

Voluntary and Community Stakeholder Reference Group Minutes 12 April 2016			
Date and time:	Tuesday 12 April 2016 Time: 10:00am-11:30am		
Venue:	Committee Room, Enfield CCG, Holbrook House, Cockfosters Road, Barnet, Herts		
Organiser:	Zoe Hodgson, Communications and Engagement Assistant		
Attendees:	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Gail Hawksworth, Head of Communications and Engagement, Enfield CCG (Chair)</p> <p>Alan Weinstock, Interim Operations Director, Age UK Enfield</p> <p>Tim Fellows, Chief Executive, Enfield Lesbian, Gay and Transgender Network</p> <p>Judith Mulligan, Chief Executive, Enfield Parents and Children</p> <p>Paula Jeffery, Chief Executive, Enfield Voluntary Action</p> <p>Lorna Reith, Retiring Chief Executive Officer, Healthwatch Enfield</p> <p>Patricia Mecinska, New Chief Executive Officer, Healthwatch Enfield</p> <p>Laura Andrews, Patient and Public Engagement Manager, Enfield CCG</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Resim Clear, Our Voice</p> <p>Khilna Gudhka, Our Voice</p> <p>Christine Whetstone, Chair, Enfield Over 50s Forum</p> <p>Niki Nicolaou, Third Sector Development Manager, London Borough of Enfield Representative</p> <p>Litsa Worrall, Volunteer, Elected Patient Participation Group Representative</p> <p>Michael Sprosson, Service Manager Procurement, London Borough of Enfield</p> <p>Rosie Lowman, Service Development Manager and Commissioning, London Borough of Enfield</p> <p>Zoe Hodgson, Communications and Engagement Assistant, Enfield CCG</p> </td> </tr> </table>	<p>Gail Hawksworth, Head of Communications and Engagement, Enfield CCG (Chair)</p> <p>Alan Weinstock, Interim Operations Director, Age UK Enfield</p> <p>Tim Fellows, Chief Executive, Enfield Lesbian, Gay and Transgender Network</p> <p>Judith Mulligan, Chief Executive, Enfield Parents and Children</p> <p>Paula Jeffery, Chief Executive, Enfield Voluntary Action</p> <p>Lorna Reith, Retiring Chief Executive Officer, Healthwatch Enfield</p> <p>Patricia Mecinska, New Chief Executive Officer, Healthwatch Enfield</p> <p>Laura Andrews, Patient and Public Engagement Manager, Enfield CCG</p>	<p>Resim Clear, Our Voice</p> <p>Khilna Gudhka, Our Voice</p> <p>Christine Whetstone, Chair, Enfield Over 50s Forum</p> <p>Niki Nicolaou, Third Sector Development Manager, London Borough of Enfield Representative</p> <p>Litsa Worrall, Volunteer, Elected Patient Participation Group Representative</p> <p>Michael Sprosson, Service Manager Procurement, London Borough of Enfield</p> <p>Rosie Lowman, Service Development Manager and Commissioning, London Borough of Enfield</p> <p>Zoe Hodgson, Communications and Engagement Assistant, Enfield CCG</p>
<p>Gail Hawksworth, Head of Communications and Engagement, Enfield CCG (Chair)</p> <p>Alan Weinstock, Interim Operations Director, Age UK Enfield</p> <p>Tim Fellows, Chief Executive, Enfield Lesbian, Gay and Transgender Network</p> <p>Judith Mulligan, Chief Executive, Enfield Parents and Children</p> <p>Paula Jeffery, Chief Executive, Enfield Voluntary Action</p> <p>Lorna Reith, Retiring Chief Executive Officer, Healthwatch Enfield</p> <p>Patricia Mecinska, New Chief Executive Officer, Healthwatch Enfield</p> <p>Laura Andrews, Patient and Public Engagement Manager, Enfield CCG</p>	<p>Resim Clear, Our Voice</p> <p>Khilna Gudhka, Our Voice</p> <p>Christine Whetstone, Chair, Enfield Over 50s Forum</p> <p>Niki Nicolaou, Third Sector Development Manager, London Borough of Enfield Representative</p> <p>Litsa Worrall, Volunteer, Elected Patient Participation Group Representative</p> <p>Michael Sprosson, Service Manager Procurement, London Borough of Enfield</p> <p>Rosie Lowman, Service Development Manager and Commissioning, London Borough of Enfield</p> <p>Zoe Hodgson, Communications and Engagement Assistant, Enfield CCG</p>		
Apologies:	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Ben Jabuni, Chief Executive, Mind in Enfield</td> <td style="width: 50%;">Ginnie Landon, Enfield Women's Centre</td> </tr> </table>	Ben Jabuni, Chief Executive, Mind in Enfield	Ginnie Landon, Enfield Women's Centre
Ben Jabuni, Chief Executive, Mind in Enfield	Ginnie Landon, Enfield Women's Centre		
Attendees	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Paul Gouldstone, Head of Medicines Management</td> <td style="width: 50%;">Jenny Mazarelo, Head of Primary Care</td> </tr> </table>	Paul Gouldstone, Head of Medicines Management	Jenny Mazarelo, Head of Primary Care
Paul Gouldstone, Head of Medicines Management	Jenny Mazarelo, Head of Primary Care		

