

COMMUNITY PARTNERSHIP FORUM

22 January 2015

Attendance

Name	Organisation/role
Peter Haley (Chair)	Chief Executive, People to Places
Ally Green	Associate Director of Communications and Engagement, East Berkshire CCGs
Pat Rodgers	Berkshire Healthcare Foundation Trust
Pip Collings	Public Health, Slough Borough Council
Chris Taylor	Healthwatch Bracknell Forest
Cllr Martin Carter	Slough Borough Council
Tony Virgo	Bracknell Health Panel
Cllr David Coppinger	Royal Borough of Windsor and Maidenhead
Philip Cook	BF Involve
Dr Lilly Evans	Sunningdale Councillor
Peter Squires	Health Advisory Group
Mike Connolly	PPI Governing Body member, Slough CCG
Cllr Lynda Yong	Royal Borough of Windsor and Maidenhead
Carrol Crowe	Interim Director of Strategy and Development, East Berkshire CCGs
Karen Maskell	PPI Governing Body member Bracknell and Ascot CCG
Roger Battye	Healthwatch WAM
Sarah Bellars	Director of Nursing, East Berkshire CCGs
Sonya Lippold	Health Advisory Group
Apologies	
Dr William Tong	Clinical Chair Bracknell and Ascot CCG
Dr Jim O'Donnell	Clinical Chair Slough CCG
Dr Adrian Hayter	Clinical Chair, WAM CCG
Carol Brooker	Health Advisory Group
Cllr Sabia Hussain	Slough Borough Council
Val Pearce	Governor Heatherwood and Wexham Park Foundation Trust
Ramesh Kukar	Slough and WAM Involve
Sheila Holmes	OPAF
Robert Cooper	PPI Governing Body member Windsor, Ascot and Maidenhead CCG
Madeline Diver	Bracknell Forest Voluntary Action

Conflict of interests

There was no declaration of a conflict of interest.

Notes of meeting on 19 November 2014

The notes were agreed.

Quality

Sarah Bellars, Director Nursing for the CCGs, attended the meeting.

Within the contracts CCGs hold with all providers of care there are indicators for the quality of services expected and details of how these will be measured. Some are set at a national level and are the same for all NHS contracts and others are set locally depending on local knowledge.

The CCGs ask the provider for information about their services and together with information gathered from elsewhere, this is analysed to help identify any areas of concern. The CCGs have regular meetings with the trusts to discuss areas of concern. Clinicians from the provider organisation and from the CCGs attend the meetings to discuss what the data is telling us.

The CCGs also meet with the organisations to discuss incidents and complaints. Some incidents may be serious ones needing investigations that will result in changes being made. The CCGs want to see that they have understood, put mechanisms in place to avoid it happening again and they have shared information with others.

Each year the quality indicators in the contract are reviewed and any changes being considered are discussed with the trust.

The Francis report included recommendations about including talking to patients and carers during inspections. This happens routinely.

Recent visits have included:

- Most wards in Wexham Hospital
- Many areas in Heatherwood Hospital
- Prospect Park Hospital
- 2 private hospitals
- Two learning disability wards

These visits involve talking to staff, patients and carers as well as inspecting the areas where care is taking place and behind the scenes. Sarah explained how she likes to talk to patients about what it is like from their perspective. It is important to get the feedback straight away so it is fresh in the mind of the patient.

Clinical Concerns is a system that allows GPs to email the CCG with any concerns that they have about a service. These are monitored daily. The types of concerns raised through this route vary considerably. If a serious concern is raised, it will be thoroughly investigated and the more frequent, less serious concerns, are monitored and analysed to look for themes, patterns and trends. Where a trend is identified, this suggests that the problem experienced was not a one-off and leads to an investigation.

It is important to bring the information together – the data about quality provided by the trust, the feedback from patients and the clinical concerns. It is important to reflect on how similar, or not, this information is.

Reports are produced that pull together all this information. These reports are presented to Quality Committee whose membership includes patient representatives from Healthwatch who also bring their feedback from patients.

It was noted that improvements have been seen in A&E and feedback from other members of the CPF endorsed this.

A question was asked about whether any impact had been seen of the Urgent Care Centre on A&E attendances.

