



Thurrock
Clinical Commissioning Group

Commissioning Reference Group
Held on 16 July 2013 at
The Beehive, Grays

Present:

Andrea Cronin	Thurrock CCG
Phillip Clark	Thurrock CCG
Raj Ragiwala	CSU Procurement
Maureen Cushing	Hassengate Medical Centre PPG
P.F Woodcock	Hassengate Medical Centre PPG
R Gladhill	Sai Medical Centre PPG
Sue Cleall	Thurrock CCG
Tracey Bridger	PPG Secretary
Lorna Ling	Stifford Clays Health Centre PPG
William Little	Stifford Clays Health Centre PPG
Reginald Sweeting	Pear tree Surgery PPG
Tania O'Halloran	TLC Care Services
Jean Patnell	TOFF
Ged Brady	Thurrock Mind
Mike Riley	Healthwatch Thurrock Primary Care
Joyce Sweeney	Healthwatch Thurrock
Leanne Celentano	Healthwatch Thurrock
GF Tidman	Thurrock Stroke Project
GJ Andrews	Thurrock Stroke Project
KJ Worth	Thurrock Stroke Project
Alison Pettit	Mental Wellbeing
Helen Cordery	Sorrells PPG
Elaine Dennis	Sorrells PPG
Lisa Barber	Thurrock Health Centre PPG
Terry Bradford	Chadwell Medical Centre PPG
Jennie Deeks	BTUH
Farhat Arif	

In attendance: Jessica Parr
Christine Celentano
Joy Joses

Minutes
NHS Thurrock CCG
NHS Thurrock CCG

Apologies: Rachel Webster
Kim James
Ceri Armstrong
Sue Gray
L Grewal

BTUH
Healthwatch
Thurrock Council
Cllr Thurrock
GP

1.	<p>Welcome & Introductions / Minutes of the last meeting</p> <p>Len Green (LJG) welcomed everyone to the meeting and introductions were made around the room. The minutes of the previous meeting held on 23rd May 2010 were agreed as a true record.</p>
2.	<p>Development of Primary Care Strategy Highlights</p> <p>Carolyn Larson introduced herself as the Head of Primary Care for NHS England to the group and explained that she was at the meeting to give an update about where they are with the Primary Care Strategy. CL also detailed that she has worked in South West Essex since 2009 and is familiar with Thurrock areas and issues.</p> <p>CL started by informing the group that NHS England holds the mandate and this holds the organisation to account.</p> <p>The indicators in the NHS outcomes framework are grouped around 5 main domains. For each domain there are a small number of overarching indicators followed by a number of improvement areas.</p> <p>Alongside the domains there are 5 offers which are set out in NHS England's planning framework. These include services 7 days per week, more choice and transparency, listening to patients, more data and info and higher standards.</p> <p>CL Said that the strategic plan will be produced by the end of 2013.</p> <p>The timetable for Essex states that the document should be ready for discussion in July/August. There should be early engagement workshops in September. Another series of workshops will be held in October. Finally in December/January the strategy will be published.</p> <p>CL pointed out the Vision for Essex – Quality, sustainability, patient focussed and innovation.</p> <p>The key challenged pointed out were financial constraints, workforce, use of premises and need for things to be done differently.</p> <p>CL brought the presentation to an end by asking the group whether there were any questions.</p> <p>A member of the group asked why there are not more training services for Drs in this country. It was explained that Health Education England are the new body now in charge of training. There is also an idea about creating federations where practices come together and sharing their staff.</p> <p>Another member of the group queried who monitors NHS England. It was brought to the groups attention that the CQC started inspections of practices in April and that ultimately NHS England are held to account by the secretary of state for health – Jeremy Hunt.</p>
3.	<p>Patient Experience Manager BTUH</p> <p>Jenny Deeks introduced herself as the new Patient Experience Manager at BTUH a role that she has only been in for the past two weeks. JD also sent apologies for her colleague Rachel Webster who's role is PAL's</p> <p>JD explained to the group that she is an experienced nurse and does not have a</p>

	<p>business background therefor is still learning and bringing her nursing point of view to the role.</p> <p>With regards to the Keogh Report JD explained that there was nothing in it that BTUH were not expecting but as she has not read it in full yet she could not make any other comments.</p> <p>It was highlighted that more input is needed for the friends and family test and this is a project which is currently being improved.</p> <p>Finally JD wished to express to the group that she is available anytime to visit patients whilst on duty at the hospital and asked that LJG circulated her contact details.</p> <p style="text-align: center;">Action: LJG to circulate JD's contact details</p>
4.	<p>Proposed Musculoskeletal MSK Tier Hub</p> <p>Phillip Clark introduced himself and presented on the development of the Musculoskeletal Services Framework for Thurrock residents.</p> <p>It was firstly explained that this is the framework of the body i.e. bones. The wish is to have all the services at one place; including assessment, diagnosis, treatment or referral to other specialists.</p> <p>The benefits expressed were;</p> <ul style="list-style-type: none"> - Improved integration of services - Collaboration resulting in improved health outcomes - Avoidance of duplication and elective admissions. <p>The group were informed that Len Green would be the Lay person for the evaluation. The risk register for this project is currently being compiled and places full responsibility of outcome back to the provider.</p> <p>Raj Ragiwala explained that if the contract is awarded it will be for 3 years initially. The procurement process will check for certification, experience and capacity before inviting anyone to tender. The requirements are based on 70% quality and 30% pricing. At the end of the process only if the service is deemed viable will it be procured.</p> <p>A series of related general questions were raised on the service specification and the group were generally supportive of the proposed new service requiring updates on the progress prior to the final decision.</p>
5.	<p>Pre-Arranged AOB</p> <p>LJG updated the group on the following subjects;</p> <p>The stroke review - This took place on 2nd July 2013 and was also raised at the Health and Wellbeing Board. A letter was received yesterday from NHS England stating that they would not be going out to consultation until October.</p> <p>Some further answers were required in relation to the letter regarding the changes to timescales that had just been received the Chair said that he had recorded the points raised by the group and would write requesting answers and bring this back to the next meeting.</p> <p>Pathology - This is still being looked at and the patient and public concerns are well recorded it is also at a commercially sensitive stage at the moment and more info will</p>

