

Camden Public and Patient Engagement Group (CPPEG) operational meeting

Date: Monday 14 January 2019

Time: 18:00 – 20:30

Venue: Camden CCG, Euston Tower, Room 1

Chair: Hilary Lance, PPG member

Present:	
PPG members	
Hilary Lance (HL)	Chair and PPG member
Kathy Graham-Harrison (KGH)	PPG member
Leon Douglas (LD)	PPG member
Christopher Morgan (CM)	PPG member
Ivy Johnson (IJ)	PPG member
Gill Walt (GW)	PPG member
Eli Collis (EC)	PPG member
John Levite (JL)	PPG member
Irene Fuchs (IF)	PPG member
Joanna Macrae (JM)	PPG member
David Richards (DR)	PPG member
Stakeholder members	
Liz Walker (LW)	Healthwatch Camden representative
Rosemary Frazer (RF)	Camden Disability Action
Camden CCG members	
Kathy Elliott (KE)	Vice Chair Camden CCG & Lay Governing Body Member responsible for Patient and Community Engagement
Simeon Baker (SB)	Head of Communications and Engagement
Martin Emery (ME)	Communications and Engagement Team
In attendance:	
Neeshma Shah (NS)	Director of Quality and Clinical Effectiveness
Dr Philip Taylor (PT)	Governing Body Elected GP Representative
Rachael Clark (RC)	Head of Medicines Management
Vanessa Cooke (VC)	Head of Primary Care
Nick McClelland (NmC)	Communications Manager
Colette Smith (CS)	Communications Manager
Katherine Ayers (KA)	Head of Communications Moorfields NHS Foundation Trust
Apologies:	
Oliver Green (OG)	Chair, Camden Disability Action
Caroline Allouf (CA)	Camden Carers Service
Anna Wright (AW)	Healthwatch Camden representative
Janet Guthrie (JG)	Age UK Camden representative
Ruth Appleton (RA)	PPG Member

1. Welcome and introductions

HL welcomed everyone to the meeting. Apologies were received and the minutes of the meeting dated Tuesday 6th November were then approved.

2. NHS England consultation on Items which should not routinely be prescribed in primary care: 28/11/18 to 28/02/19

Rachael Clark (RC), Head of Medicines Management and Dr Philip Taylor (PT), Governing Body Elected GP Representative updated CPPEG on new guidance related to items which should not routinely be prescribed in primary care. The presentation is [here](#). The key messages were:

During 2017/18 CCG guidance was published by NHS England for:

- Items which should not be routinely prescribed in primary care (Nov 2017); and
- Conditions for which over the counter items should not routinely be prescribed in primary care (March 2018)
- **Now – additional consultation** (28 November 2018 until 28 February 2019) - Items which should not routinely be prescribed in primary care: an update and a consultation on further guidance for CCGs:

Proposals for new commissioning guidance

Do not initiate in primary care and support de-prescribing	Initiate only after MDT review
<ul style="list-style-type: none"> ▪ Aliskiren ▪ Bath and shower preparations for dry and pruritic skin conditions ▪ Blood glucose testing strips costing >£10 for type 2 diabetes ▪ Needles for insulin pens costing >£5 per 100 ▪ Minocycline for acne ▪ Silk garments 	<ul style="list-style-type: none"> ▪ Amiodarone ▪ Dronedarone

CPPEG members welcomed the update and the opportunity to give feedback to the latest consultation. **Action 1:** The PPG members agreed to table the proposals at upcoming PPG meetings and give feedback back to the Medicines Management Team within the consultation deadline. **Action 2:** The consultation would also be disseminated via social media and forwarded to stakeholders for information and comment (e.g. Healthwatch Camden, Camden Disability Action and Voluntary Action Camden).

3. Primary care - locally commissioned services for 2019 and beyond?

Vanessa Cook, Head of Primary Care, Camden CCG gave an update on the current status in agreeing locally commissioned services for 2019 and beyond in Camden. The presentation is [here](#). The key messages were:

Locally commissioned services: 2019/20 and 2020/21

- Our proposal for investment in locally commissioned services (LCSs) for 2019/20 and 2020/21 has been approved by the CCG’s integrated commissioning committee and will be considered by the Governing Body on 16 January.
- The proposal was developed with wide stakeholder input and informed by a range of factors including population need, shared priorities, current LCS performance and potential gaps and system inefficiencies.

In developing the proposal, we were guided by the following objectives:

- Build on the outcome-focused commissioning approaches taken in 2017/18 and 2018/19
- Focus on delivering high quality care and reducing unwarranted variation
- For services to be easily accessible by all Camden patients
- Reduce reliance on, and avoid, activity in secondary care
- Increasingly support and link to the development of integrated care
- Ensure investment links to the achievement of finance and efficiency outcomes

- Align to the Camden Local Care Strategy, NCL STP and national directives

Overview of proposed LCS investment 2019/20 & 2020/21

- The current overall level of financial investment in LCSs is maintained for 2019/20 and 2020/21 (subject to confirmation of CCG financial allocation and approval by the CCG Governing Body).
- Four existing LCS will be re-commissioned with no changes.
- Other existing LCSs will be re-commissioned with activity, payment model and/or contracting model changes. No impact on patients is expected from these changes.
- Changes will be made in relation to enhanced care planning including refining the eligible patient cohort and revising the approach.
- Neighbourhood outcome measures and the approach to target setting methodology will be refined. To help deliver Camden's integrated care model, a number of shared outcome targets for primary and community services will be introduced.
- The CCG will introduce new services which support delivery of improved access, outcomes and QIPP during 2019/20. For example, teledermatology

