

**Commissioning Reference Group**  
**26<sup>th</sup> November 2015 13:30 – 16:00**  
**Headon Hall, Stifford Clays**

<b>Present:</b>	Alan Hudson (Chair)	Stifford Clays Medical Centre PPG
	Lesley Buckland	Thurrock CCG
	Maxine Lockwood	STEPS
	Kevin Brice	Stifford Clays Medical Centre PPG
	Maureen Custing	Hassengate Medical Centre
	Tony Davis	East Tilbury PPG
	Christine King	East Tilbury PPG
	Delucia Weil	
	Terry Brown	Tilbury Community
	Olga Benson	TDH PPG
	Mary Manson	
	Len Ordin	Stifford Hub
	Mike Bilton	Stifford Hub
	Gill Booth	St Lukes Hospice
<b>In Attendance:</b>	Christine Celentano	Thurrock CCG
	Joy Joses	Thurrock CCG
	Phillip Clarke	Thurrock CCG
	Gemma Curtis	Thurrock CCG
	Francoise Price	Thurrock CCG
	Ria Walsh	Thurrock CCG
<b>Apologies:</b>	Ceri Armstrong	Thurrock Council
	Alison Pettit	Together UK
	Cllr Yash Gupta	Thurrock Council
	Jennie Deeks	Basildon Hospital
	Sue Cleall	Thurrock CCG
	Dr Bose	Thurrock GP Board Member
	Dr Raja	Thurrock GP

<b>1.</b>	<b>Welcome</b>
	<p>LB welcomed all to the meeting and thanked everyone for coming along. LB explained the direction in which Thurrock CCG would be taking the CRG meetings and described the changes in days and venues for the meetings to cover all areas of the Thurrock locality.</p>
<b>2.</b>	<b>Introduction &amp; Apologies</b>
	<p>LB introduced AH as Chair for this months meeting.</p> <p>AH thanked all for coming and thanked LO and his team for the use of Stifford Clays Hub for this month's meeting. AH thanked Thurrock CCG staff for all the CCG's hard work at the AGM in September this year.</p> <p>The apologies were noted above.</p>
<b>3.</b>	<b>Minutes of the previous meeting.</b>
	<p>Minutes of the meeting held on 17<sup>th</sup> September 2015 and Action Log were reviewed and agreed as an accurate account.</p>
<b>4.</b>	<b>Medicines Management – wastage</b>
	<p>AH drew attention to the medicines management presentation from the AGM and introduced FP.</p> <p>FP introduced herself and gave her background of knowledge in the field. FP noted during her experience she has seen various types of wastage throughout numerous different areas. FP explained how the amount per prescription item is funded through the government and explained medicine use reviews.</p> <p>FP asked the group what they thought happens to medicines returned to pharmacy. FP explained that many thought medicines could be reused but this is not the case as pharmacists would not know how drugs had been stored, if they were kept in hot, wet, damp places this then makes them unsafe to use. FP asked the group if they thought only medicines in full packs can be reused, FP explained all medicines returned have to be destroyed. FP explained that when a patient is admitted into hospital, the hospital will use the patient's own medicines as if they take them away the hospital will then also need to destroy them.</p> <p>FP noted that the estimated cost of medicines wastage to the NHS was £2,000,000 a year including costs for disposal, environmental, transport of medicines, time and staff costs. FP explained that the most expensive medicine is the one that is never taken, patients should only be ordering what they need and be honest on what they are actually taking. FP explained that if patients aren't taking their medicines for various reasons then they should inform their GP.</p> <p>FP noted that some waste is inevitable, for example a drug that disagrees with a patient, the patient would not continue with the medicines but the medicines cannot be reused.</p> <p>FP brought attention to whether or not patients take their medicines. FP explained that only 16% of patients who are prescribed a new medicine and take it as recommended, experience no problems and ten days after starting a medicine, almost a third of patients are already non-adherent, of these patients 55% do not realise they are not taking their medicines correctly, whilst 45% are intentionally non-adherent. The question was asked, is it because people read the side effects leaflets, FP answered yes of course, this is an issue.</p> <p>FP explained that the molecule of drug in a tablet determines how it digests in your system, no matter on the size shape or colour of the tablet. FP gave the example of a supplier of Lipitor, a statin, that was £17.00 a drug, another company was offering this same drug for £1.50, the NHS decided to save money and switched to the other company. FP notes that if patients have any problems or reacts badly to a medication; they are to inform their GP.</p>

FP informed that a solution to help reduce waste was to work closely with healthcare professionals and patients as 84% of people prescribed a new medicine do not know what they are or receive no explanation on the medication. The question was asked at what point is the GP charged for a medication. FP explained the pharmacist protocol, if a medication is not dispensed the GP is not charged. FP then explained the protocol for repeat prescriptions.

