

Clinical Commissioning Group
Commissioning Reference Group
14th May 2015
The Beehive

Present:	Len Green	Lay Member, CRG Chair
	Alan Hudson	Stifford Clays Medical Centre PPG
	W. Little	Stifford Clays Medical Centre PPG
	Glynis Page	PPG Stifford Clays
	Joy Joses	Communication Manger for the CCG
	G.F. Tidman	Thurrock Stroke Project
	Laura Davis	Thurrock CCG
	Rahul Chaudhari	Thurrock CCG
	Karen Dobson	Local Area Co-Ordinator
	R. Sweeting	Pear Tree Surgery
	Cllr Y Gupta	Thurrock Council
	R Field	?
	Christine King	East Tilbury Medical Centre
	Tony Davis	East Tilbury Medical Centre PPG
	Jan Hammond	PPG ETCMC
	K.P. Deex	Prime care PPG
	Mike Riley	Prime Care
	Bryan Vandeppeer	East Thurrock Rd Surgery
	Dave Stokes	BTUH
	Jillian Elliot	Southend
	Terry Brown	TOFFS
	Olga Benson	TOFFS
	Fiona Ryan	BTUH
	Christine Jones	SCOPE

Chair: Dr A Deshpande

(Acting) Interim Accountable Officer: Ms M Ansell

*Vision Statement: The Health and care experience of the people of Thurrock
will be improved as a result of our working effectively together.*

	Maxine Lockwood	?
	Jennie Deeks	BTUH
	Sharon Quinn	?
	Gemma Curtis	Thurrock CCG
	Christine Celentano	Thurrock CCG
Apologies:	Maureen Cushing	PPG Hassengate Medical Centre
	Terry Bradfield	
	Lynn Evans	
	Ceri Armstrong	
	Mandy Lennox	
	Dr Ambikpathy	
	Christine Hamilton	

1.	Welcome & Apologies
	LJG introduced himself to the group as Lay Member and Deputy Chair of the Thurrock CCG. LJG asked if there were any conflicts of interest and none were declared.
2.	Minutes of the meeting held on 19th March 2015
	The minutes of the previous meeting were accepted as an accurate record.
3.	Service Restriction Policy & Individual Funding Request Panel Process
	RC presented the Service Restriction Policy & Individual Funding Request Panel Process to the group.
	The following questions were asked following the presentation: Why are these services not commissioned? We do commission the services, but you need to meet the health criterion which is explained within the SRP.
	Would a patient have to submit a request? If you refer yourself you have to have been referred and have a clinician supporting this request.
	How would the patient know about the Service Restriction Policy? LJG confirmed that this can be found on the Thurrock CCG website.
	If patients are refused on the NHS, can it be carried out privately, and why is there a difference? RC confirmed that the NHS has the best health interests for the patients.
	If you do meet the criteria, how long does the panel take to reach a decision? RC confirmed that the panel meets once a month.

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	<p>Who sits on the panel? There is one Clinician, one lay member, head of corporate, information governance. There are no commissioners from the CCG area from where the case is generated as this would be a conflict of interest.</p> <p>Do consultants have to make a case for each patient? RC the new policy is now more inclusive. LJJ yes a clinician needs to make the case to the panel.</p> <p>If someone has a rare condition and this is the treatment they would like to have, but this local area does not provide it, how does this affect the patient. RC this will go to the panel for review prior to being given permission or not.</p> <p>Who monitors the panel? RC this is monitored by CCG Corporate Governance and the chair member is a Lay Member of the CCG.</p> <p>Are there limitations for the funding? LJJ The IFR panel is not restricted and is completely independent from the CCG budget holders.</p> <p>Knee replacement do all hospitals use the same manufacturer in this area. RC the hospitals decide who supplies these.</p> <p>LJJ Thanked RC for coming along and giving his presentation and reminded all present to view the SRP document online if they require a better understanding.</p>
4.	<p>Pathology</p> <p>David Stokes took the group through his presentation paper.</p> <p>DS Welcomed all action and time scales.</p> <p>DS advised the group that :</p> <ul style="list-style-type: none"> • Recruitment is on going • There is a training programme being developed, this will be in place by the end of June • Locations – We have met with the CCG with a view to identify the locations, equipment and facilities. • On line 1 Jun. We are looking at different systems. We have a preferred supplier. Implementation by the beginning of June. There will be two pilot sites. September more sites in place <p>DS asked if there were any Questions:</p> <p>Questions:</p> <p>Will Phlebotomy be available at Thurrock Hospital which is run by NELFT. DS we are only looking at sites that we provide the service from at present and will be looking at coverage for the future.</p> <p>What will happen to the NELFT contract? DS We will continue to deliver this service.</p> <p>Have GP's the ability to supply this service?</p> <p>DS(AQP) Any Quality Provider, Surgeries have to bid, many are already doing this and</p>

