

TITLE	Work Programme 2010/11
FOR CONSIDERATION BY	Health Overview and Scrutiny Committee on 24 November 2010
WARD	None Specific
GENERAL MANAGER	Susanne Nelson-Wehrmeyer, Head of Governance and Democratic Services

OUTCOME

To consider the Committee's Work Programme for 2010/11.

Members are asked to:

- (1) agree the proposed Agenda for the Committee's next meeting on 24 January 2011; and
- (2) discuss and agree the Committee's work programme for forthcoming meetings.

SUMMARY OF REPORT**Background**

The Committee has been developing the work programme for 2010 /11 at its first three meetings of the Municipal Year. A draft Work Programme for 2010/11 is attached as Appendix A, based on this work and updated as a result of discussion at the meeting on 29 September 2010.

1. Contact has been made regarding the following proposed agenda items:

- NHS Direct
- Patient Records

The Work Programme will be a rolling programme of work that will be amended throughout the municipal year. Items can be addressed as and when they arise or come to the attention of the Committee.

In 2009/10 the Committee discussed the idea of having fewer topics at each meeting that they can look at in more depth, the possibility of having extra meetings or meetings/task groups to look at particular topics. These could be taken forward in 2010/11 if the Committee has specific topics or requests it would like to review/investigate.

Future Meeting Dates

Monday 24 January 2011 and Wednesday 23 March 2011.

Analysis of Issues

n/a

Reasons for considering the report in Part 2

n/a

List of Background Papers

n/a

Contact Dave Gordon

Service Governance & Democratic Services

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Date 16 November 2010

Version No. 1

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Work Programme from September 2010

Please note that the work programme is a 'live' document and subject to change at short notice.

The information in this work programme is subject to approval at the Committee meeting scheduled for 24 November 2010

The order in which items are listed at this stage may not reflect the order they subsequently appear on the agenda / are dealt with at the scrutiny meeting.

All Meetings start at 7pm in the Civic Offices, Shute End, Wokingham, unless otherwise stated.

HEALTH OVERVIEW AND SCRUTINY WORK PROGRAMME

DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
24 January 2011	Changes to provider services	To report on how Health and Social Care will work together in light of the changes to provider services from April 2011.	To highlight changes about to be implemented.	Bev Searle Stuart Rowbotham/or rep
	CQC Update – Registration of Health Providers	To update the Committee as to the progress made on registering and monitoring local Health Providers, in light of the presentation held on 27 July 2010.	6 monthly update requested by Committee	Sue Sheath
	Work Programme	Standing Item	Consider items for future consideration	Ella Hutchings
	LINK Update	Standing Item	Update on progress	Ella Hutchings
23 March 2011	CQC Adult Social Care report	To inform the Committee of the results of the Care Quality Commission assessment.	To inform the Committee.	Pat Jones
	New strategies for the NHS commissioning	To report on a Conference attended by a WBC Councillor on the matter.	To inform the Committee	Emma Hobbs
	LINK Update	Standing Item	Update on progress	Ella Hutchings

DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER
	Work Programme	Standing Item	Consider items for future consideration	Ella Hutchings

ITEMS TO BE SCHEDULED

ITEM	AS AGREED at meeting of:	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER/ CONTACT OFFICER

REGULAR ITEMS FOR CONSIDERATION

FREQUENCY	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER/ CONTACT OFFICER

Briefing Paper on Health Consultations.**1.0 Introduction**

This paper provides an overview of recently closed and open consultations in relation to health policy. Detail provided on open consultations has been taken directly from the Department of Health website, and does not necessarily represent the views of NHS Berkshire West.

Health related bills outlined in the Queen's Speech 2010 are also included for information.

For further information on consultations please refer to the Department of Health or Directgov websites

2.0 Closed Consultations

- Your choice of GP practice: a consultation on how to enable to register with the GP practice of their choice
- Liberating the NHS: commissioning for patients – consultation on proposals
- Transparency in outcomes - a framework for the NHS
- Liberating the NHS: regulating healthcare providers
- Achieving Equity and Excellence for Children

3.0 Open Consultations

- Next steps for Healthy Start: Adding frozen fruit and vegetables and minimising voucher misuse

8 October to 31 December 2010.

Healthy Start vouchers were introduced across the UK in November 2006 to replace Welfare Food Scheme milk and infant tokens. They are available to pregnant women and families with children under 4 years old receiving one of a range of benefits or tax credits, and to all pregnant women under 18 years old. The vouchers can be spent on liquid cow's milk, fresh fruit and vegetables, and infant formula milk at participating retail outlets

In this public consultation, the Department of Health, the Scottish Government, the Welsh Assembly Government, and the Northern Ireland Assembly are asking whether beneficiaries should be able to choose to spend vouchers on plain frozen fruit and vegetables as well as the foods already allowed. They are also asking whether further measures may be needed to reduce risks of vouchers being spent on products that are not included in the scheme, to ensure that Healthy Start can effectively support nutritionally vulnerable women and families now and in future.

- Liberating the NHS: Greater choice and control

18 Oct 2010 to 14 Jan 2011

The White Paper, *Equity and Excellence: Liberating the NHS*, sets out the Government's vision of an NHS that puts patients and the public first - where patients, service users, carers and families have far more influence and choice in the system, and the NHS is more responsive to their needs and wishes.

