

COMMUNITY PARTNERSHIP FORUM

Norden Farm, Maidenhead

Thursday, 17 October 2013

Attendees

Name	Organisation/role
Peter Haley (Chair)	PPI GB member, Winsor Ascot & Maidenhead CCG
Chris Taylor	Bracknell Healthwatch
Pat Rodgers	Governor, Berkshire Healthcare Foundation Trust
Julia Cole	Windsor, Ascot and Maidenhead Healthwatch
Cllr Lynda Yong	Royal Borough of Windsor and Maidenhead
Cllr Tony Virgo	Bracknell Forest Borough Council
Philippa Slinger	Chief Executive, Heatherwood and Wexham Park Foundation Trust
Dr Emmanuel Umera	Surgical Chair, Heatherwood and Wexham Park Foundation Trust
Paul Tattam	Operations Director, NHS 111, Southern Central Ambulance Service
Jane Fannon	Communications lead, Shaping the Future
Apologies	
David Mihell	Governor Royal Berkshire Hospital Foundation Trust
Cllr David Coppinger	Royal Borough of Windsor and Maidenhead
Cllr Saronaya Luxton	Royal Borough of Windsor and Maidenhead
Dr Adrian Hayter	Clinical Chair WAM CCG
Dr William Tony	Clinical Chair B&A CCG
David Williams	Director of Development, East Berkshire CCGs
Ally Green	Head of Strategic Communications and Engagement, East Berkshire CCGs
Philip Lee	MP for Bracknell
Cllr David Coppinger	Royal Borough of Windsor and Maidenhead
Val Pearce	Governor Heatherwood and Wexham Park Foundation Trust
Carol Brooker	Health Advisory Group
	Frimley Park NHS Foundation Trust
Karen Maskell	PPI GB member Bracknell and Ascot CCG

Notes

Approval of the notes from the meeting held on 12 September was deferred until the meeting to be held on 14 November.

Conflict of interests

There was no declaration of a conflict of interest.

NHS 111

Paul Tattam, Operations Director from NHS 111 at Southern Central Ambulance Service outlined how the 111 service for Berkshire was operated, the number and types of calls it received and the destinations they were referred on to.

It was possible to contact every GP in the country with details of a contact from one of their patients. He noted that staff shift patterns needed to be flexible as demand varied from one week to the next and the service experienced greater peaks and troughs than the 999 service. Eighty five percent of call centre staff were part time to allow for greater flexibility and in peak periods shifts overlapped to provide more cover.

It was noted that NHS 111 could not provide information about pharmacy opening hours. Typetalk was available for users who needed it, and Language Line was used for translation for people who had language requirements.

It was suggested that the respective council newsletters and magazines carried an article on NHS 111 in the coming months.

The Heatherwood Hospital site

Phillipa Slinger, Chief Executive of Heatherwood and Wexham Park NHS Foundation Trust (H&W) outlined the service changes at the Heatherwood site from the Trust's viewpoint. The birthing centre had been closed by the Trust as a clinical decision as the relevant staff did not consider that it was safe.

The new Early Discharge service for patients with rehabilitation needs was widely regarded by clinicians, including those at H&W, to be better for patients than a prolonged stay in hospital and, as it became more widely used, the 26 beds on Ward 8 at Heatherwood would no longer be needed for rehabilitation patients. The Trust wished to retain the beds and move them to Wexham Park, where Ward 11 would replace Ward 8.

The Trust was served a year's notice that it would no longer provide the Minor Injuries service from April 2014; it expressed interest in running the new urgent care centre at Brants Bridge but was unsuccessful. The MIU was scheduled to close in March 2014 and concern was expressed at loss of morale with staff already looking for alternative jobs. Ideally the new service would open at Brants Bridge with staff transferred from H&W on TUPE. The Trust might be requested to provide the service for a further three month period, ie until June 2014.

Councillors expressed concern at the uncertainty of the future of the service and it was explained that it was due to the referral to the Independent Review Panel which meant it was not possible to sign a contract with the appointed new provider.

In any event it would not be tenable for an alternative provider to operate the service on the Heatherwood site. If Brants Bridge was not used for the urgent care service, it would be necessary to buy land at Heatherwood and build a new urgent care centre.

Emmanuel Umera explained that 12,000 operations were carried out each year on the Heatherwood site, it was intended that surgery would continue there and the numbers of operations could increase with the new investment.

The first stage of the development of the new elective surgery centre was complete and the Trust was about to embark on the second stage, ie to build the centre. It would be built at the Forest Gate entrance, funded by land sale, and could be open in 18-24 months. Surgery would continue throughout this time without interruption. The new centre would have at least four theatres and a maximum of eight, with 250 parking spaces. It would also have all the diagnostic facilities currently on the site.

Philippa Slinger explained that it had been a long time since Heatherwood had been a fully functional district general hospital and it would never be again. Services had become unsafe and moved, at the clinicians' request, to Wexham Park. Not only would it be unaffordable for services to return to Heatherwood, but clinicians would be gravely concerned on safety grounds and would be unlikely to approve such moves.

Emmanuel Umera agreed with Cllr Yong that the staff at Heatherwood were extremely good at their jobs and highly valued. They had all been involved in planning the new surgical centre and were looking forward to working in improved working conditions.

None of the staff would have supported a merger with another Trust which would close Heatherwood but Frimley Park was supportive of the new development and its consultants were enthusiastic about working there. All staff would transfer by TUPE when Frimley Park acquired the Trust in April 2014.

There would be no community beds as these were run by Berkshire Healthcare Foundation Trust and would be likely to suffer in an acute setting.

Dates of next meetings

Dates were set for meetings until the end of the year. They were:

- 14 November
- 19 December

Any other business

It was agreed to defer the presentation on Call to Action and the review of the notes of the meeting on 12 September to the next meeting.

