NHS
Thurrock
Clinical Commissioning Group

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

**Present:**

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| Jackie Sparrowham | Aveley Medical Centre |
| Olga Benson | Aveley Medical Centre |
| Lita Walpole | Shehadeh Medical Centre |
| Sue Gray | Pear Tree Surgery |
| C Gray | Thurrock MIND |
| S Nochls | Thurrock MIND |
| Steve McKenna | Neera Medical Centre |
| Steve Andrews | Stroke |
| Lorna King | Stifford Clays Health Centre PPG |
| William Little | Stifford Clays Health Centre PPG |
| Reginald Sweeting | Pear tree Surgery PPG |
| Tracey Bridger | East Thurrock Medical Centre |
| Lynn Heath | Dr P K Mukhopadhyay |
| Joan Van de Peer | Dr P K Mukhopadhyay |
| Brian Van de Peer | Dr P K Mukhopadhyay |
| Christine Ludlow | Horndon-on-the-Hill Surgery |
| Reginald Sweeting | Pear Tree Surgery |
| Joyce Sweeny | Healthwatch Thurrock |
| Mike Riley | Dr Sidana and Healthwatch Thurrock |
| Kim James | Healthwatch Thurrock |
| Alison Pettit | Dr Colburn |

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| In attendance: | Judith Harding | CSU |
| | Irene Lewsey | Thurrock CCG |
| | Dr Anjan Bose | Clinical Lead |
| | Jessica Parr | Minutes |
| | Christine Celentano | NHS Thurrock CCG |
| | Joy Joses | NHS Thurrock CCG |
| | Gemma Curtis | NHS Thurrock CCG |

Apologies:
Ceri Armstrong
L Grewal
Maureen Cushing
Kristina Jackson
Phillip Clark
Chris Hamilton
Sue Cleall
Lesley Buckland
Yash Gupta
Graham Tidman
Lisa Barber
Mel Porter
Dr Ambikapathy
Tania O'Halloran

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| 1. | **Welcome & Introductions / Minutes of the last meeting/ Declaration of Interest**<br><br>Len Green (LJG) welcomed everyone to the meeting and introductions were made around the room. The minutes of the previous meeting held on 16th July 2013 were agreed as a true record.<br><br>LJG asked the committee whether anybody had any conflicts of interest to declare based upon the agenda; Dr Bose declared an interest which was that he is a GP. |
| 2. | **Mental Health Strategy**<br><br>Irene Lewsey introduced herself to the room and introductions were made by the group. IL explained that she had hoped to come with options appraisals today but as they are not ready she will be discussing 3 major things that her team are working on at the moment instead.<br><br>IL started with the Mental Health Voluntary Sector Contracts explaining that this had had clinical involvement plus provider involvement. Workshops have also been held in line with the Mental Health Strategy.<br><br>The group were informed that an options appraisal has been carried out.<br><br>Option 1 - Do nothing and there will be no change. It is felt that this is not really an option.<br>Option 2 - Reduce the current contract value, which IL also felt is not an option.<br>Option 3 - Decommission services, this is also not an option as it takes too long.<br>Option 4 - Decommission services and commission a resource centre, this option is a possibility.<br>Option 5 - Cease funding of building based services and commission a personal budget framework. This is the most likely option.<br><br>The group were also informed that a quality impact assessment was also carried out, and option 5 was the best quality option.<br><br>There is work to be done in 2014/15 mapping out services and working with voluntary organisations. They have sent off a bid to be a pilot to the personal health budgets, and then patients can decide where they want to go and what services they require. The CCG have been asked to keep the contracts where they are for the moment to allow time to work with the voluntary organisations. IL then briefed the group on the dementia challenging behaviour pathway.<br><br>IL went on to explain that this is all being done now due to the Francis report, Winterbourne, the Dementia Strategy, Mountnessing Court, Primary Care, blockages in A&E, people going straight from A&E to Care and Residential homes and the ageing population.<br><br>The pathway redesign work has been lead by a GP from the Castle Point and Rochford area and a psychiatrist.<br><br>IL then explained that looking at the current pathway and the different options proposed it was really not an option to do nothing especially in light of the recent reports previously mentioned. Focusing on inpatient redesign and pathway redesign with community investment may have funding costs.<br><br>GPs have looked at the patient pathway and have expressed that they wish to have 1 phone number and propose to have a community team that can help in a crisis. If patients are discharged with a community team this will create throughput. |