The proposals envisage a presumption of greater choice and control over care and treatment, choice of any willing healthcare provider, wherever relevant and choice of treatment and healthcare provider becoming the reality in the vast majority of NHS-funded services by no later than 2013/14.

Views of patients, the wider public, healthcare professionals and the NHS are sought about how to take forward these proposals.

- *Liberating the NHS: An Information Revolution*

18 Oct 2010 to 14 Jan 2011

The coalition vision is of an information revolution in which people have the information they need to stay healthy, to take decisions about and exercise more control of their care, and to make the right choices for themselves and their families. This includes an accurate record of their care, available to them electronically. Health and adult social care information will be liberated from a closed, bureaucratic system in order to serve patients and the public, and to help drive better care, improving outcomes, innovation and the better use of resources.

Transforming the way information is collected, analysed and used by the NHS and adult social care services will be critical to achieving this information revolution

Without fundamental changes to the data being collected and analysed, and the information made available, NHS and adult social care services will be held back in making the progress we all want to see. The recent White Paper *Equity and excellence: Liberating the NHS* set out a number of critical priorities for the years ahead, all of which rely on the information revolution in different ways. This consultation document considers and seeks views on the information implications of each of those priority areas in turn.

- *Draft Acute Oncology Measures*

19 August 2010 -10 November 2010

A draft version of the acute oncology measures for inclusion in the Manual for Cancer Services is being issued for a three month consultation

- *The NHS Constitution and Whistleblowing - A paper for consultation*

12 October 2010 -11 January 2011

This consultation document seeks views on proposals amending the NHS Constitution to:-

Insert an expectation that NHS staff will raise concerns about safety, malpractice or *wrong doing at work which may affect patients, the public, other staff or the organisation itself as early as possible*;

Insert a NHS pledge to support all staff in raising concerns about safety, malpractice or wrong doing at work, responding to and where necessary investigating the concerns raised; and

Highlight in the NHS Constitution the existing staff legal right to raise concerns about safety, malpractice or other wrongdoing without suffering any detriment

4.0 White Papers

The Health White Paper was published in July 2010 and the **Public Health White Paper** is anticipated in early December.

5.0 Forthcoming Relevant Bills

Decentralisation and Localism Bill

The Decentralisation and Localism Bill will devolve greater powers to councils and neighbourhoods and give local communities control over housing and planning decisions.

Education and Children's Bill

This bill aims to:

- reform Ofsted and other accountability frameworks
- *give teachers and head teachers the powers to improve behaviour and tackle bullying*
- provide schools with the freedom to deliver education in the way they see fit

The bill would provide for the introduction of:

- a slimmer curriculum
- a year 6 reading test
- a 'pupil premium' for the poorest pupils

Health Bill

The Health Bill aims to:

- establish an independent NHS Board to allocate resources and provide commissioning guidance, and to allow GPs to commission services on behalf of their patients
- improve efficiency and outcomes by strengthening the role of the Care Quality Commission and developing Monitor into an economic regulator to oversee aspects of access and competition in the NHS
- cut the number of health quangos, helping cut the cost of NHS administration by a third

Police Reform and Social Responsibility Bill

The Police Reform and Social Responsibility Bill aims to make the police service more accountable to local people, create a dedicated Border Police Force and sets out measures to tackle alcohol-related violence and disorder.

Welfare Reform Bill

This bill aims to simplify the benefits system in order to improve work incentives.

Bev Searle, Director of Partnerships and Joint Commissioning, NHS Berkshire West.
01.11.2010

SUGGESTIONS FROM MEMBERS OF HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Further deliberation on:

'An Information Revolution'

'The NHS Constitution & Whistleblowing'

Royal Berkshire NHS Foundation Trust

The Trust is now looking at what quality priorities and indicators we should focus on next year and we would very much like your help and feedback with this.

Our quality priorities for 2010 are:

- Providing a positive patient experience by improving staff attitude and communication
- Preventing Venous Thromboembolism (VTE) – blood clot in the vein
- Reducing harm caused by patient falls
- Introducing a set plan of care (care bundle) to reduce deaths

We need to know whether we should keep these for next year or change some of them. Therefore, we have set up some events in the Trust's Boardroom for you to facilitate this process. So if you would like to get involved in developing this year's Quality Accounts please let me know which of the meeting dates/times you would be able to attend:

Tuesday 18 January 2011, 08:00-09:30

Wednesday 19 January 2011, 12:00-13:30

Monday 31 January 2011, 18:00-19:30

Email sent by Hester Wain, Head of Patient Safety, Clinical Standards Directorate

Level 3 - Main Entrance

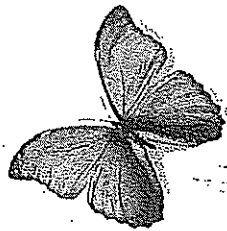
Royal Berkshire Hospital

Royal Berkshire NHS Foundation Trust

London Road

Reading

RG1 5AN



Berkshire Healthcare
NHS Foundation Trust



Public Consultation on mental health inpatient facilities serving the East of Berkshire

