

AGM – Leads Feedback

Bracknell & Ascot Locality

Drs Jackie McGlynn, Rohail Malik,
Wishav Goel, Katie Caird, Megan
John, Martin Kittel

Leads not presenting this time, but still working
hard on your behalf:

Drs Anabel Buxton, Anant Sachdev, , Chauki
Kade, Jeremy Mellins, Jeremy Platt, Natasha
Price (BPC)

Leads not presenting, but working hard for B&A

- Anabel Buxton – GP transformation
- Anant Sachdev – End Of Life, cancer, urology
- Chauki Kade – Clinical Education, Updates, Appraisal and Revalidation
- Jeremy Mellins – Learning Disability
- Jeremy Platt – Prescribing
- Natasha Price (BPC) – homeless project
- (? Rohail Malik) – Urgent Care
- Everyone who I haven't mentioned.





Neurology Lead - Jackie McGlynn Integrated Neurology Service Update





The Need For Change

- Poor patient experience
- Un-coordinated appointments and services
- Limited integration
- Long waiting times
- Travel distance for specialist services
- Lack of support for self-management

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Where have we got to?

- Business plan approved - £512K investment
- Co-ordinated service across the ICS integrating all providers as one seamless service
- Using co-ordinator roles as well as shared patient record to ensure joined up management and reduce clinician time spent on administration
- Accessible services that are more community focussed (not delivered in the Acute unless they need to be) and repatriating locally as much of the care as possible from the London centres

Time

What does it mean for patients?

- Joined up care.
- Local delivery of care.
- Provider organisations working together as one team across the ICS.
- Clinicians having access to all of the clinical and social picture.
- Opportunity for MDT discussion for complex cases.



Time



New Integrated Neurology Service for Frimley Health and Care

- Key milestones for implementation

Triage	October 2018
Co-ordination	December 2018
Parkinson's Disease Pathway	December 2018
Multiple Sclerosis Pathway	December 2018
Headache & Migraine Pathway	December 2018
Epilepsy Pathway	January 2019
General Neurology Pathway	January 2019
Evaluation	Ongoing from July 2018



