NHS
Thurrock
Clinical Commissioning Group

**Commissioning Reference Group Meeting**
**16 July 2015**
**The Beehive**

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| **Present:** | Len Green | Lay Member, CCG Chair |
| | Dr A Deshpande | Neera Medical Centre, CCG Chair |
| | Allan Hudson | Stifford Clays Medical Centre PPG |
| | Wendy Aston | Cariads |
| | R Sweeting | Pear Tree Surgery |
| | Uta Walpade | St Luke's |
| | Jennie Deeks | BTUH |
| | Cllr Y Gupta | Thurrock Council |
| | Stephen Andrews | Chafford Medical Centre |
| | K.P.Deex | Primary Care PPG |
| | Mike Riley | Primary Care PPG |
| | Maureen Cushing | Hassengate PPG |
| | Terry Brown | TOFFS |
| | Olga Benson | TOFFS |
| | Lesley Buckland | Thurrock CCG |
| | Phillip Clarke | Thurrock CCG |
| | Mark Tebbs | Thurrock CCG |
| | Joy Joses | Thurrock CCG |
| | Gemma Curtis | Thurrock CCG |
| | Alana Stokes | Thurrock CCG |
| | Ms U Pucilowska | Thurrock CCG / Meeting minutes taker |
| **Apologies:** | None | |

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| **1.** | **Welcome, declaration of interest & Apologies** |
| | LG introduced himself as Lay Member and Deputy Chair of the Thurrock CCG. LG asked if there we any conflicts of interest and none were declared. |
| **2.** | **Minutes of the meeting held on 14th of May 2015 and Action Log** |
| | The minutes of the previous meeting were accepted as an accurate record.<br><br>**Action:**<br>Minutes from previous meeting will be available to review 1 week ahead. All agreed. |
| **3.** | **Setting the scene** |
| | LG mentioned that this is his last meeting. CCG currently shortlisted new candidates to be interviewed next 2 weeks. |
| **4.** | **WIC update** |
| | LG updated that WIC has been voting for closure and no update has been made since then. Idea is to close from October 2015 although CCG can consider some changes till that time. That is why March 2016 date will be under consideration.<br><br>LG introduced Chair Dr A. Deshpande and Ms Lesley Buckland to the meeting.<br><br><u>The following questions were asked following the presentation:</u><br><br>**<u>Question</u>**<br>No one knows anything about WIC. Could you inform us what are opening hours for the weekends?<br><br>LG: First of all we have to make sure they are fully ready. CCG will inform will keep you updated what's going on when appropriate review will take place.<br><br>LG: Informed that all of the GP doing things different ways.<br>MT: Advised that if someone wants to know more update is available the Thurrock CCG website. It's been said it is a very good practice to have them open 7 days. Tilbury has been very successful. Purfleet is planning to be open from beginning of September 2015.<br><br>**<u>Question</u>**<br>It is not very clear for elderly people how to make appointment? Can you advice regarding that?<br><br>LG has informed that Thurrock CCG have done very soft launch. Although we have to test it first before we publicise any information. It has been advised that soft launch is appropriate before the system gone through. We have to make sure if people cannot do appointment during the week they will be able to make it at the weekend.<br><br>**<u>Question</u>**<br>People don't really understand how that works.<br><br>AD informed that Saturday to Sunday would carry on with different doctors working |