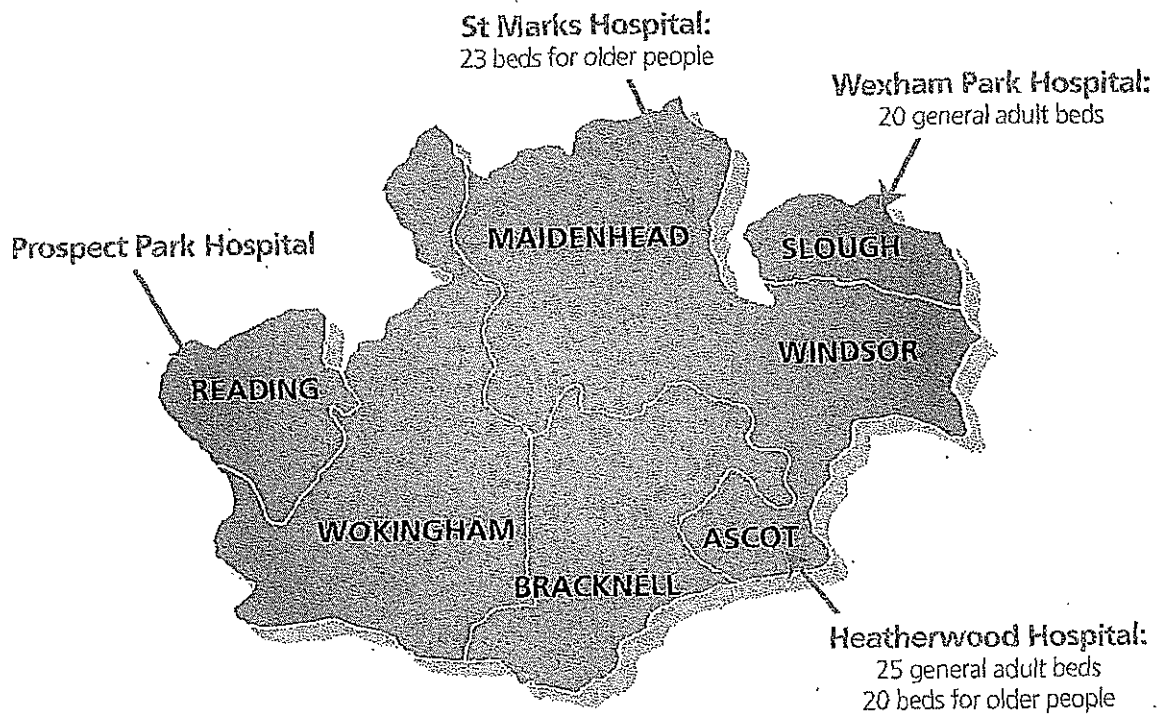


16 August 2010 - 30 November 2010

Berkshire Healthcare NHS Foundation Trust (BHFT) is the main NHS provider of mental health services in Berkshire. These are the services to which your GP would refer you if you had a serious mental health problem such as severe depression or schizophrenia for example. The vast majority of these services are provided by specialists such as psychiatrists, psychologists and nurses and are mostly provided in the home or at a base close to home.

BHFT provides these services for approximately 20,280 people across the whole of Berkshire, which is about 2.5% of the population. On occasion it may be necessary for a person to go to hospital for more intensive treatment and care. If that is needed, BHFT currently provide hospital care from 3 hospital sites in the east of Berkshire as shown in the map below.

Location of inpatient services in East Berkshire



What is this document about?

This document describes why we want to consider changing our plans for those inpatient beds serving East Berkshire and presents three options for you to think about and asks for your views. We will use your views to help us make a final decision about where our hospital beds should be located. This consultation does not concern services provided to Berkshire West residents.

The public consultation will be launched on 16th August 2010 and run until 30 November 2010. In order to consider your views, we need to receive them by 30 November 2010. Since we hope to get a lot of people giving us their views and to allow views to be anonymous, we have decided to use an independent organisation (Dr Foster Intelligence) to collate and analyse the responses and comments received.

The findings will be included in a report which will be presented to our Board. The Board will consider all the information it has and make a final decision as to which option represents the best improvement in quality of the service as well as value for money. This decision will be made public in February 2011.

Notification of this will be posted in the local media and on the Berkshire Healthcare Foundation Trust website:

**[www.berkshirehealthcare.nhs.uk/
publicconsultation](http://www.berkshirehealthcare.nhs.uk/publicconsultation)**

Why do we need to change?

The Trust is committed to achieving high quality care with the same standard of accommodation provided for inpatients regardless of where they live in the county. At present this is not the case and the ward facilities we offer to people living in the west of the county are far better than those for people in the east. We tried to address this in 2008, when we conducted a public consultation and concluded that a new hospital unit of 64 beds serving East Berkshire should be built at Upton Hospital in Slough town centre.

However, since then, the global and national economic situation has changed dramatically and in the future we will need to provide all the care we currently provide but with less money. Whilst it seems probable that Health Services will be treated more generously than other public services in the government review of spending, it is very unlikely that this will go far enough to offset the impacts of population growth, ageing and the cost of new drugs and technologies.