	<p>this process needs to be adhered to:</p> <p>Are GPs themselves aware of the opening times of blood test? DS Yes they should all be aware.</p> <p>Several members of the Group advised that the forms in surgeries are incorrect.</p> <p>DS said he would check this out.</p> <p>Request forms are in large stocks in surgeries, and some surgeries do not finish using these and then this leads to the wrong forms still in existence. We update the website in order to ensure that GPs and the public are aware of any changes.</p> <p>Website : Basildon hospital website – Southend website Phlebotomy</p> <p>DS. Addenbrooks are running a pilot with an APP for a smartphone we are interested in the results from the pilot.</p> <p>KJ Are you aware there are lots of gaps and problems in the community. Buses are being cut; lots of vulnerable patients are at risk. One surgery in Tilbury issues just 10 – 11 slots. DS We are looking to find the best places within the community to run this service and are very Interested to have this conversation with you. LJG suggested a meeting with Kim James from Healthwatch would be a good start.</p> <p>DS Said he would make contact with the CCG to arrange these meetings. Also Healthwatch it is important that we Invite the right people, Good feedback from this CRG group was essential.</p> <p>A member of the group wished to pass congratulations regarding the Orsett service. DS said we are looking for a further two rooms and need to look for areas to accommodate this service.</p> <p>The CCG plans to develop the health hubs in the longer term would be an ideal way forward.</p>
<p>5. Connect</p>	<p>Presentation given to the group.</p> <p>Connect went through a small presentation outlining the MSK services that are provided via Connect.</p> <p>The service operates across 5 sites</p> <p>The GP would need to generate a UBRN number for patients needing an appointment</p> <p>As this service has only just started we do not have any data to share. We will be sharing data over the next few months.</p> <p>Questions:</p> <p>The group advised the Connect team that there were a lot of patients that had not been seen and were still waiting on appointments.</p>

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	<p>Hand over was not successful. A lot of patients were not on the system; we did not anticipate or envisage the volume that we received. But we have managed to address all outstanding patients that had been waiting.</p> <p>Healthwatch advised that they were receiving lots of calls. Who do we refer these to? Action HB to liaise with KJ</p> <p>Who are you and are all GPs aware of this system? No they are not. We are out their training and we continually sending communications to all surgeries. We are a company that provide this type of service in other areas .LJG explained the procurement exercise that the company had to pass in order to win the contract.</p> <p>Were all the current staff transferred to Connect? Yes all of the staff was taken by Connect under TUPE.</p>
<p>6.</p>	<p>Health Hubs</p>
	<p>Rael G presented his paper to the group.</p> <p>The presentation was unfortunately an incorrect version. Action circulate the correct version</p> <p>RG explained that this was the transformation funding from the NHS E. there was an urgent need to get the four hubs up and running in order to get them established.</p> <p>The difference of the Hubs and the WIC is that you get a full GP service. You are linked into the IT service and all information will go back to your GP, you will also be able to be referred if you require additional services.</p> <p>Getting through to the Hub/GPs is proving a problem? We are looking to implement a Mobile number, and this is the only number that will be used. This will ensure that the practice can continue with their own practice patients.</p> <p>If your practice is not on “system one” what is the process? There is a fax service, and they are using the secure safe haven process.</p> <p>LJG said it is important to understand that these are weekend pilots at the moment and it is for the CCG to develop plans with public engagement on how to expand the hub services in the future and tailor them for the areas they serve.</p>
<p>7.</p>	<p>AOB</p>
	<p>Defibrillator:</p> <p>A member of the group asked about defibrillators saying there is one outside Corringham library. Can there not be one outside other areas? The Group were advised that they do not usually put them outside locations unless someone is trained in the building.</p> <p>The group were advised that In the community there is someone raising funds to obtain the Defibrillators for Thurrock.</p> <p>Multi appointments – some GPs allow and some don’t. It is down to the GP/surgery.</p> <p>KJ from Healthwatch advised the group of a few events coming soon</p>

22 May – 1- 4. Brain injury week.

Different services will be there to answer any questions.

Older people's parliament. 21 July 10 – 12

All this information can be found the health watch website.

New service support families' new education plan leaflets on your tables, please take one.

LJG Thanked every member of the CRG group for their support over the time that the group has been running and said that he felt sure that his replacement would continue to have their support and the people of Thurrock voice would continue to be heard and listened too.

The next meeting is not scheduled until July, I am looking to possibly to hold one at the end of June and I am hoping to bring the new Lay Member to meet you all. I will be emailing soon to inform you if this is possible or not.

The group thanked LJG for ensuring their voices were heard and keeping them informed about health and social care issues.

Date of the Next Meeting

16th July 2015, 1.00pm – 3.45pm, The Beehive