Working together for better health and care

NHS Thurrock Clinical Commissioning Group

MINUTES

Commissioning Reference Group (CRG) Meeting
19th November 2019 at 4:00 pm
Beehive Centre, Grays

Present:	Alan Hudson (Chair) (AHu)	PPG/TCRG
	John Guest (JG)	TOFFS – Orchard Forum
	Joyce Guest (JGu)	TOFFS – Orchard Forum
	Reginald Sweeting (RS)	Pear Tree Surgery
	Kevin Brice (KB)	Chair PPNG
	Barbara Rice (BR)	Manager, Thurrock Healthwatch
	Kim James (KJ)	Thurrock Healthwatch
	Christine King (CK)	Ex-PPG
	Tony Davis (TD)	Rigg Milner PPG
	Christine Ludlow (CL)	Horndon on the Hill PPG
	Graham Tidman (GT)	Thurrock Stroke Project
	Trevor Hitchcock (TH)	PPI Lay Member
	Liz Wakefield (LW)	Upshot – on behalf of Thurrock Public Health
	Nicola Windsor (NW)	Transformation Project head – Thurrock Council
	Tania Sitch (TS)	NELFT and Thurrock Council Partnership Director
	Maria Payne (MP)	Strategic Lead, Public Mental Health & Adult Mental Health, and Transformation - Thurrock Council
In Attendance:	Lynne Hilkene (LH)	TCCG – Executive Business Manager
	Romi Bose (RB)	TCCG – Head of Primary Care
	Louise Banks (LB)	TCCG - Head of Communications and Engagement
	Susan Duffy (SD) (Minutes)	TCCG – Receptionist/Administrator
Apologies:	Angela Jarvis (AJ) Gill Booth (GB) Moira Brainwood (MB)	

	Terence Brown (TB) Jean Jones (JJ) Maureen Cushing (MC) Lita Walpole (LW)	

1.	**Welcome & Apologies**
	The Committee Chair welcomed everyone to the meeting. Apologies received as above. AHu invited those present to join him in wishing AJ a speedy recovery with a view to seeing her back at the CRG meetings in the new year.
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. None were declared.
3.	**Minutes of the meeting held on 17th September 2019 and Action Log**
	The minutes of the previous meeting were approved. There were no items from the action log.
4.	**Breast Screening New Engagement Service**
	AHu introduced and invited Liz Wakefield from Upshot Marketing, working in conjunction with Thurrock Public Health (TPH), to address the meeting. LW presented a slideshow to update the group on progress made with a view to obtaining input from the CRG members for the project. There is only a 64% uptake of breast screening in Thurrock, and TPH are focused on encouraging more people to go for screening. They are looking for ways to promote early screening in all age groups to form part of an exploratory report. As with all cancers, early detection plays a vital part in survival rates. Work is being done on this at a National level, but local targeting is essential to ensure that no groups are excluded or missed. **Q**. Invited screening only goes up to age 70. Is that correct? **A**. At the moment - yes. However there is trialling going on with younger and older age groups. **Q**. Do people know that the over 70s have to make their own referral? Could there be a drive to make sure people know? Also people won't travel to Basildon for screening. **A**. 70 plus is a key segment of the population because the older you get the more at risk you are. It could maybe be possible to issue an explanatory letter when people attend their last invited screening. **Q**. One barrier could be a problem with communication for other nationalities. A lot of cultures are very religious so would you be able to reach these people through their churches? **A**. It's true that different lifestyles mean this could be a way to connect with people. We have tried liaising with certain mosques for example.

	KJ informed LW that Healthwatch now has ambassadors working with various groups. LW advised she would contact KJ and liaise with a view to engaging more people from different cultures. **Q**. Neighbourhood watch has good links to a large part of the community. Could this be used to engage with more people? **A**. This could be a good avenue to use. **Q**. Messages on various topics have been spread through this. Roger Passfield (RP) is the lead on this. **A**. LW will email RP and liaise. **Q**. Could the message be escalated through the hubs? **A**. This could be another good route. LW will make contact to carry forward. **Q**. Will the report make recommendations? **A**. Yes. There are already trials going on to extend the invited age to 74. One recommendation could be to make sure that people are made aware at their last invited screening that in future they will need to initiate screenings themselves. The slideshow from the presentation today will be available to view on the CCG website.
5.	**Better Care Together Thurrock Update**
	The Chair introduced Tania Sitch (TS), who explained that her role as NELFT and Thurrock Council Partnership Director is to encourage joint working between the Health and Social Care partners. TS updated the group on the work that has been carried out since she last attended CRG with a slideshow presentation. The aim of working together is to make best use of the funding that is available and by working together, transforming the way we work. Currently the focus is on the redistribution of funds so that it is used in the right services to try to avoid people needing acute care by way of better use of care in the community before it gets to that stage. TS explained the aim, vision, achievements and main developments in preventing ill health. There were also slides showing the reasoning behind the Enhanced Primary Care Team, how that works, and how this is helping with detecting health conditions earlier. **Q**. What methods are being used to identify these conditions? **A**. There are a lot of routes and professions being used for this including dentists, hubs, GPs, extra funding, community nurses, in fact, any way possible. TS continued by saying that the Community Services are being transformed using technology and Community led support (CLS). This involves establishing what people need at the outset and using available resources, such as technology, to avoid duplication and supply a more direct service and making sure that all health problems are dealt with. With very short time slots for GP appointments there is not always time to discuss everything that a patient is suffering from so by ensuring the GPs only see the patients they need to see, there will be more time to do this. **Q**. They say that 25% of GP appointments are now on line but not all surgeries are at the same stage with this and sometimes the appointments on there are still a 3-week wait. Why is this? **A**. Yes there are appointments available to book on line but there is always the option of not booking on line and going through the receptionist. GPs are now contracted to provide online appointments but this doesn't mean being seen earlier, just that the booking process is quicker. **Q**. Physio appointments can now be made direct but the wait time can still be a whole month? **A**. Although there is still a long wait, it is not as long as waiting for a GP appointment to then make