These are the main reasons why expenditure on health needs to grow faster than inflation each year. This will mean that all NHS organisations will need to make savings in their existing budgets and to do this we have to review where we spend the funds we do get, to ensure we can carry on providing good care. Given this financial situation, one important question is whether it makes sense to spend money on a brand new building.

What is proposed?

The most significant change proposed in the options is to the actual physical location of the inpatient beds, but each option also has improvements to the quality of care that can be provided. These are highlighted in the section detailing each option.

All the options concern services for people over the age of 18 who live in the east of Berkshire and who require inpatient care for a mental health problem. Under all options, inpatient services to people living in the west of Berkshire will continue to be provided at Prospect Park Hospital in Reading and any changes will not impact on these services.

We have not considered upgrading current wards in Heatherwood and Wexham Park Hospitals as we know that we can not stay there for more than about 3 years. We rent the space we currently occupy from those hospitals and we know they have longer term plans for the space we use.

The options we are considering are:

Option 1

All hospital beds to be provided at Prospect Park Hospital in Reading resulting in us vacating all existing beds from the current 3 sites in the east.

Option 2

All hospital beds to be provided at Prospect Park Hospital except for those for older people (aged 75 years and over) in Charles Ward at St. Mark's Hospital, Maidenhead. Charles Ward would be redecorated and new furnishings provided, but not upgraded (the building itself cannot be altered to provide single bedrooms).

Option 3

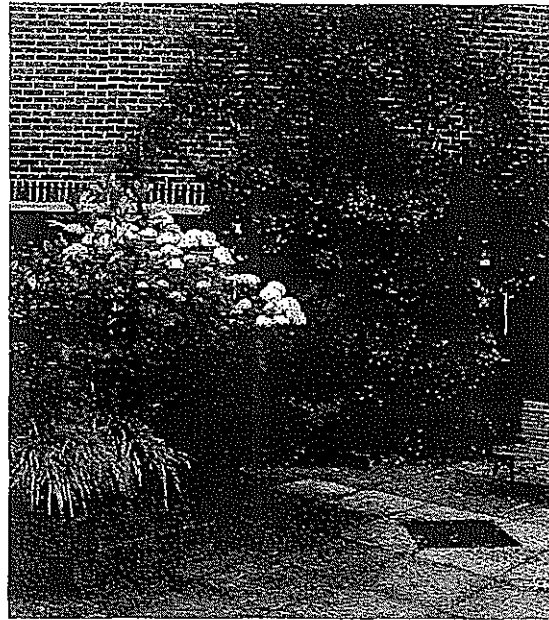
Build a new, dedicated mental health unit at Upton Hospital, Slough which would replace all the current hospital beds in the east of Berkshire. Prospect Park Hospital would continue to serve the west of Berkshire.

How many people will be affected by any change?

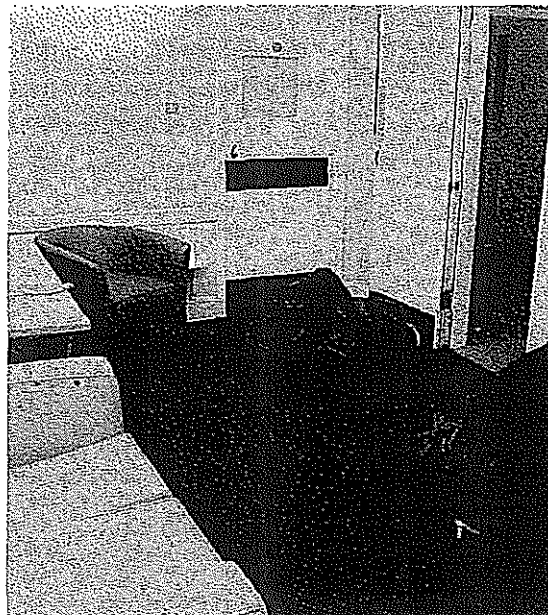
Approximately 375,000 people live in East Berkshire and currently up to 88 people over the age of 18 with a mental health problem may be treated in hospital at any one time. When in hospital, most people stay for about 30 days and will have trial periods of home leave during that time.

The proposal enables some bed reductions and so the total number of people affected on any one day would be 64 of the 375,000 residents of the east of Berkshire and their visitors.

The Trust acknowledges that if either Option 1 or 2 was chosen, some people would be faced with transport difficulties. Consequently, in calculating the cost of the different options, we have allowed up to £100,000 a year to fund a transport assistance scheme. The details of that scheme will need to be developed with users of the service and carers to ensure it is flexible and targeted at those who most need financial support. It is expected that Option 1 and 2 would require that targeted transport support in the long term.



Garden at Heatherwood Hospital



Therapy Room at Wexham Park Hospital

What is the current situation?

At present, anyone living in Berkshire who requires a hospital bed for a mental health problem would be admitted to one of the following units:

Prospect Park Hospital, Reading

8 wards providing 144 beds (the hospital provides some beds for the whole county, Intensive Care and Intensive Rehabilitation, plus it has a further 20 beds that are due to be replaced by a Nursing Home in 2012).

Heatherwood Hospital, Ascot

2 wards - one providing general adult care and one for older people. A total of 45 beds.

