NHS
East Surrey
Clinical Commissioning Group

Patient Reference Group Meeting
Tuesday 14th October 2014
Nutfield Lodge

Minutes

Welcome and Declaration of Interests – Chris Burgess

Chris welcomed everyone to the meeting and asked the group whether anyone had any declaration of interests. There were no DOI's to be recorded.

You Said, We Did – Carol Rowley

'You Said, We Did' sheets were distributed on the tables for members to take away and feedback to their Patient Participation Groups. This document summarises what the CCG has done with comments or concerns that patients have raised with the CCG.

Wellbeing Prescriptions – Carol Rowley

Two practices in the Tandridge area are taking part in a pilot scheme for a 'Wellbeing Prescriptions' service. We noted at previous PRG meetings that members felt Voluntary Sector Groups needed to be used more and this scheme will help. The CCG has worked closely with Tandridge District Council and Tandridge Council of Voluntary Services to put together a database of local voluntary sector groups that are available in the community. GPs will be able to write a prescription for patients to see a well-being advisor, who will discuss with the patient what they need, and will then direct them to the right local support service in the community.

Future of Primary Care – Adam Wickings, Head of Assurance and Delivery, Surrey & Sussex Area Team, NHS England

(See slides 1)

Adams presentation started by explaining the difference between primary/secondary/community care and who commissions these different services. He explained that GP practices are currently commissioned by NHS England. They are small businesses who hold a contractual agreement with NHS England. Pharmacies are mostly private businesses (independent contractors of NHS work). Community Trusts, for example First Community Health and Care, who are commissioned by CCGs, are mostly paid on a block contract which is agreed on a yearly basis. Mental Health services and Ambulance Services are also commissioned by CCGs.

Adam went through some of the important reasons as to why the NHS needs to change. These included:

- Money – Money coming in will remain flat, but demand will continue to increase
- Ageing Population – People are living longer with more health conditions, therefore the demand on the NHS is growing
- New treatments are being developed all the time leading to rising expectations
- Ageing GP workforce with a lack of new GPs coming forward

It was asked whether more money could be spent on up-skilling paramedics so fewer patients end up being taken into hospital. Adam agreed that putting more money into community health services is the best way forward.

The CCG has developed a Primary Care and Out of Hospital strategy and this is a key area that the CCG will be working on over the next 2 years. Adam thinks that the future of primary care will involve practices working together as a federation in geographical areas. This could involve practices seeing each other's patients, depending on the different skill sets and specialism of each practice. However, data flows and information governance will need to be managed carefully when sharing patient information.

Primary Care Co-Commissioning

At present, because funding responsibility is split between NHS England and CCGs, it makes it difficult to move investment from one area to another e.g. from hospitals into primary care. Therefore, for the future there has been talk of a national programme which will be aimed at giving CCGs the budget for Primary Care as well. As this may take some time to be put in place, NHS England are keen to work more collaboratively with CCGs. It was asked how GPs can be allowed to commission their own services and Adam explained that CCGs would need to find ways to deal with any conflicts of interest.

Community Hubs – Philip Greenhill Managing Director, Lee Davies Lead for Adult Community Services, First Community Health & Care

(See slides 2)

First Community Health and Care (FCHC) provide community services locally and many of the services provided at Caterham Dene Hospital. At present FCHC have 21 different services which have recently been reviewed. A lot of duplication has been found e.g. 21 different referral forms, one for each of the services. It was recognised that these services needed reviewing as some were very dated and gaps in services were also identified.

Lee Davies took the group through a real patient's journey, including the many different services the patient was referred into because of his multiple conditions. Each of the services carried out their own assessments of the patient. However, feedback from the patient highlighted that most of these assessments asked the same questions and a lot of this information could have been obtained from the GP record system which would have saved a lot of time and duplication. FCHC recognised that the patient needs to be involved in the journey and asked what they really want.

Lee talked us through the Community Hub Model (see diagram in slides) which includes a single point of access for GPs to make a referral. The CCG has started work with providers to produce patient records which all the providers can use. This will prevent patients being asked the same questions when they move from one service to the next service. The model will work around the patient having one multi-disciplinary assessment and a personal care plan will then be put in place. All the providers involved in the care of the patient will be required to attend regular Multi-Disciplinary Team meetings to discuss the needs of the patient.

The CCG, Surrey & Sussex Healthcare Trust (SaSH) and FCHC are working together to develop a safe platform which patient data can be loaded onto. Only clinicians will be able to view this patient data. This will allow clinicians to access the patients GP records, community records, hospital records etc.

Questions and Answers

Q - Are GPs going to have sufficient time to take on the extra work load?

A -The CCG has commissioned GP practices to carry out this service so it is an additionally commissioned service.

Q - In the past, there have been difficulties when different providers use different systems. Can the CCG ensure that this problem doesn't occur?

