

Commissioning Reference Group

15<sup>th</sup> May 2014

The Beehive Grays

<b>Present:</b>	<i>Name</i>	<i>Organisation</i>
	Lisa McDonald	Manor Court Homecare
	Sue Gargan	Manor Court Homecare
	Mike Riley	Healthwatch Thurrock
	Olga Benson	PPG Aveley Medical Centre/TOFF
	Jean Patnell	TOFF
	R.I. Barnard-Hill	Tilbury Forum
	Ray Smith	Tilbury Forum
	Len Orpin	Stifford Forum
	Alison Pettit	Together for Mental Wellbeing
	Maureen Cushing	PPG Hassengate Medical Centre
	William Little	PPG Stifford Clays Health Centre
	Bryan Van de Peer	Thurrock Group Diabetes UK
	Dr L Grewal	Thurrock CCG/GP Chafford Hundred MC
	S Andrews	Stroke
	S.P Ambikapathy	Neera Medical Centre
	Lisa Barber	PPG Thurrock Health Centre
	Christine Jones	Face2Face Thurrock
	June Chapman	Chadwell Forum
	Roger P	West Horndon Forum
	Tony Davis	PPG East Tilbury
	Jan Hammond	
	Katie Rudland	NHS England
	Jenny Deeks	BTUH
	William Guy	Thurrock CCG
	Joy Joses	Thurrock CCG

	Joanna Springett	CSU
	Reginald Sweeting	PRC
	Tracey Bridger	PPG East Thurrock Road Medical Centre
	Christine Hamilton	Thurrock Stroke Project/Stroke Association
	Kevin North	Thurrock Stroke Project/Stroke Association
	Joyce Sweeney	Healthwatch Thurrock
	Graham Tidman	Thurrock Stroke Project/Stroke Association
	Jessica Parr	Thurrock CCG
<b>Apologies:</b>		
	Ceri Armstrong	
	Terry Bradford	
	Lita Walpole	
	Graham Tidman	
	Jackie Sparrowham	
	Annastacia Ngozai	

<b>1.</b>	<b>Welcome &amp; Apologies</b>
	<p>Len Green introduced himself to the group as Lay Member and Deputy Chair of Thurrock CCG. Introductions were also made around the room.</p> <p>Conflicts of interests – LJG pointed out that Dr Grewal could have possible conflicts of interest as he is a GP.</p> <p>Minutes from previous minutes were previously circulated and no amendments were made.</p>
<b>2.</b>	<b>Stroke Association Thurrock – Christine Hamilton</b>
	<p>CH introduced herself to the group and presented slides about the Stroke Association.</p> <p>CH explained that The Stroke Associations jobs include research into stroke, signposting and education on stroke plus stroke groups which are run by Christine. CHG also informed the group that the stroke group also act as a voice for everyone who has had a stroke.</p> <p>Christine informed the group that The Thurrock Stroke Project is a service run by her and is just for residents of Thurrock. CH went through an example of how the service works and what is included and the feedback given on this service.</p> <p>CH highlighted to the group that a stroke club has been set up within the stroke project</p>

	<p>for fundraising in order to go on days out with a wheelchair accessible coach or swimming and keeping the kinesis going.</p> <p>CH advised that she is more than happy to go out to groups and forums in the future with the same presentation in order to inform more people about The Stroke Association. Questions were taken.</p> <p>A member of the group questioned whether Asprin can cause stroke. LG acknowledged that Asprin is a good drug although conflicting research does continue to come out.</p> <p>CH confirmed that The Stroke Association are advertising the TIA clinic.</p> <p>CH advised that if there were queries around prevention she would be happy to go along to a forum or meeting and talk about it.</p>
<b>3.</b>	<p><b>BTUH Stroke Update – William Guy</b></p> <p>William Guy introduced himself to the group and let the group know he was there to give an update on the stroke service at BTUH. WG firstly went through the background of the service.</p> <p>WG informed the group about the proposal of investment in acute services.</p> <p>The group were informed that the CCG have been agreeing a series of performance indicator improvements with the hospital.</p> <p>It was confirmed that the issue around reconfiguring the hyper acute stroke unit has not gone away, there are policy issues with NHS England.</p> <p>WG confirmed that what can be offered from this exercise if it works is that Basildon Hospital will be in a much better position. The CCG would also push on not looking at it on an Essex wide basis but a South Essex basis.</p> <p>WG informed the group of other developments, including a review of the pathway including TIA clinic and a patient questionnaire. The patient questionnaire will be done in the inpatient setting, outpatient clinics and in the community. WG added that this is because the CCG are keen to get feedback on how informed people were about the care that they received.</p> <p>LJG introduced Katie Rudland from NHS England and asked her whether the consultation will be pushed back? KR said that she would take this question back to NHS England as she unfortunately could not answer it.</p> <p>Questions were taken.</p> <p>MC questioned WG about the importance of quality of outcome rather than cost saving. William explained that this is indeed important and that early supported discharges will help with this and when service is good money saving will follow.</p> <p>The group raised queries around the 72 hours treatment rule and were concerned if when stable you are discharged.</p> <p>WG explained that the Initial 72 hours in A&amp;E at BTUH is as good as Southend</p>