St Mark's Hospital, Maidenhead

1 ward providing 23 beds for older people

Wexham Park Hospital, Slough

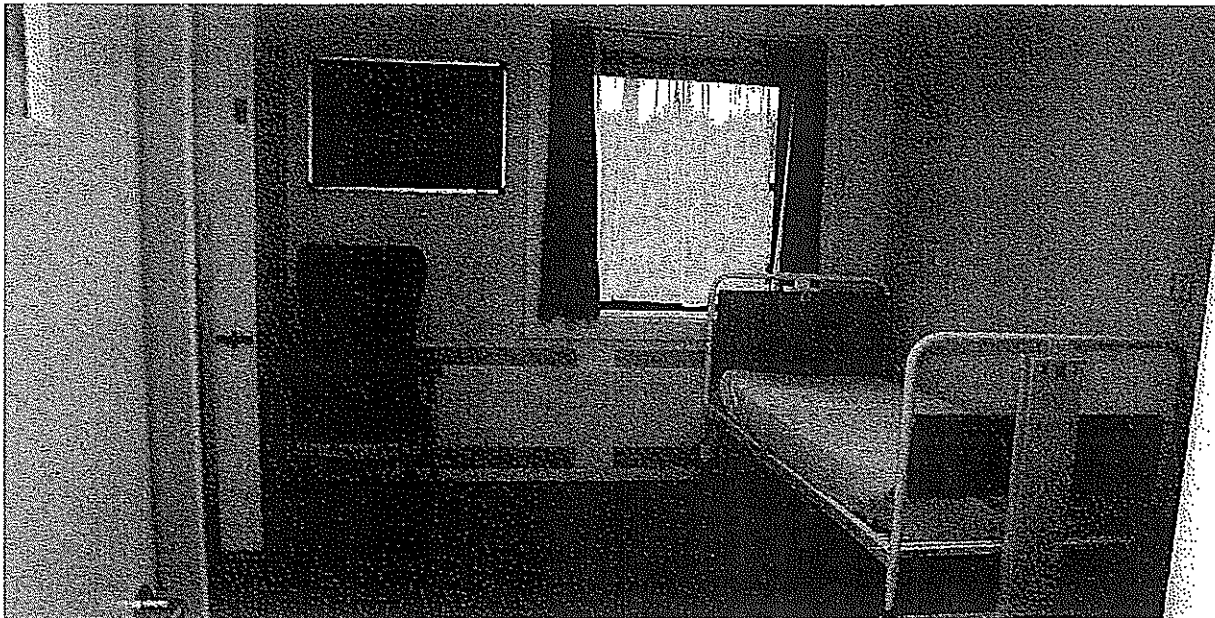
1 ward providing 20 beds for general adult care

Those inpatient wards in the east of the county are currently not up to the standard we would want and people who use them tell us that they would want better accommodation, such as single rooms and access to outside space. We also want to provide separate ward areas for people with very different needs - specifically older people with dementia and older people with conditions such as depression, who are currently in the same accommodation.

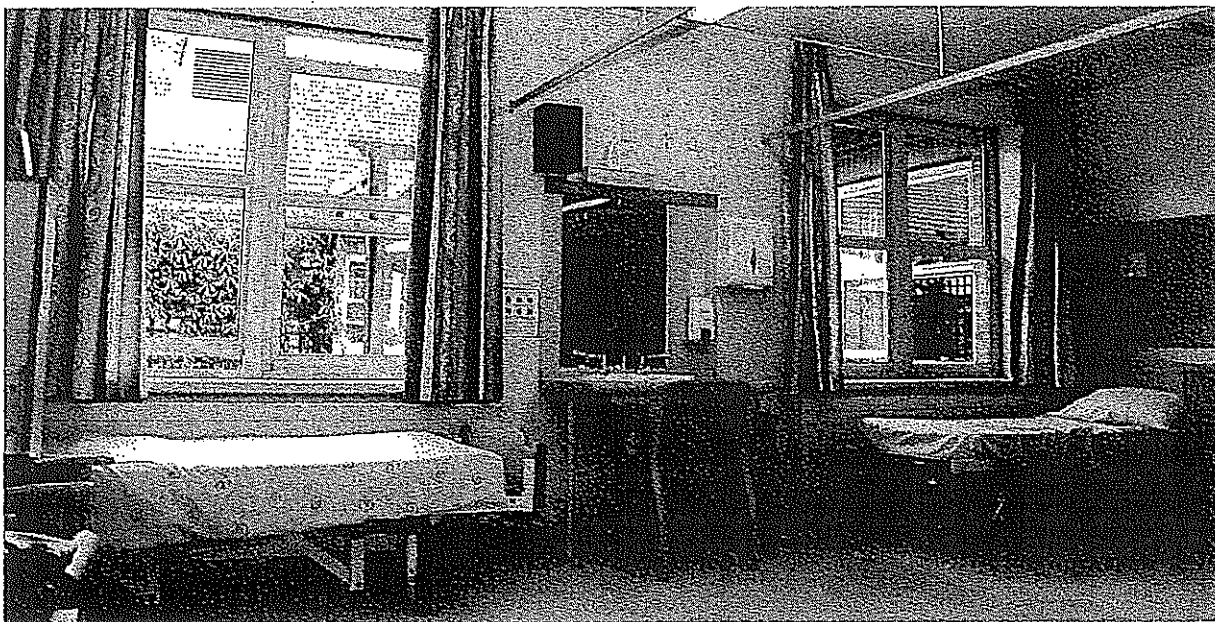
We rent the ward space at these hospitals and have done our best to make them fit for purpose. The wards meet the requirements for single sex accommodation, but people still have to sleep in dormitories, which is unhelpful in ensuring that their privacy and dignity is safeguarded. In addition, the ward at Wexham Park Hospital has no direct access to outside space. Also, the isolation of these wards can lead to increased safety concerns.