<p>1.0</p>	<p>Apologies and Declarations of Interest: Apologies received were noted. There were no conflicts of interest.</p>	<p>Action</p>
<p>2.0</p>	<p>Minutes of last meeting and matters arising: The minutes of the last meeting were approved subject to the amendment to the spelling of Tim Fellows name and Khilna Gudhka, Our Voice being removed as an attendee.</p> <p>Action log: point 2 – Members asked that Stephen Wells provides a summary of the Commissioning Intentions and confirms when the full Commissioning intentions document will be available. Action: ZH to circulate the summary document.</p> <p>The group Terms of Reference was now available on the VCSRG webpage. Members agreed that approved minutes would also be uploaded on the webpage.</p> <p>It was noted that the Autism information session to be presented by Peppa Aubyn and Lesley Walls had been postponed to 12 July 2016 meeting.</p> <p>GH provided a short overview of the purpose of the group. MS highlighted the Council’s ambition to jointly commission with the CCG. Members agreed that RL could become a core member of the group.</p>	<p>ZH</p>
<p>3.0</p>	<p>Primary Care Access Update JM informed members that the Primary Care Urgent Access Pilot commenced in October 2015 to deliver 15,000 appointments from 2 hubs that were open 4-8pm Monday-Friday and 8 hours on Saturdays. Funding for the pilot was only available until 31 March 2016. The findings from the pilot will be fed in to the Urgent Care Review.</p> <p>During the pilot period, 6500 patients were seen. Over 1000 patients provided feedback on the service they received. The team was currently evaluating this service. Members noted that it was disappointing that the target number of patients had not been seen. The pilot ended on 31 March 2016.</p> <p>Over the next six months Enfield, Camden, Barnet, Haringey and Islington will discuss with NHS England the possibility of having a joint arrangement to take on responsibility for GP</p>	

	<p>services.</p> <p>Members asked a number of questions, including:</p> <p>One hub (South East) proved more popular, will this be borne out in the final figures and will the evaluation tell you why people were presenting?</p> <p>Answer: Due to the low number of people presenting the decision was made to close the hub at Green Lanes. There were only 2-3 patients presenting on a Saturday which therefore meant the service was not cost effective. The majority of people attending were in full time employment and education. The least popular day was Saturday.</p> <p>What do you anticipate coming out of the pilot?</p> <p>Answer: This pilot will help decide what to commission next. It has increased awareness that A&E are struggling, The CCG will be looking at ways to help and encourage practices to remain open for their full core hours.</p> <p>Only 6,500 patients seen out of the 15,000 extra appointments, what was the identified need and did money have to be returned?</p> <p>Answer: It took time for word to spread about the service. The number of appointments increased as the pilot continued. The remaining funding was used for the GP See and Direct service in the A&E department at North Middlesex University Hospital</p> <p>When will the evaluation be available?</p> <p>Answer: The evaluation was expected to be available at the beginning of May and would be sent to members of this group.</p>	<p>JM</p>
<p>4.0</p>	<p>Medicines Management update</p> <p>As part of the update, PG explained the process of prescribing as well as issues of Pharmacists ordering on patient's behalf and medicines wastage.</p> <p>The Medicines Management Team is responsible for cost, effectiveness and quality of medicines being prescribed. They are a team of 5 pharmacists who go in to Practices and speak to GPs. They constantly look at medicine costs to enable more patients to be treated effectively.</p> <p>Medicines wastage was estimated to be around £1million per</p>	

<p>year. GP prescribed drugs cost an average of £116 per head per year. Where patients were using repeat prescribing through a pharmacist, the default was to order all drugs on a patient's prescription even when the drugs may not all be needed as the patient may have an amount stored at home.</p> <p>There were a number of questions asked by the group, including:</p> <p>Where there is a set prescription fee, is the pharmacist being paid the supplier cost? Answer: PG said that there was an agreed price plus dispensing fee. Members noted that if patients choose to buy their medication over the counter the prescription was destroyed.</p> <p>Is the Doctor's system of prescribing/repeat prescriptions being looked at too? Answer: Doctors are encouraged to review repeat prescriptions. Pharmacists can also provide medicines review. It was noted that around 50% of medicines are not used correctly. GH explained that the CCG were advising patients to check medicines that they were ordering to help reduce waste.</p> <p>Dosette boxes, is there a payment to Pharmacists to do this? Answer: The guidelines on this were not always clear. GPs can recommend that a dosette box was provided, but there was no formal mechanism for this. Pharmacists can also identify a need for these boxes, but there was likely to be a cost.</p> <p>The Government was reviewing the process with the potential for robotic dispensing in future. As this may affect pharmacists, a consultation was taking place before any decision was made. The link to the consultation would be sent to members.</p> <p>There are issues with antibiotics, people can access them abroad and they are not always taken correctly. What can we do about this? Answer: The Government was working with GPs around</p>	<p>PG</p>
---	-----------

	<p>antibiotic prescribing. GH also explained that the CCGs were looking at ways of educating patients about the use of antibiotics.</p> <p>CW requested PG to write an article for the Over 50s Forum newsletter and also invited PG or a member of the Medicines Management team to attend the next Forum event. Action: CW to contact PG with details.</p> <p>Is there data on how many people go to pharmacists instead of GPs?</p> <p>Answer: PG said that there were national figures only. These will be affected if new proposals mean pharmacies have to close, particularly the smaller pharmacies. Members felt that these pharmacies often had more time to talk to patients about their medication.</p>	<p>CW/PG</p>
<p>5.0</p>	<p>Any Other Business</p> <p>Members discussed the proposal that the Voluntary and Community Stakeholder Reference Group (VSRG) joins with Local Authority group. Members agreed that the focus of the VSRG was a different from the Local Authority Voluntary group. It was also agreed that meetings will continue to be held at Holbrook House. RL confirmed that she was happy to be the link between the two groups.</p>	
<p>6.0</p>	<p>Details of next meeting</p> <p>The next meeting will take place on Tuesday 12 July 2016 in the Committee Room, Enfield CCG, Holbrook House at 10am-11:30am.</p>	