The CCG could not report a reduction in attendances at A&E, however, the growth has been very low compared to what might be expected from experience elsewhere in the country. The reduction in growth is clear and can be mapped to the first week following UCC opening. The number of admissions through A&E have not been affected.

More general discussion followed about the general improvements being seen at Wexham Park Hospital. Stories from patients illustrated the poor care that was being provided and improvements have been seen recently. It is important to note that there is an opportunity to improve further as a result of the acquisition and the changes that are being made to the management structure in the hospital.

It was noted that the trust is still in a transition stage. It will be some time yet before the changes that are needed are all implemented.

A concern was raised about the potential impact on Frimley Park Hospital.

These concerns were raised before the acquisition and the trust protected the finances at Frimley to help to ensure quality is maintained. Additional funding was secured to support improvements at Wexham which has ensured Frimley is protected. The values that have been successful in ensuring quality of services at Frimley are being shared with Wexham and are understood by staff.

The continued problems of car parking were raised.

It was reported that the car parks at Wexham Park Hospital were reorganized soon after the acquisition to create more spaces and a further 200 extra spaces are planned.

Different approaches to managing the car parks are also being considered that will help to prioritise space appropriately. This will include creating an out-patient car park only available to people with an appointment which will help to manage demand.

A question was raised about plans for a GP to work at Wexham Park Hospital.

This is part of system resilience and managing the pressures being felt at the hospital, in particular in A&E. The impact of the UCC is clear and national schemes

suggest funding GP sessions in A&E could help reduce pressure for patients who find it difficult to get an appointment with a GP.

The plan to move the base for the GP Out of Hours service from Herschel Medical Centre to Wexham Park Hospital A&E will also help.

There is potential for greater integration of urgent care services and this is being actively explored by the CCG.

A question was asked about how the public can be assured that the approach used by the CCG to manage quality is appropriate.

It was reported that Lay members of the CCGs are supporting the assurance visits and that this brings a public and patient perspective. The assurance processes employed by the CCGs are also verified by NHS England.

A comment was made that GPs are a source of information about how services are experienced and, in particular, the interface between primary and secondary care. There are times when things have not gone as well as they could. How does the CCG gather this information and use it to improve the patient experience.

SB reported that the problems of this interface is understood and many are reported using clinical concerns. Communications is a common issue, for example, when a new procedure is put in place and staff in GP practices need to be properly informed. The CCG is made aware through clinical concerns and can then investigate and ensure things are put right. Another area of concern has been around arrangements for discharging patients from hospital. The CCG is looking at establishing a system-wide safe transfer of care. This will include a change in the language from 'discharge' to 'safe transfer of care' and will apply across health and social care.

Having the first-hand stories about how patients experience care – both good and poor care – is important. There are many ways to feed back on experience and this includes Patient Opinion which is now available on the CCGs' websites.

AG to circulate information about Patient Opinion.

Action AG

A question was asked about plans for expanding access to primary care and how this will support integrated care.

The Prime Minister's Challenge Fund is supporting CCGs in developing different approaches to offering better access to primary care. Slough CCG were successful in being supported in the first wave and GP practices have been clustered together to provide appointments (both urgent and routine) in the evenings and at weekends. There is the potential to add additional services to these clusters which is being called primary care plus. Pilots in slough being taken forward in the proposals for the other two CCGs. Bracknell and Ascot CCG and Windsor, Ascot and Maidenhead CCG have applied for funding this year.

A question was asked about plans for integrating services in the Windsor, Ascot and Maidenhead area.

Work is underway in the Royal Borough for integrating services. Integrated care teams (ICTs) and the intermediate care agenda is happening all three CCGs. The Better Care Fund plans also focus on joining up services both financially and in terms of governance.

Health and Wellbeing Boards are open to the public and all are welcome to come and listen to the discussion.

Open Forum

AG informed the meeting that the official opening of the Urgent Care Centre was planned for February.

An individual patient experience was shared with SB for further investigation. This related to access to physiotherapy following surgery.

Future meetings

Next meeting: Thursday 26 February 2015
 6.30pm – 8.30pm
 SportsAble, Braywick Sports Ground, Maidenhead SL6 1BN

Suggested topics for future meetings:

- Care Act
- Mental Health and wellbeing
- CAMHs update
- Car parks and transport
- End of Life Care
- Pharmacy – role of the pharmacist and opportunity for patients
- Patient engagement
- HealthMakers feedback