For some time, we have wanted to improve the quality of care and our hospital facilities in the east of Berkshire. We will be investing around £0.4m to enable us to provide 24 hour/7 day a week assessment and treatment at home for older people in the community. This service will support carers as well as patients and will meet people's wish to stay at home if at all possible. Since more people will be treated at home, the investment will enable us to reduce the number of beds we need for older patients. We will make that investment and have that service in place before we reduce the number of beds. All three options presented provide 64 beds for the east of the county and include this investment in community services to older people.

Prospect Park Hospital in Reading is purpose-built and opened in 2003. The hospital provides beds for people in the west of Berkshire (Reading, Wokingham and West Berkshire). The standard of the accommodation offered is noticeably superior to the facilities for East Berkshire. Single rooms are provided, with many offering en-suite washing and WC facilities. Each ward area has direct access to a garden. There will be surplus beds in Prospect Park Hospital by 2012 because there are some people currently there who will be moving into a nursing home.



Single Room at Prospect Park Hospital



Dormitory at St. Mark's Hospital

Money Matters

How we get our funds?

We currently receive our funds from the local Primary Care Trusts (PCTs). The PCTs have the responsibility of "buying" NHS services for the population of Berkshire through contracts with NHS service providers like us. The PCTs receive their funding directly from the Department of Health who fund it with money they get from the Treasury (which in turn draws funds from tax payers and other sources).

Why will money be tighter in the future?

For several years the NHS had been given money to grow and expand services as well as cover the cost of pay and price increases. In these leaner times the level of growth money into the NHS will be much less. This comes at a time when there is increased demand for NHS services, an ageing population and new treatments available. We will have to find the money to pay for all those pressures and meet cost inflation. To maintain our services we have estimated that we will need to find or save on average an extra £4 million each year for the next three years - a total of £12m to find or save by 2013.

Our financial forecast for the next 3 years is set out below:

	2010/11	2011/12	2012/13
Expected Costs with Inflation	£117m	£120m	£123m
Expected Income	£114m	£113m	£111m
Savings required	£3m	£7m	£12m

How will we make the savings needed?

We are developing a plan to achieve these savings and have already started to deliver them. Our plan is this:

2010 - 2012	Amount £m
Reduce the cost of management and administration	3.5
Be more efficient in the way we provide services	4.0
TOTAL	7.5

This means we still have to find £4.5m. We expect to find a further £1m per year through finding ways of bringing in additional income, and a further £1m by ensuring that teams of medical and other clinical staff have the mix of qualifications, skills and experience which are appropriate to the service which is provided.

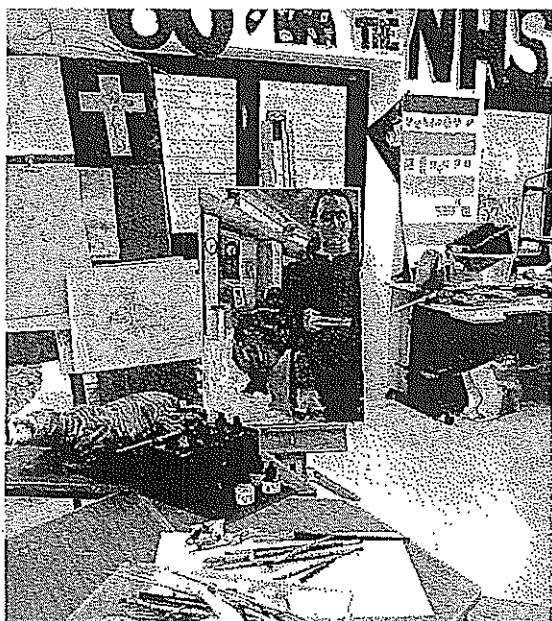
What are the savings that could be made from the options proposed?

Compared with the cost of building and running a new unit at Upton Hospital (Option 3), we are confident that we could save around £2m a year by having all inpatient services at Prospect Park Hospital (Option 1) or split between Prospect Park Hospital and St Marks Hospital (Option 2), relative to the option to construct a facility for the east of the county at Upton Hospital (Option 3). The £2m saving allows for the investment in community services (this will be made regardless of which option is chosen) and for the cost of the transport scheme.