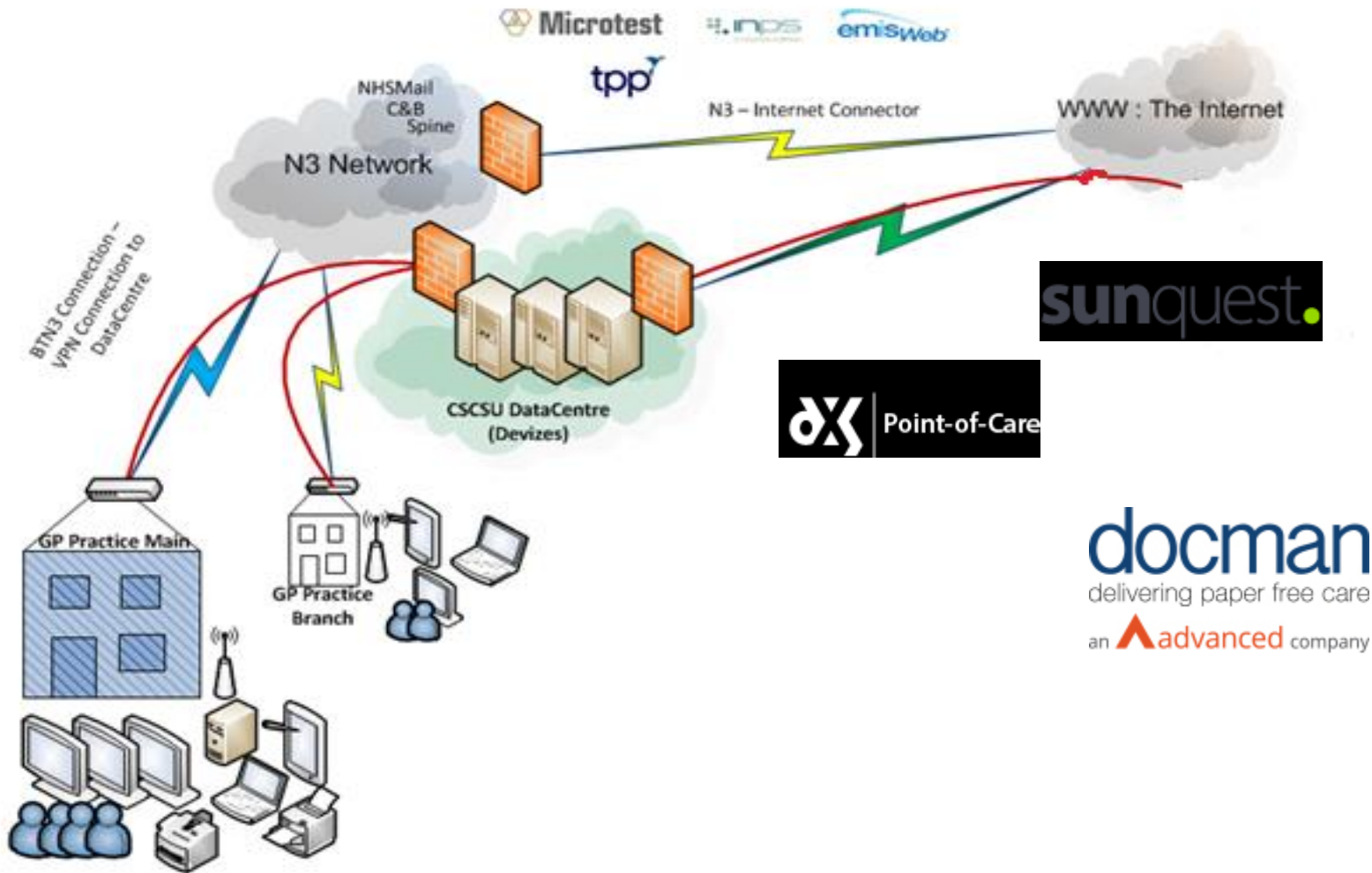
IT Lead – Wishav Goel

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Time

Berkshire Infrastructure

locality



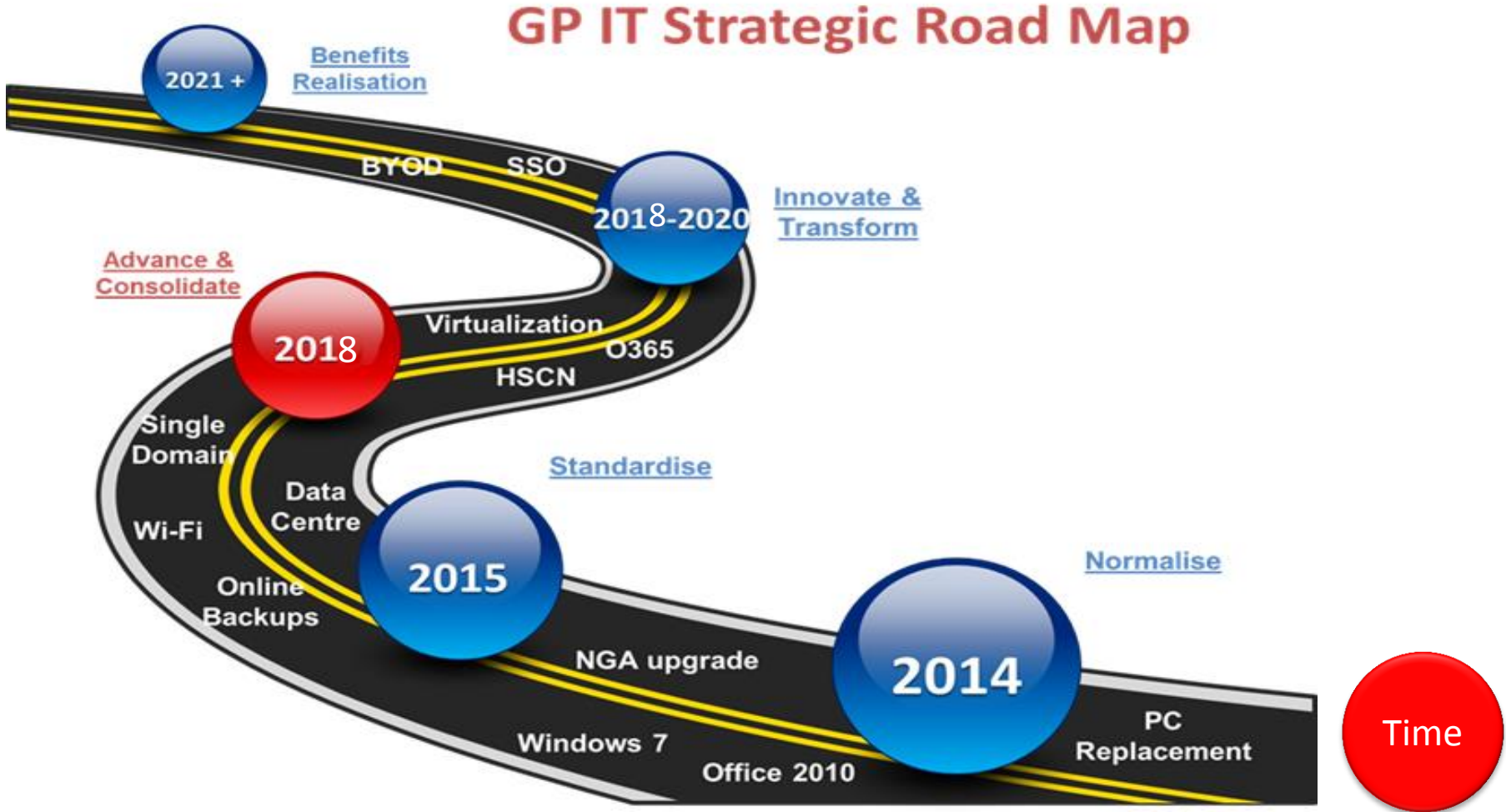
Single Domain Review of Project Objectives

