

Voluntary and Community Stakeholder Reference Group Draft Minutes of 10 January 2017 meeting		
Date and time:	10 January 2017 Time:10:00am-11:30am	
Venue:	Committee Room, Holbrook House	
Organiser:	Zoe Hodgson, Communications and Engagement Assistant	
Attendees:	Gail Hawksworth, Head of Communications and Engagement, Enfield CCG (Chair) Pamela Burke, Chief Executive, Enfield Carers Centre Tim Fellows, Enfield LGBT Network Chandra Bhatia, Enfield Racial Equality Council Paula Jeffery, Enfield Voluntary Action Resim Clear, Our Voice Khilna Gudyka, Our Voice	Georgina Diba, Team Manager, Strategic Safeguarding Adults Service Mark Eaton, Director of Recovery, Enfield CCG Jenny Mazarelo, Head of Primary Care, Enfield CCG Zoe Hodgson, Communications and Engagement Assistant, Enfield CCG Niki Nicolaou, Third Sector Development Manager, London Borough of Enfield
Apologies:	Litsa Worrall, Elected Patient Participation Group Representative Christine Whetstone, Enfield Over 50s Forum	Patricia Mecinska, Chief Executive, Healthwatch Enfield

1.0	Apologies and Declarations of Interest: Apologies received were noted. No conflicts of interest were declared.	Action
2.0	Minutes of last meeting, action log and matters arising: The minutes of the last meeting were approved. There were no matters arising.	

<p>3.0</p>	<p>Enfield Safeguarding Board Strategy</p> <p>Georgina Diba (GD) gave an overview of the Safeguarding Strategy. Enfield has had a safeguarding adult’s strategy since 2009. The Safeguarding Board has an independent chair and meets quarterly. GD sought views regarding what further actions the board needs to take. The group had a number of comments and questions, these included:</p> <p>Are you working with colleges? Many young people are now staying in colleges from 18-24. It is important to educate staff and students on what bullying is.</p> <p>GD said that they had not specifically worked with colleges, so this will be added into the actions for the Board i.e. working with those 18+ with awareness training for teachers and staff.</p> <p>The mayor is running a consultation on policing and crime in London it would be good for the board to work closely with this. What is your take on this?</p> <p>GD confirmed that they had carried out a piece of work regarding violence against women and girls. This identified a gap between working with the perpetrator and the victim, including the need to look at what support is provided to the perpetrator.</p> <p>Please could you outline the support you give?</p> <p>GD said that they help victims to achieve the outcome they require.</p> <p>How good is the link between safeguarding adults and hate crime reporting? What is the perception of this?</p> <p>The police have raised the issue that they would like to contact victims of hate crime when reported to Safeguarding Board. This is so that they can explain what is available to victims. This is difficult as many victims request no police involvement.</p> <p>Is there anything which can be placed in ‘Our Enfield’, to help get the message out?</p> <p>GD confirmed that she was happy to go out and speak to community groups. A film has been developed which could be used as an awareness raising tool.</p> <p>Action: GD to send copies of safeguarding adult’s strategy presentation to group members.</p>	<p>GD</p>
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<p>4.0</p>	<p>Evidence to adherence based medicine</p> <p>Mark Eaton (ME) explained that Enfield CCG was looking at the Procedures of Limited Clinical Effectiveness (POLCE). The CCG was reviewing the available evidence to make sure that these procedures were most effective for patients. This also involved looking at what other CCGs were doing; examples included hernia and hip and knee surgery. Some of these might be better managed through physiotherapy.</p> <p>Emergency treatment and suspected cancer referrals would not be affected.</p> <p>The group asked a number of questions, including:</p> <p>Why are people being referred for procedures when they don't need them? The patient can only go on the medical advice from their doctors.</p> <p>The GP does not have access to MRI or other diagnostic tools, when a patient presents in pain (e.g. painful knee) they refer them for tests based on this. If the results from these tests show something was wrong, but the GP was perhaps unsure of exactly what, the patient may be referred on. The CCG needs to make sure that patients can be assessed on up to date criteria. It was also important to look at community services which could provide patients with a better outcome e.g. physiotherapy</p> <p>Should there be a middle person who can make sure a patient is only referred for surgery when necessary?</p> <p>GPs should do this, but they only have a short time with the patient (8mins).</p> <p>Comment: People need to be made aware there are other options available.</p> <p>Enfield Voluntary Action and Healthwatch Enfield offered to hold information events about this consultation.</p>	
<p>5.0</p>	<p>Primary Care Update</p> <p>Jenny Mazarelo (JM) provided an update on primary care. This included information on the GP access hubs. NHS England agreed to fund four hubs; the first of which opened on 1 December 2016 at Evergreen Surgery. This was a 14 month contract with possible extension for a further 14 months. The other locations are: Palmers Green, Enfield Town and another in the North East locality. JM also provided an overview of the</p>	

	<p>GP See and Direct Pilot at North Middlesex University Hospital (NMUH). The group asked a number of questions including:</p> <p>What is the timeline for these? The three further hubs should be open by 21 January 2017.</p> <p>Can GPs only refer to a specific hub? There are two ways patients can access appointments at the hub. Patients can ring the central telephone number and be given an appointment at any hub. Also, patients can present at their own practice and be given an appointment at any hub.</p> <p>Will doctors at the GP hub have access to patients' medical records? This service has a data sharing agreement which all practices will need to review and agree. Patients will also be asked for consent to view their records when they present at the hub. This was a restricted version of the notes. Once a patient was seen at a hub this consultation will be added to their notes. If patients refuse to allow access to their record they can still be seen and treated and details of their consultation will be logged.</p> <p>What has the uptake been like? All weekday appointments have been used with 90/96 being used over the weekend. There were 26 do not attends (DNAs) over the weekend.</p>	
	<p>Any other business NHS 111 App – this was not yet launched. It will not take over from NHS 111, But an alternative. Patients can still ring 111. Action: More information will follow.</p> <p>Action: Terms of Reference – this will be deferred until the next meeting.</p> <p>Action: Request for Graham to attend the next meeting to present on CCG joint agreement with Enfield Council on the services each fund.</p>	<p>ZH</p> <p>ZH</p> <p>ZH</p>
<p>7.0</p>	<p>Dates of next meetings are: these are all held on a Tuesday from 10am-11.30am in the Committee Room at Holbrook House. Dates are: 4 April 2017; 11 July 2017; 3 October 2017; 9</p>	

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