating patients on who at their surgery can do what – if patients know who can help them they can book direct with that professional. In some practices online booking is already set up to book either a GP or a Nurse. There would not be bookings taken for paramedics as they will be primarily for those who become unwell at home and need more of an immediate response.

Q. There are already Nurses with different areas of expertise in surgeries but it doesn't say this on line.

A. That is something that needs to be addressed. This is an evolving process and we need the PPG groups to get involved through Better Care Together.

Q. Will this be in every surgery?

A. So far TCCG have recruited for 8 practices in Tilbury and Chadwell and 12 practices in Grays. There are plans to recruit for the other Thurrock areas and they will go live once the staff are in place.

There will not necessarily be the same type of professionals in every area. This will be based on

demographics but the resource will be shared across surgeries and areas. Depending on room availability they would be able to work where they were needed. Patients will have access to all types of professionals and appointments could be booked at an alternative but convenient surgery where necessary. This is to provide full access to everybody.

AH made the point that everyone will need to give it time and see how it all works to iron out all the problems.

Q. Where receptionists will all have training, who will be monitoring standards?

A. The PPGs can monitor standards through feedback plus the Practice Manager or higher surgery management will monitor to look for any additional training needs.

There will be changes along the way and the dream would be for each area to have an Integrated Medical Centre but we will work towards this in the future.

It was agreed that it would be a good idea to have some of the recruited professionals coming along to a future CRG meeting.

Action: JR to organise and present at a future CRG meeting in several months' time.

5. **Personal Health Budgets including Personal Wheelchair Budgets**

The Chair introduced Stevie Attree (SA) Commissioning Manager, Thurrock CCG, to the group and invited her to deliver her presentation.

SA went through the presentation explaining the background behind Personal Health Budgets (PHBs) with specific focus on Personal Wheelchair Budgets (PWCB). PWCBs have been designed to allow wheel chair users input into the services they use with a view to supporting their independence.

SA distributed draft copies of a new service user leaflet that has been drafted to explain Personal Wheelchair Budgets and invited feedback to ensure that it was fit for purpose and contained all the necessary information that a wheelchair user would need.

Thurrock CCG is working together with CCG partners, providers and service users in Basildon and Brentwood and Mid Essex CCG so that there will be a standardised service across Essex.

SA displayed the dedicated email inbox address for any feedback on the leaflet or any questions on PHBs or PWCBs which is Thuccg.phb@nhs.net

Q. How would a patient know if they are eligible for a PWCB?

A. PWCBs will work within the service that serves clinical need so eligibility will not change and access to wheelchairs is not means tested. All wheelchair users will be eligible for a PWB as this is a national stance.

Action: SA to ensure the point that PWCBs are not means tested is included in the PWCB Leaflet.

Q. Does the PWCB count towards the chair and the maintenance? Who is responsible?

A. The maintenance of the chair will depend on the type of wheelchair budget option chosen in the care planning. In some cases for instance the Third Party option, the wheelchair user will be responsible for repairs and maintenance and will have this as part of their budget and should get maintenance and repairs done by a reputable company but this can be discussed with the specialists in the service or the manufacturers. The Therapists in the service are experts and they would be the best advisors to discuss this with.

For users who receive their chairs via the NHS, when the service would order it and supply, repairs and maintenance are covered.

Q. Can we make the leaflet more localised? For example – listing where local repairs can be done?

A. Yes – we are involving local experts to make it Thurrock focussed, however this initially is for service users to understand the budgets and the details for each person such as maintenance will be discussed in their plans with their expert therapists.

Q. Is there a good Budget? Will it run out half way through the year?

A. The budgets are what we are allocated based on area population figures. The wheelchair budget provision is within the current contract and based on past history the CCG has never not been able to deliver.

6. **LD Health checks Update**

AH invited SA to speak on her second subject, Learning Disability Health Checks. SA talked through the presentation on screen explaining that people with a Learning Disability often have poorer physical & mental health than others and that Annual Health Checks can identify undetected health conditions early to ensure the right plans are in place through the development of a Health Action Plan.

Through the media campaign that has been running, TCCG have reached approximately 8000 people that needed these checks. However there are still many more that would benefit from this so we need to work with GPs to ensure that the right people are identified on the registers from age 14 upwards.

Clinics held at Health hubs have proved popular as an alternative and can be booked via the GP surgery. CCG are happy to report that checks are on the increase with more health checks delivered this year than last.

There will be further media campaigns to tackle things like myth busting, and we are working with BBCCG to produce a video which we can bring to the CRG for comments and feedback. LD Health Checks are a small part of a large project and TCCG is keen to continue to improve identification of service users with LD in order to maximise the opportunities for health checks. SA said that TCCG would like to hear from of the group on ways in which we can reach out to people to who have learning disabilities and displayed her contact details - Stevie.attree@nhs.net

Q. We need to get the communications right and understand the role of the carers in this and what support needs to be in place. What is being done about this?

A. TCCG have been working closely with MENCAP and sharing our communications and have also been working alongside the local authority.

Q. MF, LL and GS advised that there is a Diabetic Action plan in place for those with LD with an expert panel to encourage participation. Could media and communications for LD Health Checks also promote Diabetic Eye Screening?

A. Yes TCCG will definitely collaborate on that.

Q. Is work being done in conjunction with Southend CCG?

A. Thurrock is trying to work as locally as possible but there is collaborative work done with Southend by sharing good practices, national drivers etc.