FP showed a picture of medication that had been returned, the wastage was over £2000 for medication from one patient alone.

CC asked if a patient is going back for more medication why the GP is not checking usage. FP explained that some patients would say they are taking their medication when in fact they aren't therefore the GP will still continue to prescribe their medication.

A question was asked as to why a GP will prescribe so many medications. FP explained, for example, medication for knee pain causes 'indigestion', so a GP could then prescribe Gaviscon, this then gives the patient constipation. The GP could then prescribe a laxative, this could then cause the patient abdominal pain and so on, and this is how so many medicines are used.

FP showed the group a picture of medication found discarded in Thurrock, this was a child's medication and had patient identifiable information on it. A picture was then shown of two weeks' worth of Thurrock wastage from one pharmacy. FP explained the severity of the wastage on both occasions.

FP informed the group that NHS Thurrock has a primary care prescribing budget of approximately £22,000,000 and the quantity of prescriptions has gone up 5-7% over the last year with 3,025,648 prescription items dispensed in 2014-2015 in NHS Thurrock CCG. FP then explained how new doctors are now being trained to talk about the usage of the medicines a patient is taking and the prescribing systems and managed repeats.

FP noted that the solutions to reduce medicines wastage could be more public engagement and education on the use of medicines a patient is taking, more publicity regarding the costs of wastage, medicines use reviews and repeat dispensing.

A question was asked regarding other countries using the wasted medication. FP answered that the World Health Organisation have a list of medicines that are critical to certain countries but because of regulations and rules sometimes this cannot happen. Africa for example will need someone in their authority to look at these medications and determine if they are needed or not.

A question was asked regarding pharmacists now being brought into GP practices. FP explained that this is not a new procedure and has been happening for a while now. FP emphasised that this was very good practice as the custom of two health professionals coming together enhances the patient experience.

A question was asked regarding patients being admitted into hospital, could there not be a system to pause repeats when the hospital is also prescribing the same medications. FP explained this was difficult as hospitals use different medications depending on their stock. FP emphasised that discharge communication is better than it has been in Hospitals and patients should take their medication to hospital with them. FP noted that this is being addressed. A question was asked if a pharmacy review applies to appliances also. FP explained that most appliances come from appliance contractors who will do an appliance use review.

**5. Phlebotomy**

GC introduced herself as a Primary Care Development Officer for Thurrock CCG and updated the group on all of the phlebotomy services currently provided in Thurrock, including some appointments that patients can pre book.

GC explained the amount of phlebotomy hours used per patient in the Thurrock area with Stanford and Corringham having 1 hour per week, South Ockendon having 10.5 hours per week, Grays having 1.5 hours per week and Tilbury having 4 hours per week. GC gave information on the population of Thurrock with 14% of residents living in Grays, 31% living in Tilbury, 32% living in South Ockendon and 23% living in Stanford and Corringham. GC explained that currently Ockendon has 54% of all phlebotomy clinic hours in Thurrock, and noted that the Primary Care Team and the Phlebotomy Service are changing to meet the needs of the community giving Grays 14%, Tilbury 31%, Ockendon 32% and Stanford and Corringham 23% of the total phlebotomy clinic hours. GC explained that this new proposal will spread the phlebotomy services fairly throughout Thurrock, GC noted that Primary Care work has just been implemented on this proposal.

GC explained that the Primary Care Team have been appointed this work to make effective use of clinic times, effective use of the space the CCG has, to fair share across Thurrock, to ease access for all Thurrock residents, to provide the best services/care for Thurrock residents and provide best value for money.

A question was asked if the phlebotomy service was privatised. GC explained that this is not, it is a service provided by Basildon and Thurrock University Hospital (BTUH).

