

**MINUTES**  
**Commissioning Reference Group**  
**21<sup>st</sup> May 2019 at 4:00 pm**  
**Beehive Centre**

<b>Present:</b>	Alan Hudson (Chair) (AH)	PPG/TCRG
	Trevor Hitchcock (TH)	Lay Member - PPI
	Kevin Brice (KB)	PPNG - Chair
	Maureen Cushing (MC)	PPG Hassengate
	Gill Booth (GB)	Head of Hospice Comm Service
	Joyce Guest (JG)	TOFFS – Orchard Forum
	John Guest (JGU)	TOFFS – Orchard Forum
	Angela Jarvis (AJ)	Chair – St Clements / Oddfellows PPG
	Barbara Rice (BR)	Manager - Healthwatch
<b>In attendance:</b>	Romi Bose (RB)	TCCG – Head of Primary Care
	Kehinde Adeniji (KA)	TCCG - Senior Commissioning Manager, Planned and Unplanned Care
	Liz Fowler (LF)	Regional Manager ICS
	Louise Banks (LB)	TCCG – Head of Communications and Patient Engagement
	Lynne Hilkenne (LH)	TCCG – Executive Business Manager
	Susan Duffy (SD) (Minutes)	TCCG – Receptionist/Administrator
<b>Apologies:</b>	Alan Harmer, Dr Anjan Bose, Lita Walpole, Moira Brainwood, Kim James, Denise Rabbette (DR)	

<b>1.</b>	<p><b>Welcome &amp; Apologies</b></p> <p>The Committee Chair welcomed everyone to the meeting and thanked them for coming. Apologies were noted as above. AH welcomed and introduced TH as the new Lay Member for Public Patient Involvement. TH is on the TCCG Board so his input will be appreciated. AH then introduced LB as TCCG Head of Public Engagement and SD taking the minutes.</p> <p>LH advised that as DR could not attend, the Medicines Optimisation Update will be carried forward to the next CRG agenda.</p> <p>LB asked that the extra copies of the latest CCG Insight provided be taken for distribution around the wider community. They are available at GP Practices, Dentist surgeries, Pharmacies etc. but the aim was for the information to reach as many people as possible.</p> <p>AH apologised for the email sending the agenda and draft minutes being sent out “open” meaning that all the members email addresses were on display. This was an oversight and will</p>
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	not happen again.
<b>2.</b>	<b>Declaration of Interest</b>
	<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>
<b>3.</b>	<b>Minutes of the meeting held on 20<sup>th</sup> November 2018 and Action Log</b>
	<p>The minutes of the previous meeting were agreed with no amendments.</p> <p><b>There were no items from the Action Log.</b></p>
<b>4.</b>	<b>Thurrock Targeted Lung Health Check</b>
	<p>KA gave a presentation on the Targeted Lung Health Check programme that Thurrock has been chosen for.</p> <p>TH informed the meeting that there is an article about this on page 7 of CCG Insight.</p> <p>KA went through the slides explaining that Thurrock has been paired with Luton as both areas have the same degree of problems resulting in poor survival rates after diagnosis. The aim is to gather more informative data with a view to promoting much earlier diagnosis to improve survival rates. The main problem at the moment is that Cancer and other diseases are not picked up at an early enough stage so this will target certain "at risk" groups in a similar way to other screening programmes.</p> <p>There was a promotional video explaining how it has worked in Leeds which was shown later on in the meeting. KA will check the legalities of uploading the video to the CCG website.</p> <p>KA explained the inclusion criteria, how the checks will assess the risk of lung cancer and how the checks would be delivered – there is a possibility that there will be mobile screening vehicles. Ongoing progress will be updated on the CCG Website.</p> <p>LB then explained why there are such poor outcomes in Thurrock and Luton and stressed why it is so important to pick things up at an early stage plus the programme is also expected to pick up other lung abnormalities which can also be treated.</p> <p>A letter has been offered from the Roy Castle Foundation from the pilot in Yorkshire. This will be a standard letter that goes out and LB asked for CRG input and feedback to see what will make this work for Thurrock residents. The idea is to get people talking and LB said that it was hoped that the CRG members would champion the programme and encourage people to go for their checks.</p> <p><b>Q.</b> Is it possible to ask for a preferred location for the checks to take place?  <b>A.</b> Yes – it would actually be really useful to be able to find out where the best places were to hold the checks to ensure that as many people attended as possible. Less would attend if the checks were hard to get to.</p> <p>BR reported that surveys undertaken by Healthwatch have proven that places like Morrison's car</p>