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| | IL stated that nothing has been decided yet and that there are still meetings to be held. She also explained that things are changing very quickly which is why there is no options appraisal. This is to be discussed with patients and carers at the beginning of October and is all information above is very sensitive and confidential until that happens.<br><br>The group questioned whether public engagement has taken place in this project. IL explained that as this is very sensitive area the clinicians need to look at this first to see what is clinically appropriate.<br>LJG added that he had a meeting with the PMO team to find out about engagement processes which they are working on at the moment and he plans to raise this at the next Board.<br><br>IL informed the group that she would be back to present again before a final decision is made at the CCG Board meeting.<br><br>Presentation to be circulated to group with draft minutes |
| 3. | **Medication Presentation – Dr Bose**<br><br>Dr Bose introduced himself to the group and delivered a medicines management presentation.<br><br>AB explained to the group that when registering with a GP Practice that they become a member of that practice and not a patient, until becoming ill. He then explained the definition of drugs and asked that this is remembered.<br><br>Copies of Dr Bose's presentation will be forwarded to all with the draft minutes. |
| 4. | **Thurrock CCG Website**<br><br>Joy Joses introduced herself as the Communications Manager for Thurrock CCG and displayed the Thurrock CCG website pages detailing what is included on each page and asked for any suggestions as she went through.<br><br>As Healthwatch Thurrock was displayed under signposting KJ pointed out that they are not a signposting service. JJ explained that there is also a separate Healthwatch section also included on the website which explains their full role.<br><br>A member of the group suggested having a voluntary group page including stroke, diabetes and the breathe easy groups.<br><br>A suggestion was also made to have links to each practice's website.<br><br>LJG informed the group that Joy's email address would be sent out with the minutes and pointed out that if anybody else had any other suggestions Joy updates the webpage daily.<br><br>**Action: Distribute Joy Joses' email address with minutes** |
| 5. | **Enteral Feeding Service Procurement**<br><br>Judith Harding introduced herself as the Feeding Service Dietician with the Medicines Management Team at the CSU and informed the group that she was here to deliver a presentation on the enteral feeding service procurement. Key points are outlined below. |

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| | The enteral feeding service is out to tender. This task started 2 years ago and will establish a very good service. It is a collaborative procurement between 4 CCGs, BTUH, SUH, NELFT and SEPT. The aim is to establish an enteral feeding and nursing service for adults and children across South Essex.<br><br>The proposal is to have the supplier delivering feeds, plastics and ancillaries to patients in hospitals and their own homes or usual residence. The hope is that this will achieve savings.<br><br>JH also informed the group what the current situation is detailing that the service has never been out to formal tender before now. There are currently 520 patients across South Essex receiving feed and plastics separately; children also have a different supplier. The new proposal will save a lot of wastage as stock checks will be carried out and one supplier will deliver to all. With regards to the level of nursing, this has been written into the service specification and nurses will be able to change feeding devices in people's homes if it suits their needs.<br><br>JH ran through the benefits for the CCG and also explained that the proposal ticks all boxes for the QIPP agenda – Quality, Innovation, Productivity and prevention.<br><br>JH ended by letting the group know that the communications have helped in the developments of questionnaires, nurses have been involved in pump trials and the nursing homes were also involved. There has been a bidder engagement day and a public engagement day. It was also brought to the group's attention that the uplift of the service will be written into the service specification to enable it to be at the family's convenience.<br>The meeting supported the proposed changes based upon the presentation.<br><br>Presentation to be circulated with draft minutes |
| 6. | **Pre-Arranged AOB**<br><br>LJG said he had been contacted by a number of the group requiring updates on the following subjects and has been asked to also mention the recent Health Overview and Scrutiny Committee's(HOSC) presentation on vascular services ;<br><br>**Pathology -** LJG informed the group that the CCG Board had not agreed to the Pathology proposal because they felt that the proposal could not meet the service level required and the public, patient views on this subject.<br><br>**Stroke -** This subject is now going to the CCG Board in November instead of September and from a presentation at HOSC seems to be linked with a vascular service proposed change.<br>It was stated within this presentation at HOSC that they held an extensive period of engagement in 2012/13; and I have already been asked by CRG members to query this at the next CCG Board meeting because no one appears or can remember having been consulted as stated.<br><br>KJ asked that LJG challenges the decision made by the CCG to not have a separate stroke piece at the Board meeting with public involvement. The CRG members asked for an action point to be raised which requests an extension to the October CCG Board for a clinical presentation on the proposed Stroke and Vascular services with a Q&A session to follow before the November final decision is to be made. |

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| | **Action: Challenge decision made by CCG and request October Clinical presentation with Q & A on Stroke and Vascular proposals.** |
| 8. | **Next Meeting**<br><br>Next meeting will take place on 19th November 2013 at the Beehive 1300-1530 |