	<p>be coming out about this in the near future and the Chair will inform the group once it is known.</p> <p>Acorns/St Clements - NHS England have been contacted about this and it is still an on-going matter.</p> <p>Chiropodists - If feet are in a good condition then an appointment with the practice nurse can be made. It was brought to attention that it is very difficult to get an appointment with a podiatrist. LJJ is to bring this up with the CCG at the next Board meeting</p> <p>Pharmacists and Dosage boxes - PC is trying to find out some information regarding this matter. He is mainly trying to understand whether it is down to discretion or clinical reasons.</p>
6.	<p>Home befriending and Active Lives</p> <p>Age Concern attended the meeting to present 3 different services to the group.</p> <p>The first service presented was the Befriending Service. This provides company and friendship for over 60s in the Thurrock area. This includes telephone calls, home visits and taking clients out. There are current vacancies for clients and volunteers and referrals are taken over the telephone.</p> <p>The second service presented was the Active Life Service which is also available for over 60's who wish to regain their confidence. This service is for clients who do not have physical restrictions but wish to improve their confidence.</p> <p>It was explained to the group that the reason all services are for over 60s is because the funding received from the Council was made on this agreement.</p> <p>A member of the group suggested that Age Concern linked in with other services so that they have more scope for their befriending service to meet new people.</p> <p>The final service that Age Concern presented was the digital befriending service. This is Skype through the television where clients can call others with the same box or friends with Skype on their own laptops or smartphones. This service is free for 3 months and then if clients wish to purchase a unit it will cost £180 with free set up and help setting up accounts.</p>
8.	<p>Next Meeting</p> <p>Next meeting will take place on 16th July 2013 at the Beehive.</p>

Dear Len,

I am sorry it has taken quite a long time to respond to your enquiries about the Essex Stroke Review. Several of us have been away at various times in August. Once we get the engagement project fully underway from next month onwards, I will make sure that we respond within five working days to any enquiries like these.

For ease of reference, I've included your question, or part of it at least, before presenting the responses in blue below.

Best wishes

Wendy Smith, Chair of the Communications Group
Essex Stroke Review
07748 116416

General comment on our commitment to meaningful consultation

The Essex Stroke Review is fully committed to decisions based on strong evidence. The aim is to ensure that Essex patients are cared for with services that meet nationally-recognised standards. Fast access to diagnostics and thrombolytic treatments, combined with fully equipped acute and hyper-acute stroke units is now accepted practice. The Review seeks to establish how we put this into operation in Essex in a sustainable way and with maximum benefits for stroke patients.

The consultation process will enable a wide discussion to take into account fully the implications and important issues in regard to the patient and carer experience.

The project already has a good level of engagement from stroke survivors and carers, as well as community representatives, such as Healthwatch, Health and Wellbeing Boards and HOSCs. On this basis, we are confident that there will be a meaningful consultation process that will be essential to developing an effective stroke pathway for patients of Essex, Southend and Thurrock.

Can you inform us please how many patients/public and carers have been involved to date in the working groups that decided on the current identified options and where they were from?

The recommendation (that was made in February 2013) for hyper-acute stroke units (HASUs) in Essex came from a comprehensive options appraisal carried out by all of the lead stroke commissioners in Essex and an external independent advisory group of clinicians that was set up by the Midlands and East SHA cluster. This part of the process included advice and feedback from the Stroke Association, representing stroke service users, survivors and carers at regional level. The panel for the final options appraisal itself included an independent service user from outside of Essex.

The current Essex Stroke Review is making an in-depth investigation into the potential model for Essex, building upon the previous work, but looking in more detail at operational and service user issues. This is the right time for wider

patient and public involvement. The previous process was concerned mainly with clinical and capacity modelling.

Is the statement in the attached letter "if you wish to be part of this project for about 2 or 3 meetings" referring to the consultation process group or the working groups looking at the options?

This statement refers to the consultation process group.

What are the terms of reference for these groups?

The terms of reference for each of the working groups in the Essex Stroke Review are attached.

Can you please clarify if other options are being explored or that the current options recently proposed will not change prior to the presentation to CCG boards?

The Essex Stroke Review is investigating the clinical case for change to the pathway for stroke services, which includes:

- a review of the clinical evidence that demonstrates improvements in patient survival rates and outcomes, and specifically what we could expect from changes in Essex
- consideration of the operational model and likely performance for ambulance services, HASUs, ASUs and community rehabilitation services
- a review of the likely service costs and potential investment needed.

Informed by the findings of the above work, the shortlisted options that were previously appraised will be reviewed. The previous appraisal process demonstrated that two or three HASUs would be best for Essex. It is highly unlikely that the current review will produce any evidence to support a case for more than three and this will be explained in the public consultation document.

The previous appraisal process demonstrated that there could be 6 potential options from a possible 31 configurations involving Basildon, Chelmsford, Colchester and Southend Hospitals. Subject to the findings of the current Essex Stroke Review, the pros and cons of these 6 options will be presented in the public consultation document for wider views and feedback.

Ends.