A question was asked if this proposed change will affect GP's. GC clarified the phlebotomy service is separate to usual GP practice and should not affect the existing service as the new proposal will be giving fair usage to all Thurrock patients. PC addressed the element that this is new work for Thurrock CCG, GC is new in post and this is just the start of how the Primary Care Team can help GP practices and patients. AH noted that whatever systems and procedures that are put into practice will improve the service for the needs of patients.

A question was asked if patients can book online for an appointment. GC informed the group that some appointments are available to book online and gave information leaflets explaining this service.

A question was asked regarding the blood forms given out to patients, on the back of these forms it stipulates the patient should go to BTUH or Orsett Hospital to have their bloods taken and that if patients were to go elsewhere there could be a delay in getting their results back, this could put people off of going to the most convenient place for them. PC explained that this is the issue GC and the Primary Care Team are tackling but as BTUH produce and order these forms BTUH will encourage people to go there and that BTUH would not advertise NELFT community services on their forms, a discussion will need to take place with BTUH regarding possibly changing their forms.

The question was asked regarding the timescale of this proposed change. GC noted that there isn't an exact timescale, GC explained that the data had only just been received but she has a meeting with BTUH before Christmas. GC informed that Thurrock CCG is hopeful that six months from now there will be an idea of when this will be implemented.

**6. PPG Concerns**

AH introduced Kevin Brice and brought attention to the work he is doing on PPG to PPG communication. KB noted that Thurrock CCG have 32 practices so in theory there should be 32 PPG members representing here today at the CRG, but this was not the case. KB informed the group that it would be sensible to consider the formation of a networking group with PPG members from different practices to come together and share knowledge of what each PPG are doing, to help assist in the formation of new PPG's in practices and to have PPG representative meetings with each other. KB noted that in doing this PPG's could share successful improvements that have been achieved in their practices and build a greater understanding of networking for the benefit of patients.

A question was asked if there could be a Thurrock PPG Facebook page, KB explained that communication is key for this to work and that all suggestions would be considered. KB noted that letters have been drafted to go to all 32 PPG secretaries for an initial meeting in March.

LB asked if we could share this with information on what the PPG's are doing with their GP's.  
**Action:** GC suggested this could be done on practice visits.

AH asked if there were any agenda items for the next meeting.

An update on the Tilbury situation was suggested, but noted that January may be too soon and this could possibly be put onto the March meeting's agenda. LB informed the group that there is a lot of involvement happening for Tilbury and LB noted that tomorrow she will be attending a meeting discussing the estates strategy for Thurrock CCG ensuring that Tilbury is a priority but informed that the CCG are looking at Thurrock on the whole.

It was suggested that Social Care be put on the agenda. **Action:** LB to liaise with Ceri Armstrong regarding this.

A question was asked regarding the Shingle's Vaccinations, is it a one off vaccination or every year and at what ages can patients have this vaccination. **Action:** JJ to inform patients of the correct information via communications.

It was suggested that Appliances could be put on the agenda, PC informed that appliances are to be discussed at QIPP at the end of this financial year or the start of the next financial year. KB asked if a report of year end QIPP is published. LB informed that the report is published and will be shared.

AH noted there are a lot of people behind the scenes at the CCG to ensure Thurrock has the best health care and patient experience for the residents of Thurrock. JJ advised that there will be a one page 'Health Page' in the Thurrock enquirer.

LB asked the group if they felt that the name for this meeting, Thurrock Commissioning Reference Group, needed to be changed to a name that was more patient friendly. It was noted that too many acronyms were used for this meeting and suggested the name of the meeting be changed to Thurrock Patient Engagement Group. A question was asked regarding funding for PPG's as the government has made it statutory that every practice has a PPG, so in theory the government should provide some funding. PC advised that funding is given to GP's via NHS England.

The group were asked if anyone would like to chair the next meeting, AH was nominated.

**11. AOB**

JJ discussed the Flu Vaccine and informed that the winter campaign is merged and called Stay Well this Winter, all CCG's have been asked to support this national campaign. JJ informed she had leaflets and posters for the group to take back to their PPG's and practices. PC noted patients can obtain the flu vaccine through GP surgeries and some pharmacies. A question was asked regarding children having the flu vaccine, JJ informed that year one and two children received this in school via a nasal spray.

AH thanked speakers for their presentations today. LB thanked AH for chairing the meeting.

**Date of Next Meeting**

14<sup>th</sup> January 2015 venue to be confirmed.