A - When procuring the new system, the CCG will make sure we have 'interoperability'.

Q – How are FCHC helping people in the community with Mental Health issues?

A – FCHC does employ MH specialist nurses and currently there is a lot of work going on to move MH services into primary care and community care.

Q – How are FCHC going to cope with the workload bearing in mind there is a shortage of District Nurses?

A – FCHC currently have vacancies for highly qualified nurses. Now that NHS pensions can be offered to FCHC staff, more people are applying to work for us. We have 56 nurses currently working for us and more are being interviewed on Friday to fill the 6 vacancies.

Philip and Lee are keen to receive feedback from patient's on the Community Hub Model, so please share with your PPG's and send any feedback to either Rhianna, Chris or Carol.

The general feeling from the meeting was that the PRG were happy to support this way forward and the Community Hub Model.

Discharge to Assess – Tanya Procter, Urgent Care Lead ESCCG

(See slides 3)

Tanya has been working with the CCG on 'Urgent Care' for the past year and most recently has been working on the 'Discharge to Access' project. This project very much focuses on the frail and elderly and more complex cases, who would normally need an assessment before they are discharged from hospital. The project aims to discharge a patient from hospital once they are medically fit, so they can then be assessed in their own home, rather than waiting in hospital for this to be done.

It's well known that the older you are, the longer you are likely to stay in hospital, so the aim of the project is to reduce the patients' length of stay in hospital.

Sheffield Model

A hospital in Sheffield ran a study and found that many patients were medically fit to be discharged, but they spent a long time waiting to be assessed which resulted in the patient staying longer in hospital.

To help tackle this problem, Sheffield developed a three step model - these steps can be found within the slides. East Surrey are replicating step three at the moment, switching to a model of 'discharge to assess' for the relatively small number of appropriate and identified patients. The plan for the future is to put in place step one and two as well.

The pilot in East Surrey went live on 22nd September 2014, and so far one patient has been discharged home to be assessed. This went well. It is recognised that this will be a slow moving process and will only be suitable for a small number of patients with a high level of need. This is currently being piloted on one ward at East Surrey. If the patient is discharged home and their condition changes, so they are no longer medically fit for discharge, the patient can be re-admitted easily, as their bed is kept available for 24 hours.

Tanya talked through a flow diagram which demonstrated each step of the process and this was circulated on the tables. A member asked whether waiting for medication would slow down the process. Tanya explained that pharmacies will be given advance notice to get the patient's medication ready for the following day. It was suggested that some local pharmacies deliver to patients' homes, so these could be used to avoid any delay. Tanya agreed to take this idea forward – **Action**

An important step of the process is that the patient's GP is informed in the morning, when a patient is going to be discharged on that day. Many members present found this reassuring, as in some instances they have found their GP to be unaware that they have recently been in hospital.

CCG Offices – Mark Bounds, ESCCG Accountable Officer

The CCG has until now been in temporary accommodation in the Caterham Barracks. In November the CCG will be moving into offices at Tandridge District Council in Oxted – this is good news as the CCG will be co-located with Social Services.

Medicines Management Update – Lizette Howers, Prescribing Advisor Medicines Management Team

(See slides 4)

Lizette attended the PRG meeting in October last year and was invited back, at the request of members, to give an update on some of the concerns raised last time.

Her slides showed links to the agencies which are in charge of overseeing medication regulations and pharmacies.

Packs sizes of 10

At the last meeting, a few members raised concerns over some medication being given out in strips of 10. Lizette added that she recently attended a meeting where a company were producing packs of 30 and she will be writing to this company to share her views as to why this can lead to wastage. Often packet sizes are set nationally, but pharmacists as a profession are trying to get everything packaged to 28 days. Lizette said this is proving to be a battle.

Antibiotic Awareness Week

17th-23rd November is 'Antibiotics Awareness Week', and the Medicines Management Team are working closely with GP practices, to try and educate patients that antibiotics are not always the best solution. For example, antibiotics will not work with viral infections. Posters and information have been circulated to practices.

Yellow Cards

If you experience an adverse effect to a medication, this can be reported on a 'yellow card'. GPs, pharmacists and patients are able to fill these in. This can either be done online or you can pick one up at your local pharmacy.

Purchasing medication on the internet

This was briefly discussed and Lizette strongly recommended that you avoid buying medication on the internet.

Questions and Answers

Q – Can more community pharmacists be trained up to become prescribers?

A – To become an independent prescriber can be costly and is a lot of work. (See slides). It would be up to the CCG or NHS England to decide whether they wish to commission this. - ***Action***

Q – Do the Medicines and Healthcare Products Regulatory Agency (MHRA) make unannounced inspections of pharmaceutical companies and do they have the ability to control the quality of what goes into pills etc?

A –The MHRA does undertake spot visits and their quality control is rigorous. The MHRA have a team of inspectors and if you have a medication which you think is problematic, they want to be informed. This can be done either by reporting it directly to the MHRA (link included in slides), or via Lizette or Carol.