park is an ideal location for these types of things as they provide good transport links and parking plus people are used to going to these places. Supermarket car parks are frequently used for various screening initiatives.

Various locations were suggested such as the Springhouse Club in Corringham. KA said that they were looking at using multiple locations and a plan would be put together which would be presented at CRG for feedback.

LB reiterated that it could definitely improve a person's quality of life by picking things up early and this message will be taken out to the PPG groups.

**Q.** Will this be discussed as an ongoing topic?

**A.** Yes. It was agreed that this would be a standing agenda item so that updates could be provided.

**Q.** Is the age group to be targeted set in stone?

**A.** Yes – this has been set by NHS England.

The letter is an invite to start the process – it may be that it will be established at the first stage that the patient does not have a high risk and then that will be their journey through the programme finished.

**Q.** Why is the programme just targeting smokers and ex-smokers?

**A.** NHS England have set the criteria for this programme but they may be extended as it rolls out.

**Q.** Thurrock has a lot of other factors that could also be causes so why just target the smokers?

**A.** There was a recent Co-design event involving GPs, Respiratory Nurses etc. and Donald McGeachy, Medical Director Joint Commissioning Team, who is heading up the initiative, explained that they needed a narrow criteria to begin with in order to measure progress. NHSE will evaluate data gathered across all of the CCGs to enable them to make informed decisions on the direction going forward.

If a patient feels that they have symptoms that need attention they can still go to their GP – this is an additional service bought in because of the high numbers of cases not presented until it is too late.

**Q.** Are there measures in place to ensure that other services do not suffer while this is going on?

**A.** Separate funding has been allocated to ensure that current services are unaffected.

**Q.** What about air quality? Will that be taken into account?

**A.** The programme will be working with various groups including Thurrock Council's smoking cessation team to work on prevention so all factors will be considered.

**Q.** Why are we paired with Luton?

**A.** The Programme Director and co-design group are working together as Grays and Luton are both dealing with similar problems and similar percentage survival rates.

The aim is that the Early Lung Cancer testing will be up and running by October and regular updates will be supplied on progress.

## **5. Healthier You : The National Diabetes Prevention Programme**

LF introduced herself and her role and gave an overview of the programme. Patients are generally referred directly through the GP systems but the option to self-refer through the website is also available if a person has an HbA1c form not more than 12 months

old. The website also houses a lot of useful information.

The aim of the programme is to create long term behavioural changes and this will be achieved through a staged programme of education sessions over a 9 month period. This is not as bad as it sounds as it equates to approximately 40 minutes a week.

**Q.** Some of us do not know anything about Diabetes. What is an HbA1c form?

**A.** This shows the measure of the amount of sugar in your blood which indicates the extent of the risk of Diabetes.

**Q.** What are Anthropometrics?

**A.** These are body measurements that are taken to calculate things like your BMI.

**Q.** And POCT?

**A.** This is Point Of Care Testing – the blood test.

It was explained that the reason why the programme was introduced was because of the high percentage of Diabetes in Thurrock. Since its inception there has been a good improvement in numbers in Thurrock which shows that the programme is working. The website has locations on it plus testimonials from people that have benefited from the programme and useful information and contact details.

There is also an article on page 12 of CCG Insight.

**Q.** Members of the Over 50s Forum had someone come to test for diabetes risks and some people were recommended for a 12 week course free with Slimming World which is all about a healthy lifestyle and healthy eating.