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| | during the weekends. That will relate to the hospital.<br><br>**Question**<br>What is happening to WIC at the moment? We don't have any update on that.<br><br>LG informed that this question has to be referred to NHS England. Because it is on early development stage anything can happen.<br><br>**Question**<br>What will be the future of the CRG is meeting?<br><br>LG informed that CCG will make sure that information still gets circulated. New potential candidates have been shortlisted and are due to be interviewed next week. There will be new designated people to carry on.<br><br>**Question**<br>With regards to hubs people still experiencing problems with their GPs. Advantage of WIC is that you will be able to have appointment same day. Currently nurses are still directing us to the GP.<br><br>LG informed that this has already been addressed with NHS England. We are dealing particularly with no attended appointments at all of the GP's surgery.<br>MT updated that four of hubs can accept telephone appointment booking service. Above that Rapid Response Number is in place as well as 24h service. CCG intention is to move this forward.<br><br>**Question**<br>We are concerned with regards to Thurrock Hospital transport.<br><br>LG informed that communication has not been very successful. PPG can help by sending flyers regarding new services in order to provide clear information.<br>AD updated that this is our fourth hub. CCG has plans to change the centres in Grays in near future.<br>JJ advised that patients are informed where the nearest HUB is and what are the options available concerning transports to Thurrock Hospital.<br>LB informed that it's been suggested to surgery administrators to confirm patients transport. Voluntary service is also under consideration.<br><br>**Question**<br>Using WIC service we are unable to get the hours over the weekend.<br><br>AD responded that there is only several hours' service at the moment available during the weekends. It is CCG aim to extend these hours. |
| **5.** | **Weight Management 1- 4** |
| | MT advised that CCG have pre-procurements and advertised nationally in order to reach as many providers as possible. Only two have responded, one of which is our current provider. The outcome of the event has been reviewed and decision has been made that service needs to be integrated. Patient's feedback is vital and necessary in process of reaching high quality service. Current arrangement with service providers will be extended till 2018. For the next 18 months we will work with all seven CCGs, which are fully integrated at the moment.<br>There is universal service available to inform about general service. More life provides |

constructed service about multidisciplinary course and only if the is a medical need for surgery patients will be referred.
We need to make sure that a pathway works better.

The following question were asked following the presentation:

**Question:**
Could we review the current service user's opinion about the transport?

MT responded that last time CCG collected very useful feedback the practice will continue. Through constant review CCG will make sure this service will improve.

**6. BCF update**

MK introduced presented the Better Care Fund update with information that concerns last year there is different limit to provide integrated service with regards to national recommendations.

**Background to the BCF**

- National requirement to create pooled budgets (Thurrock pooled budget = £18m)
- Core Metrics related to:
  - Reducing Total non-elective admissions in to hospital (incentive payments)
  - Reducing Permanent admissions of older people (aged 65 and over) to residential and nursing care homes
  - Reducing Delayed transfers of care (delayed days) from hospital per 100,000 population
  - Increasing Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
  - Reduction in the number of people (aged 65+) assessed by RRAS that require immediate hospital admission per 10,000 population
  - Focus on integration of older people care
    - Whole system transformation

**Principles of the BCF**

From Stakeholder engagement events in December 2013 and April 2014 the following principles were developed:

1. Empowered citizens who have choice and independence and take personal responsibility for their health and wellbeing;
2. Health and care solutions that can be accessed close to home;
3. High quality services tailored around outcomes the individual wishes to achieve;
4. A focus on prevention and timely intervention that supports people to be healthy and live independently for as long as possible; and
5. Systems and structures that enable and deliver a coordinated and seamless response.

**BCF Schemes**

- Locality service integration
- Frailty model
- Intermediate care review
- Prevention and early intervention
- Disabled facilities grant and social care capital grant

- Care Act Implementation
- Payment for performance

**Current performance (non-elective admissions)**

| | Q4 | Q1 | Q2 | Q3 |
|---|---|---|---|---|
| Actual baseline (cumulative) | 3,443 | 7,000 | 10,468 | 13,985 |
| Plans (cumulative) | 3,322 | 6,757 | 10,102 | 13,496 |
| Planned absolute reduction (cumulative) | 121 | 243 | 366 | 489 |
| **Performance payment** | **£180,290** | **£181,780** | **£183,270** | **£183,270** |

| | Q4 |
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| Actual performance | 3,352 |
| Actual performance (cumulative) | 3,352 |
| Planned absolute reduction (cumulative) | 91 |
| **Suggested performance payment** | **£135,590** |

**Next steps**

- Set up Integrated Commissioning Executive
- Development of a robust project management approach
- Engage with the Engagement Group
- Decision on process to decide next steps for 16/17
  - Approach to market development
  - Integration with mental health services
  - Models of care.

The following questions were asked following the presentation:

**Question:**
Will dementia ends up stay the same?

MT responded that better care fund will integrate everything under one service.

**Question:**
What can be done if patient after being in hospital is still unwell?

AD advised that patient has to be assessed when discharged from the hospital. If that hasn't happen RRAS can be contacted.
LG advised that service is being re-designed at the moment. These groups are not operating together. We have to have representatives at the board of these services. The idea is about communication.