To help understand what £2m per year "buys", it is the equivalent of, for example:

- Employing 60 nurses either in wards or in the community
- The entire drugs budget for the Trust
- Employing 45 psychologists

If we decide to proceed with the Upton option (Option 3), we will have to find the £2m saving from elsewhere and that may mean we have to think about reductions in services provided by the Trust. At present, we have no clear plans for what those reductions may have to be, but they are likely to be in the services we provide to people in the community, for example, a reduction in the number of our community staff. They may also be in a reduction of the specialist services we provide to people with specific mental health problems. We would need to work with the Primary Care Trust (which buys services from us) to determine what reductions we should make if this proves to be necessary.



Art Therapy Room at Prospect Park Hospital

Early views

Before we started considering our options, we wanted to understand what was important for people who use our hospital wards. We therefore carried out a survey of people who had recently received care in our inpatient wards. We found that people valued single bedrooms and easy access to outside space.

We wanted to understand how people travelled to the hospital, so we had an independent company do a survey of visitors to the wards. It found that the vast majority of the people surveyed travelled by car and visited more than once a week.

Because the changes under consideration will be long lasting, we also consulted the views of representative groups in the community regarding mental health services and inpatient services in particular. We engaged an independent market research company to enrol and monitor eight independent focus groups comprised of local people. People in each group were selected as typical of residents of the area in terms of age, ethnicity, social class and sex. There were 6-8 people in each group with a total of 57 respondents in all. The research found that most respondents (89%) believed that it was right to treat and care for most patients in the community and that the most important consideration for those admitted to hospital was the quality of treatment which it was possible to provide.

Detailed options

Option 1

Under this Option:

All inpatient services to move to Prospect Park Hospital, Reading.

All current wards in the east of the county to be vacated, in line with the Trust's decision following the public consultation in 2008.



What this would offer:

- Excellent accommodation for patients
- Separate wards for older people with dementia and those with depression
- Provision of more therapeutic activities due to more staff and expertise
- The ability to consider whether there would be benefits in different groupings of wards - for example a younger adult ward, or single sex wards
- More efficient use of resources
- Greater safety for patients and staff as more staff are on site
- Good transport links from Reading
- Critical mass that would deliver a centre of excellence which would in turn attract top quality clinicians and staff, which will improve quality of care
- Savings of around £2 million per annum

Considerations:

- Travel issues for some patients and visitors from the east going to Prospect Park Hospital
- There is currently under-usage of the buildings at Prospect Park and this is due to increase
- No inpatient mental health services located within in the east of the county

Financial considerations

- We would require capital of £4.9m to fund the alterations at Prospect Park Hospital to accommodate the wards to serve East Berkshire. The Trust would use its own cash resources to fund this investment.

Option 2

Under this Option:

All inpatient services to move to Prospect Park Hospital except for those for older people, which would be located in Charles Ward, St Mark's Hospital, Maidenhead.

The ward at St Mark's Hospital would be redecorated and new furnishings provided (the building itself cannot be altered to provide single room accommodation)



What this would offer:

- Excellent facilities for those at Prospect Park Hospital
- Improved decoration and furnishings of the ward at St Mark's Hospital
- More opportunities to provide therapeutic activities at Prospect Park Hospital
- Retaining a facility within East Berkshire for older people
- Improved safety for patients and staff at Prospect Park Hospital as more staff are on site
- Services provided from relatively accessible locations
- Savings of around £2m per annum

Considerations:

- Travel issues for some patients and visitors from the east going to Prospect Park Hospital
- Travel issues for some patients accessing St Mark's Hospital
- This option would not offer separate areas for older people with dementia and those with depression
- This option would not address the shortcomings of the ward accommodation at St Mark's Hospital in safeguarding patients' privacy and dignity through providing single bedrooms
- Isolation of ward and staff, raising safety concerns

Financial considerations:

- We would require capital of £3.1m to fund the redecoration of the ward at St Mark's Hospital and the alterations at Prospect Park Hospital to accommodate the general adult wards serving the east of the county. The Trust would use its own cash resources to fund this investment.

Option 3

Under this Option:

The creation of a new mental health inpatient unit at Upton Hospital to provide all general adult and older people beds for people from East Berkshire.

All current hospital beds in East Berkshire would be vacated, in line with the Trust's decision following the public consultation in 2008.



What this would offer:

- Excellent accommodation for patients
- Inpatient facilities within East Berkshire
- Separate ward areas for older people with dementia and those with depression
- Good transport links from many areas of East Berkshire
- Increased safety for staff and patients as there will be a higher number of staff on site

Considerations

- Travel issues for some patients and visitors
- No annual revenue savings
- The Trust would be less able to deal with the under-utilisation of the facilities at Prospect Park Hospital
- Additional Private Finance (PFI) commitment for the Trust
- Impact on capacity to deliver other services

Financial considerations

- We would require capital of £21.1m to fund the new facilities at Upton. The Trust does not have sufficient available cash to fund this investment and we would need to negotiate a Private Finance (PFI) or similar arrangement with a third party.

