

COMMUNITY PARTNERSHIP FORUM

Copthorne Hotel, Slough

Thursday, 17 April 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
Dr Siva Sithirapaphy	GP on Governing Body, Slough CCG
Mike Connolly	PPI GB member, Slough CCG
Dr Adrian Hayter	Clinical Chair, WAM CCG
Cllr David Coppinger	Royal Borough of Windsor and Maidenhead
Cllr Tony Virgo	Bracknell Forest Borough Council
Pip Collings	Public Health, Slough Borough Council
Pat Rodgers	Governor Berkshire Healthcare Foundation Trust
Carol Brooker	Health Advisory Group
Mark Sanders	Healthwatch Bracknell Forest
Joana Santos	Ernst and Young
Owen Soloman	Ernst and Young
Apologies	
Carrol Crowe	Interim Director of Strategy and Development, East Berkshire CCGs
Dr William Tong	Clinical Chair B&A CCG
Cllr Lynda Yong	Royal Borough of Windsor and Maidenhead
Cllr Sayonara Luxton	Royal Borough of Windsor and Maidenhead
Karen Maskell	PPI GB member Bracknell and Ascot CCG
Roger Battye	Healthwatch WAM
Sonya Lippold	Health Advisory Group
Janet Dean	Bracknell Forest Voluntary Action
Peter Squires	Health Advisory Group
Colin Pill	Healthwatch Slough
Madeline Diver	Bracknell Forest Voluntary Action
Val Pearce	Governor Heatherwood and Wexham Park Foundation Trust

Notes of meeting on 20 March 2014

The notes were agreed.

Matters Arising

Congratulations were offered to Slough GPs for their success in the Prime Minister's Challenge which will see better access to GPs provided to people in the Slough area.

Conflict of interests

There was no declaration of a conflict of interest.

Five Year Strategy

A slide presentation was given by Owen Solomon and these will be available on the CPF page on the CCG websites and circulated to CPF members.

The three east Berkshire CCGs are working together to develop a strategy for the next five years with elements that will be individual to each CCG and other elements that work across the area.

Delivery of the strategy will be at a local level for each CCG including primary care and integrated services. Where the strategy covers hospital services, this will work across the east Berkshire area.

The strategy set out the demographic changes expected over the next 5 years which will drive demand. Most significant growth is amongst the older population who have a greater demand for health and social care. The number of people with long term conditions will grow along with this. The number of children is also growing suggesting there is a need to support parents and children early in life.

Resources coming in to the CCGs will not meet this growing demand. If no action is taken, it is estimated that there will be a shortfall of £104m across the three CCGs in five years time.

The strategy sets out the need to think about transformational change in the next two years when there will be some funding to invest. From year three onwards, demand will outstrip supply and any additional resources will be spent in trying to meet this increased demand.

The three local Health and Wellbeing strategies have some similar themes and are clearly reflected in the strategy. Members were asked to consider:

- Is there a compelling case for change?
- Is the response in the right lines?
- How do we engage more widely?

A wide-ranging discussion followed the presentation with comments and questions raised:

- We need the right vision. We need to understand where services work well and where they could work differently.
- The vision for the Better Care Fund put the customer in the centre and built services around him/her.
- Innovative schemes are out there and we need to be aware of what is working elsewhere.
- Changes that come bottom up are usually more successful as they are giving people what they want.
- Given the pressure on A&E the more we can provide in community the better.
- Change on the ground needs to happen at the most basic level. There needs to be a mind shift at front line for the patient to be first.
- How do we help the public understand that services might be delivered differently?
- The pressures of demand are at the grass roots of the system in GP practices as much as in A&E.
- The health service is often talked about as if its Tesco. People are confused.
- Many calls to GPs are because they are lonely.
- Other countries charge for seeing the GP and so fewer people go.
- How doctors behave is more important and communication skills are important.
- There is an attitude that people believe 'this is my right'. They forget that they have a responsibility too.
- Think about role of the family and having responsibility for elderly parents.
- If we want to change the views and behaviour of 500,000 people, that's a big ask. The voluntary sector needs to be involved too.
- Education is important.
- Where nurse-led services have been put in place some people still insist on only seeing the doctor.
- Suggestion that the NHS should go 'back to the future'! A time when the GP used to know everyone on their list and would phone patients following surgery.
- Need to learn from others like John Lewis about customer care.

Strong views were expressed that further discussion and further engagement is essential in the strategy going forward.

Heathwatch Bracknell Forest A&E Review

Mark Sanders shared a summary report of the findings from a survey and observation at Wexham Park A&E. Two members of Heathwatch Bracknell Forest attended A&E on a Saturday evening.

They talked to patients, relatives and staff about the service and attended the handover meeting in the department.

A number of themes emerged from the feedback received and their observations:

- The numbers attending A&E fluctuates and it is not always easy to plan for these fluctuations. Staff rotas are planned around average numbers.
- People liked the fact they were seen within 15 minutes by nurse and then allocated to an area for treatment.
- Most problems were about communication after being seen about how long they are going to wait.
- Lack of clarity of information.
- Security was an issue and use of ID badges was not consistent.
- The environment was clean and bright and better organised.
- Average age of patients was 41-55 which was not as expected.
- The place was busy but didn't feel like it.
- The information board by reception was out of date and only referred to nurses rather than any all staff.
- The lights and air conditioning/heating made the environment uncomfortable.

The report was welcomed by members. It will be circulated with the notes of the meeting and posted on the CCG websites with other papers for the CPF.

Urgent Care Centre update

Ally Green reported that the opening of the service on 7 April had been a success with more than 80 patients attending on the first day. A number of teething problems were recognised and despite publicity and information being widely distributed, some people did attend the Heatherwood site after the MIU had closed.

Several members of the CPF attended the community launch event and reported that the atrium was uncomfortably warm with air-conditioning not being effective. This is a problem known to the project team and blinds are being considered for the windows to reduce the heat generated on sunny days.

It was agreed to retain the regular update on the agenda.

Open forum

It was suggested that Frimley Park Hospital Foundation Trust should be invited to a future meeting to share plans for the acquisition.

Any other business

There were no items of other business.

Forward Plan

Future topics for discussion at future CPF meetings:

15 May 2014 Venue to be confirmed	<ul style="list-style-type: none"> • Frimley Park acquisition of Heatherwood and Wexham Park • Engagement on initiatives for future plans • Update on Urgent Care Centre
19 June 2014 Venue to be confirmed	<ul style="list-style-type: none"> • Alcohol as a public health issue • Obesity as a public health issue • Update on Urgent Care Centre
July 2014 Venue to be confirmed	<ul style="list-style-type: none"> • Update on Urgent Care Centre
September 2014 Venue to be confirmed	<ul style="list-style-type: none"> • Update on Urgent Care Centre
October 2014 Venue to be confirmed	<ul style="list-style-type: none"> • Update on Urgent Care Centre
November 2014 Venue to be confirmed	<ul style="list-style-type: none"> • Update on Urgent Care Centre
January 2015 Venue to be confirmed	<ul style="list-style-type: none"> • Update on Urgent Care Centre
February 2015 Venue to be confirmed	<ul style="list-style-type: none"> • Update on Urgent Care Centre

Date and time of next meeting

15 May 2014, 6.30pm – 8.30pm at Windsor Racecourse