

COMMUNITY PARTNERSHIP FORUM

Thursday, 15 May 2014

Attendance

Name	Organisation/role
Peter Haley (Chair)	PPI GB member, Winsor Ascot & Maidenhead CCG
Ramesh Kukar	Slough CVS
Ally Green	Head of Strategic Communications and Engagement, East Berkshire CCGs
Mike Connolly	PPI GB member, Slough CCG
Carrol Crowe	Interim Director of Strategy and Development, East Berkshire CCGs
Cllr Tony Virgo	Bracknell Forest Borough Council
Pat Rodgers	Governor Berkshire Healthcare Foundation Trust
Mark Sanders	Healthwatch Bracknell Forest
Owen Sloman	Ernst and Young
Val Pearce	Governor Heatherwood and Wexham Park Foundation Trust
Janet Dean	Bracknell Forest Voluntary Action
Karen Maskell	PPI GB member Bracknell and Ascot CCG
Dr Judith Kinder	GP member of Windsor, Ascot and Maidenhead Governing Body
David Mihell	Governor Royal Berkshire Hospital Foundation Trust
Madeline Diver	Bracknell Forest Voluntary Action
Dr William Tong	Clinical Chair Bracknell and Ascot CCG
Cllr Lynda Yong	Royal Borough of Windsor and Maidenhead
Robert Cooper	PPI GB member Windsor, Ascot and Maidenhead CCG
Andrew Morris	Chief Executive, Frimley Park Foundation Trust
Jane Hogg	Frimley Park Foundation Trust
Apologies	
Cllr Dale Birch	
Cllr David Coppinger	Royal Borough of Windsor and Maidenhead
Carol Brooker	Health Advisory Group
Dr Adrian Hayter	Clinical Chair, WAM CCG
Sonya Lippold	Health Advisory Group
Peter Squires	Health Advisory Group

Conflict of interests

There was no declaration of a conflict of interest.

Notes of meeting on 17 April 2014

The correct spelling for Owen Sloman was noted and with that small correction, the notes were agreed.

Frimley Park acquisition of Heatherwood and Wexham Park

Andrew Morris, Chief Executive of Frimley Park Foundation Trust (FPFT) and Jane Hogg attended the meeting. Andrew set the scene by describing the role of the trust and its plans for the future acquisition of Heatherwood and Wexham Park Hospitals.

There are a number of reasons why this change would be advantageous. FPFT needs to get bigger – to sustain sub specialisation in services, hospitals need to be providing them to bigger populations. A number of services require more than the current catchment area to be viable in the longer term. For example, vascular service are likely to require a catchment area of more than a million people.

FPFT and Heatherwood and Wexham Park (H&WP) are similar size, serving populations of approximately 400,000 people. The FPFT site is intensively developed and there are limited opportunities to expand services physically.

Clinicians are motivated, like others, by wanting to do a good job and FPFT clinicians want to work with those at H&WP to do a good job together in meeting the A&E target and the 18 weeks target.

The process of bringing together two Foundation Trusts is complex and takes time. FPFT is now developing the full business case including plans for significant investment at Wexham in A&E, maternity and for the backlog maintenance.

Heatherwood hospital is important for inpatient elective services and for day services. The trust is currently looking at the costs of developing the site to include operating theatres and beds with funding from the Department of Health.

Monitor have appointed FPFT as a 'buddy' for H&WP following their CQC inspection. It is imperative to see improvements at H&WP before the next inspection. At the same time, it will be important to ensure there is no dip in performance at FPFT.

FPFT are currently looking at the spread of management and how to ensure both sites have senior management and lead clinicians. Staff are keen to see this acquisition go forward.

A wide ranging discussion took place with many questions from members. The main questions raised were:

Q. This is a huge change in the NHS. There is a disconnect with the management of the hospitals and the local community. Not sure the public understands this and is worried about their local hospitals and services.

