

Clinical Commissioning Group**Commissioning Reference Group****Held on 23 May 2013 at****The Beehive, Grays****Present:**

Lita Walpole	Dr Shehadeh Surgery
Chris Hamilton	Thurrock Stroke Project
Tania O'Halloman	TLC Thurrock
Ged Brady	Thurrock Mind Advocacy
Clr Josh ??	Balfour Clinic
Bill Little	SCHC PPG
Graham Carey	Adult Safeguarding
Lynsey Nykerk	Health and Wellbeing
Reg Sweeting	Pear Tree Surgery
Mike Riley	Healthwatch Thurrock
Wendy Curtis	Belhus Ward Councillor
Charles Curtis	Belhus Ward Councillor
Sue Gray	Belhus Ward Councillor
Maureen Cushing	Hassengate Medical Centre PPG
Dr A Bose	NHS Thurrock CCG
Smita Patel	Practice Manager, Sai Medical Centre
Angela B	PPG, Sai Medical Centre
Jackie Sparroloham	Avely Medical Centre
Gerry Calder	TOFF/OPPG, Dr Masson
Olga Benson	PPG, Aveley Medical Centre

In attendance: Jessica Parr
Alana Stokes
Christine Celentano
Ceri Armstrong
Andrew Stride
Joy Joses
Melody Williams
Diane Searle

Minutes
Minutes
NHS Thurrock CCG
Thurrock Council
NHS Thurrock CCG
NHS Thurrock CCG
NELFT
NELFT

Apologies: Dr L Grewal
Lisa Barber
Terry Bradford
Brian Van de Peer
Joan Van de Peer
Pete Woodcock
Jackie Stevens
Kristina Jackson

GP Champion

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 22nd April 2010 were agreed as a true record.</p>
2.	<p>Complaints Procedure Update</p> <p>Andrew Stride introduced himself as the Head of Corporate Governance for BBW CCG and Thurrock CCG and began his presentation on the current complaints procedure; this presentation is to be circulated to all attendees. It outlined what has stayed the same, what has changed, what is the role of the CCG and who to contact.</p> <p>It was emphasised by AS how important it is to talk about what has actually stayed the same after the vast change in the procedure in April 2013.</p> <p>It was also pointed out that next year the intention is to have advocacy commissioned locally by Healthwatch as this would improve the service even further.</p> <p>AS then talked the group through what has been changed within the complaints procedure starting with PALS. It was explained to the group that PALS had been working well and was supported by the government. It now exists only for hospitals, community providers and mental health.</p> <p>The group were also informed that Healthwatch have now taken over signposting and they will be directing all future enquires to the appropriate services. Healthwatch also wished to point out that they would help members of the public with anything, either by phoning Healthwatch or NHS Thurrock CCG directly to be directed to the correct place.</p> <p>Next AS explained the role of NHS Thurrock CCG within the complaints procedure. Firstly detailing that the only complaints that the CCG are responsible for are for services that they directly commission, for example NELFT. They also have a responsibility to make sure that their systems are working plus those of the providers. Furthermore the CCG have a duty to ensure that they learn from complaints made.</p> <p>A member of the group queried where NHS 111 complaints should be directed and it was confirmed that these should go to Healthwatch.</p> <p style="text-align: center;">Action: Send Signposting hand outs to all attendees of CRG.</p> <p>The Chief Operating Officer of Healthwatch expressed concern that NHS England do not take complaints over the telephone and felt that something should be done about this promptly therefor they are currently creating a report to put forward to NHS England and the CCG.</p> <p>The COO of Healthwatch then went on to explain that Healthwatch was given the option to take on ICAs but as they are in their first year as a statutory business they declined on the basis that the Local Authority would commission it for another year until they make a final decision. Currently Healthwatch monitor and signpost for this service only.</p> <p>The group queried the feedback of complaints and it was pointed out that CCG deliberately cannot deal with GP complaints; this means that complaints do not get fed back to them. Therefore NHS England pick up these complaints and filter them to the Essex Area Team as they know the GPs because they hold the contracts for the practices.</p>