**A.** This is common as it's all about finding what suits you – something that you enjoy and that you can stick with.

**Q.** Are there any considerations of having this brought to Corringham?

**A.** If the need is there then yes – the programme responds to where the referrals come from.

**Q.** Why is it just in certain areas? Is it just where there are more referrals rather than more need?

**A.** Without the referrals we do not know where the need is so we have to just go on the information we are given – in this case this is referrals.

**Q.** What about Social Prescribers? Can these be utilised?

**A.** Yes – We are working with many other services.

**Q.** Social Prescribers work with GPs. Could referrals come via this route? It might be worth having a meeting with the Social Prescribers as this would be another way to get the message out there.

**A.** KA to respond.

**ACTION POINT:** KA to note above and advise at the next meeting.

**Q.** So patients can self-refer but they need to have an HbA1c dated within the last 3 months?

**A.** We need to clarify this information and have it included in communications.

TH raised the point that the article on page 12 of CCG Insight states that for a self-referral you need a letter from your Doctor but this is incorrect as what is needed is the HbA1c. LB to include this in communications.

A clustered approach is being taken with ACE to make sure certain areas are targeted and also to make sure as many patients complete the programme as possible.

	<p><b>Q.</b> Is the specific aim to target those that are at risk? <b>A.</b> Yes – but it is not necessarily weight based, there are other factors to take into account as well.</p>
<p><b>6.</b></p>	<p><b>Planned care Update</b></p> <p>KH also gave a quick update on AQP Community Services.</p> <p>A slide show was presented explaining the new services available in Unplanned care and that the approach to these has been STP wide.</p> <p>There are improved accesses to Ultrasound services so that people can attend venues near either their home or their workplace and there are additional Cardiology services. There will be new providers for Endoscopy services by the end of June.</p> <p>Mayflower Healthcare Alliance has taken steps to reduce waiting times for dermatology services by introducing Advice and Guidance for patients to reduce unnecessary referrals and therefore reduce waiting times.</p> <p>Advice and Guidance has also been introduced for hospitals so that will be similar to dialling 111.</p> <p>NHSE are continuing to fund structured education for Diabetes and have introduced additional sessions in the evenings and at weekends.</p> <p><b>Q.</b> Cardiology is going to be housed at the Sorrels. Will this move to the new medical centre there when it goes ahead? <b>A.</b> Yes. That will be one of a minimum of two locations across Thurrock.</p> <p>MC reported that there is very little parking at The Sorrels and commented on the suitability of having that as a venue.</p> <p>KA thanked MC saying that it was very useful to have this type of feedback. The Quality team will be going out to sites to look at suitability but these comments will be taken on board and incorporated with the overall findings. KA thanked everyone for their feedback and comments.</p>
<p><b>7.</b></p>	<p><b>Update on the Enhanced Primary Care Team</b></p> <p>RB gave an update on the Enhanced Primary Care Team.</p> <p>There are 15 extra staff across Thurrock and patients will be seeing professionals other than GPs depending on their needs. There are Paramedics, Physio's, Physician Associates, Advance Nurse Practitioners and Pharmacists working across Grays as opposed to being based at just one practice.</p> <p>The Primary Care team would value input from CRG and as many members of the public as possible on communications with regards to this as they need to ensure that the messages are clear and easy to understand.</p> <p>As well as seeing patients in practices, the Enhanced Team are also going into Care Homes to do wellbeing checks on high risk patients and frailty list checks. They are also doing Hospital Discharge summaries and following up on discharged patients encouraging self care and aiming to reduce the number of discharged patients being re-admitted.</p> <p><b>Q.</b> Are the practice reception staff aware of these new roles? <b>A.</b> They should be – if not then we need to know.</p>

All receptionists should have had Care Navigation Training but if there are some that have not then we need the feedback to be able to follow up.  
If anyone has any feedback on receptionists not being fully up to speed can they please phone Lynne Hilkene at TCCG and she will pass any information on.

It was noted that Grays and Chadwell are fully operational.

**Q.** A patient was asked if they wanted to see a Pharmacist and they said no because they thought they meant the Pharmacist at the Chemists next door - so people don't know.

**A.** Receptionists really should say that it would be a Specialist Clinical Pharmacist so some training is needed there. Pharmacists can also look at any medication.