Commissioning Intentions 2015/16 – Hayley Bath, Service Transformation Lead ESCCG

(See slides 5)

Prior to the meeting, East Surrey CCGs Commissioning Intentions 2015/16 document was circulated to members. This document outlines the CCGs Commissioning Intentions for 2015/16. Hayley explained that this is not a stand-alone document and its main purpose is to give a brief outline of what the commissioning plans are for next year. However, things change fairly rapidly so this document is updated all the time.

Carol has met various patient groups, including those hard to reach, to involve patients in the development of the Commissioning Intentions.

The Commissioning Intentions reflect the CCGs Strategic 5 year plan & Operating Plan. Priority areas for year 2 have been picked out (See slides). These priorities are areas which we have identified as needing improvement. Patients will be involved in their re-design.

The CCG has been working with Surrey County Council as part of the 'Better Care Fund'. This is a single pooled budget supporting both health and social care services to work more closely together. It was agreed that the group would like to hear more about the 'Better Care Fund' at the next meeting - **Action**

If you have any comments regarding the Commissioning Intentions, including the style of the document, please contact Hayley Bath – Hayley.bath@eastsurreyccg.nhs.uk

Questions and Answers

Q – What are the plans for monitoring the outcomes of the Commissioning Intentions?

A – Each area will have Key Performance Indicators (KPI's) around them, which will be monitored. All our commissioning needs to be focussed on improved outcomes for patients.

The CCG collates patient experience feedback e.g. soft intelligence from patients and from the friends & family test

Performance data is looked at to monitor whether patient health has improved etc.

The comment was raised, that patients need to know what they should expect from services before they are able to give feedback. Specifically they need to know any quality requirements which have been built in to the contracts, and what the KPI's for each area are. It was agreed that the quality team will attend the next PRG meeting to cover this - ***Action***

Q – It appears that neither Mental Health nor Domestic Abuse is included as part of the Commissioning Intentions for next year. Is this the case, as it was identified as a priority last year?

A –The Mental Health Strategy is included within the document. It is recognised that more work needs to be done on Domestic Abuse. The CCG is working with Surrey County Council and other partner agencies on this.

Patient Reference Group Terms of Reference – Chris Burgess

At the last meeting it was agreed that a few members of the PRG would meet with Chris to re-write sections of the PRG Terms of Reference (TOR). Chris thanked Alma and Bill for helping him with this. The amended TOR were circulated prior to the meeting. This included changes to the membership and voting sections. At the last meeting members of the PRG felt that patients who aren't involved in their practices PPG, but still have an interest in the health economy should still be invited to attend PRG meetings by the CCG. The new TOR has been re-written to reflect this.

First of all, a vote was taken on whether members wish to approve all the amendments in the document. The vote was unanimous to approve the amendments.

Secondly, a vote was taken to approve the amended TOR for the next year. The vote was unanimous to approve the TOR, and it was agreed this will be re-visited in a year's time, at the October 2015 meeting.

Around the PPG's – David Congdon, ESCCG Lay Member

Birchwood Medical Practice

Members of the Birchwood PPG attended the CCGs AGM last week, and asked whether fair shares will be given to all in East Surrey and that no more cuts will be made. The question couldn't be sufficiently well answered at the time so the group decided to be proactive and have started a campaign. Over the past week the group have collected 1300 signatures. Over the next month the group will continue to collect signatures and these will then be presented to the local MP – Sam Gymah

Mark Bounds explained that East Surrey CCG currently receives proportionally less than other Surrey CCGs and he is happy to share this high level information with Birchwood.

Patient Newsletter

Chris, Carol and the Communication team at the CCG are currently developing a new patient newsletter. A draft newsletter template was circulated on the tables and Chris asked members to consider what they would be interested in reading about. The following suggestions were made:

- No jargon/acronyms
- Should focus on health
- What is a CCG/PPG/PRG
- Each newsletter should start with a sentence explaining what a CCG is
- CCG member profiles useful

The newsletter will be distributed to surgeries and put up on surgery websites, but we welcome any other suggestions on how this newsletter could be distributed to reach as many patients as possible. The following suggestions were put forward:

- Could be made into a poster to be blown up and laminated and displayed on GP practice notice boards
- Birchwood sent their practice newsletter out with the flu campaign letters, so a similar approach could be taken by practices to distribute CCG newsletters as well.

  Any further suggestions would be gratefully received – Please email Rhianna.hills@eastsurreyccg.nhs.uk

Future PRG Meeting Dates

Thursday 19th February 15 – 7.00-9.30pm – Nutfield Lodge
Thursday 18th June 15 – 7.00-9.30pm – Nutfield Lodge
Thursday 15th October 15 – 7.00-9.30pm – Nutfield Lodge