	the referral (which would then still be a month) – you are cutting out the initial wait. **Q**. When you phone the GP, do you tell them who you want to see? **A**. If it is straightforward and obvious yes you can ask, but the receptionists will ask specific questions to establish who you need to see and they will decide based on what you tell them. **Q**. There are some GP practices that do not do this and don't offer hub appointments etc. **A**. All GP practices are independent businesses so we cannot always know what their methods are. **Q**. It is impossible to change GP practice. They say they are full or won't take you on. **A**. KJ agreed that practices do not like taking patients out of their area and RB added that there are only a few practices that have closed lists so even if they say they are full you may still be able to join a practice. It is a patient's choice to be able to change practices but sometimes it is not easy. AHu thanked TS for the update and for the enthusiastic delivery of a most useful presentation.
6.	**Primary Care Network (PCN) Update**
	AHu invited Romi Bose (RB) to speak on Primary Care Networks (PCNs). RB informed the meeting that following a national directive every practice in Thurrock is now part of a PCN. PCNs are a collaboration of practices banded together geographically to make best use of available resources. This includes extended hours services. NHS England (NHSE) have said that from April 2019 there must be access to practices from 8:00am to 6:30pm. This does not mean that every surgery is open for all those hours but there will be access somewhere within each PCN for those hours. This also means that there are more Primary Care (but not necessarily GP) appointments available for patients to access within their PCN. On the slideshow that RB presented the PCNs were shown so it could be seen which PCN each practice was included in. The Grays PCN is the largest with approximately 72k combined patients. The other 3 each cater for approximately 33-36k. The PCNs mean a more sustainable service – for example extended hours will be available somewhere in the patch each day. Therefore if a practice has no available appointments patients can ask for an extended hours appointment or a hub appointment. It means that a patient should always be able to see a clinician. RB requested that those in PPG groups ask what is happening at their practices as they should all be making efforts with patient engagement on this. BR raised the point that Healthwatch do get calls to say receptionists and practice managers are not offering appointments outside the practice. It seems that the communication on this is not out there. AHu commented that all receptionists should have the crib sheet with the necessary questions on it and the option for hub appointments etc. so every patient should be offered the same service wherever they go. The receptionist should be sending all patients on the correct pathway. However, we cannot enforce the use of the crib sheet as they are all independent businesses, but they all have them. **Q**. BR added that surely practices have an obligation to offer all available services to patients? **A.** RB replied that when asked, all the practices say that they do offer these services so the only

	way CCG was know that this was not the case would be by patients or advocates letting them know. TH asked what could be done about this as the onus should not be on the patient to ask for hub appointments. RB replied that under NHSE all GPs have a General Medical Services Contract but it is not specific and this is not part of the core contract. With regards to the extended hours, the practices/hubs/PCNs will not be paid for the service if the requirement is not met so any incidents of this not happening need to be reported. **Q**. Something that came out of a PPG meeting recently was that a patient was told there were no appointments available that day and that there were no more hub appointments available. What should they do if that happens? **A**. Orsett Minor Injuries Unit (OMIU) is another option. Also it is worth remembering that extended hours appointments are different to hub appointments. RB informed the group that the locality managers at the CCG can take up queries with regards to this – anyone can phone into the CCG and speak to the Primary Care Team. **Q**. Our GP doesn't engage with the PPG so this is a problem. **A**. Just keep asking questions. **Q**. Can you explain fully what the 8:00am till 6:30pm access is exactly? **A**. This is the time band within which at least one practice in the PCN should be available to patients. It does not mean that appointments will necessarily be available for the whole band width, but patients should be able to speak to someone either in person or by telephone between these times. CCG needs to know if this is not the case so that it can be taken up with NHSE. **Q**. There is a lot of confusion over the out-of-hours service from 6:30pm to 8:00 am as well. There is not enough communication about this, nor about the service that dialling 111 provides. **A**. NHSE are currently looking at the 111 service and the possibility of the service to book patients directly in to GP or Hub appointments. RB invited the group to contact the Primary care Team with any concerns. The telephone number is 01375 365810 and choose option 7. AHu asked if maybe NHSE could attend a CRG meeting and if RB could be scheduled to come to the January 2020 meeting to provide an update. RB was more than happy to do this and suggested that she bring with her some appointment data and data on unused appointments at the hubs. **Action Point – RB to contact NHSE to request a representative to attend CRG in January and to obtain appointment and unused appointment data for the January 2020 meeting.** Please click on the following link to view a youtube animation giving information on PCNs. https://www.youtube.com/watch?v=W19DtEsc8Ys&feature=youtu.be
7.	**Prevention Concordat for Better Mental Health**
	AHu introduced Maria Payne (MP). MP explained her job title which is Strategic Lead, Public Mental Health & Adult Mental Health and Transformation, Thurrock Council, and explained some of what her role entails. She explained that she was attending the meeting to share some good news relating to the Prevention Concordat for Better Mental Health.