	<p>Currently feedback is also not given to Healthwatch although they can link in via Andrew Stride at the Health and Wellbeing Board meetings.</p> <p>Action: To acquire feedback from the Local Area Team</p> <p>Action: At next Board meeting raise the issue of poor service from NHS England</p> <p>The chair thanked Andrew Stride for attending the CRG meeting.</p>
3.	<p>NELFT Services</p> <p>Diane Searle introduced herself and her colleague Melody Williams and began by informing the group that NELFT cover an extremely diverse area and of their clear visions and key values. As their structure is so large they feel that it is important to have a local focus.</p> <p>It was explained to the group that NELFT was originally a mental health trust and the business unit now provides care to 110k + adults and children and they employ over 1.4k staff locally. DS wished to highlight the importance of NELFT working alongside other local teams, like Healthwatch and the CCG. DS also expressed to the group that she would encourage any complaints to help NELFT improve their services. It was pointed out that any complaints can go through Healthwatch and will be fed back to NELFT.</p> <p>It was described to the group that as NHS Thurrock CCG hold the contract for NELFT they set the KPIs and hold quality review meetings where they will scrutinise any quality and patient safety issues along with complaints and incidents. As they feel that they have a strong working relationship if anything comes up before the next meeting it would always be raised sooner if required. It was explained that this is the role of Jane Foster-Taylor, the Executive Nurse for the CCG.</p> <p>A member of the group suggested that it would be beneficial to have a member of the NELFT team attend Provider meetings in the future.</p>
4.	<p>Update on Health and Wellbeing Board</p> <p>The group were informed that BTUH are recruiting a new patient experience post to view a monthly patient experience report and look at the complaints and the patient Hospedia experience process.</p> <p>It was suggested that we should invite the new post at BTUH to the next CRG meeting.</p> <p>At the next CRG we are also planning to bring the Primary Care Strategy to the July meeting before it goes to the Health and wellbeing board.</p>
5.	<p>Prearranged AOB</p> <p>Fortis Update</p> <p>The Group were informed by Dr Bose that the CCG have made a temporary agreement with Fortis for another year. It was pointed out that there is a clause in the contract which states that 6 months' notice is required to terminate it, and the GPs are keen to do so.</p>

	<p>Stroke</p> <p>The group were also given a brief update on the stroke issue. It was established that LJG has written to Mandy Ansell regarding the lack of communication on this matter and requested that a meeting is arranged to hear more about the stroke project before it goes to the CCG Board meeting.</p> <p>LJG insisted that the group will get a say in this matter as it has previously been stated that there should be patient engagement before any consultation takes place.</p> <p>Action: Christine Hamilton to bring presentation which was presented at CEG to the next CRG meeting.</p> <p>Acorns</p> <p>The group were updated by Neil Harmer with regards to the plans to relocate the Acorns Surgery from the Queensgate Centre in Grays.</p> <p>The surgery provider is now North Essex Partnership Foundation Trust and caters for a broad mix of patients.</p> <p>There are now plans to restart the consultation on where the practice will be held, whether it will be at the same site or nearby at Thurrock Health Centre.</p> <p>As the landlord of the current site has sold ½ of the space to another company Acorns are now exploring all other options and taking the case to NHS England. They are currently allowing 6 weeks for a consultation and hope to have a decision made by September 2013. NHS England have recommended a shortlist of alternative sites and there will possibly be a patient consultation on 30th May 2013.</p> <p>The group strongly suggested that 30th May 2013 is too soon to have a formal consultation and there should be another patient meeting before this commences.</p>
6.	<p>TOR</p> <p>The group were handed copies of the Terms of Reference for the CRG meetings and asked whether they could find anything that would need to be amended.</p> <p>The following Amendments were agreed:</p> <p>Page 1 - Frequency of meetings to be changed to 6 times per annum Page 1 - Remove LINKs from membership Healthwatch to remain Page 4 – Under frequency and notice of meetings, change to 6 times per year.</p>
7.	<p>Next Meeting</p> <p>Next meeting will take place on 16th July 2013 at the Beehive.</p>