**Question:**
At the moment from carers point of view is all about the money. If a patient health is funded, carer needs to be funded from the same budget. What can be done about that?

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| | LG advised that there are plans to review this. |
| **7.** | **QIPP update** |

MT shared the presentation and explained what QIPP stands for.

**QIPP Planning Process**

- 3 Programme Gateways were created (Scoping/Opportunities, Programming & PMO Ready) in order to manage projects through project lifecycles
- Robust clinical engagement via QIPP CORE
- Project Mandates within 'Verto' were further developed into project business cases/PIDs- identifying scope & objectives, detailed costs, benefits, milestones, risks, dependencies, stakeholder & communications and QIA/EIA
- Robust Quality checks were undertaken by the PMO team to ensure project business cases were 'fit for purpose' and ready for implementation
- During the planning and development stage a series of assurance checks was provided to NHSE- to ensure project business cases were 'fit for purpose'.

**Transactional Projects**

1. The vast majority of projects are 'transactional 'or contractual in nature these are mainly about the efficient management of health care costs in Thurrock and should not impact on health care delivery. e.g.
2. Fortis 2015/16 savings (decommissioning referral gateway)
3. MSK independent sector (related to the new MSK hub)
4. CHC responsible commissioner (Funding responsibility between CCG's )
5. BTUH negotiations on palliative care tariff (price reduction)
6. CAMHS Non contractual activity (budget adjustment)
7. BTUH fines and challenges

**Transformational Schemes**

- Some of the projects are transformational and may require changes in patients pathways, service restrictions and decommissioning. All of these are more sensitive and often require further engagement on a project by project basis:
  - Green GP (111)
  - Review of Acquired Brain Injury Placements
  - Specialist development playgroups
  - Deregistration of SEPT Dementia Wards
  - Thurrock VSO's
  - PTS procurement.

**Current performance and mitigations**

- Some slippage in performance year to date
- Developing additional schemes
- Reviewing decommissioning options
- Assessing transformational ideas
- Schemes become harder and harder to deliver
- Further engagement as ideas develop

MK stated full information is available to view on Thurrock CCG public domain and in our Board papers.

MK informed that CCG is underperforming with regards to recent quarter of the year

and working on redirection. Through review and developing back up list CCG will be able to deliver without cutting on the service. In terms of difficult decision CCG are not there yet.

The following questions were asked following the presentation:

**Question:**
Fortis was decommissioning last year. Do we have savings this year?
Some of the savings from last year and this year.

**Question:**
Can you provide us with de-commissioning service update list?

MK responded that within our list we don't have de-commissioning service. If we get to the point that the plan turns into unexpected direction CCG will need to review the outcome.

**Question:**
Example of patient not referred correctly.

LG requested to provide CCG with the details via thurrock.ccg@nhs.net and designated team will look into that.

**8. Patient Transport Service**

PC shared presentation with attached outlining our ambition with new ambulance service for non-urgent needs.

**Introduction**
CCGs are not required to provide transport based on a patient's financial or social need. Financial help is available to patients on low incomes who do not have a medical need and do not qualify for NHS funded transport.

The 4 South Essex CCGs that this policy applies to are:
- NHS Basildon and Brentwood CCG
- NHS Castle Point and Rochford CCG
- NHS Southend CCG
- NHS Thurrock CCG

This policy covers requests for all journeys to healthcare settings within the Essex borders; and for tertiary specialist centres outside of Essex. Journeys outside of the Essex borders for patients eligible for transport will be approved on a case by case basis by the individual CCG.

**Background**
The criteria will be applied from 1st October 2016 when the new service is due to commence and will replace any other eligibility criteria in existence.

**Eligibility criteria**
Non-emergency patient transport services (PTS) are typically the non-urgent, planned, transportation of patients with a medical need from their place of residence to and from premises providing NHS funded healthcare or between providers of care commissioned by the NHS (including treatment, outpatient appointments, A&E post treats or diagnostic services), but excludes GP, dental appointments or A&E

attendances including walk-in centres or minor injuries units.
Patients are generally expected to make their own way to a health provider for non-emergency tests or treatment. The only exception should be patients who require medical support during their journey, due to a medical need or severely impaired mobility.
This service applies to patients receiving NHS treatment who are registered with a GP in South Essex, or if unregistered, living within the south Essex borders.