	<p>Hospital would be as far as initial treatment. Furthermore it was explained that if you presented to the ambulance service with a stroke you would be sent straight to Southend Hospital, if you was in A&amp;E at BTUH and was stable to be moved you would be moved to SUH but if you was at BTUH and was too unstable to move that is when you would have your initial treatment at BTUH. The reason for this is because BTUH have an acute unit but SUH have a hyper acute unit meaning you would go there for the initial 72 hours of treatment.</p> <p>WG confirmed that in terms of initial intervention finding the cause of the stroke is what needs a 4 hour window for imaging and a consultant.</p> <p>MC asked if there is a quota of health checks that the GP has to do per year. LG advised that anyone who reaches the age of 40-74 would be invited in for a health check and there are regular over 75 checks. A member of the Public Health team from Thurrock Council informed the group that they have not reached the targets of health checks this year although have reached targets of how many have been offered. It was explained that not everyone is eligible ie if you have already had a stroke or have heart disease.</p> <p>With regards to issues around investment in the voluntary services WG advised that this can be done via the Better Care Fund and can achieve better outcomes. As there are things the voluntary sector do that the NHS can never deliver, they will be looking at how investments can be made with the council.</p>
<b>4.</b>	<b>Beat the Street</b>
	<p>Veronica Reynolds and Karen Rudder introduced themselves to the group and presented on Beat the Street.</p> <p>Veronica Reynolds informed the group that she has worked on the project with Dr William Bird.</p> <p>VR explained that the Beat the Street project uses the latest technology to get people walking. The current guidelines in this country are 150 minutes a week of activity and VR talked through the benefits of physical activity.</p> <p>VR informed the group that Beat the Street involves boxes being installed to 104 lamp posts in the area and all children will receive a fob pre-registered to them at school. Adults will receive a card and there will be 60k cards given out in Thurrock. Points can be won for schools and prizes donated from local businesses can also be won.</p> <p>The scheme will run from 11 June to 22 July 2014 and the website will be launched in one weeks' time.</p> <p>The group suggested organising a walk with a lot of people so that they can be safer in the area and a walking group that can be sponsored to raise money.</p> <p>The group queried whether there would be a problem with vandalising of units. VR confirmed that there have not been problems so far and they are very vandal proof.</p> <p>Thurrock.beatthestreet.me will go live on the 6<sup>th</sup> June 2014.</p>

<b>5.</b>	<b>Sodium Content in Soluble tablets</b>  <p>Dr Bose introduced himself to the group and gave a presentation on the sodium content in soluble tablets.</p> <p>AB felt as a lot of conditions require a reduction of salt we need to be aware of sodium in tablets.</p> <p>AB presented findings from researched carried out.</p>
<b>6.</b>	<b>Pre-Arranged A.O.B</b>  <p>Fortis Update- LJG confirmed that the CCG have given Fortis notice and from July 2014 surgeries will be referring via chose and book.</p> <p>Pathology Service Update – KJ and LJG went to a meeting recently and were advised that the new service will be consultant led and have responsibility for the quality of service. LJG pointed out that the reality is that the money needed to invest was so great that the hospitals wouldn't have afforded it so there will be a hub covering both hospitals and it is a KPI that nobody will be left worst off. In conclusion an excellent service has been created for the future and this now needs a final approval.</p> <p>Vascular Services – LJG confirmed that there was no consultation and Healthwatch have written to NHS England and will write again as they are still waiting for a reply. The Project team have confirmed that they felt there was no need for a consultation.</p> <p>Everyone Counts – CCGs are supporting practices with this and there will be £5 per head per person aged over 75 years. LJG advised that this is a 2 year scheme and money from year 1 must be spent in year 1 and money from year 2 in year 2. It was pointed out that this is a moving project and is not new money.</p> <p>Diabetes, sharps boxes removal – LJG reported that only 1 chemist in Thurrock does not take sharps boxes back and that is Brian's. It was also reported that as part of the enhanced contract whoever issues the box should take it back. KR agreed that this was also her understanding but will feed it back to NHS England and report back.</p> <p><b>Action: Katie Rudland to confirm sharps box removal contract</b></p> <p>Dr Bose suggested writing to local pharmacies on behalf of the CCGs to find out who does and does not take the sharps boxes.</p> <p>Joyce Sweeney suggested that if there were any concerns about relatives in care homes to let Healthwatch know.</p> <p>Upper GI cancer waits - LJG confirmed that patients would go to Broomfield hospital for treatment and according to a certain criteria transport can be provided.</p> <p>Chose and book – LJG informed the group that if a London hospital is chosen by a patient via choose and book the patient must ensure that they can make their own way there.</p> <p>Shingles Vaccine – LJG reported that the shingles vaccine is only given to people of a certain age because they are at the greatest risk. The group queried why it was a certain age bracket. KR advised that she will raise this with Public Health England</p>

and LJJ is to raise this at the next Health and Wellbeing Board.

**Action: Katie Rudland to ask Public Health England about age group for shingles vaccine**

**Action: Len Green to raise shingles vaccine age group at Health and Wellbeing Board**