The concordat involves asking organisations to sign up to work collaboratively and to look at how prevention can be embedded into Mental Health care.

Thurrock Health and Wellbeing Board (THWB) have taken this to the national committee who have agreed for THWB to be accepted as a signatory with an endorsement of partnership working going forward.

This will include the Schools Wellbeing Service which is focused on improving the mental health and wellbeing of schoolchildren. Improvements in early detection are important across all age groups so depression screening could be used to identify conditions earlier.

The transformation of services was also recognised and the evidence of work done so far was well received with an endorsement given to future plans.

Q. Is the work plan available on line?
A. Yes. It is focused around five domains and has an outcomes framework for Mental Health issues.

Q. Does this include the "missing middle"?
A. Yes. Plans are in place to ensure that no at-risk patients are missed.

Q. What is the timescale for all this?
A. The submission has been accepted and the work that we are planning will be ongoing. We will be required to report back annually.

Q. Is this based on Ian Wake's presentation?
A. Yes – work will be around those themes to capture those that may have slipped through the net previously.

Q. How much patient involvement has there been?
A. There has been no consultation as to whether to go forward with these plans. The public engagement will come now that the work is to begin.

KJ advised that Healthwatch have carried out a big piece of work on this topic looking at those that are not unwell enough to warrant full treatment. This would be available to use to make sure commitments were being fulfilled at a local level.

Q. Should all involved parties have something on their websites to indicate their involvement?
A. Yes – it was agreed they should.

Q. There was a case where a mother waited a year for a paediatric appointment and was finally seen by someone who said that nothing was wrong when it was clear to the family that there was. Why should people be forced to take the private route?
Q. There was mention of working with schools but what about supporting families like this? Why has the GP not pushed for help?
A. The idea is that this sort of thing does not happen. It is a huge field and huge steps have been taken but clearly there is room for much more improvement. People can always go to Healthwatch for help in situations like this.

Q. There is also a huge demand for assessments which then open the door to treatments. How will this be addressed?
A. The whole point of this initiative is to work on prevention which could help relieve this, but the aim is also to ensure that help is given when it is first needed.

It was agreed that MP would come back to CRG at the end of next year to provide an update.

8.	**Lung Health Check Update**
	AHu invited Louise Banks (LB) to give an update on the Lung Health Check programme. LB re-capped on the background and progress so far and announced that the screening trucks are scheduled to arrive in January. The CCG will initially be working with one practice from each PCN to test the process. There is a new website specifically for this programme. LB requested that if any of the group has items they think would be useful to have on the website to please let her know. One problem which looks like it may be an issue is that there are many more smokers and ex-smokers than recorded. It is well known that people do not admit to their GP that they smoke and in order to be invited for screening they have to be recorded as smokers on the GP notes. It is therefore really important that people don't hide the fact that they smoke or have smoked. **Q**. What if the risk is not from smoking? **A**. There is an option on the website entitled "I've not been invited". This directs people to go to their GP. They won't be part of the programme but they will receive treatment as any patient would. This will not change. There is a clear protocol that sets out specific criteria only - purely so that outcomes are measurable. LB requested help with suggestions for suitable sites for the screening trucks in Aveley. **Q**. When will the letters be sent out? **A**. It may be December if patients come under one of the four test practices but otherwise it will be January onwards. This is a four-year programme so letters will be issued in several tranches. **Q**. If the initial invites are issued by letter, will there be a mop-up for those that do not respond? **A**. There will actually be an invite followed by two further letters if need be. All invites will be dependent on the age and recorded smoking criteria being met. So if a patient has never told their GP that they smoke it will not be on their GP notes and they will not be sent an invite. LB finished by saying that this will be a standing item as the programme rolls out and at the January meeting she should be in a position to say for definite where the trucks will be sited and also to be able to share the format of the letters
10.	**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.
11.	**Any Other Business**
	AHu announced that this was the last CRG meeting for this year so he wanted to thank the group for attending the meetings and getting the message out there through the various forums. AHu also thanked all the presenters that have attended and then gave his thanks to LH for all her work behind the scenes and to SD for providing very thorough and accurate minutes.

Date of Next Meeting	
Next Meeting :	Tuesday 21st January 2020
Time:	4:00pm to 6:00pm

Venue:	The Beehive