PTS will only be routinely available within the Essex borders. Therefore if a patient chooses to receive NHS treatment at a site outside of the Essex borders they will be required to fund the additional transport costs themselves.

**Medical Need Criteria**

Patients who will be automatically eligible for transport are:

- Patients who need to be transported on a stretcher
- Inpatients who are being medically transferred to another hospital for specialist treatment and who have a medical need during the journey
- Patients who require continuous oxygen or other medical gases
- Patients who require continuous intravenous support.

The patient must also satisfy a minimum of one of the following supplementary conditions:

- Patients requiring a wheelchair who have a medical need during the journey
- Patients with confused state of mind, or learning / communication difficulties who are unable to use public transport, and who do not have a carer who is able to transport them
- Patients with a medical condition or disability, infirmity or illness that would compromise their dignity or make it impossible for them to be conveyed by public transport
- Patients who cannot walk without the continual support of a walking aid (eg. walking frame or crutches)
- Patients who could experience considerable side-effects as a result of the treatment they have received
- Patients who require skilled medical assistance to transfer them to and from the vehicle.
- Patients who are a danger to themselves or others

The following are **NOT** in themselves reasons for the provision of a non-emergency transport:

- The age of the patient
- The distance the patient needs to travel
- The availability or otherwise of alternative (public) transport options
- The cost of other ways of travelling to an appointment
- Patients who are undergoing specific treatment regimes, e.g. Chemotherapy.

**Escort/Carers**

Escorts/carers will not normally be able to travel with patients who are approved for transport unless the patient has a medical need for their assistance during the journey. Approval is not guaranteed and will depend on seat availability and priority will be given to other patients travelling on the same route. A maximum of one fully mobile escort will be allowed per patient. Where an escort is accompanying the patient, and the return journey is not required by the patient, e.g. the patient is admitted and then the escort must make their own arrangement to return home.

Escorts will usually only be approved in the following circumstances:

- Patient has communication or sensory difficulties and would require assistance whilst travelling or at the hospital
- Patient is a minor and with a physical or mental incapacity under 16 years of age
- Clinical escorts who are medically required to accompany the patient.

Consideration will be given to the age of minors and the number of escorts in exceptional circumstances, and approved where medical need determines this as appropriate. This may require approval by the relevant Commissioner.

**Proposed changes**

For example a patient who usually travels to a GP appointment by public transport may also reasonably be expected to travel to a hospital appointment by public transport.

**Who assesses the patient against the Medical need Criteria?**

All PTS patient journeys will be arranged via the Patient Transport Booking Line. Responsibility for ensuring that a patient meets the 'medical need criteria' lies with the transport booking staff (See appendix 1).

Patient eligibility for transport will be assessed for each individual journey, as the patient's condition may have improved / deteriorated since the last request.

**Help with Travel Costs**

Financial help is available to patients on low incomes who do not have a medical need and do not qualify for NHS funded transport. Details are available within the Department of Health Guidance 'Healthcare Travel Costs Scheme, Gateway Reference 9602', dated 2nd April 2009.

Further information can be found at: http://www.nhs.uk/nhsengland/Healthcosts/pages/Travelcosts.aspx

**Appendix 1**

## Clinical Eligibility Criteria for Patient Transport

| STAGE 1 – ASSESSING THE ENTITLEMENT |
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| **SUBJECT TO ASSESMENT AGAINST THE MEDICAL NEED CRITERIA THE PATIENT WILL BE ELIGIBLE FOR PATIENT TRANSPORT SERVICES**<br><br>• Patients who will automatically be eligible for transport are: Patients who need to be transported on a stretcher<br>• Inpatients who are being medically transferred to another hospital for specialist treatment and who have a medical need during the journey<br>• Patients who require continuous oxygen or other medical gases<br>• Patients who require continuous intravenous support<br><br>**If the patients' MEDICAL reason is not detailed within the medical need criteria, the assessment team will use a series of questions to confirm eligibility** |
| **STAGE 2 – ASSESSING THE TYPE OF TRANSPORT NEEDED** |
| **Q) Does the Patient need to travel lying down on a stretcher?** |

Patient needs to lie down in secure position and requires two ambulance Staff who are trained to lift stretchers.