**Q.** BR raised the issue that some people are still having trouble accepting other professionals so there is a need for really good communications on this although on the whole everyone is now starting to realise that this is a positive thing and people are starting to appreciate the new system.

**A.** There has been a tremendous change since the days of just having one Doctor, so people have a lot to get used to and we need to be consistent across the area. The consistency will need to come from the information the receptionists are giving out.

**Q.** When were the receptionists in Grays trained? Does it need to be raised in next week's PPG Awareness events?

**A.** Care Navigation has been available for about a year and the aim is that every receptionist should undertake it. All practices will be slightly different but the basics are the same.

RB will raise the issue at the next Practice Manager's meeting and encourage all to attend the training. More communication is needed to the end that all practices at least use the crib sheet.

**Q.** There seems to be a lot of mis-information. Receptionists need to be honest and they also need to deliver a positive message about the changes. Most people will accept change if they can see the advantages. A lot of training is still needed, particularly in the Chadwell area.

**A.** The training is a properly accredited course with a certificate issued on completion and the receptionists need to take this on board and proudly offer the new alternative options.

It was commented that Care Navigation is much more acceptable than the old "Triaging" where patients objected to the personal questions that the receptionists asked but with the new team they can see the reason why.

Receptionists have been reported as saying they are too busy to ask all the questions – but they have to realise that long term this will cut down on phone calls as people will not have to phone back.

There have also been reports of not enough staff and not enough GPs. The CRG members were asked to let Primary Care know if practices need support.

**Q.** There are also telephone appointments available now and patients are realising that this is another good option

**A.** The primary care Team will be checking with the enhanced team members to see if they have the right competencies so that they also can conduct telephone consultations.

Discussion followed on the high percentage of people that don't actually need to see a Doctor but a positive message needs to go out to everyone.

**Q.** There were reports that someone died because a locum Doctor could not access a patient's record because of GDPR?

	<p><b>A.</b> This would not be correct – A Doctor would not be able to see any patient if he/she had no access to their records.</p>
<b>8.</b>	<p><b>NHS APP</b></p> <p>RB gave an overview of the new NHS App that is coming into being from 27<sup>th</sup> May (although it may not be totally fully functional on that day). People will be able to download it on to their mobile phone and use it to order repeat prescriptions, book appointments at some practices, and see some of their medical records.</p> <p>RB explained the App may come up with a notice saying that your practice is not participating but TCCG will be encouraging all to sign up.</p> <p>25% of appointments will be available to book on the app and that is not sitting well with the practices as yet but CCGs are working to get these on board.</p> <p><b>Q.</b> Appointments can be booked on line for a lot of practices already – will they be getting the app?  <b>A.</b> Quite likely. Some practices are slightly more advanced than others when it comes to on-line booking. There is also a patient channel where you can contact a Doctor.</p> <p>The App will include signposting and a symptom checker so it will be much like dialling 111. This is all part of looking at different avenues for health care.</p> <p>The Healthwatch Ten Year plan study has shown that it is very noticeable that younger people focus more on health and not on illness. Young people are keen on keeping healthy and prevention and there was a need to look to keeping the younger generation in this frame of mind and concentrate on healthiness. There are barriers to this such as the cost of joining Gyms but we have to remember that these are businesses out for profit although there are programmes and alternative options available.</p> <p>The NHS App will also include a wellness service and health care.</p>
<b>9.</b>	<p><b>Items to Escalate:</b></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>
<b>10.</b>	<p><b>Any Other Business</b></p> <ol style="list-style-type: none"> <li>1. The video on the Targeted Lung Health Check programme in Leeds was shown to the group</li> <li>2. AJ raised an issue under GDPR from a recent College Health meeting where it was put forward that names of attendees should not be disclosed in the minutes. AH and LH replied that this may be the case there, but as CRG is a public meeting full minutes including attendees names will always be published.</li> </ol>
<b>Date of Next Meeting</b>	
Tuesday 16 <sup>th</sup> July 2019 at 4:00 pm	