1. Migrate all practices on to a minimum Server OS of 2012R2
 - ✓ **All Domain Controllers are on a Server 2012R2 OS**
2. Migrate all practices on to a single AD Domain
 - ✓ **102 practice which includes 140 sites have been migrate onto the GPnet single domain**
3. Replace all redundant servers
 - ✓ **All servers have been replaced with Dell Enterprise servers and any legacy servers have been virtualised.**
4. Lay the infrastructure foundations for future emerging technologies to be implemented (GP WIFI, Single Sign On, Mobile working etc.)
 - ✓ **GP Wifi is being rolled out alongside Single domain. A new Asset Management and Managed Antivirus solution has been deployed to the new GP domain.**

GP IT Strategic Road Map



East Berkshire
Clinical Commissioning Group
Bracknell Locality



Working together to deliver excellent and sustainable healthcare

Safeguarding Lead – Katie Caird

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Time

East Berkshire

Safeguarding team – our purpose / roles



East Berkshire
Clinical Commissioning Group

Bracknell Locality

I work with **Louise Watson**- Designated Doctor for Safeguarding children, **Debbie Hartrick** – Associate Director of Nursing, **Jennie Green**- Named Professional and **Asif Ali**- Named GP

All of us except Louise have extended our role to **cover adults** and I am increasing my knowledge and expertise year on year.

We continue to educate Primary Care about Child and Adult Safeguarding and encourage and nudge colleagues to participate in all processes concerning safeguarding



Time

Last years achievements

Continued 6 monthly education meetings with Practice Safeguarding Leads to distribute information and share local issues.

Continued information sharing and updates via email and weekly bulletin. PLT sessions every 18 months.

Recent Audit of all 3 localities showed variable quality in completing child protection reports. This has been actioned and improvements were made.



Time

Partnership working

We link in with the LSCB and the Learning and Improvement Sub Group organised by Social Care with representation from many agencies.

We make Social Care aware of the issues in Primary Care and likewise Social Care shares their issues. Both sides struggle with recruitment and increasing workload.

Primary Care team members are welcome to phone or email me for advice and I will do my best to help. My number is on the laminated sheet stuck on a wall in every room!



Time

Urgent Care Lead – Dr Rohail Malik

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Time

Urgent Care

Face to face conversations at 9 public meetings.

Visited 19 community groups/events.

Online 'Cover It Live' events.

Survey -1778 respondents.

We have reached 2246 people in total -5% of the CCG's population.



Time

To understand...

Why people choose a particular urgent care service?

What is important to people about who they see for their urgent care needs?

What alternative services people would like to see? Location of services?

Current services? Other ways for urgent care provision?



Time

Older People and PLCV Lead – Megan John

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Time

Older adults and dementia

- Working across care homes, councils, primary and secondary care in our area
- Established a thriving peer support and education group for care home staff which has been shown to improve patient care
- Driven up diagnosis rates AND all practice staff awareness of dementia patients and their needs
- Led education and self care sessions for older adults- Living well regardless of the number on the birthday card. Linking third sector and health organisations



Time

Priorities, protocols and IFR

- Increasing transparency
- Driving up equity of access to services and treatments
- Streamlining of processes so patients get the right care, by the right person, at the right time
- Training of primary and secondary care staff to reduce confusion
- Increasing our collaboration with different areas to improve equality, reduce costs and waits for decisions, and improve future planning of services



Time

Planned Care, MSK, Ophthalmology and Dermatology Lead – Martin Kittel

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Time

Dermatology

- Hx: Only community service in WAM
- Dermatology DES agreed
- Referral forms on DXS
- Spec sent to practices
- Community Services soon to be implemented.



Time

Ophthalmology

- Triage Service Pilot a huge success
- Referrals significantly reduced
- Expenditure down
- Waiting times reduced
- Service out to tender
- Steering group meetings.



Time

MSK

- Successful 100 day workstream in Arthritis leading to
- Commissioning of Arthritis Care workshops and
- OA hip and knee patient pack “my Arthritis Record”
- National attention by NHSE received
- Great collaborative achievement.



Time

Questions ?