

COMMUNITY PARTNERSHIP FORUM

Brants Bridge, Bracknell

Thursday, 16 January 2014

Attendance

Name	Organisation/role
Peter Haley (Chair)	PPI GB member, Winsor Ascot & Maidenhead CCG
Val Pearce	Governor Heatherwood and Wexham Park Foundation Trust
Karen Maskell	PPI GB member Bracknell and Ascot CCG
Cllr Sayonara Luxton	Royal Borough of Windsor and Maidenhead
Cllr Lynda Yong	Royal Borough of Windsor and Maidenhead
Cllr Tony Virgo	Bracknell Forest Borough Council
David Mihell	Governor Royal Berkshire Hospital Foundation Trust
Madeline Diver	Boundary House Practice
Peter Squires	Health Advisory Group
Mike Connolly	PPI GB member, Slough CCG
Dr Adrian Hayter	Clinical Chair WAM CCG
Dr William Tong	Clinical Chair B&A CCG
David Williams	Director of Strategy and Development, East Berkshire CCGs
Ally Green	Head of Strategic Communications and Engagement, East Berkshire CCGs
Elika Saedi	Communications Manager, East Berkshire CCGs
Darryl Braham	Project Manager, East Berkshire CCGs
Mary Purnell	Head of Operations, Bracknell and Ascot CCG
Rachel Beverley-Stevenson	Chief Executive, One Medicare
Christian Ellwood	Implementation Lead, One Medicare
Dr Richard Jenkins	Medical Director, One Medicare
Terry Pearce	DOCS
Roger Battye	Healthwatch WAM
Pat Rodgers	Governor Berkshire Healthcare Foundation Trust
Carol Brooker	Health Advisory Group
In attendance	
Terry Foord	Member of the public
Jacqui Brown	DOCS – member of the public
David Maxwell	Health Advisory Group
Andrew Pickersgill	Member of the public
Sonya Lippold	Health Advisory Group
Apologies	
Cllr David Coppinger	Royal Borough of Windsor and Maidenhead
Julia Cole	Healthwatch WAM

Peter Haley welcomed all to the meeting. Several members of the public attended and they were offered the opportunity to ask questions during the meeting. Thanks were offered to Jane Fannon

who has recently moved on. She has supported the setting up of the Community Partnership Forum and has been key in organising the meetings.

Notes

Two corrections were made to the notes from the meeting held on 14 November. The Integrated Transformation Fund referred to on page 2 is now renamed The Better Care Fund and Dr Tong's name was spelt incorrectly. With these corrections, the notes were approved as a correct record.

Matters arising

There were no matters arising not on the agenda.

Conflict of interests

There was no declaration of a conflict of interest.

Urgent Care Centre, Bracknell

Rachel Beverley-Stevenson, Chief Executive, Dr Richard Jenkins, Group Medical Director and Christian Ellwood, Implementation Lead gave a presentation on the development of the Urgent Care Centre in Bracknell. The presentation will be emailed out with the notes of the meeting.

One Medicare is a family owned business which is value led, putting patients first. It is committed to being in the local area and looking forward to growing the Urgent Care Centre and getting to know the local community.

The company has considerable experience of running similar services elsewhere in the country and have more than 300,000 patients seen every year needing unscheduled care. With a strong GP presence in the centre, the service will feel more like a general practice than a hospital.

A mix of clinicians will work in the service but a GP will be available for all hours that the service is open. The service is very much part of the health economy, it will feel part of the NHS and a GP will know when one of their patients are there. GP will be informed within 4 hours of a patient being treated and assuming permissions have been given by the patient, a patient's medical record will be available to clinicians treating them in the centre.

A strong element of the service is educating patients. This is about giving patients the ability to have an informed choice about how to look after themselves - including the wider determinants of health including housing, benefits, hobbies, exercise etc.

Feedback from patients will be used to understand how the service is working and to improve it. A display in the waiting area will seek views and provide feedback to patients about how their views have been used. A user group will be set up which will also help to ensure the service is responsive to those that use it.