How you can let us know your views

There will be lots of ways in which you can let us know your views. We will be holding meetings that are open to anyone who wants to come and our website will have all the information you need. We will use the local press and make the information available in public places. We will also put a leaflet through every door in East Berkshire. There is information below on the details:

Meetings

The public consultation schedule is as follows:

Date	Time	Town	Address
6 Sept	2.30pm - 4.30pm	SLOUGH	The Centre Conference Venue, Farnham Rd, Slough, Berkshire, SL1 4UT
6 Sept	2.30pm - 4.30pm	CROWTHORNE	The Morgan Centre, Wellington Road, Crowthorne, Berkshire, RG45 7LD
7 Sept	7.00pm - 9.00pm	SLOUGH	The Centre Conference Venue, Farnham Rd, Slough, Berkshire, SL1 4UT
7 Sept	2.30pm - 4.30pm	BRACKNELL	Easthampstead Baptist Church, South Hill Road, Bracknell, Berkshire, RG12 7NS
9 Sept	2.30pm - 4.30pm	MAIDENHEAD	Marlow Road Community Centre, 4 Marlow Road, Maidenhead, Berkshire, SL6 7YR
15 Sept	7.00pm - 9.00pm	MAIDENHEAD	Windsor Ascot Maidenhead District Sports Association for the Disabled, Braywick Sports Ground, Maidenhead, Berkshire, SL6 1BN
30 Sept	2.30pm - 4.30pm	SANDHURST	Sandhurst Community Hall, Memorial Park, Yorktown Road, Sandhurst, Berkshire, GU47 9BJ
4 Oct	2.30pm - 4.30pm	WINDSOR	Windsor Leisure Centre, Clewer Mead, Stovell Road, Windsor, Berkshire, SL4 5JB
5 Oct	7.00pm - 9.00pm	BRACKNELL	Easthampstead Baptist Church, South Hill Road, Bracknell, Berkshire, RG12 7NS
22 Oct	2.30pm - 4.30pm	ASCOT	Carnation Hall, Winkfield Row, Chavey Down Road, Winkfield, Berkshire, RG42 7PA

Where will meetings be advertised?

- The Trust website
- The local press
- Trust members will be posted or emailed information
- Public places e.g. libraries, GP surgeries and leisure centres

All meetings will have access for disabled people. Meeting times will vary in order to accommodate those who can only attend during the day or in the evening.

Material available at the meetings

- Consultation document
- Questionnaire
- Transport survey on visitors journey times to units in the east
- Inpatient survey
- Focus group findings

How to submit your response

You can submit your comments on these options by completing the attached questionnaire and posting it using the pre-paid envelope.

The questionnaire is also available online and can be completed and submitted via the website www.berkshire.nhs.uk/publicconsultation

You can also email us with your comments, ask questions or make suggestions via haveyoursay@berkshireconsultation.co.uk or by telephoning this Freephone number: **0800 014 7180**.

All comments/questions will be treated in confidence. These responses will also be submitted to the Trust Board for consideration.

What will BHFT do with the results of the public consultation?

An independent assessor, Dr Foster Intelligence, will collate and analyse all responses submitted. The assessor will produce a report which will be posted on the Trust public website and printed in document form and which will list both the questions and the comments made by participants.

These results will be submitted to the Trust Board to help enable them to make an informed decision as to which option offers the best solution - ensuring improved quality of service and delivering appropriate cost efficiencies.

What we need to consider now

We need to know the views of the public on each of the options so that we can make the best decision. In making the decision on which option to accept, the Trust Board will have to balance a number of matters. In addition to being satisfied that the options have been thoroughly consulted upon, the criteria that the Trust Board will use to make the decision between the options will be:

- Does the option maximise the benefits that we can offer to the majority of our service users?
- Does the option have a clinical/quality evidence base?
- Does the option ensure we can provide care that meets our Quality and Financial Regulator's requirements?
- Does the option offer clear value for money for the taxpayer?
- Does the option have support from GPs?

The final decision

The Trust Board hopes to announce its decision by February 2011. Should there be a delay in announcing the decision, this will be posted on the Trust website.

In addition, notices announcing the decision will be placed in the local media and on the Trust website www.berkshirehealthcare.nhs.uk/publicconsultation.

Thank you for taking the time to read and comment on this public consultation document.

This document is also available in Urdu, Polish and Punjabi.

To download any of these translated versions please go to:

www.berkshirehealthcare.nhs.uk/publicconsultation

یہ دستاویز اردو، پولش اور پنجابی میں بھی دستیاب ہے۔ جنہیں آپ یہاں سے حاصل کر سکتے ہیں۔

www.berkshirehealthcare.nhs.uk/publicconsultation

Niniejszy dokument dostępny jest również w języku urdu, polskim i punjabi.

Wersję w każdym z tych języków można uzyskać klikając poniżej.

www.berkshirehealthcare.nhs.uk/publicconsultation

ਇਹ ਪਰਚਾ ਪੰਜਾਬੀ, ਉਰਦੂ ਤੇ ਪੋਲਿਸ਼ ਵਿਚ ਵੀ ਮਿਲਦਾ ਹੈ।
ਇਨ੍ਹਾਂ ਚੋਂ ਕਿਸੇ ਵੀ ਬੋਲੀ ਚ ਪਰਚਾ ਡਾਊਨਲੋਡ ਕਰਨਾ ਚਾਹੋ,
ਤਾਂ ਇਸ ਵੈੱਬਸਾਈਟ ਤੋਂ ਕੀਤਾ ਜਾ ਸਕਦਾ ਹੈ:

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