A: People may be unaware that they will need to go to different hospital depending on their condition – especially in emergency situation. There are national standards which are created by the royal colleges. They include the need to have sufficient catchment population. FPFT want to be able to offer some of these specialist services. The Department of Health is offering to finance some development to help us do this. For example, we would want to have radiotherapy at Wexham Park Hospital. At the same time, the number of junior doctors being trained is being reduced and the training accreditation depends on the numbers of procedures and size of departments. If we do nothing, we will continue to be viable for some services but the more specialist services need us to grow. The plans would include developing some services on the Wexham Park Hospital site for the benefit of Frimley patients such as plastics.

Q. In ten years' time will people be going to a different hospital?

A. For general medical, surgery, paediatrics you will go to your closest hospital. Both hospitals have enough activity to maintain this. Sitting above that are a number of specialist services - stroke, heart attack and vascular services. We want to ensure these are available locally and avoid journeys to Oxford etc.

Q. Are you thinking about a spoke and wheel - two big centres with lots of small facilities around them?

A. There is an Outline Business Case for a new hospital on the Heatherwood site. There is also an Outline Business Case for investments in maternity and A&E which is separate. Getting the IT system in place is part of this. There are real savings if the IT system to support patient records is done together. We plan to have the two 'mother ships' at Frimley and Wexham with the full range of general services at each hospital, including A&E, orthopaedics, paediatrics, maternity etc. In addition, we are also trying to make the surgical centre on the Heatherwood site financially viable.

We are also looking at how we can support patients at home better. We currently have 100 people in beds who have no clinical reason for them being there. We want people to come in to hospital because that is where they need to be.

Q. How have you employed the patient voice in this transition?

A. There is no obligation for us to formally consult on these changes. However, we have 15,000 members who we communicate with regularly. We have a monthly constituency meeting which attracts typically 300 people and are open to the public.

Q. Would you come to one of the H&WP meetings?

A. Yes.

Mark Sanders from Bracknell Forest Healthwatch agreed to coordinate gathering any further questions and to send these to Andrew for answers and these will be circulated.

Action MS

Five Year Strategy

Members were reminded of the presentation given at the last meeting. The strategy continues to be developed and discussions are taking place in many meetings with different organisations and groups.

There is information about the strategy and the initiatives being proposed on each of the CCG websites and an opportunity to comment on these.

One of the initiatives proposed is a campaign to encourage a shared responsibility for appropriate use of NHS services. This has been prompted by discussions with patient representatives and a growing understanding of the impact of inappropriate use of services.

At the same time, there is an appreciation of the confusion some feel when choosing which service they should use. The choices available have increased.

The next part of the meeting was interactive and ideas were gathered for developing the key messages for a campaign about shared responsibility using the example of missed appointments in GP practices.

The ideas were gathered at the end of the meeting and will be used in further discussion with patient groups and within the CCGs as the campaign is designed.

The ideas that emerged from the session included:

- You would take the time to cancel your hairdresser appointment if you couldn't go.....do the same for your GP and let someone else use the time.
- An appointment can be cancelled up to, and including the same day. It is then available for someone else who really needs to see the GP.
- A missed appointment costs your GP £xx. This would pay for xxx
- last year 17 million GP appointments were missed across the UK. Be responsible and cancel your appointment if you don't need it.
- We all have Rights and we all have Responsibilities: *Let's all work together so we don't waste valuable resources.*
- It's everyone's responsibility to make sure we use the NHS properly.

Urgent Care Centre update

During the first month of being open, it was reported that 2,600 patients had used the service.

Members reported continued difficulties finding the site for people who do not know the area because the signage is poor. This has been raised before and has been escalated. It was agreed that Cllrs Yong and Virgo would raise this in the local authorities and that Ally would raise it again with the project group.

Action AG/LY/TV

Healthwatch have been contacted by patients about the long waits at the UCC and the poor communication with a patient's GP following treatment. Carrol Crowe agreed to follow this up in the CCG.

Action CC

Any other business

There were no items of other business.

Date and time of next meeting: 19 June 2014, 6.30pm – 8.30pm at Legoland Hotel