Questions followed the presentation with the following key themes being discussed:

- It was recognised that a wide marketing initiative would be needed to raise awareness about the service, what would be available, the opening hours and ways to get there via public transport. This would include using the local media, sending information to community and voluntary sector organisations, other local services working with the public.
- Clarification was provided that patients will be able to use the service as a walk-in patient with no appointment necessary as well as being referred by their GP or by NHS111. Concerns were raised about the service being seen as filling the gap when patients are unable to get an appointment with their own GP.
- As part of the preparation for opening, protocols will need to be agreed across local services for managing the care of patients with long term conditions.
- Triage will be done by a clinician and will be done once only. If a patient is referred to the centre from NHS111, they will not need to be triaged again.
- Telephone appointments will be offered for patients who might not need to travel to the centre.
- If a patient needs to be sent to A&E, an ambulance will be called and all test results, including Xrays will be sent with the patient which will avoid duplicating tests in hospital.
- Although difficult to measure, the expectation is that the service will reduce pressure on A&E. This will be an important element of the monitoring of the service and patients will be asked where they would have gone if the service was not there.
- One Medicare use a Balanced Score Card approach to monitoring the quality and performance of the service. This information will be made available to anyone interested.
- Concern expressed about the level of staffing. It is estimated that approx. 29,000 patients will use the service each year which is equivalent to three per hour.
- Clarification was sought about the contract. This will be for three years initially with an opportunity to extend.
- Clarification was sought about the status of the current MIU staff. It was confirmed that TUPE¹ would apply and that staff will have a choice about whether to transfer.
- More details were asked for about the Patient Education Centre. It was noted that this centre would be a key part of the service and links to wellbeing and improving patients' conditions. One Medicare has experience of setting up similar centres and intend to link with the community and local charities.
- Concern was raised about people using the service who are not locally resident. All walk-in services, including the current MIU and A&E can be used by anyone who needs it, including people who may be resident elsewhere. There are routine checks made to ensure visitors from overseas are identified and their eligibility is ensured.
- One Medicare confirmed their intention to work openly and to provide information about their organisation and the service. They confirmed that Freedom of Information applies to them as it does to the NHS but they would hope to be able to respond to requests for information without resorting to FOI.
- It was noted that 5,000 people living in the local area are not registered with a GP. If they attend the Urgent Care Centre, they will be helped to register.

¹ TUPE would allow staff to transfer their employment to One Medicare protecting all their NHS terms and conditions, including their membership of the NHS pension scheme.

The Better Care Fund

David Williams, Director of Strategy and Development for the East Berkshire CCGs provided an update since the last meeting. There is a national drive for the NHS to work much more closely with social care in supporting people in the community and reducing the reliance on hospital and care homes. Evidence shows that crises can be prevented, avoiding visits to A&E. The Better Care Fund will be set up bringing money together from NHS and Social Care into a pooled budget that will be overseen by the local Health and Wellbeing Board. Every CCG in the country is establishing such a fund.

We know that patients want more coordinated care, to be treated with compassion and to trust the care they receive. Each CCG is working with their local authority to develop a vision for local services. In East Berkshire, this will include establishing Integrated Care Teams who will work around the individual to maintain their independence for as long as possible. If a crisis does occur and the patient requires admission to hospital, they will work to ensure they are discharged home with the right level of support as soon as possible.

The fund being set up is significant. It is not new money and so careful planning will be needed for how it is spent.

We need to build on areas which currently work well, such as the in-reach service in Bracknell where social workers identify patients suitable for discharge and focus efforts on ensuring the support is in place for them to be discharged from hospital. This has been recognised nationally and is proving to reduce the numbers of delayed discharges that other areas struggle with.

Another area of focus will be looking at how to prevent ill health and avoiding the crises. Public Health services will be supporting this work.

Meetings of the Health and Wellbeing Boards are open to the public and they will be overseeing the plans for the Better Care Fund.

A survey is being planned for the public to give their views.

Any Other Business

Work-plan for the Forum

A plan for topics and discussion will be developed by PH and suggestions were invited from Forum attendees both present and absent for ideas.

Chair

Peter Haley informed the meeting that he will be leaving WAM CCG as their Lay Member for PPI but offered to continue to chair the Forum as a member of the public. This was welcomed and a process will be put in place to confirm this arrangement.

Peter encouraged those members of the public at the meeting to look out for the advert for the new Lay member (click [here](#) for more information on the CCG website) and to share this widely.

Future meetings (venues to be confirmed):

20 February 2014

20 March 2014

17 April 2014