Locally commissioned service	Change from current LCS	Overview of change
Neighbourhood outcome targets	Yes	Increase funding linked to outcomes and refresh/revise measures
End of life care	Yes	Introduce neighbourhood outcome target
Seasonal influenza	Yes	Move service to neighbourhood outcome target
Anticoagulation (warfarin)	Yes	Expand service and potentially contract with federations
Enhanced care planning	Yes	Refine cohort and introduce single payment
Homelessness	Yes	Refine cohort and revise payments
Asthma service (children and young people)	Yes	Increase payments for reviews
High risk drug monitoring	Yes	Increase number of drugs included in service and revise payments
Prostate cancer	Yes	Contractual change: include service in Universal Offer
IUCD/IUS and contraceptive implants	Yes	Contractual change: public health to commission from 2019/20
ABPMs	No	No change
Anticoagulation (DOAC)	No	No change
Post-operative wound care	No	No change
Childhood immunisations	No	No change
New service(s) which support delivery of improved access, QIPP and outcomes.	New	For example, teledermatology

Next steps

- The CCG will engage with stakeholders as we set the payment rates for individual schemes, within the overall agreed budget and payment models.
- The CCG will engage with stakeholders to refine outcome measures and targets which focus approved resources in the right places and achieve maximum value for public money.
- The CCG will continue to engage practices as commissioners in this work via locality committees.

- Practice views as providers will continue to be represented through the LCS stakeholder group which brings together LMC, GP federation, CPPEG and CCG representatives.
- Practices can have a one-to-one discussion with the primary and community care team if they have any questions or concerns.
- The CCG will meet regularly with the LMC and are available to attend GP federation meetings if members wish.
- The CCG will continue to provide regular updates to the Camden Patient and Public Engagement Group (CPPEG). CPPEG's Chair sits on the LCS stakeholder group

CPPEG members welcomed the presentation and the need for improved access outcomes and delivery of QIPP considering the financial challenge that the CCG was managing and asked that a representative from the Primary Care Team return later in the year (**Action 3**); to update CPPEG on delivery of the locally commissioned services and neighbourhood outcome targets delivered to practices.

4. **Moorfields Eye Hospital NHS Foundation Trust Moorfields City Road Site – potential move to St Pancras Hospital Site)**

Katherine Ayers (KA), Head of Communications (Moorfields) gave an update on plans for the potential move to St Pancras Hospital Site. A summary of the presentation is [here](#). The key messages were:

Who is Moorfields?

- Moorfields Eye Hospital is the oldest and one of the largest centres of ophthalmic treatment, teaching and research in the world.
- More than half of UK-based ophthalmologists and many overseas experts received their specialist training at the Trust.
- In collaboration with the UCL Institute of Ophthalmology, we have one of the largest ophthalmic research programmes in the world.
- Moorfields became a foundation trust in 2004, and now has over 20,000 public and patient members.

What is Oriel?

- Oriel is Moorfields proposal to build a new facility at the site of St Pancras Hospital in Camden, subject to consultation.
- Subject to approval we would then relocate all services from Moorfields Eye Hospital on City Road and UCL Institute of Ophthalmology on Bath Street in Islington to bring together high quality eye care, leading-edge research and the world's best education in ophthalmology.
- Camden CCG, on behalf of Islington CCG, will be leading a consultation on this proposal in 2019.

Current context

- The current hospital on City Road was built over 100 years ago, at a time when a fundamentally different model of eye care was delivered.
- The hospital has been subject to piecemeal modifications, refurbishments and upgrade works throughout its history.
- Moorfields are by far the largest provider of inpatient and outpatient hospital ophthalmology services in England, over double the size of the second largest ophthalmic provider

CPPEG members welcomed the update and asked that representatives from Moorfields present an update at the next CPPEG public meeting (**Action 4**) to inform local residents on the plans. The overall feedback was supportive of the proposal and members recommended that representatives engage with the local Healthwatch, Camden Disability Action, Visually Impaired Camden as well as Deaf Blind UK to engage with local residents.

5. CPPEG Members Reports – for discussion

The CPPEG committee representative reports and the Governing Body Patient Voice report were discussed and approved which can be accessed [here](#).

Action point 5: Adults Care Integrated Group. HL explained that the Adults Integrated Care Partnership Group was established in June 2018 and in Camden the integrated model of care for adults is being developed on a localised, neighbourhood basis and aims to achieve a collaborative partnership approach between GPs, social workers, community nursing, therapists, home care workers and the voluntary sector. This is a group of commissioners and providers who have the aim to work together to collaborate to design, deliver and evaluate integrated models of care in the community. This group has enabled collaborative working between Camden CCG, the London Borough of Camden and providers.

It was agreed that a representative from Camden CCG would attend a future CPPEG operational meeting to update CPPEG on current status of the aims of the CCG.

6. Any other business:

A summary of the NHS forward plan, CPPEG forward meeting schedule was disseminated to CPPEG members.

Higher Education Health and Wellbeing Campaign: Simeon Baker (SB informed CPPEG that using the remaining funds allocated for the Citizens Panel is was decided to focus on the health and wellbeing of Camden's extensive student population with the following main aims:

- Avoiding unnecessary A&E admissions
- Supporting students to access the right service
- Working with universities to better support their students on mental, physical and sexual health
- Promote GP registration (when joining) and GP de-registration (when leaving)

We are working with four universities – UCL, University of the Arts, University of London and Birkbeck, with events, social media, communications and engagement activities. **Action point 6:** CPPEG asked that the outcome of the project is reported back to CPPEG.

There was no further business and HL closed the meeting.