Although TCCG do not want the “postcode lottery” scenario, we do want to perfect the best model for Thurrock residents. Southend is at a different stage with regards to wheelchair services and we are learning from them.

Q. Some people with LD do not know that they are considered to have LD. What happens about that?

A. There is a difference between Learning Difficulties and Learning Disabilities and some know and some don't. The aim is to enable everyone to get the services that they are entitled to and need, but it would be up to the individual or the carer to decide if they want to be diagnosed.

Ideally there would be a move to get away from medicalising disability and instead looking at the social side.

SA mentioned that currently there is public consultation from the Department of Health and Social Care taking place to look at training needs within the medical professional curriculum for servicing people with LD and whether this is expert or part of core curriculum. However the sentiment of enabling people with LD to live fulfilling lives without necessity to defer to specialist services is key as is ensuring the environment around them is a positive vision and one to work towards. SA said she will keep this in mind for developing future strategies to overcome health inequalities.

7. **Diabetic Eye Screening**

AH introduced MF and LL from the NHS England Screening and Immunisation team to make their presentation. MF informed the group of the current project aimed at Diabetic Eye Screening (DES) which is a video project designed to promote awareness of the need for the service.

DES is an annual check for all diabetics over the age of 12 which involves a general check, a look at the patient's history, administration of eye drops to take an exploratory photograph, and an eye test. Diabetes can cause sugars to build up within the eye which leads to swelling and then other problems. If this has happened it does not necessarily mean seeing an eye specialist, it might just mean that the situation is monitored but the aim is to spot and treat and sight-threatening signs at as early a stage as possible. Sometimes a patient's vision may be fine but undetected symptoms are further advanced so screening is vital in saving sight.

The screening service is monitored on a quarterly basis looking at uptake, standard of service, how soon people are seen etc.

The service is not locality based – one provider covers the whole of Essex - and uptake has greatly increased but there are still 10% that needs to be engaged with and it is this 10% that the video will hope to capture. The NHS is funding the project to target areas of low uptake.

The aim is to show the video in various locations to reach as many people as possible.

MF showed a video that was made for the Scottish market so incorporated Scottish scenery. The DES team will be basing their video on this as it successfully highlights sight loss and how it affects people with diabetic retinopathy and that sight loss can be treated to halt degeneration.

MF and LL asked for input on venue's for filming to localise the project and also for suggestions as to where best to show it

If a person is coded diabetic they can be picked up that way and the group discussion produced various ideas for filming locations and suggestions of TV screens in GP waiting rooms and libraries were made as well as Community Facebook pages as these work well for reaching people in the Thurrock area.

The figures for the low take-up areas can be drilled down as far as by GP practice so specific areas can be targeted.

Q. A lot of people in Thurrock are not online – how will these people be reached?

	<p>A. There will be several ways such as the screens in GP practices but there will also be a poster campaign across Essex.</p> <p>South Ockendon Library and East Tilbury Medical Centre were highlighted as venues to screen the video as examples of how the video will be taken into local communities.</p> <p>MF stressed that the DES team want to make sure the video is right so once the first cut is complete they would like to come back to CRG for feedback and comments.</p> <p>MF and LL invited feedback and questions direct to them at any point and distributed a questionnaire to gather more information and feedback.</p>
8.	<p>Healthwatch Update</p> <p>AH asked BR if she could give some feedback from the Healthwatch meeting she had attended earlier in the day.</p> <p>BR was pleased to report that Healthwatch Thurrock (HWT) are currently involved in co-ordinating with Essex and Southend for NHS England focussing on what we want from the Health Service over the next ten years. The study is looking at what we have now and what we want for the future.</p> <p>HWT has met with other HW teams and have spoken to 250 residents from different groups in the community, including carers, asking what is good, what is bad, and what needs to change. They have initiated two surveys – one on general health and the other on long term conditions. One thing that has surfaced already is that there needs to be more physiotherapy available for patients recovering following a stroke. They have been collection data and are nearly at their full quota.</p> <p>BR stressed that it was very important for people to have their say in future services and people are invited to go on line to submit comments and feedback on the ten year plan.</p> <p>Healthwatch are targeting the needs of vulnerable people and those growing older in the community covering all aspects of quality of life.</p> <p>Progress is going well and to date and so far they have a project plan, research plan, privacy statement and spreadsheets for collating and analysing data in place.</p> <p>This is a prestigious piece of work for Thurrock as they are leading the way on the whole project. This is highlighting the expertise within the team. This is one of the first opportunities for HWT to shine so it is important to get as much involvement as possible to show the efficiency and the capability of HWT.</p> <p>BR reminded everyone that if you go on line make sure you select the area as “Thurrock”.</p>
9.	<p>Items to Escalate:</p>
	<p>There were no items to escalate to the Board Assurance Framework.</p> <p>There were no items to escalate to other committee's / the Board.</p> <p>There were no items escalated from other committee's / the Board.</p>
10.	<p>Any Other Business</p>
	<p>There was no other business raised.</p> <p>AH remarked that it was good to see the messages getting out to the greater community through the PPI groups and re-iterated that it will be good to re-visit the new roles in Primary care by having some of the people in those roles come along to a CRG meeting. AH thanked everyone</p>

for coming, and closed the meeting.

Date of Next Meeting

Tuesday 21st May 2019 at 4:00 pm