NHS
Lewisham
Clinical Commissioning Group

PUBLIC REFERENCE GROUP

Wednesday 20th June 2018

Cantilever House, Lee 14.00 - 17.00

PRG MEETING SUMMARY

MEMBERS PRESENT:

Beverley Weston	(BW)	Chair, PRG
Linda Killick	(LK)	Secretary
Kelvin Wheelan	(KW)	Member, PRG
Paul Brownlow	(PB)	Member, PRG
Sangita Kansal	(SK)	Member, PRG
Alex Camies	(AC)	Member, PRG
Michelle Nembhard	(MN)	Member, PRG
James Campbell	(JC)	Member, PRG
Teresa Rodriguez	(TR)	Engagement Officer
Russell Cartwright	(RC)	Head of Communications and Engagement

APOLOGIES:

Juliet McCollin	(JM)	Member, PRG
Paul Clayton	(PC)	Member, PRG
Nigel Bowness	(NB)	Vice Chair, PRG
Roseanna O'Rourke	(RO)	Member, PRG
Rebecca Sullivan	(RS)	Member, PRG
Denver Garrison	(DG)	Member PRG
Anne Hooper	(AH)	Lay member

SPEAKERS:

Victor Ferreira	(VF)	Commissioner Project Manager

1. WELCOME AND INTRODUCTION

BW welcomed everyone to the meeting.

2. CONFLICT OF INTEREST

There were no conflicts of interest.

3. APOLOGIES FOR ABSENCE

Apologies for absence were taken and recorded.

4. MINUTES FROM PREVIOUS MEETING

PRG members agreed that the previous minutes were an accurate record of the meeting.

4. MATTERS ARISING AND ANY OTHER BUSINESS

- No matters arising
- Lewisham People's Day, 7th July**:** SK and LK volunteered to help, TR will send more information as it becomes available.
- There will need to be an additional EDS subgroup meeting in July**,** TR will send dates.
- Seven candidates/volunteers will be interviewed on 21st June to select new PRG members.
- Members are reminded to register for NHS email and to check junk/spam mail for lost emails from TR. TR will investigate reasons for JC being able to receive but not send NHS emails.

5. ACTION TRACKER

Action 1. Feedback and summary provided Faith Abiola-Ellison on Carers. Follow up meeting with PRG subgroup TBC.

Action 2. On agenda October meeting

Action 3. On agenda

Action 7, 9 and 10. Ongoing

All other actions completed and material distributed or sent by email (Primary Care Mental Health Service – PCMHS, CCG commissioning expenditure 2017-18, Top 10 tips IG for NHS email).

6. DIABETES AND FRAILTY UPDATE (VF)

VF explained to the group the CCG Community Commissioning cycle of activities that are similar for both the Diabetes and Frailty approach. The activities include assessing population needs, reviewing and designing services by working with service users and providers. Additionally, there is a need to shape the structure of services out of hospital and plan/manage their capacity and demand, with the final objective of ensuring better population health and patient outcomes.

Diabetes

VF provided an overview on commissioning activities related to Diabetes in Lewisham and showed some of the data in Lewisham in terms of prevalence and burden of diabetes. Diabetes is a big expense for the NHS. NHS collates data through the Rightcare platform, and this data informs and helps commissioners to plan decisions at local level.

16,990 patients are recorded as diabetic in Lewisham, but there may be more who are undiagnosed. There are three main targets in diabetes care, reducing: blood pressure; blood sugar levels and cholesterol levels.

VF talked members through his Diabetes Logic Model, a description of on-going work (inputs, activities, outputs and outcomes), still evolving and with pathways in the process of being developed. VF focused on the need to develop IAPs links. Funding for prevention interventions is limited. On prevention and structured education there is a London wide programme which enables GPs to refer patients to programme education where they can gain knowledge and help to prevent diabetes. 640 patients at risk of developing diabetes were referred in the past 16 months. Hospital data for 16/17 and 17/18 show diabetes related admissions and length of stay in hospital are resource intense.

Discussion points included:

- The importance of understanding the role played by mental health issues in the development of diabetes amongst the Lewisham population.
- The difficulties of reaching our ethnic minorities was mentioned, people of Caribbean descent are more likely to develop diabetes, and this may be a combination of genetics, tradition, life style and poor education in this area.
- The CCG works with the Council, possible interventions include preventing the sale of high energy drinks in local shops; prevent fast food outlets opening; fewer vending machines in hospitals; working with schools.
- There is no national screening programme for diabetes, but there are key biological markers that helps GP to identify patients from GP practice records. Lewisham Diabetes 3 Treatment Targets programme support GPs to develop systems for identifying patients with diabetes and improve their uptake and adherence with national treatment targets. This

programme also provides upskilling for GP and practice nurse and primary care staff. The PRG felt there was a need for transparency about GP efficiency. The % targets needed to achieve a 'good' score was felt to be non-challenging.

Frailty

VF highlighted the challenges with defining frailty. Currently there are two sets of criteria used to measure frailty. One is used by GPs with people over 65 and the other by acute providers with people of 75+.

ActionTR. Copy and circulate frailty definition diagram.

In April 2018 GPs were encouraged to identify all patients within the frailty measure.

2,781 patients were diagnosed as frail, 46% had an assessment of those 20% were moderately severe. 13% were on the severely frail index.

Rightcare data showed there were 712 patients, 2% of the total were identified as most complex needs patients who accounted for 17% of CCG spending. 47% of these were over 65.

There is a Frailty Summit meeting on the 4th July. As a starting point it will be to listen to patients and carers and will aim to get a clear definition of frailty. Frailty will be visualised through the real experience of patients and carers.

All PRG members are invited to attend.

The following points were discussed:

- GP system is not very robust in this area.
- There are reluctant patients who, for a range of reasons, will try to hide their frailty.
- Some of the criteria for diagnosing frailty are subjective.
- Frailty is a long-term condition it is avoidable and need not be medicalised.
- Some frailty is temporary, for example after an operation.
- Why wait until people are 65 to consider frailty as a concern?
- Prevention is important, how can a healthy life-style be promoted to avoid frailty? There is no programme of prevention.
- There is no evidence that present small-scale interventions for people with long-term conditions are effective.

Next meeting: Wednesday 1st August. 10.00 – 13.00. Rooms 1 & 2

REF.	ACTIONS	LEAD/S	DUE DATE	STATUS/COMMENT
1	Carers strategy engagement – Subgroup meeting	RC/TR/FA	AUGUST	**ONGOING**
2	PRG requested an update on Primary Care	RC/TR	OCTOBER	**ON AGENDA OCTOBER MEETING**
3	Prepare an illustrated diagram to support cancer delivery standard definitions.	DH/IR	SEPTEMBER	**ONGOING**
4	Contact MacMillan for information on cancer campaigns and PRG contribution	IR/DH/TR	AUGUST	**ONGOING**
5	Liaise with neighbouring boroughs to identify what those residents need to do to access their schemes.	EK	ONGOING	**ONGOING**
6	Send diagram for Clinical Frailty Scale	TR	AUGUST	**COMPLETED**