**Q) Does the Patient need to use a wheelchair or need the help of an assistant to walk?**

Please specify if essential that wheelchair travels with patient and/or an electric wheelchair is being used

Patients who are able to walk but will need assistance of the driver to or from their place of residence/Point(s) of Care but does not require supervision during transit should be booked as a C1 Mobility.

Patients who need the skills of two people to manually assist them into the vehicle or to/from their place of residence/Point(s) of Care. The patient may also be one that requires supervision during the journey. A two person lift may be required where the patient needs to be lifted or carried at some Point(s) of Care in the journey. These patients should be classes as C2 Mobility.

Patients who for medical reasons require travel in their own wheelchair during the journey and can be wheeled to and from the Vehicle should be booked as WC. Vehicle to have wheelchair securing facilities (e.g. approved tracking system)

Patients with a BMI greater than 40, should be booked as a Bariatric journey

(State number of Assistants required to transfer, 2, 3, 4, 5 or 6 and if oxygen required and if supervision is required)

Patients should also be asked if:

- Patient has own wheelchair
- Essential for patient to travel with wheelchair
- Wheelchair to travel with patient
- Patient has electric wheelchair

**PATIENTS NOT ELIGIBLE FOR TRANSPORT**

If patients do not have medical reasons listed or are assessed as not eligible for booking Patient Transport Service the following advice should be offered.

- Patients should be reminded that transport is only provided for those people with a medical need.
- Advise Patients of alternative options

Healthcare Travel Cost Scheme (HTCS)

- Patient may be able to get Travel Expenses (HTCS) reimbursed if eligible (available at acute/community hospital sites).
- HCI forms for future help or HC5 form for refunds are available from Finance or from http://www.nhs.uk/NHSEngland/Healthcosts/Pages/Travelcosts.aspx Helpline 0300 330 1343

**ESCORTS AND CARERS**

ESCORTS AND CARERS WILL ONLY BE PROVIDED OR ALLOWED IF:

- Patient has communication or sensory difficulties and would require assistance whilst travelling or at the hospital
- Patient is a minor and with a physical or mental incapacity under 16 years of age
- Clinical escorts who are medically required to accompany the patient.

If a patient requests an escort or carer to assist them, and they do not fit into the category above the following information will be sought to ensure a carer/escort is only considered in the appropriate cases:

- The patient's condition is such that they require constant attention or support, as confirmed by clinical assessment.
- The patient has severe communication difficulties for example, Blind, profound deafness or speech (not language) difficulties, and therefore is routinely unable to travel alone.

PC informed that CCG were looking to create essential guidance. However this is consultation paper. This is the opportunity for everyone to review if there is a need for that service. Danger of that is if we extend it too far that will raise the extensive budget need. That will cover transport when it's no provided but only when it is general medical need.
Please send your concerns to our email to have the chance to discuss that thuccg.practiceconcerns@nhs.net

The following questions were asked following the presentation:

**Question:**
Within Medical Need Criteria paragraph what information has been provided for additional funding with regards to relatives short time stay?

PC responded that the short time family can stay in hospital the acute stage. That all depends of the area. If there is a medical need that will be covered.

**Question:**
Dementia patient can go to hospital by themselves but then forget what they are doing there. What are the guidelines?

PC stated that there is a service GP service called Escort.

**Question:**
Purfleet development

Grant £150, based on that flat has been (link houses), ground floor has been empty.
PC: It is local authority referral. We have to have representative.
LK: Apologies but we have only 4 CRG's taking part in that project.

**11. AOB**

AD asked for public engagement feedback and concerns through various meetings. Stated that recommendation is always vital and valuable.

LB thanked LG for all involvement in his work. We can develop a generic email to accept communication now. I will personally make sure your voice will be heard.

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| | LK shared update on:<br>1. BT pharmacy will be open from September 2015.<br>2. Clothes from hospital can be returned to reception for recycling.<br><br>JJ stated that Thurrock Council have created collection points for used Clinical Sharps boxes, across a network of pharmacies within the borough. |
| **Date of Next Meeting** | |
| **17th September 2015** | |